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Healthcare Quality  
& Efficiency



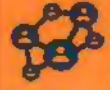
Clinically  
Driven



Focused On  
Quality & Clinical  
Outcomes



Technology  
Enabled  
Solutions



Established,  
Agile &  
Flexible



MISSION DRIVEN TO IMPROVE LIVES  
THROUGH HEALTHCARE QUALITY AND  
CLINICAL EXPERTISE

Technical and Cost Proposal: ORIGINAL

State of Nebraska

## STATE PURCHASING BUREAU PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) SERVICES

RFP # 6231 Z1

**Submitted By**

Susan Norris, Ph.D.  
Vice President,  
Growth & Development

777 East Park Drive  
Harrisburg, Pennsylvania 17111  
Phone: (717) 265-7012  
snorris@kepro.com





May 15, 2020

Connie Heinrichs and Julie Schiltz  
State Purchasing Bureau  
1526 K Street, Suite 130  
Lincoln, NE 68508

Dear Ms. Heinrichs and Ms. Schiltz:

KEPRO Peer Review Organization, Inc. (KEPRO) appreciates this opportunity to respond to the Invitation for Bid (IFB) Number 20-10028 entitled, Preadmission Screening and Resident Review (PASRR) Level II Evaluations.

If you have any questions regarding our response, please contact Susan Norris, PhD, Vice President, Business Development at (717) 265-7012 or via e-mail at [snorris@kepro.com](mailto:snorris@kepro.com). We look forward to future discussions and working collaboratively with the Department of Health Care Services. Thank you for your consideration of our proposal.

Sincerely,

A handwritten signature in blue ink that reads 'Susan T. Weaver MD'.

Susan T. Weaver, MD, FACP  
President & CEO

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## 1.0 EXECUTIVE SUMMARY

*KEPRO offers the most effective and efficient solution to implement, operate, and coordinate all aspects of the Nebraska PASRR program.*

### 1.1 OUR UNDERSTANDING OF NEBRASKA'S GOALS

The State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB), seeks a vendor to provide Pre-Admission Screening and Resident Review (PASRR) Services for conducting Level I screenings and Level II evaluations and determinations statewide. PASRR is a federal requirement, mandated by the Social Security Act, Title 42, Subpart C, Section 483.100 through 438.138, Code of Federal Regulations, and the Nursing Home Reform Act, under the Omnibus Budget Reconciliation Act. The overarching goal of the screening process is to ensure that no individual with an intellectual disability, related condition or a mental illness is inappropriately placed in a nursing facility. The PASRR process also ensures, that when needed, specialized services are provided to allow the individual to reside safely in the least restrictive setting possible for that person. We fully understand the Scope of Work Nebraska seeks for its PASRR program.

Our solution for Nebraska will include:

- PASRR Level I Screenings
- PASRR Level I Categorical Determinations and Exemptions
- PASRR Status Changes following initial PASRR Level I
- Referral of positive Level I Screenings for a PASRR Level II Evaluation
- Level II Evaluations (as defined in the RFP)
- All Notifications and Letters
- Appeal Process and Representation
- Implementing changes executed in the Nebraska Administrative Code Title 471 Chapter 12 without an increase in cost

KEPRO will ensure that our solution places Nebraska at the forefront and always in compliance with PASRR federal regulations as we continue to actively follow and plan for upcoming changes from the CMS Proposed rule for PASRR. As outlined in the following proposal, KEPRO has decades of proven PASRR program experience with positive outcomes. This experience stands as evidence of our ability to support and ensure the Department's initiatives are advanced and positive outcomes are created. We ensure that individuals receive the right services, in the most appropriate treatment setting. KEPRO's PASRR programs promote quality and cost-effective healthcare and individual well-being that ensures appropriate utilization of services.

### 1.2 EXTENSIVE EXPERIENCE

We bring broad knowledge and experience with PASRR programs across multiple states to maximize quality care and cost-effective outcomes for Nebraska's PASRR program, which will benefit all individuals served. Our 34 years of experience with Medicaid program beneficiaries and administering quality assurance and improvement in 40 out of 50 states enables us to benchmark best practices across programs and geographies. KEPRO is large enough to guarantee stability, but still small enough that we prioritize every client.

Combining our national presence with skilled, local staffing and flexible technology assures excellence in meeting the Department's PASRR program requirements. We have identified our most experienced PASRR Subject Matter Experts (SME) who are all committed to a successful implementation— our team



will provide assistance ongoing or as needed through implementation and beyond — to ensure a timely, efficient, and cost-effective implementation of the program.

### 1.3 THE RIGHT SOLUTION

We blend our comprehensive, robust technology solutions with clinically driven expertise and a local presence to meet the needs of individuals and providers throughout the state. Our solution is tailored to provide intelligent value by leveraging local clinicians and national expert resources via thorough knowledge of PASRR programs from start to finish.

KEPRO uses proven approaches to develop and operate state and federal programs. Based on Nebraska’s program size and RFP requirements, KEPRO will implement its National Service Center model for the PASRR contract. This approach provides several important advantages:

- **Expertise:** We propose to locate management, customer service operations, and Level I Review in our PASRR Center in Tallahassee, Florida. This center currently supports the Florida PASRR Level I and Level II contract directly and provides technical assistance to the West Virginia and New Hampshire PASRR contracts, and is staffed with experienced PASRR professionals. We also propose to have a local office in Lincoln, Nebraska for meeting, trainings, and clinical oversight of Level II evaluations. We will hire a full-time Clinical Director, full-time Level I and Level II Manager along with full-time and part-time employees in Nebraska to conduct Level II evaluations.
- **Efficiency:** Corporate Shared Services, such as Information Systems, Human Resources, Compliance, and Quality Improvement, support program service centers. This approach leverages KEPRO’s infrastructure and executive management team and facilitates the quality and performance management approach through oversight of contract functions at the executive level.
- **Systems:** KEPRO will provide a software solution that is web-based, available 24/7, and hosted and maintained to effectively support the Nebraska PASRR program. KEPRO maintains secure, HIPAA-compliant systems and configures these systems for customized support for each contract. This approach ensures the scalability, performance, and compliance of systems for each contract, with an extensive information technology infrastructure meeting federal, state, and Department of Defense reliability and security requirements.

*Our service experience in strategic planning, community integration, supports for individuals with developmental disabilities, and person-centered foundation will provide the successful implementation and ongoing operations of a comprehensive PASRR program for Nebraska.*

### 1.4 PROVEN VALUE FOR NEBRASKA

KEPRO’s clinically driven and technology-enabled approach helps our clients transform their delivery systems to maximize healthcare efficiency. Our Atrezzo solution is a person-centered, web-based care management solution that transforms traditional, episodic-based care management into proactive and collaborative population healthcare management. Atrezzo meets all federal regulations for PASRR and is easily configurable to meet individual state requirements. Given the flexible and agile design, we can quickly adapt to policy changes at no additional cost to the state.

KEPRO is best positioned to offer the Nebraska a fresh look at new and existing challenges and to execute solutions. KEPRO has been operating and growing successfully for 30+ years, serving as a trusted partner to over 20 state government agencies and departments. As a PASRR program expert, we

employ a number of strategies to ensure that problematic patterns are identified and subsequently corrected. We will bring our innovative ideas and modern, proven processes to develop a partnership with the State to improve outcomes and deliver efficiencies.

## 1.5 LOW RISK TRANSITION

KEPRO's approach to transition has achieved a 100% track record of on-time implementation and a history of low-risk transfers from agencies' prior vendors. From day one, our core implementation team works to initiate and align project activities with the Department, assess status, and onboard/support new staff. Our implementation approach includes supporting the implementation initially with seasoned and trained KEPRO experts until dedicated operational leadership staff, key positions and our local Nebraska team, are on-boarded and acclimated.

The state will see a seamless implementation with our stakeholder engagement program. KEPRO includes all relevant stakeholders, such as hospital and nursing home associations and provider groups, in our implementations and ongoing operations. Our experienced implementation team ensures individuals, caregivers, providers, and other stakeholders experience a smooth transition and improved service.

Kim Streit, FACHE, MBA, MHS Senior Vice President, Florida Hospital Association stated, "Our members love the new system... We did not have problems during the implementation and this is not typical with large transitions that involve all of the hospitals and a brand new system. KEPRO has been very collaborative and timely with any requests and works well with us to achieve the best outcomes for patients and providers. They are very responsive and I appreciate how quickly they assist with all of our questions. They are great partners!"

## 1.6 WHY KEPRO?

Using expert leadership, partnerships, processes, and systems, we offer the most effective and efficient PASRR solution. Our plan for Nebraska will define the specific roles, deliverables, and accountabilities for each task designed to support the state's goals, needs, and requirements. We will incorporate our Quality Assurance and Performance Management Systems to continually and proactively monitor the delivery of services for this program. The following sections illustrate our ability to meet and exceed all Scope of Work requirements for the management and oversight of the Nebraska PASRR Project.

**2.0 TERMS AND  
CONDITIONS (II)**



## 2.0 TERMS AND CONDITIONS (II)

*KEPRO has carefully reviewed the RFP and agrees to comply with all Nebraska terms and conditions as stated below.*

### 2.1 A. GENERAL

The contract resulting from this solicitation shall incorporate the following documents:

- Request for Proposal and Addenda;
- Amendments to the solicitation;
- Questions and Answers;
- Bidder's proposal (Solicitation and properly submitted documents);
- The executed Contract and Addendum One to Contract, if applicable; and,
- Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the bidder's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mmb/dc</i>			KEPRO is dedicated to providing services in a conflict-free, transparent environment. As part of our commitment to service integrity, KEPRO policy ensures that our PASRR Subject Matter Experts are not directly affiliated with any entities that might pose a conflict of interest concern. KEPRO values our existing relationships with PASRR and Medicaid industry partners to ensure the highest quality services for individuals across the country.

### 2.2 B. NOTIFICATIONS

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or five (5) calendar days following deposit in the mail.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

### 2.3 C. BUYER'S REPRESENTATIVE

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is required to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

### 2.4 D. GOVERNING LAW (STATUTORY)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

KEPRO acknowledges understanding of the Governing Law (Statutory) and commits to complying with all applicable local, state and federal laws, ordinances, rules, orders and regulations.



## 2.5 E. BEGINNING OF WORK

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the awarded bidder. The bidder will be notified in writing when work may begin.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mmb/dc</i>			None

## 2.6 F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mmb/dc</i>			None

## 2.7 G. CHANGE ORDERS OR SUBSTITUTIONS

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

**\*\*\*Contractor will not substitute any item that has been awarded without prior written approval of SPB\*\*\***



Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

## 2.8 H. VENDOR PERFORMANCE REPORTS

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

## 2.9 I. NOTICE OF POTENTIAL CONTRACTOR REPORTS

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

## 2.10 J. BREACH

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. **OR** In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in

substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

## 2.11 K. NON-WAIVER OF BREACH

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

## 2.12 L. SEVERABILITY

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

## 2.13 M. INDEMNIFICATION

### 1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful



misconduct, negligence, error, or omission of the Contractor, its employees, subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

**2. INTELLECTUAL PROPERTY (Optional)**

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State’s use of the Licensed Software without the State’s prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State’s use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor’s sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State’s behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State’s election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this solicitation.

**3. PERSONNEL**

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker’s compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor’s and their employees, provided by the Contractor.

**4. SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (§ 81-8,294), Tort (§ 81-8,209), and Contract Claim Acts (§ 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

## 2.14 N. ATTORNEY'S FEES

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:33
<i>mml/dc</i>			None

## 2.15 O. ASSIGNMENT, SALES, OR MERGER

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

## 2.16 P. CONTRACTING WITH OTHER POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

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



mmf/dc			None
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## 2.17 Q. FORCE MAJEURE

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party (“Force Majeure Event”). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party’s own employees will not be considered a Force Majeure Event.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mmf/dc			None

## 2.18 R. CONFIDENTIALITY

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mmf/dc			None

## 2.19 S. OFFICE OF PUBLIC COUNSEL (STATUTORY)

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

No signature table.

KEPRO acknowledges and agrees to submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq.

## 2.20 T. LONG-TERM CARE OMBUDSMAN (STATUTORY)

Contractor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

No signature table

KEPRO affirms understanding of, and agrees to comply with, the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq.

## 2.21 U. EARLY TERMINATION

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
  - a. if directed to do so by statute;
  - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
  - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
  - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
  - e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
  - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
  - g. Contractor intentionally discloses confidential information;
  - h. Contractor has or announces it will discontinue support of the deliverable; and,
  - i. In the event funding is no longer available.



Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

## 2.22 V. CONTRACT CLOSEOUT

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

**3.0 CONTRACTOR  
DUTIES (III)**

## **3.0 CONTRACTOR DUTIES (III)**

***KEPRO agrees to comply with all Contractor duties for Nebraska terms and conditions as stated below.***

### **3.1 A. INDEPENDENT CONTRACTOR/OBLIGATIONS**

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

Any and all pay, benefits, and employment taxes and/or other payroll withholding;

Any and all vehicles used by the Contractor's employees, including all insurance required by state law;

Damages incurred by Contractor's employees within the scope of their duties under the contract;

Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;

Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,

All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.



Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any subcontractor engaged to perform work on this contract.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

### 3.2 B. EMPLOYEE WORK ELIGIBILITY STATUS

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>

The completed United States Attestation Form should be submitted with the solicitation response.

If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

### 3.3 C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (STATUTORY)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice

Act prohibits Contractors of the State of Nebraska, and their subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all subcontracts for goods and services to be covered by any contract resulting from this solicitation.

KEPRO is committed to complying with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment, including the Nebraska Fair Employment Practice Act.

### 3.4 D. COOPERATION WITH OTHER CONTRACTORS

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

### 3.5 E. PERMITS, REGULATIONS, LAWS

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

### 3.6 F. OWNERSHIP OF INFORMATION AND DATA/DELIVERABLES

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.



The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

### 3.7 G. INSURANCE REQUIREMENTS

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;

Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,

Provide the State with copies of each subcontractor’s Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any subcontractor to commence work until the subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within one (1) year of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and one (1) year following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

#### WORKERS’ COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers’ Compensation and Employer’s Liability Insurance for all of the contractors’ employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker’s Compensation and Employer’s Liability Insurance for all of the subcontractor’s employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational

Disease. The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

**COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Contractual	Included
Independent Contractors	Included
Abuse & Molestation	Included
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
Bodily Injury/Property Damage	\$1,000,000 combined single limit



Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$5,000,000 per occurrence
<b>PROFESSIONAL LIABILITY</b>	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	\$5,000,000 Per Claim / Aggregate
<b>COMMERCIAL CRIME</b>	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$1,000,000
<b>CYBER LIABILITY</b>	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$10,000,000
<b>MANDATORY COI SUBROGATION WAIVER LANGUAGE</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>MANDATORY COI LIABILITY WAIVER LANGUAGE</b>	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

**EVIDENCE OF COVERAGE**

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services  
 Division of Behavioral Health  
 Attn: PASRR Program Specialist  
 301 Centennial Mall S.  
 Lincoln, NE 68509

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.



Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

**DEVIATIONS**

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

KEPRO will furnish the Contract Manager with a certificate of insurance coverage complying with the above requirements prior to beginning work.

**3.8 H. ANTITRUST**

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

**3.9 I. CONFLICT OF INTEREST**

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None

### 3.10 J. STATE PROPERTY

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

### 3.11 K. SITE RULES AND REGULATIONS

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

### 3.12 L. ADVERTISING

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

### 3.13 M. NEBRASKA TECHNOLOGY ACCESS STANDARDS (STATUTORY)

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an



amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

KEPRO has reviewed the Nebraska Technology Access Standards and will comply with the applicable standards to the greatest degree possible. Furthermore, KEPRO acknowledges should standards change in the future, KEPRO will work cooperatively to amend the contract to comply with changed standards at a cost mutually accepted to the parties.

### 3.14 N. DISASTER RECOVERY/BACKUP PLAN

The Contractor shall have a disaster recovery and back-up plan, of which a copy shall be provided in 30 calendar days of contract award to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

The Contractor shall protect against hardware and software failures, human error, natural disasters, and other emergencies that could interrupt services and operations and provide secure, off-site backup storage of all PASRR information and documents uploaded or generated. The disaster recovery and business continuity plan must ensure the system's essential functions are fully operational within eight (8) hours of an interruption caused by any disaster or unforeseen event and will continue until interruption is resolved.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

### 3.15 O. DRUG POLICY

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

### 3.16 P. WARRANTY

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse the State all fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by

law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/dc</i>			None





## 4.0 PAYMENT (IV)

*KEPRO agrees to comply with all payment requirements per Nebraska terms and conditions as detailed below.*

### 4.1 A. PROHIBITION AGAINST ADVANCEMENT PAYMENT (STATUTORY)

Neb. Rev. Stat. §§81-2403 states, “[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency.”

KEPRO affirms understanding of the prohibition against advancement payment (statutory).

### 4.2 B. TAXES (STATUTORY)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor

KEPRO understands any property tax payable on the KEPRO-purchased equipment which may be installed in a state-owned facility will be KEPRO's responsibility.

### 4.3 C. INVOICES

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Detailed invoices must contain number of level I screening and level II evaluations conducted during that month. Delineated per Attachment A – Reporting Requirements; Reporting Definitions. Invoices must be submitted to the DHHS PASRR Program Specialist via email to be provided following award or to the following address:

DHHS – Division of Behavioral Health  
 301 Centennial Mall South, 3<sup>rd</sup> Floor  
 PO Box 95026  
 Lincoln, NE 68509-5026

The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<i>mml/do</i>			None

#### 4.4 D. INSPECTION AND APPROVAL

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/dc			None

#### 4.5 E. PAYMENT (STATUTORY)

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

KEPRO acknowledges understanding of the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403) and that there will be no payment responsibility or liability for work performed prior to contract effective date. KEPRO agrees to accept payment via electronic means (e.g., ACH deposit).

#### 4.6 F. LATE PAYMENT (STATUTORY)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

KEPRO acknowledges the State agency may be charged interest for late payment in compliance with the State of Nebraska Prompt Payment Act.

#### 4.7 G. SUBJECT TO FUNDING/FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (STATUTORY)

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit

KEPRO acknowledges and agrees to the Subject to Funding/Funding Out Clause for Loss of Appropriations (Statutory).

#### 4.8 H. RIGHT TO AUDIT (FIRST PARAGRAPH STATUTORY)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract



(Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
mml/do			None

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (0.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

KEPRO agrees to correct any material weaknesses or condition found as a result of the audit.



## 5.0 CORPORATE OVERVIEW (VII.A.1)

*KEPRO’s mission is to improve lives through healthcare quality and clinical expertise.*

### 5.1 A. BIDDER IDENTIFICATION AND INFORMATION

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

The Pennsylvania Medical Society founded KEPRO in 1985. On May 29, 2014, Consonance Capital Partners, a leading healthcare-focused investment firm acquired KEPRO from the Pennsylvania Medical Society and by May of 2015, KEPRO, in partnership with Consonance Capital Partners acquired APS Healthcare, a leading specialty healthcare firm. KEPRO acquired Health Information Designs, Inc. (HID) in 2018. We include required information about KEPRO in **Table 1**.

**Table 1. KEPRO Required Information**

Corporate Name	KEPRO
Principal Place of Business	777 East Park Drive, Harrisburg, PA 17111
Legal Structure	Corporation
State of Incorporation	Pennsylvania
Year Organized to do Business	1985
Original Name	Keystone Peer Review Organization, Inc.

### 5.2 B. FINANCIAL STATEMENTS

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

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

KEPRO includes our most recent audited financial report/statement in **Appendix 7**. The contact information of the fiscally responsible representative of our financial/banking organization is:

Name:	Trust (BB&T), Raymond P. Cullen, Vice President, Relationship Manager
Address:	801 Norland Avenue, Chambersburg, PA 17201-4212
Telephone:	(717) 262-0034



## DISCLOSURE OF JUDGEMENTS

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

KEPRO has no judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization.

## 5.3 C. CHANGE OF OWNERSHIP

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

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

## 5.4 D. OFFICE LOCATION

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

If awarded a contract, KEPRO's primary location for performing work will be:

Level I and Operational Oversight	
Office:	KEPRO
Address:	3653 Cagney Drive, Suite 202
City/ST/ZIP Code:	Tallahassee, FL 32309

Level II and Clinical Oversight	
Office:	KEPRO
Address:	TBD in Lincoln, NE
City/ST/ZIP Code:	TBD in Lincoln, NE

## 5.5 E. BUSINESS HOURS

The contractor must be available to conduct defined activities five (5) days per week Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. CT.

The KEPRO PASRR Center will be responsible for performance of contract responsibilities and will be available to conduct scope of work activities Monday – Friday (five days per week) from 8 AM to 5 PM

Central Time. This Center will provide customer service to facilities, DHHS, and individuals as well as host the office-based Level I Screen reviewers.

## 5.6 F. TELEPHONE REQUIREMENTS

The Contractor will install and maintain a toll-free 800-telephone number that will be used for telephone determinations of preadmission requirements and for informational purposes by providers, individuals subject to preadmission requirements, their legal guardians, representatives and families. The 800-number will be included in all correspondence with individuals and providers.

The Contractor will establish sufficient incoming lines, and establish a web-based system sufficient to coordinate activities and to provide efficiency and timeliness. Any telephone messages requesting a screening or evaluation will be responded to within an average of six (6) business hours of the request.

The Contractor will install and maintain a facsimile machine in its office for the receipt of pertinent information. The facsimile shall be accessible to providers twenty-four (24) hours a day. Assessments faxed by providers will also be responded to within an average of six (6) business hours of receipt.

KEPRO currently provides call center services that meet and exceed the requirements for the Nebraska PASRR contract. KEPRO will provide a toll-free number that will be used for telephone determinations of preadmission requirements as well as customer service calls to our PASRR Center representatives. We will include this number on all correspondence, in facility training and outreach to the community, and on our website.

Using our experience operating call centers for PASRR and other similar programs, we will establish sufficient incoming lines to assure service levels are met.

Additionally, KEPRO will use our proprietary web-based system (Atrezzo) to support coordination of project activities, document and review customer service calls and integrate this information with our Level I and Level II data records. We will respond to telephone messages requesting a screening or evaluation within six (6) business hours of the request.

KEPRO will also maintain a facsimile machine in our PASRR Center for receipt of information, and this machine will be available to providers 24 hours a day, 7 days a week. KEPRO has the capability to provide a robust fax server that seamlessly integrates into our Atrezzo system. Faxes attach to cases in Atrezzo just like file attachments from the Web portal. For any case, we will respond to assessments faxed by providers within six (6) business hours of receipt. KEPRO will manage the priority of these items on a first-in, first-out basis unless the information clearly indicates an emergency status or DHHS notifies us to prioritize specific requests on a different basis.

*KEPRO's FL PASRR 2019 Annual Call Center annual averages:*

*Call Abandonment = 0.55%*

*Call Blockage = 0%*

*First call resolution rate = 98.3%*

*Average hold time = 16 seconds*

*QA = 97.33%*

*Afterhours return rate = 100%*

## 5.7 G. RELATIONSHIP WITH THE STATE

The bidder should describe any dealings with the State over the previous five (5) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.



Neither KEPRO nor any party named in this proposal response has had any relationships with the State of Nebraska over the previous five years.

## 5.8 H. BIDDER’S EMPLOYEE RELATIONS TO STATE

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

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

KEPRO certifies that no employee of any agency of the State of Nebraska is employed by KEPRO or will be subcontracted to perform work on this contract if awarded.

## 5.9 I. CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder’s non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the contractor to be in default.

If the bidder has had a contract that has been the subject of a contract performance action, including but not limited to a State or Federal audit, corrective action plan, or litigation, during the past five (5) years, all such instances must be described as required below.

It is mandatory that the bidder submit full details of all termination for default or contract performance action experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the contractor’s position on the matter. The State will evaluate the facts and will score the contractor’s proposal accordingly. If no such termination for default or contract performance action has been experienced by the bidder in the past five (5) years, so declare.

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

Please see **Table 2** below.

**Table 2. Contract Terminations**

Title/Contact Information	Effective Start Date	Effective End Date	Role	Contract Performance Disclosure
Ohio Department of Medicaid Contract Services Hospital Utilization Mgmt. Program	7/1/2017	12/1/2018	Prime	Termination for Cause <ul style="list-style-type: none"> <li>• Delayed ramp up from 25-year incumbent</li> <li>• Lack of institutional knowledge</li> </ul>



Title/Contact Information	Effective Start Date	Effective End Date	Role	Contract Performance Disclosure
50 West Town Street Suite 400 Columbus, OH 43215 Phone: (877) 644-6771				of the program at the state <ul style="list-style-type: none"> <li>Did not yield ROI expectations</li> </ul>
State of Illinois-HCBS Waiver and Program Support Services 201 South Grand Avenue East Springfield, IL 62763 Phone: (217) 557-5438	1/13/2014	3/31/2018	Prime	Corrective Action Plan (CAP), rectified in 6 months <ul style="list-style-type: none"> <li>Scope more intensive than detailed in procurement</li> <li>Challenging staffing model to meet contract needs</li> <li>Payment issues created difficulty adding additional recourses</li> </ul>
Minnesota Department of Human Services 540 Cedar St. St. Paul, MN 55101 Phone: (651) 431-2400	1/1/2018	12/31/2020	Prime	CAP; rectified in 3 months <ul style="list-style-type: none"> <li>Based on timeliness</li> <li>Challenging staffing model and hiring restrictions in state</li> </ul>

## 5.10 J. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder must have a minimum of two (2) years of experience and should provide a summary matrix listing the bidder's previous projects similar to this solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder should address the following:

1. Provide a summary of the bidder's previous or ongoing PASRR projects; size, scope and complexity and the quality of performance. List state(s) that have utilized the system and describe ability, capacity, and skill to deliver and implement the Nebraska Pre-Admission and Resident Review (PASRR) program state-wide in a geographically large, rural and frontier state.

KEPRO exceeds the Department's requirement for two years of experience with more than 15 years of PASRR experience in Florida, West Virginia, New Hampshire, Georgia, Wyoming, Maine, California, and Ohio. Table summarizes our current experience with the major responsibilities and activities relevant to PASRR programs in multiple states.

**Table 3. Overview of Experience with PASRR Responsibilities**

Background in PASRR Level I and Level II Requirements			
Major Responsibilities	FL	WV	NH
1) Data Management System	<i>Web Portals for Provider and Client Access Mobile/Laptop Devices for Field-based Assessors Corporate/central systems for data storage and reporting</i>		
2) PASRR Assessors and Assessments	√	√	√
3) Evaluation Participant List	√	√	√
4) Assessment Report	√	√	√
5) PASRR Supporting Documents	√	√	√
6) PASRR Assessment Timelines	√	√	√
7) Monthly Reports	√	√	√
8) Communication with State/Alerts	√	√	√
9) PASRR Determinations	√	<i>KEPRO provides all necessary information to facilitate PASRR determinations by the State.</i>	√
10) Data Analysis	√	√	√
11) Stakeholder Training	√	√	√
12) QA and Performance Improvement	<i>Program-specific QA/QI Plans and national Corporate Program covering all contracts</i>		

**KEPRO – A NATIONAL COMPANY WITH A RECORD OF BUSINESS INTEGRITY**

KEPRO is a leading quality improvement and care management organization offering outcomes-focused solutions to optimize quality of care and reduce avoidable utilization of healthcare resources. KEPRO now supports 38 state Medicaid contracts and the Centers for Medicare and Medicaid Services (CMS). We currently provide over 35,000 face-to-face evaluations each year for state agencies. We empower our employees to allow them to make independent, person centered decisions that put the individuals we serve first. Our performance history demonstrates our business integrity and achievement of contract obligations:

- 100% performance of contract obligations and service level agreements for all contracts for more than 30 years.

- 98% overall audit results for six consecutive years.
- 98% timeliness across relevant contracts.
- 95% of clients, providers, and members would recommend KEPRO services.

KEPRO has the organizational capacity, operational expertise, and history of measurable results to support the state’s efforts to transform its current PASRR program, increasing efficiency, reducing provider burden, and delivering informed evaluations and care plans. KEPRO is dedicated to providing services in a conflict-free, transparent environment. As part of our commitment to service integrity, KEPRO policy ensures that our PASRR Subject Matter Experts are not directly affiliated with any entities that might pose a conflict of interest concern. KEPRO values our existing relationships with PASRR and Medicaid industry partners to ensure the highest quality services for individuals across the country.

*During 2019, Florida’s delegated Level I screeners completed 275,108 PASRR Level I screenings using the Provider Portal, Atrezzo. There were 677 community Level I screenings completed via a face-to-face assessment by a KEPRO licensed clinician.*

With a comprehensive service offering that exceeds PASRR Level II requirements, Nebraska can count on our team to provide exceptional service through program evolutions and changes in state and federal requirements. We maintain active knowledge of developments in PASRR programs across the country at the federal level through our participation in the National Association of PASRR Professionals. Our Florida Executive Director Ellen Olsen, LCSW, MBA currently serves on the Board of this nonprofit Association as the Vice Chair and Chair of the Technology Committee.

#### PERTINENT PROFESSIONAL ACCREDITATIONS

KEPRO began contracting with CMS as a Peer Review Organization in 1985 and is currently the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC QIO) for 29 states, including our work for Nebraska August 2014 to May 2019. KEPRO also received designation as a QIO-like entity from CMS and has successful experience serving the Medicaid Utilization Management and Quality Improvement (UM/QI) programs for the past 30+ years. KEPRO has URAC accreditation in Health Utilization Management, Case Management, Disease Management, and as an Independent Review Organization, demonstrating our commitment to excellence.



#### CURRENT PRODUCTS AND SERVICES

Serving broad geographical and client market segments enables us to offer the State of Nebraska best practices gleaned from experience in other states and national efforts to address healthcare issues and challenges. KEPRO provides independent review, PASRR Level I and Level II, utilization management, chronic care management, and disease management services on a national basis. KEPRO also provides quality improvement services and is the Beneficiary and Family Centered Care QIO for CMS and Tricare Quality Monitoring Contractor for the Department of Defense, Tricare Management Activity. Table 4 details a selection of our PASRR/Utilization Management/Utilization Review contracts and experience by state.



**Table 4. PASRR/UM/UR Experience by State**

Contract Overview	Innovative Activities	Successes Achieved and Lessons Learned
<p><b>Florida</b> PASRR</p> <p><b>Contract Term</b> 2007-Present</p> <p><b>Scope of Services</b></p> <ul style="list-style-type: none"> <li>Support the State in ensuring that no individual with a serious mental illness is inappropriately placed in a nursing home.</li> <li>Recommendations consist of Specialized Services and/or rehabilitative services of a lesser intensity than Specialized Services.</li> <li>Provide an online Provider Portal for simple and secure Level I screenings, Resident Reviews, and Level II submissions.</li> <li>Provide trainings, technical assistance, and consultations.</li> <li>URAC Call Center Performance Measures Education and Training</li> <li>Medicaid knowledge and expertise regarding Appeals and Fair Hearings</li> </ul>	<ul style="list-style-type: none"> <li>End to end, fully electronic PASRR process.</li> <li>Prior to January 1, 2019, PASRR Level I screenings were completed entirely on paper.</li> <li>The brand-new electronic Level I, updated system, and improved process was implemented with over 3000 hospital and nursing home staff trained to use the system before launch. System became mandatory within 90 days with full compliance statewide and over 7000 registered users today.</li> <li>Upgraded the system with four major enhancements after surveying providers for feedback during implementation and during the 2019 annual satisfaction survey. Including the providers in the process created buy-in and helped to ensure ongoing statewide compliance with the new electronic PASRR process.</li> </ul>	<ul style="list-style-type: none"> <li>We found that involving stakeholders early on increases implementation success rates. In preparation for the statewide system release, KEPRO worked closely with relevant Florida stakeholders, such as the Florida Hospital Association (FHA), Florida Health Care Association (FHCA), Florida Medical Association (FMA), Florida Association of Health Plans (FAHP), and LeadingAge of Florida to assure that hospital and nursing home staff were well prepared for the new electronic Level I process.</li> <li>One on one trainings continue throughout the year which supports ongoing provider compliance. FHA, FHCA, LeadingAge, and the Department of Health partnered with KEPRO again for the 2020 annual PASRR trainings to ensure all providers have the most up to date information.</li> <li>Credentialed providers have completed approximately 140,000 PASRR Level I screenings in 2019 via our provider portal that supports 7,436 nursing home and hospital staff statewide.</li> </ul>
<p><b>New Hampshire</b> PASRR</p> <p><b>Contract Term</b> 2000-Present</p> <p><b>Scope of Services</b></p> <ul style="list-style-type: none"> <li>Preadmissions Screening Resident Review (PASRR) Services for Level I &amp; Level II</li> <li>Medical Eligibility Assessments (MEA) for Choice for Independence (CFI) Waiver</li> </ul>	<ul style="list-style-type: none"> <li>Working with the client to move nursing facilities to the Atrezzo Assessment Provider portal to allow direct entry of PASRR screenings into the system.</li> <li>Developing automation to retrieve referrals from the states system and enter into the Atrezzo assessment portal.</li> </ul>	<ul style="list-style-type: none"> <li>Restructured staffing to increase availability in hard to reach areas. This has increased turnaround times.</li> <li>Worked with the client to incorporate all LTC referrals as a single vendor. This increases continuity of care and ensures assessments are being made impartially by a 3rd party that is not directly involved in the consumers care.</li> <li>Awarded all option years.</li> <li>Enhanced client relationships through monthly/quarterly meetings.</li> </ul>
<p><b>West Virginia</b> Utilization Review; Waiver Programs</p>	<ul style="list-style-type: none"> <li>Focused on clinically complex youth who were likely to require long-term support services. Goal was to reduce length of stay by</li> </ul>	<ul style="list-style-type: none"> <li>Awarded all annual contract renewals</li> <li>Won 4 competitive rebids</li> <li>Designed &amp; developed innovative programs for DHHR</li> </ul>

Contract Overview	Innovative Activities	Successes Achieved and Lessons Learned
<p><b>Contract Term</b> 2000-Present</p> <p><b>Scope of Services</b></p> <ul style="list-style-type: none"> <li>Utilization Review of inpatient and outpatient services for both physical and behavioral health services;</li> <li>Level of Care determinations, care coordination, and training services for Substance Abuse Disorder (SUD) Waiver, Serious Emotional Disturbance (SED) Waiver, Intellectual/ Development Disability (I/DD) Waiver, and Aged and Disabled (A&amp;D) Waiver programs, PASSR Level I</li> </ul>	<p>providing intensive care management to coordinate physical and behavioral health treatments and discharge the youth home or to clinically appropriate levels of care and supportive services in the state.</p> <ul style="list-style-type: none"> <li>From the initiation of the project in October 2018 to January 2019 the average length of stay dropped from 148 to 128 days.</li> <li>KEPRO's implementation was 100% compliant with Federal and State regulations.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to receive high satisfaction scores from members and providers</li> </ul> <p>KEPRO's lessons learned confirmed that our model of building and maintaining effective working relationships based on transparency and trust with the client and provider community was the key to a successful implementation and program.</p>
<p><b>South Carolina</b> UR &amp; QI Program</p> <p><b>Contract Term</b> 2011-Present</p> <p><b>Scope of Services</b></p> <ul style="list-style-type: none"> <li>Utilization Review (Inpatient, Outpatient, Durable Medical Equipment (DME), Home Health, Hospice)</li> <li>Onsite Quality Reviews</li> <li>Claims processing via the BCBS iFlow system</li> </ul>	<ul style="list-style-type: none"> <li>8/1/19 Implementation of new BRCA service for laboratory and genetic testing.</li> <li>Upgraded/enhanced system alerts to improve tracking and reporting capabilities.</li> <li>KEPRO's implementation was 100% compliant with Federal and State regulations.</li> </ul>	<ul style="list-style-type: none"> <li>Analytic support for standard, custom, and ad hoc reports is imperative initially and ongoing</li> <li>Connectivity with State and MCO (BCBS) systems with timely configuration to support workflow and reporting per client specifications led to high level of client satisfaction</li> </ul>
<p><b>Virginia</b> Utilization Review</p> <p><b>Contract Term</b> 2006-Present</p> <p><b>Scope of Services</b></p> <ul style="list-style-type: none"> <li>Utilization Review (Retro Inpatient, Surgery, Prosthetics, Orthotics)</li> <li>Waiver Programs (Elderly or Disabled with Consumer-Direction (ECCD), Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Assistive Technology,</li> </ul>	<ul style="list-style-type: none"> <li>Upgraded/enhanced system edits to ensure capture of eligibility requirements</li> <li>KEPRO's implementation was 100% compliant with Federal and State regulations</li> </ul>	<ul style="list-style-type: none"> <li>Continue to receive high Provider satisfaction scores</li> <li>Maintaining consistent presence and visibility of local leadership and administration has allowed for development effective relationships with client</li> <li>Analytic support for standard, custom, and ad hoc reports is imperative, initially and ongoing</li> </ul>



Contract Overview	Innovative Activities	Successes Achieved and Lessons Learned
<p>Personal and Dependent Care, Durable Medical Equipment (DME)</p> <p><b>Maine</b> Utilization Review</p> <p><b>Contract Term</b> 2007-Present</p> <p><b>Scope of Services</b></p> <ul style="list-style-type: none"> <li>Utilization Review for Behavioral Health and Substance Abuse Services (Community-based to Inpatient LOC)</li> <li>Invoice Processing (LTSE/Baxter)</li> <li>Rate Setting</li> </ul>	<ul style="list-style-type: none"> <li>Automated the Section 21 Rate Setting process for the department reducing manual work of six state employees to one KEPRO employee</li> <li>Redesigned the state's waitlist process to allow for real-time reporting and ease of matching</li> <li>KEPRO's implementation was 100% compliant with Federal and State regulations</li> </ul>	<ul style="list-style-type: none"> <li>Awarded all annual contract renewals</li> <li>Won competitive rebids</li> <li>Supported state's initiative of value-based purchasing services; health home models</li> <li>Our model of strong communication and partnerships with the client and community stakeholders was the key to a successful implementation and program</li> </ul>

**EXPERIENCE WITH PROVIDING SERVICES IN FRONTIER/RURAL AREAS**

KEPRO understands that the dynamics of the healthcare system vary dramatically across the state. Nebraska's rural nature adds complexity in providing health care services to residents. We currently provide services in other states with a significant rural demographic, described below, where we have proven our PASRR solution to be successful.

**Florida.** Our work in Florida requires face to face assessments in many rural and hard to reach areas. There are many counties with populations of 20,000 or less and these can be difficult to cover, such as areas within the everglades or in areas after significant storm damage. We staff licensed clinicians throughout the state to ensure full coverage, even during times of emergency. We provide our team with the tools that they need for remote work, including telehealth options when required through our Microsoft Teams technology that is free to individuals, secure, and easy to use.

*To provide service in rural locations for our Florida PASRR program, KEPRO uses qualified local clinical staff to ensure timely reviews.*

**New Hampshire.** New Hampshire can present unique challenges for access to services due to areas where public transportation and community services are nonexistent, coupled with problems that arise due to inclement weather. KEPRO works collaboratively with the Department of Health and Human Services to overcome these barriers for individuals through consistent communication with providers and stakeholders and frequent meetings with state entities to ensure we are up to date on available community resources including home and community based options in areas where there are fewer options for care. KEPRO provides PASRR Level I and Level II services with a focus on providing adequate solutions to individuals that meet nursing home level of care and are seeking alternative placement and require diversion planning. KEPRO leverages our well trained nurses, statewide staffing patterns, and flexible technology to provide person-centered planning so that each individual is placed in the least restrictive environment no matter where they live.

**West Virginia.** In addition to managing Nursing Home/PASRR reviews for BMS since 2009, KEPRO has held a utilization management contract for 19 years with West Virginia, a state similar to Nebraska in



demographic composition. Both are rural states bordered by multiple states or provinces. The poverty rate in Nebraska is 12%, with 25% of the Nebraska population considered low income. The poverty rate in West Virginia is 19%. In WV, Medicaid covers one-third of the population. Both have similar total state population of less than 2 million.

Additionally, the rural, mountainous terrain and lack of public transportation make accessing health care services difficult. Maintaining an adequate provider network in this environment is a major challenge, particularly access to behavioral health crisis services, inpatient services, and specialty care. Provision and support of critical adaptive needs--ventilators, oxygen supplies, and apnea monitors--is a critical issue for rural areas of the state where individuals may have limited emergency response and could be hours away from the nearest hospital.

KEPRO understands the difficulties and costs for managing healthcare services, particularly in rural areas. We will partner with Nebraska as we have in West Virginia to develop strategies to address these issues. For example, West Virginia relies heavily on the Rural Health Centers (RHCs) and Federally Qualified Health Centers (FQHCs) for service delivery in rural areas. KEPRO aided in policy development to expand the scope of services for these providers and monitors behavioral health service provision at these sites. There was a dearth of providers in West Virginia willing to provide ventilators and oxygen supplies in very rural areas. KEPRO assisted in modifying policies to incentivize provision of these items in rural areas.

Working closely with the DHHS leadership, the implementation team develops the requirements document that describes and controls the configuration for the specific contract. Our approach includes extensive experience implementing a variety of programs in Frontier and Remote (FAR) Level I and Level II areas (as designated by the US Census), such as those in the States of Florida, Colorado, Maine, Minnesota, West Virginia, Oklahoma, Oregon, and Wyoming. This experience includes PASRR Level I and Level II programs, external quality review of county-based mental health programs, and field-based care management and care coordination for individuals with high-risk/high-cost conditions such as Schizophrenia, Bipolar Disorder, Congestive Heart Failure, Coronary Artery Disease, and other behavioral health and co-occurring medical conditions. We understand the dynamics and challenges of the delivery of behavioral health, ID, and long-term services and supports in these areas, as well as large urban areas such as Los Angeles, where KEPRO supports the largest public managed care organization in the nation with functional assessment and other services. Factors that complicate delivery of statewide services in frontier and potentially underserved areas include:

- Complex and interlocking factors such as remote geography, limitations in service providers, and cultural issues that may interfere with interactions with new, outside staff. KEPRO addresses these issues through recruitment and retention of individuals who are local to the region and therefore understand service delivery complexities and share a common cultural background. KEPRO also conducts outreach to the provider and advocate communities to build relationships and facilitate access to insight on program operation.
- Limited staffing to conduct PASRR Level II evaluations, especially in avoiding conflicts of interest to ensure these professionals do not also provide services through nursing facilities. KEPRO mitigates these challenges by recruiting professionals and maintaining an extensive database of their professional relationships with nursing facilities and hospitals to enable PASRR Center staff to identify individuals without potential conflicts to conduct face-to-face evaluations in specific facilities.
- Scarce resources for home and community-based services (HCBS) as alternatives to institutional care. Additionally, in some rural and frontier communities nursing homes represent a significant source of employment, and diversion programs are perceived as threatening the local economy.

KEPRO recognizes these issues and documents the appropriateness of HCBS to provide needed information States can use to encourage communities to develop HCBS through collaborations with the faith-based community, tribal resources, and other methods.

An important component of our experience is implementing a field-based model for PASRR Level II face-to-face evaluations. Through this experience, we developed the recruiting and retention strategies that manage a workforce of full and part-time employees and when needed, supplemented with PRN employees who work remotely. These strategies include robust information technology to maintain communications with remote staff, resources such as data entry staff to support field-based professionals when it is necessary to use hardcopy tools because of tele-communication gaps, and development of regional teams, with lead Assessors to assist with coordination for larger population areas.

Our ability to perform well in a rural environment with challenges like Nebraska is demonstrated by the results from our Annual Provider Satisfaction Survey where we achieved excellent ratings as summarized below in Table 5.

**Table 5. West Virginia Satisfaction Survey**

Survey Statement (Respondents Rated Each Survey Statement by Indicating Their Level of Agreement)	Providers' Average Rating (on a 1 to 5 Scale, with 5 = Very Satisfied)
KEPRO staff members are responsive	4.71
I can depend on KEPRO to assist me with the UM process	4.69
KEPRO staff members are accessible	4.71
When I have a concern, KEPRO shows interest in addressing it	4.57
Overall, I am satisfied with the service I receive from KEPRO	4.67
Grand Average Ratings	4.64

With more than two decades of experience in all aspects of behavioral health and intellectual disabilities—from advocacy to program design to direct service delivery and external review—KEPRO has a deep understanding of the service needs of individuals and has been instrumental in improving access. For example, the Southwest Pennsylvania Health Care Quality Unit has a decade of experience developing educational programs for MI/ID/RC and medical professionals to improve the safety of individuals in the healthcare system, and currently delivers over 9,000 hours of educational programming on an annual basis. A value-added service we provided in this program was a web-based searchable database of professionals who offer sedation dentistry as part of our efforts to improve oral health among individuals with intellectual or developmental disabilities.

**KEPRO COMMITMENT TO EXCELLENCE**

KEPRO’s proposal responds to all RFP requirements and preferences, demonstrating our commitment to meet DHHS’ goals—going beyond minimum requirements—from day one of contract award. We offer a dedicated and experienced full project implementation team to ensure a seamless transition. Our implementation team earned their qualifications with over a decade of highly complex implementations.

Our PASRR Project Director Lead, Ellen Olsen, LCSW, MBA, is a qualified PASRR professional who

oversees PASRR Level I screenings and Level II evaluations and determinations in Florida. Working with Ms. Olsen during implementation and providing technical assistance to the project as needed will be Michelle Marks, Senior Vice President. Ms. Marks currently supervises performance of PASRR operations in Florida, New Hampshire, and West Virginia. With expertise from multiple comprehensive PASRR programs, KEPRO has the experience and skill to implement and perform the State's requirements.

Due to the work of our impeccable implementation team KEPRO is proud to have a history of over two decades of SUSTAINED 98% compliance with review timeliness, even with a 4-hour requirement for 600,000 reviews annually and well within the nine-day requirement for PASRR. This includes a sustained history of customer satisfaction ratings of >96%.

**SUMMARY OF RELATED EXPERIENCE**

KEPRO has delivered utilization management solutions to public and commercial clients for more than 30 years. Our expertise in performing utilization management in federal, state, local, and other programs has this foundation:

- Our teams are at work on behalf of 77 million Americans. KEPRO's experience includes providing Level I Reviews (Florida, West Virginia, Maine) and Level II Evaluations (California, Florida, Ohio, Georgia, Maine, New Hampshire, Wyoming)
- Experience in approving, tracking, and providing technical assistance to hospitals' annual utilization review (UR) plans
- URAC accreditation for health utilization, case management, disease management, and independent review organization (IRO) which demonstrates our adherence to nationally recognized standards for process management and control
- Comprehensive utilization management for TRICARE, the Department of Defense (DoD) health program and for other federal government agencies
- Expert Medical Review Contractor for the Health Resources and Services Administration

Our three decades of experience evaluating and assessing the medical necessity needs for Medicaid program members and administering quality assurance and improvement in 40 out of 50 states enable us to benchmark best practices across programs and geographies. As an experienced and respected



MISSION DRIVEN TO IMPROVE LIVES THROUGH HEALTHCARE QUALITY AND CLINICAL EXPERTISE

**OUR SOLUTIONS**

- **Præadmission Screening & Resident Review (PASRR)**
  - Utilization Management • Case Management
  - Pharmacy Management • Care Coordination
  - EAP & Absence Management • Appeals & Grievances • External Quality Review • Healthcare Effectiveness Data and Information Set (HEDIS)
  - Standard of Care Reviews • Level of Care Assessments • Health Risk Assessments
  - Behavioral Health Needs Assessment

**WHO WE SERVE**

• Medicare	• Medicaid
• Substance Use Disorders	• CHIP
• Behavioral Health	• Foster Care
• Long Term Services and Supports	• Intellectual/Developmental Disabilities

**OUR DESIGNATIONS**

CMS Designated Quality Improvement Organizations & QIO-Like • URAC Accredited for Case Management, Healthcare Utilization Management & Disease Management

- NIST Certified • FISMA Certified

**UTILIZATION MANAGEMENT & REVIEW EXPERIENCE**

• 38 State Medicaid Programs served in 2019	• 15+ Years average customer tenure
• 7.1 Million Prior Authorizations completed in 2018	• 120 Thousand Drug Utilization reviews completed in 2018
• 1.4 Million Retrospective Reviews completed annually	• 99% Inter-Rater Reliability

• 12:1 UM/UR ROI

**THE RIGHT SOLUTION FOR NEBRASKA**

**KEPRO**



utilization management organization, KEPRO reviews over 800,000 medical records on an annual basis, using standard procedures to ensure reliability, accuracy, and timeliness. Review types include prior authorization of services for Medicaid members in fee-for-service programs as well as waiver programs; concurrent review to certify continued stays; retrospective review to evaluate quality and medical necessity; and face-to-face evaluations and assessments to confirm diagnoses of SMI/I/DD; determine level of care, and the need for specialized services.

#### **NARRATIVE DESCRIPTIONS AND REFERENCES**

2. Provide narrative descriptions to highlight the similarities between the bidder's experience and this solicitation. These descriptions should include:
  - a. The time period of the project;
  - b. The scheduled and actual completion dates;
  - c. The bidder's responsibilities;
  - d. For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
  - e. Each project description should identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
3. Bidder and subcontractor(s) experience should be listed separately. Narrative descriptions submitted for subcontractors should be specifically identified as subcontractor projects.
4. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

The merger of KEPRO and APS Healthcare in 2015 created an organization with unequalled experience providing person-centered assessments across the spectrum of health and human service care settings, with current PASRR contracts in four states. In our PASRR contracts in New Hampshire, Florida, and West Virginia we validate referrals for behavioral health issues and/or intellectual/developmental disabilities, evaluate care plans, and make recommendations for nursing facility/home and community-based placement and specialized services. This combination of consulting and "hands-on" expertise enables us to understand and support the spectrum of services for the Nebraska population and to optimize our system to support the state, county agencies, and providers.

KEPRO implemented PASRR Level II evaluations in Florida in 2007 and began conducting PASRR Level I screenings in Florida in January, 2019 and in West Virginia in 2009. We began our PASRR Level I and Level II program in New Hampshire in 2012.

We have substantial administrative expertise to support our clinical services and staffing on a national level with organizational capabilities in our corporate offices and local service centers. Additional and relevant expertise comes from our projects to improve care coordination for Seniors and Persons with Disabilities (SPD) and individuals with Serious Mental Illness (SMI). Our mental health experience is further strengthened by our services as the External Quality Review Organization for the California Department of Mental Health and subsequently the Department of Health Care Services for 10 years.

A critical component of our success in PASRR Level I screening and Level II evaluations and determinations has its foundation in our core capabilities. An organization with over two decades of experience in management of programs for people with Serious Mental Illness (SMI) and Intellectual or Developmental Disabilities (I/DD), we have an extensive background in independent and person-centered assessments, integrated plans of care, and quality management for medical care, behavioral healthcare, and home and community-based services. Our work with states to improve delivery systems and promote the ability of individuals to live safely in their communities has resulted in meaningful quality improvements and millions of dollars in documented savings through elimination of avoidable costs. For example, our work in reducing the turnaround time of preadmission Level II evaluations in Florida significantly reduced Medicaid costs associated with extended and unnecessary hospital stays versus the costs of nursing home stays.

These credentials also benefit our clients through shared best practices and the development of new methodologies and programs. For example, in West Virginia we developed “socially necessary service review” to evaluate and prior authorize non-clinical services funded by the State. This process included service definitions, social necessity criteria, configuration of a web-enabled system for submission of requests, training for providers, and comprehensive reporting.

We provide the required information for Project Descriptions in **Tables 6 -9**.

**Table 6. Florida PASRR Level Level I and Level II**

Project: Level II Evaluations and Determinations – State of Florida Department of Children and Families, Agency for Persons with Disabilities, and Agency for Health Care Administration	
<b>a) Time Period of Projects</b>	October 1, 2007 – December 31, 2018 (Level II - SMI) March, 2016 – December 31, 2018 (Level II – ID/RC) January 1, 2019 – Present (Level I and Level II – MI/ID/RC)
<b>b) Scheduled and Actual Completion Dates</b>	October 1, 2007 – Present Renewed/Awarded Competitively in 2013, 2016, and 2018
<b>c) Contractor Responsibilities</b>	PASRR Level I Screenings, Level II Evaluations and Determinations, Quality Assurance, Training, Technical Assistance, Stakeholder Engagement, Data Analysis, Reporting
<b>d) Reference Contact</b>	Ms. Constance Hill, Contract Manager Florida Agency for Health Care Administration 2727 Mahan Drive Tallahassee, FL 32308 (850) 412-4233
<b>e) Prime/Subcontractor</b>	Prime
<b>f) Budget</b>	\$2,303,168 (Annual Budget and Actual)

**Florida.** The State of Florida awarded the PASRR Level II evaluations and determinations contract to us in 2007 for individuals with serious mental illness (SMI) and renewed this contract through competitive award in 2013. We received a contract through competitive award in 2016 for PASRR Level II evaluations and determinations for individuals with intellectual disabilities and related conditions (ID/RC). The program was again expanded in 2019 to include PASRR Level I screenings.



The goal of the Florida PASRR program is to ensure that all individuals with a mental illness, intellectual disability, or related condition receive appropriate placement in the least restrictive setting possible with needed supportive services. KEPRO provides the following: Level I screenings and Level II PASRR evaluations and determinations for individuals seeking admission/residing in Medicaid-certified nursing facilities; face-to-face Level I community screenings; coordination/ monitoring/ongoing tracking of Specialized Services; and recommendations for alternative services and/or placement and transition options.

The PASRR Technical Assistance Center (PTAC) recognized the Florida PASRR program with “Comprehensive” ratings, the highest score possible, for all categories of PASRR Level II clinical tool(s) provided by the state for the assessment of mental illness in 2012. KEPRO took over Level II for the ID population in 2016, ensuring all ID categories were also covered. Florida received nearly all “Comprehensive” scores for the Level I tool in 2015 and with the launch of the new electronic Level I screening tool, all categories are now addressed. Furthermore, our Atrezzo system captures all of the quality metrics identified in PTAC’s 2017 National PASRR Report. Our efficient, high quality process ensures that the State of Florida will remain fully compliant with CMS requirements and expectations.

KEPRO also ensures that Florida residents receive timely evaluations. It is important to note that CMS requires completion of these evaluations within seven (7) to nine (9) days and since 2007, KEPRO has conducted more than 50,000 Level II reviews well within the national expectation. Our current Florida metrics, including all turnaround times for 2019, are:

- Level I Volume: 275,108
- Level I Overall Turn-Around-Time (TAT): 0.001 days
- Level I Timeliness of Completing Level I Screening Determinations: 100%
- Level II Volume for Preadmission (PAS) and Resident Reviews (RR): 5,459
- Level II Overall TAT (PAS and RR): 2.13 days
- Level II Timeliness: 100%

KEPRO has achieved a 100% compliance rate in Florida since 2007 with Level II turnaround times consistently 2 to 4 days from the receipt of a completed referral submission to formal notification of the determination to the state agency, facility, and consumer. Given our extensive experience operating programs in such culturally diverse states as New Hampshire, West Virginia, and Florida, we are sensitive to the cultural nuances of the region and the population. Understanding the sensitive nature of reviews for individuals with intellectual disabilities and related conditions, we implemented an expedited protocol for PASRR services for nursing home placement. Since contract inception, we have performed expedited face to face evaluations and determinations for all individuals in this vulnerable population with an average turnaround time of 2.64 days.

Our program operations extend beyond the review process as a state partner. We provide onsite trainings, webinars, and technical assistance to hospitals and nursing facilities to ensure the completion of the PASRR process and to ensure each program participant receives the most appropriate care in the most appropriate setting. For example, we make daily calls to facility leadership to explain the referral and review

*“The PASRR implementation was a smooth and collaborative process. KEPRO’s staff are always responsive and professional and work to meet our needs. Trainings were simple and our members remain well informed.”*

– Kim Broom, RN, HCRM, Director of Clinical and Regulatory Services, Florida Health Care Association



process, and answer questions about the program. We document the types of questions or concerns discovered during this process and when we identify a pattern or trend, we add the answers and solutions to our quality improvement projects, trainings, outreach, and/or Frequently Asked Questions on our website.

An external program audit outcome of “No Findings” was issued by DCF’s Contract Oversight Unit in 2014. At the end of 2019, we received our annual audit results from AHCA, which were also perfect. We met or exceeded in all areas. Of special note, we exceeded in the area of Emergency Management Planning based on our response to the devastating category five hurricane that hit the Florida panhandle. KEPRO continues to maintain strong relationships with State agencies and its stakeholders.

**New Hampshire.** The State of New Hampshire awarded KEPRO the PASRR Level I determinations, PASRR Level II evaluations and Medical Eligibility Assessments for the Choices for Independence (CFI) program in 2016. We provide a summary of our responsibilities in **Table 7** below.

**Table 7. New Hampshire PASRR Level II**

Project: PASRR and Nursing Facilities Level of Care – State of New Hampshire	
a) Time Period of Project	2016 – Present
b) Scheduled and Actual Completion Dates	09/01/2016 to 06/30/2020
c) Contractor Responsibilities	PASRR level 1 and 2 determinations, NF LOC determinations
d) Reference Contact	Wendi Aultman, Bureau Chief Bureau of Elderly and Adult Services 105 Pleasant Street, Main Building Concord, New Hampshire 03301 <a href="mailto:wendi.aultman@dhhs.nh.gov">wendi.aultman@dhhs.nh.gov</a> 603-271-9068
e) Prime/Subcontractor	Prime
f) Budget	\$4,533,050 (Cumulative)

**Preadmission Screening Resident Review (PASRR) Level I determinations:** KEPRO provides a comprehensive screening for all individuals presented with a mental illness, intellectual/developmental disability and related condition that require placement in a Medicaid certified nursing facility. The screenings are submitted by community agencies (hospitals, nursing facilities, doctors’ offices) into our proprietary Atrezzo portal and a Level I RN evaluator determines the outcome of the screening. Determinations are electronically returned to ensure there is no delay in the discharge process.

**Preadmission Screening Resident Review (PASRR) Level II assessments:** KEPRO’s highly trained registered nurses conduct face-to-face assessments with consumers who screen positive for a mental illness, intellectual/developmental disability and related condition. These evaluations assess the level of care need to ensure care is provided in the least restrictive environment for each individual. In addition, KEPRO identifies specialized services an individual needs to be successful that may exceed the facilities capabilities. KEPRO completes resident review assessments for consumers in a nursing facility that experience a significant change in their condition, the level of care has changed, or has come to the end of a provisional time approval.

**Nursing Facility Level of Care assessments and determinations:** KEPRO conducts face-to-face Medical Eligibility Assessments (MEA) with consumers to determine eligibility for nursing facility level of care.

This allows consumers to have access to the care they need both in the community and in a facility. The program, known as, Choices for Independence (CFI) is a 1915(c) Home and Community-Based waiver serves roughly 3,500 disabled and elderly residents in the State of New Hampshire annually.

KEPRO consistently meets or exceeds all contract metrics (Table 8) and performs with the highest level of quality standards. Our state partners are highly satisfied with our performance and continue to exercise all option years on the contract.

**Table 8. New Hampshire PASRR Volumes and TAT**

Type of Assessment	Annual Volumes (2019)	Turnaround Timeframes
PASRR Level I Determinations	882	Less than 4 hours
PASRR Level II Assessments	356	Less than 5 business days
Nursing Facility Level of Care Assessments	5,196	Less than 5 business days

**West Virginia.** The West Virginia Bureau for Medical Services (BMS) requires all individuals being placed in a nursing facility, or transferring between facilities, to have a medical necessity assessment completed, submitted, and reviewed in accordance with BMS policy. BMS utilizes the Pre-Admission Screening assessment instrument, PAS-2000, as the basis for conducting the medical necessity review. KEPRO began managing Nursing Home/PASRR reviews for BMS in 2009. This effort helped to ensure that individuals seeking placement in a nursing facility met BMS’ medical eligibility requirements for this level of care as well as determining if an alternative placement was appropriate. This aspect of the project is part of a larger contract to provide utilization management, waiver management, block grant reporting, socially necessary services review, self-directed budget development, data analysis, consumer surveys, provider certification, reporting, and other services to all Bureaus in the Department of Health and Human Resources. We additionally provide a summary of our responsibilities in Table 9 below.

**Table 9. West Virginia PASRR Level I/PAS**

Project: Level I Screening – State of West Virginia Department of Health and Human Resources	
a) Time Period of Project	December 1, 2000 - Present
b) Scheduled and Actual Completion Dates	December 1, 2000 – Present Renewed competitively in 2005, 2009, and 2015
c) Contractor Responsibilities	PASRR Level I Screens, PAS reviews for the ABD Waiver, Quality Assurance, Training, Technical Assistance, Data Analysis, Reporting, Provide the System for Level II
d) Reference Contact	Cynthia E. Beane Department of Health and Human Resources 350 Capitol Street Room 251 Charleston, WV 25301 <a href="mailto:Cynthia.E.Beane@wv.gov">Cynthia.E.Beane@wv.gov</a> 304-356-4844
e) Prime/Subcontractor	Prime
f) Budget	\$250,808 (Annual)



## 5.11 K. SUMMARY OF BIDDER’S PROPOSED PERSONNEL/MANAGEMENT APPROACH

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

As a trusted state and federal partner, KEPRO has a proven implementation and management approach to meet even the most rigorous requirements. For PASRR, these capabilities enable KEPRO to combine knowledge of federal regulations, ability to contract with independent evaluation professionals and technical expertise with stable, agile, and secure information systems. We integrate all of these elements when designing and implementing effective behavioral health, developmental services, and waiver programs to serve individuals with SMI and/or I/DD through facility-based delivery systems and home and community-based services. This synergy--*intelligent value*—makes our determinations more informed and reliable, our technical assistance more effective, and our processes more efficient.

### APPROACH TO PROJECT MANAGEMENT

KEPRO proposes to manage this contract from our PASRR Center in Tallahassee for management oversight, Level I reviews, the Customer Service Center, Level II determinations, quality assurance, and oversight of the Level II process. KEPRO also proposes to have a local office in Lincoln, Nebraska for meetings, trainings, and clinical oversight of the Level II evaluations. We will hire a full-time Clinical Director, full-time Level I and Level II Manager along with full-time and part-time employees in Nebraska to provide Level II evaluations. **Figure** shows the integrated management approach that KEPRO proposes for PASRR operations in Nebraska.



**Figure 1. Operational Model for PASRR**

*KEPRO’s integrated management approach will ensure appropriate resources, systems, and quality assurance to meet all RFP requirements.*

Our staffing approach reflects our commitment to a comprehensive, effective, efficient, and superior PASRR program. With highly qualified medical, behavioral health, and I/DD professionals based in our PASRR Center, our reviews of Level I screenings are efficient and timely, resulting in appropriate



determinations and referrals for Level II evaluations. With the Customer Service Center for PASRR co-located with these professionals, we provide resolution to questions and concerns with our “one call” methodology – providers only need one call to the Customer Service Center to address their needs. For example, our first call resolution rate in Florida averaged 98.3% in 2019.

**CONTRACT MANAGEMENT AND FLEXIBILITY**

The features we discuss in this proposal reflect the management approach of an experienced federal and state contractor. KEPRO maintains skilled corporate staff to support individual projects. With an average tenure of twelve years, KEPRO’s management team brings continuity and a thorough knowledge of federal regulations for Medicaid requirements, PASRR, and Medicaid providers. The KEPRO management approach for strategic project management integrates contract objectives with organizational objectives, measures, and plans to assure contract performance.

The project plan for Nebraska begins with the contract objectives as articulated by the scope of work, reflecting operational goals such as timeliness and reliability as well as program goals, such as re-balancing the delivery of services to promote home and community-based services. We integrate these priorities into organizational objectives for performance and comprehensive project management, accountability to the client, efficiency of business process to streamline activities, and quality improvement in all aspects of performance. **Figure 2** presents this approach.



**Figure 2. KEPRO’s Contract Management Approach**

*Our contract management approach supports internal quality control and facilitates ongoing continuous improvement.*

This process results in a clear and detailed method to achieving the requirements of the Department’s contract by delineating organizational goals. With definition of objectives, we then develop performance measures and targets – including for example, timeliness of review, achievement of deliverables and submission of reports. The KEPRO management team translates these performance measures into

realistic, detailed 90-day action plans that we link to contract deliverables. We use the 90-day timeframe for overall action plans at the organizational and individual level.

KEPRO establishes and maintains internal quality controls for monitoring, accuracy, productivity, and quality output of all of its team members. Uniformity in practice includes orientation of new employees, ongoing training of employees, defined policies and procedures, development of key process indicators, and monitoring of all activities. KEPRO has established consistent teaching and training methods for assuring Inter-Rater Reliability rates remain over 95% for our reviewers and assessors so that they consistently apply program requirements, clinical criteria, and federal/state regulations. This process assures dependability and supports our operational excellence and delivery of services.

The level of monitoring is risk-based. KEPRO conducts risk assessments at the start of a new contract and throughout the contract term to identify high-risk compliance issues and to establish priorities, necessary monitoring activities, procedures/policies, and to determine auditing schedules. KEPRO monitors contract performance through systematic reporting and analysis; interim and annual evaluations; and ad hoc and formal quality improvement (QI) initiatives. Continuous monitoring of training and corrective actions allows us to provide feedback to the KEPRO team and ensure that we meet deliverables throughout the contract.

### **PROGRAM MONITORING AND CONTROL: COMPLIANCE 360**

We follow a structured approach to attaining optimal performance. Administrated by our internal Compliance Department, our compliance program includes ongoing efforts to monitor, assess, audit, and evaluate compliance with KEPRO's policies and procedures, state and federal regulations, and all contract requirements. Our quality assurance and compliance approaches monitor performance against contract deliverables, with performance measurement and reporting logically integrated into contract measures and reports. This process ensures alignment between the Department contract and KEPRO operations.

Compliance 360® (C360) is a comprehensive compliance monitoring/reporting system that helps to ensure that KEPRO is compliant with all contract, URAC, and other regulatory requirements. KEPRO uploads contract, vendor, and employee data into C360 to provide an instant "state of compliance" for the entire organization. Through a series of highly configurable security levels and reporting dashboards, users have the ability to drill down to the contract level to monitor the status of deliverables and other critical contract components.

Not only does C360 track compliance, policies, and other contract data, it gives us the additional benefits of working in tandem with our analytics processes/systems to identify trends and quality improvement opportunities. We apply our QA processes and project management controls to oversee all the tasks associated with the performance and delivery of services of KEPRO contracts to meet performance metrics:

- Communication and stakeholder management
- Quality assurance and control (auditing)
- Risk management
- Change management
- Budget management
- Schedule management

#### **Quality and Continuous Improvement**

*Internal processes for the FL PASRR contract showed improvement throughout 2019 for our turnaround time metric. The average TAT for the second quarter dropped to 1.95 days and the average TAT for the third quarter dropped to 1.90 days. The average TAT for the final quarter was 1.77 days.*

- Deliverables management
- Corporate capability and reach-back

The C360 system captures all performance standards for each contract. The responsible management team updates C360 to document submission of and achievement of performance standards.

## PROJECT PERSONNEL

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

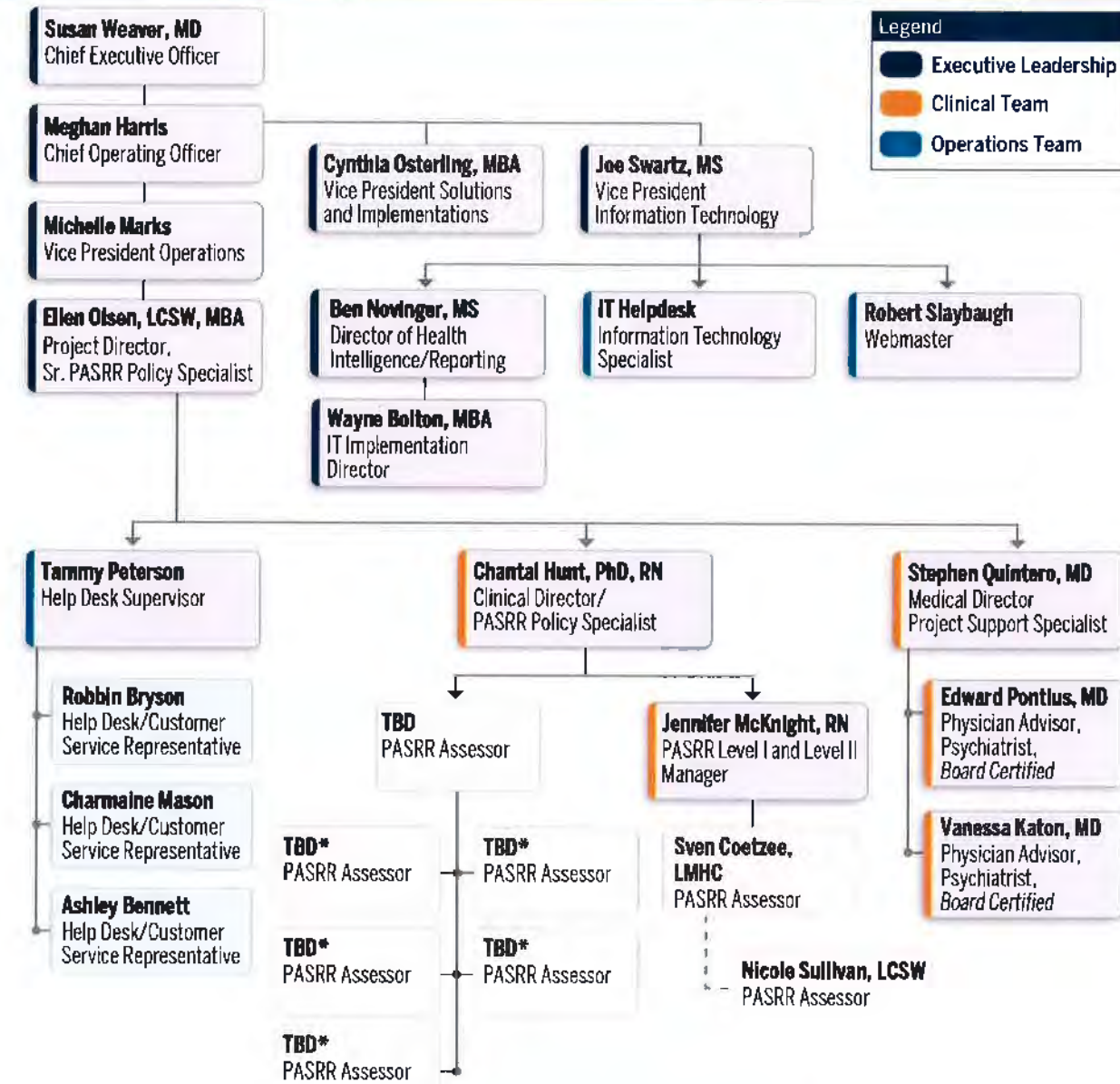
5. Provide qualified individuals to work on the Contract in the following full or part-time roles:
  - j. Helpdesk staff that are specialized in Nebraska specific policy,
  - k. Helpdesk supervisor who is specialized in Nebraska specific policy,
  - l. Level I Manager and Level I reviewers,
  - m. Level II Manager, project support specialist(s), clinical director,
  - n. PASRR policy specialist, and information technology specialist(s).

KEPRO's organizational model combines corporate resources with staff and support based in local areas. We create efficiencies through shared services, such as information technology, health services research and reporting, compliance, and Human Resources. The PASRR service contract will tie into each of KEPROs' departments for centralized support services, reporting of progress and task completion, and maintaining contract and regulatory compliance.

By clearly defining employee roles from the start, not only do we target and hire the best, most qualified candidates, but we also ensure their continued success by informing them exactly how that success will be determined and measured. KEPRO clearly articulates team members' roles, functions and duties associated with the position. This enhances operational efficiency from the very start.

We have the PASRR team ready and engaged to begin immediately after contract award. Each team member has clearly defined roles and responsibilities, as well as a history of consistent work toward achieving client-focused SMART (specific, measurable, achievable, relevant, and time-based) goals. Our team will meet all program requirements, leveraging technology as appropriate. Our project organization chart for Nebraska is shown in **Figure 3**, which includes staff positions to complete the scope of work detailed in the RFP. We then summarize the qualifications of key staff and project personnel for the NE PASRR project in **Table 10** on the following page.





**Figure 3: KEPRO Project Team for Nebraska PASRR**

*Clearly defined lines of authority greatly enhance employee performance, improve workflow operations, and increase customer and stakeholder satisfaction.*

A qualified and fully staffed project team is imperative to the success of the NE PASRR program. Our approach to hiring the right staff, promoting longevity, and mitigating turnover includes multiple strategies that extend from the pre-hiring period throughout employees’ tenure. Our Project Director for the NE PASRR contract is **Ellen Olsen, MSW, LCSW, MBA**. Ms. Olson has been with APS/KEPRO since 2006 and is currently the Project Director for the PASRR Program in Florida. Under her direction, the organization has completed more than 400,000 Level I screenings and 50,000 Level II evaluations and determinations, consistently exceeding performance standards for quality and timeliness. She has 22 years of behavioral health delivery experience, a master’s degree in Social Work, and extensive administrative experience.

Ms. Olsen is well versed in every aspect of PASRR regulations and is active in the National Association of PASRR Professionals. She works to continually improve operations and ensure services meet state and federal requirements. She identifies and implements Quality Improvement Projects (QIP), analyzes outcomes, and exacts positive change. Under her leadership, internal processes showed improvement throughout 2019 when the new fully electronic process was launched. For example, the average turnaround time (TAT) for PASRR Level II determinations was 2.32 days during the first quarter. The average TAT for the second quarter dropped to 1.95 days and the average TAT for the third quarter dropped to 1.90 days. The average TAT for the final quarter was 1.77 days.

**Table 10** provides additional information on qualifications and experience of key KEPRO project personnel and leadership team members assigned to the project and their primary roles and program activities.

**Table 10. Project Personnel**

Names/Titles	Interface/Support Functions	Primary Work Assigned
<p><b>Ellen Olsen, LCSW, MBA</b>  <b>Project Director/Senior PASRR Policy Director (Key Staff)</b></p>	<p>Supports the oversight of all contracts including overall planning, direction and control to achieve operating and financial goals.</p> <p>Commits to and promotes KEPRO’s philosophy of Quality of Care.</p>	<ul style="list-style-type: none"> <li>• Facilitate and coordinate the activities of multiple work groups, teams or operational units. Direct oversight of all management level staff.</li> <li>• Ensure compliance with contractual requirements within the operation by monitoring critical indicators, deliverables and budgets.</li> <li>• Establish and maintain effective customer rapport and mutually beneficial business relationships and oversee stakeholder engagement activities.</li> <li>• Draw on expertise of staff and others for business implementations. Assemble and deploy the resources necessary to ensure success.</li> <li>• Develop regional long-term and short-term operating and financial goals including budgets and forecasts to ensure effective operations and optimum profitability.</li> <li>• Work with management team to develop and enhance the operational structure including skill set requirements, gap analysis and training plans through workforce analysis.</li> <li>• Participate in cross-regional activities to enhance operating efficiencies and serve as a Subject Matter Expert (SME).</li> <li>• Support and participate in strategic planning and execution to enhance growth, profitability, productivity, and efficiency throughout the company’s operations. Collaborate with leadership in the development of new and enhanced products</li> </ul>

Names/Titles	Interface/Support Functions	Primary Work Assigned
		and services. <ul style="list-style-type: none"> <li>Assist in the implementation of contracting strategies and programs that reduce cost as well as maximize revenue streams.</li> <li>Monitor the technical performance (which includes adherence to schedule and cost requirements), resource planning, and evaluations of the services provided by KEPRO.</li> <li>Provide advice and assistance in the planning, implementation and evaluation of modifications to new and existing operations, systems, and procedures.</li> <li>Represent the organization at internal, local, state, and national meetings.</li> </ul>
<b>Stephen Quintero, MD                      Medical Director and                      Project Support                      Specialist                      (Key Staff)</b>	Fulfills the role of the senior clinical staff ultimately responsible for ensuring that the PASRR program incorporates evidence-based, clinically-sound practices and recommendations. Provides direction, guidance and resources to support the specific contract needs.	<ul style="list-style-type: none"> <li>Oversee all review activities including reviews of PASRR Level II evaluations to finalize the determination and approve recommendations for behavioral health services to ensure compliance with PASRR regulations and clinical best practice.</li> <li>He will also assist with development of training and quality assurance activities focusing on behavioral health services and appropriate management of medications.</li> </ul>
<b>Edward Pontius, MD,                      DFAPA                      Board-certified                      Psychiatrist/Physician                      Advisor</b>	Review and counter-sign evaluated data per requirements in applicable regulations, currently in 471 NAC 12.	<ul style="list-style-type: none"> <li>Support Medical Director/Project Support Specialist in conducting PASRR Level II evaluations for behavioral health services.</li> </ul>
<b>Vanessa Katon, MD,                      Board-certified                      Psychiatrist/Physician                      Advisor</b>	Review and counter-sign evaluated data per requirements in applicable regulations, currently in 471 NAC 12.	<ul style="list-style-type: none"> <li>Support Medical Director/Project Support Specialist in conducting PASRR Level II evaluations for behavioral health services.</li> </ul>
<b>Ben Novinger, MS                      Director, Health                      Intelligence/Reporting                      (Key Staff)</b>	Oversees the analysis and reporting function with Health Intelligence team. He will support this project by working with the Project Director and State to develop performance measures and reporting dashboards.	<ul style="list-style-type: none"> <li>Design and review service monitoring tools and other analytic reports.</li> <li>Provide ad hoc report and analysis as requested by the State.</li> </ul>



Names/Titles	Interface/Support Functions	Primary Work Assigned
<b>Wayne Bolton, MBA</b> <b>IT Implementation Director</b> <b>(Key Staff)</b>	Responsible for the configuration, testing, and sign off on information technology installations to support KEPRO contracts. Working with the Implementation Director and other KEPRO staff, he develops and manages the IT implementation plan, including configuration, security, and reporting.	<ul style="list-style-type: none"> <li>• Work with clients and staff to define and document project specific requirements and communicate requirements to professional staff; implementation and User Acceptance Testing experience.</li> <li>• Serve as the lead information technology specialist and oversee all system configuration and ongoing maintenance.</li> </ul>
<b>Rob Slaybaugh</b> <b>Webmaster</b> <b>(Key Staff)</b>	Manage web pages, sites and applications. Coordinates the design, development, deployment and maintenance of company's online presence. Responsible for web developers and graphic artists and overseeing all aspects of creating a website.	<ul style="list-style-type: none"> <li>• Design and develop program changes consistent with the Software Development Life Cycle.</li> <li>• Analyze business processes, identify and propose new business processes or program changes to address specific requirements.</li> <li>• Document design and technical specifications in accordance with development standards and procedures.</li> <li>• Provide support to internal and external users and customers.</li> <li>• Develop and maintain new and existing web applications.</li> <li>• Develop and maintain new and existing Windows client based applications.</li> <li>• Lead developer of analysis and tracking tool for claims and reviews.</li> <li>• Analyze and integrate third party software and tools such as Telerik and the AJAX Control Toolkit.</li> <li>• Integrate web services from third party vendors.</li> <li>• Design, develop, and maintain relational database tables, functions, and stored procedures.</li> <li>• Design, develop, and maintain SQL Server Integration Services packages.</li> </ul>
<b>Chantal Hunt, PhD, RN</b> <b>Clinical Director/PASRR Policy Specialist</b> <b>(Key Staff)</b>	Serve as the lead to oversee clinical PASRR functions for the project. Coordinates with the Client on PASRR decisions and issues and communicates with providers and inpatient facilities regarding review decisions and other clinical matters. Develops and leads review staff in the	<ul style="list-style-type: none"> <li>• Oversee, coordinate, and monitor all clinical PASRR team activities.</li> <li>• Ensure adequate staffing and contractual service levels are adhered to by implementing and monitoring clinical staff productivity and performance indicators. Maintains effective team member relations.</li> <li>• Leads team members in improving review skills, creativity, and problem solving and leads education, outreach and training.</li> <li>• Work with management team to develop and enhance the operational structure including skill set requirements, gap analysis, and training using workforce planning.</li> <li>• Manages and completes assigned work plan objectives and projects on a timely basis.</li> <li>• Provide advice and assistance to leaders in the planning,</li> </ul>

Names/Titles	Interface/Support Functions	Primary Work Assigned
	<p>activities required to perform clinical services in order to facilitate and support quality, cost effect outcomes and minimize fragmentation of health care delivery. Will be office based in Lincoln, Nebraska.</p>	<p>implementation, and evaluation of modifications to existing operations, systems, and procedures.</p> <ul style="list-style-type: none"> <li>• Collaborate with leadership in the development of new and enhanced products and services.</li> <li>• Represents the clinical department by participating on committees, task forces, work groups, and multidisciplinary teams. Maintains professional relationships with provider community and external customers and identifies opportunities for improvement.</li> <li>• Participates in the development of policies and oversees clinical staff activities to ensure compliance with regulatory and accrediting standards.</li> <li>• Provides reports of compliance and other PASRR activities.</li> </ul>
<p><b>Jennifer McKnight, RN PASRR Level I/II Manager (Key Staff)</b></p>	<p>Serve as the lead to oversee PASSR functions for the project. Coordinates with the Client on PASRR decisions and issues as needed and communicates with providers and inpatient facilities regarding utilization review decisions and other clinical matters.</p> <p>Develops and leads utilization review staff in the activities required to perform clinical services in order to facilitate and support quality, cost effect outcomes and minimize fragmentation of health care delivery.</p>	<ul style="list-style-type: none"> <li>• Oversee, coordinate, and monitor all PASRR team activities.</li> <li>• Ensure adequate staffing and contractual service levels are adhered to by implementing and monitoring clinical staff productivity and performance indicators.</li> <li>• Maintains effective team member relations.</li> <li>• Leads team members in improving utilization management skills, creativity, and problem solving.</li> <li>• Work with management team to develop and enhance the operational structure including skill set requirements, gap analysis, and training using workforce planning.</li> <li>• Manages and completes assigned work plan objectives and projects on a timely basis.</li> <li>• Provide advice and assistance to leaders in the planning, implementation, and evaluation of modifications to existing operations, systems, and procedures.</li> <li>• Collaborate with leadership in the development of new and enhanced products and services.</li> <li>• Represents the clinical and operational departments by participating on committees, task forces, work groups, and multidisciplinary teams.</li> <li>• Maintains professional relationships with provider community and external customers and identifies opportunities for improvement.</li> <li>• Participates in the development of policies and oversees clinical staff activities to ensure compliance with regulatory and accrediting standards.</li> <li>• Provides reports of compliance and other Utilization Management activities.</li> </ul>
<p><b>Sven Coetzee, LMHC PASRR Assessor</b></p>	<p>Utilizes clinical expertise for the review of medical records against appropriate criteria in conjunction with contract requirements, critical</p>	<ul style="list-style-type: none"> <li>• Reviews and interprets patient records and compares against criteria to determine medical necessity and appropriateness of care; determines if the medical record documentation supports the need for services.</li> <li>• Determines approval or initiates a referral to the physician consultant and processes physician consultant decisions ensuring reason for the adverse determination is described in sufficient</li> </ul>

Names/Titles	Interface/Support Functions	Primary Work Assigned
	thinking and decision-making skills to determine medical appropriateness, while maintaining production goals and QA standards. Ensures day-to-day processes are conducted in accordance with NCQA, URAC and other regulatory standards.	detail on correspondence. <ul style="list-style-type: none"> <li>• Abstracts review related data/information accurately and timely on appropriate review tool by the appropriate means.</li> <li>• Accurate and timely submission of all administrative and review related documents to appropriate parties.</li> <li>• Performs ongoing reassessment of review process to offer opportunities for improvement and/or change.</li> <li>• Foster positive and professional relationships and act as liaison with internal and external customers to ensure effective working relationships and team building in order to facilitate the review process.</li> <li>• Responsible for attending training and scheduled meetings and for maintenance and use of current/updated information for review.</li> <li>• Maintains medical records confidentiality at all times through proper use of computer passwords, maintenance of secured files, adherence to HIPAA polices.</li> <li>• Utilizes proper telephone etiquette and judicious use of other verbal and written communications, following KEPRO policies, procedures and guidelines.</li> <li>• Actively cross-trains to perform duties of other contracts within the KEPRO network to provide a flexible workforce to meet client/consumer needs.</li> </ul>
<b>Marcy Taylor, RN                      PASRR Assessor*</b>	Within the scope of service, provides site visits or telephonic outreach; behavioral health, disease and/or case management, education and support to individuals, providers or client by assessing, planning, implementing, monitoring and/or evaluating options and services to ensure appropriate, care/services are being provided.	<ul style="list-style-type: none"> <li>• Reviews and interprets patient records and compares against criteria to determine medical necessity and appropriateness of care; determines if the medical record documentation supports the need for services.</li> <li>• Determines approval or initiates a referral to the physician consultant and processes physician consultant decisions ensuring reason for the adverse determination is described in sufficient detail on correspondence.</li> <li>• Abstracts review related data/information accurately and timely on appropriate review tool by the appropriate means.</li> <li>• Accurate and timely submission of all administrative and review related documents to appropriate parties.</li> <li>• Performs ongoing reassessment of review process to offer opportunities for improvement and/or change.</li> <li>• Foster positive and professional relationships and act as liaison with internal and external customers to ensure effective working relationships and team building in order to facilitate the review process.</li> <li>• Responsible for attending training and scheduled meetings and for maintenance and use of current/updated information for review.</li> <li>• Maintains medical records confidentiality at all times through proper use of computer passwords, maintenance of secured files, adherence to HIPAA polices.</li> <li>• Utilizes proper telephone etiquette and judicious use of other</li> </ul>





Names/Titles	Interface/Support Functions	Primary Work Assigned
		verbal and written communications, following KEPRO policies, procedures and guidelines. <ul style="list-style-type: none"> <li>Actively cross-trains to perform duties of other contracts within the KEPRO network to provide a flexible workforce to meet client/consumer needs.</li> </ul>
<b>Nicole Sullivan, LCSW                      PASRR Assessor</b>	Within the scope of service, provides site visits or telephonic outreach; behavioral health, disease and/or case management, education and support to individuals, providers or client by assessing, planning, implementing, monitoring and/or evaluating options and services to ensure appropriate, care/services are being provided.	<ul style="list-style-type: none"> <li>Reviews and interprets patient records and compares against criteria to determine medical necessity and appropriateness of care; determines if the medical record documentation supports the need for services.</li> <li>Determines approval or initiates a referral to the physician consultant and processes physician consultant decisions ensuring reason for the adverse determination is described in sufficient detail on correspondence.</li> <li>Abstracts review related data/information accurately and timely on appropriate review tool by the appropriate means.</li> <li>Accurate and timely submission of all administrative and review related documents to appropriate parties.</li> <li>Performs ongoing reassessment of review process to offer opportunities for improvement and/or change.</li> <li>Foster positive and professional relationships and act as liaison with internal and external customers to ensure effective working relationships and team building in order to facilitate the review process.</li> <li>Responsible for attending training and scheduled meetings and for maintenance and use of current/updated information for review.</li> <li>Maintains medical records confidentiality at all times through proper use of computer passwords, maintenance of secured files, adherence to HIPAA polices.</li> <li>Utilizes proper telephone etiquette and judicious use of other verbal and written communications, following KEPRO policies, procedures and guidelines.</li> <li>Actively cross-trains to perform duties of other contracts within the KEPRO network to provide a flexible workforce to meet client/consumer needs.</li> </ul>
<b>Tammy Peterson                      Helpdesk Supervisor</b>	Responsible for assisting Supervisor with the oversight of the customer services area and staff. Maintains working knowledge of internal policies, procedures and services (both departmental and operational). Assists with monitoring productivity and quality	<ul style="list-style-type: none"> <li>Monitors and directs daily workload of customer service areas, ensuring performance standards are met.</li> <li>Monitors service calls to observe employee demeanor, technical accuracy, and conformity to company policies.</li> <li>Resolves issues and addresses customer complaints on incoming calls.</li> <li>Assists with the training of new customer service staff.</li> <li>Consults with the Supervisor, Customer Service on complicated or complex unresolved issues.</li> <li>Receives inquiries from customers or providers by telephone, email, fax, or mail and communicates response within required turnaround times.</li> <li>Interacts with hospitals, physicians, beneficiaries, or other</li> </ul>

Names/Titles	Interface/Support Functions	Primary Work Assigned
	standards of the department to meet contract deliverables within budgetary parameters.	program recipients.
<b>Helpdesk/Customer Service Representative</b>	Responsible for data entry, technical assistance and scheduling onsite screenings and evaluations and determinations for individuals and families and KEPRO's licensed clinicians.	<ul style="list-style-type: none"> <li>• Accurately enters client data and monitors contractually required timeframes.</li> <li>• Communicates with service providers/potential respondents, families, or other collateral sources to schedule the needs assessment.</li> <li>• Answers incoming telephone calls, resolving customer questions, complaints and requests adhering to internal policies and procedures and utilizing working knowledge of the organization's services to meet productivity and quality standards.</li> <li>• Interacts professionally with hospitals, physicians, beneficiaries, or other program recipients.</li> <li>• Develops and maintains working knowledge of internal policies, procedures, and services.</li> <li>• Utilizes automated systems to log and retrieve information.</li> <li>• Receives inquiries from customers or providers by telephone, email, fax, or mail and communicates response within required turnaround times.</li> <li>• Meets or exceeds standards for call volume and service level per department guidelines.</li> <li>• Maintains logs and documents disposition of incoming and outgoing calls.</li> </ul>
<b>Lori McGurty, PMP Implementation Director</b>	Oversees the project work plan activities described in 6.5.E	<ul style="list-style-type: none"> <li>• Oversee and direct the project plan activities to ensure timelines are met.</li> <li>• Responsible for project management, team management and quality of customer focused delivery.</li> <li>• Generates timelines, estimates costs, and ensures projects meet the needs of the client organization.</li> </ul>

**KEY STAFF RESUMES**

The bidder should provide resumes for all personnel proposed to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.



**Ellen McLean Langston Olsen, LCSW, MBA**  
**Project Director and Senior PASRR Policy Specialist**

**Project Role**

Ms. Olsen will serve as the Project Director and Senior PASRR Policy Specialist and will provide management oversight and technical expertise to the Nebraska PASRR project through supervision of the PASRR Center Staff and dedicated Nebraska PASRR Team.

**Experience Summary**

Over 19 years of experience supervising and training all levels of professionals and 22 years of providing behavioral health services. Highly skilled in strategic planning, operations management, cost savings measures, continuous quality assurance, and policy writing and development. Results driven and recognized throughout career for outstanding quality customer service. Exceptional writing, communication, and computer skills. Proficient in all Microsoft applications including Excel.

**Professional Experience**

**KEPRO PASRR Center** **September 2006 – Present**

[Formerly APS Healthcare]

**Project Director**

Key Responsibilities:

- Program Director of the statewide Florida PASRR (Pre-Admission Screening and Resident Review) program
- Manages all operations and supervise both the clinical and administrative staff
- Operations lead on multiple IT projects and statewide system releases
- Ensures contract compliance, database accuracy and program integrity through ongoing quality improvement initiatives
- Manages all program and staff metrics via Excel, SQL, Crystal, and Business Objects
- Member of multiple corporate teams including Policy and Procedure task forces and Quality Improvement committees
- Previously, Program Director for the statewide Prior Service Authorization (PSA) program for the Home and Community Based Developmental Disabilities Medicaid Waivers in Florida
- Expert witness for agency hearings

**Health Management Institute** **September 2003 - 2006**

**Program Director**

Key Responsibilities:

- Program Director of Canopy Cove, a partial-inpatient eating disorder treatment program
- Responsible for the health, safety and welfare of all patients
- Supervised and coordinated program operations and served as a clinical therapist in treating patients
- Assisted in the development and successful launch of the new adolescent inpatient residential treatment center

**Boys Town** **February 2001 - 2003**

**Residential Consultant/Clinical Specialist**

Key Responsibilities:

- Residential Consultant/Clinical Specialist over multiple residential group homes
- Supervised direct care staff and student interns



- Behavioral treatment planning, supportive counseling, budgeting, and quality assurance
- Trained and evaluated all direct care staff on program implementation
- On call supervision of staff and youth, 24 hours per day, 7 days a week, 365 days per year to assist in a multitude of crisis and non-crisis situations

### Education

**Master of Business Administration;** Florida State University (FSU)

**Master of Social Work;** FSU

**Bachelor of Science in Psychology** with Minor in Family and Child Sciences; FSU

### Licensure/Certifications

Licensed Clinical Social Worker, SW8301

### References

Lori Gephart  
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Tallahassee, FL 32399-0950  
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Sean Matthews  
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Tallahassee, FL 32399-0700  
(850) 717-4412

Constance Hill, MPA, FCCM  
AHCA Building 3, Room 2404  
Tallahassee, FL 32308  
(850) 412-4233

## Stephen M. Quintero, MD

### Medical Director and Project Support Specialist

#### Project Role

Dr. Quintero will fulfill the role of Medical Director and Project Support Specialist, the senior clinical staff ultimately responsible for ensuring that the PASRR program incorporates evidence-based, clinically-sound practices and recommendations. Dr. Quintero will provide direction, guidance and resources to support the specific contract needs.

#### Experience Summary

Experienced medical professional with more than 25 years of clinical and teaching experience, including 17 years of Medical Director and leadership experience, 14 years as a Medical Professor, and 13 years of experience for PASRR programs. Established neighborhood health services clinic as a teaching site for medical students, serving those who might not otherwise have access to care. Holds several medical patents for teaching simulators for medical students, has contributed extensively to medical publications and symposia, and is the recipient of numerous awards and honors. Dedicated hundreds of volunteer hours providing services at community and rural clinics and disaster relief efforts, as a high school science educator and in Habitat for Humanity Building Projects.

#### Professional Experience

**KEPRO, Tallahassee, Florida** **2005 – Present**

##### Medical Director, PASRR Programs

##### Key Responsibilities:

- Medical oversight of the Florida Pre-admission Screening and Resident Review (PASRR) Programs
- Quality oversight for inter-rater reliability reviews, assessment validity, and quality improvement projects.
- Medical Oversight of the former PSA Program for the Home and Community Based Developmental Disabilities (DD) Medicaid Waivers in Florida for APD.
- Responsible for PASRR training, including grand rounds, and clinical staff development.
- Expert witness for appeals.
- Member of multiple KEPRO quality committees, including Health Utilization Management Committee, Adverse Incidents Committee, and Health Utilization Management Medical Criteria Workgroup.

**Tallahassee Memorial Health Care Transitional Care Center,** **2011 – Present**

**Family Medicine and Rural Health, Florida State University College of Medicine**

##### Medical Director

**TMH Transition Center** **2010 – Present**

**Faculty Residency Preceptor at the Family Medicine Residency Program**

**Charlotte E. Maguire and Tallahassee Memorial Health** **2009 – Present**

**Care Center for Clinical Simulation, Florida State University College of Medicine**

##### Consultant Physician

**Department of Family Medicine and Rural Health at the Florida** **2004 – Present**

**State University College of Medicine, Family Medicine & Rural Health Florida State University**

##### Assistant Professor

**Key Responsibilities:**

- Teaching: Doctoring 1, Doctoring 2, Doctoring 3, Honors Medical Seminar, Medicine & Behavior, Anatomy, Integrated Problem-Based Learning
- Academic advising during the 1st and 2nd years of students' medical education and faculty advisor for the Emergency Medicine Student Interest Group
- Clinical practice: Provide care for uninsured and rural underserved populations in Leon, Gadsden, and Madison county clinics in Tallahassee and surrounding counties.

**FSU College of Medicine** 2010 – 2011

**Medical Director for Simulation Enhancement and Support**

**Florida State University College of Medicine, Lincoln** 2004 – 2010

**Neighborhood Health Center**

**Clinical Assistant Professor, Department of Family Medicine and Rural Health**

**Tallahassee Memorial Healthcare** 1996 – 2010

**Faculty Residency Preceptor at the Family Medicine Residency Program**

**The Florida State University College of Medicine** 2005 – 2009

**Medical Director for Development and High Fidelity Clinical Simulation**

**Florida State Hospital** 1996 - 2004

**Staff Physician, Emergency Department, Clinic**

**Key Responsibilities:**

- Senior Physician, Emergency Department, Medical Screening Clinics
- HIV/AIDS Clinic Physician.

**Tallahassee Memorial Hospital** 1999 – 2003

**Medical Director for Advanced Cardiac Life Support Training, Heart Institute**

**Capital Regional Medical Center** 1995 – 1997

**Emergency Department Physician**

**Additional Clinical Practice**

- Neighborhood Health Services: Established as a teaching site for medical students in 2004, this clinic serves victims of domestic and sexual violence who would not otherwise have access to care: clinical services offered one half-day per week (2010)
- Gretna Health Department: Supervision of students for primary care provided rural county without adequate healthcare resources on as needed basis as part of departmental coverage FSU COM (2006)

**Education and Licensure**

**Doctor of Medicine**, University of Florida College of Medicine, Gainesville, Florida

**Bachelor of Science in Psychology**, Florida State University

**Licensure:** American Board of Family Medicine Certification  
DEA Certification  
Florida State Medical Licensure ME 58481



### Honors, Awards and Prizes

- Integrity, Compassion, Accountability, Respect, and Excellence Award (ICARE), Tallahassee Memorial Hospital (2012).
- This award was presented by a committee of my peers at TMH and is based on patient and community input.
- "Most Original Research", CAE Human Patient Simulation Network, Tampa, Florida (2012).
- CAE - Canadian Aeronautics Engineering.
- 2011 Innovators, 7th Annual FSU Innovators Reception (2011).
- received innovator's award for "Realistic Simulated Abdomen", and "Auscultation Simulation Stethoscope System".
- "MERC Award - Most Innovative Research", MERC (2011). (\$5,000).
- Most Innovative Research and Presentation: "Hybridized - Standardized Patients and Hybrid Patient Simulation: Effectiveness in Teaching Murmurs to Medical Students."
- Outstanding Junior Faculty Educator, Florida State University College of Medicine (2008).

### Fellowship

Faculty Development Fellowship, Department of Family Medicine, University of North Carolina, Chapel Hill, N. C (2005–2006).

### Current Membership in Professional Organizations

- American Academy of Family Physicians
- American Academy of HIV Medicine
- American Medical Association
- Capital Medical Society Tallahassee, Florida
- Florida Academy of Family Physicians
- Florida Consortium Simulation
- Florida Medical Association
- Society for Simulation in Healthcare
- Society of Teachers of Family Medicine

### References

Sean Wimberley  
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## Chantal Hunt, PhD, RN

### Clinical Director and PASRR Policy Specialist

#### Project Role

Dr. Hunt will serve as the Interim Clinical Director and PASRR Policy Specialist to oversee clinical PASRR functions for the project. Coordinates with the Client on PASRR decisions and issues and communicates with providers and inpatient facilities regarding review decisions and other clinical matters. Develops and leads review staff in the activities required to perform clinical services in order to facilitate and support quality, cost effect outcomes, and minimize fragmentation of health care delivery.

#### Experience Summary

Seasoned professional with significant clinical qualifications and a background in all key scope areas of this RFP. More than 15 years of experience administering public sector Medicaid, utilization management, population health management, PASRR, and high-risk case management programs. A registered nurse for over 20 years, with clinical expertise in behavioral health; holds both master's and doctoral degrees in nursing. Dr. Hunt has served as a program lead for contracts in Ohio, Colorado, Indiana, and Oklahoma, reporting to both clients and corporate senior management.

- Experienced service center manager with responsibility for oversight of administrative, clinical, and call center functions.
- Managed staff of up to 50 clinical reviewers and evaluators, subcontractors, and call center staff.
- Strong skills in collaborating with state agency staff, providers, and other stakeholders, including implementation of new programs and participation in quality improvement initiatives.
- Experience with compliance activities related to URAC and NCQA accreditation as well as federal and state standards and regulations.

#### Professional Experience

##### **KEPRO (formerly APS Healthcare); September 2010 - Present**

##### **Several progressive roles since 2010:**

##### **Operations Implementations and Transitions Director**

- Support and participate in strategic planning and execution to enhance growth, profitability, productivity, and efficiency throughout the company's operations. Collaborate with leadership in the development of new and enhanced products and services.
- Serve as a clinical subject matter expert in various areas including quality management, innovation and new business acquisition efforts.
- Participate in cross-regional activities to enhance operating efficiencies and serve as a Subject Matter Expert (SME).
- Collaborate and coordinate with all organizational task areas to accomplish goals and deliverables within designated time frames. Support other functional areas of the organization as directed and perform other duties as assigned.
- Draw on expertise of staff and others for business implementations. Assemble and deploy the resources necessary to ensure success.
- Products include project idea documents and plans, and formal reports.

##### **Executive Director, Ohio Programs**

- Responsible for the administrative leadership of the Ohio Medicaid UM program, providing clinical oversight of behavioral health staff.

- Primary liaison with the state agency, including coordinating activities with the contract manager and overseeing the completion of all deliverables, including on-going reporting requirements.
- Implementation of the behavioral health portion of the contract (July 2017-Dec 2018), providing clinical and operational expertise in the development of policies and procedures and clinical criteria for behavioral health reviews, including training and supervision of behavioral health review staff.
- Managed the completion of over 8,600 behavioral health prior authorizations from January-June 2018.

#### **Program Director, Ohio Pre-Admission Screening and Resident Review (PASRR) program**

- Management of all clinical and operational aspects of the work of the service center. Responsible for all internal and external deliverables related to the operations of the service center, including both implementation and ongoing operations.
- Responsible for the administrative leadership of the program and providing clinical oversight for assessors, and serving as the program's Clinical and Quality Manager.
- Primary liaison with the state agency, including coordinating activities with the contract manager and overseeing the completion of all deliverables, including on-going reporting requirements.
- Regular participation in quality management activities including clinical documentation audits of staff and Quality Improvement Committee meetings, to assure quality of care and compliance with URAC, State, Federal, and contract requirements and standards.
- Participation in stakeholder, customer, and management meetings to ensure coordination of center operations.
- Interface with corporate senior leadership (Senior VP and Directors in various company departments) and customer executive leadership to provide continuity of operations and service.
- Supervisory activities pertaining to direct and indirect reporting staff and field-based contractors including performance management, annual performance evaluations, timecard management, on-boarding, etc.
- Serve as the clinical expert in various areas including quality management, innovation and new business acquisition efforts, member concerns, and customer inquiries.

#### **Program Director, Oklahoma Employees Group Insurance Division Utilization Management Program; Colorado Medicaid Utilization Management Program**

- Management of all clinical and operational aspects of the work of the Oklahoma City service center. Responsible for all internal and external deliverables related to the operations of the service center, including both implementation and ongoing operations.
- Applied evidence-guided clinical practices, enhanced analytics, and UM services for the Prior Authorization Request Program for 1,078,187 Colorado Medicaid members.
- Managed staff of 10 RNs, 7 CSRs, 1 Clinical Supervisor, 1 BH Specialist, Clinical/Quality Manager, and Medical Director.
- Primary contract POC; managed clinical and administrative services; provided clinical expertise; performed clinical documentation audits and inter-rater reliability reviews of staff, chair QI Committee; assure quality of care and compliance with URAC, State and contract requirements and standards, including accuracy, timeliness, and quality.



### **Program Director, Ohio Medicaid Managed Care High-Risk Care Management**

- Direct clinical and operational aspects of a field-based Medicaid Managed Care High-risk Care Management program in the State of Ohio.
- Main achievements included implementation of the program, development of all processes, procedures, and workflows, staffing of the program—hiring and training approximately 40 new field-based RN supervisors, RN and LISW case managers, and telephonic clinical and non-clinical staff prior to go-live.
- Successful completion of the State’s readiness review and the prime contractor’s pre-delegation audit of the Care Management program.
- Performed as the clinical lead for internal and external audits and accreditation surveys.
- Design and implementation of training for new employees (clinical and non-clinical).
- Facilitated the recruitment, hiring, and training of RN, LISW and other health professionals for disease management, case management and utilization management roles.
- Clinical Advisory Panel member (review and approval of corporate-wide policies and procedures).

### **Clinical Manager, Ohio Population Health Management Program**

- In addition to the above, directly managed a staff of six RN Health Coaches and two outreach coordinators in providing telephonic and site-based health/wellness and disease management services to commercial (State employee) health plan members.
- Provided clinical leadership to five additional non-RN clinical staff providing telephonic health and wellness coaching.
- Developed targeted weight-management and smoking cessation telephonic health coaching modules.
- Developed URAC-compliant documentation templates and revised local operational processes and procedures to create uniformity in daily workflow.
- Initiation/management of Clinical Grand Rounds meetings and other clinical quality endeavors.
- Successful implementation of Saturday hours to better serve our members.

### **Clinical Manager, Indiana High-risk Pool (ICHIA) and Medicaid Enhanced Services Plan (HIP-ESP) Utilization Management Programs**

- Managed a staff of four nurse case managers and utilization management nurses for a high-risk pool and Medicaid plan.
- Assisted with UM reviews and provider/member issues as needed.
- Interfaced with the customer, plan members, the State, and other external vendors/stakeholders to ensure contract compliance and excellent member service.

## **2008 – 2010; Health Services Advisory Group, Inc., Columbus, Ohio**

### **Project Manager, Medicaid External Quality Review**

- Managed various specific projects related to the external quality review (EQR) of the Ohio Medicaid managed care program.
- Developed methodologies, project timelines, and internal and external reports related to EQR activities as directed by the State and executive management.
- Assisted in the evaluation of Managed Care Plan (MCP) compliance including: administrative processes, fraud and abuse, encounter data validation, provider network validation, validation of MCP state-mandated performance improvement projects.
- Participated in an extensive program evaluation project to determine the adequacy of the Ohio Department of Job and Family Services (ODJFS) methodology for ensuring access to care and services for Medicaid recipients enrolled in managed care plans.

- Developed training materials and conducted education to contractors and temporary employees related to performing audit activities.

### 2004 – 2008; Health Care Excel, Inc., Columbus, Ohio

#### Contract Director; Utilization Review of Inpatient Psychiatric Care Provided to Medicaid Recipients (URIP)

- Served as the single point of contact to the State agency and liaison to executive leadership of the company.
- Managed the day-to-day oversight of the contract with the Ohio Department of Mental Health (ODMH) and a subcontractor.
- Monitored the performance of consultants and subcontractors.
- Developed and wrote procedures as new policies were introduced.
- Coordinated, scheduled, and led facility site-visit (audit) teams and prepared site-visit reports based upon chart review and staff interviews.
- Prepared internal reports and assessed reports prepared by vendors for accuracy, thoroughness, appropriateness, and timeliness prior to submission.
- Monitored work status, performance, and goal achievement.
- Recruitment and orientation of physician consultants and RN review staff.

### 2003 – 2004; The Ohio State University Department of Anesthesiology - Columbus, Ohio Research Nurse

- Coordination of clinical trials, proposal development, IRB submission, instrument development, project coordination, data collection and management, phlebotomy, lab, grant writing and submission, dissemination of findings, etc.

### Education

#### The Ohio State University, Columbus, Ohio; Doctor of Philosophy in Nursing.

Dissertation Title: Stress, Coping, and Health in Spouses of Cancer Patients  
Cognate Minor: Psychoneuroimmunology

The Ohio State University, Columbus, Ohio; Master of Science in Nursing. Psychiatric-Mental Health  
Clinical Nurse Specialist Track

The Ohio State University, Columbus, Ohio; Bachelor of Science in Nursing with Sociology Minor

### References

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**Jennifer McKnight**  
**PASRR Level I and Level II Manager**

**Project Role**

Ms. McKnight serve as the PASRR Level I and Level II Manager to oversee PASSR functions for the project. Coordinates with the Client on PASRR decisions and issues as needed and communicates with providers and inpatient facilities regarding utilization review decisions and other clinical matters.

**Experience Summary**

Nursing professional with more than 17 years of clinical and management experience. A dependable team player with high standards and a positive attitude. Experienced in managing the PASRR function. Volunteers in the community on health-related activities.

**Professional Experience**

**KEPRO**

**November 2018 - Present**

**Program and Compliance Manager**

**Key Responsibilities:**

- Ensures efficiencies, deliverables and assigned contract functions are performed to the highest standards to strengthen the relationships with customers and meet contract requirements.
- Collaborates with program leaders to improve processes, determine training needs and improvement opportunities.
- Supervises team to ensure excellent customer satisfaction. Assists in determining development opportunities for team.
- Recruitment of staff and contractors.
- Oversight of licensed clinicians completing PASRR evaluations.
- Training of staff and contractors.
- Monitors metrics and daily operations to ensure success. Complete Quality Assurance and Data Metrics entry.
- Manage contract compliance and all workflows to remain within required turnaround times.
- Technical Assistance with Atrezzo portal and password resets.
- Perform UAT testing and participate in discussions regarding portal updates/fixes.
- Attends PTAC webinars regularly.
- NAPP member.

**Tallahassee Primary Care Associates**

**November 2010 – November 2018**

**Office Manager / RN**

**Key Responsibilities:**

- Managed physicians, extenders, nurses, and receptionists.
- Ensured patient and employee satisfaction along with overseeing quality of care.
- Monitored Quality Measures, initiate new workflows to improve Quality Measures.
- Assisted in process of TPCA becoming a PCMH.
- Member of Corporate Compliance Committee, Patient Outcomes Committee,
- Received the Primary award for core leadership from TPCA in 2017 for creating and facilitating a Quality Measure Workgroup.
- Used clinical experience and knowledge to bridge the gap between corporate and team members to implement and ensure compliance with the fluid changes required in healthcare.



**TMH Labor and Delivery  
Floor Nurse/Triage Nurse**

January 2007 – November 2010

Key Responsibilities:

- Assisted in deliveries
- Member of Education Council
- Assessed and triaged incoming patients and followed patient care protocols.
- Precepted students and new employees.

**A Women's Pregnancy Center  
Nurse Manager**

May 2002 – May 2006

Key Responsibilities:

- Developed and managed Limited Medical Office which performed limited ultrasounds for women in crisis pregnancy.
- Developed policy and procedure manual and managed volunteers
- Attended training for limited ultrasounds and trained other nurses
- Counseled women in crisis pregnancies.

**Education**

**Bachelor of Science in Nursing**, Florida State University

**Associate in Science**, Tallahassee Community College

**References**

Emily Karnik, APRN  
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Tallahassee, FL 32308  
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Emily.karnik@gmail.com

Karl Hempel, M.D.  
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Tallahassee, FL 32308  
(850) 528-7207

Stacia Groll, M.D.  
East Plaza Drive  
Tallahassee, FL 32308  
(708) 497-0210, 2420

**Benjamin W. Novinger, MS**  
**Director, Health Intelligence/Reporting**

**Project Role**

Mr. Novinger will lead the Health Intelligence Unit in assisting the project by developing the analytic plan for quality assurance, conducting sampling according to the analytic plan, and providing oversight of analytic and other reports.

**Experience Summary**

Management professional with more than 15 years of experience in multiple healthcare technology settings in commercial health plan and care management organizations. Successes have included developing and leading complex teams of analysts, informaticians, clinicians, statisticians, and consultants dedicated to designing analytic insights for future healthcare business planning. Deep experience in using the full spectrum of computer-based analytic tools. Unique abilities in enabling organizations to transform their healthcare data into actionable information. Strategic thinker with ability to troubleshoot complex problems and develop creative solutions to achieve results.

**Employment History**

**KEPRO** **2013 - Present**

**Director, Health Services Research**

Key Responsibilities:

- Oversees the development of Health Services Research projects through the scientific and technical evaluation of the efficacy of the Company's care management and healthcare quality improvement programs.
- Through the use of technology and Business Intelligence tools, conducts investigative work and analyzes data to enhance the insights gained from KEPRO's clinical decision-making tools.
- Directs staff consisting of business managers, consultants, business analysts, and report programmers responsible for data analysis, report development and production, and customer solutions.

**Pennsylvania Employee Benefits Trust Fund**

**Director, Health Analytics – Planning and Reporting**

Key Responsibilities:

- Directed team of analysts responsible for information research and analysis of nearly 300,000 beneficiaries' health services information.
- Identified actionable insights that result in opportunities for improvement in medical costs and health education/wellness programs.
- Designed methods to report, analyze, and provide feedback on economic and utilization trends, clinical and condition management analyses, health care cost containment, quality measurements, predictive modeling, and general research and decision support activities.
- Under the direction of the Executive Director, led the development of the company's strategic planning process and provide routine reports on progress towards goals.

**HP Enterprise Services**

**2008 - 2012**

**Director, Analytics – Global Healthcare Medical Informatics Center of Excellence**

Key Responsibilities:

- Responsible for service delivery of client-facing business that combines analytics, clinical expertise, and informatics technology in the assessment of client healthcare populations.

- Led research and product development initiatives including predictive modeling and risk assessment tools that assess the future risk of healthcare recipient populations.
- Implemented quality of care measures including process, outcome, and economic evaluations.
- Designed peer review medical literature style reports leveraging published methodologies and analysis techniques.
- Client deliverables include analytical reports identifying population trends and drivers, which in turn help clients control costs and improve health outcomes.

## Education

### **Masters of Science in Public Health Science**, Penn State University, Hershey, PA

Training in biostatistics, epidemiology, health economics, and quality of care measurement  
Recipient of the Mark J. Young Award for Outstanding Scholarship in Public Health Sciences

### **Bachelor of Arts in Business Administration**, Economics concentration, Catawba College, Salisbury, NC

Managed Healthcare Professional Designation - Health Insurance Association of America

## Publications

### ***A Predictive Model of Hospitalization Risk Among Disabled Medicaid Enrollees***

John F. McAna, PhD; Albert G. Crawford, PhD; Benjamin W. Novinger, MS; Jaan Sidorov, MD; Franklin M. Din, DMD; Vittorio Maio, PharmD; Daniel Z. Louis, MS; and Neil I. Goldfarb, BA. *Am J Manag Care.* 2013;19(5):e166-e174

### ***The Big Data Continuum: Converting Information into Actionable Knowledge***

HP Industry Edge Health and Life Sciences, Summer 2012: 38-41. Web.

### ***Predictive Models for Diabetes Patients in Medicaid***

Christopher S. Hollenbeak, Mark Chirumbole, Benjamin Novinger, Jaan Sidorov, and Franklin M. Din. *Population Health Management.* October 2011, 14(5): 239-242. doi:10.1089/pop.2010.0054.

### ***Using Analytics and Medical Management to Improve Health Outcomes***

HP Enterprise Services Healthcare Users Conference, October 2011

### ***Population Health Management and the Transformation of Data into Knowledge***

HP Discover Conference, May 2011

### ***Understanding the benefits, limitations, and the balance between practicality and academic precision in construction of a risk assessment model using claims data to identify patients eligible for care management interventions.***

PHS S35: Quality of Care Measurement, Penn State College of Medicine, April, 2011

### ***Medical Management and the Role of Business Oriented, Ad Hoc, and Rigorous Analytics in the Pursuit of Cost and Quality Improvements***

HP Enterprise Services Healthcare Users Conference, September 2010

## References

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VP IT Solution  
777 East Park Drive  
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Patty Buzonas  
VP Operations  
777 East Park Drive  
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502.418.4963

Michael Wolf  
VP Govt. Relations  
777 East Park Drive  
Harrisburg, PA 17111  
717-265-7007



## Wayne Bolton, MBA ITS Implementation

### Project Role

Mr. Bolton will be responsible for the configuration, testing, and sign off on information technology installations to support KEPRO contracts. Working with the Implementation Manager and other KEPRO staff, he will develop and manage the IT implementation plan, including configuration, security, and reporting.

### Experience Summary

Excellent record of developing and implementing cost-effective solutions, and building and managing operations that increase operational efficiency, improve customer service levels, and support business processes. Seventeen years of experience in the Healthcare field, with over fourteen years of leadership experience in Florida Medicaid Prior Authorization programs. Strong leadership qualifications coupled with “Hands-on” systems and operational expertise. Proven ability to spearhead organizational change and large implementation efforts – Lead an international organization from mainframe to Client/Server environment, and implemented statewide Medicaid systems in Florida, Virginia, Maryland, and Tennessee.

### Professional Summary

#### KEPRO

2001 – Present

#### ITS Implementation Services Director

##### Key Responsibilities:

- Provide strategic leadership to all aspects of new business development and contract implementation throughout the company, evaluating new and existing technologies.
- Participate in the development of contract proposals by specifying, designing, and configuring systems to meet the needs of clients, based on collaboration with other operational departments.
- Provide project management oversight during the implementation phase of new contracts, new systems, and upgrades.
- Led the ITS implementation for several state-wide contracts, most notably the Internet based systems for utilization review of Medicaid services in Florida (AHCA), Virginia (DMAS), Maryland (DHMH), Tennessee (TennCare), South Carolina (DHHS), Minnesota (DHS), Illinois (DHS), New Hampshire (DHHS), and Wyoming (DOH).

#### KEPRO

2001 – Present

#### Information Systems Manager

##### Key Responsibilities:

- Working closely with AHCA staff, specified, designed, and implemented all technology components for a “first of its kind” Internet based statewide Medicaid In-Patient Prior Authorization program, including back office equipment, software, and Internet and frame relay circuits.
- Coordinated the implementations of comprehensive countywide health plan management system, and statewide Medicaid Private Duty Nursing Prior Authorization program.
- Assisted in the migration of a fax-based Home Health Prior Authorization program to an Internet based system.
- Led the specification, design, and implementation of KEPRO South’s Internet, Intranet, and Hospital Secure Provider Web Site portal, providing a secure, encrypted connection to KEPRO

South that allows access to facility-based reports, denial letters, and tools to update information remotely.

- Responsible for growth planning, identifying and fulfilling management and end user information needs, supporting proposal efforts, and assist the company in acquiring new business.

## **Myskinmd.com**

**1998 – 2001**

### **Director of Information Technology**

#### Key Responsibilities:

- Led development of websites Myskinmd.com and Dermplace.com.
- Hired, trained and managed IT support staff as well as consultant developers.
- Supported major applications on development, staging, and production environments including: Broadvision One to One e-commerce engine, Interwoven Teamsite content management and code versioning system, Oracle 8i, Netscape/iPlanet web server applications running on Solaris 2.7.
- Monitored and maintained day to day operations of websites: newsfeed links, transfer of sales information to and from fulfillment house, weather map updates, other external links.

## **Education**

**Master of Business Administration**, University of South Florida, Saint Petersburg, Florida  
Member of Beta Gamma Sigma – National Business Administration Honor Society

**Bachelor of Science in Business Administration**, University of South Florida, Saint Petersburg, Florida,  
Franklin University, Columbus, Ohio

The Ohio State University, Columbus, Ohio

## **References**

Joe Swartz  
Sr. Vice President, ITS  
777 East Park Drive  
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717-265-7066

Lisa Dormann  
Director, Application Services  
777 East Park Drive  
Harrisburg, PA 17111  
412-661-0413

Ben Novinger  
Director, Health Services  
Research  
777 East Park Drive  
Harrisburg, PA 17111  
717-265-7052

**Robert R. Slaybaugh**  
**Webmaster**

**Project Role**

In the role of Webmaster, Rob will manage web pages, sites and applications. He will coordinate the design, development, deployment and maintenance of the online presence. He will also supervise a team of web developers and graphic artists and overseeing all aspects of creating a website.

**Experience Summary**

Experienced Information Technology (IT) professional with 13 years of experience. Expertise in web design, development, deployment and maintenance.

**Professional Experience**

**KEPRO Inc, Harrisburg, PA**

**July 2010 – Present**

**Sr. Software Engineer**

**Key Responsibilities:**

- Designs and develops program changes consistent with the Software Development Life Cycle.
- Analyzes business processes, identifies and proposes new business processes or program changes to address specific requirements.
- Documents design and technical specifications in accordance with development standards and procedures.
- Provides support to internal and external users and customers.
- Develops and maintain new and existing web applications.
- Develops and maintain new and existing Windows client based applications.
- Leads development of analysis and tracking tool for claims and reviews.
- Analyzes and integrates third party software and tools such as Telerik and the AJAX Control Toolkit.
- Integrates web services from third party vendors.
- Designs, develops, and maintains relational database tables, functions, and stored procedures.
- Designs, develops, and maintains SQL Server Integration Services packages.

**Harsco Corporation, Camp Hill, PA**

**May 2007 – July 2010**

**Programmer/Analyst I**

**Key Responsibilities:**

- Developed and maintained web portals using Microsoft SharePoint Server 2003
- Developed and maintained of web portals using Microsoft SharePoint Services 3.0
- Designed and developed Harsco Global Demand Management (IT Help Desk). This system manages support and project requests for all of IT on a global scale and allows for management to prioritize and escalate IT requests across all divisions. Also allows for the monitoring and reporting of IT resource usage. Application developed using WSS 3.0 with Workflow and .Net
- Enterprise and Business application development using Microsoft .Net and SQL Server 2005
- Helpdesk technician supporting Enterprise Applications, web sites, SharePoint portals and the IT Help Desk across all divisions

**CRS Inc, Williamsport, PA**

**March 2007 – May 2007**

**SQA Technician (Intern)**

**Key Responsibilities:**

- Developed web portals using Microsoft Office SharePoint Server 2007



- Setup of virtual environments for testing using VMware

### Technical Profile

- C#
- ASP.Net
- HTML
- JavaScript
- CSS
- XML
- Visual Basic.Net
- SQL Server 2000/2005/2008/2010/2012
- SQL Server Integration Services
- Microsoft Office
- Microsoft Visual SourceSafe 2005
- Microsoft Team Foundation Server

### Education

#### Baccalaureate of Science in Information Technology

Pennsylvania College of Technology, Williamsport, PA

### References

Joe Swartz  
SVP, ITS  
777 East Park Drive  
Harrisburg, PA 17111  
717-564-8288 ext. 7066

Lisa Dormann  
Director, Application Services  
777 East Park Drive  
Harrisburg, PA 17111  
412-661-0413

Tammy Zook  
Director, Operations  
777 East Park Drive  
Harrisburg, PA 17111  
717-439-2612

## 5.12 L. SUBCONTRACTORS

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

6. name, address, and telephone number of the subcontractor(s);
7. specific tasks for each subcontractor(s);
8. percentage of performance hours intended for each subcontract; and
9. total percentage of subcontractor(s) performance hours.

The Contractor shall not assign the contract or enter into a subcontract for any of the services performed under this Contract without obtaining the prior written approval of the State. Contractor shall provide demonstration of any commitments/partnerships such as letters of agreements with any potential subcontractors and the ability to provide the letter of agreement(s) sixty (60) days of subcontractor's service utilization. Any other additional subcontracting of the responsibilities within this RFP may be done only with the written consent of the State. Failure to properly notify and gain approval from the State is grounds for immediate cancellation of the contract. The Contractor must also monitor all subcontracts for operational integrity including data collection and management and will provide training and/or technical assistance as necessary to secure appropriate standards.

KEPRO does not intend to subcontract any of the services performed under this Contract. KEPRO confirms our understanding that other additional subcontracting of the responsibilities within this RFP may be done only with the written consent of the state. In the event that we will need to supplement with subcontracting staff, we will have letters of agreement for potential subcontractors at least 60 days prior to their service utilization for face-to-face evaluations. KEPRO will monitor all subcontracts for operational integrity including data collection and management and will provide training and/or technical assistance as necessary to secure appropriate standards.

## 6.0 TECHNICAL APPROACH

## 6.0 TECHNICAL APPROACH (VII.A.2)

***KEPRO offers the most effective and efficient solution to design, implement, operate, and coordinate all aspects of the Nebraska PASRR program.***

### INTRODUCTION – PROJECT ENVIRONMENT

The Omnibus Reconciliation Act of 1987 (OBRA), Public Law 100-203, Section 4211 (c)(7), and OBRA 1990 contained provisions that established important protections for individuals applying for nursing facility admission to ensure that individuals with a diagnosis of mental illness, intellectual disability, or a related condition receive appropriate services in the most appropriate setting. The initial Level I screening applies to all individuals seeking nursing facility placement. In the presence of a positive Level I screening, a Level II evaluation and determination occurs. Current nursing facility residents with potential changes in status must also receive a Resident Review Level II evaluation and determination if appropriate. In addition to OBRA laws, the Americans with Disabilities Act (ADA) of 1990 imposed new expectations on the PASRR process to identify the potential for individuals to receive services in community settings (which were reinforced by the ADA Amendment Act of 2008), reflecting an enduring undercurrent of concern among advocates about institutionalization of individuals with mental illness, or intellectual/developmental disabilities and related conditions.

By 2001, concerns surfaced regarding compliance with PASRR regulations, related in particular to individuals between the ages of 22 and 64. Appropriate nursing facility care and PASRR regulations became subject to scrutiny again in 2006 when the Substance Abuse and Mental Health Services Administration (SAMHSA) published a report by the Lewin Group that indicated similar concerns with performance of PASRR Level I screens and Level II evaluations. Subsequent to this report, the OIG conducted repeated studies of selected nursing facilities and found concerns with services for residents aged 22 to 64, including untimely and incomplete documentation of Level II evaluations and limited access to recommended services for individuals with mental illness or an intellectual disability.<sup>1</sup>

Importantly, six years after its initial study, another study found continued limited federal oversight of the process, as well as limited consideration of community-based settings for younger residents. A similar review of medical records for individuals with intellectual disabilities reported that 25% of preadmission screenings were completed late and slightly more than 50% of the files reviewed included documentation of a Level II determination. Of the 10 federal regional offices, two had conducted onsite reviews during the prior three years, seeming to confirm continued limited federal oversight.<sup>2</sup> Based on these findings, CMS developed more robust oversight mechanisms as well as resources for technical assistance to states, including creating the PASRR Technical Assistance Center (PTAC). Early reports completed by PTAC on behalf of CMS articulated standards for elements of Level I screening and Level II evaluation instruments, encouraging states to increase standardization of their tools to achieve “comprehensive” ratings for these tools.

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<sup>1</sup> *Preadmission Screening and Resident Review for Younger Nursing Facility Residents with Serious Mental Illness*. OEI-05-5-00220. Department of Health and Human Services, Office of the Inspector General. January 2007.

<sup>2</sup> *Preadmission Screening and Resident Review of Younger Nursing Facility Residents with Mental Retardation*. OEI-07-05-00230. Department of Health and Human Services, Office of the Inspector General. January 2007.



- PTAC's first report (2012) included a review of 2009 documentation from all states and the District of Columbia.<sup>3</sup> In addition to the national report, states received "Fact Sheets" with individual results. Many states were found to be lacking in comprehensiveness based on the review of online documentation for their programs and were reassessed after making targeted improvements.
- The second report (2013)<sup>4</sup> again focused on a review of Level II instruments, reviewing contents of state instruments according to standards and found that most states improved on their comprehensiveness scores. Importantly, the report found that medical history and medication review elements were most likely to be partial (67% and 69% respectively in ID tools, for example), which became a new focus of improvement for states.
- In its August 28, 2014<sup>5</sup> third report, PTAC examined nursing home data and Level I initial screening tools and reported that PASRR programs in most states were under-identifying individuals with serious mental illness, and to a lesser extent, states were also missing individuals with intellectual disabilities or related conditions due to missing "triggers" for these conditions. States began focusing their efforts on improving their Level I tools.
- In December 2015, PTAC's next report<sup>6</sup> updated findings from the 2014 report and was shown to support earlier findings. These reports were used to create a set of standards for Level I forms that included sensitivity, specificity, usability, accuracy, and utility in helping inform a Level II evaluation.
- PTAC's fifth PASRR National Report in 2016<sup>7</sup> began looking at quality measures to support quality assurance for states' PASRR programs. PTAC's goal was to collect information on three core PASRR populations which were individuals with SMI, individuals with ID/RC and individuals who had both. Their major finding was that PASRR programs were still under identifying individuals with SMI.
- The following year, a key finding in the sixth PASRR National Report (2017)<sup>8</sup> was that individuals with SMI were still under identified in the PASRR program and therefore were not being appropriately reviewed for specialized services. This review looked closely at the quality measures collected from many states as well as MDS outcomes to support findings. States were encouraged to implement electronic PASRR system to assist with quality monitoring and outcomes.
- In 2018<sup>9</sup>, new data revealed significant variations in key aspects of PASRR program operation and the expenditures that states claim for the PASRR programs. It was found that some states spent significantly more per person than others, regardless of nursing home population, while others spent similar amounts. For example NE was reported to spend \$9.67 per capita while Florida spends more at \$11.43 per capita.

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<sup>3</sup> *National PASRR Policies and Procedures Review*. PASRR Technical Assistance Center, June 12, 2012.

<sup>4</sup> *Review of State PASRR Policies and Procedures*. PASRR Technical Assistance Center, September 10, 2013.

<sup>5</sup> *2014 National Report: A Review of Preadmission Screening and Resident Review (PASRR) Programs*. PASRR Technical Assistance Center, August 28, 2014.

<sup>6</sup> *2015 National Report: A Review of Preadmission Screening and Resident Review (PASRR) Programs*. PASRR Technical Assistance Center, December 2015.

<sup>7</sup> *2016 National Report: A Review of Preadmission Screening and Resident Review (PASRR) Programs*. PASRR Technical Assistance Center, January 2017

<sup>8</sup> *2017 PASRR National Report, A Review of Preadmission Screening and Resident Review (PASRR) Programs*. PASRR Technical Assistance Center, Revision May 2018.

<sup>9</sup> *2018 PASRR National Report, A Review of Preadmission Screening and Resident Review (PASRR) Programs*. PASRR Technical Assistance Center, September 2018

- The most recent and eighth report (2019)<sup>10</sup> included two new analyses. The report looked at problematic behaviors of individuals noted on the MDS to have a PASRR condition as compared to individuals not noted to have a PASRR condition on the MDS. It also looked at individuals noted to have dementia along with an SMI. PTAC found that individuals with an SMI but no PASRR diagnosis were more likely to have dementia identified than people identified with an SMI under PASRR.

**The PTAC reports recognize Nebraska as a high-performing state for PASRR, with instruments that comprehensively capture necessary elements with sound policies and procedures.** To meet Nebraska's expectations and go beyond to excel in PASRR

performance, the organization selected to conduct Level I screening reviews and Level II evaluations must bring three core competencies to the project. These competencies are deep expertise in mental illness and intellectual disabilities; an ability to work collaboratively with stakeholders and providers; and demonstrated expertise at keeping pace with evolving federal requirements and expectations without requiring additional funding due to lack of organizational agility and flexibility. KEPRO has these capabilities and more – stable, agile, flexible, and secure systems, corporate capacity and staffing, and analytic/reporting expertise. KEPRO will also provide Nebraska with conflict-free PASRR services as we are not directly affiliated with any entities that might pose a conflict of interest concern. KEPRO values our existing relationships with PASRR and Medicaid industry partners to ensure the highest quality services for individuals across the country. Our robust capabilities will enable us to meet contract requirements and exceed DHHS' expectations.

- *The regulatory environment of PASRR is complex and continues to evolve in the context of state efforts to meet developing federal expectations and more clearly defined requirements.*
- *Rebalancing initiatives emphasize the role of PASRR to make recommendations on appropriate placement and community-based long-term services and supports if appropriate.*
- *Informed recommendations for care plans are critical, as a means of clearly defining specialized and other service needs to promote delivery of services recommended by the care plan.*
- *Continued limitations in elements for medical history and medication review emphasize the need for rigorous data systems and clinical qualifications of Level I reviewers and Level II assessors.*

Though KEPRO has grown into a national presence since 1985, our methods, policies and procedures are built upon professional collaboration at every level, using resources available across projects, across locations, and from other leaders in the industry. Understanding the industry paired with our capabilities helps us to build and operate the most effective and efficient solution to design, implement, operate, and coordinate all aspects of the Nebraska PASRR program. KEPRO remains up to date with the regulatory changes in PASRR as well as with national best practices found during PASRR's evolution. We analyze data and information from our programs, industry leaders, including the national reports, to support our ongoing quality improvement. We assure quality excellence is practiced throughout the organization and remain agile so that we can continue to grow, learn, and change to best serve our customers.

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<sup>10</sup> 2019 PASRR National Report, A Review of Preadmission Screening and Resident Review (PASRR) Programs. PASRR Technical Assistance Center, December 2019.

## CAPACITY FOR NEBRASKA VOLUME

KEPRO reviewed Attachment A along with the answers to vendor questions, which summarizes the expected volume of Level I screen reviews and Level II evaluations and determinations. Based on possible changes to the federal regulations, there may be a higher volume of Level II evaluations if the proposed changes are finalized in rule. With our distributed staffing model, corporate support, and efficient information systems, KEPRO is able to quickly make adjustments to required documents, forms, and letters. KEPRO's processes are also able to rapidly accommodate any fluctuations in volume whether they are due to short-term increases, long term changes, or improvements in the specificity of Level I reviews, without requesting additional funding from the state.

In the next section, we discuss our understanding of operational project and business requirements, demonstrating our efficient and effective application of regulatory, clinical, and system capabilities that makes KEPRO a premier healthcare management organization.

## 6.1 A. UNDERSTANDING OF THE PROJECT REQUIREMENTS

The purpose of this Request for Proposal is to procure an organization to conduct reviews of Level I PASRR Screens and, if indicated, conduct face-to-face Level II evaluations to confirm a diagnosis of serious mental illness, intellectual disability, or a related condition, make service and placement recommendations, and then issue determinations and notifications. The goal of the project is to ensure that individuals receive the most appropriate long-term services and supports in the most appropriate setting, which is not necessarily only an institutional setting of care. In this section, we describe our approach to the project and business requirements, discussing operational workflow as well as the supporting infrastructure, systems, and processes that ensure timely and high-quality achievement of project deliverables.

### LEVEL I IDENTIFICATION SCREENING REQUIREMENTS

#### Purpose of Level I Screening

The purpose of PASRR Level I screen is to identify individuals applying to or residing in a Medicaid certified nursing facility who may have SMI or ID/RC. This process applies to all individuals regardless of payment source and is conducted prior to admission or upon identification of a significant change in status. Any document can be easily configured into an electronic questionnaire and can be auto-generated upon completion as a complete mirror of the desired paper form.

KEPRO will accept Level I screens electronically through our secure, reliable, and HIPAA-compliant web-based system, Atrezzo. This system includes many built-in enhancements to support data accuracy and quality, which facilitates completion of the Level I screening, clinical review and accurate identification of the need for a Level II evaluation and determination. Providers will have access to the KEPRO PASRR system, on a 24/7/365 basis, excluding scheduled maintenance. During implementation, Director of IT Implementation, Wayne Bolton and the KEPRO team, will configure this system specifically for Nebraska PASRR requirements.

Features of our system include:

*During 2019, Florida's delegated Level I screeners completed 275,108 PASRR Level I screenings using the Provider Portal, Atrezzo. There were 677 community Level I screenings completed via a face-to-face assessment by a KEPRO licensed clinician. PASRR Level I screenings were completed on time and within contract compliance 100% of the time. PASRR Level I community onsite screenings were completed in an annual average of 1.65 days.*



- Field-level edits against valid value tables for data elements to improve data accuracy and completeness
- Drop-down boxes for diagnoses and other data elements to improve efficiency and data accuracy, as well as enhance reporting on those elements
- Auto-population of provider information based on the provider file we will build during implementation
- Auto-population of consumer information for applicable cases
- Triggers for Level I clinical review based on responses to Level I elements and Nebraska’s specific algorithms
- Triggers for Level II evaluations based on responses to Level I elements and Nebraska’s specific algorithms
- Instant generation of notifications for all Level I outcomes
- Real time communication within the system through messages and notes
- Simple to use features for sharing and uploading documents
- End to end PASRR workflows that can be easily navigated with role-based abilities
- Secure management portal access to providers for account management and data ownership
- Reporting dashboard available to the state, staff, and providers based on roles (Figure 4)

The screenshot shows the KEPRO Reporting Dashboard. At the top, there is a search bar labeled "Search for Case #" and a "SEARCH" button. The user's name "Ellen Olsen" is visible in the top right. A vertical sidebar on the left contains navigation icons for "WORK QUEUE", "CASES", "CREATE CASE", "CONSUMERS", "PROVIDERS", and "REPORTS". The main content area is titled "REPORTS" and contains a table with the following data:

REPORT NAME	REPORT CATEGORY	REPORT DESCRIPTION
APD Monthly Report	FL PASRR	APD Monthly Report
<u>DCF Monthly Report</u>	FL PASRR	DCF Monthly Report
FL APD - Performance Specification Report	FL APD	FL APD - Performance Specification Report
FL APD - UR CSR Report	FL APD	FL APD - UR CSR Report
FL APD - User Invoice Report	FL APD	FL APD - User Invoice Report
FLPASRR - Specialized Services Report	FL PASRR	FLPASRR - Specialized Services Report

Below the table, it says "Displaying records 1 to 6 of 6 records". There are "Previous" and "Next" buttons, and a "Show 10 Entries" dropdown. A "Close" button is also present. A modal window is open, showing a form for generating a report. The form has two columns of fields:

- Report Start Date: 2/1/2020
- Select Submission Request Type(s): SMI, Dual
- Select Outcome(s): ID, RC, No: SMI, Yes: NI, Yes: S5, No: ID, R/
- Select Referral Source(s): Hospital, Nursing Facility, Community Hr
- Report End Date: 2/19/2020
- Select Review Type(s): PAS, RR
- Face-to-Face: Yes/No
- Select Age Group(s): Under 21, 21 and Over

At the bottom of the dashboard, there is a footer with links for "Privacy Policy/Terms of Use", "Powered by KEPRO", "Contact", and "Copyright © 2019 KEPRO | All Rights Reserved | Version 3.4.0.18196".

**Figure 4. Reporting Dashboard Example**

*KEPRO’s Reporting Dashboard can be configured to pull data or graphics with role-based access for internal and external users.*

Our system can easily include any elements to support accurate Level I screening and appropriate Level II referrals. Our capabilities, subject to DHHS approval, include these examples:

- Organize demographic information to facilitate data entry, including
  - Collect Social Security Number, Medicare Identification, and Medicaid number or Pending Medicaid, if relevant
  - Include payment choices: Medicaid, Medicare, Private Pay
  - Expand “Living Situation Prior to Current Placement” to include “Home” as a choice
- Add clear and concise questions to collect desired information to make it easier for staff completing Level I to distinguish between choices
  - “Why is individual seeking placement or continued stay in a nursing facility according to current medical/mental health records?”
    - Meets NF Level of Care for physical condition
    - Requires NF Level of Care for MI/ID/RC only
    - Requires NF Level of Care to address MI/ID/RC issues preventing delivery of physical care outside NF setting
- Where feasible, reduce the use of “value words” requiring staff interpretation to choose a response
  - “...no *significant* physical problems are present.”
  - “...*disorder* prevents *proper* handling.”
- Include all relevant categories of mental illness, using current DSM, to support staff completing Level I forms.

The system is agile and can quickly adapt to changes at no additional cost to the state. For example, in Florida, our electronic Level I form now asks screeners “Is this Level I being completed after admission to the nursing facility due to COVID-19 precautions as allowed under the 1135 flexibility waiver?” so that we may easily track these new types of admissions and ensure that positive Level I outcomes are followed up with a Level II evaluation and determination within 30 days of admission.

As these examples illustrate, KEPRO will align the format and content to take advantage of system functionality to improve efficiency, accuracy, and completeness based on the needs of the PASRR program in Nebraska. Our system is completely configurable to any program requirements. We include the documentation of “triggers” in our algorithms which indicate the need for a Level II evaluation. KEPRO will conduct PASRR Level I and Level II activities in compliance with federal regulations in 42 CFR §483, Nebraska Administrative Code, and our contract. Also it is our promise that we will update Atrezzo, at no additional cost to Nebraska, if PASRR regulations change.

### Scope of Level I Screening

Atrezzo’s PASRR system will process Level I screens and identify records that meet triggers as well as records that cannot be confirmed as negative screens for clinical review. KEPRO will complete this process for all Level I screens within two (2) to six (6) hours. Determinations will include the following conclusions:

1. Documented evidence to rule out mental illness (MI), intellectual disability (ID), or related conditions; individual can be admitted to NF
2. MI/ID/RC cannot be ruled out, and thus a Level II Individualized Evaluation is required
3. Documented information to apply certain predetermined criteria and make a categorical determination. (See 471 NAC 12-004.03 and 471 NAC 12-004.07)

4. The Level I screen does not reveal any condition which requires further assessment. System automatically generates a negative Level I
5. It is discovered that the individual previously (past 90 days) received a valid PASRR Level II evaluation and another Level II assessment is not required

### **Billable Level I Activity**

KEPRO will bill only for Level I activity when we evaluate the screen, and complete and document determinations/dispositions as indicated by the Cost Proposal format for Negative Level I and Level I screens. Documentation in the PASRR will support billing for these activities.

### **Prioritization of Level I Screens**

The PASRR system will prioritize screens according to time of receipt, date/time stamping records when entry is complete so that prioritization is accurate and occurs as soon as the provider submits the Level I record to KEPRO.

### **Completion of Level I Screens and Identifying Level II Referrals**

KEPRO will base the Level I Reviewers out of our Florida PASRR Center and manage the program with supervision from our Project Director, Ellen Olsen, LCSW, MBA. KEPRO will accept Level I screens by electronic entry. KEPRO Reviewers who are Licensed Mental Health Counselors, Licensed Clinical Social Workers, and Registered Nurses will examine flagged Level I Screens and determine the need for a Level II evaluation. If a screen has flags for review or meets criteria for a Level II evaluation, the Level I Reviewer will manually examine the screen data, reach out telephonically to the provider for additional information, request documentation from the screening provider both telephonically and via Atrezzo messages, and review the new information and documentation with the provider to determine if the individual requires a face-to-face evaluation. This approach reduces the chance of “false negatives” and ensures that “false positives” do not proceed to Level II, avoiding resource and time-intensive field-based activities and most importantly, avoiding missed opportunities to support individuals with mental illness and/or intellectual disabilities and related conditions.

At the conclusion of the review of Level I screens and within six business hours, we will document the results in the system, which will notify the provider immediately in the case of Level I screens that do not require a face to face evaluation. Categorical determinations will be available in the system and notifications will be sent by the system and by US mail as needed.

The system will also electronically notify the provider if the individual will require a Level II evaluation and determination. This process will include a request for documentation from the referral source. As we discuss in this section, we will collect detailed process data to monitor the timeliness of referral sources; if facilities are routinely late or remiss in submissions, KEPRO will notify DHHS and work with the Department, providing technical assistance and workflow facilitation as needed to improve and maintain adherence and timeliness. Our staffing model supports this approach, with a local Clinical Director and designated regional Assessors available to visit facilities and provide assistance.

In addition to the data from the Level I screen and documentation of the review determination, data elements we will maintain as part of this process include:

- Date and time data critical for reporting
  - Completion of Level I screen entry (starts timeframe for Level I review)
  - Trigger for Level II, per application (supporting monitoring of timeliness for Level I review and reporting of Level II referral)
  - Notification to provider of negative Level I screen (to support reporting of results and



- timeliness)
- Request for additional information, if any
- Confirmation of Level II Referral (starts timing for Level II evaluation to be completed within three business days)
- Notification to referral source of positive Level I screen and request for information (support for reporting results and timeliness)
- Second notice to referral source if no reply to first request
- Receipt of requested information from referral source
- Contact with Individual/Referral source to schedule face-to-face
- Results of Level I review (for Level II referral, provisional and exemption tracking, and notification to provider)
- ID number of Level I reviewer
- Category of review for tracking purposes and reports to DHHS.

The data elements we collect enable us to provide specific and detailed reports on the Level I process; support internal quality assurance and training activities; and facilitate tracking of the progress of Level I reviews and Level II evaluations. Just as importantly, these elements will enable us to submit accurate reports and provide an audit trail for the billing process to document accuracy.

## **LEVEL II EVALUATION REQUIREMENTS**

### **Level II Evaluations**

Level II evaluations occur when a Level I preadmission screen review indicates a possible diagnosis of MI/ID/RC. State and federal regulations also require a Level II evaluation for a resident with newly identified, possible MI/ID/RC diagnoses or those who have experienced a significant change in condition.

### **Purpose of Level II Evaluations**

A Level II evaluation provides a comprehensive assessment of individuals with possible MI/ID/RC as the basis to determine the individual's need for NF level of care or specialized services. The Level II evaluation results in a determination report that documents the basis for confirming a diagnosis of MI/ID/RC and provides recommendations for the individual's service needs. KEPRO will document the Level II evaluation in our PASRR system as well as the recommended care plan. Treatment recommendations are included in the determination summaries. Nursing facilities will have online access to these determinations to facilitate delivery of services as recommended. They will also have access to PASRR care plans for reference purposes, to facilitate delivery of services as recommended. DHHS staff will also have secure, read-only access to this system to review individual records and run system level reports.

### **Independent Evaluation**

An independent professional conducts PASRR Level II evaluations, including Licensed Mental Health Practitioners or Registered Nurses with psychiatric experience for MI evaluations and Qualified Intellectual Disability Professionals (QIDP) or licensed psychologists for ID/RC. These individuals must be licensed in the State of Nebraska and without connections to any nursing facility. Additionally, assessors cannot be associated with the state mental health authority. The Level II assessor will determine the presence of MI/ID/RC and make recommendations for specialized services if needed that are consistent with definitions in Title 471, Nebraska Administrative Code, and Chapter 12. KEPRO will contract with professionals licensed in Nebraska and located regionally to expedite performance of Level II evaluations, reduce avoidable travel, and provide technical assistance to facilities.

## Obtaining information

At the conclusion of the Level I review, the KEPRO Reviewer will document findings and issue a notification and request to the referring facility. During implementation, we will provide information about this process to Nebraska facilities as well as a list of standard documents that represent a minimum information request. This information will also be available on our website for ease of access by facilities and others. When we receive information, the system will automatically check it in to document the time and date on which we received it. Staff will upload it to the appropriate case. While the facility compiles and submits any additional requested information, we will identify the field-based staff to conduct the Level II evaluation and schedule the interview. This process will be coordinated with the Level II Assessor, who will complete the Level II evaluation within three (3) business days of receipt of all requested documentation from the Level I.

## Scheduling Evaluation Times

The KEPRO administrative staff and assigned Level II assessor will coordinate the onsite evaluation to provide maximum advance notice. This close coordination will enable us to be flexible in the event the onsite visit must be rescheduled. Staff will reschedule the interview to ensure timely completion of the Level II evaluation.

## Conducting Face to Face Evaluations

KEPRO will conduct the Level II evaluations through face-to-face, person-centered interviews with individuals. We will schedule the evaluations to minimize inconvenience to the individual and family members as well as the facility and staff (if the individual resides in a facility) while at the same time ensuring the timeliness of the completed Level II. We will also schedule a translator if needed for the face-to-face evaluation.

## Timing of Evaluations

KEPRO will complete the Level II process within three (3) business days as specified in the amended RFP. KEPRO's content and documentation of Level II evaluations meets federal rules and regulations in 42 CFR §483.132 and §483.134 and we update the format to comply with regulatory changes. The DHHS will also review and approve the format and content prior to initiation of review activities.

## Level II Evaluations for MI

KEPRO will complete the Level II process in accordance with Nebraska Administrative Code and 42 CFR §483, including the following RFP specifications:

- i. *In Nebraska, an individual is considered to have a mental illness and require a PASRR Level II evaluation if s/he meets all of the following three qualifiers (Title 471, Nebraska Administrative Code, Chapter 12):*
  - a) *Diagnosis Qualifier*
  - b) *Disability/Level of Impairment Qualifier*
  - c) *Duration/Recent Treatment Qualifier*
- ii. *Mental Health Evaluation Requirements (42 C.F.R. § 483.134): The evaluation must include all information required to make a determination of need for specialized services, as defined by the state, and appropriateness of NF placement. Minimum data collected includes information sufficient to assess:*
  - a) *A comprehensive history and recent physical examination of the person including:*
    - 1). *Complete medical history*
    - 2). *Review of all body systems*
    - 3). *Neurological evaluation, including motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes*

- 4). *Other specialty evaluations as required*
- b) *A comprehensive drug history, including current or recent use of medications that could mask symptoms or mimic mental illness*
- c) *A comprehensive psychosocial evaluation, that includes current living arrangements, and medical and support systems*
- d) *A comprehensive psychiatric evaluation, including:*
  - 1). *A functional appraisal of activities of daily living (ADLs), assessing:*
    - a. *Self-monitoring of health status*
    - b. *Self-administering and scheduling of medical treatment including medication*
    - c. *Self-monitoring of nutritional status*
    - d. *Ability to handle money*
    - e. *Ability to groom and dress appropriately*
  - e) *An assessment of the level of support for ADLs that would be needed in an alternative community setting (to be recorded no matter what placement is actually recommended) and whether the level of support needed is such that NF placement is necessary*
  - f) *The supporting evidence for all conclusions.*

### Evaluations for ID/RC

KEPRO will complete Level II determinations for individuals who may have an Intellectual Disability or related condition in compliance with Nebraska Administrative Code and 42 CFR §483, including the following RFP specifications:

- i. In Nebraska, an individual is considered to have an intellectual disability or a related condition and requires a Level II evaluation if the individual meets any of the following criteria (Title 471, Nebraska Administrative Code, Chapter 12):
  - a) *Suspicion or diagnosis of ID: An individual is considered to have ID if s/he has a level of intellectual disability (mild, moderate, severe, profound) as described in the American Association on Mental Retardation's Manual or Classification in Mental Retardation (1983). Mental Retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period; and/or*
  - b) *Suspicion or presence of on RC: Related condition is defined as a severe, chronic disability whose condition is:*
    - 1). *Attributable to cerebral palsy or epilepsy; or any other condition, other than MI, found to be closely related to ID because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with ID and requires treatment or services similar to those required for such persons (i.e., autism);*
    - 2). *Manifested before the person reached age 22;*
    - 3). *Likely to continue indefinitely;*
    - 4). *Results in substantial functional limitations in three or more of the following areas of major life activity:*
      - a. *Self-care;*
      - b. *Understanding and use of language;*
      - c. *Learning;*
      - d. *Mobility;*
      - e. *Self-direction;*
      - f. *Capacity for independent living.*
  - c) *In the absence of a known diagnosis of ID or a condition RC, a suspicion (e.g., cognitive or adaptive limitations) or history of treatment by an agency serving individuals with such conditions must trigger*



- the housing/receiving facility to contact the DHHS and Contractor for a determination of need for Level II evaluation under the PASRR program.*
- ii. *ID Evaluation Requirements: The evaluation must include all information required to make a determination of need for specialized services, as defined by the state, and appropriateness of NF placement. Minimum data collected includes the individual's comprehensive history and physical examination or other information sufficient to assess:*
- a) *The individual's medical problems and their level of impact on the individual's independent functioning*
  - b) *All current medications used by the individual and the current response of the individual to any prescribed:*
    - 1). *Hypnotics*
    - 2). *Anti-psychotics (neuroleptics)*
    - 3). *Mood stabilizers and anti-depressants*
    - 4). *Anti-anxiety sedative agents*
    - 5). *Anti-Parkinson agents*
  - c) *Self-monitoring of nutritional status*
  - d) *Self-help development such as toileting, dressing, grooming, and eating*
  - e) *Self-monitoring of health status*
  - f) *Self-administering and scheduling of medical treatments*
  - g) *Sensorimotor development, and the extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the person's functional capacity*
  - h) *Speech and language (communication) development*
  - i) *Social development, such as interpersonal skills, recreation-leisure skills, and relationships with others*
  - j) *Academic/educational development, including functional learning skills*
  - k) *Independent living development, such as meal preparation, budgeting, survival skills, mobility skills, laundry, housekeeping, shopping, and bed-making*
  - l) *Vocational development*
  - m) *Affective development, such as interests, making judgments, expressing emotions, and making independent decisions*
  - n) *The presence of identifiable, maladaptive or inappropriate behaviors*
- iii. *Some existing available assessments may be used for the Level II provided:*
- a) *The assessments have been completed within the past year (twelve months) and are considered still valid, accurate and reflective of the individual's current functional status (or have been updated to be so); and*
  - b) *The assessments have been completed by entities independent of NFs.*

### **Level of Care Criteria**

The KEPRO Level II process will include the determination of whether the individual meets criteria for Nursing Facility Level of Care and whether the individual needs specialized services. KEPRO will use criteria specified in federal regulation (42 CFR § 483.128, 42 CFR § 483.134, and 42 CFR § 483.136) and Nebraska Administrative Code (NAC 471 Chapter 12).

## Level II Determinations

KEPRO will complete Level II determinations as described in this proposal and required by the RFP. These determinations will provide a rationale for the determination to explain the basis of the decision and information used in reaching it. The determination will be one of three possible decisions:

1. Nursing Facility care is appropriate for the individual:

This determination will include documentation of the eligible diagnosis and identify service needs. Typically, KEPRO provides a recommended care plan with the determination to assist facilities with developing and implementing the service plan. If the placement is appropriate for a short-term need, we will also make recommendations for non-institutional settings and services. These recommendations will be included in the notifications and submitted to DHHS.

2. Nursing Facility care is not appropriate for the individual:

KEPRO will inform the individual and referral source if NF care is not appropriate, and recommend alternative non-institutional settings and services for the individual, or less often, recommend a higher level of care, such as an inpatient psychiatric facility or Institution for Mental Diseases (IMD). We will distribute notification of this type of determination to the referral sources and individuals as well as notifying DHHS.

3. Specialized Services are appropriate for the individual:

KEPRO's evaluation determination will include notification to the referral source and individual if specialized services are indicated, and if so, we will include a care plan. We will also include recommendations for non-institutional settings and services to meet the individual's needs. Notification to the referral source and individual will include an explanation of these findings, which we will also submit to DHHS.

The Level II process will be completed within three (3) business days of the Level I referral once all requested information is received.

## Service Determinations and Placement Needs

A Validating Professional, such as a licensed psychologist and/or licensed psychiatrist will review Level II evaluations/recommendations and determine whether a program of specialized services is needed when applicable or required based on the outcome of the Level II evaluation. Our licensed psychiatrist will review and countersign whether the individual has a mental illness, will summarize the individual medical and social history, provide recommendations to meet the individual's service needs, and provide recommendations regarding the individual's placement needs.

As we discuss in our staffing section, KEPRO proposes licensed clinicians with significant expertise in their required disciplines, which will ensure that the determinations and evaluative summary reports comply with regulations and are further evidence-based and appropriate. These reports will be documented in KEPRO's system, and typed copies will be provided with each determination. The licensed professional who completed the report will sign and date it, and KEPRO will send this report with the notification letters.

## Interpreting Results

The KEPRO Level II Assessor will explain the process to the individual, family, or representative, as well as provide interpretation of the results that explains the findings and care plan recommendations. Additionally, families and individual representatives may call the KEPRO PASRR Center for further questions and information at any time before, during, or after the Level II evaluation.

## Notifications

KEPRO will be responsible for all notifications and will provide electronic copies to facilities for inclusion in the resident's medical record and to hospitals/NF as required by DHHS DBH and current federal regulations. Additionally, we will mail notifications to individuals/residents in hardcopy format, with copies for legal representatives and guardians.

## Social Determinants of Health



KEPRO understands that addressing Social Determinants of Health (SDOH) is imperative to improving health and reducing long-standing disparities in vulnerable populations; hence, as a value-add to this program, we propose to incorporate ***the Centers for Medicaid and Medicare Innovations' brief 10-question SDOH survey and the Health-***

***Related Social Needs (HRSN) Assessment*** (see **Figure 5** below) as part of the PASRR face-to-face assessment process for Nebraska. KEPRO recognizes the significant role of social needs, such as housing; food insecurity, exposure to interpersonal violence, transportation, utilities, and isolation, in determining an individual's capacity to access services and adhere to treatment plans. Bridging the gap between social needs, community services, and clinical services is vital to improving health outcomes and reducing unnecessary healthcare cost. To that end, KEPRO will identify these essential needs during each assessment and will collaborate with members of the individual's integrated service team to resolve unmet need based on HRSN assessment results.

We will use our proprietary system, Atrezzo, to collect meaningful SDOH data for each individual. KEPRO will share SDOH data across the care continuum and collaborate with providers to close social needs gaps. KEPRO will offer the state recommendations on plans, policies, and processes for quality management/improvement based on our SDOH analysis and findings. We offer this important assessment component as a value-add at no additional cost to Nebraska.





The screenshot displays the 'Questionnaire: AHC HRSN Screening Tool' interface. At the top, there is a navigation bar with icons for 'WORK QUEUE', 'CASES', 'CREATE CASE', 'CONSUMERS', 'PROVIDERS', and 'REPORTS'. Below this is a search bar for 'Case #'. The main content area is divided into several sections, each with a green checkmark icon:

- Living Situation:** Contains two questions. Question 1 asks about the current living situation with three radio button options. Question 2 asks about problems with the living environment, with seven checkbox options.
- Food:** Includes instructions and two questions about food availability and money spent on food, each with three radio button options.
- Safety:** Includes instructions and four questions about physical harm, insults, threats, and screaming/curse, each with three radio button options.
- Transportation:** Contains one question about reliable transportation with two radio button options.
- Utilities:** Contains one question about utility services being threatened with two radio button options.

At the bottom of the form, there are buttons for 'Return to Case', 'Autosaved', and 'Mark as Complete'.

Figure 5: CMS HRSN Survey

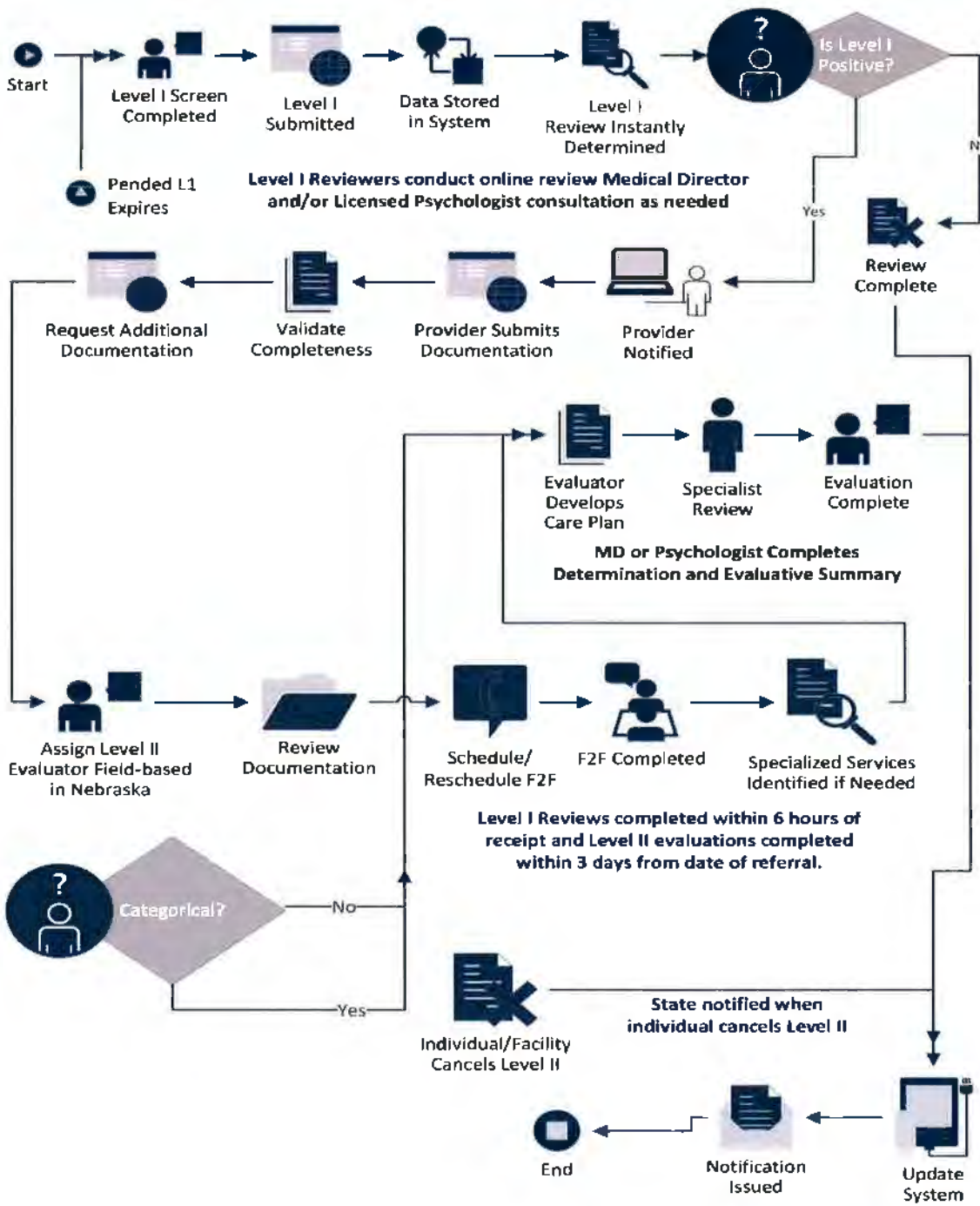
KEPRO will identify these essential needs during each individual assessment.

**SIGNIFICANT CHANGE**

KEPRO recognizes the definition of significant change as stated in the RFP. KEPRO will conduct face to face evaluations on any individual with MI/ID/RC experiencing a significant change in their physical or mental condition and as requested by the nursing facility. Facilities will be able to notify KEPRO through the PASRR system that residents experienced a significant change by entering the Level I screen. KEPRO will respond to the notification by providing a Level II evaluation. The Level I screen and Level II determination will be maintained in the KEPRO PASRR system for the duration of the contract.

**LEVEL I AND LEVEL II WORKFLOW**

Figure 6 presents our proposed workflow for Level I screens and Level II evaluations, from the initial submission of the Level I screen through notification of the Level II determinations. This integrated workflow illustrates the advantages of KEPRO’s information system, which provides management information to monitor and control the process to a timely conclusion. This system will also provide automatic notifications on negative Level I screens to the facility to promote efficient access to NF level of care.



**Figure 6. Workflow for Level I Review and Level II Evaluations**

Figure 7 displays the high level workflow and entities responsible for activities for Level I screens that involve exempted hospital discharge outcomes. Atrezzo will monitor the timeframes and we will outreach to nursing facilities. If discharge does not occur and/or the timeframe expires, the system will automatically notify the facility to conduct a Level II evaluation. KEPRO will again follow up with the facility to ensure performance of the Level II evaluation. This efficient process will improve compliance with requirements for Level II evaluations after expiration of an exemption and ensure individuals receive appropriate services in the most appropriate setting.

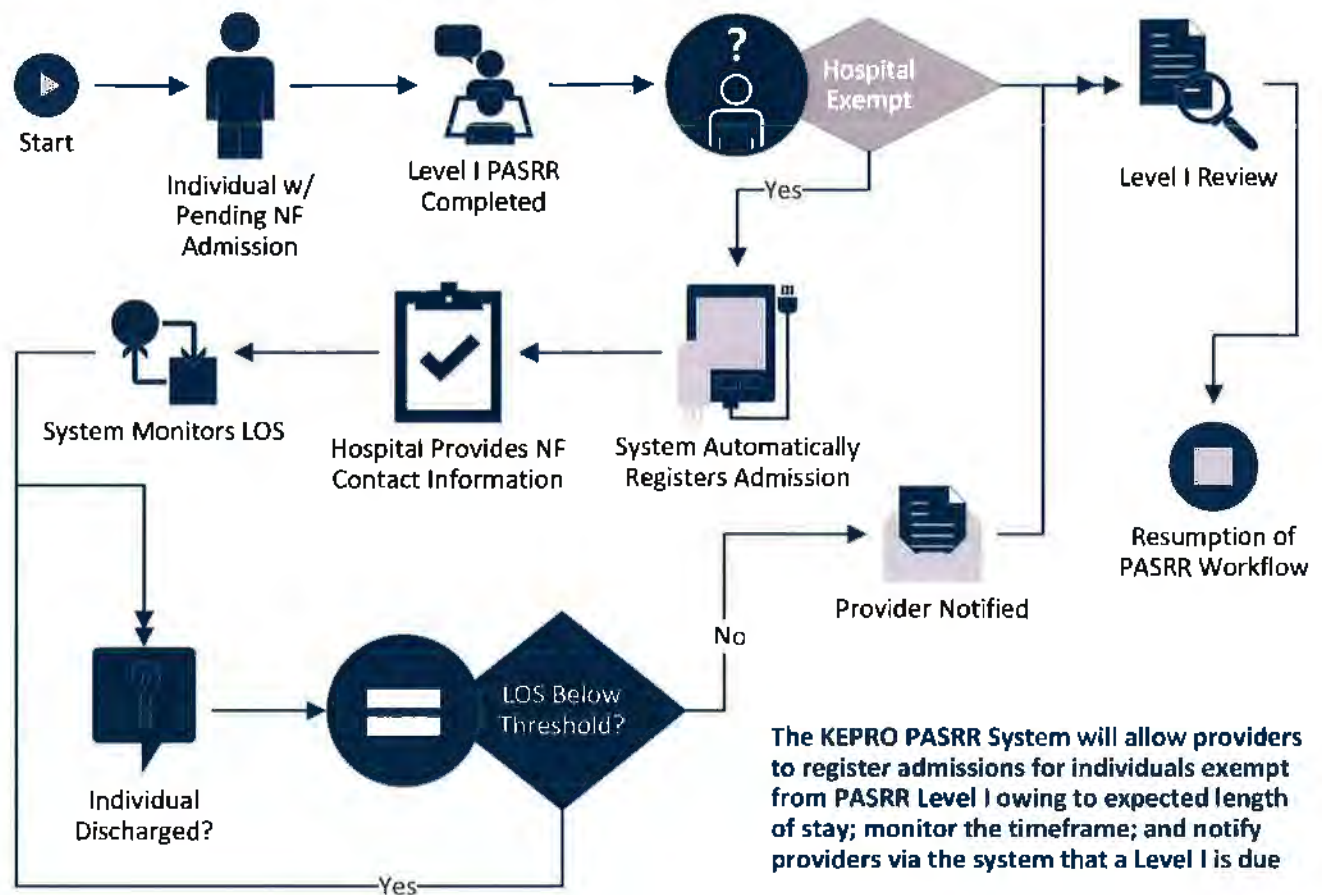


Figure 7. Workflow for Level I Screens



## **6.2 B. ATTACHMENT B, BUSINESS REQUIREMENTS**

Please see Appendix 3 for KEPRO's response to Attachment B, Business Requirements.

## **6.3 C. ATTACHMENT D, TECHNICAL REQUIREMENTS**

Please see Appendix 4 for KEPRO's response to Attachment D, Technical Requirements.

## **6.4 D. PROPOSED DEVELOPMENT APPROACH**

### **OVERVIEW OF THE KEPRO APPROACH**

KEPRO is confident we are the right partner for Nebraska in the next phase of this journey. As outlined in our proposal, our staffing, technology, processes, and pricing all reflect a realistic approach that can be counted on. We will develop our team and our program to support every phase of our work plan and we will be ready on Day 1 of contract start to provide service and meet all performance standards.

### **TEAM DEVELOPMENT**

The hallmark of KEPRO's success in other states is our collaborative staff training programs. We understand that high standards for PASRR program performance is paramount. We feel it is vitally important that our training programs capture the goals and spirit of the PASRR program in our staff training. We invite the state to participate in our training. For example, we have had our state partners come and speak about the goals of the program, help prepare key training documents, provide review, or just sit through our trainings for questions and clarity.

As detailed in Attachment B, Training State of Nebraska Staff (RFP 2B), our proposed training plan for Nebraska addresses all staff training requirements to prepare staff to deliver exceptional customer service and quality PASRR outcomes from the first day of the contract. We will submit this plan, which will include specifications for staff qualifications, for review and approval by the State by the established deadline in our work plan.

We maintain an electronic record of all trainings and evaluate training records for all sessions; training agendas, webinar slides, and notes are maintained in writing. The effectiveness of in-house trainings is evaluated via written or verbal feedback after each training session and by downward trends in errors through reporting. Attendance and scores to internal corporate trainings, program trainings, and external trainings are maintained in staff files.

Our learning management system (LMS) houses more than 500 "just in time" trainings available to staff on demand via eLearning. In addition to corporate training, all staff receive state- and program-specific trainings that are developed and delivered in partnership with key stakeholders. For the past 12 months, our LMS has recorded more than 18,000 hours of learning and has been accessed more than 25,000 times across our organization. We ensure that 100 percent of all required staff are trained, in place, working the contract, and using the systems before go-live of any contract. We evaluate every staff member to be sure that they have a complete understanding of all actions and processes required to accomplish their assigned tasks.

Once we go live, we begin quality monitoring; additional training is based on the identified needs for staff. Coaching, mentoring, and quality improvement is a critical part of a staff members' ongoing professional growth and development. To facilitate this, Directors and Managers work with our staff on a regular basis, monitoring, reviewing and coaching each staff person in their daily tasks.

## OPERATIONS AND CONTINUOUS IMPROVEMENT

We follow a structured approach to performance assurance. Administrated by our internal Compliance Department, our compliance program includes ongoing efforts to monitor, assess, audit, and evaluate compliance with KEPRO's policies and procedures, state and federal regulations, and all contract requirements. Our quality assurance and compliance approaches monitor performance against contract deliverables with performance measurement and reporting logically integrated into contract measures and reports. This process ensures alignment between the state contract and KEPRO operations.

We know that a successful implementation leads directly to successful program operations, and our PASRR Center exemplifies this experience. With turnaround times consistently below requirements for PASRR Level II evaluations, the PASRR Center has been able to provide value-added technical assistance and training, reducing administrative pends owing to Level I screens with missing/incorrect data to less than 3%. This approach offers many advantages—from an efficient process for Level II evaluations and improved access to care on a timely basis for individuals to reduced rework for facilities and our field staff.

In our Florida program, we wanted to ensure that the implementation of the new system did not adversely affect our prior turnaround times for Level II evaluations and determinations. We found that the new and more efficient system paired with our education and outreach actually improved our results. KEPRO completed 3,462 Preadmission and 1,997 Resident Review PASRR Level II evaluations and determinations in 2019. Preadmission Level II evaluations and determinations were completed within an annual average of 1.52 days as the majority of these reviews come from hospitals and take priority in the review queue. Resident Reviews, or requests from nursing homes, were completed within an annual average of 2.73 days.

Increased education and outreach as well as process adjustments were made after implementation in January and February to ensure that nursing home and hospitals understood how to use the new provider portal in order to submit Level II requests rather than faxing in a request. KEPRO provided one-on-one technical assistance to support timely and accurate review submissions. As of March 2019, all PASRR Level II evaluations and determinations were completed on time.

Our overall average of 2.13 days was achieved after realized improvements in our internal processes throughout the year. As previously noted, in January the average TAT for PASRR Level II determinations was 2.46 days, in February the TAT average was 2.48 days, and in March it dropped to 2.02 days for a first quarter average of 2.32 days. The average TAT for the second quarter dropped to 1.95 days and the average TAT for the third quarter dropped to 1.90 days. The average TAT for the final quarter was 1.77 days. **Figure 8** below displays the Florida PASRR TAT for 2019 for preadmission reviews -- typically from hospitals -- and resident reviews submitted by nursing homes.

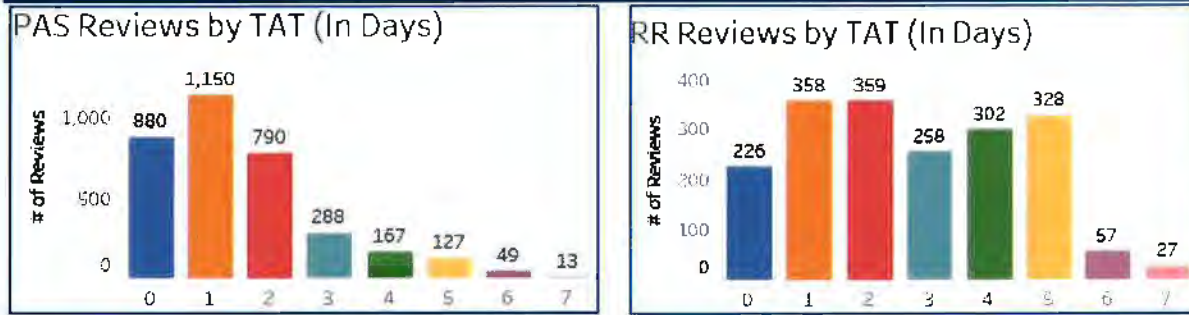


Figure 8: 2019 Level II Preadmission and Resident Review Volume by Turnaround Time (TAT)

### Clinical Quality

KEPRO is committed to staying abreast of changes to clinical practice and innovations in serving Medicaid members in our programs. Playing key roles in developing and improving our clinical best practices including medical necessity and policy updates are our three corporate bodies of excellence: 1) the Corporate Quality Performance Committee (CQPC), 2) the Operations Quality Performance Committee (OQPC), and 3) the Clinical Practice Oversight Committee (CPOC). Our overall structure for research and implementation of evidence-based best practices is structured for consistent, on-going performance excellence.

### Corporate Quality Performance Committee (CQPC) Purpose and Role

KEPRO’s Corporate Quality Performance Committee establishes the quality performance plan and key quality metrics to reflect the results of the processes within the utilization, case and disease management programs, and IRO services. The CQPC’s purpose and role is provided in Table 11.

Table 11. CQPC Purpose and Role

Role of the CQPC	Information Reviewed
<ul style="list-style-type: none"> <li>Establishes and maintains a CQPC that includes a Quality Performance Program (Program), Training Program, and Compliance Program and continually improve its effectiveness</li> <li>Defines the scope, objectives, activities, and structure of all Program elements</li> <li>Establishes a quality policy for the organization and continually review for appropriateness to the organization</li> <li>Promotes a quality/process improvement philosophy throughout the organization by communicating to the organization the importance of meeting customer requirements as well as statutory and regulatory requirements</li> <li>Provides direction to staff members on improvement priorities and projects</li> <li>Ensures necessary resources to support the Program and continually improve its effectiveness and enhance customer satisfaction by meeting customer requirements</li> <li>Reviews and approves the written Quality</li> </ul>	<ul style="list-style-type: none"> <li>The results of internal audits to ensure URAC standard compliance</li> <li>Monitoring and evaluating activities associated with the strategic organizational goals, objectives, and identified areas for improvement</li> <li>Coordination of communication throughout the entire organization</li> <li>Client/Consumer feedback</li> <li>Process performance</li> <li>Subcontractor performance</li> <li>Follow-up actions from previous CQPC reviews;</li> <li>Changes that could potentially affect the Quality Management Program</li> <li>Recommendations for improvement to the organization</li> <li>Quality improvement projects’ content and outcomes</li> <li>Results of Corrective Action Plans (CAPs)</li> <li>Internal Quality Monitoring results</li> </ul>



Role of the CQPC	Information Reviewed
<p>Performance, Training, and Compliance Programs at least annually</p> <ul style="list-style-type: none"> <li>• Develops, approves, and monitors organizational metrics. Reviews inputs such as timeliness, productivity measures, consumer satisfaction results, member satisfaction results, consumers access to services, analysis of complaints and overall quality management performance</li> <li>• Identifies quality/process improvement and training opportunities and establishes objectives to ensure compliance with corporate standards</li> <li>• Approves all corporate and URAC related Quality Improvement Projects (QIPs) to be carried out within KEPRO</li> <li>• Monitors progress in meeting quality improvement goals</li> </ul>	

The CQPC meets quarterly and reviews the effectiveness of KEPRO’s programs to ensure its continued suitability and progress towards goals. This review includes assessment of each program, the opportunities for improvement, and evaluation of the need for changes to the program. The CQPC will discuss variances, determine the necessity of initiating QIPs, assign project teams, and prioritize QI activities within the organization.

### Operations Quality Performance Committee (OQPC) Purpose and Role

KEPRO’s Operations Quality Performance Committee (OQMC) provides quality oversight for all quality improvement activities undertaken by the Local Level Quality Improvement Committees (LQICs), quality subcommittees (i.e., Clinical Practice Oversight Committee, Adverse Incident Committee, Credentialing Ad Hoc Committee, and the Policy and Procedure Task Forces). Additionally, the OQPC reports activities and outcomes undertaken by the quality subcommittees, and the LQICs upward to the KEPRO Corporate Quality Performance Committee. **Table 12** provides additional detail on the OQPC Purpose and Role.

**Table 12. OQPC Purpose and Role**

OQPC Members	Role of the OQPC	Specific Activities of OQPC
<p>Project Director, Quality Performance (Chair)                      Analytics                      Clinical staff                      Contract leads                      Operations staff                      Quality staff</p>	<p>Monitor and evaluate the quality and appropriateness of all services provided to enrollees, providers, and clients, while ensuring that regulatory, compliance, and accreditation requirements are met. Identify quality deficiencies and areas of strength in order to sustain or improve clinical outcomes, operational processes, client satisfaction, and economic health, and report these to the KEPRO Corporate Quality Performance Committee quarterly.</p>	<ul style="list-style-type: none"> <li>• Track, trend, and report all formal complaints, and concerns;</li> <li>• Track, trend, and report all clinical documentation audit scores;</li> <li>• Track, trend, and report utilization management timeliness measures;</li> <li>• Monitor, track, and trend Safety Concerns and Adverse Incidents;</li> <li>• Report Satisfaction Survey results (both enrollee and provider) and implement quality initiatives based upon these results, and monitor their effectiveness;</li> <li>• Track, trend, and report Call Center telephone metrics;</li> <li>• Review proposed and ongoing site-specific Quality Improvement Projects (QIPs), including baseline data, interventions, and measurements;</li> <li>• Review and approve policies and procedures specific to Health Utilization Management (HUM), Case</li> </ul>

OQPC Members	Role of the OQPC	Specific Activities of OQPC
		Management (CM), and Disease Management (DM) following review by the Policy & Procedure Task Forces; <ul style="list-style-type: none"> <li>• Share information between sites;</li> <li>• Promote increased collaboration and coordination across programs;</li> <li>• Provide or arrange training on best practices for monitoring and improving quality;</li> <li>• Remain current with local/state guidelines and CMS guidance and regulations;</li> <li>• Receive, discuss, and implement recommendations provided by the KEPRO Corporate Quality Performance Committee;</li> <li>• Develop an annual QI Work Plan and QI Program Evaluation; and</li> <li>• Review the QMPG annually and revise as often as necessary.</li> </ul>

### Clinical Practice Oversight Committee Purpose and Role

The purpose of the Clinical Practice Oversight Committee (CPOC) is to oversee and have final approval authority for all clinical practice guidelines, clinical decision support tools (disease specific assessments, interventions, action plans), clinical materials for distribution to practitioners, and enrollee educational materials used by the various clinical programs. The CPOC references nationally recognized evidence-based guidelines to ensure clinical accuracy and comprehensiveness for new materials. These materials are reviewed at least annually and updated as often as necessary especially when nationally recognized evidence-based guidelines are updated.

The CPOC meets at least quarterly and reports to the KEPRO Operations Quality Performance Committee. The CPOC takes primary responsibility for updating medical necessity criteria to ensure we use evidence-based best practices.

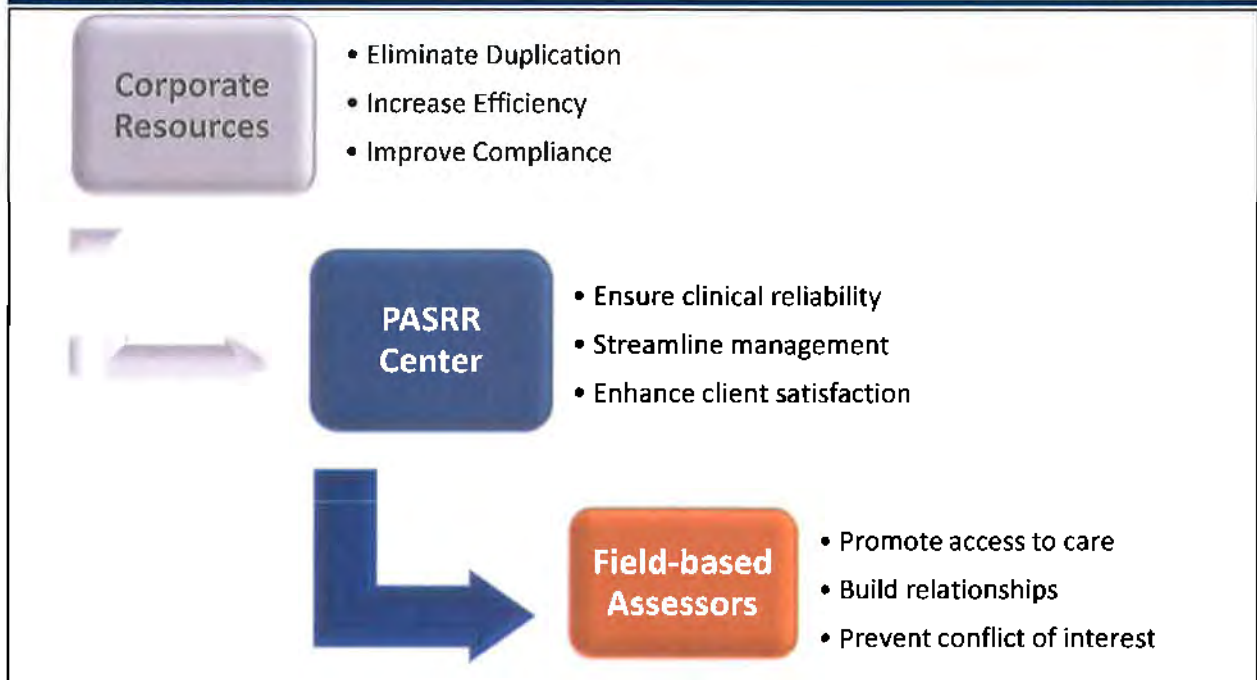
### IMPLEMENTATION APPROACH

With 25 successful implementations in the past five years, KEPRO has a uniform implementation approach for its contracts to mitigate risk and ensure the operational compliance with contract requirements. We describe the implementation team and include a detailed project work plan in Section 6.5.

Nebraska can be confident in our ability to develop, implement, and manage this contract to meet state and federal requirements with an outstanding level of performance.

### OPERATIONAL MODEL

As we show in Error! Reference source not found.9, KEPRO aligns responsibility with optimal assurance of performance of contract responsibilities and satisfaction for stakeholders. We give credit for the effectiveness of this model to our vast experience in the public sector, our record of staff retention (over 90%), and our compliant and user-friendly systems.



**Figure 9: KEPRO Integrated Operational Model**

*The KEPRO Operational Model integrates corporate, technical center, and field-based operations for seamless delivery of contract activities.*

This model integrates corporate, contract, and staff goals and metrics to achieve optimal contract performance. Our goal is to improve delivery system efficiency, eliminate unwarranted variation, and promote access to appropriate care in the most appropriate setting for every person, every time.



#### COMMUNITY STAKEHOLDER ADVISORY COUNCIL

As part of our commitment to Nebraska and its PASRR program, we will meet with and recruit key community stakeholder organizations to join our Community Stakeholder Advisory Council.

**Task #1 – Establish a Community Stakeholder Advisory Council:** The Council is designed to provide actionable feedback to KEPRO and its local leadership about the direction and challenges of the program. This council will be facilitated by our Outreach, Education, and Community Engagement Coordinator, our Senior PASRR Policy Specialist, and will be comprised of important voices to the success of the program like the providers, patients, and caregivers. We recognize the importance of building long-term relationships with the people who can make this program successful. KEPRO’s suggested use of social determinants assessment questions is an area where it will be important to gain stakeholder understanding of why we believe the information is valuable and actionable.

**Task #2 – Establish a Community Alliance Partnership:** During implementation, our project leadership, and corporate communications team will build a community outreach plan. The plan will include establishing and maintaining ongoing relationships with community partners aiming for open communication and productive collaboration.



**Task #3: Gaining Insights about Challenges:** We will conduct stakeholder listening sessions to understand the unique needs of the population, discuss communication strategies unique to that population, introduce KEPRO and its role, and learn about any concerns related to the program.

**Task #4: Constant Solution Development:** All stakeholder outreach offers the ability to learn about helping us devise strategies to proactively address issues. Our plan will include continual check-in meetings to identify issues or areas lacking clarity. The goal is to use any feedback to modify training, develop educational outreach materials (print or web), and plan events (webinars, in-person sessions) to proactively address the underlying issues.

In addition to the above outreach and engagement activities, we conduct annual Provider and Member Surveys. Questions around provider/member satisfaction, ease of reaching a KEPRO staff member, KEPRO staff helpfulness and knowledge, effectiveness of web-based and in-person training provided, overall satisfaction with KEPRO services, and timely processing of requests are addressed.

## 6.5 E. DETAILED PROJECT WORK PLAN

We believe a project's implementation phase is crucial to establishing an operation to efficiently support Nebraska's PASRR program needs. Our implementation approach includes supporting the implementation initially with seasoned and trained KEPRO experts until dedicated operational leadership staff, key staff, and our local Nebraska team, are on-boarded and acclimated.

### CORE IMPLEMENTATION TEAM

KEPRO has a long history of implementing and transitioning projects from other vendors. From day one, our core implementation team works to initiate and align project activities with the Department, assess status, and onboard/support new staff. Using experienced KEPRO staff at the beginning of every implementation mitigates the risks involved with delayed onboarding. Our core implementation team roles include:

1. **Senior Vice President, Assessments, Enrollment, Eligibility** – Michelle Marks will serve as the ultimate decision-maker regarding operational excellence for the project.
2. **Implementation Director** –Lori McGurty, PMP, will serve as Implementation Director during the startup. The Implementation Director manages the project plan, overall implementation, supports onboarding, training/education of new staff and their acclimation to KEPRO, provides project status reports, provides quality review of deliverables, and tracks submission of deliverables within timeline. Her combined knowledge of Medicaid and home and community-based service delivery with her project management experience and over fourteen years at KEPRO will ensure a smooth and efficient transition. She is a distinguished Health Care Administrator and focuses on developing high standards of practice, evaluating operational effectiveness and implementing necessary changes to programs and policies in support of state administrators. Ms. McGurty will serve as primary point of contact for all implementation and transition activities and work closely with the Project Director to ensure a smooth, low-risk implementation. She brings 10+ years of operational management and integration experience in large healthcare projects with an emphasis on improving productivity and quality improvements.
3. **Business Analyst** – Specialized Business Analysts support development of the training plan, quality plan, business process workflows, configuration requirements, and other work as needed.

## IMPLEMENTATION PLAN

KEPRO uses a phased implementation approach where each phase builds on previous activity achieving clear, measurable goals and culminating in the delivery of a successful implementation and readiness for Go-Live. Our approach and implementation methodology are shown in **Figure 10**.



**Figure 10. Implementation Methodology**

*Implementation work is iterative by nature; therefore, phases will overlap to accommodate the complexity of the work required. We find this iterative approach to be an efficient and effective method for deliverable timelines.*

**Initiation:** During the Initiation Phase, key staff are integrated into the contract. They and the Implementation team meet with the state to kick-off the contract via formal meeting where we define the stakeholders, their roles, review the upcoming tasks necessary to accomplish an on-time implementation. We clarify project scope and gain approval on program materials and branding. We identify communication and meeting cadence for all project work streams. We submit an Implementation Project Work Plan for the state's approval. Once approved, we add columns to track anticipated versus actual start and end dates. Throughout the implementation, we submit weekly progress reports regarding the status of work completed.

**Discovery and Development:** Because of the short timeline, we anticipate the need to combine the discovery and development phases. During this time, we review existing materials, gain an understanding of the history, risks, and state expectations regarding stakeholder communications, quality assurance and management, business continuity, reporting/analytics, operational business processes, IT/security requirements and other work streams. The Department will review and approve all materials to ensure alignment with goals and objectives. We begin developing the plans, policies and procedures, survey tools, workflows to exceed expectations regarding operational work. We install our telephony system and submit all business processes, tools and other materials for approval.

**Readiness Review:** We enlist our core implementation team to prepare the readiness review evaluation tool that will be used to evaluate our operational readiness. We develop the tool based on contract requirements and evaluate all aspects of our implementing the contract to gauge our readiness to go-live. We formally evaluate readiness multiple times throughout an implementation to permit operations and leadership the data necessary to make decisions and escalate risks for mitigation. In addition to formal, scheduled reviews, our core implementation team conducts weekly meetings to identify project plan tasks that are upcoming, completed or at risk.

**Go-Live and Implementation Close:** We develop and deliver all items necessary to go live per the agreed-upon timeline as established in the implementation project plan. Our implementation team remains engaged with operations to verify and support implementation success, including system configuration. We wrap-up final status reports, support any remaining operational gaps and evaluate lessons learned from the project.

Throughout all phases of the implementation, we incorporate PMBOK® knowledge areas (Table 13) to continually monitor and control the implementation, resulting in better outcomes for Nebraska.

**Table 13. Project Management Approach and Knowledge Areas**

Knowledge Area	KEPRO Approach
<b>Integration Management</b>	<ul style="list-style-type: none"> <li>• During Initiation, we submit a draft Implementation Project Plan to the Department for review</li> <li>• Our Implementation Team supports operational leadership in directing and managing project work for adherence in partnership with the Department</li> <li>• Throughout implementation, we continually evaluate the health of the project, overall project performance and provide status updates to the Department weekly</li> <li>• We document necessary changes and decisions related to all project knowledge areas</li> <li>• The Implementation Team develops and conducts multiple readiness evaluations during implementation. Data is used to gauge readiness and identify areas requiring additional to be ready for Go-Live</li> <li>• The Core Implementation team supports operations through project Go-Live to verify adherence to the contract’s scope and KEPRO quality and compliance expectations</li> </ul>
<b>Schedule Management</b>	<ul style="list-style-type: none"> <li>• We define project activities, sequence and estimate durations of activities during the implementation, and receive final sign-off from the Department on project timelines, expected deliverables and deliverable acceptance criteria</li> <li>• We provide weekly schedule status updates throughout the life of the implementation to continually gauge schedule adherence</li> </ul>
<b>Quality Management</b>	<ul style="list-style-type: none"> <li>• We incorporate all operations into the corporate quality management plan</li> <li>• We identify quality standards and evaluation criteria for all areas of operation</li> <li>• Our core implementation team supports operations by providing internal feedback on the quality of deliverables prior to submission</li> </ul>
<b>Communication Management</b>	<ul style="list-style-type: none"> <li>• We work with the Department to plan communication strategies for all stakeholders, including roles and responsibilities</li> <li>• We utilize a knowledge repository to manage staff access to stored approved policies and procedures, workflows and operational business processes</li> <li>• We utilize Contract Management Portal to manage and maintain all contract reports, approved plans and the overall implementation project plan; we archive documents</li> <li>• We work with the state to determine necessary meeting cadence, preferred methods of communication and dissemination</li> </ul>
<b>Risk Management</b>	<ul style="list-style-type: none"> <li>• We develop and maintain a Risk Management Log</li> <li>• We identify risks early and evaluate their impact and probability</li> </ul>



Knowledge Area	KEPRO Approach
	<ul style="list-style-type: none"> <li>• We propose a resolution, response, contingency plan and/or mitigation, as applicable to the identified risk</li> </ul>
<b>Scope Management</b>	<ul style="list-style-type: none"> <li>• We work with the state to gain an in-depth knowledge of the overall project scope during our Discovery Phase</li> <li>• We utilize knowledge gained to develop business processes, project plans, and our Information Technology systems that are aligned and within scope</li> <li>• We utilize Business Analysts to elicit requirements and to develop overall and in-depth project workflows allowing for supplementary visual depictions of work</li> <li>• We document and gain approval on any changes to scope</li> </ul>
<b>Change Management</b>	<ul style="list-style-type: none"> <li>• We define the change and assess the environment, impact on people, process and technology</li> <li>• We develop a change plan, which includes communication, engagement, training, support needed, metrics and aspects of transition</li> <li>• We prepare individuals who will be impacted by the change by identifying new skills and behaviors needed, redesign jobs and structures and provide training and updated job aid materials</li> <li>• We evaluate the impact of change</li> <li>• We maintain a history of changes requested, approved and implemented</li> </ul>

**IMPLEMENTATION SCHEDULE**

We present the following schedule of tasks in Table 14 anticipated to be necessary to successfully implement the Nebraska PASRR contract.

**Table 14. Implementation Schedule**

**Implementation Schedule Legend**

Dark blue: Section.
Grey: Sub-section.
Light blue: Project milestone.
Light green: Project deliverable.

Task Name	Duration	Start	Finish	Assigned To
<b>&lt;EY Contract Information</b>	116d	02/19/20	06/01/20	
Bid Event Number		N/A	N/A	
Scope Statement		N/A	N/A	
Client		N/A	N/A	
Submit Questions	1d	02/19/20	02/19/20	
State Response to Questions	1d	03/06/20	03/06/20	
Proposal due	1d	05/15/20	05/15/20	
Proposal Opening	1d	05/15/20	05/15/20	
Evaluation Period	11d	05/18/20	06/02/20	
Oral Presentations - TBD		TBD	TBD	
Notice of Intent to Award	1d	06/10/20	06/10/20	
Contract Finalization	20d	06/16/20	07/13/20	
Contract Award	1d	07/15/20	07/15/20	
Contract Start	1d	08/01/20	08/01/20	
Contract period		N/A	N/A	
Bid Event Website		N/A	N/A	
Public Contracts Website (winning bid posted)		N/A	N/A	
<b>Implementation Timeline</b>	123d	04/28/20	10/21/20	
<b>Administration</b>	69d	06/10/20	09/18/20	—
Notice of intent to award	0	06/10/20	06/10/20	DHHS
Notify key personnel and implementation team	5d	06/10/20	06/16/20	Implementation Director
Contract Finalization	10d	06/16/20	06/26/20	KEPRO, DHHS
Contract Award	1d	07/15/20	07/15/20	DHHS
Contract Start	1d	08/03/20	08/03/20	KEPRO, DHHS
<b>Project Initiation</b>	20d	06/10/20	07/08/20	—
<b>Conduct Kick-Off Meeting</b>	5d	06/10/20	06/16/20	—
Identify implementation project roles- Develop Stakeholder Register, gather SMEs and Client contacts	5d	06/10/20	06/16/20	Implementation Director
ID communication and project discovery meeting cadence	5d	06/10/20	06/16/20	KEPRO, DHHS
Discuss overview needs for clarifying project scope - will lead to separate workstream meetings	5d	06/10/20	06/16/20	KEPRO, DHHS
<b>Project Work Plan</b>	15d	06/17/20	07/08/20	—
Update Project Plan per Kick-off Meeting and other information	5d	06/17/20	06/23/20	Implementation Director
Submit draft Project Work Plan for review/approval	1d	06/24/20	06/24/20	Implementation Director
Review/provide feedback on Project Work Plan	5d	06/25/20	07/01/20	DHHS
Adjust Project Work Plan per feedback	1d	07/02/20	07/02/20	Implementation Director
Submit final Project Work Plan for approval	1d	07/06/20	07/06/20	Implementation Director
Final review of Project Work Plan	2d	07/07/20	07/08/20	DHHS
Project Work Plan finalized and approved	0	07/08/20	07/08/20	—
<b>Project Discovery</b>	20d	06/10/20	07/08/20	—
Meet with client to develop processes and tools (discovery meetings)	20d	06/10/20	07/08/20	KEPRO, DHHS
<b>Project Development</b>	31d	06/10/20	07/23/20	—
Develop business process documents and materials required for operations, oversight, training, quality	31d	06/10/20	07/23/20	KEPRO
<b>Project Readiness Evaluation (Systems, Staff, Facility, Training)</b>	10d	07/16/20	07/30/20	—
Develop Ops & Tech Readiness Evaluation Tool	2d	07/16/20	07/17/20	Implementation Director
Conduct Ops & Tech Readiness Evaluation	2d	07/20/20	07/21/20	Implementation Team
Make final adjustments to Ops & Tech, continue with planning and deliverables	5d	07/22/20	07/28/20	KEPRO
KEPRO sign-off on contract readiness	1d	07/29/20	07/29/20	KEPRO, DHHS
Provide approval to implement go-live	1d	07/29/20	07/29/20	DHHS



Task Name	Duration	Start	Finish	Assigned To
48 Successful Ops & Tech readiness evaluation	0	07/30/20	07/30/20	--
49 <b>- Implementation Project Close + Operations Go Live</b>	32d	08/03/20	09/16/20	--
50 Support operations through stabilization period	22d	08/03/20	09/01/20	Implementation Team
51 Evaluate lessons learned	5d	09/02/20	09/09/20	Implementation Team
52 Close implementation project	5d	09/10/20	09/16/20	Implementation Director
53 <b>Facility</b>	31d	06/10/20	07/23/20	--
54 <b>- NE Office</b>	6d	07/16/20	07/23/20	
55 Secure space in Lincoln NE	5d	07/16/20	07/22/20	Facilities Manager
56 Occupy NE space	1d	07/23/20	07/23/20	KEPRO
57 <b>- FL Office</b>	20d	06/10/20	07/08/20	
58 Order equipment and supplies for additional FL-based staff in existing Tallahassee, FL facility	10d	06/10/20	06/23/20	Project Director
59 Order service-Build out additional cubicles	10d	06/24/20	07/08/20	Facilities Manager
60 Facility established - infrastructure and any new equipment/supplies in place	0	07/08/20	07/08/20	--
61 <b>Staffing, Onboarding, Training</b>	67d	04/28/20	07/31/20	--
62 <b>- Management and Key Personnel</b>	63d	04/28/20	07/27/20	--
63 Project Director (already in place)	--	on staff	--	--
64 Level I/Level II Manager (already in place)	--	on staff	--	--
65 IT Specialist (already in place)	--	on staff	--	--
66 Help Desk Supervisor/Project Support Specialist (already in place)	--	on staff	--	--
67 Webmaster (already in place)	--	on staff	--	--
68 Board Certified Psychiatrist (already in place)	--	on staff	--	--
69 <b>- Clinical Director/PASRR Policy Specialist</b>	63d	04/28/20	07/27/20	--
70 Post positions, receive applications	10d	04/28/20	05/11/20	HR
71 Review/screen applicants	5d	05/12/20	05/18/20	HR
72 Interview applicants	10d	05/19/20	06/02/20	Project Director
73 2nd Interview applicant (if applicable)	3d	06/03/20	06/12/20	VP
74 Make offers	2d	06/15/20	06/16/20	HR
75 Receive written acceptance of offer + Submit request for equipment and access	5d	06/17/20	06/23/20	HR
76 Conduct background screening, verify credentials	10d	06/24/20	07/08/20	HR
77 Key Personnel and management staff hired	3d	07/09/20	07/13/20	KEPRO HR
78 KEPRO Orientation and Training, Job Specific training	10d	07/14/20	07/27/20	KEPRO, HR
79 <b>- Support and Clinical Staff (Help Desk, Level I Reviewers, Level II Evaluators)</b>	67d	04/28/20	07/31/20	--
80 Post positions, receive applications	10d	04/28/20	05/11/20	HR
81 Review/screen applicants	5d	05/12/20	05/18/20	HR
82 Interview applicants	10d	05/19/20	06/02/20	Hiring Manager
83 2nd Interview applicant (if applicable)	8d	06/03/20	06/12/20	Hiring Manager or Other
84 Make offers	2d	06/15/20	06/16/20	HR
85 Receive written acceptance of offer + Submit request for equipment and access	5d	06/17/20	06/23/20	HR
86 Conduct background screening, verify credentials	10d	06/24/20	07/08/20	HR
87 Support and Clinical Staff hired	7d	07/09/20	07/17/20	KEPRO HR
88 KEPRO Orientation and Training, Job Specific training	10d	07/20/20	07/31/20	KEPRO, HR
89 All NE PASRR Staff Hired	0	07/17/20	07/17/20	
90 <b>Technology</b>	36d	06/10/20	07/30/20	--
91 <b>- Telephony Infrastructure</b>	29d	06/10/20	07/21/20	--
92 Add to contract with telephony vendor & request toll free telephone number(s)	10d	06/10/20	06/23/20	Infrastructure Services Manager
93 <b>- Telephony Configuration</b>	5d	06/24/20	06/30/20	KEPRO IT
94 <b>- Gather requirements for telephony</b>	5d	06/24/20	06/30/20	Business Analyst



Task Name	Duration	Start	Finish	Assigned To	
95	Toll Free #	5d	06/24/20	06/30/20	Business Analyst
96	Voicemail	5d	06/24/20	06/30/20	Business Analyst
97	IVR Workflow	5d	06/24/20	06/30/20	Business Analyst
98	User profiles	5d	06/24/20	06/30/20	Business Analyst
99	Scripts	5d	06/24/20	06/30/20	Business Analyst
100	Call recording	5d	06/24/20	06/30/20	Business Analyst
101	Procedures for TTY line for communicating with the hearing impaired	5d	06/24/20	06/30/20	Business Analyst
102	Call transfers - multiple locations	5d	06/24/20	06/30/20	Business Analyst
103	Configure telephony - implement	5d	07/01/20	07/08/20	KEPRO IT
104	Conduct telephony UAT	7d	07/09/20	07/17/20	KEPRO IT, Operations
105	Deliver telephony	2d	07/20/20	07/21/20	KEPRO IT
106	Telephony infrastructure complete	0	07/21/20	07/21/20	--
107	<b>- Fax</b>	<b>24d</b>	<b>06/10/20</b>	<b>07/14/20</b>	<b>--</b>
108	Request fax #	5d	06/10/20	06/16/20	Implementation Director
109	Gather inbound and outbound requirements/workflows for fax	5d	06/17/20	06/23/20	Business Analyst
110	Implement fax - linked to Atrazzo	9d	06/24/20	07/07/20	KEPRO IT
111	Fax UAT	4d	07/08/20	07/13/20	KEPRO IT, Operations
112	Deliver fax capability per contract specifications	1d	07/14/20	07/14/20	KEPRO IT
113	<b>- PASRR Website</b>	<b>32d</b>	<b>06/10/20</b>	<b>07/24/20</b>	<b>--</b>
114	Provide existing contents to be included on KEPRO PASRR website	5d	06/10/20	06/16/20	DHHS
115	<input checked="" type="checkbox"/> Gather requirements for additional materials to be included on website	5d	06/10/20	06/16/20	--
116	Training Materials Page	5d	06/10/20	06/16/20	Business Analyst
117	Training Notices, Registration	5d	06/10/20	06/16/20	Business Analyst
118	Contact information	5d	06/10/20	06/16/20	Business Analyst
119	Emergency Closures Notices	5d	06/10/20	06/16/20	Business Analyst
120	Holidays and regular business closures	5d	06/10/20	06/16/20	Business Analyst
121	Links to PASRR Resources	5d	06/10/20	06/16/20	Business Analyst
122	Link to Atrazzo PASRR system	5d	06/10/20	06/16/20	Business Analyst
123	Develop website content	10d	06/17/20	06/30/20	KEPRO Communications
124	QA/verify website content	5d	07/01/20	07/08/20	Operations
125	Deliver draft website content	1d	07/09/20	07/09/20	KEPRO Communications
126	Review/provide feedback on draft website	5d	07/10/20	07/16/20	DHHS
127	Update website per feedback	5d	07/17/20	07/23/20	KEPRO Communications
128	Launch website	1d	07/24/20	07/24/20	KEPRO Communications
129	NE PASRR Website launched	0	07/24/20	07/24/20	
130	<b>- Atrazzo Assessments Module</b>	<b>28d</b>	<b>06/10/20</b>	<b>07/20/20</b>	<b>--</b>
131	<input checked="" type="checkbox"/> Elicit requirements	5d	06/10/20	06/16/20	--
132	Screens (questionnaires)	5d	06/10/20	06/16/20	Business Analyst
133	Letters	5d	06/10/20	06/16/20	Business Analyst
134	Reporting requirements	5d	06/10/20	06/16/20	Business Analyst
135	Data transfers	5d	06/10/20	06/16/20	Business Analyst
136	Workflow case processing	5d	06/10/20	06/16/20	Business Analyst
137	Quality Review - System pull 5% of cases and create a task for the reviewer to perform review	5d	06/10/20	06/16/20	Business Analyst
138	OPS requirements review	2d	06/17/20	06/18/20	Operations
139	Rework requirements for final sign-off	2d	06/19/20	06/22/20	Business Analyst
140	OPS sign off	2d	06/23/20	06/24/20	Operations
141	Configure/customize questionnaires, workflows	5d	06/25/20	07/01/20	IT Implementation Director
142	QA	2d	07/02/20	07/06/20	KEPRO IT
143	UAT	2d	07/07/20	07/08/20	Operations
144	Final configuration updates, per UAT	2d	07/09/20	07/10/20	IT Implementation Director

State of Nebraska  
Pre-Admission Screening and Resident Review Services  
Technical and Cost Proposal



Task Name	Duration	Start	Finish	Assigned To
145 Deliver Atrezzo Assessments module for PASRR processing	1d	07/13/20	07/13/20	KEPRO IT
146 Develop User Guide and training modules	10d	07/07/20	07/20/20	Director or ATZ Implementations
147 - Atrezzo Scheduler Module [For Internal Use of Scheduling PASRR LII]	31d	06/10/20	07/23/20	--
148 Elicit requirements	5d	06/10/20	06/16/20	Business Analyst
149 OPS requirements review	2d	06/17/20	06/18/20	Operations
150 Rework requirements for final sign-off	2d	06/19/20	06/22/20	Business Analyst
151 OPS sign-off	2d	06/23/20	06/24/20	Operations
152 Configure/customize Scheduler system	5d	06/25/20	07/01/20	IT Implementation Director
153 QA	5d	07/02/20	07/09/20	KEPRO IT
154 UAT	5d	07/10/20	07/16/20	Operations
155 Final configuration updates, per UAT	3d	07/17/20	07/21/20	IT Implementation Director
156 Deliver Atrezzo Scheduler module for PASRR LII scheduling	1d	07/22/20	07/22/20	KEPRO IT
157 Develop User Guide and training modules	10d	07/10/20	07/23/20	Director of ATZ Implementations
158 - PASRR LI and LII Data Transfer with State System	36d	06/10/20	07/30/20	--
159 Intro meeting to discuss file transfers (process and introduce transferring entities)	5d	06/10/20	06/16/20	--
160 Name contacts/resources, determine meeting cadence, provide data dictionary and sample/test files and validation rules	5d	06/10/20	06/16/20	DHHS, KEPRO, NE Vendor
161 Determine data transfer process, SFTP location, schedule	5d	06/10/20	06/16/20	DHHS, KEPRO, NE Vendor
162 Walk through file layout/test file to clarify fields	5d	06/10/20	06/16/20	DHHS, KEPRO, NE Vendor
163 Set up SFTP accounts and exchange credentials	2d	06/17/20	06/18/20	KEPRO, NE Vendor
164 Exchange test file to verify credentials are working	2d	06/19/20	06/22/20	KEPRO, NE Vendor
165 Map required data to system	5d	06/23/20	06/29/20	KEPRO IT
166 Complete development work for file transfer	5d	06/30/20	07/07/20	KEPRO IT
167 Set up automated job to handle file exchange	5d	07/08/20	07/14/20	KEPRO IT
168 QA - Test file transfer development	2d	07/15/20	07/16/20	KEPRO IT
169 Test file exchange	2d	07/17/20	07/20/20	KEPRO, NE Vendor
170 Bug fix/correction	2d	07/21/20	07/22/20	KEPRO IT
171 Retest file transfer	2d	07/23/20	07/24/20	KEPRO, NE Vendor
172 Move data transfers to PROD	2d	07/27/20	07/28/20	KEPRO IT
173 Load production data to PROD	2d	07/29/20	07/30/20	KEPRO IT
174 - SharePoint (Contract Management Portal + Knowledge Repository)	9d	06/10/20	06/22/20	--
175 Submit request for SharePoint	2d	06/10/20	06/11/20	Implementation Director
176 Create SharePoint for contract	5d	06/12/20	06/18/20	SharePoint Admin
177 Deliver SharePoint for use	2d	06/19/20	06/22/20	KEPRO IT
178 - Email - Shared Inbox for Response Tracking	9d	06/10/20	06/22/20	--
179 Submit service desk ticket requesting general shared email box <<NEPASRR@kepro.com>> to be aligned with specific users	2d	06/10/20	06/11/20	Implementation Director
180 Provide general shared email box as requested - add identified users to shared inbox	5d	06/12/20	06/18/20	KEPRO IT
181 Confirm identified users have access to inbox and can respond to shared inbox; manage users ongoing	2d	06/19/20	06/22/20	Operations
182 Reporting and Analytics	70d	07/14/20	10/21/20	--
183 - Quality Review Report	29d	08/19/20	09/29/20	--
184 Develop template Quality Review Report	5d	08/19/20	08/25/20	Health Intelligence Analyst
185 Submit draft Quality Review Report for review/feedback	2d	08/26/20	08/27/20	Project Director
186 Review/provide feedback Quality Review Report	5d	08/28/20	09/03/20	DHHS
187 Revise Quality Review Report template, per feedback	5d	09/04/20	09/11/20	Health Intelligence Analyst
188 Submit final Quality Review Report	2d	09/14/20	09/15/20	Project Director
189 Automate generation and delivery Quality Review Report	10d	09/16/20	09/29/20	Health Intelligence Analyst
190 - Billing Invoice Report	12d	09/14/20	09/29/20	--



Task Name	Duration	Start	Finish	Assigned To
191 Submit July 2020 Billing Invoice	2d	09/14/20	09/15/20	KEPRO
192 Automate generation and delivery - Billing Invoice	10d	09/16/20	09/29/20	Health Intelligence Analyst
193 - [X] Level I and Level II Detailed Monthly Report	29d	08/19/20	09/29/20	--
194 Develop template LI/LII Detailed Monthly Report	5d	08/19/20	08/25/20	Health Intelligence Analyst
195 Submit draft LI/LII Detailed Monthly Report for review/feedback	2d	08/26/20	08/27/20	Project Director
196 Review/provide feedback LI/LII Detailed Monthly Report	5d	08/28/20	09/03/20	DHHS
197 Revise LI/LII Detailed Monthly Report template, per feedback	5d	09/04/20	09/11/20	Health Intelligence Analyst
198 Submit final LI/LII Detailed Monthly Report	2d	09/14/20	09/15/20	Project Director
199 Automate generation and delivery LI/LII Detailed Monthly Report	10d	09/16/20	09/29/20	Health Intelligence Analyst
200 - Annual Report	37d	08/28/20	10/21/20	--
201 Develop template Annual Report	10d	08/28/20	09/11/20	Health Intelligence Analyst
202 Submit draft Annual Report for review/feedback	2d	09/14/20	09/15/20	Project Director
203 Review/provide feedback Annual Report	5d	09/16/20	09/22/20	DHHS
204 Revise Annual Report template, per feedback	10d	09/23/20	10/06/20	Health Intelligence Analyst
205 Automate generation and delivery Annual Report	10d	10/07/20	10/21/20	Health Intelligence Analyst
206 Submit Annual Report 4/1/21 - [Outside of Implementation Timeline]	1d	*Apr 1*	*Apr 1*	Project Director
207 - Performance Measures Report	25d	07/14/20	08/17/20	--
208 Develop template Performance Measures Report	5d	07/14/20	07/20/20	Health Intelligence Analyst
209 Review/provide feedback Performance Measures Report	5d	07/21/20	07/27/20	Program Director
210 Revise/Finalize Performance Measures Report	5d	07/28/20	08/03/20	Health Intelligence Analyst
211 Automate generation and delivery Performance Measures Report	10d	08/04/20	08/17/20	Health Intelligence Analyst
212 - [Internal] Management/Proactive Reporting	25d	07/14/20	08/17/20	--
213 Develop template Management/Proactive Reporting	5d	07/14/20	07/20/20	Health Intelligence Analyst
214 Review/provide feedback Management/Proactive Reporting	5d	07/21/20	07/27/20	Program Director
215 Revise/Finalize Management/Proactive Reporting	5d	07/28/20	08/03/20	Health Intelligence Analyst
216 Automate generation and delivery Management/Proactive Reporting	10d	08/04/20	08/17/20	Health Intelligence Analyst
217 - Level II Evaluator Report	18d	09/02/20	09/28/20	--
218 Develop query from Arazzo Scheduler system of Level II evaluators	5d	09/02/20	09/09/20	Health Intelligence Analyst
219 Review Level II Evaluator Report for quality/accuracy	2d	09/10/20	09/11/20	Project Director
220 Submit Level II Evaluator Report (submit schedule TBD with DHHS)	1d	09/14/20	09/14/20	Project Director
221 Automate Level II Evaluator Report	10d	09/15/20	09/28/20	Health Intelligence Analyst
222 - Business Process Documents and Plans	83d	05/13/20	09/09/20	--
223 - Business Continuity/Disaster Recovery Plan	43d	07/10/20	09/09/20	--
224 Customize KEPRO BC/DR to contract specifics	20d	07/10/20	08/08/20	KEPRO IT, Project Director
225 Internal quality review -BC/DR	5d	08/07/20	08/13/20	Implementation Director
226 Submit draft Business Continuity/Disaster Recovery Plan for review/feedback	1d	08/14/20	08/14/20	Implementation Director
227 Review/provide feedback -BC/DR	5d	08/17/20	08/21/20	DBH
228 Revise per feedback + quality check - BC/DR	5d	08/24/20	08/28/20	KEPRO IT, Project Director
229 Submit final Business Continuity/Disaster Recovery Plan for approval	2d	08/31/20	09/01/20	Implementation Director
230 Complete final review - BC/DR	5d	09/02/20	09/09/20	DBH
231 - Quality Review Plan (QRP)	21d	08/03/20	08/31/20	--
232 Develop - QRP	8d	08/03/20	08/12/20	Project Support Specialist, PASRR Policy Specialist
233 Internal quality review - QRP	2d	08/13/20	08/14/20	Clinical Director
234 Submit draft Quality Review Plan for review/feedback	1d	08/17/20	08/17/20	Project Director
235 Review/provide feedback - QRP	5d	08/18/20	08/24/20	DHHS
236 Revise per feedback - QRP	5d	08/25/20	08/31/20	Project Support Specialist, PASRR Policy Specialist
237 Submit final Quality Review Plan [August 1st annually]		-	-	Project Director



Task Name	Duration	Start	Finish	Assigned To
238 <input type="checkbox"/> Training Plan & Training Execution	53d	06/01/20	08/13/20	--
239 <input type="checkbox"/> Internal Training Plan & Execution	27d	06/24/20	07/31/20	--
240 Develop - Internal Training Plan	10d	06/24/20	07/08/20	PASRR LIA/II Manager
241 Quality check - Internal Training Plan	2d	07/09/20	07/10/20	Clinical Director
242 Revise per feedback + quality check - Internal Training Plan	5d	07/13/20	07/17/20	PASRR LIA/II Manager
243 Train KEPRO Staff on general and role-specific work	10d	07/20/20	07/31/20	KEPRO
244 <input type="checkbox"/> Initial PASRR Provider Training	53d	06/01/20	08/13/20	--
245 <input type="checkbox"/> PASRR Provider Training Materials For Website	21d	06/10/20	07/09/20	--
246 Provide existing PASRR Provider Training materials to be carried over to KEPRO's PASRR website	5d	06/10/20	06/16/20	DHHS
247 Develop library of PASRR Provider Training materials (Including PASRR Provider Manual)	5d	06/17/20	06/23/20	Project Director
248 Submit draft library of PASRR Provider Training materials for review/approval	1d	06/24/20	06/24/20	Implementation Director
249 Review/provide feedback on PASRR Provider Training materials	2d	06/25/20	06/26/20	DHHS
250 Revise PASRR Provider Training materials, per feedback	2d	06/29/20	06/30/20	Project Director
251 Submit final/approved PASRR Provider Training materials to webmaster	1d	07/01/20	07/01/20	Project Director
252 Post approved PASRR Provider Training materials to website	5d	07/02/20	07/09/20	Webmaster
253 Update Provider Manual	5d	Q6mos		Clinical Director
254 <input type="checkbox"/> Use PASRR Provider Training - PASRR Processing and System	53d	06/01/20	08/13/20	--
255 Provide PASRR Provider email distribution list	5d	06/01/20	06/05/20	DHHS
256 Disseminate training notice and registration process	2d	06/08/20	06/09/20	Project Director
257 Develop training for security administrators for each hospital, NF and other providers on how to auth users	4d	07/14/20	07/17/20	Director of ATZ Implementations
258 Develop NE PASRR Processing and System Use Training	4d	07/14/20	07/17/20	Director of ATZ Implementations
259 Develop training schedule and training notice	4d	07/14/20	07/17/20	Project Director, DHHS
260 Submit draft PASRR Processing and System Use Training materials for review/feedback	1d	07/20/20	07/20/20	Implementation Director
261 Review/provide feedback on PASRR Processing and System Use Training	3d	07/21/20	07/23/20	DHHS
262 Revise PASRR Processing and System Use Training, per feedback	2d	07/24/20	07/27/20	Director of ATZ Implementations
263 Conduct webinar training sessions on PASRR Processing and System Use	3d	07/28/20	07/30/20	Project Director
264 Record PASRR Processing and System Use training for placement on KEPRO PASRR website	10d	07/31/20	08/13/20	Director of ATZ Implementations
265 <input type="checkbox"/> Bimonthly PASRR Provider Training	13d	06/30/20	07/17/20	--
266 Develop 1-hour webinar proposed training topics/agenda/schedule - Bi-monthly PASRR Provider Training	10d	06/30/20	07/14/20	PASRR LIA/II Manager
267 Develop web-based registration processes - Bi-monthly PASRR Provider Training	10d	06/30/20	07/14/20	Webmaster
268 Submit proposed bi-monthly PASRR Provider Training topics/agenda/schedule	1d	07/15/20	07/15/20	PASRR LIA/II Manager
269 Review Bi-monthly PASRR Provider Training topics/agenda/schedule	1d	07/16/20	07/16/20	DHHS
270 Revise Bi-monthly PASRR Provider Training topics/agenda/schedule per feedback	1d	07/17/20	07/17/20	PASRR LIA/II Manager
271 Develop training/submit for approval - for each bi-monthly training	10d	07/20/20	ongoing	PASRR LIA/II Manager
272 Submit training summary (Topic, description, # attendees, survey results) - 30 bd after each webinar	--	ongoing	ongoing	PASRR LIA/II Manager
273 <input type="checkbox"/> Training Evaluation Survey Tool	10d	07/16/20	07/29/20	--
274 Customize KEPRO training evaluation survey for NE PASRR Program	2d	07/16/20	07/17/20	Project Director
275 Submit draft NE PASRR Training Evaluation survey for review/feedback	2d	07/20/20	07/21/20	Implementation Director

Task Name	Duration	Start	Finish	Assigned To
276 Review/provide feedback on NE PASRR Training Evaluation survey	3d	07/22/20	07/24/20	DHHS
277 Revise NE PASRR Training Evaluation survey, per feedback	3d	07/27/20	07/29/20	Project Director
278 Implement NE PASRR Training Evaluation survey with all scheduled training via Survey Gizmo		Ongoing	Ongoing	KEPRO
279 [-] In-Person Provider Training and On-Site Consultation	10d	07/16/20	07/29/20	--
280 Determine schedule for In-Person Provider Training and on-site consultations (2 trainings per contract term)	10d	07/16/20	07/29/20	KEPRO, DHHS
281 Develop necessary training materials for In-Person Provider Training	10d	TBD	TBD	Clinical Director, PASRR LIA/II Manager
282 Deliver In-Person Provider Training and On-Site Consultation		TBD	TBD	Clinical Director, PASRR LIA/II Manager
283 [-] Level II Evaluator Training	32d	05/13/20	06/26/20	--
284 Develop Level II Evaluator Training and materials	1d	05/13/20	05/27/20	PASRR LIA/II Manager, Clinical Director
285 Submit draft Level II Evaluator Training materials (training notice, registration process)	1d	05/28/20	05/29/20	Implementation Director
286 Review/provide feedback Level II Evaluator Training	1d	06/01/20	06/02/20	DHHS
287 Revise per feedback + quality check Level II Evaluator Training	1d	06/03/20	06/04/20	PASRR LIA/II Manager, Clinical Director
288 Submit final Level II Evaluator training for approval	1d	06/05/20	06/05/20	Implementation Director
289 Complete final review Level II Evaluator Training	1d	06/08/20	06/12/20	DHHS
290 Deliver Level II Evaluator Training	1d	06/15/20	06/26/20	Clinical Director, PASRR LIA/II Manager
291 [-] Business Process Documents (BPD) - Documents will be submitted ongoing for continuous feedback until all are approved	13d	07/16/20	08/03/20	--
292 Create BPD Tracker to maintain approval status - store on central location	2d	07/16/20	07/17/20	Implementation Director
293 [-] Develop P&Ps, Job Aids and Workflows	5d	07/20/20	07/24/20	--
294 Level I Screening P&P, Job Aids, Workflow	5d	07/20/20	07/24/20	Project Director
295 Level I Categorical Determinations and Exemptions P&P	5d	07/20/20	07/24/20	Project Director
296 Notification Requirements	5d	07/20/20	07/24/20	Project Director
297 PASRR Status Change	5d	07/20/20	07/24/20	Project Director
298 Level II Evaluations	5d	07/20/20	07/24/20	Project Director
299 Halting Level II Evaluations	5d	07/20/20	07/24/20	Project Director
300 Level II Final Determinations	5d	07/20/20	07/24/20	Project Director
301 Appeal Rights and Instructions	5d	07/20/20	07/24/20	Project Director
302 Help Desk/Customer Service	5d	07/20/20	07/24/20	Project Director
303 Submit draft business processes for review and feedback	1d	07/27/20	07/27/20	Implementation Director
304 Review, provide feedback on business processes	1d	07/28/20	07/28/20	DHHS
305 Revise business processes, per feedback	1d	07/29/20	07/29/20	Project Director
306 Submit final business process documents for approval	1d	07/30/20	07/30/20	Implementation Director
307 Complete final review/approve - business process documents	1d	07/31/20	07/31/20	DHHS
308 Utilize approved business process documents for training   maintain up-to-date through life of the contract	1d	08/03/20	08/03/20	KEPRO

KEPRO will update the work plan for Level II Evaluator Training requirements as new project timeline needs are provided by the State.



## 6.6 F. PROJECT DELIVERABLES AND DUE DATES

We submit the following deliverables in **Table 15** and due dates and persons responsible for submission. Of note, for all plans, business processes and materials, we propose submitting the deliverable in draft format to allow DHHS sufficient time for review/feedback. We then revise as necessary and resubmit the final deliverables.

*NOTE: KEPRO will update the work plan for Level II Evaluator Training requirements as new project timeline needs are provided by the State.*

**Table 15. Project Deliverables**

Primary	Start	Finish	Assigned To
Submit draft Level II Evaluator Training materials (including training notice, registration process)	05/28/20	05/29/20	Implementation Director
Submit final Level II Evaluator training for approval	06/05/20	06/05/20	Implementation Director
Deliver SharePoint for use	06/19/20	06/22/20	KEPRO IT
Submit draft Project Work Plan for review/approval	06/24/20	06/24/20	Implementation Director
Submit draft library of PASRR Provider Training materials for review/approval	06/24/20	06/24/20	Implementation Director
Deliver Level II Evaluator Training	06/15/20	06/26/20	Clinical Director, PASRR LI/LII Manager
Submit final Project Work Plan for approval	07/06/20	07/06/20	Implementation Director
Post approved PASRR Provider Training materials to website	07/02/20	07/09/20	Webmaster
Key Personnel and management staff hired	07/09/20	07/13/20	KEPRO HR
Deliver Atrezzo Assessments module for PASRR processing	07/13/20	07/13/20	KEPRO IT
Deliver fax capability per contract specifications	07/14/20	07/14/20	KEPRO IT
Submit proposed bi-monthly PASRR Provider Training topics/agenda/schedule	07/15/20	07/15/20	PASRR LI/LII Manager
Support and Clinical Staff hired	07/09/20	07/17/20	KEPRO HR
Submit draft PASRR Processing and System Use Training materials for review/feedback	07/20/20	07/20/20	Implementation Director
Deliver telephony	07/20/20	07/21/20	KEPRO IT
Submit draft NE PASRR Training Evaluation survey for review/feedback	07/20/20	07/21/20	Implementation Director
Deliver Atrezzo Scheduler module for PASRR LII scheduling	07/22/20	07/22/20	KEPRO IT
Launch website	07/24/20	07/24/20	KEPRO Communications
Submit draft business processes for review and feedback	07/27/20	07/27/20	Implementation Director
Conduct webinar training sessions on PASRR Processing and System Use	07/28/20	07/30/20	Project Director
Submit final business process documents for approval	07/30/20	07/30/20	Implementation Director
Submit draft Business Continuity/Disaster Recovery Plan for review/feedback	08/14/20	08/14/20	Implementation Director
Submit draft Quality Review Plan for review/feedback	08/17/20	08/17/20	Project Director



Primary	Start	Finish	Assigned To
Submit draft Quality Review Report for review/feedback	08/26/20	08/27/20	Project Director
Submit draft LI/LII Detailed Monthly Report for review/feedback	08/26/20	08/27/20	Project Director
Submit final Business Continuity/Disaster Recovery Plan for approval	08/31/20	09/01/20	Implementation Director
Submit Level II Evaluator Report (submit schedule TBD with DHHS)	09/14/20	09/14/20	Project Director
Submit final Quality Review Report	09/14/20	09/15/20	Project Director
Submit July 2020 Billing Invoice	09/14/20	09/15/20	KEPRO
Submit final LI/LII Detailed Monthly Report	09/14/20	09/15/20	Project Director
Submit draft Annual Report for review/feedback	09/14/20	09/15/20	Project Director
Submit Annual Report 4/1/21 - [Outside of Implementation Timeline]	"Apr 1"	"Apr 1"	Project Director
Submit final Quality Review Plan [August 1st annually]	--	--	Project Director
Submit training summary (Topic, description, # attendees, survey results) - 30 bd after each webinar	ongoing	ongoing	PASRR LI/LII Manager
Deliver In-Person Provider Training and On-Site Consultation	TBD	TBD	Clinical Director, PASRR LI/LII Manager

**Appendix 3: Attachment B:  
Business Requirements**

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## **APPENDIX 3: ATTACHMENT B: BUSINESS REQUIREMENTS**



**Attachment B**  
**Business Requirements Traceability Matrix**  
**Request for Proposal Number 6231 Z1**

**Bidder Name:** KEPRO

Bidders must complete the Business Requirements Traceability Matrix for PASRR Services. Bidders must describe in detail how the proposed solution meets the conformance specification outlined within each Business Requirement.

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

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

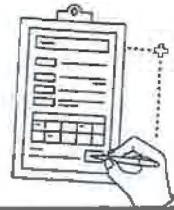
The bidder must ensure that the original requirement identifier and requirement description are maintained in the traceability matrix as provided by DHHS. Failure to maintain these elements may render the bid non-responsive and result in rejection of the bidder. How to complete the traceability matrix:

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

**General PASRR Business Requirements**

Business Requirements	
Req #	Requirement
GEN-1	<p><b>Meet all requirements in Section VI.C.4., PASRR Level I Screenings in the Scope of Work. Describe how solution will meet these requirements.</b></p>
	<p>Response:</p> <div style="background-color: #e1eef6; padding: 5px;"><b>PASRR LEVEL I OVERVIEW [VI.C.4]:</b></div> <p>The Omnibus Reconciliation Act of 1987 (OBRA), Public Law 100-203, Section 4211 (c)(7), and OBRA 1990 contained provisions that established important protections for individuals applying for nursing facility (NF) admission to ensure that individuals with a diagnosis of mental illness, intellectual disability, or a related condition receive appropriate services in the most appropriate setting. The initial level of screening, Level I, applies to all individuals seeking nursing facility placement. In the state of Nebraska, this process is known as the Preadmission Screening Process (PASP).</p> <div style="background-color: #e1eef6; padding: 5px;"><b>PASRR LEVEL I REQUIREMENTS [VI.C.4.A]:</b></div> <p>Per 471 NAC 12-004.03A, A PASRR Level I evaluation is required for any individual who –</p> <ol style="list-style-type: none"> <li>1. Is applying for first time admission to a Medicaid certified NF bed;</li> <li>2. Was previously formally discharged from a NF and is applying for admission to the same or another Medicaid certified NF;</li> <li>3. Is being admitted or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment (e.g., crisis unit);</li> <li>4. Was evaluated through the PASP Level II process more than 90 days before admission to a Medicaid certified NF could be expedited;</li> <li>5. Was screened as a Negative Level I but whose placement was delayed longer than 12 months from the previous Level I screen.</li> <li>6. Was screened as a Negative Level I but whose behaviors and/or symptoms now suggest the presence of mental illness and/or intellectual disability/related conditions as defined under 471 NAC 12-004.05.</li> <li>7. Was approved under 471 NAC 12-004.07 as a short-term categorical admission or an Exempted Hospital Discharge and whose stay is expected to extend beyond approved time frames.</li> </ol> <p>The evaluation process can begin with when a referent completes the HHS-OBRA form, uploads it into the Atrezzo Assessment Portal and completes the Level I electronic screening form. Based on the diagnoses entered and questions, the system will utilize its rules engine algorithm to determine if the screening can be (1) approved, negative screening, (2) Level II required, positive screening, or (3) pended, questionable screen. A questionable screen indicates that the client may require specialized services and needs a face-to-face PASRR Level II evaluation or that the client may have an exemption which could require additional supporting documentation.</p> <p>Our qualified personnel will be credentialed according to Nebraska’s Health Care Financing Administration – Approved by the Aged and Disabled Waiver Application and will only include Licensed Clinical Social Workers, physicians, physician assistants, registered nurses, mental health counselors, and psychologists. All Level I screenings will be completed within six business hours of the request.</p> <p>Our PASRR Level I process is depicted in <b>Figure 1</b> below and samples of positive Level I and Level II screenings can be found in <b>Appendix 11</b>.</p>

Family, Provider or Representative refers individual for long-term care supports by completing forms HHS-OBRA1



Providers submits a PASRR Level I screening to KEPRO via the Atrezzo Assessment portal



Atrezzo Portal will utilize its algorithm to determine whether the screening is positive or negative and if further evaluation is needed

**+ Positive**

**- Negative**

**? Questionable**



**Stop**

Web-Approved Determination provided by the system



KEPRO's Clinical Reviewer will review the submitted documents and request additional documentation (if needed)



Clinical Reviewer Approves the Level I screening if negative screen or exemption found



Referred to PASRR Level II for evaluation of specialized services

**Figure 1: PASRR Level I Process**

*Our staffing approach includes highly qualified and licensed personnel available to complete Level I reviews for individuals flagged as possibly having mental illness (MI), intellectual disability (ID), or related condition (RC).*



## ATREZZO ASSESSMENT PORTAL [VI.C.4.A]:

The **Atrezzo Assessment Portal** is an electronic web-based platform that is available to providers and agencies twenty-four (24) hours per day, three hundred and sixty-five (365) days a year. The platform went through a complete redesign in 2018 to offer our partners the most state of the art PASRR platform on the market today. The new electronic system was developed in collaboration with KEPRO subject matter experts (SMEs), state user groups and KEPRO Information Technology (IT) staff. Atrezzo is compliant with all federal regulations and offers exciting enhancements that benefit state staff, providers, and KEPRO staff. A few of those examples are listed below in **Table 1**.

*Table 1: Features of KEPRO's Atrezzo Assessment Portal*

Key Features	Atrezzo Assessment Portal
<b>Provider Portal Access / Login</b>	Providers have instant access to the electronic portal across all browsers.
<b>Member File Import</b>	Direct file upload from the state's member eligibility files directly into Atrezzo or create member functionality if desired.
<b>Customizable Assessments</b>	Enables users/staff to create customizable assessments/questions by utilizing over a dozen form fields (dropdowns, single selections, yes/no, text, radio buttons, etc.).
<b>Rules Engine with Rule Validation</b>	Advanced rules engine enhances our quality of work through algorithms that auto approve assessments, block unwarranted submissions, route assessments into particular queues, add warnings or error messages, prompt tasks for staff to complete, alert for future actions that are required (i.e. hospital exemptions) score assessments, etc.
<b>Assessment Queue Drag and Drop</b>	Easy filtering, sorting and customization of searchable fields through a drag and drop option.
<b>Real-time Reporting</b>	Real-time reporting and report customization. Dashboards available for state staff and providers.
<b>Automated Notification / Letters</b>	Automatically prepopulates letters and notices with a few clicks.
<b>Messaging and Communication</b>	Seamless communication between providers or internal staff members.
<b>Direct Fax</b>	Receive or send faxes directly through the interface.

### TECHNICAL ASSISTANCE [VI.C.4.B]:

The Atrezzo PASRR Provider Portal will be accompanied by a highly trained technical support staff dedicated to Nebraska to answer any questions via phone, email, or directly within the system. Staff members will be available at all times between the hours of 8:00am CST and 5:00pm CST to respond to community agency inquiries, provide walkthroughs and/or support any other PASRR related questions. Afterhour voice messages are consistently monitored for emergencies. Additionally, KEPRO will provide comprehensive training videos and guides on our Nebraska PASRR dedicated website.

KEPRO handles 2 million customer service calls per year across our 18 current Medicaid contracts in 14 states. **Table 2** provides a snapshot of metrics for five of our call centers. We provide additional information on our FL PASRR Call Center performance in **Figure 2**.

*Table 2: Historical KEPRO Call Center Statistics*

Call Center	% Abandoned Calls	% Answered w/in 30 Seconds	ASA
Virginia DMAS	0.79%	95.13%	0:00:08
South Carolina	0.56%	93.72%	0:00:08
West Virginia	4.01%	95.89%	0:00:24
UMWA, The Funds	1.12%	92.04%	0:00:17
Maine	2.43%	98.61%	0:00:10
<b>Top 5 Totals</b>	<b>2.13%</b>	<b>95.18%</b>	<b>0:00:16</b>

# Atrezzo Dashboards

## 2019 Call Center Metrics:

- **100% Contract Compliance!**
- **5,147** General Emails
- **14,296** General Calls
  - **98.3%** Answered within 30 Seconds
  - **16 Seconds** - Average Speed of Answer
  - **100%** - Afterhours Calls Return Rate
  - **16 Seconds** - Average Hold Time
  - **0.55%** Call Abandonment Rate

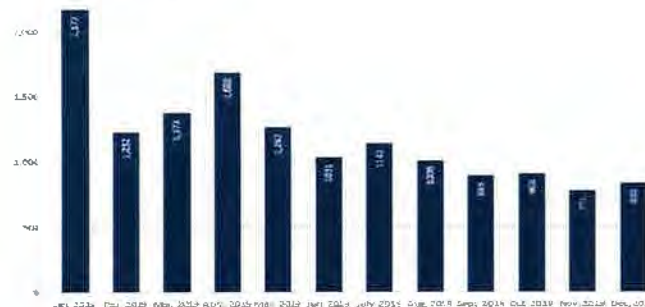


Figure 2: FL 2019 Call Center Metrics

*KEPRO's experience and success with Call Center performance and operational monitoring will bring best practices and exceptional service for Nebraska.*

### NOTIFICATIONS AND ELECTRONIC DETERMINATIONS [VI.C.4.C, 4.D, 4.I, 4.J, 4.K]:

The PASRR Provider Portal will be configured to provide all of Nebraska's notifications and electronic determinations. Negative Level I screenings will be instantaneous for the provider. Our system will flag any positive or possibly positive screenings and these outcomes will be instantly displayed to the provider. Outreach will begin immediately for the Level I Clinical Review and/or initiating the Level II evaluation process. All positive Level I screenings will receive a Level I determination notice via U.S. mail to all applicable parties and is also made available via the web portal.



#### CLINICAL REVIEW PROCESS [VI.C.4.E, F]:

All PASRR Level I screenings that the system is not able to render an instant, negative Level I decision on will be pended for clinical review. The Level I Assessor (RN or Licensed Clinician) will be required to review the screening materials to determine if further information and/or a Level II evaluation is required. The Clinical Assessor can choose to pend (hold) the case for more information and send a notification electronically and contact the referent by phone. Within six (6) business hours, the Clinical Assessor will determine whether the client is likely (1) negative for MI, ID, and RC, (2) positive for MI, ID, and/or RC and the review can be completed with a categorical determination, or (3) positive and requires a PASRR Level II evaluation and determination.

A categorical determination and/or exemption are scenarios in which negates the contractor from conducting a face-to-face Level II assessment at the time of the Level I screening. The Level I Assessor will determine when to complete a categorical report based on the following outcomes. Per 471 NAC 12-004.07, types of categoricals and exemptions are:

- **Categorical Emergency Seven Day** - The individual is being admitted pending further assessment in an emergency situation requiring protective services for a period not to exceed seven calendar days.
- **Categorical Respite 30 Day** - The individual is being admitted to provide respite care for a period not to exceed 30 calendar days for in-home caregivers to whom the individual is expected to return.
- **Categorical Progressed Dementia with ID/RC:** The individual has intellectual disability or a related condition along with a co-occurring diagnosis of progressed dementia, Alzheimer's disease or related disorder.
- **Categorical Serious Medical** - The individual's medical condition renders him/her unable to benefit from a plan of specialized services and clearly meets criteria for NF care. Applicable conditions include: Coma, Ventilator Dependence, Brain Stem Injury, End-Stage Medical Condition.
- **Exempted Hospital Discharge** - Federal regulations also offer an exemption from the Level II PASP process for individuals with mental illness and/or intellectual disability/related conditions who meet Exempted Hospital Discharge criteria.

#### COMMUNICATING NEED FOR PASRR LEVEL II [VI.C.4.G]:

If the Clinical Assessor confirms or determines a Level II evaluation and determination is required, a notification will be provided to the referent along with the positive Level I screening. All Level I determinations will be documented within six (6) business hours from the date/time of receipt. The PASRR Level I Assessor will contact the referent or representative to request an in-person face-to-face assessment, request required documents be uploaded into the Atrezzo PASRR Provider Portal and gather three possible dates and times to conduct the interview within the next three (3) business days. The PASRR Level I Assessor will document the three dates/times into the Atrezzo Assessment portal and assign the case to the closest Assessor within proximity to the client's location.

#### TIMEFRAMES AND TURNAROUND [VI.C.4.H]:

KEPRO will ensure all negative PASRR Level I screenings are instantaneous and that Level I's requiring clinical review are completed within six (6) business hours with a final determination electronically provided to the referral source. In fact, KEPRO continuously meets these requirements in all of our PASRR contracts.

As an example, our Florida PASRR program completed 275,108 PASRR Level I screenings in 2019. **100% of all screenings were completed on time and within contract compliance metrics.** Approximately 2% of the PASRR Level I screenings were positive, for either Serious Mental Illness, Intellectual Disability and/or /Related Condition as shown in **Figure 3** below:

- 3105 Serious Mental Illness
- 471 Intellectual Disability/Related Condition
- 555 Serious Mental Illness and Intellectual Disability/Related Condition



**Figure 3: KEPRO's 2019 PASRR Level I Screenings for the State of Florida**

*100% of all screenings were completed on time and within contract compliance metrics (system became mandatory statewide 4/1/2019).*

**Meet all requirements in Section VI.C.5., Level I Categorical Determinations and Exemptions, in the Scope of Work. Describe how the solution will meet these requirements.**

Response:

### **CATEGORICAL DETERMINATIONS AND EXEMPTIONS:**

A categorical determination is made when certain situations, diagnoses or levels of severity are clearly indicated with supporting clinical documentation during admission to a nursing facility. Our PASRR Level I Assessors are trained to identify a federal exemption or categorical determination as part of their Level I screening process. Once identified, an exemption allows the individual to be admitted to a nursing facility without requiring a Level II evaluation for 30 days or less. A categorical review delays the Level II evaluation for a certain time frame or indefinitely based on the type as defined below.

Per 471 NAC 12-004.07, types of categoricals and exemptions are:

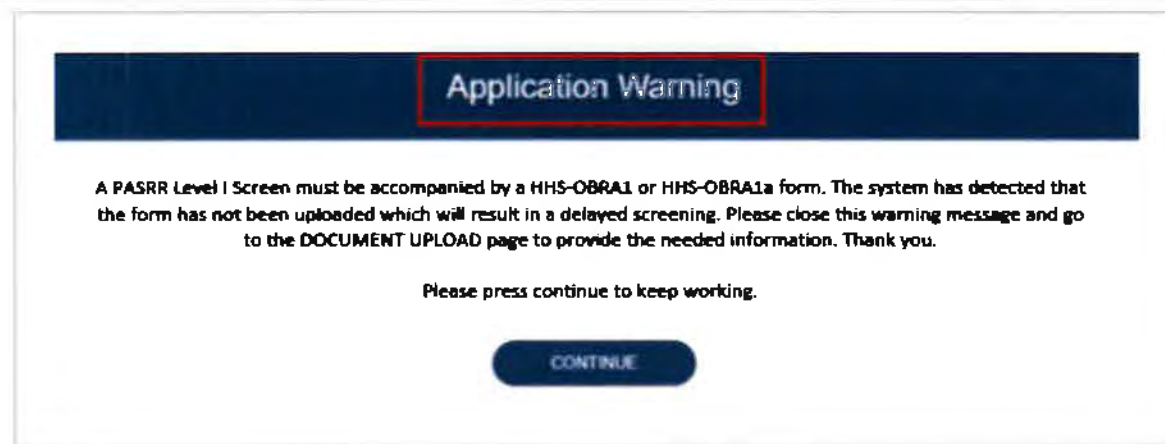
- **Categorical Emergency Seven Day** - The individual is being admitted pending further assessment in an emergency situation requiring protective services for a period not to exceed seven calendar days.
- **Categorical Respite 30 Day** - The individual is being admitted to provide respite care for a period not to exceed 30 calendar days for in-home caregivers to whom the individual is expected to return.
- **Categorical Progressed Dementia with ID/RC**: The individual has intellectual disability or a related condition along with a co-occurring diagnosis of progressed dementia, Alzheimer's disease or related disorder.
- **Categorical Serious Medical** - The individual's medical condition renders him/her unable to benefit from a plan of specialized services and clearly meets criteria for NF care. Applicable conditions include: Coma, Ventilator Dependence, Brain Stem Injury, End-Stage Medical Condition.
- **Exempted Hospital Discharge** - Federal regulations also offer an exemption from the Level II PASP process for individuals with mental illness and/or intellectual disability/related conditions who meet Exempted Hospital Discharge criteria found in 42 CFR 483 and 493.128

#### **Triaging Categoricals and Exemptions for Clinical Review**

KEPRO's Atrezzo PASRR Provider Portal will apply its advanced rules engine algorithm to verify that the client has an indication of mental illness, intellectual disability or other related condition. Depending on how the referral source answers particular questions, the system will cascade supplemental questions to provide further clarification. If the system's algorithm triggers the need for a clinical review (based on the respondent's answers) Atrezzo will triage the case into a clinical review queue for further evaluation. Depending on the outcome, the system can require the referent to upload any required document, such as the HHS-OBRA1, HHS-OBRA1a or any other supporting documentation. If the system does not detect that certain forms have been uploaded it will provide a warning message directing the referral source to upload the materials on the document upload page per the example in **Figure 4**.

GEN-2





**Figure 4: Sample Atrezzo System Warning**

*The system is designed to ensure proper forms are uploaded and prevents the occurrence of incomplete records.*

#### **NOTIFICATION LETTER REQUIREMENTS [VI.C.5.A]:**

Once the Clinical Assessor has reviewed all supporting documentation and determines the screening meets the criteria of a categorical determination or exemption, they will provide an electronic determination and notification via the Atrezzo PASRR Provider Portal. The determination letter will meet all federal and state regulations for required content. The determination and notification letter (HHS-OBRA5) will automatically generate from the Atrezzo Assessment Portal and be faxed to the referral source. This notification letter is also available on the portal and can be accessed at any time and KEPRO staff will print and mail to the individual and any legal representatives. The notifications include the HHS-OBRA5 "Notification of PASP Findings" letter, form HHS-OBRA1 and/or form OBRA1a. Notification and determination letters will contain the Clinical Assessor's name and signature, the date of the determination, the basis for the determination, and any further PASP requirements and recommendations to the nursing facility.

All required fields in the notification per Attachment C:

- Individual's Name
- Recipient's Address
- County
- State ID
- ID Number
- Identifier
- Date of Determination
- Number of Approved Days

	<ul style="list-style-type: none"> <li>• Expiration Date</li> <li>• Mailing Date</li> <li>• PASRR Demographics</li> <li>• Mental Illness (MI)</li> <li>• Symptoms</li> <li>• History of Psychiatric Treatment/Dementia</li> <li>• Psychotropic Medications</li> <li>• "Intellectual Disability (ID)</li> <li>• Developmental Disability (DD)"</li> <li>• Legal Guardian</li> <li>• Primary Physician</li> <li>• Current Location</li> <li>• Nursing Facility Admission Information</li> <li>• Level I Attestation and Signature</li> <li>• Additional Comments</li> <li>• Exemptions and Categorical Decisions</li> <li>• Notice of Negative Level I Screen Outcome, or Notice of Level I Categorical Determination</li> <li>• Outcome</li> </ul>
GEN-3	<p><b><i>Meet all requirements in Section VI.C.6., PASRR Status Change in the Scope of Work. Describe how the solution will meet these requirements.</i></b></p> <p>Response:</p> <p><b>CHANGE IN STATUS [VI.C.6]:</b></p> <p>Per Federal Standards 1919(b)(3)(A) of the Social Security Act, a nursing facility had a prior requirement to have a resident review performed annually on all nursing facility residents. This was updated and the annual Resident Review requirement was eliminated in 1997 as part of the Balanced Budget Act.</p> <p>Today, a Resident Review is required when there is a significant change in condition of a resident who has, or is suspected of having, a mental illness, intellectual disability or related condition. In the event that a resident experiences a "significant change" in the status of their physical or mental conditions with a confirmed MI/ID/RC diagnosis, a Level II evaluation and determination is required. Per 471 NAC 12-007.06D, the nursing facility will submit a Status Change/Resident Review evaluation (sample included in <b>Appendix 12</b>) request via the KEPRO Atrezzo PASRR Provider Portal when one of following criteria is met.</p> <ul style="list-style-type: none"> <li>• The individual has been evaluated through the PASP process and meets one of the criteria below; <ul style="list-style-type: none"> <li>○ Has demonstrated an increase in symptoms and/or behaviors to the extent that there is a change in mental health and/or intellectual disability treatment needs.</li> <li>○ Has demonstrated a significant physical status improvement such that s/he is more likely to respond to special treatment for that condition or s/he might be considered appropriate for a less restrictive placement alternative.</li> <li>○ Has required inpatient psychiatric treatment. A Level II status change is required prior to the individual's readmission to the facility.</li> <li>○ Has been approved for NF stay for a short-term period and the individual's stay is expected to exceed the approved time frame.</li> <li>○ Has expressed interest in leaving the facility.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Has a "significant" change in their condition or treatment.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• The individual has never been evaluated through the PASP process but; <ul style="list-style-type: none"> <li>○ Has been determined to exhibit signs, symptoms, and/or behaviors suggesting the presence of a diagnosis of MI and/or ID/RC</li> <li>○ Has been transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.</li> </ul> </li> </ul> <p><b><u>Solution [471 NAC, 12-007.06D]:</u></b>  Nursing Facility providers will submit a status change in the Atrezzo PASRR Provider Portal if the client has a significant change as described above. If the individual with MI, ID and/or RC qualified for a categorical determination or a convalescent exemption involving a time limited admission, nursing facilities are expected to contact KEPRO if the stay is expected to exceed that time frame and no later than the conclusion of the approved time frame to arrange an on-site Level II evaluation. Atrezzo also monitors all categorical and exemptions to ensure that timeframes are honored, and nursing homes remain in compliance with PASRR. Once received, all requests for Level II evaluations and determinations will be completed within 3 business days.</p>
GEN-4	<p><b><i>Meet all requirements in Section VI.C.7., Level II Evaluations in the Scope of Work. Describe how the solution will meet these requirements.</i></b></p>



Response:

### LEVEL II EVALUATIONS OVERVIEW [VI.C.7]:

Per 42 CFR § 483.134, §483.130, Level II evaluations occur when a Level I preadmission screen review indicates a possible diagnosis of MI/ID/RC. State and federal regulations also require a Level II evaluation for a resident with newly identified, possible MI/ID/RC diagnoses or those who have experienced a significant change in condition.

A Level II evaluation provides a comprehensive assessment of individuals with possible MI/ID/RC as the basis to determine the individual's need for NF level of care and specialized services. The Level II evaluation results in a determination report that documents the basis for confirming a diagnosis of MI/ID/RC and provides recommendations for the individual's service needs. KEPRO will document the Level II evaluation in our PASRR system as well as the recommended care plan. Treatment recommendations are included in the determination summaries. Nursing facilities will have online access to these determinations to facilitate delivery of services as recommended. Nursing facilities will have access to these care plans for reference purposes, to facilitate delivery of services as recommended. DHHS staff will also have secure, read-only access to this system to review individual records and system level reports. KEPRO continually monitors and tracks Specialized Services delivery within nursing homes in Atrezzo. A graphical overview of the process is depicted in Figure 5.

### REQUESTING SUPPORTING DOCUMENTATION [VI.C.7.A]:

When a Level II evaluation and determination is required, the system will notify the Level I Assessor of this outcome along with specific instructions and a list of required documentation. During implementation, we will provide information about this process to Nebraska facilities as well as a list of standard documents that represent a minimum information request. This information will also be available on our website for ease of access by facilities and others. When needed, the KEPRO Assessor will contact the referring facility to address any questions about the case. All contacts are documented in the Atrezzo case. When we receive information, Atrezzo automatically time and date stamps exactly when we received it, whether via fax or upload directly to the system. If additional information is needed, we will notify the provider via a pend letter, system message, fax, and phone call. While the facility compiles and submits requested information, we will identify the field-based staff to conduct the Level II evaluation and schedule the interview. This process will be coordinated with the Level II Assessor in the field, who will complete the Level II evaluation and determination within three (3) business days of the Level II referral. Examples of required documentation that can be added to Atrezzo include:

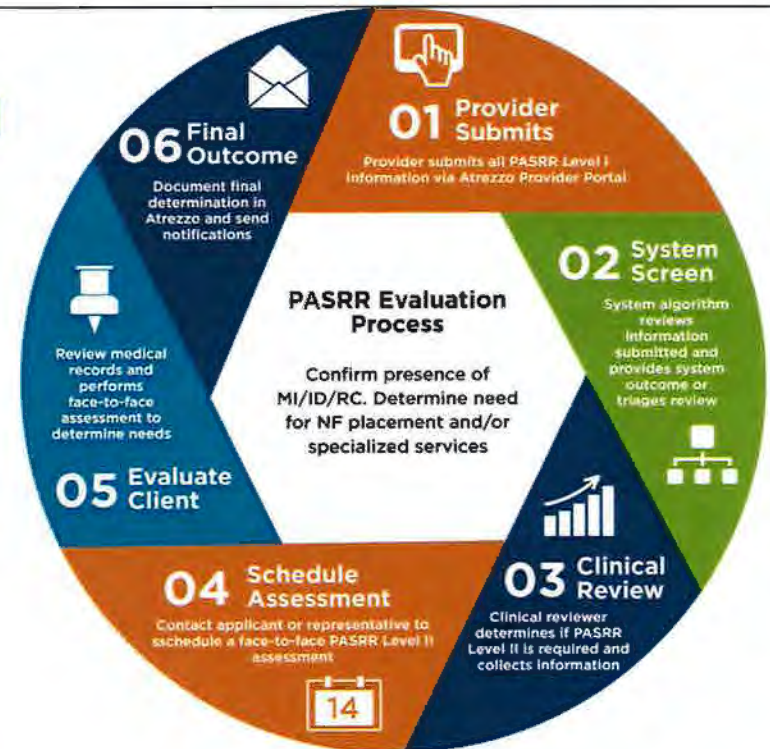


Figure 5: PASRR Evaluation Process

1. Form HHS-QBRA8 (see 471-000-230) (signed Release of Information);
2. A Social History which contains current psychological information specified in the Guidelines for Social History found in 471-000-234. The Social History must be completed or countersigned by a social worker certified by the Department of Health and Human Services Regulation and Licensure;
3. One of the following:
  - a. Form DM-5-LTC, "Long Term Care Evaluation" (see 471-000-222);
  - b. Form "MDS2.0" (see 471-000-43);
  - c. Form MC-75Q, "MDS2.0 Quarterly" (see 471-000-44); or
  - d. Form MC9NF, "Prior Authorization for Nursing Facility Care" (see 471-000- 203);
4. History and Physical examination or a copy of Form DM-5 "Physician's Confidential Report" (see 471-000-221); and
5. Guardianship certification, if applicable.

#### **ASSIGNING THE EVALUATOR [VI.C.7.C]:**

When a Level II face to face evaluation is required, the case moves into a Level II review queue for assignment. KEPRO Schedulers enter the queue and assign based on the appropriate coverage area and region (Regions 1 through 7) for a Level II Assessor to be assigned. Regions are staffed based on population and service need. Once the Level II referral has been assigned and then accepted, the case will automatically be listed under the Level II Assessor's name. All staff are able to easily monitor due dates and current turnaround times once logged into the system. This provides multiple levels of control on timeliness. If the Level II Assessor is unable to accept the referral or has to cancel for some reason, the assessment will be triaged to a back-up Assessor in the area. It is the responsibility of the Scheduler to ensure that the case has been "accepted" by an Assessor within 1 business day. For hard to reach areas (or lack of availability), the assessment will be escalated to the PASRR Manager and then Clinical Director to find coverage or complete the assessment. Cases are completed in the order they are received with precedence given to preadmission (hospital) Level II face to face evaluations and requests to expedite.

**Figure 6** depicts KEPRO's Assessor staffing model by region.

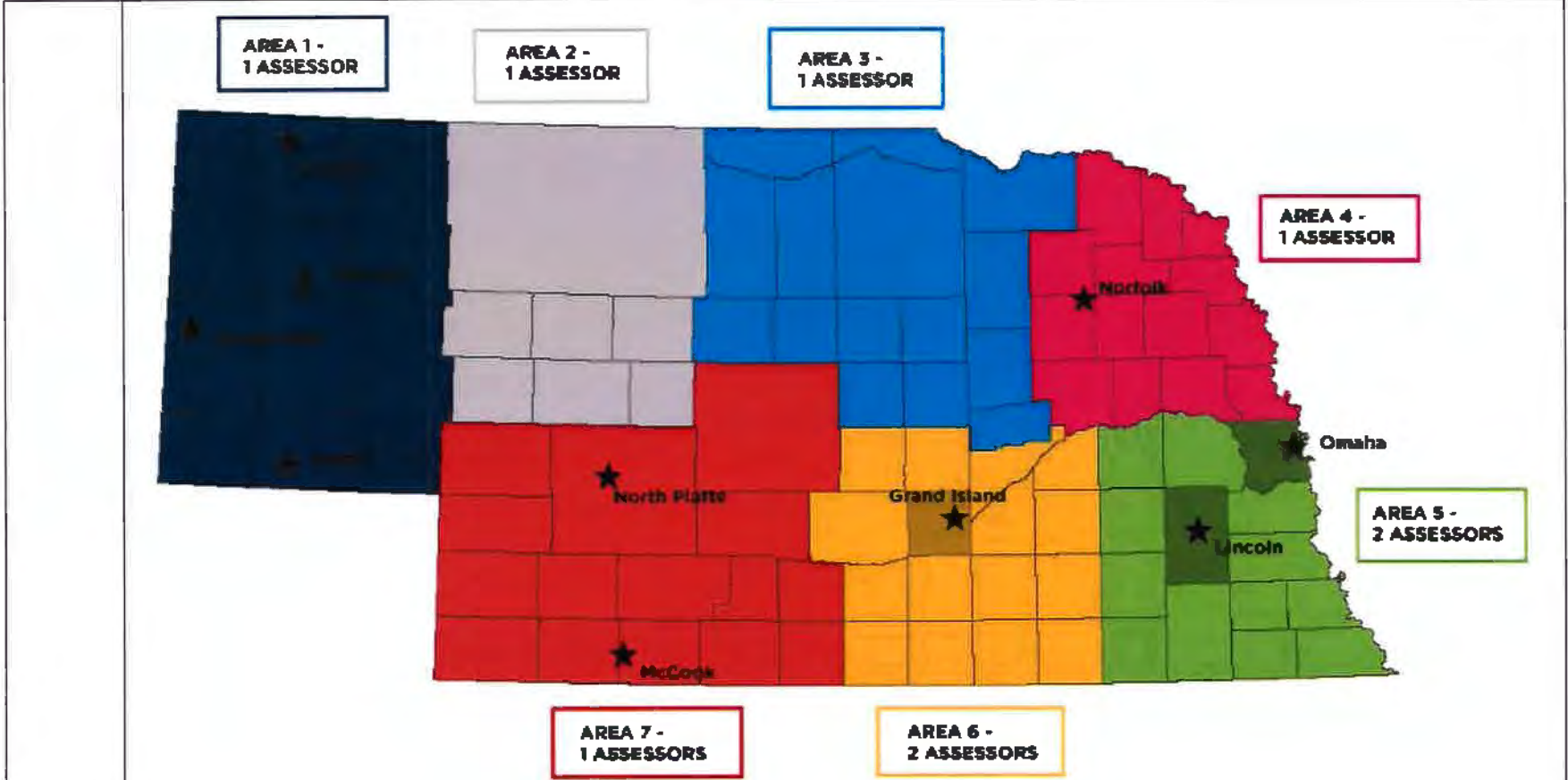


Figure 6: KEPRO's Assessor Coverage in Nebraska

KEPRO will have Level II Assessors who are licensed clinicians, throughout the state of Nebraska to assure adequate coverage, especially in rural areas.



### **SCHEDULING THE FACE TO FACE ASSESSMENT [VI.C.7.B]:**

The Level II Assessor will be responsible for rescheduling their own assessments when needed to ensure the least possible amount of disruption to the hospital, nursing facility, and residents. Assessors will be flexible in balancing timeliness of the assessment with the referral sources and other participant's schedules. Assessors are expected to make every effort to conduct face-to-face interviews within normal business hours and be 5-10 minutes early for their appointments. The Assessor will adhere to all confidentiality laws and utilize releases to safeguard those protections.

### **CONDUCTING THE INTERVIEW [VI.C.7.D]:**

An independent professional conducts PASRR Level II evaluations, including Licensed Mental Health Practitioners (LMHP) or Registered Nurses with psychiatric experience for MI evaluations and Qualified Intellectual Disability Professionals (QIDP) who are licensed clinicians or licensed psychologists for ID/RC. These individuals must be licensed in the State of Nebraska and without connections to any nursing facility. Additionally, Assessors cannot be associated with the State mental health authority. The Level II Assessor will determine the presence of MI/ID/RC and make recommendations for specialized services if needed consistently with definitions in Title 471, Nebraska Administrative Code, and Chapter 12. KEPRO will employ and contract with professionals licensed in Nebraska and located regionally to expedite performance of Level II evaluations, reduce avoidable travel, and provide technical assistance to facilities.

The screening will include review of the provided documentation, client interview, and client observation to identify the following areas:

- Activities of Daily Living (ADL) (bathing, dressing, grooming, eating, mobility, toileting, and transferring)
- Risk Factors (behavior, frailty, safety)
- Medical Treatment or Observation
- Cognition (memory, orientation, communication, judgement)

The KEPRO Level II Assessor will explain the process to the individual, family, or representative, as well as provide an interpretation of the results that explains the findings and care plan recommendations. If applicable, the Assessor will provide options counseling for community diversion. Additionally, families and individual representatives may call the KEPRO PASRR Center for further questions and information at any time before, during, or after the Level II evaluation.

### **DOCUMENT BASED REVIEWS FOR OUT-OF-STATE RESIDENTS [VI.C.7.E]:**

Out-of-state residents seeking to move to a Nebraska nursing facility (NF) will be evaluated through a Document Based Review. All required documentation as listed above will be received through fax and manually uploaded to the case by KEPRO staff on behalf of the out-of-state facility. If the nursing facility has information on the person seeking services prior to admission, the nursing facility may fax or upload all documents into the Atrazzo Portal. The PASRR Level II Assessor will conduct a chart review on the individual to determine eligibility for Nursing Facility.

### **SUMMARIES AND FINDINGS [VI.C.7.F]:**

A Board-certified psychiatrist will review Level II evaluations/recommendations for ID/RC and will review and counter-sign the review for MI. As we discuss in our staffing section, KEPRO proposes lead consultants with significant expertise in their required disciplines, which will ensure that the

determinations and evaluative summary reports comply with regulations and are further person-centered, evidence-based, and appropriate. These reports will be documented in KEPRO's system, and typed copies will be provided with each determination. The system provides an electronic signature of the licensed professional who completed the report and KEPRO will send this report with the notification letters.

#### **Level II Evaluations for MI**

KEPRO will complete the Level II process in accordance with Nebraska Administrative Code and 42 CFR §483, including the following RFP specifications:

- i. In Nebraska, an individual is considered to have a mental illness and require a PASRR Level II evaluation if s/he meets all of the following three qualifiers (Title 471, Nebraska Administrative Code, Chapter 12):
  - a) Diagnosis Qualifier
  - b) Disability/Level of Impairment Qualifier
  - c) Duration/Recent Treatment Qualifier
- ii. Mental Health Evaluation Requirements (42 C.F.R. § 483.134): The evaluation must include all information required to make a determination of need for specialized services, as defined by the state, and appropriateness of NF placement. Minimum data collected includes information sufficient to assess:
  - a) A comprehensive history and recent physical examination of the person including:
    - 1.) Complete medical history
    - 2.) Review of all body systems
    - 3.) Neurological evaluation, including motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes
    - 4.) Other specialty evaluations as required
  - b) A comprehensive drug history, including current or recent use of medications that could mask symptoms or mimic mental illness
  - c) A comprehensive psychosocial evaluation, that includes current living arrangements, and medical and support systems
  - d) A comprehensive psychiatric evaluation, including:
    - 1.) A functional appraisal of activities of daily living (ADLs), assessing:
      - a. Self-monitoring of health status
      - b. Self-administering and scheduling of medical treatment including medication
      - c. Self-monitoring of nutritional status
      - d. Ability to handle money
      - e. Ability to groom and dress appropriately
  - e) An assessment of the level of support for ADLs that would be needed in an alternative community setting (to be recorded no matter what placement is actually recommended) and whether the level of support needed is such that NF placement is necessary
  - f) The supporting evidence for all conclusions.

#### **Evaluations for ID/RC**

KEPRO will complete Level II determinations for individuals who may have an Intellectual Disability or related condition in compliance with Nebraska Administrative Code and 42 CFR §483, including the following RFP specifications:

- i. In Nebraska, an individual is considered to have an intellectual disability or a related condition and requires a Level II evaluation if the individual meets any of the following criteria (Title 471, Nebraska Administrative Code, Chapter 12):
  - a) Suspicion or diagnosis of ID: An individual is considered to have ID if s/he has a level of intellectual disability (mild, moderate, severe, profound) as described in the American Association on Mental Retardation's Manual or Classification in Mental Retardation (1983). Mental Retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period; and/or
  - b) Suspicion or presence of an RC: Related condition is defined as a severe, chronic disability whose condition is:

	<ul style="list-style-type: none"> <li>1.) Attributable to cerebral palsy or epilepsy; or any other condition, other than MI, found to be closely related to ID because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with ID and requires treatment or services similar to those required for such persons (i.e., autism);</li> <li>2.) Manifested before the person reached age 22;</li> <li>3.) Likely to continue indefinitely;</li> <li>4.) Results in substantial functional limitations in three or more of the following areas of major life activity: <ul style="list-style-type: none"> <li>a. Self-care;</li> <li>b. Understanding and use of language;</li> <li>c. Learning;</li> <li>d. Mobility;</li> <li>e. Self-direction;</li> <li>f. Capacity for independent living.</li> </ul> </li> </ul> <p>c) In the absence of a known diagnosis of ID or a condition RC, a suspicion (e.g., cognitive or adaptive limitations) or history of treatment by an agency serving individuals with such conditions must trigger the housing/receiving facility to contact the DHHS and Contractor for a determination of need for Level II evaluation under the PASRR program.</p> <p>ii. ID Evaluation Requirements: The evaluation must include all information required to make a determination of need for specialized services, as defined by the state, and appropriateness of NF placement. Minimum data collected includes the individual's comprehensive history and physical examination or other information sufficient to assess:</p> <ul style="list-style-type: none"> <li>a) The individual's medical problems and their level of impact on the individual's independent functioning</li> <li>b) All current medications used by the individual and the current response of the individual to any prescribed: <ul style="list-style-type: none"> <li>1.) Hypnotics</li> <li>2.) Anti-psychotics (neuroleptics)</li> <li>3.) Mood stabilizers and anti-depressants</li> <li>4.) Anti-anxiety sedative agents</li> <li>5.) Anti-Parkinson agents</li> </ul> </li> <li>c) Self-monitoring of nutritional status</li> <li>d) Self-help development such as toileting, dressing, grooming, and eating</li> <li>e) Self-monitoring of health status</li> <li>f) Self-administering and scheduling of medical treatments</li> <li>g) Sensorimotor development, and the extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the person's functional capacity</li> <li>h) Speech and language (communication) development</li> <li>i) Social development, such as interpersonal skills, recreation-leisure skills, and relationships with others</li> <li>j) Academic/educational development, including functional learning skills</li> <li>k) Independent living development, such as meal preparation, budgeting, survival skills, mobility skills, laundry, housekeeping, shopping, and bed-making</li> <li>l) Vocational development</li> <li>m) Affective development, such as interests, making judgments, expressing emotions, and making independent decisions</li> <li>n) The presence of identifiable, maladaptive or inappropriate behaviors</li> </ul> <p>iii. Some existing available assessments may be used for the Level II provided:</p> <ul style="list-style-type: none"> <li>a) The assessments have been completed within the past year (twelve months) and are considered still valid, accurate and reflective of the individual's current functional status (or have been updated to be so); and</li> </ul>
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b) The assessments have been completed by entities independent of NFs.

**NOTIFICATION OF OUTCOME [VI.C.7.G, H, I]:**

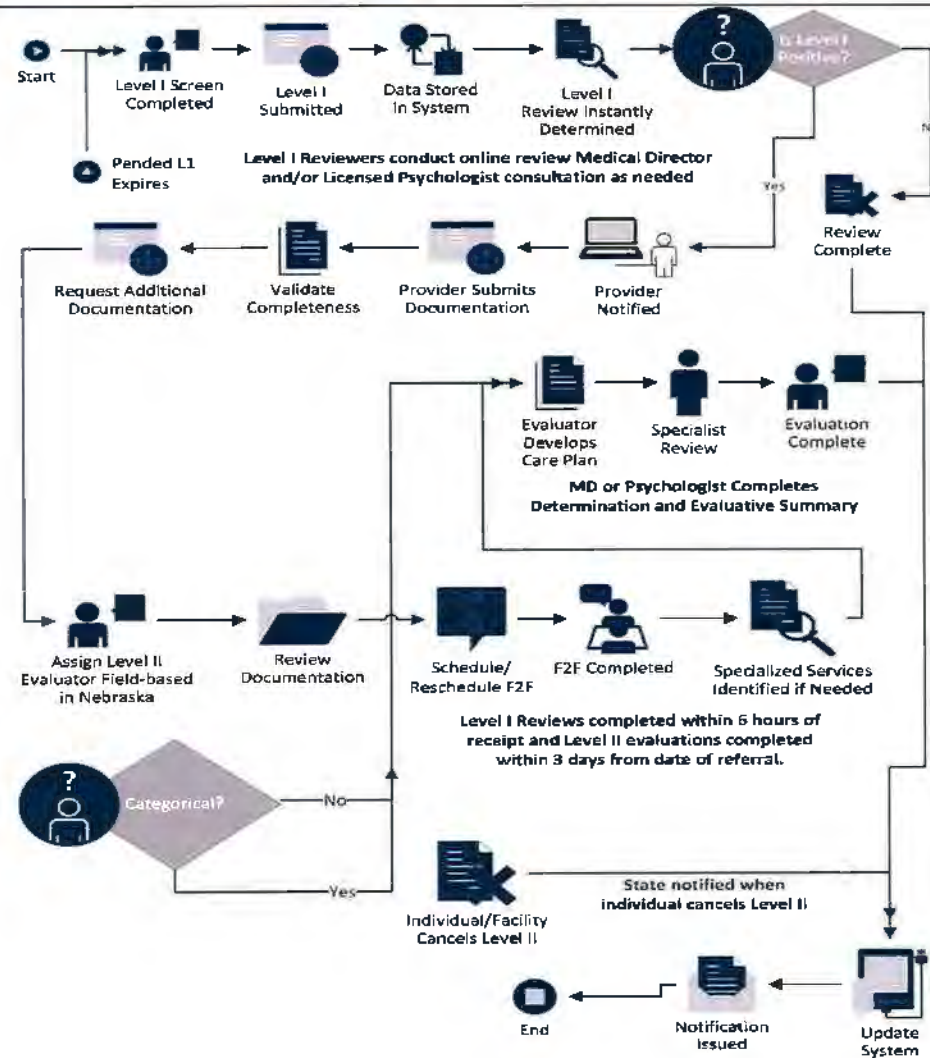
KEPRO will be responsible for all notifications and will provide electronic copies to facilities for inclusion in the resident's medical record and to hospitals and NFs as required by DHHS DBH and current federal regulations. Additionally, we will mail notifications to individuals/residents in hardcopy format, including copies for legal representatives and guardians.

**Timeframes:**

KEPRO will complete the Level II process within three (3) business days as specified in the amended RFP. KEPRO's content and documentation of Level II evaluations meets federal rules and regulations in 42 CFR §483.132 and §483.134 and we update the format to comply with regulatory changes at no additional cost. The DHHS DBH will also review and approve the format and content prior to initiation of review activities.

**PASRR Process Flowchart:**

**Figure 7** presents our proposed workflow for Level I screens and Level II evaluations, from the initial submission of the Level I screen through notification of the Level II determinations.



**Figure 7: Workflow for Level I Screens and Level II Evaluations**

*This integrated workflow illustrates the advantages of KEPRO's information system, which provides management information to monitor and control the process to a timely conclusion. This system will also provide automatic notifications on negative Level I screens to the facility to promote efficient access to NF level of care.*

Figure 8 displays the workflow for the Level I screen process flow. The facility will be able to complete the Level I screening in Atrezzo. The nursing facility will then be able to access the individual's record and document the discharge date. If discharge does not occur and/or the timeframe expires, the system will automatically notify the facility to conduct a Level II evaluation and notify KEPRO concerning the Level II requirement. KEPRO will then follow up with the facility to ensure performance of a Level II evaluation.

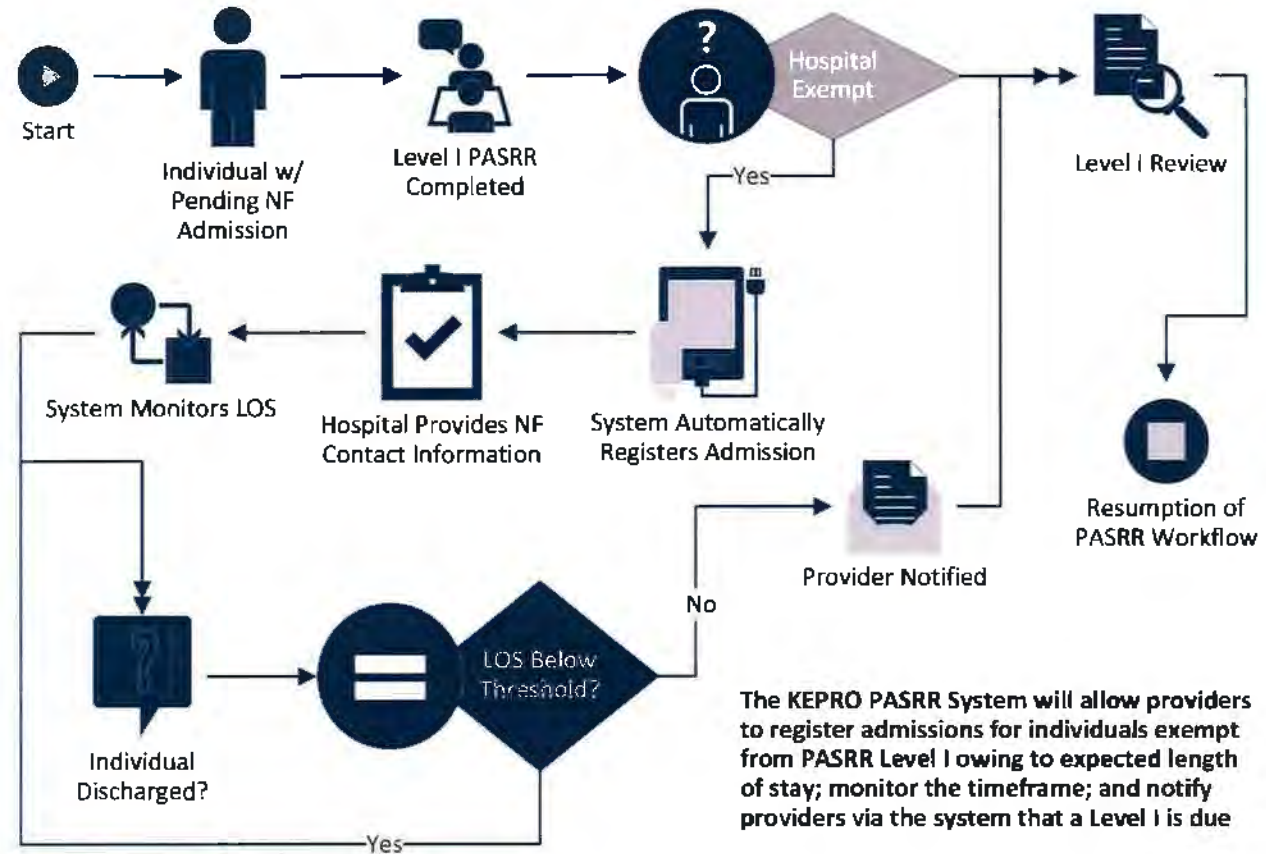


Figure 8: Workflow for Level I Screens

This efficient process will improve compliance with requirements for Level I screens after expiration of an exemption and ensure individuals receive appropriate services in the most appropriate setting.



GEN-5	<p><b>Meet all requirements in Section VI.C.8., Halting Level II Evaluations, in the Scope of Work. Describe how the solution will meet these requirements.</b></p> <p>Response:</p> <p><b>HALTING LEVEL II EVALUATIONS OVERVIEW [VI.C.8]:</b></p> <p>If at any time during the Level II evaluation it is found that the individual does not meet criteria for mental illness (471 NAC 12-004.05A) and/or intellectual disability or a related condition (471 NAC 12-004.05B), the Level II evaluation shall be stopped and admission to the nursing facility can proceed according to standard procedures for admission or the individual may remain in the nursing home without further need for assessment by the PASRR program. KEPRO will issue an abbreviated evaluative report and notifications will occur as required for the Level II evaluation and determination process.</p>
GEN-6	<p><b>Meet all requirements in Section VI.C.9., Level II Final Determinations in the Scope of Work. Describe how the solution will meet these requirements.</b></p> <p>Response:</p> <p><b>FINAL DETERMINATION [VI.C.9.A, 9.B]</b></p> <p><u>Level of Care Criteria</u>  The KEPRO Level II process will include the determination of whether the individual meets criteria for Nursing Facility Level of Care and whether the individual needs specialized services. KEPRO will use criteria specified in federal regulation (42 CFR § 483.128, 42 CFR § 483.134, and 42 CFR § 483.136) and Nebraska Administrative Code (NAC 471 Chapter 12).</p> <p><u>Level II Determinations</u>  KEPRO will complete Level II determinations as described in this proposal and required by the RFP. These determinations are generated in Atrezzo and will provide a rationale for the determination and the information used in reaching it. The determination will be one of three possible decisions if MI/ID/RC are confirmed:</p> <ol style="list-style-type: none"> <li>1. Nursing Facility care is appropriate for the individual: <ul style="list-style-type: none"> <li>• This determination will include documentation of the eligible diagnosis and identify service needs. Typically, KEPRO provides a recommended care plan with the determination to assist facilities with developing and implementing the service plan. If the placement is appropriate for a short-term need, we will also make recommendations for non-institutional settings and services. These recommendations will be included in the notifications and submitted to DHHS.</li> </ul> </li> <li>2. Nursing Facility care is not appropriate for the individual: <ul style="list-style-type: none"> <li>• KEPRO will inform the individual and referral source if NF care is not appropriate and recommend alternative settings/non-institutional settings and services for the individual. We will distribute notification of this type of determination to the referral sources and individuals as well as notifying DHHS.</li> </ul> </li> <li>3. Specialized Services are appropriate for the individual: <ul style="list-style-type: none"> <li>• KEPRO's evaluation determination will include notification to the referral source and individual if specialized services are indicated, and we will include recommendations for non-institutional settings and services to meet the individual's needs. Notification to the referral source and individual will include an explanation of these findings, which we will also submit to DHHS. Specialized</li> </ul> </li> </ol>

	<p>Rehabilitative Services, or services of a lesser intensity than Specialized Services will also be considered for the individual, and if recommended, will be included in the summary report for the nursing facility to include in their nursing care plan for the individual.</p> <p>The Level II process will be completed within three (3) business days of the Level I referral. A sample Specialized Services Follow-up tracking tool is included in <b>Appendix 13</b>.</p>
GEN-7	<p><b><i>Meet all requirements in Section VI.C.10. Hearings or Appeals, and at the request of DHHS, will participate in hearings via telephone. Describe how the solution will meet this requirement.</i></b></p> <p>Response:</p> <p><b>COMPLAINT PROCESS [VI.C.10.A]:</b></p> <p>KEPRO provides a toll-free number and general program email address for questions, concerns, or complaints related to our PASRR programs. These modes of contact are continuously monitored throughout the business day. When inquiries are received, they are entered into the Atrezzo and tracked by category, name and affiliation, and reviewer. All complaints are responded to within one business day and we send a written response to any complaint received in writing. The results from the most recent Customer Satisfaction Survey of our Florida PASRR program further showed that over 90% of respondents felt that staff was helpful, knowledgeable, and provided them with complete and accurate information.</p> <p>Participants with a program concern can use our established complaint process to receive a timely resolution to any expression of dissatisfaction. The time between the receipt of the inquiry and the resolution/response is tracked and we provide a monthly report for each reviewer and a composite Contact Log report, which incorporates all staff members. To ensure satisfaction with our services, we analyze all stakeholder feedback to identify opportunities for improvement. We report on and conduct an analysis of complaint activity each quarter to identify areas of improvement. For Nebraska, we will continue this process of formal complaint investigation for any problems reported by DHHS DBH, Division of Medicaid and Long Term Care, the health care community, families or other entities.</p> <p><b>APPEAL HEARINGS AND REPRESENTATION [VI.C.10.B]:</b></p> <p>Administrative staff in the PASRR Center are responsible to enter the complaint or appeal into the system, which then notifies the Clinical Director so that appropriate staff can be assigned, and we can compile documentation with which to respond.</p> <p>KEPRO will participate in conference calls for appeal hearings or as requested by the DHHS DBH. If the appeal is for a denial of NF services, the licensed physician who completed the determination will participate. KEPRO will manage the documentation for complaint investigations and appeal hearings and provide the results to DHHS DBH in monthly reports.</p> <p>✓ <b>AN APPEALS MODULE IS AVAILABLE.</b> This module allows providers to submit appeals electronically. Incorporating appeals into provider's on-line resources will promote provider awareness of the appeal process, facilitate efficient clinical review of the appeal as an extension of the request process, and will enhance reporting capabilities for appeals.</p>

GEN-8	<p><b>Respond and notify DHHS to any violations of HIPAA. Describe this process. (See Attachment E for HIPAA requirements)</b></p> <p>Response:</p> <p><b>HIPAA VIOLATIONS AND SAFEGUARDS [ATTACHMENT E]:</b></p> <p>KEPRO has established policies and procedures in place for notifying of all reportable HIPAA violations. These policies are reviewed by the General Counsel and Chief Compliance Officer. The CCO also performs risk assessments, breach analysis, and reviews mitigation plans. Being a Business Associate, KEPRO follows the timeline for reporting set forth within the Business Associate Agreement.</p>
GEN-9	<p><b>Support all future federal and/or Nebraska PASRR program changes, including additional referral options for specialized add-on services, at no extra cost to the State. Describe this process.</b></p> <p>Response:</p> <p><b>SUPPORT PROGRAM CHANGES:</b></p> <p>KEPRO is a trusted and loyal partner for state and federal programs. We understand that program needs change and we are committed to adapting to the needs of our clients. We will be proactive in adjusting our business practices at no charge to the department. Our process designs are flexible and our Atrezzo system is agile and was built to readily adjust to the changing needs of our customers.</p>
GEN-10	<p><b>Describe PASRR staff position descriptions and personnel management as described in VI.A.2.a.; the positions and level of effort, tasks assigned, qualification and time allocation to the PASRR program. Provide organizational chart and resumes.</b></p> <p>Response:</p> <p><b>STAFFING REQUIREMENTS AND LEVEL OF EFFORT:</b></p> <p>Our proven PASRR model integrates a full-time, experienced and clinically credentialed management team with full and part time employees to perform face-to-face evaluations. In Florida, this model achieves a 99% inter-rater reliability with a turnaround time of less than three days, currently at less than two days. We are confident our staffing plan below meets the needs described in this proposal, demonstrates our readiness to assume responsibility for the important activities and outcomes of the project – standardized evaluations, accurate assessment of the need for Special Services, and detailed, person-centered plans of care.</p> <p>KEPRO is ready to implement this project with experienced staff in our Tallahassee, Florida PASRR office, and establishing an office for clinical staff in Lincoln, NE. This team will assume responsibility for the project on day one of the award.</p> <ul style="list-style-type: none"> <li>• Project Director and Senior PASRR Policy Specialist (Ellen Olsen, LCSW, MBA) with appropriate credentials in existing Tallahassee office, PASRR Subject Matter Expert, and experience with multiple contract startups.</li> <li>• PASRR Medical Director and Project Support Specialist (Stephen Quintero, MD) in Tallahassee will provide consultation and supervision to our physician advisor network including Vanessa Katon, MD and Maine's Adult Psychiatrist Edward Pontius, MD.</li> <li>• Implementation team will travel between Florida and Nebraska to meet with key DHHS staff and KEPRO staff to ensure a seamless transition.</li> </ul>



- Clinical Director and PASRR Policy Specialist, Interim (Chantal Hunt, PhD, RN) located in Lincoln Nebraska to oversee all Level II evaluations and determinations.
- Roster of pre-qualified clinicians have been identified in the state of Nebraska, ready to start on day one.
- Health Intelligence Department to configure reports and dashboards for program monitoring and tracking of all PASRR activities, including all follow up with Specialized Services.

**Staffing Qualifications:**

For the performance of face-to-face evaluations to support our high volume and rural areas, we propose a cohort of prospective employees and consultants who will meet the requirements for the position of Assessor (including Lead Assessor, Assessor, Psychologist, and Physician Consultant):

- Clinical degree and active licensure in the state (e.g., Registered Nurse, Licensed Clinical Social Worker, Medical Doctor, Psychologist);
- At least one (1) year of experience in services to individuals with ID/RC;
- Completion of credentialing, screening, and criminal background check;
- Completion of training for PASRR evaluations and use of information systems and tools.
- Approval of DHHS.

*Our Project Team is fully staffed with current employees and qualified candidates for every position.*

**Proposed Project Positions**

We describe the positions proposed for this project in **Table 3**, documenting the skills and abilities required, consistent with the RFP requirements and state/federal regulations.

*Table 3: Proposed Project Descriptions*

Position	Level of Effort	Description
<b>Chief Executive Officer/President</b>	Implementation, as needed	Graduate degree and at least 10 years of increasing executive responsibility in a healthcare management organization; knowledge of information systems and consumer-facing operations. Must provide tangible evidence of being a multifaceted professional with proven qualities that include business savvy, outstanding communications and presentation skills, excellent command of the regulated healthcare industry, exceptional negotiating skills, and be outspoken and assertive.
<b>Chief Operating Officer</b>	Implementation, as needed	Graduate degree and at least 10 years' experience in private, federal and state government health care programs or other complex health care environment. Previous COO experience preferred. Able to provide operational leadership to achieve company-wide goals and objectives, particularly in the areas of growth and profitability of all operating units. Supports the CEO in the development and realization of overall company objectives.
<b>Vice President Operations</b>	0.10 FTE (4 hours/week)	Graduate degree and at least 10 years of increasing executive responsibility in a healthcare management organization; knowledge of information systems and consumer-facing operations. Able to coordinate multiple deliverables, communicate with diverse audiences, identify and address project risks, exemplary customer service attitude, and supervision of senior clinical, professional, and administrative staff.

<b>Vice President Information Technology</b>	Implementation, as needed	Graduate degree and at least 10 years of management experience in a healthcare Information Technology environment. Provides strategic leadership for the on-going development and refinement of KEPRO's ITS Service Management processes and functions such that a full continuum of IT services is created and structured in response to customer needs (internal and external). The Vice President will guide the development of the overall KEPRO IT Service Management leadership structure and strategic plan, and create goals and plans for quality, security, service continuity and financial management of all information and communications technology (ICT) services.
<b>Project Director/Senior PASRR Policy Specialist (KEY STAFF)</b>	.50FTE (20 hours/week)	Graduate degree and licensure in the state (e.g., LCSW, RN, Psychologist, MD); knowledge of federal and state PASRR regulations; field-based logistics; face-to-face interactions with individuals who have MI/ID/RC; ability to manage clinical and other staff to meet project deliverables; training and technical assistance skills for PASRR staff and facilities; exemplary customer service; and supervision of staff.
<b>Medical Director/Project Support Specialist (KEY STAFF)</b>	0.10 FTE (4 hours/week)	Medical Degree and unrestricted license in the state (e.g., MD, DO); clinical knowledge of medical/behavioral/developmental disabilities; ability to conduct face-to-face evaluations with individuals who have MI/ID/RC; exemplary customer service attitude; ability to supervise clinical staff and conduct training and orientation for PASRR staff and facilities. Psychiatrist preferred.
<b>Psychiatrist/Physician Advisor</b>	.50 FTE (20 hours/week)	Conduct reviews of PASRR Level II evaluations to finalize the determination and approve recommendations for behavioral health services. Assist with development of training and quality assurance activities focusing on behavioral health services and appropriate management of medications.
<b>Director, Health Intelligence/Reporting (KEY STAFF)</b>	Implementation-through report development. as needed	Graduate degree in a related field; at least 10 years of experience with health intelligence functions for healthcare management contracts; knowledge of statistics, health services research, and reporting performance measures for PASRR and other contracts. Exemplary customer service attitude and ability to manage professional staff, define reporting needs and communicate with clients.
<b>Implementation Director</b>	Implementation, as needed	Graduate degree preferred; at least 5 years of experience with complex project implementation; knowledge and experience of project planning and reporting; coordination of implementation activities among multiple departments; track-record of on-time implementations; exemplary customer service attitude.
<b>IT Implementation Director (KEY STAFF)</b>	Implementation, as needed	Graduate degree preferred; knowledge and experience of management information systems, communications, and data integration; at least 5 years of experience configuring information systems for specific project data collection and reporting needs; exemplary customer service attitude. Ability to work with clients and staff to define and document project specific requirements and communicate requirements to professional staff; implementation and User Acceptance Testing experience.
<b>Clinical Director/PASRR Policy Specialist (KEY STAFF)</b>	1 FTE (40 hours/week)	Graduate degree preferred; Clinical degree (MD, RN, LCSW, LMFT, LCPC); advises and manages clinical staff relative to their responsibilities for assessment operations including but not limited to evaluation, scoring, operational standards, policy and procedures, quality monitoring, and educational needs.
<b>PASRR Level I/II Manager (KEY STAFF)</b>	1.00 FTE (40 hours/week)	Clinical degree and licensure in the state; ability to conduct face-to-face evaluations of individuals with MI/ID/RC; exemplary customer service attitude; experience

		supervising staff; at least 3 years of experience with clinical care in a related environment; ability to recommend specialized services as needed and recommend person-centered plans of care.
<b>PASRR Level I Assessor</b>	1.0 FTE (40 hours/week)	Clinical degree and licensure in the state or compact state; ability to conduct face-to-face evaluations of individuals with MI/ID/RC; exemplary customer service attitude; at least 1 year of experience with clinical care in a related environment; ability to recommend specialized services as needed and recommend person-centered plans of care.
<b>PASRR Level II Assessor*</b>	5.00 FTEs (200 hours/week)	Clinical degree and licensure in the state; ability to conduct face-to-face evaluations of individuals with MI/ID/RC; exemplary customer service attitude; at least 1 year of experience with clinical care in a related environment; ability to recommend specialized services as needed and recommend person-centered plans of care.
*The total number of staff may vary based on a combination of part-time and fulltime staff to meet the geographic needs for assessments. The total staffing is calculated based on the average of 1,948 Level II assessments that have been completed over the last 4 fiscal years divided by 52 weeks for a total of 37.5 assessments per week (or 5.35 per day). At 200 hours of staffing, each Assessor will have 5.33 hours to complete the evaluation from start to finish. This includes travel, face to face, evaluation, and notifications. Proper staffing may be adjusted at any time to meet the business needs.		
<b>Helpdesk</b>	3.00 FTEs (120 hours/week)	Bachelor's degree preferred; responsible for supporting external providers on the PASRR process by answering incoming telephone calls, resolving customer questions, complaints and requests adhering to internal policies and procedures and utilizing working knowledge of the organization's services to meet productivity and quality standards.
<b>Webmaster (KEY STAFF)</b>	0.25 FTE (10 hours/week)	Bachelor's degree preferred; manage web pages, sites and applications. Coordinates the design, development, deployment and maintenance of company's online presence. Responsible for web developers and graphic artists and overseeing all aspects of creating a website.

#### IMPLEMENTATION TEAM:

**Ellen Olsen, MSW, LCSW, MBA**, has been with APS/KEPRO since 2006 and is currently the Project Director for the PASRR Program in Florida. Under her direction, the organization has completed more than 350,000 Level I screenings and 50,000 Level II evaluations and determinations, consistently exceeding performance standards for quality and timeliness. Ms. Olsen has 22 years of behavioral health delivery experience, a Master's Degree in Social Work, and extensive administrative experience. Ms. Olsen is well versed in every aspect of PASRR regulations and active in the National Association of PASRR Professionals. She works to continually improve operations and ensure services meet state and federal requirements. She identifies and implements Quality Improvement Projects (QIP). Under her leadership, internal processes showed improvement throughout 2019 when the new fully electronic process was launched. For example, the average turnaround time (TAT) for PASRR Level II determinations was 2.32 days during the first quarter. The average TAT for the second quarter dropped to 1.95 days and the average TAT for the third quarter dropped to 1.90 days. The average TAT for the final quarter was 1.77 days.

**Susan Weaver, MD, CEO and President**, has a proven track record of providing executive leadership and clinical expertise for over 25 years. Dr. Weaver serves as the lead operating executive and deploys corporate strategies to achieve expected results as well as enhance KEPRO's suite of



services. She has received numerous awards throughout her career and is a sought-after board member. She currently serves on several boards and is active in community service and professional organizations.

**Cynthia Osterling, MBA, Vice President of Implementation**, is a proven leader with more than 15 years of experience in health care services for federal, state, county, and private sector clients. Ms. Osterling demonstrates proven project management experience, as the Vice President of Implementation in successful start-ups and multi-site rollouts including the largest implementation to date, the CMS QIO BFCC implementation of 34 states. Throughout these project implementations, Ms. Osterling goes 'above and beyond' to exceed our clients' expectations. She has a proven record of consistently meeting and exceeding corporate goals, objectives, and deliverables. Ms. Osterling is an effective communicator able to interact with diverse cultural backgrounds with strong written and oral communication skills.

**Joe Swartz, MS, Vice President of Information Technology**, has nearly 30 years of experience in the field of information technology and has a diverse background in programming, with extensive experience in the management and analysis of systems, enterprise computing, infrastructure, applications and telecommunications. Mr. Swartz wealth of experience and information technology expertise has been the cornerstone of KEPRO's scalable and customizable solutions. Joe provides leadership for the continued development of KEPRO's innovative and secure information technology environment.

**Wayne Bolton, MBA, IT Implementation Director**, has an excellent record of developing and implementing cost-effective solutions, and building and managing operations that increase operational efficiency, improve customer service levels, and support business processes. He has twelve years of experience in the Healthcare field, with over eight years of leadership experience in Florida Medicaid Prior Authorization programs. His strong leadership qualifications coupled with "hands-on" systems and operational expertise supports efficient implementation of systems for complex statewide projects. Mr. Bolton brings his proven ability to spearhead organizational change and large implementation efforts to this project, having served as Lead to transition an international organization from a mainframe to a Client/Server environment, and implemented statewide Medicaid systems in Florida, Virginia, Maryland, and Tennessee.

**Benjamin Novinger, MS, Director of Health Intelligence and Reporting**, Mr. Novinger is a healthcare analytics professional with more than 15 years of experience in multiple healthcare technology settings. His successes include developing and leading complex teams of analysts, informaticians, clinicians, statisticians, and consultants dedicated to designing analytic insights for future healthcare business planning. He has deep experience in using the full spectrum of computer-based analytic tools. With unique abilities enabling organizations to transform their healthcare data into actionable information, Mr. Novinger will work with the project team to design and review service monitoring tools and other analytic reports.

**Staff Coverage:**

Nebraska expects a staffing plan that ensures efficient performance of all contract responsibilities, with accurate, timely, and respectful evaluations, accurate identification of the need for Specialized Services, and person-centered care plans that align with individual needs. KEPRO can deliver this staffing plan on Day One of the contract, with a cohort of existing staff and a qualified statewide network that we display in **Figure 6** on page 15 above, offering multiple candidates for flexibility and choice.

Our staffing plan ensures timely completion of face-to-face evaluations and comprehensive plans of care.

**Organization Chart**

Our proposed project organization chart is depicted in **Figure 9**.

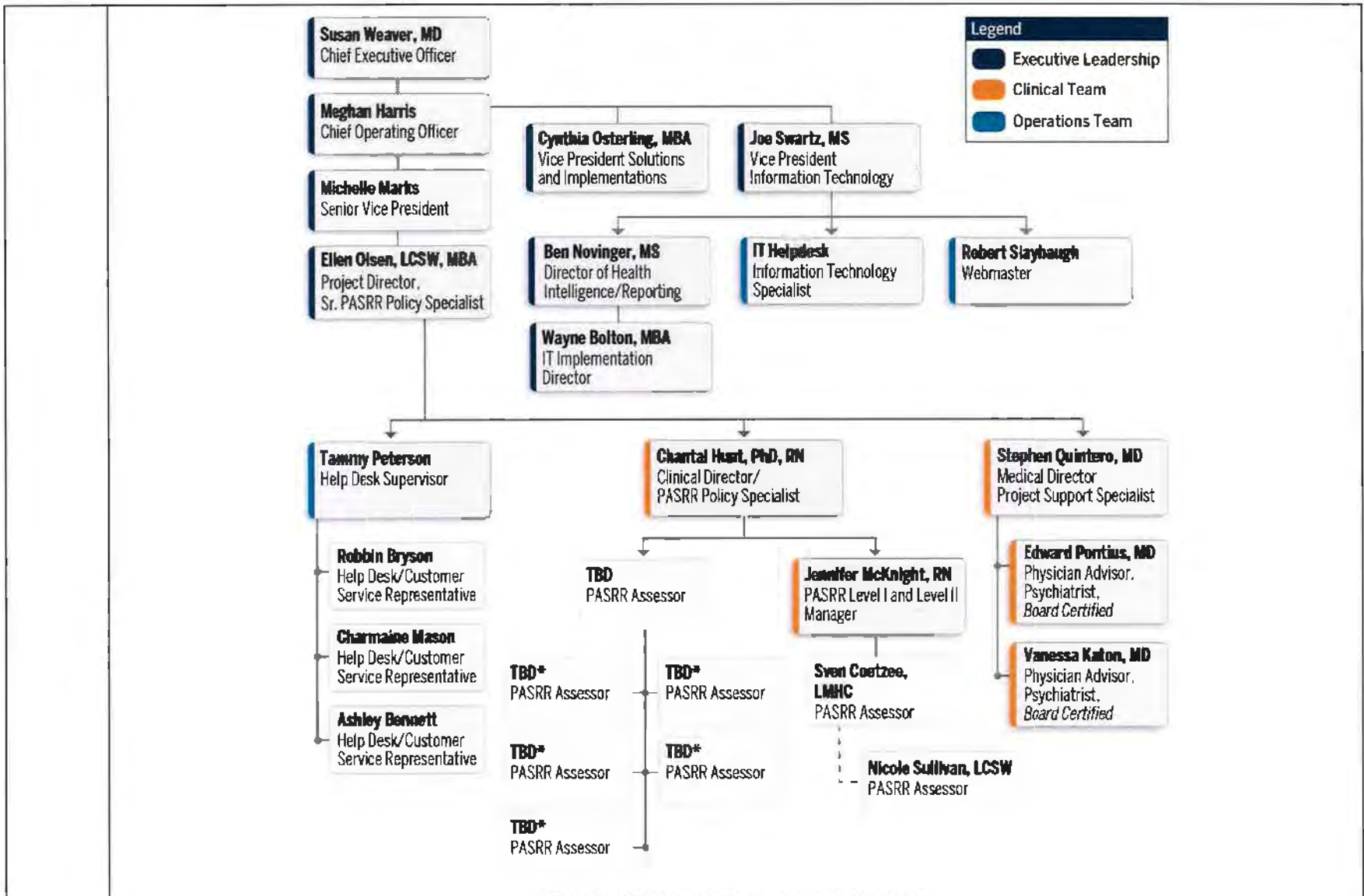


Figure 9: KEPRO Project Team Organization Chart

Our Proposed team combines efficient corporate support with Nebraska-based operations for optimal program efficiency.

**Resumes:**

**Ellen McLean Langston Olsen, LCSW, MBA  
Project Director and Senior PASRR Policy Specialist– PASRR Center**

**Project Role**

Ms. Olsen will serve as the Project Director and Senior PASRR Policy Specialist and will provide management oversight and technical expertise to the Nebraska PASRR project through supervision of the PASRR Center Staff and dedicated Nebraska PASRR Team.

**Experience Summary**

Over 19 years of experience supervising and training all levels of professionals and 22 years of providing behavioral health services. Highly skilled in strategic planning, operations management, cost savings measures, continuous quality assurance, and policy writing and development. Results driven and recognized throughout career for outstanding quality customer service. Exceptional writing, communication, and computer skills. Proficient in all Microsoft applications including Excel.

**Professional Experience**

**KEPRO PASRR Center** **September 2006 – Present**  
[Formerly APS Healthcare]

**Project Director**

**Key Responsibilities:**

- Program Director of the statewide Florida PASRR (Pre-Admission Screening and Resident Review) program
- Manages all operations and supervise both the clinical and administrative staff
- Operations lead on multiple IT projects and statewide system releases
- Ensures contract compliance, database accuracy and program integrity through ongoing quality improvement initiatives
- Manages all program and staff metrics via Excel, SQL, Crystal, and Business Objects
- Member of multiple corporate teams including Policy and Procedure task forces and Quality Improvement committees
- Previously, Program Director for the statewide Prior Service Authorization (PSA) program for the Home and Community Based Developmental Disabilities Medicaid Waivers in Florida
- Expert witness for agency hearings

**Health Management Institute** **September 2003 - 2006**

**Program Director**

**Key Responsibilities:**

- Program Director of Canopy Cove, a partial-inpatient eating disorder treatment program
- Responsible for the health, safety and welfare of all patients
- Supervised and coordinated program operations and served as a clinical therapist in treating patients
- Assisted in the development and successful launch of the new adolescent inpatient residential treatment center

**Boys Town** **February 2001 - 2003**

**Residential Consultant/Clinical Specialist**

**Key Responsibilities:**

- Residential Consultant/Clinical Specialist over multiple residential group homes



- Supervised direct care staff and student interns
- Behavioral treatment planning, supportive counseling, budgeting, and quality assurance
- Trained and evaluated all direct care staff on program implementation
- On call supervision of staff and youth, 24 hours per day, 7 days a week, 365 days per year to assist in a multitude of crisis and non-crisis situations

### Education

**Master of Business Administration;** Florida State University (FSU)

**Master of Social Work;** FSU

**Bachelor of Science in Psychology with Minor in Family and Child Sciences;** FSU

### Licensure/Certifications

Licensed Clinical Social Worker, SW8301

### References

Lori Gephart  
4030 Esplanade Way, Ste 380  
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**Stephen M. Quintero, MD**  
**Medical Director and Project Support Specialist**

**Project Role**

Dr. Quintero will fulfill the role of Medical Director and Project Support Specialist, the senior clinical staff ultimately responsible for ensuring that the PASRR program incorporates evidence-based, clinically-sound practices and recommendations. Dr. Quintero will provide direction, guidance and resources to support the specific contract needs.

**Experience Summary**

Experienced medical professional with more than 25 years of clinical and teaching experience, including 17 years of Medical Director and leadership experience, 14 years as a Medical Professor, and 7 years of experience for PASRR programs. Established neighborhood health services clinic as a teaching site for medical students, serving those who might not otherwise have access to care. Holds several medical patents for teaching simulators for medical students, has contributed extensively to medical publications and symposia, and is the recipient of numerous awards and honors. Dedicated hundreds of volunteer hours providing services at community and rural clinics and disaster relief efforts, as a high school science educator and in Habitat for Humanity Building Projects.

**Professional Experience**

**KEPRO, Tallahassee, Florida** **2005 – Present**

**Medical Director, PASRR Programs**

**Key Responsibilities:**

- Medical oversight of the Florida Pre-admission Screening and Resident Review (PASRR) Programs
- Quality oversight for inter-rater reliability reviews, assessment validity, and quality improvement projects.
- Medical Oversight of the former PSA Program for the Home and Community Based Developmental Disabilities (DD) Medicaid Waivers in Florida for APD.
- Responsible for PASRR training, including grand rounds, and clinical staff development.
- Expert witness for appeals.
- Member of multiple KEPRO quality committees, including Health Utilization Management Committee, Adverse Incidents Committee, and Health Utilization Management Medical Criteria Workgroup.

**Tallahassee Memorial Health Care Transitional Care Center,** **2011 – Present**

**Family Medicine and Rural Health, Florida State University College of Medicine**

**Medical Director**

**TMH Transition Center** **2010 – Present**

**Faculty Residency Preceptor at the Family Medicine Residency Program**

**Charlotte E. Maguire and Tallahassee Memorial Health** **2009 – Present**

**Care Center for Clinical Simulation, Florida State University College of Medicine**

**Consultant Physician**

**Department of Family Medicine and Rural Health at the Florida** **2004 – Present**

<b>State University College of Medicine, Family Medicine &amp; Rural Health Florida State University</b> <b>Assistant Professor</b>	
Key Responsibilities: <ul style="list-style-type: none"> <li>■ Teaching: Doctoring 1, Doctoring 2, Doctoring 3, Honors Medical Seminar, Medicine &amp; Behavior, Anatomy, Integrated Problem-Based Learning</li> <li>■ Academic advising during the 1st and 2nd years of students' medical education and faculty advisor for the Emergency Medicine Student Interest Group</li> <li>■ Clinical practice: Provide care for uninsured and rural underserved populations in Leon, Gadsden, and Madison county clinics in Tallahassee and surrounding counties.</li> </ul>	
<b>FSU College of Medicine</b> <b>Medical Director for Simulation Enhancement and Support</b>	<b>2010 – 2011</b>
<b>Florida State University College of Medicine, Lincoln</b> <b>Neighborhood Health Center</b> <b>Clinical Assistant Professor, Department of Family Medicine and Rural Health</b>	<b>2004 – 2010</b>
<b>Tallahassee Memorial Healthcare</b> <b>Faculty Residency Preceptor at the Family Medicine Residency Program</b>	<b>1996 – 2010</b>
<b>The Florida State University College of Medicine</b> <b>Medical Director for Development and High Fidelity Clinical Simulation</b>	<b>2005 – 2009</b>
<b>Florida State Hospital</b> <b>Staff Physician, Emergency Department, Clinic</b>	<b>1996 - 2004</b>
Key Responsibilities: <ul style="list-style-type: none"> <li>■ Senior Physician, Emergency Department, Medical Screening Clinics</li> <li>■ HIV/AIDS Clinic Physician.</li> </ul>	
<b>Tallahassee Memorial Hospital</b> <b>Medical Director for Advanced Cardiac Life Support Training, Heart Institute</b>	<b>1999 – 2003</b>
<b>Capital Regional Medical Center</b> <b>Emergency Department Physician</b>	<b>1995 – 1997</b>
<b>Additional Clinical Practice</b> <ul style="list-style-type: none"> <li>■ Neighborhood Health Services: Established as a teaching site for medical students in 2004, this clinic serves victims of domestic and sexual violence who would not otherwise have access to care: clinical services offered one half-day per week (2010)</li> <li>■ Gretna Health Department: Supervision of students for primary care provided rural county without adequate healthcare resources on as needed basis as part of departmental coverage FSU COM (2006)</li> </ul>	
<b>Education and Licensure</b> <b>Doctor of Medicine, University of Florida College of Medicine, Gainesville, Florida</b>	



**Bachelor of Science in Psychology, Florida State University**

**Licensure:** American Board of Family Medicine Certification  
DEA Certification  
Florida State Medical Licensure ME 58481

#### **Honors, Awards and Prizes**

- Integrity, Compassion, Accountability, Respect, and Excellence Award (ICARE), Tallahassee Memorial Hospital (2012).
- This award was presented by a committee of my peers at TMH and is based on patient and community input.
- "Most Original Research", CAE Human Patient Simulation Network, Tampa, Florida (2012).
- CAE - Canadian Aeronautics Engineering.
- 2011 Innovators, 7th Annual FSU Innovators Reception (2011).
- Innovator's award for "Realistic Simulated Abdomen", and "Auscultation Simulation Stethoscope System".
- "MERC Award - Most Innovative Research", MERC (2011). (\$5,000).
- Most Innovative Research and Presentation: "Hybridized - Standardized Patients and Hybrid Patient Simulation: Effectiveness in Teaching Murmurs to Medical Students."
- Outstanding Junior Faculty Educator, Florida State University College of Medicine (2008).

#### **Fellowship**

Faculty Development Fellowship, Department of Family Medicine, University of North Carolina, Chapel Hill, N. C (2005–2006).

#### **Current Membership in Professional Organizations**

- American Academy of Family Physicians
- American Academy of HIV Medicine
- American Medical Association
- Capital Medical Society Tallahassee, Florida
- Florida Academy of Family Physicians
- Florida Consortium Simulation
- Florida Medical Association
- Society for Simulation in Healthcare
- Society of Teachers of Family Medicine

#### **References**

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**Chantal Hunt, PhD, RN**  
**Clinical Director and PASRR Policy Specialist**

### Project Role

Dr. Hunt will serve as the Interim Clinical Director and PASRR Policy Specialist to oversee clinical PASRR functions for the project. Coordinates with the Client on PASRR decisions and issues and communicates with providers and inpatient facilities regarding review decisions and other clinical matters. Develops and leads review staff in the activities required to perform clinical services in order to facilitate and support quality, cost effect outcomes, and minimize fragmentation of health care delivery.

### Experience Summary

Seasoned professional with significant clinical qualifications and a background in all key scope areas of this RFP. More than 15 years of experience administering public sector Medicaid, utilization management, population health management, PASRR, and high-risk case management programs. A registered nurse for over 20 years, with clinical expertise in behavioral health; holds both master's and doctoral degrees in nursing. Dr. Hunt has served as a program lead for contracts in Ohio, Colorado, Indiana, and Oklahoma, reporting to both clients and corporate senior management.

- Experienced service center manager with responsibility for oversight of administrative, clinical, and call center functions.
- Managed staff of up to 50 clinical reviewers and evaluators, subcontractors, and call center staff.
- Strong skills in collaborating with state agency staff, providers, and other stakeholders, including implementation of new programs and participation in quality improvement initiatives.
- Experience with compliance activities related to URAC and NCOA accreditation as well as federal and state standards and regulations.

### Professional Experience

#### **KEPRO (formerly APS Healthcare); September 2010 - Present**

##### **Several progressive roles since 2010:**

##### ***Operations Implementations and Transitions Director***

- Support and participate in strategic planning and execution to enhance growth, profitability, productivity, and efficiency throughout the company's operations. Collaborate with leadership in the development of new and enhanced products and services.
- Serve as a clinical subject matter expert in various areas including quality management, innovation and new business acquisition efforts.
- Participate in cross-regional activities to enhance operating efficiencies and serve as a Subject Matter Expert (SME).
- Collaborate and coordinate with all organizational task areas to accomplish goals and deliverables within designated time frames.
- Support other functional areas of the organization as directed and perform other duties as assigned.
- Draw on expertise of staff and others for business implementations. Assemble and deploy the resources necessary to ensure success.
- Products include project idea documents and plans, and formal reports.

##### ***Executive Director, Ohio Programs***

- Responsible for the administrative leadership of the Ohio Medicaid UM program, providing clinical oversight of behavioral health staff.
- Primary liaison with the state agency, including coordinating activities with the contract manager and overseeing the completion of all deliverables, including on-going reporting requirements.
- Implementation of the behavioral health portion of the contract (July 2017-Dec 2018), providing clinical and operational expertise in the development of policies and procedures and clinical criteria for behavioral health reviews, including training and supervision of behavioral health review staff.
- Managed the completion of over 8,600 behavioral health prior authorizations from January-June 2018.

##### ***Program Director, Ohio Pre-Admission Screening and Resident Review (PASRR) program***

- Management of all clinical and operational aspects of the work of the service center. Responsible for all internal and external deliverables related to the operations of the service center, including both implementation and ongoing operations.

- ▲ Responsible for the administrative leadership of the program and providing clinical oversight of Assessors, and serving as the program's Clinical and Quality Manager.
- Primary liaison with the state agency, including coordinating activities with the contract manager and overseeing the completion of all deliverables, including on-going reporting requirements.
- Regular participation in quality management activities including clinical documentation audits of staff and Quality Improvement Committee meetings, to assure quality of care and compliance with URAC, State, Federal, and contract requirements and standards.
- Participation in stakeholder, customer, and management meetings to ensure coordination of center operations.
- Interface with corporate senior leadership (Senior VP and Directors in various company departments) and customer executive leadership to provide continuity of operations and service.
- Supervisory activities pertaining to direct and indirect reporting staff and field-based contractors including performance management, annual performance evaluations, timecard management, on-boarding, etc.
- Serve as the clinical expert in various areas including quality management, innovation and new business acquisition efforts, member concerns, and customer inquiries.

**Program Director, Oklahoma Employees Group Insurance Division Utilization Management Program; Colorado Medicaid Utilization Management Program.**

- Management of all clinical and operational aspects of the work of the Oklahoma City service center. Responsible for all internal and external deliverables related to the operations of the service center, including both implementation and ongoing operations.
- Applied evidence-guided clinical practices, enhanced analytics, and UM services for the Prior Authorization Request Program for 1,078,187 Colorado Medicaid members.
- Managed staff of 10 RNs, 7 CSRs, 1 Clinical Supervisor, 1 BH Specialist, Clinical/Quality Manager, and Medical Director.
- Primary contract POC; managed clinical and administrative services; provided clinical expertise; performed clinical documentation audits and inter-rater reliability reviews of staff, chair QI Committee; assure quality of care and compliance with URAC, State and contract requirements and standards, including accuracy, timeliness, and quality.

**Program Director, Ohio Medicaid Managed Care High-Risk Care Management**

- Direct clinical and operational aspects of a field-based Medicaid Managed Care High-risk Care Management program in the State of Ohio.
- Main achievements included implementation of the program, development of all processes, procedures, and workflows, staffing of the program—hiring and training approximately 40 new field-based RN supervisors, RN and LISW case managers, and telephonic clinical and non-clinical staff prior to go-live.
- Successful completion of the State's readiness review and the prime contractor's pre-delegation audit of the Care Management program.
- Performed as the clinical lead for internal and external audits and accreditation surveys.
- Design and implementation of training for new employees (clinical and non-clinical).
- Facilitated the recruitment, hiring, and training of RN, LISW and other health professionals for disease management, case management and utilization management roles.
- Clinical Advisory Panel member (review and approval of corporate-wide policies and procedures)

**Clinical Manager, Ohio Population Health Management Program**

- In addition to the above, directly managed a staff of six RN Health Coaches and two outreach coordinators in providing telephonic and site-based health/wellness and disease management services to commercial (State employee) health plan members.
- Provided clinical leadership to five additional non-RN clinical staff providing telephonic health and wellness coaching.
- Developed targeted weight-management and smoking cessation telephonic health coaching modules.
- Developed URAC-compliant documentation templates and revised local operational processes and procedures to create uniformity in daily workflow.



- Initiation/management of Clinical Grand Rounds meetings and other clinical quality endeavors.
- Successful implementation of Saturday hours to better serve our members.

**Clinical Manager, Indiana High-risk Pool (ICHIA) and Medicaid Enhanced Services Plan (HIP-ESP) Utilization Management Programs**

- Managed a staff of four nurse case managers and utilization management nurses for a high-risk pool and Medicaid plan.
- Assisted with UM reviews and provider/member issues as needed.
- Interfaced with the customer, plan members, the State, and other external vendors/stakeholders to ensure contract compliance and excellent member service.

**2008 – 2010; Health Services Advisory Group, Inc., Columbus, Ohio**

**Project Manager, Medicaid External Quality Review**

- Managed various specific projects related to the external quality review (EOR) of the Ohio Medicaid managed care program.
- Developed methodologies, project timelines, and internal and external reports related to EQR activities as directed by the State and executive management.
- Assisted in the evaluation of Managed Care Plan (MCP) compliance including: administrative processes, fraud and abuse, encounter data validation, provider network validation, validation of MCP state-mandated performance improvement projects.
- Participated in an extensive program evaluation project to determine the adequacy of the Ohio Department of Job and Family Services (ODJFS) methodology for ensuring access to care and services for Medicaid recipients enrolled in managed care plans.
- Developed training materials and conducted education to contractors and temporary employees related to performing audit activities.

**2004 – 2008; Health Care Excel, Inc., Columbus, Ohio**

**Contract Director; Utilization Review of Inpatient Psychiatric Care Provided to Medicaid Recipients (URIP)**

- Served as the single point of contact to the State agency and liaison to executive leadership of the company.
- Managed the day-to-day oversight of the contract with the Ohio Department of Mental Health (ODMH) and a subcontractor.
- Monitored the performance of consultants and subcontractors.
- Developed and wrote procedures as new policies were introduced.
- Coordinated, scheduled, and led facility site-visit (audit) teams and prepared site-visit reports based upon chart review and staff interviews.
- Prepared internal reports and assessed reports prepared by vendors for accuracy, thoroughness, appropriateness, and timeliness prior to submission.
- Monitored work status, performance, and goal achievement.
- Recruitment and orientation of physician consultants and RN review staff.

**2003 – 2004; The Ohio State University Department of Anesthesiology - Columbus, Ohio**

**Research Nurse**

- Coordination of clinical trials, proposal development, IRB submission, instrument development, project coordination, data collection and management, phlebotomy, lab, grant writing and submission, dissemination of findings, etc.

**Education**

**The Ohio State University, Columbus, Ohio; Doctor of Philosophy in Nursing.**

Dissertation Title: Stress, Coping, and Health in Spouses of Cancer Patients

Cognate Minor: Psychoneuroimmunology

**The Ohio State University, Columbus, Ohio; Master of Science in Nursing. Psychiatric-Mental Health Clinical Nurse Specialist Track**

**The Ohio State University, Columbus, Ohio; Bachelor of Science in Nursing with Sociology Minor**

#### References

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### Jennifer McKnight PASRR Level I and Level II Manager

#### Project Role

Ms. McKnight serve as the lead to oversee PASRR functions for the project. Coordinates with the Client on PASRR decisions and issues as needed and communicates with providers and inpatient facilities regarding utilization review decisions and other clinical matters.

#### Experience Summary

Nursing professional with more than 17 years of clinical and management experience. A dependable team player with high standards and a positive attitude. Experienced in managing the PASRR function. Volunteers in the community on health-related activities.

#### Professional Experience

**KEPRO**

**November 2018 - Present**

#### Program and Compliance Manager

##### Key Responsibilities:

- Ensures efficiencies, deliverables and assigned contract functions are performed to the highest standards to strengthen the relationships with customers and meet contract requirements.
- Collaborates with program leaders to improve processes, determine training needs and improvement opportunities.
- Supervises team to ensure excellent customer satisfaction. Assists in determining development opportunities for team.
- Recruitment of staff and contractors.
- Oversight of licensed clinicians completing PASRR evaluations.
- Training of staff and contractors.
- Monitors metrics and daily operations to ensure success. Complete Quality Assurance and Data Metrics entry.
- Manage contract compliance and all workflows to remain within required turnaround times.
- Technical Assistance with Atrezzo portal and password resets.
- Perform UAT testing and participate in discussions regarding portal updates/fixes.
- Attends PTAC webinars regularly.
- NAPP member.

**Tallahassee Primary Care Associates****November 2010 – November 2018****Office Manager / RN****Key Responsibilities:**

- Managed physicians, extenders, nurses, and receptionists.
- Ensured patient and employee satisfaction along with overseeing quality of care.
- Monitored Quality Measures, initiate new workflows to improve Quality Measures.
- Assisted in process of TPCA becoming a PCMH.
- Member of Corporate Compliance Committee, Patient Outcomes Committee,
- Received the Primary award for core leadership from TPCA in 2017 for creating and facilitating a Quality Measure Workgroup.
- Used clinical experience and knowledge to bridge the gap between corporate and team members to implement and ensure compliance with the fluid changes required in healthcare.

**TMH Labor and Delivery****January 2007 – November 2010****Floor Nurse/Triage Nurse****Key Responsibilities:**

- Assisted in deliveries
- Member of Education Council
- Assessed and triaged incoming patients and followed patient care protocols.
- Preceptor for students and new employees.

**A Women's Pregnancy Center****May 2002 – May 2006****Nurse Manager****Key Responsibilities:**

- Developed and managed Limited Medical Office which performed limited ultrasounds for women in crisis pregnancy.
- Developed policy and procedure manual and managed volunteers
- Attended training for limited ultrasounds and trained other nurses
- Counseled women in crisis pregnancies.

**Education****Bachelor of Science in Nursing, Florida State University****Associate in Science, Tallahassee Community College****References**

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Stacia Groll, M.D.  
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(708) 497-0210, 2420



**Benjamin W. Novinger, MS**  
**Director, Health Intelligence/Reporting**

**Project Role**

Mr. Novinger will lead the Health Intelligence Unit in assisting the project by developing the analytic plan for quality assurance, conducting sampling according to the analytic plan, and providing oversight of analytic and other reports.

**Experience Summary**

Management professional with more than 15 years of experience in multiple healthcare technology settings in commercial health plan and care management organizations. Successes have included developing and leading complex teams of analysts, informaticians, clinicians, statisticians, and consultants dedicated to designing analytic insights for future healthcare business planning. Deep experience in using the full spectrum of computer-based analytic tools. Unique abilities in enabling organizations to transform their healthcare data into actionable information. Strategic thinker with ability to troubleshoot complex problems and develop creative solutions to achieve results.

**Employment History**

**KEPRO**

**2013 - Present**

**Director, Health Services Research**

**Key Responsibilities:**

- Oversees the development of Health Services Research projects through the scientific and technical evaluation of the efficacy of the Company's care management and healthcare quality improvement programs.
- Through the use of technology and Business Intelligence tools, conducts investigative work and analyzes data to enhance the insights gained from KEPRO's clinical decision-making tools.
- Directs staff consisting of business managers, consultants, business analysts, and report programmers responsible for data analysis, report development and production, and customer solutions.

**Pennsylvania Employee Benefits Trust Fund**

**Director, Health Analytics – Planning and Reporting**

**Key Responsibilities:**

- Directed team of analysts responsible for information research and analysis of nearly 300,000 beneficiaries' health services information.
- Identified actionable insights that result in opportunities for improvement in medical costs and health education/wellness programs.
- Designed methods to report, analyze, and provide feedback on economic and utilization trends, clinical and condition management analyses, health care cost containment, quality measurements, predictive modeling, and general research and decision support activities.
- Under the direction of the Executive Director, led the development of the company's strategic planning process and provide routine reports on progress towards goals.

**HP Enterprise Services**

**2008 - 2012**

**Director, Analytics – Global Healthcare Medical Informatics Center of Excellence**

**Key Responsibilities:**

- Responsible for service delivery of client-facing business that combines analytics, clinical expertise, and informatics technology in the assessment of client healthcare populations.
- Led research and product development initiatives including predictive modeling and risk assessment tools that assess the future risk of healthcare recipient populations.

- Implemented quality of care measures including process, outcome, and economic evaluations.
- Designed peer review medical literature style reports leveraging published methodologies and analysis techniques.
- Client deliverables include analytical reports identifying population trends and drivers, which in turn help clients control costs and improve health outcomes.

### Education

**Masters of Science in Public Health Science**, Penn State University, Hershey, PA

Training in biostatistics, epidemiology, health economics, and quality of care measurement

Recipient of the Mark J. Young Award for Outstanding Scholarship in Public Health Sciences

**Bachelor of Arts in Business Administration**, Economics concentration, Catawba College, Salisbury, NC

Managed Healthcare Professional Designation - Health Insurance Association of America

### Publications

*A Predictive Model of Hospitalization Risk Among Disabled Medicaid Enrollees*

John F. McAna, PhD; Albert G. Crawford, PhD; Benjamin W. Novinger, MS; Jaan Sidorov, MD; Franklin M. Din, DMD; Vittorio Maio, PharmD; Daniel Z. Louis, MS; and Neil I. Goldfarb, BA. *Am J Manag Care*. 2013;19(5):e166-e174

*The Big Data Continuum: Converting Information into Actionable Knowledge*

HP Industry Edge Health and Life Sciences, Summer 2012: 38-41. Web.

*Predictive Models for Diabetes Patients in Medicaid*

Christopher S. Hollenbeak, Mark Chirumbolo, Benjamin Novinger, Jaan Sidorov, and Franklin M. Din. *Population Health Management*. October 2011, 14(5): 239-242. doi:10.1089/pop.2010.0054.

*Using Analytics and Medical Management to Improve Health Outcomes*

HP Enterprise Services Healthcare Users Conference, October 2011

*Population Health Management and the Transformation of Data into Knowledge*

HP Discover Conference, May 2011

*Understanding the benefits, limitations, and the balance between practicality and academic precision in construction of a risk assessment model using claims data to identify patients eligible for care management interventions.*

PHS 535: Quality of Care Measurement, Penn State College of Medicine, April, 2011

*Medical Management and the Role of Business Oriented, Ad Hoc, and Rigorous Analytics in the Pursuit of Cost and Quality Improvements*

HP Enterprise Services Healthcare Users Conference, September 2010

### References

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Michael Wolf  
VP Govt. Relations  
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**Wayne Bolton, MBA**

## ITS Implementation

### Project Role

Mr. Bolton will be responsible for the configuration, testing, and sign off on information technology installations to support KEPRO contracts. Working with the Implementation Manager and other KEPRO staff, he will develop and manage the IT implementation plan, including configuration, security, and reporting.

### Experience Summary

Excellent record of developing and implementing cost-effective solutions, and building and managing operations that increase operational efficiency, improve customer service levels, and support business processes. Seventeen years of experience in the Healthcare field, with over fourteen years of leadership experience in Florida Medicaid Prior Authorization programs. Strong leadership qualifications coupled with "Hands-on" systems and operational expertise. Proven ability to spearhead organizational change and large implementation efforts – Lead an international organization from mainframe to Client/Server environment, and implemented statewide Medicaid systems in Florida, Virginia, Maryland, and Tennessee.

### Professional Summary

#### KEPRO

2001 – Present

#### ITS Implementation Services Director

##### Key Responsibilities:

- Provide strategic leadership to all aspects of new business development and contract implementation throughout the company, evaluating new and existing technologies.
- Participate in the development of contract proposals by specifying, designing, and configuring systems to meet the needs of clients, based on collaboration with other operational departments.
- Provide project management oversight during the implementation phase of new contracts, new systems, and upgrades.
- Led the ITS implementation for several state-wide contracts, most notably the Internet based systems for utilization review of Medicaid services in Florida (AHCA), Virginia (DMAS), Maryland (DHMH), Tennessee (TennCare), South Carolina (DHHS), Minnesota (DHS), Illinois (DHS), New Hampshire (DHHS), and Wyoming (DOH).

#### KEPRO

2001 – Present

#### Information Systems Manager

##### Key Responsibilities:

- Working closely with AHCA staff, specified, designed, and implemented all technology components for a "first of its kind" Internet based statewide Medicaid In-Patient Prior Authorization program, including back office equipment, software, and Internet and frame relay circuits.
- Coordinated the implementations of comprehensive countywide health plan management system, and statewide Medicaid Private Duty Nursing Prior Authorization program.
- Assisted in the migration of a fax-based Home Health Prior Authorization program to an Internet based system.
- Led the specification, design, and implementation of KEPRO South's Internet, Intranet, and Hospital Secure Provider Web Site portal, providing a secure, encrypted connection to KEPRO South that allows access to facility-based reports, denial letters, and tools to update information remotely.
- Responsible for growth planning, identifying and fulfilling management and end user information needs, supporting proposal efforts, and assist the company in acquiring new business.

MySkinmd.com

1998 – 2001



## Director of Information Technology

### Key Responsibilities:

- Led development of websites Myskinmd.com and Dermplace.com.
- Hired, trained and managed IT support staff as well as consultant developers.
- Supported major applications on development, staging, and production environments including: Broadvision One to One e-commerce engine, Interwoven Teamsite content management and code versioning system, Oracle 8i, Netscape/iPlanet web server applications running on Solaris 2.7.
- Monitored and maintained day to day operations of websites: newsfeed links, transfer of sales information to and from fulfillment house, weather map updates, other external links.

### Education

**Master of Business Administration**, University of South Florida, Saint Petersburg, Florida  
Member of Beta Gamma Sigma – National Business Administration Honor Society

**Bachelor of Science in Business Administration**, University of South Florida, Saint Petersburg, Florida,

Franklin University, Columbus, Ohio

The Ohio State University, Columbus, Ohio

### References

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Director, Application Services  
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Ben Novinger  
Director, Health Services  
Research  
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717-265-7052

## Robert R. Slaybaugh Webmaster

### Project Role

In the role of Webmaster, Rob will manage web pages, sites and applications. He will coordinate the design, development, deployment and maintenance of the online presence. He will also supervise a team of web developers and graphic artists and overseeing all aspects of creating a website.

### Experience Summary

Experienced Information Technology (IT) professional with 13 years of experience. Expertise in web design, development, deployment and maintenance.

## Professional Experience

**KEPRO Inc, Harrisburg, PA**

**July 2010 – Present**

**Sr. Software Engineer**

### Key Responsibilities:

- Designs and develops program changes consistent with the Software Development Life Cycle.
- Analyzes business processes, identifies and proposes new business processes or program changes to address specific requirements.
- Documents design and technical specifications in accordance with development standards and procedures.
- Provides support to internal and external users and customers.
- Develops and maintain new and existing web applications.
- Develops and maintain new and existing Windows client based applications.
- Leads development of analysis and tracking tool for claims and reviews.
- Analyzes and integrates third party software and tools such as Telerik and the AJAX Control Toolkit.
- Integrates web services from third party vendors.
- Designs, develops, and maintains relational database tables, functions, and stored procedures.
- Designs, develops, and maintains SQL Server Integration Services packages.

**Harsco Corporation, Camp Hill, PA**

**May 2007 – July 2010**

**Programmer/Analyst I**

### Key Responsibilities:

- Developed and maintained web portals using Microsoft SharePoint Server 2003
- Developed and maintained of web portals using Microsoft SharePoint Services 3.0
- Designed and developed Harsco Global Demand Management (IT Help Desk). This system manages support and project requests for all of IT on a global scale and allows for management to prioritize and escalate IT requests across all divisions. Also allows for the monitoring and reporting of IT resource usage. Application developed using WSS 3.0 with Workflow and .Net
- Enterprise and Business application development using Microsoft .Net and SQL Server 2005
- Helpdesk technician supporting Enterprise Applications, web sites, SharePoint portals and the IT Help Desk across all divisions

**CRS Inc, Williamsport, PA**

**March 2007 – May 2007**

**SQA Technician (Intern)**

### Key Responsibilities:

- Developed web portals using Microsoft Office SharePoint Server 2007
- Setup of virtual environments for testing using VMware

## Technical Profile

- |              |                                       |
|--------------|---------------------------------------|
| ■ C#         | ■ Visual Basic.Net                    |
| ■ ASP.Net    | ■ SQL Server 2000/2005/2008/2010/2012 |
| ■ HTML       | ■ SQL Server Integration Services     |
| ■ JavaScript | ■ Microsoft Office                    |
| ■ CSS        | ■ Microsoft Visual SourceSafe 2005    |
| ■ XML        | ■ Microsoft Team Foundation Server    |

## Education

**Baccalaureate of Science in Information Technology.** Pennsylvania College of Technology, Williamsport, PA

**References**

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**PASRR Transmission and Reporting Requirements**

Business Requirements	
Req #	Requirement
RPT-1	<p><b><i>The solution must interface accurately via SFTP to the State of Nebraska Medicaid Management Information System (MMIS) database. The MMIS will provide notification to the contractor of PASRR records that fail to successfully transmit to the MMIS database. Within three (3) business days after receipt of the failed record transfer(s), the Contractor must correct the records not successfully transmitted and resubmit said records to the MMIS database. Describe how your solution will meet this requirement.</i></b></p>
	<p>Response:</p> <p style="background-color: #e1eef6;"><b>DATA TRANSMISSION:</b></p> <p>KEPRO has partnered with Medicaid Management Information System (MMIS) in multiple state contracts and has existing SFTP interfaces that flow on a daily basis. We bring significant experience working with state MMIS requirements and the best practices we acquired through decades of handling millions of transactions with major MMIS vendors daily and sometimes more than daily. We currently exchange files on a daily basis with every major MMIS vendor and selected state-managed systems.</p> <p>We would setup an SFTP exchange between the State of Nebraska's MMIS within 14 days of contract launch. All PASRR records would be exchanged on a daily subscription and any failed transmissions would notify the IT team to troubleshoot within three (3) business days.</p>
RPT-2	<p><b><i>Meet all requirements in Attachment C, Notification Requirements. Solution must generate notification letters that are personalized based on a client's assessment results and demographic data. Provide examples.</i></b></p>

Response:

**NOTIFICATION REQUIREMENTS:**

The Atrezzo Assessment Portal utilizes a letter module that prepopulates fields from the member eligibility information, assessment information and staff entered information to develop notifications to the providers that are visible on the provider portal. The letter templates for Nebraska will meet all requirements from Attachment C listed below in Table 4. Samples of those letters are included in Appendix 8.

*Table 4: Attachment C Notification Requirements*

Required on Notifications	Description	LI	LII
<b>Individual's Name</b>	List the name of individual.	✓	✓
<b>Recipient's Address</b>	Populate initial pages addressed to each party who should receive the report.	✓	✓
<b>County</b>	List individual's county based on their current residence at time of PASRR.	✓	✓
<b>State ID</b>	List the Medicaid ID number of the individual if known.	✓	✓
<b>ID Number</b>	Contractor's ID to identify and look up all PASRR records about the individual.	✓	✓
<b>Identifier</b>	Use an identifier that the contractor will utilize to identify this unique PASRR.	✓	✓
<b>Date of Determination</b>	List the date the PASRR decision was made.	✓	✓
<b>Number of Approved Days</b>	List the number of approved days for short-term approvals.	✓	✓
<b>Expiration Date</b>	List the end date for all short-term approvals.	✓	✓
<b>Mailing Date</b>	List date PASRR determination was mailed and/or made available electronically. Contractor shall mail the same day as determination date.	✓	✓
<b>PASRR Demographics</b>	Demographics in Level I: full name, SSN, DOB, gender, race, residence county, source of payment, Medicaid number if known, typical living situation at time of Level I, type of review, pre-admit or resident review, reason for screening.	✓	✓
<b>Mental Illness (MI)</b>	Describe primary questions/responses to Level I mental health (MH) and substance use diagnoses.	✓	✓
<b>Symptoms</b>	Describe Level I screening questions pertaining to current and past symptoms.	✓	✓
<b>History of Psychiatric Treatment/Dementia</b>	Describe current / past history of BH treatment and services to address issues, life disruptions and any testing for dementia.	✓	✓
<b>Psychotropic Medications</b>	Report all psychoactive medications prescribed for BH issues in past six months, include: type, dosage, condition treated, other relevant information.	✓	✓
<b>Intellectual Disability (ID) Developmental Disability (DD)</b>	Report results of ID / DD questions including: age of onset, adaptive functioning, history of services related to these conditions and functional limitations that do not arise from the medical condition, dementia, or MI.	✓	✓

<b>Legal Guardian</b>	Indicate whether there is a legal guardian. If one exists: name / address of guardian to appear on all copies of the Level I PASRR for all recipients.	✓	✓
<b>Primary Physician</b>	List physician name/address on all Level I PASRR reports.	✓	✓
<b>Current Location</b>	List address where individual is residing at time of Level I submission and date they admitted to current facility/location on all Level I PASRR reports.	✓	✓
<b>Nursing Facility Admission Information</b>	The address of the NF where the individual is currently residing or expected to reside in the very near future can be included, if known, along with the admission date if already admitted, or the anticipated date of placement, if known, will be included on all copies of the Level I PASRR for all recipients.	✓	✓
<b>Level I Attestation and Signature</b>	This section will include standard language attesting to the accuracy of the information reported in the Level I screen and will be signed electronically by the Level I submitter, with address, phone, fax, and date.	✓	
<b>Additional Comments</b>	This section is reserved for reporting of any information the Level I submitter wishes to add beyond the responses to the basic screening information.	✓	
<b>Exemptions and Categorical Decisions</b>	This section, which applies only to those individuals with known or suspected Level II conditions, is utilized to report on indicators that address whether the individual may meet any qualifying criteria for any of Nebraska's Categorical Determinations.	✓	
<b>Notice of Negative Level I Screen Outcome, or Notice of Level I Categorical Determination</b>	This header will be followed by standard language informing the reader that this individual is appropriate for placement in a NF without further PASRR activity, or that the individual has met criteria for a time limited Categorical Determination.	✓	
<b>Outcome</b>	This important summary section will include the name of the Level I Assessor who finalized and approved the outcome, the actual outcome, the review date, the narrative describing the rationale for the outcome, and a standard statement indicating that the PASRR outcome must be forwarded to the receiving NF and that the outcome must be placed in the individual's chart.	✓	
<b>Summary of Findings report</b>	The Summary of Findings header is used on all Level II evaluations.		✓
<b>Level II Information</b>	List the Level II Assessor's name that gathered information.		✓
<b>Ruled out</b>	Indicate whether the individual is ruled out of the PASRR LII population.		✓
<b>Mental Illness Symptoms, additional</b>	Describe current symptoms, history, life impacts, attempted / effective medications, strategies for management, presence of any BH advanced directives, preferences pertaining to providers and continuity of care.		✓
<b>Mental Health (MH)</b>	Indicate whether the individual meets criteria for a diagnosis of MH.		✓
<b>Mental Health Diagnoses</b>	There are separate diagnostic sections for Axis I primary, Axis I secondary, Axis I tertiary, Axis I quaternary, Axis II primary, and Axis II secondary. List the individual's diagnoses information in the applicable diagnostic area.		✓



<b>Intellectual Disability/Related Condition</b>	Indicate whether the individual meets criteria for a diagnosis of ID or RC.		✓
<b>Related Conditions</b>	List any qualifying RC diagnoses for the individual.		✓
<b>History Section Label</b>	Summary of Medical and Social History		✓
<b>General Social History</b>	Detailed narrative summary include: age, gender, current primary living arrangements for past two years, family composition, support network, prior service history, describe precursor to need for NF consideration, presence of guardian or other substitute decision makers, and other relevant information.		✓
<b>PASRR and Placement History</b>	If there is a prior or known PASRR history or placement history available to us at the time of this PASRR, it can be included.		✓
<b>Legal History</b>	List any applicable commitment, criminal, child or dependent adult abuse history when a search has been completed. A search may be conducted on any individual and will be conducted when any such history is acknowledged or alleged in the process of gathering information.		✓
<b>Medical Diagnoses</b>	List all current medical diagnoses, surgical history, and any current or known history of hospitalizations.		✓
<b>Psychiatric History</b>	List all MH diagnoses, history, onset, psychiatric symptoms, hospitalizations, treatment, current psychotropic medications, current / previous providers and preferences regarding providers of BH services.		✓
<b>Family Mental Health History</b>	May include with psychiatric history or written as a separate section if significant.		✓
<b>Substance Use (SU)</b>	May include with psychiatric history or written as a separate section if significant.		✓
<b>Unique personal characteristics, skills, talents</b>	Describe important activities, hobbies, areas of interest, cultural / socialization needs, activities to maintain or recover skills, employment history, and current status.		✓
<b>Specific limitations and needs</b>	Description of assistive devices utilized / needed, specific support needs related to ADLs and IADLs, identified areas of need or targets for maintenance or recovery of abilities and areas where supervision or support is needed.		✓
<b>Denials to be reviewed by MD</b>	Indicate the reasons for any denial of level of care (LOC) and provide the name of the psychiatrist who reviewed and approved the denial.		✓
<b>Decision Portability</b>	Indicate whether a facility specific determination has been made and whether a new PASRR will be needed before any transfer can occur.		✓
<b>Rationale for Placement Decision</b>	Summary includes specific individualized information regarding reasons for approval or denial of LOC, supports / assistance needed if/when placed in NF include health information, mobility, ADLs, BH and other disability specific needs, goals, and strategies.		✓
<b>Date of Final Determination</b>	List the date of the final determination.		✓
<b>SOF and Determinations</b>	List the name of clinician who finalized the Summary of Findings report.		✓

<b>Specialized Add-on Services and Supports</b>	Summary of Findings report will identify separate sections for PASRR identified specialized add-on services, along with a rationale for each service.	✓
<b>Intensive Treatment Services</b>	List PASRR identified intensive treatment services identified.	✓
<b>MD</b>	List the physician's name and credentials if review took place.	✓
<b>Reconsideration language</b>	Standard text will be provided during the Implementation Phase.	✓
<b>Appeal language</b>	Standard text will be provided during the Implementation Phase.	✓
<b>Status Change statement</b>	Standard text will be provided during the Implementation Phase.	✓
<b>PASRR Notice of</b>	Indicate whether this is a short-term NF approval or NF approval.	✓
<b>Summary Outcome</b>	Indicate whether an individual is approved or not for LOC, short term LOC and whether the determination is the result of a Reconsideration or Appeal.	✓

The Atrezzo PASRR portal allows providers to download all letters or required correspondence that may be produced as result of completing the clinical review of the request (Figure 10). For example, the system will generate a letter for the Level I Assessor to provide to the individual stating that a PASRR Level II is required prior to admission to a nursing facility.

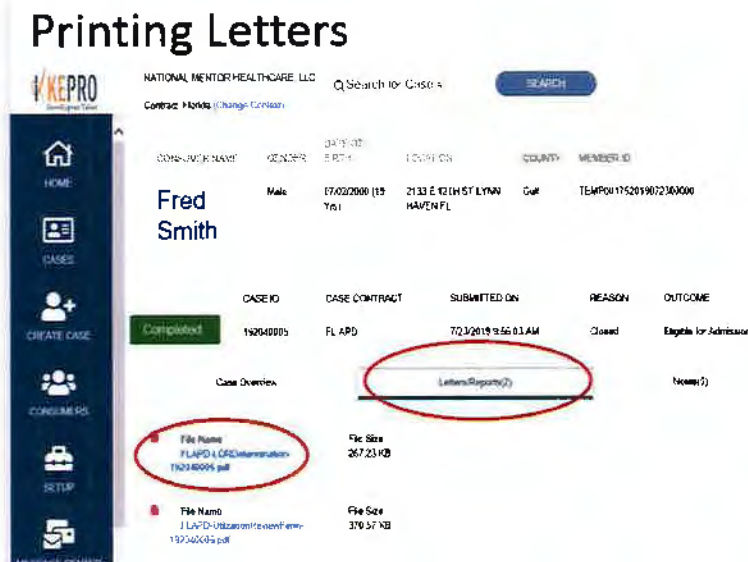


Figure 10: Atrezzo Letter Generation Functionality

Appendix 8 provides sample letter templates.

**PASRR Work Plan Requirements**

Business Requirements	
Req #	Requirement
WPR-1	<p><i>Provide a draft project work plan that demonstrates an understanding of the requirements, including methodologies, processes, and procedures that will be utilized in the implementation to fulfill the scope of work. Work plan must include a timeline that indicates how organization can perform the contract within the time-frame of implementation phase, with a go live system at a date determined by DHHS.</i></p> <p>Response:</p> <div style="background-color: #d9e1f2; padding: 5px;"><b>WORK PLAN:</b></div> <p>KEPRO provides a detailed project work plan below that demonstrates our understanding of this project. The work plan includes all components of implementation and operations and identifies relevant staff to lead each component.</p> <p><b>Implementation Schedule Legend</b></p> <div style="background-color: #002060; color: white; padding: 2px;">Dark blue: Section.</div> <div style="background-color: #cccccc; padding: 2px;">Grey: Sub-section.</div> <div style="background-color: #d9e1f2; padding: 2px;">Light blue: Project milestone.</div> <div style="background-color: #d9ead3; padding: 2px;">Light green: Project deliverable.</div>



## NE PASRR Implementation Plan

Task Name	Duration	Start	Finish	Assigned To
1 Bid Event Information	115d	02/19/20	03/11/20	
2 Bid Event Number		N/A	N/A	
3 Scope Statement		N/A	N/A	
4 Client		N/A	N/A	
5 Submit Questions	1d	02/19/20	02/19/20	
6 State Response to Questions	1d	03/06/20	03/06/20	
7 Proposal due	1d	05/15/20	05/15/20	
8 Proposal Opening	1d	05/16/20	05/16/20	
9 Evaluation Period	11d	05/19/20	06/02/20	
10 Oral Presentations - TBD		TBD	TBD	
11 Notice of Intent to Award	1d	06/10/20	06/10/20	
12 Contract Finalization	23d	06/16/20	07/13/20	
13 Contract Award	1d	07/15/20	07/15/20	
14 Contract Start	1d	08/01/20	08/01/20	
15 Contract period		N/A	N/A	
16 Bid Event Website		N/A	N/A	
17 Public Contracts Website (winning bid posted)		N/A	N/A	
18 Implementation Timeline	123d	04/29/20	10/21/20	
19 Administration	69d	05/10/20	09/16/20	
20 Notice of intent to award	0	06/10/20	06/10/20	DHHS
21 Notify key personnel and implementation team	5d	06/10/20	06/16/20	Implementation Director
22 Contract Finalization	10d	06/16/20	06/26/20	KEPRO, DHHS
23 Contract Award	1d	07/15/20	07/15/20	DHHS
24 Contract Start	1d	08/01/20	08/01/20	KEPRO, DHHS
25 Project Initiation	20d	06/10/20	07/06/20	
26 Conduct Kick-Off Meeting	5d	06/10/20	06/16/20	
27 Identify implementation project roles- Develop Stakeholder Register, gather SMEs and Client contacts	5d	06/10/20	06/16/20	Implementation Director
28 Communication and project discovery meeting cadence	5d	06/10/20	06/16/20	KEPRO, DHHS
29 Discuss overview needs for staffing project scope - will lead to separate workstream meetings	5d	06/10/20	06/16/20	KEPRO, DHHS
30 Project Work Plan	15d	06/17/20	07/08/20	
31 Update Project Plan per Kick-off Meeting and other information	5d	06/17/20	06/23/20	Implementation Director
32 Submit draft Project Work Plan for review/approval	1d	06/24/20	06/24/20	Implementation Director
33 Review/provide feedback on Project Work Plan	5d	06/25/20	07/01/20	DHHS
34 Adjust Project Work Plan per feedback	1d	07/02/20	07/02/20	Implementation Director
35 Submit final Project Work Plan for approval	1d	07/06/20	07/06/20	Implementation Director
36 Final review of Project Work Plan	2d	07/07/20	07/09/20	DHHS
37 Project Work Plan finalized and approved	0	07/09/20	07/09/20	
38 Project Discovery	20d	06/10/20	07/06/20	
39 Meet with client to develop processes and tools (discovery meetings)	20d	06/10/20	07/06/20	KEPRO, DHHS
40 Project Development	31d	06/10/20	07/23/20	
41 Develop business process documents and materials required for operations, oversight, training, quality	31d	06/10/20	07/23/20	KEPRO
42 Project Readiness Evaluation (Systems, Staff, Facility, Training)	10d	07/15/20	07/30/20	
43 Develop Ops & Tech Readiness Evaluation Tool	2d	07/16/20	07/17/20	Implementation Director
44 Conduct Ops & Tech Readiness Evaluation	2d	07/20/20	07/21/20	Implementation Team
45 Make final adjustments to Ops & Tech, continue with planning and deliverables	5d	07/22/20	07/26/20	KEPRO
46 KEPRO sign-off on contract readiness	1d	07/29/20	07/29/20	KEPRO, DHHS
47 Provide approval to implement go-live	1d	07/29/20	07/29/20	DHHS

## Business Requirements

Task Name	Duration	Start	Finish	Assigned To
Successful Ops & Tech readiness evaluation	0	07/30/20	07/30/20	--
<b>Implementation Project Close + Operations Go-Live</b>	<b>23d</b>	<b>06/03/20</b>	<b>06/26/20</b>	<b>--</b>
Support operations through stabilization period	22d	06/03/20	06/25/20	Implementation Team
Evaluate lessons learned	5d	06/02/20	06/07/20	Implementation Team
Close implementation project	5d	06/10/20	06/16/20	Implementation Director
<b>Facility</b>	<b>31d</b>	<b>06/10/20</b>	<b>07/23/20</b>	<b>--</b>
<b>NE Office</b>	<b>6d</b>	<b>07/16/20</b>	<b>07/23/20</b>	<b>--</b>
Secure space in Lincoln NE	9d	07/16/20	07/22/20	Facilities Manager
Occupy NE space	1d	07/23/20	07/23/20	KEPRO
<b>FL Office</b>	<b>20d</b>	<b>06/10/20</b>	<b>07/06/20</b>	<b>--</b>
Order equipment and supplies for additional FL-based staff in existing Tallahassee, FL facility	10d	06/10/20	06/23/20	Project Director
Order service-Build out additional cubicles	10d	06/24/20	07/09/20	Facilities Manager
Facility established - infrastructure and any new equipment/supplies in place	0	07/08/20	07/08/20	--
<b>Staffing, Onboarding, Training</b>	<b>57d</b>	<b>04/28/20</b>	<b>07/31/20</b>	<b>--</b>
<b>Management and Key Personnel</b>	<b>53d</b>	<b>04/28/20</b>	<b>07/27/20</b>	<b>--</b>
Project Director (already in place)	--	on staff	--	--
Level I/Level II Manager (already in place)	--	on staff	--	--
IT Specialist (already in place)	--	on staff	--	--
Help Desk Supervisor/Project Support Specialist (already in place)	--	on staff	--	--
Webmaster (already in place)	--	on staff	--	--
Board Certified Psychiatrist (already in place)	--	on staff	--	--
<b>Clinical Director/PASRR Policy Specialist</b>	<b>59d</b>	<b>04/28/20</b>	<b>07/27/20</b>	<b>--</b>
Post positions, receive applications	10d	04/28/20	05/11/20	HR
Review/screen applicants	5d	05/12/20	05/18/20	HR
Interview applicants	10d	05/19/20	06/02/20	Project Director
2nd interview applicant (if applicable)	9d	06/03/20	06/12/20	VP
Make offers	2d	06/15/20	06/18/20	HR
Receive written acceptance of offer + Submit request for equipment and access	5d	06/17/20	06/23/20	HR
Conduct background screening, verify credentials	10d	06/24/20	07/09/20	HR
Key Personnel and management staff hired	3d	07/09/20	07/13/20	KEPRO HR
KEPRO Orientation and Training, Job Specific training	10d	07/14/20	07/27/20	KEPRO, HR
<b>Support and Clinical Staff (Help Desk, Level I Reviewers, Level II Evaluators)</b>	<b>67d</b>	<b>04/28/20</b>	<b>07/24/20</b>	<b>--</b>
Post positions, receive applications	10d	04/28/20	05/11/20	HR
Review/screen applicants	5d	05/12/20	05/18/20	HR
Interview applicants	10d	05/19/20	06/02/20	Hiring Manager
2nd interview applicant (if applicable)	9d	06/03/20	06/12/20	Hiring Manager or Other
Make offers	2d	06/15/20	06/18/20	HR
Receive written acceptance of offer + Submit request for equipment and access	5d	06/17/20	06/23/20	HR
Conduct background screening, verify credentials	10d	06/24/20	07/09/20	HR
Support and Clinical Staff hired	7d	07/09/20	07/17/20	KEPRO HR
KEPRO Orientation and Training, Job Specific training	10d	07/20/20	07/31/20	KEPRO, HR
All NE PASRR Staff Hired	0	07/17/20	07/17/20	--
<b>Technology</b>	<b>36d</b>	<b>06/10/20</b>	<b>07/30/20</b>	<b>--</b>
<b>Telephony Infrastructure</b>	<b>29d</b>	<b>06/10/20</b>	<b>07/21/20</b>	<b>--</b>
Add to contract with telephony vendor & request toll free telephone number(s)	10d	06/10/20	06/23/20	Infrastructure Services Manager
Telephony Configuration	5d	06/24/20	06/30/20	KEPRO IT
Gather requirements for telephony	5d	06/24/20	06/30/20	Business Analyst

Task Name	Duration	Start	Finish	Assigned To
95 Toll Free #	5d	06/24/20	06/30/20	Business Analyst
96 Voicemail	5d	06/24/20	06/30/20	Business Analyst
97 IVR Workflow	5d	06/24/20	06/30/20	Business Analyst
98 User profiles	5d	06/24/20	06/30/20	Business Analyst
99 Scripts	5d	06/24/20	06/30/20	Business Analyst
100 Call recording	5d	06/24/20	06/30/20	Business Analyst
101 Procedures for TTY line for communicating with the hearing impaired	5d	06/24/20	06/30/20	Business Analyst
102 Call transfers - multiple locations	5d	06/24/20	06/30/20	Business Analyst
103 Configure telephony - implement	5d	07/01/20	07/08/20	KEPRO IT
104 Conduct telephony UAT	7d	07/08/20	07/17/20	KEPRO IT, Operations
105 Deliver telephony	2d	07/20/20	07/21/20	KEPRO IT
106 Telephony infrastructure complete	0	07/21/20	07/21/20	-
<b>- Fax</b>	<b>3d</b>	<b>06/10/20</b>	<b>06/13/20</b>	<b>-</b>
108 Request fax #	5d	06/10/20	06/16/20	Implementation Director
109 Gather inbound and outbound requirements/workflows for fax	5d	06/17/20	06/23/20	Business Analyst
110 Implement fax - linked to Atrazzo	9d	06/24/20	07/07/20	KEPRO IT
111 Fax UAT	4d	07/06/20	07/13/20	KEPRO IT, Operations
112 Deliver fax capability per contract specifications	1d	07/14/20	07/14/20	KEPRO IT
<b>- PASRR Website</b>	<b>25d</b>	<b>05/10/20</b>	<b>07/04/20</b>	<b>-</b>
114 Provide existing content to be included on KEPRO PASRR website	5d	05/10/20	05/16/20	DHHS
115 Gather requirements for additional materials to be included on website	5d	05/10/20	05/16/20	-
116 Training Materials Page	5d	05/10/20	05/16/20	Business Analyst
117 Training Notices, Registration	5d	05/10/20	05/16/20	Business Analyst
118 Contact Information	5d	05/10/20	05/16/20	Business Analyst
119 Emergency Closure Notices	5d	05/10/20	05/16/20	Business Analyst
120 Holidays and regular business closures	5d	05/10/20	05/16/20	Business Analyst
121 Links to PASRR Resources	5d	05/10/20	05/16/20	Business Analyst
122 Link to Atrazzo PASRR system	5d	05/10/20	05/16/20	Business Analyst
123 Develop website content	10d	06/17/20	06/30/20	KEPRO Communications
124 QA/verify website content	5d	07/01/20	07/08/20	Operations
125 Deliver draft website content	1d	07/08/20	07/09/20	KEPRO Communications
126 Review/provide feedback on draft website	5d	07/10/20	07/16/20	DHHS
127 Update website per feedback	5d	07/17/20	07/23/20	KEPRO Communications
128 Launch website	1d	07/24/20	07/24/20	KEPRO Communications
129 NE PASRR Website launched	0	07/24/20	07/24/20	-
<b>- Atrazzo Assessment System</b>	<b>5d</b>	<b>05/10/20</b>	<b>05/15/20</b>	<b>-</b>
131 Elicit requirements	5d	05/10/20	05/16/20	-
132 Screens (questionnaires)	5d	05/10/20	05/16/20	Business Analyst
133 Letters	5d	05/10/20	05/16/20	Business Analyst
134 Reporting requirements	5d	05/10/20	05/16/20	Business Analyst
135 Data transfers	5d	05/10/20	05/16/20	Business Analyst
136 Workflow case processing	5d	05/10/20	05/16/20	Business Analyst
137 Quality Review - System pull 5% of cases and create a task for the reviewer to perform review	5d	05/10/20	05/16/20	Business Analyst
138 OPS requirements review	2d	06/17/20	06/19/20	Operations
139 Revisit requirements for final sign-off	2d	06/19/20	06/22/20	Business Analyst
140 OPS sign off	2d	06/22/20	06/24/20	Operations
141 Configure/customize questionnaires, workflows	5d	06/25/20	07/01/20	IT Implementation Director
142 QA	2d	07/02/20	07/06/20	KEPRO IT
143 UAT	2d	07/07/20	07/09/20	Operations
144 Final configuration updates per UAT	2d	07/08/20	07/10/20	IT Implementation Director



Task Name	Duration	Start	Finish	Assigned To
145 Deliver Atrezzo Assessments module for PASRR processing	1d	07/13/20	07/13/20	KEPRO IT
146 Develop User Guide and training modules	10d	07/07/20	07/20/20	Director of ATZ Implementations
147 <b>- Atrezzo Scheduler Module (For Internal Use of Scheduling PASRR LII)</b>	31d	08/10/20	07/23/20	--
148 Elicit requirements	5d	06/10/20	06/16/20	Business Analyst
149 OPS requirements review	2d	06/17/20	06/19/20	Operations
150 Rework requirements for final sign-off	2d	06/19/20	06/22/20	Business Analyst
151 OPS sign-off	2d	06/23/20	06/24/20	Operations
152 Configure/customize Scheduler system	5d	06/25/20	07/01/20	IT Implementation Director
153 QA	5d	07/02/20	07/09/20	KEPRO IT
154 UAT	5d	07/10/20	07/16/20	Operations
155 Final configuration updates, per UAT	3d	07/17/20	07/21/20	IT Implementation Director
156 Deliver Atrezzo Scheduler module for PASRR LII scheduling	1d	07/22/20	07/22/20	KEPRO IT
157 Develop User Guide and training modules	10d	07/10/20	07/23/20	Director of ATZ Implementations
158 <b>- PASRR L1 and LII Data Transfer with State System</b>	38d	06/10/20	07/08/20	--
159 Intro meeting to discuss file transfers (process and introduce transferring entities)	5d	06/10/20	06/16/20	--
160 Name contacts/resources, determine meeting cadence, provide data dictionary and sample test files and validation rules	5d	06/10/20	06/16/20	DRHS, KEPRO, NE Vendor
161 Determine data transfer process, SFTP location, schedule	5d	06/10/20	06/16/20	DRHS, KEPRO, NE Vendor
162 Walk through file layout/test file to clarify fields	5d	06/10/20	06/16/20	DRHS, KEPRO, NE Vendor
163 Set up SFTP accounts and exchange credentials	2d	06/17/20	06/19/20	KEPRO, NE Vendor
164 Exchange test file to verify credentials are working	2d	06/19/20	06/22/20	KEPRO, NE Vendor
165 Map required data to system	5d	06/23/20	06/29/20	KEPRO IT
166 Complete development work for file transfer	5d	06/30/20	07/07/20	KEPRO IT
167 Set up automated job to handle file exchange	5d	07/08/20	07/14/20	KEPRO IT
168 QA - Test file transfer development	2d	07/15/20	07/17/20	KEPRO IT
169 Test file exchange	2d	07/17/20	07/20/20	KEPRO, NE Vendor
170 Bug fix/creation	2d	07/21/20	07/22/20	KEPRO IT
171 Rerun file transfer	2d	07/23/20	07/24/20	KEPRO, NE Vendor
172 Move data transfers to PROD	2d	07/27/20	07/28/20	KEPRO IT
173 Load production data to PROO	2d	07/29/20	07/30/20	KEPRO IT
174 <b>- SharePoint (Contract Management Portal - Knowledge Repository)</b>	8d	06/10/20	06/22/20	--
175 Submit request for SharePoint	2d	06/10/20	06/11/20	Implementation Director
176 Create SharePoint for contract	5d	06/12/20	06/18/20	SharePoint Admin
177 Deliver SharePoint for use	2d	06/18/20	06/22/20	KEPRO IT
178 <b>- Email - Shared Inbox for Procurement Tracking</b>	8d	06/10/20	06/22/20	--
179 Submit service desk ticket requesting general shared email box <NEPASRR@kepro.com> to be aligned with specific users	2d	06/10/20	06/11/20	Implementation Director
180 Provide general shared email box as requested - add identified users to shared inbox	5d	06/12/20	06/18/20	KEPRO IT
181 Confirm identified users have access to inbox and can respond to shared inbox; manage users ongoing	2d	06/19/20	06/22/20	Operations
182 <b>- Reporting and Analytics</b>	79d	07/14/20	10/21/20	--
183 <b>- Quality Review Report</b>	29d	08/19/20	09/29/20	--
184 Develop template Quality Review Report	5d	08/19/20	08/25/20	Health Intelligence Analyst
185 Submit draft Quality Review Report for review/feedback	2d	08/26/20	08/27/20	Project Director
186 Review/provide feedback Quality Review Report	5d	08/28/20	09/03/20	DRHS
187 Revise Quality Review Report template per feedback	5d	08/04/20	08/11/20	Health Intelligence Analyst
188 Submit final Quality Review Report	2d	08/14/20	08/15/20	Project Director
189 Automate generation and delivery Quality Review Report	10d	08/16/20	09/29/20	Health Intelligence Analyst
190 <b>- Billing Invoice Report</b>	12d	09/14/20	09/29/20	--

Task Name	Duration	Start	Finish	Assigned To	
191	Submit July 2020 Billing Invoices	2d	08/14/20	08/15/20	KEPRO
192	Automate generation and delivery - Billing Invoices	10d	08/16/20	09/25/20	Health Intelligence Analyst
193	Level I and Level II Detailed Monthly Report	20d	08/18/20	09/28/20	--
194	Develop template LIAJ Detailed Monthly Report	5d	08/18/20	08/23/20	Health Intelligence Analyst
195	Submit draft LIAJ Detailed Monthly Report for review/feedback	2d	08/26/20	08/27/20	Project Director
196	Review/provide feedback LIAJ Detailed Monthly Report	5d	08/28/20	09/03/20	DHHS
197	Revise LIAJ Detailed Monthly Report template, per feedback	5d	09/04/20	09/11/20	Health Intelligence Analyst
198	Submit final LIAJ Detailed Monthly Report	2d	09/14/20	09/15/20	Project Director
199	Automate generation and delivery LIAJ Detailed Monthly Report	10d	09/16/20	09/29/20	Health Intelligence Analyst
200	Annual Report	37d	08/28/20	10/21/20	--
201	Develop template Annual Report	10d	08/28/20	09/11/20	Health Intelligence Analyst
202	Submit draft Annual Report for review/feedback	2d	09/14/20	09/15/20	Project Director
203	Review/provide feedback Annual Report	5d	09/16/20	09/22/20	DHHS
204	Revise Annual Report template, per feedback	10d	09/23/20	10/06/20	Health Intelligence Analyst
205	Automate generation and delivery Annual Report	10d	10/07/20	10/21/20	Health Intelligence Analyst
206	Submit Annual Report 4/1/21 [Outside of Implementation Timeline]	1d	*Apr 1*	*Apr 1*	Project Director
207	Performance Measures Report	20d	07/14/20	08/17/20	--
208	Develop template Performance Measures Report	5d	07/14/20	07/20/20	Health Intelligence Analyst
209	Review/provide feedback Performance Measures Report	5d	07/21/20	07/27/20	Project Director
210	Revise/Finalize Performance Measures Report	5d	07/28/20	08/03/20	Health Intelligence Analyst
211	Automate generation and delivery Performance Measures Report	10d	08/04/20	08/17/20	Health Intelligence Analyst
212	Management/Proactive Reporting	20d	07/14/20	08/17/20	--
213	Develop template Management/Proactive Reporting	5d	07/14/20	07/20/20	Health Intelligence Analyst
214	Review/provide feedback Management/Proactive Reporting	5d	07/21/20	07/27/20	Project Director
215	Revise/Finalize Management/Proactive Reporting	5d	07/28/20	08/03/20	Health Intelligence Analyst
216	Automate generation and delivery Management/Proactive Reporting	10d	08/04/20	08/17/20	Health Intelligence Analyst
217	Level II Evaluator Report	10d	08/05/20	08/25/20	--
218	Develop query from Abessa Scheduler system of Level II evaluators	5d	08/02/20	08/09/20	Health Intelligence Analyst
219	Review Level II Evaluator Report for quality/security	2d	08/10/20	08/11/20	Project Director
220	Submit Level II Evaluator Report (submit schedule TBD with DHHS)	1d	08/14/20	08/14/20	Project Director
221	Automate Level II Evaluator Report	10d	08/15/20	09/28/20	Health Intelligence Analyst
222	Business Process Documents and Plans	83d	06/13/20	09/09/20	--
223	Business Continuity/Disaster Recovery Plan	43d	07/10/20	09/09/20	--
224	Customize KEPRO BCADR to contract specifics	20d	07/19/20	08/08/20	KEPRO IT, Project Director
225	Internal quality review - BCADR	5d	08/07/20	08/13/20	Implementation Director
226	Submit draft Business Continuity/Disaster Recovery Plan for review/feedback	1d	08/14/20	08/14/20	Implementation Director
227	Review/provide feedback - BCADR	5d	08/17/20	08/21/20	DBH
228	Revise per feedback + quality check - BCADR	9d	08/24/20	08/29/20	KEPRO IT, Project Director
229	Submit final Business Continuity/Disaster Recovery Plan for approval	2d	08/31/20	09/01/20	Implementation Director
230	Complete final review - BCADR	5d	09/02/20	09/09/20	DBH
231	Quality Review Plan (QRP)	10d	08/18/20	08/28/20	--
232	Develop - QRP	9d	08/08/20	08/12/20	Project Support Specialist, PASRR Policy Specialist
233	Internal quality review - QRP	2d	08/13/20	08/14/20	Clinical Director
234	Submit draft Quality Review Plan, for review/feedback	1d	08/17/20	08/17/20	Project Director
235	Review/provide feedback - QRP	6d	08/18/20	08/24/20	DHHS
236	Revise per feedback - QRP	5d	08/25/20	08/31/20	Project Support Specialist, PASRR Policy Specialist
237	Submit final Quality Review Plan (August 1st annually)	-	-	-	Project Director

Task Name	Duration	Start	Finish	Assigned To
238 - Training Plan & Training Execution	53d	06/01/20	08/13/20	--
239 - Internal Training Plan & Execution	27d	06/29/20	07/21/20	--
240 Develop - Internal Training Plan	10d	06/24/20	07/03/20	PASRR LULJ Manager
241 Quality check - Internal Training Plan	2d	07/09/20	07/10/20	Clinical Director
242 Revise per feedback + quality check - Internal Training Plan	5d	07/13/20	07/17/20	PASRR LULJ Manager
243 Train KEPRO Staff on general and role-specific work	10d	07/20/20	07/31/20	KEPRO
244 - Initial PASRR Provider Training	53d	06/01/20	08/13/20	--
245 - PASRR Provider Training Materials For Webcasts	21d	06/10/20	07/06/20	--
246 Provide existing PASRR Provider Training materials to be carried over to KEPRO's PASRR webcasts	5d	06/10/20	06/16/20	DHHS
247 Develop library of PASRR Provider Training materials (including PASRR Provider Manual)	5d	06/17/20	06/23/20	Project Director
248 Submit draft library of PASRR Provider Training materials for review/approval	1d	06/24/20	06/24/20	Implementation Director
249 Review/provide feedback on PASRR Provider Training materials	2d	06/25/20	06/28/20	DHHS
250 Revise PASRR Provider Training materials, per feedback	2d	06/29/20	06/30/20	Project Director
251 Submit final/approved PASRR Provider Training materials to webmaster	1d	07/01/20	07/01/20	Project Director
252 Post approved PASRR Provider Training materials to website	5d	07/02/20	07/09/20	Webmaster
253 Update Provider Manual	5d	06/06/20	06/11/20	Clinical Director
254 - PASRR Provider Training - PASRR Processing and System Use	53d	06/01/20	08/13/20	--
255 Provide PASRR Provider email distribution list	5d	06/01/20	06/05/20	DHHS
256 Disseminate training notice and registration process	2d	06/08/20	06/09/20	Project Director
257 Develop training for security administrators for each hospital, NF and other providers on how to auth users	4d	07/14/20	07/17/20	Director of ATZ Implementations
258 Develop NE PASRR Processing and System Use Training	4d	07/14/20	07/17/20	Director of ATZ Implementations
259 Develop training schedule and training notice	4d	07/14/20	07/17/20	Project Director, DHHS
260 Submit draft PASRR Processing and System Use Training materials for review/feedback	1d	07/20/20	07/20/20	Implementation Director
261 Review/provide feedback on PASRR Processing and System Use Training	3d	07/21/20	07/23/20	DHHS
262 Revise PASRR Processing and System Use Training, per feedback	2d	07/24/20	07/27/20	Director of ATZ Implementations
263 Conduct webinar training sessions on PASRR Processing and System Use	3d	07/28/20	07/30/20	Project Director
264 Record PASRR Processing and System Use training for placement on KEPRO PASRR webcasts	10d	07/31/20	08/13/20	Director of ATZ Implementations
265 - Bi-monthly PASRR Provider Training	73d	06/30/20	07/17/20	--
266 Develop 1-hour webinar proposed training topics/agenda/schedule - Bi-monthly PASRR Provider Training	10d	06/30/20	07/14/20	PASRR LULJ Manager
267 Develop web-based registration process - Bi-monthly PASRR Provider Training	10d	06/30/20	07/14/20	Webmaster
268 Submit proposed bi-monthly PASRR Provider Training topics/agenda/schedule	1d	07/15/20	07/15/20	PASRR LULJ Manager
269 Review Bi-monthly PASRR Provider Training topics/agenda/schedule	1d	07/16/20	07/16/20	DHHS
270 Revise Bi-monthly PASRR Provider Training topics/agenda/schedule per feedback	1d	07/17/20	07/17/20	PASRR LULJ Manager
271 Develop training/submit for approval - for each bi-monthly training	10d	07/20/20	ongoing	PASRR LULJ Manager
272 Submit training summary (Topic, description, # attendees, survey results) - 30 td after each webinar	--	ongoing	ongoing	PASRR LULJ Manager
273 - Training Evaluation Survey Tool	10d	07/19/20	07/29/20	--
274 Customize KEPRO training evaluation survey for NE PASRR Program	2d	07/19/20	07/17/20	Project Director
275 Submit draft NE PASRR Training Evaluation survey for review/feedback	2d	07/20/20	07/21/20	Implementation Director



Task Name	Duration	Start	Finish	Assigned To
276 Review/provide feedback on NE PASRR Training Evaluation survey	3d	07/22/20	07/24/20	DHHS
277 Revise NE PASRR Training Evaluation survey, per feedback	3d	07/27/20	07/29/20	Project Director
278 Implement NE PASRR Training Evaluation survey with all scheduled training via Survey Gizmo	Ongoing	Ongoing	Ongoing	KEPRO
279 <b>In-Person Provider Training and On-Site Consultation</b>	10d	07/16/20	07/29/20	-
280 Determines schedule for In-Person Provider Training and on-site consultations (2 trainings per contract term)	10d	07/16/20	07/29/20	KEPRO, DHHS
281 Develop necessary training materials for In-Person Provider Training	10d	TBD	TBD	Clinical Director, PASRR LIA/II Manager
282 Deliver In-Person Provider Training and On-Site Consultation		TBD	TBD	Clinical Director, PASRR LIA/II Manager
283 <b>Level II Evaluator Training</b>	32d	05/13/20	06/26/20	--
284 Develop Level II Evaluator Training and materials	1d	05/13/20	05/27/20	PASRR LIA/II Manager, Clinical Director
285 Submit draft Level II Evaluator Training materials (training notice, registration process)	1d	05/28/20	05/29/20	Implementation Director
286 Review/provide feedback - Level II Evaluator Training	1d	06/01/20	06/02/20	DHHS
287 Revise per feedback - quality check - Level II Evaluator Training	1d	06/03/20	06/04/20	PASRR LIA/II Manager, Clinical Director
288 Submit final Level II Evaluator training for approval	1d	06/05/20	06/05/20	Implementation Director
289 Complete final review - Level II Evaluator Training	1d	06/08/20	06/12/20	DHHS
290 Deliver Level II Evaluator Training	1d	06/15/20	06/26/20	Clinical Director, PASRR LIA/II Manager
291 <b>Business Process Documents (BPD) - Documents will be submitted ongoing for continuous feedback until all are approved</b>	13d	07/16/20	08/03/20	--
292 Create BPD Tracker to maintain approval status - store on central location	2d	07/16/20	07/17/20	Implementation Director
293 <b>Develop P&amp;Ps, Job Aids and Workflows</b>	5d	07/20/20	07/24/20	--
294 Level I Screening P&P, Job Aide, Workflow	5d	07/20/20	07/24/20	Project Director
295 Level I Categorical Determinations and Exemptions P&P	5d	07/20/20	07/24/20	Project Director
296 Notification Requirements	5d	07/20/20	07/24/20	Project Director
297 PASRR Status Change	5d	07/20/20	07/24/20	Project Director
298 Level II Evaluations	5d	07/20/20	07/24/20	Project Director
299 Halting Level II Evaluations	5d	07/20/20	07/24/20	Project Director
300 Level II Final Determinations	5d	07/20/20	07/24/20	Project Director
301 Appeal Rights and Instructions	5d	07/20/20	07/24/20	Project Director
302 Help Desk/ Customer Service	5d	07/20/20	07/24/20	Project Director
303 Submit draft business processes for review and feedback	1d	07/27/20	07/27/20	Implementation Director
304 Review, provide feedback on business processes	1d	07/28/20	07/28/20	DHHS
305 Revise business processes, per feedback	1d	07/29/20	07/29/20	Project Director
306 Submit final business process documents for approval	1d	07/30/20	07/30/20	Implementation Director
307 Complete final review/approve - business process documents	1d	07/31/20	07/31/20	DHHS
308 Utilize approved business process documents for training   maintain up-to-date through life of the contract	1d	08/03/20	08/03/20	KEPRO

KEPRO will update the work plan for Level II Evaluator Training requirements as new project timeline needs are provided by the State.

## Business Requirements

*Describe the methodologies, processes, and procedures that will be utilized in the operations phase to meet timelines for the deliverables and timeframe requirements laid out in the scope of work.*

Response:

### APPROACH TO MEET DELIVERABLES:

Nebraska needs an experienced partner that understand that the management plan for operational success starts before a proposal is submitted and is tailored for maximum efficiencies to handle scope, volume, and requirements. KEPRO's management plan to meet deliverables is a repeatable life cycle. Our structured project management approach is based on project management body of knowledge (PMBOK) and designed to achieve higher levels of operational efficiency. Critical to the PMBOK process is the development and adherence to the project management plan (PMP). Our business management methods include development of an effective project management plan, tracking, communication, corrective action, and risk assessment.

Our structured project management approach is based on established procedures and tools for project management, which assists in mitigating risk, based on these principles:

- **COMMUNICATION:** We prioritize communication with all of our clients and will establish relationships and a cadence for interaction with the State and your stakeholders. Our experience has shown us that on-going communication among staff, leadership, stakeholders, providers, associations, etc. only increases our knowledge which will contribute to the overall success of our work for the state
- **DELIVERABLES MANAGEMENT:** Once the scope, objectives, and schedule are created, deliverables are confirmed and monitored for compliance for the duration of the contract.
- **QUALITY CONTROL:** We rely heavily on key performance indicators (KPIs) to control the quality of our task-based projects. Our KPIs are proactive, and internal metrics are used to ensure compliance with the contract requirements.
- **RISK MANAGEMENT:** We use a continual improvement process for risk management that includes planning, identification, analysis, response planning, monitoring, and control.
- **BUDGET MANAGEMENT:** Our budgeting process is completed at the corporate level to ensure realistic and sufficiently detailed budgets that reflect the proposal submitted for each contract.
- **SCHEDULE MANAGEMENT:** We develop, maintain, and communicate a schedule that ensures appropriate resources are available to complete all tasks within their specific timeframes.
- **CORPORATE CAPABILITY AND REACHBACK:** Our corporate capabilities include defining, developing, correlating, condensing, and implementing processes that ensure all aspects of contract activities run efficiently and comply with regulatory guidelines.

Figure 11 depicts an overview of the core focus areas serving as the foundation of our project management approach.

WPR-2



**Figure 11: Project Management Approach**

*Each component works in a cyclical process to ensure optimal monitoring, and feedback is provided on performance and project management.*

**Contract Management for Operational Excellence**

As detailed in our technical proposal, the project plan for Nebraska begins with the contract objectives as articulated by the scope of work, reflecting operational goals such as timeliness and reliability as well as program goals, such as re-balancing the delivery of services to promote home and community-based services. We integrate these objectives into organizational objectives for performance and comprehensive project management, accountability to the client, efficiency of business process to streamline activities, and quality improvement in all aspects of performance.

This process results in a clear and detailed method to achieving the requirements of the State’s contract and ensures that business units within KEPRO have specific accountability for contract objectives through their realization of organizational goals. With definition of objectives, we then develop performance measures and targets – including for example, timeliness of review, achievement of deliverables and submission of reports. The KEPRO management team translates these performance measures into realistic, detailed 90-day action plans that we link to contract deliverables. We use the



**Business Requirements**

90-day timeframe for overall action plans at the organization and individual level. This proactive approach allows us to avoid and address issues before they affect safety and compliance.

KEPRO establishes and maintains internal quality controls for monitoring, accuracy, productivity, and quality output of all of its team members. Uniformity in practice includes orientation of new employees, ongoing training of employees, defined policies and procedures, development of key process indicators, and monitoring of all activities. KEPRO has established consistent teaching and training methods for assuring Inter-Rater Reliability rates remain over 95% for our Reviewers and Assessors so that they consistently apply program requirements, clinical criteria, and federal/state regulations. This process assures dependability and supports our operational excellence and delivery of services. The level of monitoring is risk-based. KEPRO conducts risk assessments at the start of a new contract and throughout the contract term to identify high-risk compliance issues and to establish priorities, necessary monitoring activities, procedures/policies, and to determine auditing schedules. KEPRO monitors contract performance through systematic reporting and analysis; interim and annual evaluations; and ad hoc and formal quality improvement (QI) initiatives. Executive and contract management assess the evaluation results and OI initiatives and implement training programs and corrective actions to address opportunities for improvement. Continuous monitoring of training and corrective actions allows us to provide feedback to the KEPRO team and ensure that we meet deliverables throughout the contract.

**Program Monitoring and Control**

We follow a structured approach to attaining optimal performance. Administrated by our internal Compliance Department, our compliance program includes ongoing efforts to monitor, assess, audit, and evaluate compliance with KEPRO's policies and procedures, state and federal regulations, and all contract requirements. Our quality assurance and compliance approaches monitor performance against contract deliverables, with performance measurement and reporting logically integrated into contract measures and reports. This process ensures alignment between the State contract and KEPRO operations.

Compliance 360® (C360) is the KEPRO comprehensive compliance monitoring/reporting system that helps to ensure that KEPRO is compliant with all contract, URAC, and other regulatory requirements. KEPRO uploads contract, vendor, and employee data into C360 to provide an instant "state of compliance" for the entire organization. Through a series of highly configurable security levels and reporting dashboards, users have the ability to drill down to the contract level to monitor the status of deliverables and other critical contract components. The C360 system captures all performance standards for each contract. The responsible management team updates C360 to document submission of and achievement of performance standards.

**Policies and Processes**

KEPRO's extensive experience working with Medicaid agencies means that we are well versed in Medicaid policies and processes. Thus, KEPRO policies and procedures for contract compliance monitor, assess, audit, and evaluate compliance with state and federal regulations as well as with contract requirements. The project schedule is monitored for all critical processes. The KEPRO Project Director proactively executes quality improvement action plans.

***PASRR Training and Help Desk Requirements***

**Business Requirements**

Req #	Requirement
TRN-1	<b><i>Meet all requirements in the Scope of Work, Section VI.C.2, Training. Describe how the solution will meet these requirements.</i></b>

Response:

### **TRAINING PROVIDERS [RFP 2.A]:**

Initial state agency and provider trainings will be held in-person and via web conferencing. The goal of our initial training is to ensure all staff have sufficient knowledge of PASRR program objectives, policies and processes related to the entire PASRR program including Level I and Level II, and PASRR web application process.

### **WEBINAR TRAINING [RFP 2.D]:**

Initial agency and provider training for hospitals and nursing home staff will be conducted during the two weeks prior to the online Level I and Level II go live. Our PASRR Web Application is very user friendly and menu driven so the provider training is fairly straight forward and generally takes only a couple of hours. The Project Director, Ellen Olsen, will be responsible for conducting local webinars and onsite trainings.

After the initial training, all web application (portal) users may call the toll-free number to receive technical assistance and on-going guidance in the practical application of the system at any time during business hours. We will be following the reasons for the calls and enhance our training as necessary with the goal of making the portal process easier for the users.

In addition to conducting onsite trainings, KEPRO will offer providers multiple statewide Agency-approved webinars regarding the Level I and II process each year. The webinars will be free of charge to providers and will be available on the KEPRO website and Agency website if preferred. We will also distribute training information, frequently asked questions, and a software manual via our program-specific website.

We have the existing capacity to ensure effective communications as we maintain a full-service, in-house training organization, assigning trainers and technical support personnel as needed to effectively support the Nebraska provider and stakeholder community. Based on all this experience, KEPRO meets all critical factors to provide a robust communication and outreach program *efficiently and effectively*.

KEPRO has extensive experience with successfully executing communication and outreach strategies for state staff and statewide providers when implementing new contracts. We develop Education, Outreach and Training Plans and once approved by states, we address all aspect of transition, implementation, and ongoing operations. For this implementation, we will utilize our current and familiar PASRR websites and Provider Portal to begin disseminating information statewide. We will also utilize our extensive database of email addresses for all the current Provider Portal users and our contacts with the hospital and nursing home associations.

To accommodate provider training, the enhanced provider portal will go-live statewide 45 days after successful completion of KEPRO's internal testing. We will utilize various mechanisms for delivering training to potential users of our newly updated, web-based PASRR Level I system and the overall PASRR Program statewide.

Provider trainings are held in-person and via web-conferencing. Please note that, although providers who currently participate in Nebraska's PASRR program are familiar with the PASRR process, the training for the provider portal will include a refresher overview of the Level I and Level II process and how it aligns in the new and easy to use system. The goal of our provider training is to ensure all staff have sufficient knowledge of program objectives, policies and processes related to the entire PASRR program.

Leveraging our long-term relationship with all PASRR state agency staff and the associated providers, we can deliver communication and training much more efficiently than an outside vendor. We have formed productive and cooperative relationships with all stakeholder parties involved. We know the players personally which will increase effectiveness of both our communications and training. These relationships foster proactive and efficient communication. As the table below demonstrates, KEPRO will provide all critical factors to ensure a robust outreach and training program.

Our communication and training approach includes a combination of regional in-person trainings, webinars, and 24/7 on-demand training. Working in advance with DHHS, we will submit proposed communications, materials and schedules for review, comment, and approval.

The critical task of Communication and Training will begin immediately and continue long after implementation. Our approach includes outreach meetings to stakeholder groups, regional provider training, training for DHHS staff, conference calls with providers, and communication materials for distribution via email and the website. In addition, we will provide three toll-free lines during implementation to offer "just in time training" and promptly answer any questions providers may have during the transition.

Our detailed plan is all-inclusive, including working cooperatively with DHHS from the outset to provide detailed, accurate, and instructive materials that encompass pertinent regulations and process instructions across all provider types. Our innovative approach optimizes program efficiency and increases customer satisfaction. Additionally, our approach can be customized to meet any specific needs and requirements as shown in **Table 5**.

**Table 5: KEPRO's Customizable Training Program Elements**

Implementation Training	Agency Staff	Provider
<b>Location</b>	▪ Nebraska, local office	▪ Area Offices
<b>Length</b>	▪ 60 minutes	▪ 60 minutes
<b>Frequency</b>	▪ 10 sessions	▪ 28 sessions
<b>Method</b>	<ul style="list-style-type: none"> <li>▪ Face to face</li> <li>▪ WebEx</li> <li>▪ Interactive version posted to Web-Based Resource Center</li> <li>▪ Learning Management System (LMS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Face to face</li> <li>▪ WebEx</li> <li>▪ Interactive version posted to Web- Based Resource Center</li> <li>▪ Learning Management System (LMS)</li> </ul>
<b>Proposed Materials</b>	<ul style="list-style-type: none"> <li>▪ Brochures</li> <li>▪ Handouts</li> <li>▪ Agendas</li> <li>▪ Links to other resources</li> <li>▪ Policy/Procedure Manual</li> <li>▪ User guides</li> </ul>	<ul style="list-style-type: none"> <li>▪ Brochures</li> <li>▪ Handouts</li> <li>▪ Agendas</li> <li>▪ Links to other resources</li> <li>▪ Policy/Procedure Manual</li> <li>▪ User guides</li> </ul>
<b>Method of Evaluation</b>	<ul style="list-style-type: none"> <li>▪ Post-written evaluation</li> <li>▪ Verbal feedback</li> <li>▪ Web survey</li> <li>▪ Online post testing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post-written evaluation</li> <li>▪ Verbal feedback</li> <li>▪ Web survey</li> <li>▪ Online post testing</li> </ul>
<b>Promotion</b>	<ul style="list-style-type: none"> <li>▪ Dedicated Hotline</li> <li>▪ Direct mail notification</li> <li>▪ Web notice</li> <li>▪ Stakeholder distribution</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dedicated Hotline</li> <li>▪ Direct mail notification</li> <li>▪ Web notice</li> <li>▪ Stakeholder distribution</li> </ul>



## TRAINING STATE OF NEBRASKA STAFF [RFP 2.B]:

### **Staff Training:**

KEPRO verifies clinical staff during the hiring process to ensure their qualifications are appropriate for the scope of work and they meet licensure standards. Our subject matter experts design and coordinate KEPRO staff training for Nebraska PASRR to provide a curriculum in accordance with contractual, State, and Federal guidelines. Our key staff have the requisite knowledge to train new Assessors efficiently and appropriately, and KEPRO will leverage our existing PASRR training modules. Examples of KEPRO subject matter experts working with our Florida leadership team to develop appropriate modules include:

- Federal and state PASRR regulations, including definitions of requirements that may be specific to the individual state contract
- Contract Requirements – Client goals, program descriptions, contract deliverable, key process and outcome measures
- Clinical Best Practices and Person-Centered Assessments
- HIPAA and confidentiality standards – training that addresses compliance to regulations governing HIPAA, PHI, etc.
- URAC standards – modules discussing the core standards and standardized processes KEPRO uses to perform all contract work
- Using KEPRO's automated processing system – technical training on the system capabilities, user instructions, reporting capabilities, etc.
- Financial modules – training on KEPRO's web-based timesheet recording, travel policies, etc.

### **New Employee Orientation**

KEPRO also provides a thorough orientation for new employees, which we find is a best practice to promote performance and staff retention. The first step in KEPRO's training process is our new employee orientation, which introduces all staff to the overall corporate objectives and policies. This thorough and comprehensive orientation to the company that includes information on the contract scope of work; the individual's role and responsibilities; and correlation of individual responsibility to meet contract requirements.

After initial orientation, employees begin a series of training modules related to their job assignments. Each module is designed to accomplish the following:

- Deliver task-specific information for the review at hand
- Orient the Assessors to the PASRR process
- Provide instructions on the use of review tools and criteria

Once employees receive initial training, KEPRO then provides a more comprehensive session on confidentiality and security issues. KEPRO's employees in Florida, for example, undergo our rigorous training with respect to the security and confidentiality of medical records and PHI. We successfully conducted this training for other KEPRO Medicaid and Medicare contracts. KEPRO uses a module-based training program for all employees to ensure procedures are followed correctly, and that criteria and policies are applied properly and consistently, and in accordance with the requirements of the contract. Each module is a self-contained lesson on a single topic.

Through this modular approach, the training program transfers the essential knowledge required in a manner conducive to individual development and adult learning. This approach allows the learner to use existing knowledge and experience and attend those sessions needed to learn the skills and information required. It also enables the employee to spend as much time as needed to reinforce new ideas. KEPRO'S Learning Management System (LMS) documents each training sessions for individual employees to ensure that all staff attend and pass. Required topics for initial and annual modular training of all staff include:

- Ethics Framework Policy (includes conflict of interest),
- Workplace Security and Internet Privacy,
- Workplace Harassment, and
- State and Regulatory Compliance.

The KEPRO staff development program also includes a comprehensive clinical orientation, assesses the competency of behavioral reviewers, identifies relevant on-going training and in-services to support staff development, and delivers targeted, remedial training to address any areas of underperformance. Our initial comprehensive training ensures all staff members have sufficient knowledge and ability to implement and deliver required program services smoothly.

#### **Evaluating Employee Performance**

Each employee undergoes a Performance Evaluation review six months from date of hire and annually thereafter. We evaluate and report performance goals that include the results from each of the quality control activities and core behavioral competencies essential to the achievement of our business goals using software that tracks and measures personal performance. In addition to intensive program orientation during implementation (or for new hires), we continuously measure the ongoing quality of staff performance. For example, we monitor telephone calls monthly for each staff person. The calls are selected on a random basis and evaluated for correct and courteous handling and appropriate documentation. Clinical and support staff are closely monitored for the first 90 days of employment and undergo a six-month probationary period consisting of review, discussion, and feedback with additional training if necessary. Regular in-service training and support is provided to maintain a knowledgeable and specialized staff.

#### **Desk Level Resources**

During our training program, each staff member receives a training binder that includes critical information (desk level resource). The most up to date documents will be posted electronically on a SharePoint site specific to the contract. The training binder includes information such as:

- Nebraska State PASRR contract guidelines
- Federal PASRR regulations
- Cultural Competency training module
- Workflows
- Community Resources
- Program Overview and Deliverables
- Definitions and Acronyms
- Position Checklists
- Escalation and Consultation Requirements
- Interpreter Resources
- Quality Program description

#### **Evaluation of Training Effectiveness**

All staff training events conducted by KEPRO include the completion of training evaluation forms. These forms request information from employees about content, clarity, and presentation style. Additionally, employees are encouraged to provide feedback on future topics and suggestions to make future events better. Evaluation forms are entered into a training database and analyzed at the time of the event and in aggregate quarterly. These evaluation forms are a component of a larger effort by KEPRO to monitor and evaluate our training activities, assess their effectiveness, and identify opportunities to improve these activities, as part of the overall QI process.

KEPRO'S subject matter experts assist the KEPRO Nebraska leadership and the Corporate Learning & Development Manager to develop staff learning objectives and curriculum. KEPRO training modules provide the building blocks for quality training, and we use them successfully in all of our Utilization Management contracts. Our training modules for Clinical Assessor staff will include, but are not limited to the following:

- Standard Operating Procedure (SOP) Manual
- DHHS Expectations and Contract Deliverables
- Review Process
  - Preadmission Review Types

- Resident Review Types
- Categorical and Exempted Hospital Discharge Reviews
- Review Timeframes
- Assessing Level of Care and Service Recommendations
- Reconsiderations/Fair Hearings/Appeals
- Selecting and Issuing Summary Notifications
- Quality Procedures for Review
  - Knowledge and appropriate application of Nursing Facility Level of Care criteria
  - Inter-rater Reliability
  - Indicator Monitoring
- System Use
  - Telephone Etiquette/Customer Service Techniques
  - Logging and Tracking System
  - Equipment Training
- Program Security and Confidentiality
  - Confidentiality and Security of Protected Health Information (PHI)
  - Health, Safety and Welfare of clients
  - Fraud and Abuse

**Enhancing Clinical Competency**

Assessors participate in ongoing educational training activities, both internal and external, to enhance clinical competency and to comply with standards related to clinical licensure and credentials. In-house training occurs in varied settings, including weekly staff meetings that address administrative and clinical policy and procedure revisions as well as special clinical topic reviews. The Executive Director distributes emails to inform staff of procedural updates, policy changes, or other subjects relevant to the program.

**Promoting Review Productivity**

KEPRO maintains productivity benchmarks for all staff members to assure that contractual timelines are met and exceeded. Assessor productivity is tracked daily, weekly, and monthly by number of completed reviews and turnaround time. We post this information each week and discuss individual productivity reports with the reviewer during individual supervision meetings.

**Customer Services Representatives (CSRs)**

KEPRO's CSRs have the most interaction with providers, stakeholders, and consumers and families since they are the first line of contact. Training for these key administrative staff will include:

- Orientation to the contract's objectives and deliverables
- Overview of the PASRR process
- PASRR specific process information
- Customer Service Excellence and telephone etiquette
- Use of systems (phone, fax, and email)
- Web-based data entry and retrieval
- Escalation guidelines
- Logging and tracking
- Time Management and Work Documentation



	<p>Staff training is vital to provide efficient contract administration. KEPRO tailors its training to meet the needs of each job responsibility and list of accountabilities. Staff training provides the knowledge and skills necessary to achieve specific contractual requirements. Employee education and training are a continuing process. Every monthly staff meeting includes education and training. We also conduct "daily huddles" where key information and benchmarks are shared with the team. We discuss topics such as identified trends, new or clarified Medicaid guidelines or Nebraska criteria/policy to maintain ongoing knowledge and proficiency. In combination with our staff education and training, we also conduct monthly quality reviews on each individual's work. This is the best way to prevent any misunderstandings or errors. We provide additional training to enhance knowledge and skills, to provide new information, or to reinforce information previously presented. We encourage all staff to request training to improve operational performance.</p> <p>KEPRO supplements all trainings with materials that are well written and organized so that staff can learn from reading and comprehending the information presented. Training materials address the information and procedure requirements, general PASRR information, and job specific information. Whether these materials address Assessors, managers, providers, administrative assistant staff, information systems, or other staff, each training component is prepared to ensure that users not previously trained in these programs will be able to function because of using these materials. All materials are organized in shared folders for fast and easy access to current versions.</p>
TRN-2	<p><b><i>Provide electronic communication (email, system notification, etc.) to providers for ongoing education in the Nebraska PASRR process and how to properly use the Contractor's system. Describe how the bidder's solution meets this requirement.</i></b></p> <p>Response:</p> <p><b>ELECTRONIC COMMUNICATION AND LISTSERV:</b></p> <p><b><u>Provider Communication for Ongoing Education</u></b></p> <p>Through multiple contracts across the nation, we facilitate provider training and ongoing education. In addition to conducting initial trainings, KEPRO will offer hospital, outpatient, nursing facility, and other relevant providers multiple statewide Department-approved webinars each year. The webinars will be available on the KEPRO website and Department website if preferred. We will also distribute training information, frequently asked questions, and a software manual via our program-specific websites (Figure 12) and via email distribution lists for Atrezzo users. Also, KEPRO's developers are currently developing Web chat and other interactive features to allow users to better communicate with our staff and ask questions in real-time. Our Project Director will facilitate on-site trainings regularly upon request to any providers or other stakeholders throughout the state. We have found that some providers prefer one-to-one interactions, especially during transitions.</p>

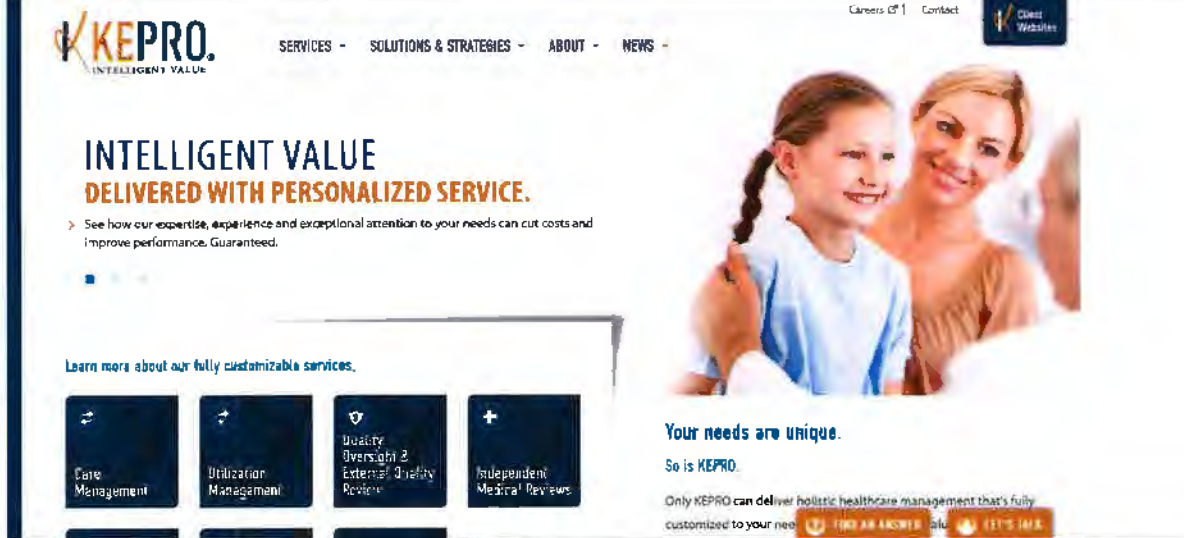


Figure 12: Client Website Access

Our philosophy is to support our providers and Nebraska stakeholders with ample communications and detailed training. To review an actual example of our work in another state, please see **Appendix 9**, Florida PASRR Education and Training Stakeholder and Provider Plan and **Appendix 10**, Virginia Insider. We offer corporate capacity through our full-service in-house training department. We have found this to be highly beneficial, especially during implementation. KEPRO’s analytics team will provide regular reporting on provider registration rates, which our training team will use to target training to specific providers or provider types when patterns of noncompliance are detected.

KEPRO will work with DHHS and referral sources to schedule trainings and will send an electronic notification with the time, date, location, and agenda of the training 30 days in advance. This information will also be available on the Nebraska PASRR-dedicated website.

**Provide email addresses, names, associated facility, and role for all individuals that have received PASRR education throughout the life of the contract. The Contractor shall share the sortable email list(s) with DHHS upon request. The Contractor shall regularly send policy and training related emails to the provider and Level II evaluator email lists.**

Response:

TRN-3

**EDUCATION TRACKING:**

KEPRO will maintain an education tracking sheet for the life of the contract that includes the facility, names of attendees, roles of the attendees and email addresses. Surveys are made available for all attendees and outcomes tracked for ongoing quality assurance in our training activities. Additionally, KEPRO will setup an email distribution list for regular updates and communications to the provider community. Atrezzo captures the email address of every provider and user. All updates and communication will also be posted to the KEPRO Nebraska website.

***Bidder must have a help desk to support the Scope of Work Section VI. Describe how the Bidder's help desk services available to the State and Providers at no additional cost to the State. Include business hours of operation, location of the call center, response time statistics, how calls are answered, triaged, and any functional limitations.***

Response:

#### **HELPDESK HOURS OF OPERATION [RFP VI.C.3.A-E]:**

KEPRO will maintain a toll-free telephone number that will be staffed Monday through Friday between the hours of 8:00am and 5:00pm CST. The phone line will be staffed with a minimum of two helpdesk representatives at all times with additional staff available to manage high call volume when needed. Calls related to an Atrezzo case will be logged in the call log. KEPRO will post all hours of operations, company holidays and unexpected office closures on our KEPRO Nebraska website.

We will respond to messages requesting a screening or evaluation within six (6) business hours of the request. KEPRO will maintain a facsimile machine in our PASRR Center for receipt of information, and this machine will be available to providers 24 hours a day/7 days a week. KEPRO also has the capability to provide a robust fax server that seamlessly integrates into our Atrezzo system. Faxes attach to cases in Atrezzo just like file attachments from the Web portal. For any case, we will respond to assessments faxed by providers within six (6) business hours of receipt.

KEPRO will manage the priority of these items on a first-in, first-out basis unless the information clearly indicates an emergency status or DHHS notifies us to prioritize specific requests on a different basis.

#### **KNOWLEDGEABLE STAFF [RFP VI.C.3.F]:**

KEPRO brings leaders with experience and subject matter expertise in PASRR assessments from multiple state contracts. This includes nationally recognized PASRR experts, such as a Board Member, Executive Committee Member, and the Technology Committee Chair for the National Association of PASRR Professionals (NAPP). Our PASRR staff have presented on national webinars for NAPP, the PASRR Technical Assistance Center (PTAC), and various national and state conferences. Our PASRR experts have contributed to the success of multiple PASRR program implementations nationwide, including programs in Florida, California, Maine, Wyoming, Georgia, Ohio, West Virginia, and New Hampshire. KEPRO currently has 14 customer support centers spanning all U.S. time zones, offering over three decades of experience serving diverse and vulnerable populations. Our experience and expertise are demonstrated by our consistent ability to deliver measurable success for all elements of the required scope of work.

Our approach to maximizing efficiency and effectiveness in our call center client offerings ensures the State always has sufficient staff, no matter the call volume. This unique and innovative approach blends technology and cultural/behavioral solutions to form our call Center of Excellence (COE) model. The behavioral/cultural portion of our COE is people centric. KEPRO focuses intently on ensuring we have the right people leading our front-line employees and that we set up each of these leaders, and ultimately their teams, for success. We achieve this success through multiple fronts including hiring, training, span of control, coaching, mentoring, and quality improvement. Cultivating the behavioral and cultural aspects of our COE begins on day

TRN-4



one for all members of our team. Our hiring specialist works hard to ensure that the individuals we bring in to staff the call center are of the highest caliber, meeting and ideally exceeding the State's experience and qualifications requirements set forth in the RFP.

### CALL METRICS [RFP VI.C.3.G]:


KEPRO will respond to PASRR helpdesk calls and emails within four (4) business hours. The telephonic process is managed through our combined call center solution, Five9 (telephony) and Verint (Work Force Management/Quality platform). This technology solution provides real-time data, reporting, and schedule adherence management along with real-time quality audio and video recording monitoring and capabilities. Our Center of Excellence Call Center model helps KEPRO ensure that we staff and operate the NE PASRR contract appropriately, meeting the State's performance standards. We used these standards to drive our staffing model for Nebraska. Daily, real-time dashboards are available to Call Center staff with data integrated from Five9, our telephony system and Verint, our QA and Scheduling system.

KEPRO supports standard tabular reporting by SQL Server Reporting Services (SSRS), which we can provide in a variety of standard file formats that offer the State ease of review and analysis for call metrics. Figure 13 provides a sample report using this format.

*KEPRO's FL PASRR 2019 Annual Call Center annual averages:*

- *Call Abandonment = 0.55%*
- *Call Blockage = 0%*
- *First call resolution rate = 98.3%*
- *Average hold time = 16 seconds*
- *QA = 97.33%*
- *Afterhours return rate = 100%*

#### Call Center Performance Summary July 2019



Date	Calls Queued	Calls Answered	Disconnected Calls	% Abandoned > 30 seconds	ASA	Max Speed of Answer	% Calls Answered within 60 Seconds	Average Talk Time	% First Call Resolution	% Calls Escalated to KCHS	Avg Customer Satisfaction
07/25/2019	614	608	0	0.0%	00:00:07	00:03:39	100%	00:13:40	85%	0%	95%
07/24/2019	719	717	0	0.1%	00:00:07	00:03:52	100%	00:12:52	87%	0%	90%
07/23/2019	819	814	0	0.2%	00:00:05	00:02:41	100%	00:12:30	81%	0%	95%
07/22/2019	841	836	0	0.1%	00:00:07	00:03:24	100%	00:13:34	88%	1%	98%
<b>Weekly Total</b>	<b>2,993</b>	<b>2,975</b>	<b>0</b>	<b>0.1%</b>	<b>00:00:07</b>	<b>00:03:52</b>	<b>100%</b>	<b>00:13:09</b>	<b>85%</b>	<b>1%</b>	<b>95%</b>
07/19/2019	698	693	2	0.0%	00:00:04	00:03:33	100%	00:15:32	91%	0%	89%
07/18/2019	744	742	0	0.0%	00:00:04	00:02:51	100%	00:12:55	87%	0%	90%
07/17/2019	787	785	0	0.0%	00:00:03	00:02:30	100%	00:15:30	84%	0%	91%
07/16/2019	944	935	0	0.2%	00:00:10	00:04:13	100%	00:12:28	88%	1%	92%
07/15/2019	821	813	0	0.4%	00:00:05	00:04:54	100%	00:14:20	90%	0%	99%
<b>Weekly Total</b>	<b>3,894</b>	<b>3,968</b>	<b>2</b>	<b>0.1%</b>	<b>00:00:06</b>	<b>00:04:54</b>	<b>100%</b>	<b>00:14:08</b>	<b>88%</b>	<b>1%</b>	<b>92%</b>
07/12/2019	575	574	1	0.0%	00:00:01	00:00:01	100%	00:10:21	90%	0%	95%
07/11/2019	656	655	4	0.0%	00:00:01	00:00:16	100%	00:12:16	89%	0%	98%
07/10/2019	660	658	0	0.0%	00:00:01	00:00:14	100%	00:15:30	80%	0%	94%
07/09/2019	756	751	0	0.1%	00:00:03	00:03:48	100%	00:13:48	87%	0%	95%
07/08/2019	800	798	0	0.0%	00:00:01	00:02:16	100%	00:12:28	88%	0%	90%
<b>Weekly Total</b>	<b>3,447</b>	<b>3,438</b>	<b>5</b>	<b>0.0%</b>	<b>00:00:01</b>	<b>00:03:48</b>	<b>100%</b>	<b>00:12:53</b>	<b>87%</b>	<b>0%</b>	<b>94%</b>

Figure 13: Sample Call Performance Summary Report

Req #	Requirement
WBS-1	<p><b>Provide full program expertise, staffing, web technologies, and management capabilities necessary to customize, maintain and regularly update an automated web-based system for the Nebraska PASRR program that includes:</b></p> <ol style="list-style-type: none"> <li>1. Accessed in real time by system users statewide 24 hours per day, 365 days per year.</li> <li>2. Supports the PASRR determination process for Nebraska NFs, data tracking, analysis, and reporting requirements identified in the Scope of Work.</li> <li>3. Is capable of storing a record for each individual and every PASRR in a manner that each PASRR notice can be printed by Contractor staff, authorized DHHS staff, and authorized system users.</li> <li>4. Includes a sufficient number of fields to support the entire Scope of Work, along with desirable data elements to support federal and state reporting along with rich analytics.</li> <li>5. Allows users to upload scanned documents and attach an unlimited number of scans directly to an individual's system record.</li> <li>6. Includes a Level I software algorithm able to provide an immediate outcome for negative Level I screens on a high percentage of the cases.</li> <li>7. Has the capacity to save and store partially completed PASRRs and other entries, so the user can retrieve the partial entry and complete the submission at a later date.</li> <li>8. Accepts manual data entry of new information about PASRRs.</li> <li>9. Delivers robust search capabilities, tied to user roles, to enable users to find all relevant information on a PASRR individual.</li> </ol> <p><b>Describe how the bidder's solution will meet this requirement.</b></p> <p><b>ATREZZO ASSESSMENT PORTAL: Real Time and Availability (Bullet #1)</b></p> <p>Our proposed solution for Nebraska, Atrezzo, is a web-based system that provides real time access to users statewide 24 hours per day, 365 days per year. We provide 24/7 availability by hosting Atrezzo in a SOC 2 Type 2 HIPAA compliant hosting facility based in Austin, TX with backup services hosted by Microsoft Azure Site Recovery (ASR). vXchnge – the hosting facility - provides guaranteed system availability by providing redundancy of critical services including:</p> <ul style="list-style-type: none"> <li>• Multi-feed power with diesel generator backup</li> <li>• Blended carrier Internet service, diverse fiber pathways from the street</li> <li>• N+2 cooling redundancies</li> </ul> <p>Our IT focused Contingency and Business Continuity Plan (CBCP) as well as our Operations Business Continuity Plan specific to Nebraska Operations combine to assure the State of 24 hour / 365 days per year availability. These plans will be shared with the may be shared with the State within 30 days after award as required.</p> <p><b>ATREZZO ASSESSMENT PORTAL: Tracking, Analysis, and Reporting (Bullet #2)</b></p> <p>Our proposed solution, Atrezzo Assessment Portal, supports the PASRR determination process for NFs and includes tracking capabilities for each individual case, with documentation of diagnosis to ensure that all activities comply with PASRR standards in 42 CFR 42 CFR 483.130(p). It is a person-centered database that supports Level I screening, Level II evaluations and Resident Reviews, Level II determinations, as well as treatment planning and follow-up for Specialized Services for PASRR programs.</p> <p>One of the most significant benefits of Atrezzo is that it represents a single source of member information. It centralizes all review activity and supporting documentation to facilitate service delivery, reporting, and quality analysis. The web-based capabilities of this software support off-line use of the electronic forms facilitating face-to-face evaluations by KEPRO PASRR professionals even when Wi-Fi connections are unavailable. The Atrezzo Assessment Portal also offers direct web access to DHHS and authorized providers, providing easy access to vital information and facilitating on-line submission of referral requests.</p>

The two primary reasons we built Atrezzo was for flexibility and rapid implementation. We can meet changing regulatory requirements and timelines with limited notice due to the architecture and flexibility of our system. We own our software and therefore can modify it to meet customer needs and the unique requirements of the Nebraska PASRR program, including upcoming changes to federal regulations. It should be noted that the architecture is based on easily changeable options and that configuration is almost 100% manageable through our Atrezzo Management Portal. In the unlikely event that a customization is necessary, we have dedicated programming staff prepared to make the changes.

Atrezzo includes workflow tracking features to manage Assessor workloads efficiently and ensure timely completion of review activities. Atrezzo tracks referrals, outcomes, psychiatric and medical diagnoses, the appropriateness of nursing facility placement, recommendations of lesser intensity services and specialized services with Plans of Care, and determination summary reports while ensuring security and confidentiality of the data in compliance with applicable federal and state laws (including HIPAA Privacy Rules, 45 C.F.R. Parts 160 and 164.) Atrezzo can generate both written and electronic determination notifications and all reports for the contract. Using Atrezzo, DHHS and the referring agent can verify the status of any review a secure role-based log-on.

Atrezzo data tracking captures, stores, and organizes documents and program information. The system utilizes high-volume fax servers as well as electronic submissions. KEPRO can accept faxed information, however we anticipate that the referral sources will submit most of their information through the Atrezzo Portal. Referring agents will have access to the system and complete the Level I screen on-line. The Atrezzo Assessment Portal provides end-to-end data management of the Level I screen review and Level II referral, evaluation, determination, and notification processes. The Atrezzo Appeals module facilitates and tracks all reconsideration and appeal hearing activities.

The Atrezzo Assessment Portal specifically supports the monitoring of Specialized Services to ensure service delivery through confirmation of the provision of service, generating service lists that drive staff workflow for follow up throughout the identified duration of the service, and tracking of the outcome of the service provision. All activities and interactions with consumers, providers, and State personnel are documented in the system. KEPRO will monitor the status of Specialized Services recommendations based on information obtained from medical records, provider-reported data, or a combination of the two measures. Service delivery and outcomes will be included in the monthly reports to the Department.

In addition to Specialized Services monitoring, we will provide timely and accurate data on the number of referrals for Preadmission to nursing facilities (PAS), the number of referrals requiring a Resident Review (RR) due to a significant change in their functioning or due to the end of a time-limited approval for a categorical or exemption, and face-to-face evaluations for both types of referrals, and appeals. Reports will also include the number of referrals in which a Level II evaluation is halted, and the number of referrals that are administratively closed. The reasons behind any closures will be included in the monthly reports to the Department.

A significant advantage to our solution is our ability to quickly and easily configure our existing system to meet the specific requirements of this project. We currently maintain an electronic database with the capability to provide data on all Level I and II referrals including:

- Referral source and Referral date
- Legal representatives/contacts
- Evaluation date (distribution of Level II determination) and Name of the Assessor
- County
- Individual's full name; Social Security number; Medicaid number; Medicare number; Date of birth; Age; Gender; Diagnoses
- Nursing Facility appropriate
- Recommended services of lesser intensity
- Nursing Facility admission date, if admitted or indication of no admission
- Submission for MI, ID/RC, Dual
- Facility name, address, county, Medicaid Provider Number, Tax ID, License Number, and type



- Outcomes
- Administrative closure and reason
- Community diversion recommendations
- Any recommended Specialized Services [with monitoring and tracking capabilities]
- Plan of Care implementation date
- Name of Service Providers
- Date and outcome of quarterly follow-up request

Additionally, the system currently has the capability to:

- Track exemptions and time limited approvals
- Provide notifications and dispositions of all referrals including, but not limited to:
  - Pre-admission;
  - Resident Reviews;
  - Incomplete or Partial Reviews (deaths, discharges/ transfers, documentation not submitted, no ID/RC).

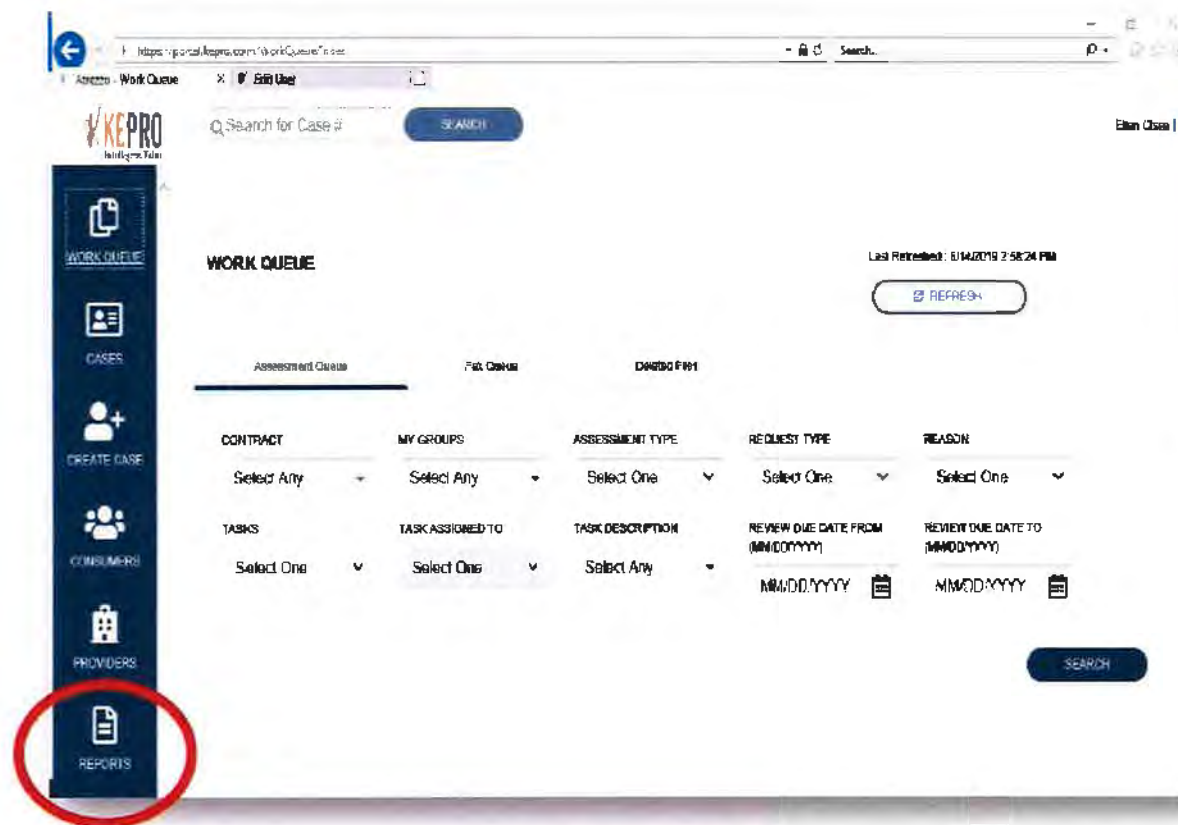
During implementation, we will make the necessary configuration changes required to meet project specifications, for an on-time, efficient implementation of all project responsibilities.

Atrezzo PASRR System tracks each evaluation from receipt to completion of notifications and appeals if applicable. Atrezzo provides a secure web-based platform for file upload and submission of data to DHHS on a daily basis. Providers and staff members can correct errors when necessary, and we will re-transmit the corrected record to DHHS on the same day. Tracking procedures include:

- Atrezzo date and time stamps Level I screens on completion.
- Level I Assessors receive instant outcomes including notification that the screen is located in the review queue, and ready for review when needed.
- When a provider requests a change to a record, it can be completed by the provider directly through the provider portal.
- Atrezzo maintains an audit trail of changes.
- KEPRO staff can also make changes on behalf of the provider, and the system will maintain an audit trail.
- The system accumulates records for submission to client agencies and inclusion in the monthly/quarterly report as indicated, including for example:
  - Completed Level I Screen
  - Completed Level I Review
  - Request for additional information
  - Tracking status for categorical and exemption records
  - Level II Referral
  - Request for face-to-face evaluations
  - Evaluation date and location
  - Staff identifiers
  - Real time messages and notes
  - Specialized Services tracking and ongoing follow up
  - Appeals tracking
- Tracking reports can be generated on any relevant data element for submission to DHHS
- DHHS and KEPRO can access the system to respond to questions about the status of reviews and evaluations; additionally, providers can access the system directly to receive this information.

**Reporting:**

Atrezzo provides real-time reporting capabilities in just a few clicks. **Figure 14** is a screenshot of Atrezzo's reporting tab.



**Figure 14: Atrezzo Report Tab**

The reports tab can be enabled to both internal and external users. The feature can help provide assessment outcomes, roster information, turnaround times and much more. For example, hospitals can pull reports on their exempted hospital discharge volume.

**Storing and Printing PASRR Notices: (Bullet #3)**

Every request for a PASRR review of any type creates a unique “case” record in Atrezzo. The case is directly attached to the member record so a complete history of PASRR requests, reviews, and outcomes is easily available. At the completion of each review – either automated by use of an algorithm or manual by clinical reviewer - a PASRR Notice is generated and permanently attached to the case. The PASRR Notice is completely customizable and can be made to duplicate existing forms or notices. The PASRR notice can be printed immediately by our staff, DHHS staff, or other authorized users, including the provider staff that requested the review.

#### **Data Elements to Support Regulatory and Rich Analytics: (Bullet #4)**

We have used our systems to support the policy, regulatory, reporting, and data sharing requirements in several statewide applications – notably Florida, West Virginia, New Hampshire, and California. Our database is designed to easily add additional data elements as requirements change. As described above in the tracking and reporting requirement above, data already collected to support rich analytics include:

- Referral source and Referral date
- Legal representatives/contacts
- Evaluation date (distribution of Level II determination) and Name of the Assessor
- County
- Individual’s full name; Social Security number; Medicaid number; Medicare number; Date of birth; Age; Gender; Diagnoses
- Nursing Facility appropriate
- Recommended services of lesser intensity
- Nursing Facility admission date, if admitted or indication of no admission
- Submission for MI, ID/RC, Dual
- Facility name, address, county, Medicaid Provider Number, Tax ID, License Number, and type
- Level I and Level II Outcomes
- Categorical and exempted hospital discharge outcomes
- Administrative closure and reason
- Community diversion recommendations
- Any recommended Specialized Services [with monitoring and tracking capabilities]
- Plan of Care Implementation date
- Name of Service Providers
- Date and outcome of quarterly follow-up request
- Pre-admission
- Resident Reviews
- Incomplete or Partial Reviews (deaths, discharges/ transfers, documentation not submitted, no ID/RC).

Also – Auditing data is tracked at the field level. The value of the data, who updated the field and the date and time of the change are tracked and can be audited.

During implementation, we will make the minor configuration changes required to meet project specifications, for an on-time, efficient implementation of all project responsibilities.



## Uploading Scanned Documents: (Bullet #5)

Figures 15 and 16 show the Atrezzo upload functionality for additional documentation, including training materials used for user training and support.

**Uploading Documents**

NATIONAL MENTOR HEALTHCARE, LLC

Contract Florida (Change Contract) **192040005** FL APD 7/23/2019 9:56:03 AM Closed

Q Search for Case # SEARCH

Completed

Case Overview

Labels/Reports(2) Notes(0)

- Contacts / Legal Representative
- Submitting Provider NATIONAL MENTOR HEALTHCARE, LLC / 1205248879 // FL
- Facility NATIONAL MENTOR HEALTHCARE, LLC / 1205248879 // FL
- Attending Physician
- Request Detail APD Assessment
- Diagnosis
- Documents(0)

Need to send us something? Within the "Case Overview" tab, expand the "Documents" section by clicking on the down arrow.

Privacy Policy/Terms of Use | Powered by KEPRO | Contact | Copyright © 2019 KEPRO | All Rights Reserved | Version 3.2.2 15178

Figure 15: Training Materials for Uploading Documents

## FILE UPLOAD ✕

\* fields are mandatory

SELECT FILE \* BROWSE... MAX FILE SIZE: 50 MB

Acceptable File Types: pdf, tiff, tif, doc, docx, xls, txt, rtf, gif, jpg, jpeg.

INTERNAL DISPLAY ONLY

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

CLOSE UPLOAD +

Figure 16: Uploading Documents in Atrezzo

**Level I Software Algorithm: (Bullet #6)**

Our Atrezzo PASRR Level I system is driven by a flexible algorithm that allows for scoring to automatically apply determinations to completed Level I screenings. The tool we use to build PASRR forms is also proprietary (Atrezzo QBuilder) and makes building, modifying, and customizing PASRR forms to meet state requirements fast and efficient. The QBuilder tool allows for a separate, unique "score" or "weight" to be applied to each potential answer to every question. By careful application of scores to the answers, determinations can be applied automatically and providers or referring agents can get an immediate response including the PASRR notice that can be printed in their facility. The Atrezzo PASRR system as implemented for the State of Florida currently provides 100% automated Level I PASRR responses at the time the completed form is submitted electronically. The Florida PASRR Level I system not only

provides for auto-determination of negative screens, but also provides hospital exemptions, provisional admissions, and positive screen notifications prior to Level II initiation.

#### **Save and Store Partially Completed PASRR: (Bullet #7)**

One of the key features of the Atrezzo PASRR Portal is that the referring agent or provider may start a PASRR request and complete it at a later time. During the entry process, the request is automatically saved after each entry. Incomplete requests are always available for the user to complete at any time in the future. No data is lost and the user essentially can pick back up where they left off in the process and either complete the request or continue to allow it to remain in saved status. It is important to note that until the user fully completes the PASRR request process and submits it to KEPRO, that KEPRO has no administrative knowledge of the request. It is considered to have been submitted when the user completed the process, clicks "Submit" and is given a confirmation page identifying the permanent tracking ID and PASRR Notice and outcome letter.

#### **Manual Data Entry: (Bullet #8)**

A referring agent or provider may add additional new information about a PASRR at any time. The process that Atrezzo PASRR uses for new information is that the referring agent or provider that created the PASRR request will always have access to it and may enter additional information directly into the PASRR "case" through the Atrezzo PASRR Portal. When the provider or referring agent submits the new information, the system automatically creates a work task that is attached to the case in the clinician's work queue. The task is titled "Additional Information Received". The clinician will "work" that task, the new information is reviewed by the clinician and the proper resolution is applied to the case. Once completed, Atrezzo displays the outcome, notices and / or letters associated with the case.

#### **Search Capabilities: (Bullet #9)**

All information entered into Atrezzo is retrievable, searchable and quantifiable. Access for all reporting and dashboard functionality is provided according to State approved user role needs. Atrezzo currently has a core capability to make all data searchable, retrievable and quantifiable for easy search by State staff. Atrezzo enables various search options and filters to include Case Type, Provider, Consumer (as appropriate), and others as defined by the State. Additional search and filter option criteria include elements such as Date Range and Status (Pending; In Review; Completed). If a search request cannot be met with existing capabilities, we will work with the State to make appropriate modifications to quickly meet the needs of the State staff.

Atrezzo's web-based, advanced dashboards provide customizable, interactive data visualizations that are visually appealing and easy-to-navigate. Atrezzo's dashboard will connect directly to the Health Intelligence data lake providing a single location for accessing numerous data sources needed to create a comprehensive coordination tool. The dashboard will be developed in conjunction with the State to be sure that it meets both administrative and operational needs. By utilizing a multiple tab functionality within the dashboard, we enable users to drill-down on specific data aimed at answering their specific inquiries and searches while simultaneously managing access for different staff levels.

**Provide access to all Nursing Facilities. Describe all elements and capabilities the NF will have while in the system, including the following mandatory elements: List of all persons residing in the NF at the present time, permit access to and printing of all PASRRs, and permit data entry of all information needed for admission, transfer, discharge, LOC, payment source and any other information that will be available.**

WBS-2

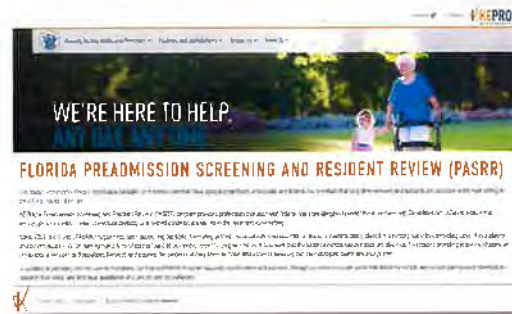
Response:

#### **NURSING FACILITY FEATURES:**



	<p>During the implementation period, KEPRO will provide all applicable providers, such as nursing facility staff, a registration code that will allow their administrators to access the Atrezzo Assessment Portal. The administrator account will have the ability to register and manage their own system user accounts. Each login can be designated a particular role type which provides different levels of access.</p> <p>Access to:</p> <ul style="list-style-type: none"> <li>• Submit PASRR Level I Screenings</li> <li>• Electronic Signatures</li> <li>• Submit for admissions, transfers, and discharges</li> <li>• Complete Resident Review referrals</li> <li>• Complete Level II referrals</li> <li>• Case IDs</li> <li>• Search PASRR outcomes</li> <li>• Upload supporting documentation</li> <li>• Initiate an appeal to a PASRR decision</li> <li>• Populate Reports, including a listing of all individuals residing in the registered facility</li> <li>• Communicate with KEPRO PASRR Assessors</li> <li>• Manage system access</li> <li>• Print determination and notification letters</li> <li>• Provide LOC determinations</li> </ul>
WBS-3	<p><b>Provide a website for Nebraska PASRR providers. Bidder's solution shall have a visually understandable, user friendly website where providers can find the comprehensive library of historical training materials, policy updates, announcements, manuals, tools, and archived emails that have been sent to providers and a menu driven website that is searchable and uses intuitive names and headers. Describe how the bidder's solution meets this requirement.</b></p> <p>Response:</p> <p>KEPRO will launch the Nebraska PASRR website on day one of the contract implementation. The website will contain; resources and links to the departments website, explanation of the PASRR program, a comprehensive library of video modules that walk providers through registration to submission, procedure guides/manuals, policy updates, news and announcements, archived email announcements, useful links and much more. The website will be structured in simplistic manner using 5<sup>th</sup> grade reading level for our consumers and providers. The websites search feature will utilize advancers crawler and google search technology to quickly navigate users to the appropriate content.</p> <p><b>WEBSITE EXAMPLES:</b></p> <p>In all of KEPRO's contracts, we utilize three types of websites; a client specific website, the KEPRO corporate website and the Atrezzo portal website as depicted in <b>Figure 17</b> on the following page.</p> <p>All three websites contain valuable information for our clients and their stakeholders.</p>

**Client Specific Websites**  
[nepasrr.kepro.com](http://nepasrr.kepro.com)



The client specific website is the landing page for each of our contracts and provides our clients and providers valuable information and resources on the programs we support. The website is built on umbraco Content Management System to allow our staff the ability to update and create new content in just a few clicks.

**KEPRO Website**  
[www.kepro.com](http://www.kepro.com)



**Figure 17: KEPRO's three types of client-specific websites**

The KEPRO corporate website is a landing page for information about KEPRO, our offices, executive leadership, mission and values. The website is built on Microsoft ASP.NET.

**Atrezzo Assessment Portal**  
[nepasrr-providerportal.kepro.com](http://nepasrr-providerportal.kepro.com)



The Atrezzo PASRR Provider Portal is our proprietary software that is utilized by our external community agencies and staff members. The system is also built on Microsoft ASP.NET which allows us to utilize Microsoft's suite of software programs in capability with our web platform (ex. MS SQL, MS SSRS).

*The proposed bidder must be able to convert all data from the Department's current system into the bidder's system. This includes all data stored within the current system including all of the historical PASRR documents and determinations. Describe how the bidder's solution meets this requirement.*

Response:

#### **TRANSFER OF DATA:**

As a federal contractor for over 30 years and Department of Defense contractor for 15 years, we have comprehensive and rigorously administered policies and procedures for data transfer and data conversion. KEPRO has exchanged data via file transfer and API's with States' MMIS for over 20 years on a daily basis. KEPRO will convert all historical data including PASRR documents and determinations, for transfer to the Atrezzo solution. Atrezzo is KEPRO's proprietary system. Its fully integrated portal combines state of the art technology and a flexible, easy to configure business rules engine that allows KEPRO to easily customize the requirements directly to meet Nebraska's needs.

One of the cornerstones of our partnerships with State Medicaid Departments is complete, accurate, and timely processing of data imported into our systems for startup and data exchanged between our systems, the State and the State's partners if applicable. Across the range of our Medicaid contracts, data is exchanged with partners using formats provided by the various States through securely encrypted methods of file transfer such as FTPS or HTTPS.

The general process that we follow is:

- Review DHHS File format / layout
- Compare DHHS File layout to existing Atrezzo Database table structure
- Identify fields common to both systems
- Compare data types for each field
- Identify missing required fields and define resolution
- Create "landing" table matching DHHS file layout for initial import of data
- Create the landing table to Atrezzo database field mapping
- Identify any transformations required to standardize data (field length / data type / translations / etc.)
- Run test import
- Verify results (Quality Assurance Team)
- Update process as necessary
- Unit Acceptance Testing by Operations staff familiar with the data and contract requirements
- Code migrated to Production environment
- Job Automation scheduled
- Process monitored (Production Support Team)

WBS-4



**Develop an authorization process to identify and approve security administrators for each hospital, NF or other provider. These security administrators will serve as the primary point of contact and will authorize all other users from that provider. Describe how the bidder's solution will meet this requirement.**

Response:

#### **SECURITY ADMINISTRATORS/KEPRO USER ROLES:**

The Atrezzo PASRR system contains all system user login information including, contract access, provider association, role information, and status of the account. A simple query can identify the username, the user's first and last name, the associated provider relationship, which contracts (if more than one) that they may have access to, and account status – active, locked out, or expired.

Access and distribution is controlled by the role-based access built into the Atrezzo PASRR System at the application level. A user can ONLY see data to which they are directly associated. If a PASRR is submitted by one facility and at some point later another facility submits a PASRR, the first user cannot access ANY information entered by a different provider. Access to all data is protected in that way. The same is true of reports. All provider reports are provider specific and data does not and cannot be accessed by another provider. To the specific requirements:

1. Security attributes or roles are stored in Atrezzo database tables
2. LDAP does not play a part in Atrezzo's role-based security
3. Roles are created based on the function or data accessed. A role feature is created and stored in the database table. The role feature can be added or removed from a role. When an application feature or data is accessed, the role of the user is checked to confirm that the role feature is available for the role and access to the feature or data is allowed or blocked based on that role / feature.
4. Groups are not used in Atrezzo. The role / role feature implementation is explained in #3.
5. Access limits to screens and data on screens is built for a specific role. If the user has that role assigned, they have access to that functionality by role
6. Users are created using an internal Management Portal and assigned to a role group that is comprised of selected role features appropriate for their responsibilities.
7. Changing a user from one role to another is logged in the system audit log for future reference.

In order to use the portal, each nursing home and hospital will appoint one person to be the Administrator, or owner, of the provider portal account. The account Administrator is typically a supervisor as this user role holds the highest system permissions. This Administrator will request to register via our Nebraska PASRR website. Once approved, the Administrator is able to create additional users. For example, in Florida there are three types of user roles that can be created by Administrators: additional administrators, Level I screeners, and Level II requesters. These roles are configurable to meet each state's needs. Per the terms of agreement to utilize the portal, Administrators will agree to manage these accounts, including deactivating users when they no longer work at the facility. Accounts are automatically deactivated based on infrequent use and can only be reactivated by contacting KEPRO.

WBS-5

**Appendix 4: Attachment D:  
Technical Requirements**

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## APPENDIX 4: ATTACHMENT D: TECHNICAL REQUIREMENTS





**TECHNICAL REQUIREMENTS**

The following requirements describe what is needed to support DHHS technical project operations.

Each requirement is identified by the following first three characters:

TEC	General Technical Requirements
STN	Standards Requirements
ERR	Error Handling Requirements
DBM	Database/Data Management Requirements
BKP	Backup and System Recovery Requirements
SEC	Security Requirements
DAC	Data Conversion Requirements
PTT	Production, Test and Training Requirements
INT	Interfaces/Imports/Exports Requirements
PER	System Performance Requirements
DOC	System and User Documentation
TRN	Training

**General Technical Requirements**

This section presents the overall technical requirements that apply to the software. Describe in the response how the system meets the requirement.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
TEC-1	<i>The proposed Bidder's solution system must be vendor hosted web based system that supports the Scope of Work of the RFP. The system must be available statewide 24/7. Describe how the solution meets this requirements. Provide a diagram of the technical architecture. Include all database/web/networking hardware, software, tools, etc. Indicate where the system is hosted. Indicate if any components are needed on the client and/or loaded on servers, etc. Describe any redundancy built into the system to limit any downtime.</i>	X	X		

Response:

Our proposed solution, Atrezzo, is a vendor hosted web based system that supports the Scope of Work of this RFP. Atrezzo will be available statewide to Nebraska 24/7. Our primary data center is vXchnge, located at 8025 N Interstate Hwy 35, Austin, TX 78753, with continuous automated backup to Microsoft Azure Site Recovery, West Des Moines, IA, USA. vXchnge is an SSAE 18 Type II, SOC 2 Type II, PCI DSS 3.2, and HIPAA standards with ISO 27001:2013 compliant data centers. We have provided below the technical diagrams of the existing equipment and systems supporting the Atrezzo PASRR platform we are proposing. Please refer to the diagrams below and note that redundancy is built into the hardware platform in the following places:

- Redundant Firewalls
- Redundant Core Switching
- Redundant Network Runs
- Redundant Hypervisor Hosts
- Redundant SQL DB Hosts
- Redundant Storage Architecture
- Off-site DR Capabilities



Figure 1 details the database / web / networking hardware configuration for the application at our primary data center:

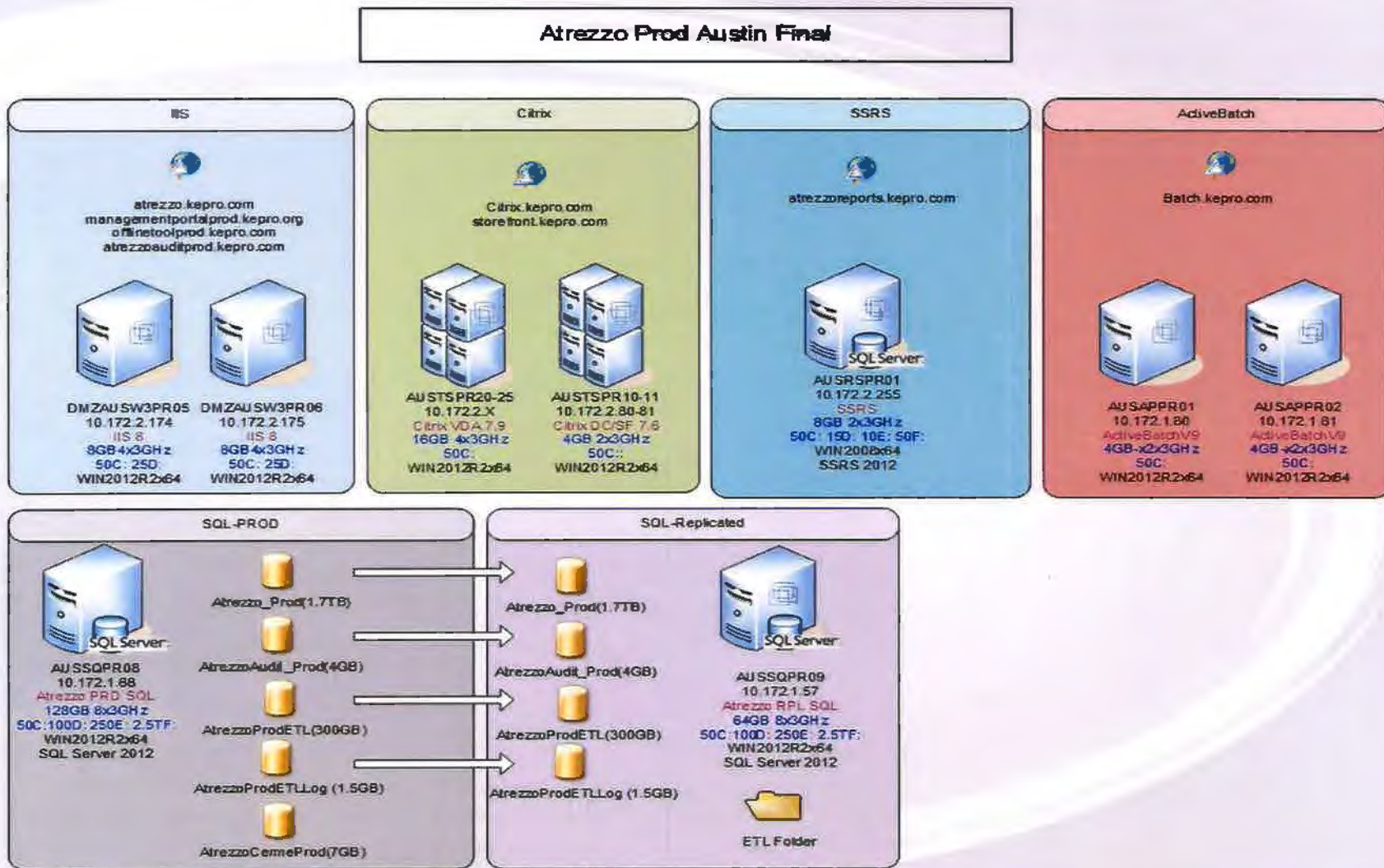
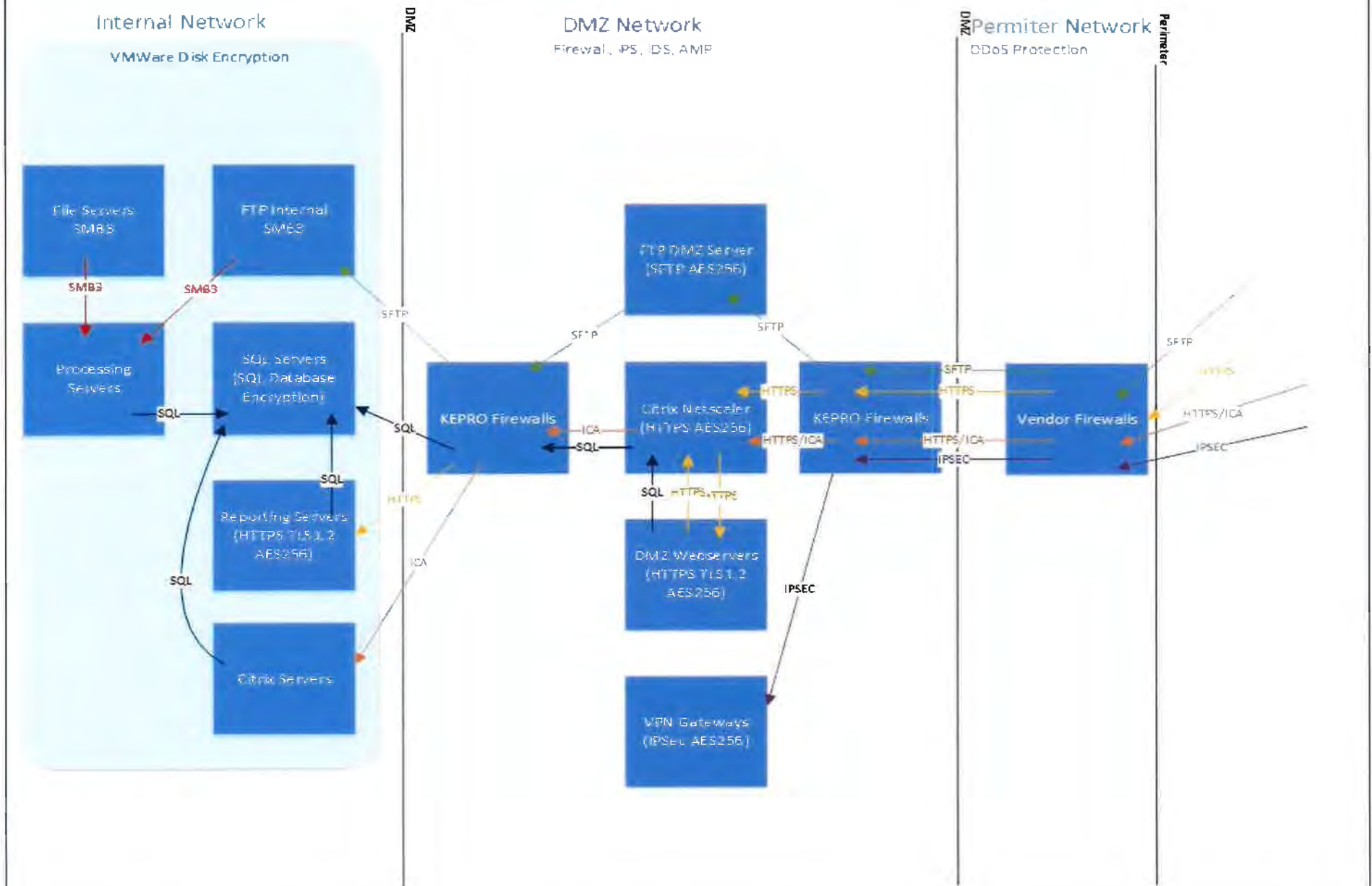


Figure 1: Atrezzo Data Configuration

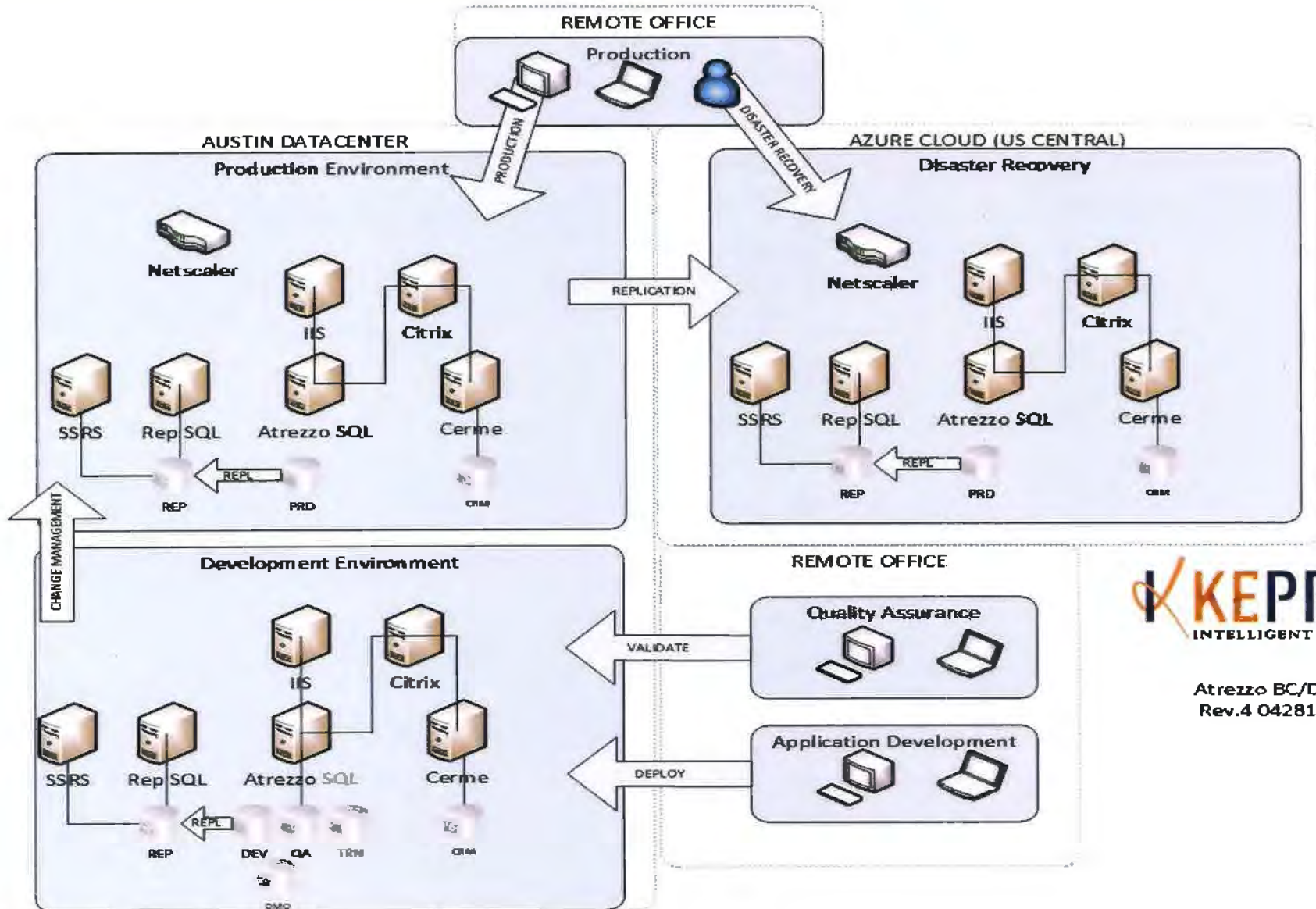
**Figure 2** depicts a schematic of the hardware based security measures in place for the Atrezzo PASRR platform.



**Figure 2: Atrezzo Security System**



The entire system is backed up and replicated for Business Continuity and Disaster Recovery purposes as shown in Figure 3. This system prevents reporting and analytics from impacting production database performance as shown above.



Atrezzo BC/DR  
Rev.4 042817

Figure 3: Atrezzo Backup and Security System



Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
TEC-2	<i>Describe how the system is responsive to mobile technology and works with mobile devices such as smart phones or tablets.</i>	X	X		
<p>Response:</p> <p>Atrezzo PASRR System has current functionality to allow a Level II evaluator to take Level II assessments and other electronic versions of required forms or questionnaires offline onto a tablet or other mobile device. We do not recommend using smart phones for PASRR or other offline assessments as the requirement for text information and the volume / length of questions make smart phones impractical. Laptop and tablet use of the offline capability is preferred and appropriate for this contract application.</p> <p>A PASRR Level II evaluation is created in Atrezzo. The Level II evaluator selects the cases and forms to be taken offline for completion. The evaluator completes the forms at the interview, and once reconnected to the KEPRO network the updated information is uploaded and merged into the existing case.</p>					
TEC-3	<i>Describe how the Bidder's proposed solution is designed so that business rule parameters and code lookup tables can be easily updated without changing the overall application program logic.</i>	X	X		
<p>Response:</p> <p>The Atrezzo system is designed to separate the application (PASRR module) from the business rules of the Scope of Work to facilitate simple and quick implementations, customizations and changes. This is possible through the use of the Atrezzo Management Portal. Access to the Management Portal requires role based security rights. The Management Portal provides access to multiple areas of the application. For instance, all drop-downs where a specific list of values (code lookup tables) are expected are managed through a user interface to the table values. Codes (values) can be easily associated or disassociated through the Management Portal user interface. Rules managed through the Portal also control field validation, automated outcome calculations for Level I determinations and workflow to route PASRR requests to the appropriate clinical staff.</p>					
TEC-4	<i>Describe any impact to the solution when customizations are made for upgrades and maintenance processes. DHHS prefers to minimize downtime and impact to the users.</i>	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
<p>Response:</p> <p>KEPRO understands the need to keep downtime of the system at a minimum, our process for ensuring rapid and efficient upgrades is as follows: Customizations and maintenance are always scheduled in advance and operations management are given advance notice of the reason and expected timeframe. Our approach to upgrades and maintenance is to follow a process where changes are developed in a specific development environment and then tested in a non-production copy of the production environment. The entire application is regression tested in the non-production environment and any issues mitigated in the non-production environment. Once the change is approved and passes regression testing, the production change is scheduled and operations management are notified. The changes are typically scheduled for 11:00 pm ET. When the change is deployed to the production environment is made, a quick "smoke test" is performed to prove functionality is restored. In the rare event of an issue being identified, the change can be rolled back quickly and service restored. Maintenance and upgrades typically require 15 minutes per month to deploy and smoke test. Using this process we keep all web-based application (PASRR included) downtime to a minimum.</p>					
TEC-5	<b><i>Describe how the Bidder's proposed solution is scalable and flexible enough to accommodate any changes required by the DHHS, or by any federal statute, federal mandate, federal decision or federal policy.</i></b>	X	X		
<p>Response:</p> <p>The Atrezzo system is designed to separate the application (PASRR module) from the business rules of the Scope of Work to facilitate simple and quick implementations, customizations and changes. This includes changes requested by DHHS, or by any federal statute, federal mandate, federal decision or federal policy and is made possible through the use of the Atrezzo Management Portal. Access to the Management Portal requires role based security rights and provides access to multiple areas of the application. For instance, all drop-down fields with a specific list of values (code lookup tables) are managed through a user interface to edit, update or manage drop-down values. Codes (values) can be easily associated or disassociated through the Management Portal user interface. Rules managed through the Portal also control field validation, automated outcome calculations for Level I determinations and workflow to route PASRR requests to the appropriate clinical staff.</p> <p>Additionally, the electronic forms, questionnaires, and other templates including the PASRR Level I and Level II tools, and other PASRR related forms are built using our proprietary and integrated tool – QBuilder. QBuilder allows any type of question to be created – Text, Yes / No, Single Selection, Multiple Selection, Numeric, Dates, etc. and then using "Drag and Drop" functionality, quickly build required forms. In the event that changes to forms are required for any reason, the form can be copied and the changes made quickly with the changed form(s) deployed quickly.</p>					
TEC-6	<b><i>Describe the Bidder's proposed solution for report design tools and output formats. Describe how the system provides for the generation, online viewing, and printing of standard and customizable reports.</i></b>	X	X		

Response:

We offer a comprehensive reporting and analytics package that provides a spectrum of features from parameter-driven tabular reporting to self-service reporting to advanced analytics. Atrezzo's 3-piece Analytics & Information Delivery package supports the needs of end users, oversight entities and stakeholders. The package supports the need for on-demand data, flexible reporting, user-specific reporting and analysis of raw datasets. It supports web-based access and the ability to export to all standard file formats. Some of Atrezzo's key features include:

1. Recurring tabular reporting and outcome reporting

- Solution: Web-Based Health Intelligence Center
  - On-demand 24x7 access to parameter driven tabular reports for clients, stakeholders and providers
  - Server-based scalable platform
  - View aggregate and detail level data to review things like determination outcomes, authorization status and member history
  - Easily exported to a variety of standard file formats

A library of pre-built reports as well as ad hoc reports required to support the contract can be seen in Figures 4 and 5.

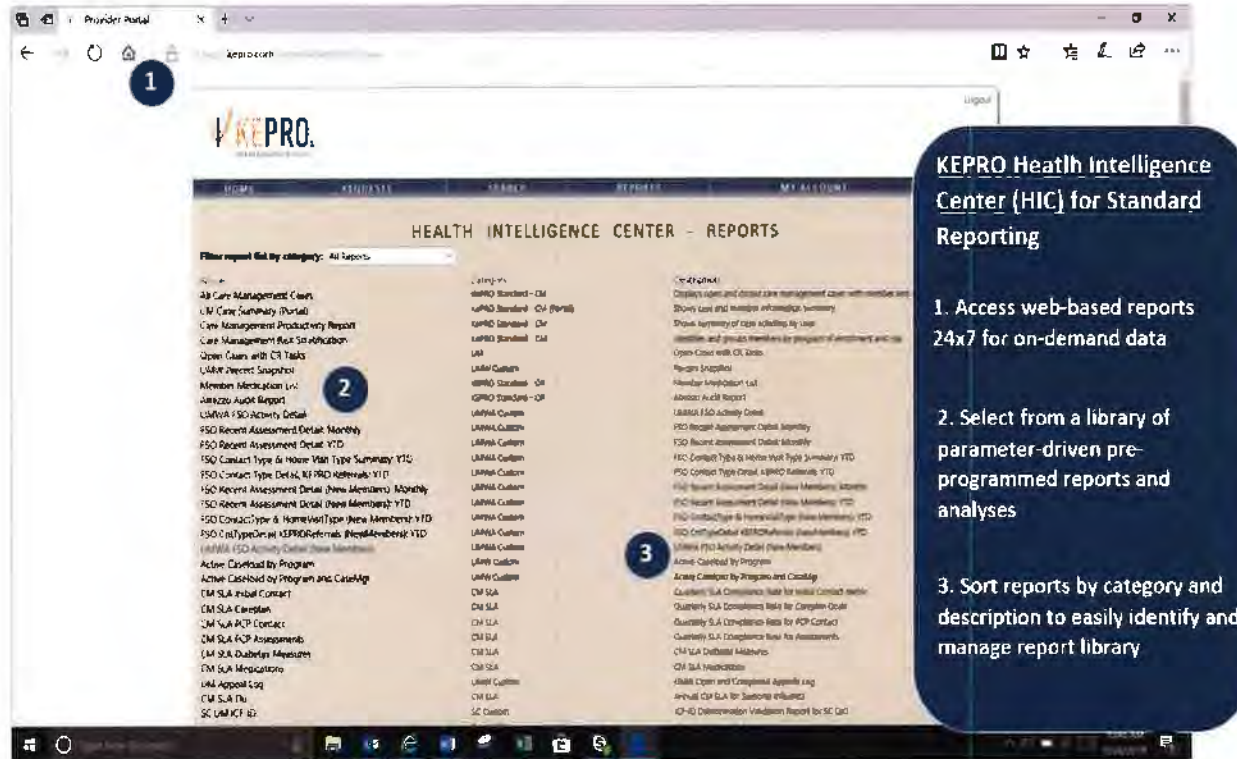
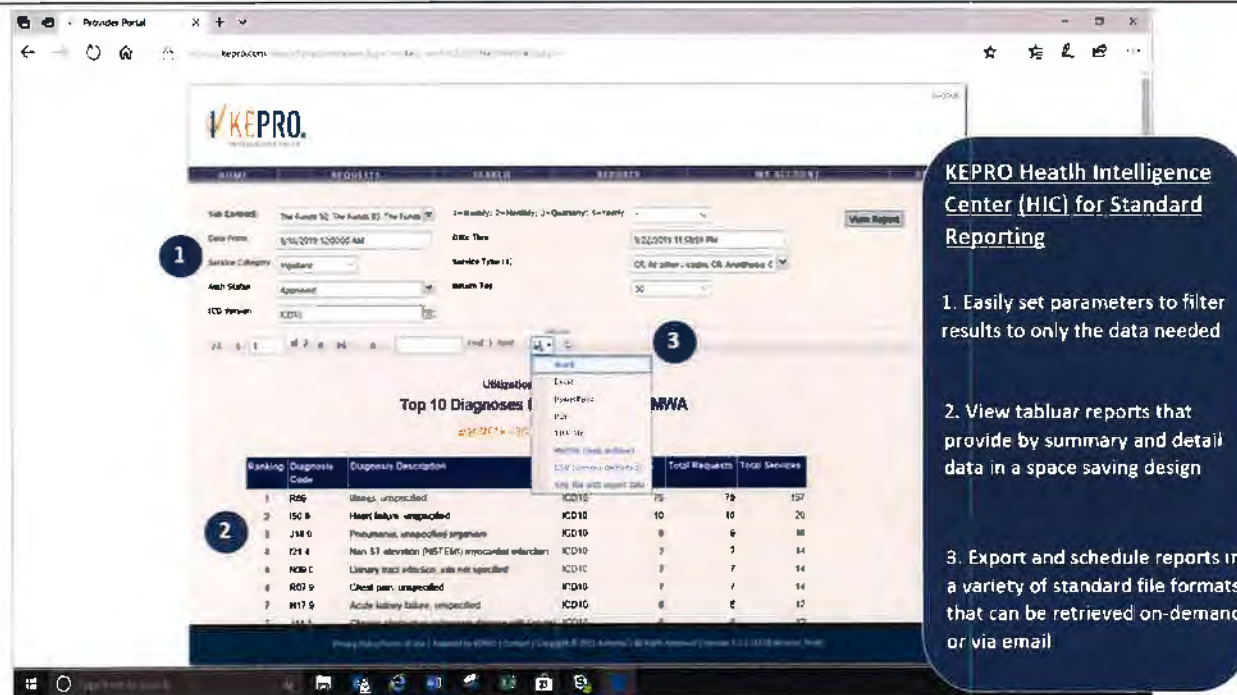


Figure 4: KEPRO's Health Intelligence Center for Reports





**Figure 5: Search Functionality of the Health Intelligence Center**

## 2. Advanced Visual Analytics

- **Solution: Web-Based Tableau Server Dashboards for authorized users**
  - On-demand 24x7 access to dashboards and data visualizations
  - Content is customizable and designed through collaborative process during implementation
  - Range in capabilities from basic interactive aggregate analysis to deep dive advanced detail analysis and drilldowns
  - Dashboards are built on raw data, providing the necessary level of detail for basic viewers as well as analytic power users
  - Easily exported to a variety of standard file formats
  - Dedicated Colorado portal for custom dashboards
  - View and export underlying data behind visualizations

An example of a sample report dashboard can be seen in **Figure 6** below.

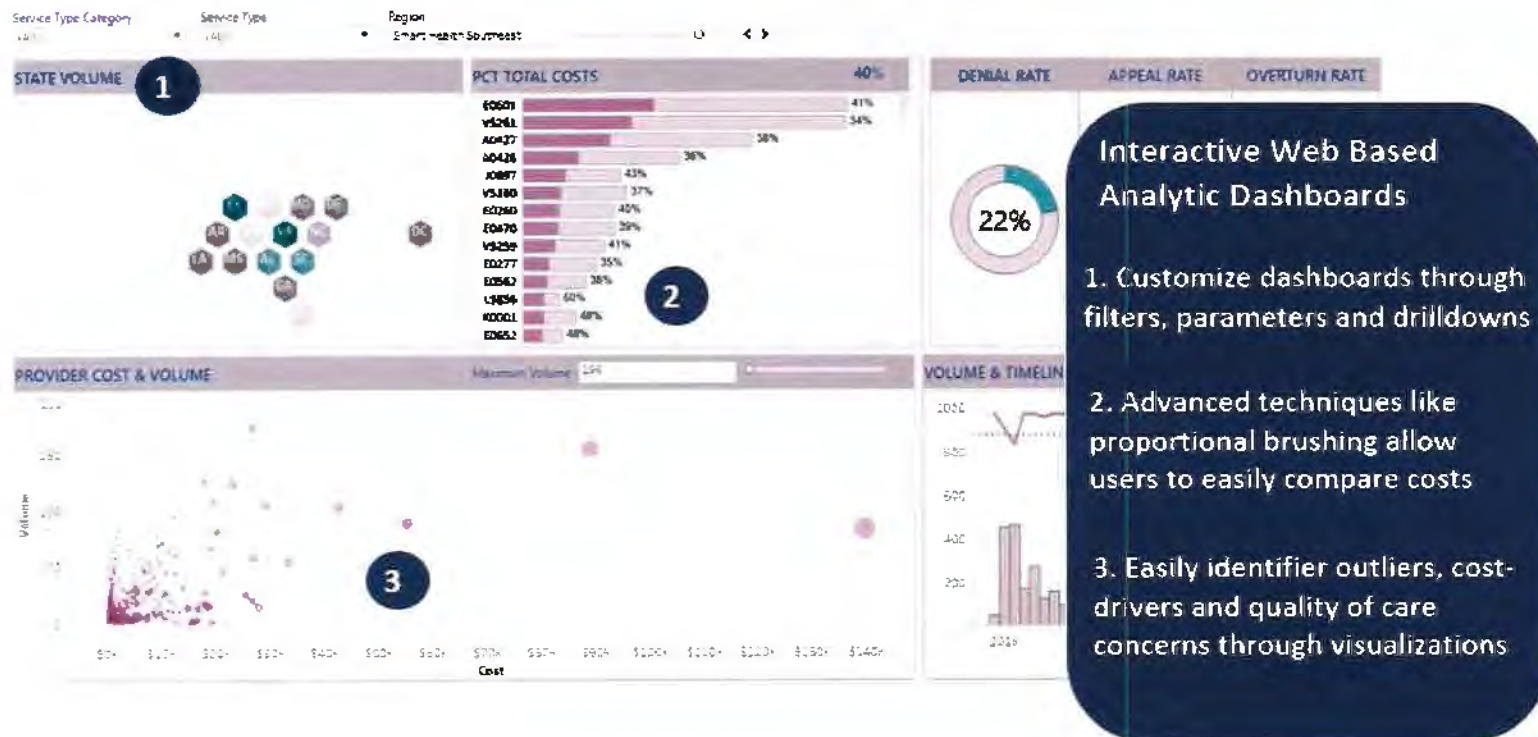


Figure 6: Sample of Report Dashboard

### 3. Drag & Drop Report and Visualization Creation

- Solution: Web-Based Tableau Server for authorized role-based users
  - Work from curated data models to create drag and drop tabular reporting or data visualizations
  - Select from dimensions, measures, create parameters, data bins, table calculations, hierarchy analysis, forecasts, etc.
  - Save reports and visualizations to dedicated a dedicated Nebraska portal
  - Create data-driven alerts when data falls below pre-determined thresholds
  - Customize existing dashboards, reports and visualizations provided by KEPRO
  - KEPRO will work with the state to identify data models to be used with drag & drop reporting, based upon data availability
    - Typical PASRR data model contains the following at a detail level:
      - Member Information - IDs, Age, DOB, DOD, Eligibility, Address, etc.
      - Provider Information - Type, NPI, Taxonomy, Specialty, etc.
      - Eligibility Information

- Case Information
- Request Information - Type, Priority, Intake Method, etc.
- Service Line Information - Diagnosis, Procedure, Units, etc.
- Dates - Received Date, Certified Date, Notice Date, etc.
- Outcomes - Status, Results, Reconsiderations, Appeals, etc.

Figures 7, 8 and 9 below show the drag and drop report and visualization creation process

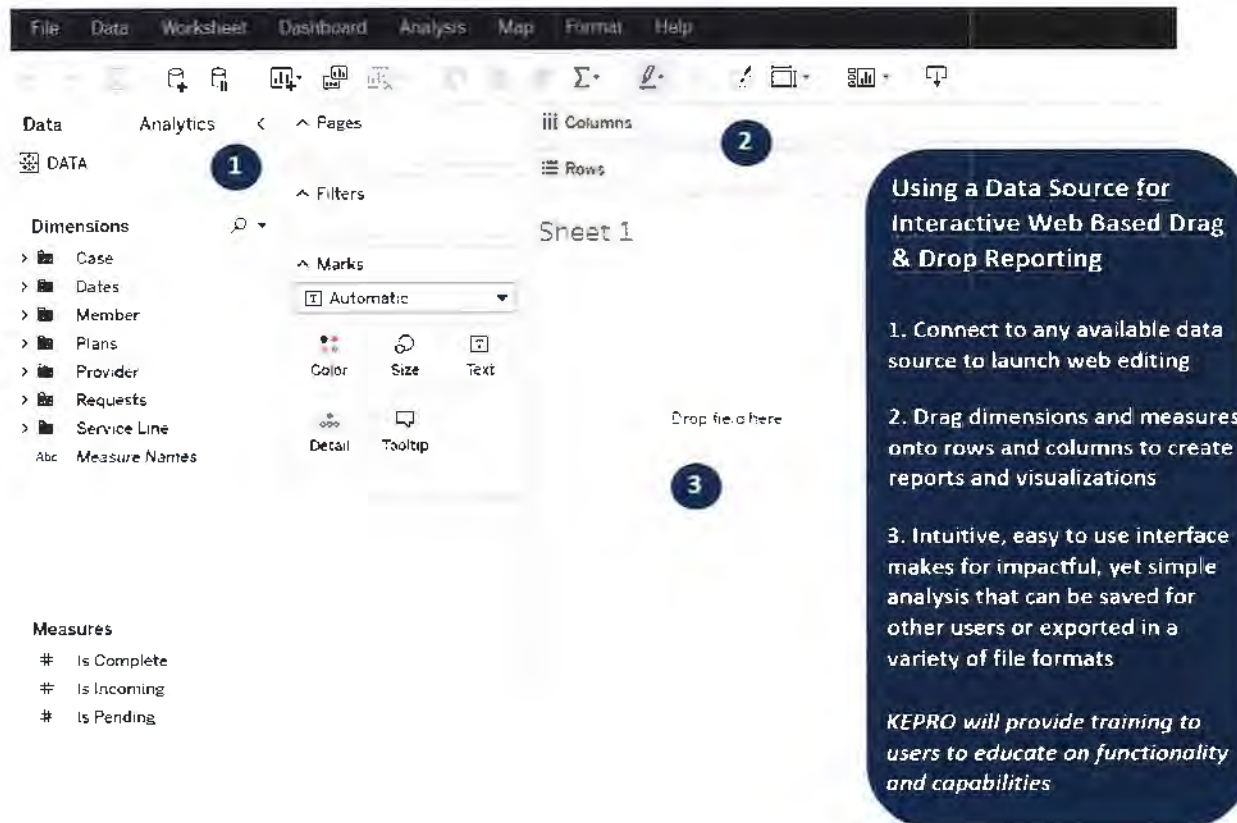


Figure 7: Customizable Report Creation Process Part 1.



**Using a Data Source for Interactive Web Based Drag & Drop Reporting**

1. Organized dimensions provide easy to navigate interface
2. Measures can easily be aggregated for table calculations  
 · KEPRO's curated data models will define complex measures so that users do not need to perform manual calculations
3. Quick filters allow users to easily slice data for analysis
4. Build reports easily by dragging dimensions and measures to rows and columns

Case Id	Member Id	Member St	Provider Id	
268	130	PA	8040983	10
268	130	WV	1718406	4
268	130	SC	7848940	2
268	130	FL	7729289	4
269	130	WV	1718406	4
269	130	WV	7989999	4
269	130	WV	7848940	2
269	130	WV	7834322	2
269	130	PA	7978858	2
269	130	UT	8100930	4
269	130	WV	8007881	10
269	130	PA	8933903	4
269	130	PA	8829267	4
269	130	WV	8249540	2
269	130	WV	8096799	2
269	130	WV	7888154	8
269	130	PA	8000392	4
269	130	PA	7896506	2
269	130	PA	7734969	2
269	130	PA	7704967	2

Figure 8: Customizable Report Creation Process Part 2.

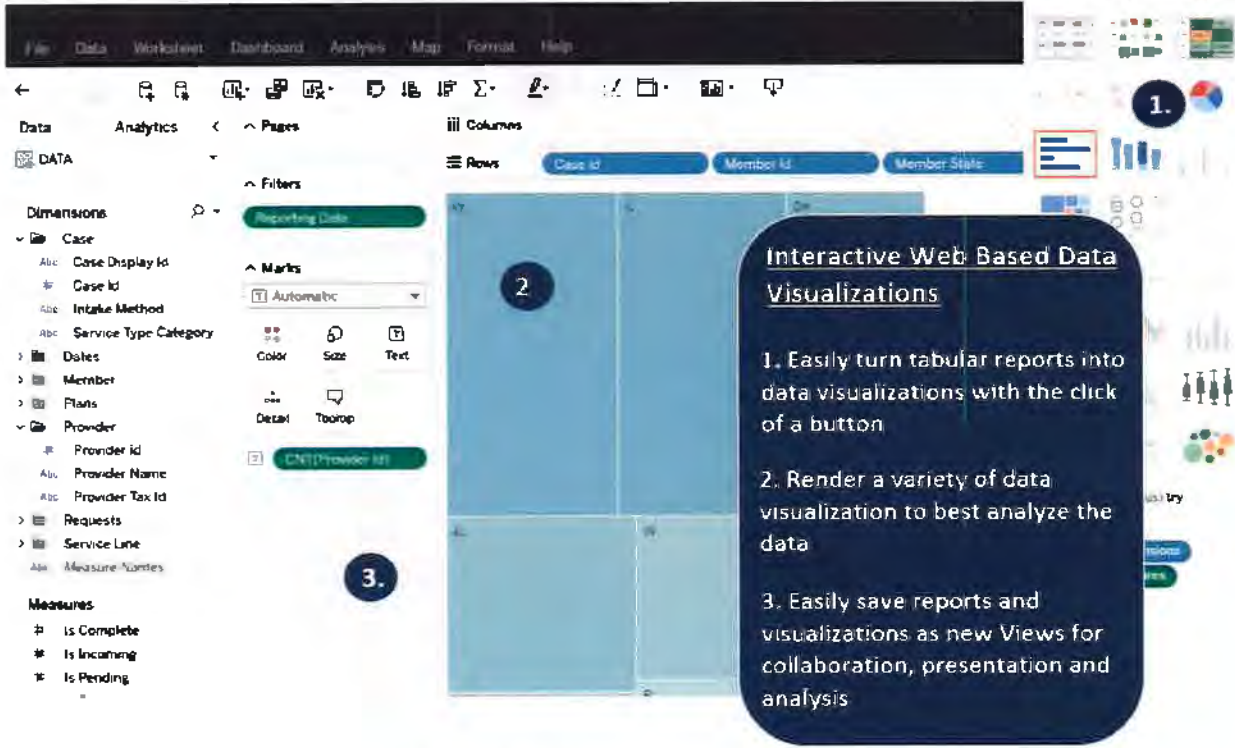
Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
					

Figure 9: Customizable Report Creation Process Part 3.

TEC-7	<b>The web based system must have the ability to scan, attach, and store different document types (pictures, documents, PDF file, etc.). Describe how the system stores objects such as pictures, documents, PDF files, etc. If an electronic document management system is part of the solution, provide a description of the proposed document system and how it is able to support multiple objects.</b>	X	X		
<p>Response:</p> <p>Our web based Atrezzo PASRR system allows external users (providers and facility users) to easily attach different electronic document types to the PASRR request. Internal KEPRO or DHHS staff can attach electronic documents or scan and attach any paper documents that may be required.</p> <p>The documents are not stored in a separate document management system, but rather are stored in the database itself as a Binary Large Object (blob). Direct database storage rather than separate document management system insures that the document can never be lost or somehow otherwise "disconnected" from the request.</p>					

**Standards Requirements**

DHHS currently operates its computer system in compliance with many technology and operational standards. These standards originate from internal development, industry best practices and governmental mandates. The Bidder should describe how all applications operate in compliance with these standards and practices.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
STN-1	<b>Describe what industry standard browsers are supported by the Bidder's proposed system. If the system requires additional components, describe the technical details of those components.</b>	X	X		
<p>Response:</p> <p>Our Atrezzo PASRR web based application supports Internet Explorer (IE), Edge, and Chrome. No additional components are required to access the system.</p>					
STN-2	<b>If the Bidder's proposed solution requires any DHHS data to be stored off-site (including data "in the cloud") describe how the data is stored in federally compliant data centers residing within the continental United States of America and follows HIPAA standards.</b>	X	X		
<p>Response:</p> <p>Our Atrezzo PASRR application and database are hosted by vXchnge, which is located at 8025 N Interstate Hwy 35, Austin, TX 78753, with continuous automated backup to Microsoft Azure Site Recovery, West Des Moines, IA, USA. vXchnge is an SSAE 18 Type II, SOC 2 Type II, PCI DSS 3.2, and HIPAA standards with ISO 27001:2013 compliant data centers. We have a copy of vXchnge last HIPAA, PCI DSS 3.2, ISO 27001, and SSAE 18 Type 2 SOC 2 audits as well as a Compliance Bridge letter from vXchnge certifying ongoing compliance to this date.</p>					



Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
STN-3	<i>The Bidder's proposed solution must ensure that all data is the property of DHHS, and DHHS will retain the exclusive rights of use now and in perpetuity. Describe how the bidder's solution meets this requirement.</i>	X	X		
<p>Response:</p> <p>We agree that all data collected by our proposed Atrezzo PASRR solution is and will remain in perpetuity the exclusive property of DHHS. We can, upon contract termination, extract DHHS data from the system and provide it in any format agreeable to both parties. We can also, if so required, purge the data from the Atrezzo system after any data transfer has occurred and been confirmed to be complete.</p>					
STN-4	<i>The Bidder's proposed solution must comply with accessibility requirements described in the State of Nebraska accessibility requirements located at <a href="http://nirc.nebraska.gov/standards/2-101.html">http://nirc.nebraska.gov/standards/2-101.html</a> along with conforming to the sub-parts of Section 508 of the Americans Disabilities Act (ADA). Refer to <a href="https://www.ada.gov/508/">https://www.ada.gov/508/</a>. Describe how the bidder's solution meets this requirement.</i>	X	X		
<p>Response:</p> <p>Our Atrezzo PASRR system is currently compliant with the accessibility requirements of the conforming to the sub-parts of Section 508 of the Americans Disabilities Act (ADA) found at Refer to <a href="https://www.ada.gov/508/">https://www.ada.gov/508/</a>. We build the compliance rules into our design and business requirements specifications before development. For verification the Atrezzo meets the requirements our Software Quality Analysts (SQA's) use both JAWS as a screen reader tool and WAVE for 508 compliance checking.</p>					
STN-5	<i>Describe how the Bidder's proposed solution complies with digital signature requirements described in the Nebraska Digital Signatures Act, and all other applicable legal requirements in Nebraska for digital signatures. Refer to <a href="http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Secretary_of_State/Title-437.pdf">http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Secretary_of_State/Title-437.pdf</a> for definition and standards in Nebraska.</i>	X		X	
<p>Response:</p> <p>Our proposed solution does not currently have the capability to accept and verify electronic signatures as described in the Nebraska Digital Signatures Act, and all other applicable legal requirements in Nebraska for digital signatures.</p> <p><b>If digital signatures are required for the PASRR work in Nebraska, we will agree that we will develop and implement the technology into Atrezzo.</b></p> <p>In all of our existing PASRR implementations, our approach (which has been accepted by multiple Medicaid Agencies) is a two factor methodology to assure that the request is coming from the providers attesting to the data. First, to obtain access to the system under a specific NPI / location, the provider must register for their initial Atrezzo login account. Their identity is verified and the first account is created. Once the first account for the provider is created, that provider can create additional login accounts for any staff that may need to submit information. A unique account, per individual user, is required for access to the system. Therefore, knowing the account that logged the PASRR request confirms the provider. Second, to submit a request, the process (which is custom to the Agency) can require an additional confirmation of the requestors' identification and credentials, along with the user having to provide confirmation that all submitted information is true and accurate.</p>					

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
STN-6	<i>The Bidder's proposed solution shall provide to DHHS any data files requested in accordance with DHHS requirements and work collaboratively with DHHS to develop and test the data file process incorporating DHHS feedback into the final data file formats. Describe how the bidder's solution meets this requirement.</i>	X	X		
<p>Response:</p> <p>KEPRO has over 30 year' s experience of importing and exporting data daily from State Medicaid Management Information Systems, fiscal agents and TPA's. for over 30 years on a daily basis. Atrezzo has been in production since 2011 and currently supports 17 State Medicaid contracts as well as many other government and commercial contracts. Each of those contracts has multiple import and export requirements including member and provider data as well as outcome and assessment data. Each of the file formats is unique and the timing for extracting and importing data from each of our partners is unique. With each contract and interface, we implement a list of "edits" which help provide quality assurance to the interface. File exchange policies and formats are collaboratively developed and agreed to. Testing of the format and interface is always an iterative process and we invite and encourage our partners to work with us to ensure success. File exchange and data interfaces are such an important component for the success of a contract that we have an entire department devoted to these processes. Our extract, transfer and load (ETL) team is currently comprised of 3 staff members whose mission is overseeing the quality and success our data transfers.</p>					
STN-7	<i>Describe the software licensing model of the solution, including any required third party licensing. Describe how the Bidder maintains licensed software no more than two supported versions behind the latest release and updated with latest security patches.</i>	X	X		
<p>Response:</p> <p>Atrezzo PASRR system is our own proprietary application, first deployed in 2011. We have no third party licensing requirements. We develop and deploy upgrades and new features on a schedule agreed to with our customers.</p>					

## Error Handling Requirements

The management of the system requires that all occurrences of errors be logged for review and that critical errors be accompanied by appropriate alerts. Authorized users need to be able to query and review the error log and configure the alerts.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
ERR-1	<b><i>Describe the error handling functionality for the Bidder's proposed solution.</i></b>	X	X		
<p>Response:</p> <p>The Atrezzo PASRR application was designed so that workflow requirements are separated from the application itself by the implementation of a Rules Engine. The Rules Engine is capable of looking at any data element in a PASRR request. The data elements can be from the Member Eligibility file, the Provider file or any element in the actual PASRR request itself – type of PASRR, any data element entered - all of the components of the request. The Rules Engine requires only the necessary fields be filled out and information be provided based on the requirements of the review. Where specific information is required, the Rules Engine checks the data to insure completeness of the request. In the event of an error all messages are customizable to help the user identify the reason for the error and guide the user to fix the issue.</p>					
ERR-2	<b><i>Describe how the Bidder's proposed solution provides a comprehensive set of edits at the point of data entry to minimize data errors and provide immediate feedback in order for incorrect data to be corrected before further processing (e.g., spell check, zip codes, etc.).</i></b>	X	X		
<p>Response:</p> <p>As stated in the response to ERR-1 - The Atrezzo PASRR application was designed so that workflow requirements are separated from the application itself by the implementation of a Rules Engine. The Rules Engine is capable of looking at any data element in a PASRR request. The data elements can be from the Member Eligibility file, the Provider file or any element in the actual PASRR request itself – type of PASRR, any data element entered - all of the components of the request. The Rules Engine requires only the necessary fields be filled out and information be provided based on the requirements of the review. Where specific information is required, the Rules Engine checks the data to insure completeness of the request. In the event of an error, omission, or conflict - all messages are customizable to help the user identify the reason for the error and guide the user to fix the issue.</p>					
ERR-3	<b><i>Describe how the Bidder's proposed solution ensures all errors are written and categorized to an error log. Describe how the system allows for a user to view, filter, sort, and search the error log.</i></b>	X	X		
<p>Response:</p> <p>The Rules Engine (mentioned in ERR-1 and ERR-2) writes the results for all rules run in the process of submitting a PASRR request and rules run in the completion of the process. The log file contains the entire context of the request at the time the rules ran and the result of each rule. This file creates an error log and if an issue is identified that needs to be researched, the error log has a search function with date / time stamp the rules ran and the user who ran the rules for complete traceability of the process.</p>					



ERR-4	<b>Describe how the system allows for user-defined alerts of errors, including those to external communication mechanisms (e.g., e-mail and text messaging).</b>	X	X		
<p>Response:</p> <p>As described in the response to ERR-1 and ERR-2 above – all Rules related error messages are customizable and modifiable easily through the Rules Engine. Alerts for these error messages can be modified to meet Nebraska’s needs.</p>					
ERR-5	<b>Describe how the Bidder’s proposed solution provides for the generation of standard and customizable error reports.</b>	X	X		
<p>Response:</p> <p>For application user errors, the Rules Engine (mentioned in ERR-1 and ERR-2) writes the results for all rules run in the process of submitting a PASRR request and rules run in the completion of the process. The log file contains the entire context of the request at the time the rules ran and the result of each rule. If an issue is identified that needs to be researched, the error log has a search function with date / time stamp the rules ran and the user who ran the rules for complete traceability of the process.</p> <p>For any database errors, database error logging is enabled and simple queries allow the database administrator to quickly search and identify errors when they happen.</p>					
ERR-6	<b>Describe how the Bidder’s proposed solution includes a comprehensive list of error messages with unique message identifiers.</b>	X	X		
<p>Response:</p> <p>As described in the response to ERR-1, ERR-2, and ERR-4 above – all Rules related error messages are customizable and modifiable easily through the Rules Engine, including adding unique message identifiers as desired.</p>					

**Database/Data Management Requirements**

DHHS requires the benefits inherent with a relational database management system (RDBMS). The accessibility, flexibility and maintainability achieved through normalized data structures are essential to achieving the business objectives outlined in this RFP.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DBM-1	<b>Describe the Bidder’s proposed Database architecture including the database software that is supported by the proposed application. Describe the Bidder’s proposed Database Warehouse solution, if applicable.</b>	X	X		

Response:

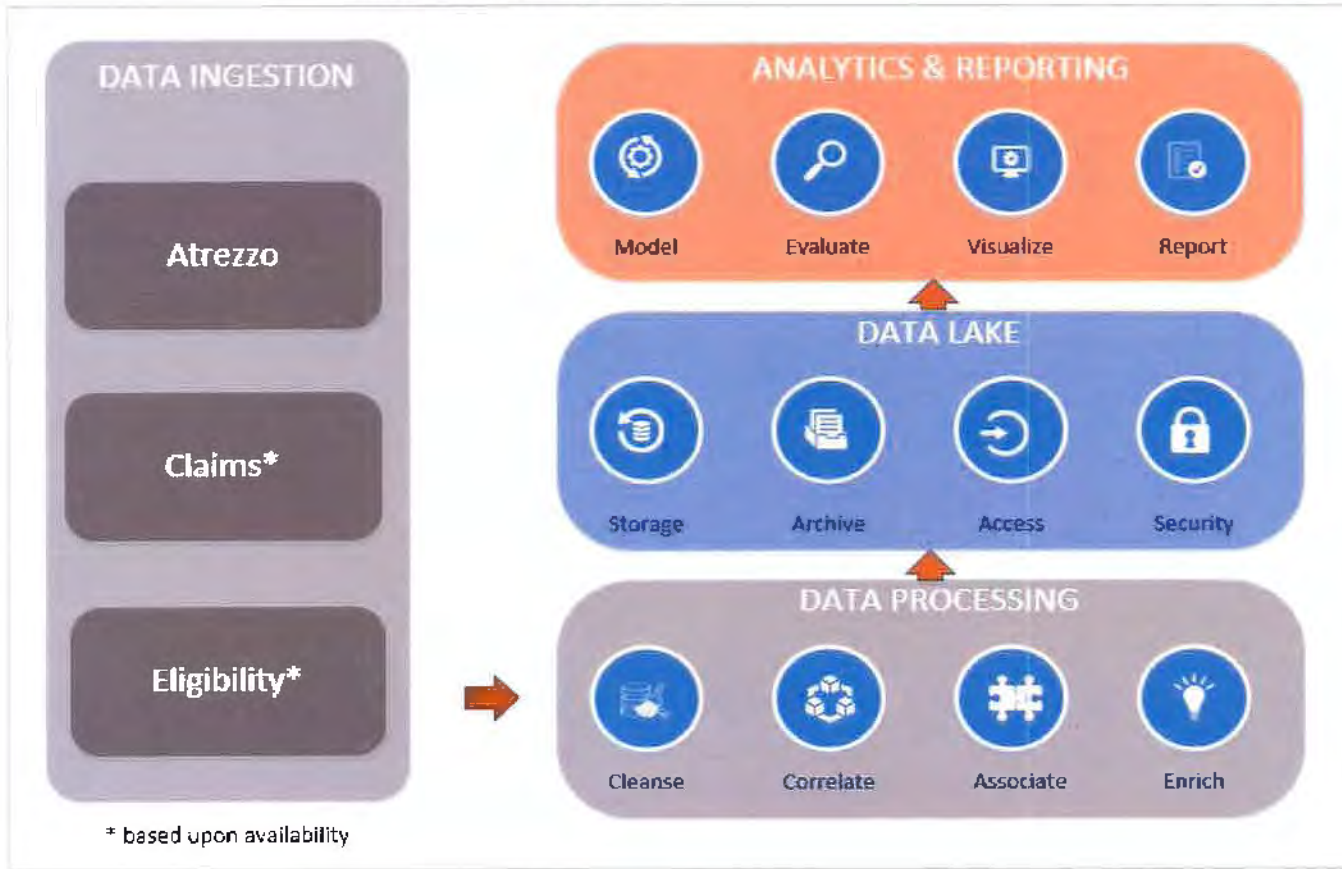
Our Atrezzo Analytic Data Warehouse offers a comprehensive reporting and analytics package that provides a spectrum of features from parameter-driven tabular reporting to self-service reporting to advanced analytics. Reporting and analytics are supported by the KEPRO Atrezzo Business Intelligence Data Lake. Key features of the Data Lake include:

- End to end data ingestion, processing, management and analytics reporting solution
  - Able to ingest data from multiple data sources, including transactional reviews, telephony, claims, etc.
  - Able to cleanse data and create relationships among disparate sources that can be used for comprehensive analysis
  - Able to integrate additional public data sources that can be used to support analysis
  - Able to generate metadata and tagging necessary to comprehend and analyze data
  - Able to store and archive data
  - Able to create data models for use in analytics and reporting
  - Scalable, flexible solution
  - Seamlessly connects to reporting tools such as SQL Server Reporting Services, Tableau, and SAS
- Data Lake is monitored and worked by a team including KEPRO Database Administrators, Health Intelligence Programmers and Health Intelligence Analysts

We provide a graphic representation of our Data Warehouse / Data Lake Solution in **Figure 10** on the following page.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
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## KEPRO Data & Analytics Solution



**Figure 10: our Data Warehouse / Data Lake Solution**



DBM-2	<i>Describe how the Bidder's proposed solution maintains an automated history of all transactions, including, but not limited to: date and time of change, "before" and "after" data field contents, and operator identifier or source of the update.</i>	X	X		
<p>Response:</p> <p>Our Atrezzo PASRR solution database has, by default, database field level auditing turned on. Database field level auditing meets the requirements of DBM-2. Database field level auditing captures data and time of the change, before / after state of the data, and the source of the change.</p>					

**Backup and System Recovery Requirements**

The system must create backup copies of the software and restore and use those backup copies for the basic protection against system problems and data loss. This requirement refers to all application system files, data files, and database data files. The system should provide a comprehensive and easily manageable backup and recovery process.

The system must have a recovery plan that ensures component failures do not disrupt services. The plan should be completed, implemented, and tested prior to system implementation.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
BKP-1	<i>Describe the Bidder's proposed Backup and System Recovery plan and readiness. Describe the Bidder's service level agreement on returning the solution to service from a backup. Describe the Bidder's proposed backup retention schedules – daily, weekly, monthly, quarterly, etc.</i>	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	<p>Response:</p> <p>Our approach to Business Continuity is based on our dedication to minimizing customer risk by ensuring continuous operations. Our Contingency and Business Continuity Plan (CBCP) is a unified plan that covers both Business Continuity as well as Disaster Recovery. Our CBCP is based on over 30 years of experience managing a variety of systems for clients. We have developed local Continuity of Operations Plans (COOP) and Business Continuity Plans to support a multitude of customer contracts including current state Medicaid contracts for Maine, Virginia, West Virginia, South Carolina, New Hampshire, Oregon, Tennessee, and Florida, our Beneficiary and Family Centered Care (BFCC) contract with CMS as well as our DoD TRICARE contract.</p> <p>Our CBCP is designed to prepare for and address the elements necessary to ensure continuity of service to critical business systems during any emergency. The principles of our CBCP are based on guidance from the National Institute of Standards and Technology (NIST) Contingency Planning Guide for Federal Information Systems, Special Publication 800-34 Rev 1. Our CBCP covers all systems including computer systems and telecommunications (telephone and fax), and all business processes.</p> <p>Our CBCP is proven. We test our emergency plan on a semi-annual basis. Our testing includes desktop testing using scenarios based on real-world examples. Desktop testing scenarios have included flooding, fire, pandemic, and natural disasters such as major winter storms and hurricanes. Our testing also includes system failover testing. Failover testing involves complete systems failover to our Microsoft Azure Site Recovery (ASR) solution as well as failback to normal operations. Testing serves to raise awareness, identify gaps in our plan, and test communication. Our last failover test (successful) was in November 2019, with the next failover test scheduled of May 2020.</p> <p>Our data backup plans are included in our CBCP. Our multi-layered backup includes:</p> <ul style="list-style-type: none"> <li>• Real-time replication to Microsoft Azure Site Recovery</li> <li>• Nightly synthetic full backups</li> <li>• Database snapshot backups</li> <li>• Hourly Storage Area Network (SAN) snapshots</li> </ul> <p>Backup strategy currently in place requires the daily, weekly and monthly rotations. This approach insures that a complete restoration of data to the point of the last backup is always possible and that no more than 24 hours of data could be lost due to a disaster. Data restoration from nightly backups takes only a matter of a few hours.</p>				
BKP-2	<b><i>Describe the Bidder's proposed Disaster Recovery Plan. Describe the Bidder's service level agreement on returning the solution back to operational service.</i></b>	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
<p><b>Response:</b></p> <p>We use a unified plan that covers both Business Continuity as well as Disaster Recovery. The purpose of the Contingency and Business Continuity Plan (CBCP) is to prepare for and address the elements necessary to ensure continuity of service to critical business systems during various emergencies. The KEPRO CBCP establishes procedures to recover business systems following a disruption. The approach we used in developing the CBCP includes the following objectives in its formulation:</p> <ul style="list-style-type: none"> <li>• Maximize the effectiveness of contingency and recovery operations through an established plan that consists of the following phases: <ul style="list-style-type: none"> <li>○ Notification/Activation phase to detect and assess damage and to activate the plan</li> <li>○ Recovery phase to restore temporary business systems and recover damage done to the original facilities</li> <li>○ Reconstitution phase to restore business processing capabilities to normal operations</li> </ul> </li> <li>• Identify the activities, resources, and procedures needed to carry out business processing requirements during prolonged interruptions to normal operations.</li> <li>• Assign responsibilities to designated KEPRO personnel and provide guidance for recovering the business operations during prolonged periods of interruptions to normal operations.</li> <li>• Ensure coordination with other staff who participates in the contingency planning strategies. Ensure coordination with external points of contact and vendors who participate in contingency planning strategies.</li> </ul> <p>As part of the overall strategy, we maintain a primary data center in Austin, TX and a separate cloud-based Site-Recovery solution provided by Microsoft called "Azure Site Recovery".</p> <p>We have defined in the CBCP that the maximum allowable downtime before initiating the CBCP for mission critical applications, such as the PASRR scheduling assessment required for this contract is 24 hours. Complete system fail-over to the Azure Site Recovery systems should take no more than an additional 24 hours to activate, test, and redirect users.</p>					
BKP-3	<b><i>Describe how backups of the system are able to be scheduled without user intervention and without interruption to the system.</i></b>	X	X		
<p><b>Response:</b></p> <p>We use Cohesity to schedule and automate system backups. Cohesity provides for the automated scheduling of backup processes across platforms allowing us to back up our entire database every night. The backups flow from the vXchnge hosting facility in Austin, TX to the Microsoft Azure Data Recovery cloud based backup system. These processes run without user intervention and generate notices of any interruption or error encountered.</p>					
BKP-4	<b><i>Describe how the Bidder's proposed solution provides information on their test and validation process for all of the backup requirements listed previously (BKP-1, BKP-2, and BKP-3).</i></b>	X	X		
<p><b>Response:</b></p> <p>We will provide written confirmation of the results of our semi-annual failover test to DHHS and involve designated DHHS personnel in the actual test if required by DHHS. Our Cohesity Solution provides a unified UI to allow insight into the validation and management of the backup / recovery processes.</p>					



## Security and Audit Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SEC-1	<p><b>Describe the Bidder's proposed security safeguards integrated into their application and how these safeguards address DHHS security. Refer to DHHS Information Technology (IT) Access Control Standard (DHHS-IT- 2018-001B) for specific requirements: <a href="http://dhhs.ne.gov/ITSecurity">http://dhhs.ne.gov/ITSecurity</a></b></p>	X	X		
<p>Response:</p> <p>DHHS Information Technology (IT) Access Control Standard (DHHS-IT- 2018-001B) spells out the requirements for creating unique User ID's, strong passwords, minimum necessary access permissions based upon assigned job duties (role based access), protection of access controls, and requirements for remote access to the DHHS network environment. HIPAA requires one of the following: Context Based Access, Role Based Access, or User Based Access. User Based Access is part of the Log-In Security component. We integrate Role Based Access into our Atrezzo PASRR solution and give individual users access relevant to their function in the organization.</p>					
SEC-2	<p><b>The Bidder's proposed solution must comply with Federal, State, and division-specific security requirements including but not limited to:</b></p> <ol style="list-style-type: none"> <li>1. <b>Health Insurance Portability and Accountability Act (HIPAA) of 1996</b></li> <li>2. <b>Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009</b></li> <li>3. <b>Nebraska Electronic Signature Statute <a href="http://www.nebraskalegislature.gov/laws/statutes.php?statute=86-611">http://www.nebraskalegislature.gov/laws/statutes.php?statute=86-611</a></b></li> <li>4. <b>Privacy Act of 1974</b></li> <li>5. <b>45 CFR 164 Security standards for PHI</b></li> <li>6. <b>Office of the National Coordinator's Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health information <a href="https://www.healthit.gov/sites/default/files/nationwide-ps-framework-5.pdf">https://www.healthit.gov/sites/default/files/nationwide-ps-framework-5.pdf</a></b></li> </ol> <p><b>Refer to the Nebraska DHHS Information Systems and Technology Security Policies and Standards for more information (<a href="http://dhhs.ne.gov/ITSecurity">http://dhhs.ne.gov/ITSecurity</a>)</b></p>	X	X		

Response:

We have established specific security and privacy procedures, applicable to our Federal, State and commercial contracts to ensure that confidentiality of all client and consumer information is maintained and that the rights of the individual are protected. Access to protected health information is on a need-to-know basis. All employees, including temporary employees and consultants, have access only to protected health information necessary to carry out their specific functions. We limit the collection of data and information to only that which is necessary.

Our Comprehensive Confidentiality Policy (CCP) was developed incorporating the requirements of the following Federal and State Statutes and Regulations.

- Part B section 1160 of Title XI of the Social Security Act
- 42 C.F.R. § 480 – Acquisition, Protection, and Disclosure of Peer Review Information
- 42 C.F.R. § 476 – Shared Health Data Systems
- Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)
- Health Information Technology for Economics and Clinical Health (“HITECH”) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (“ARRA”) P.L. 111-5 (Feb. 17, 2009)
- Alcohol, Drug Abuse and Mental Health Administration Reorganization Act - 42 U.S.C. § 290dd-2
- Freedom of Information - Act 5 U.S.C. § 522
- The Privacy Act - 5 U.S.C. § 522a
- Modifications to the HIPAA Privacy, Security, Enforcement and Breach Notification Rules Under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act;
- Other Modifications to the HIPAA Rules; Final Rule, 78 Fed. Reg. 5565 (Jan. 25, 2013) (amending 45 C.F.R. Parts 160 and 164).
- Other State regulations and laws, as applicable

Our overall approach to facility security and confidentiality is defined completely in our Comprehensive Confidentiality Plan (CCP). The approach is separated into three distinct categories as defined in HIPAA Security Rule and in reference to 45 CFR parts 160, 162, and 164. Included below is Section D of the CCP that directly addresses the question of administrative, technical and physical safeguards.

#### **D. SECURITY STANDARDS & PROCEDURES**

Security encompasses all of the safeguards in an information system, including hardware, software, personnel policies, information practice policies, disaster preparedness, and the oversight of all these areas. The purpose of security is to protect both the system and the information it contains from unauthorized access from without and from misuse from within.

As defined in the HIPAA Security Rule, and in reference to 45 C.F.R. Parts 160, 162, and 164, there are three categories that are important to a total security program. They are:

- Administrative Safeguards
  - Physical safeguards
  - Technical Safeguards
1. Administrative safeguards are administrative actions, and policies and procedures to manage the selection, development, implementation, and maintenance of security measures to protect electronic Protected Health Information (ePHI) and to manage the conduct of the workforce in relation to the protection of that information. This category is about procedures that are used by the workforce.

2. **Physical safeguards** are physical measures, policies, and procedures to protect the electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.
3. **Technical safeguards** mean the technology and the policy and procedures for its use that protect electronic Protected Health Information (ePHI) and control access to it.

Highlights of KEPRO's security procedures that directly address the requirement for system and facilities follow.

### **Administrative Safeguards**

**Corporate Security Policy:** KEPRO will ensure that all confidential information (including electronic Protected Health Information) is protected during its collection, use, disclosure, storage and distribution within KEPRO, in accordance with the provisions of applicable state and federal regulations.

**Security Officer:** KEPRO has appointed a Security Officer, the Vice President, Information Technology Services, who is accountable for (1) developing and implementing security policies and procedures for KEPRO, and (2) training for all members of the workforce that come in contact with confidential information. The training program is developed in conjunction with KEPRO's Privacy Officer who provides for privacy training.

**Security Process:** KEPRO's overarching process for ensuring security of all confidential information can be referenced in KEPRO's System Security Policy, located in the Corporate Document Library.

### **Access to Electronic Information**

- Employees are given access to confidential information on a need-to-know basis. If an individual's job does not require access to confidential information, their computer and software will be configured so that they do not have access to such information.
- Employees will ensure that confidential electronic information is not left unattended.
- Employees are instructed to lock their workstations when unattended. If an employee does not lock their workstations and is away from their workstation for an extended length of time, the screen saver will automatically start after no more than 10 minutes of inactivity.
- Employees working offsite handling confidential information are responsible for protecting the confidentiality of the data.
- KEPRO does routinely monitor employee communication. Management reserves the right, at its discretion, to review any employee's electronic files and messages to the extent necessary to ensure e-mail is being used in compliance with the law, this policy and other KEPRO policies.
- Before leaving the office at the end of the day, employees will log off their computers.

### **System Audit Reports**

The following system audit reports and tools are available and may be utilized as necessary:

- User Access
- CPU Time Utilization
- Job Run Logs
- Downtime
- Disk Utilization
- Memory Utilization



### **Passwords**

- Upon employment at KEPRO, each user shall have a user ID(s) and password(s) created by the Systems Administrator.
- Each password shall be unique and consist of at least 10 characters, utilizing upper and lower case, numeric, special characters and punctuation combined and created in conformance with the KEPRO Strong Password Procedure.
- Passwords will be changed once every 90 days. Users will be prompted to change passwords automatically. Upon three unsuccessful attempts, the user will be locked out of the system.
- User names and their corresponding password(s) shall be disabled immediately following users last day of employment or immediately upon employee termination. Once a decision has been made to terminate an employee, the System Administrator shall be immediately notified through a verbal request from management to have the employee's access disabled, followed by official written request submitted immediately following the verbal notification.
- Passwords are used to gain access to KEPRO computer systems and networks.
- Employees may not share their passwords with anyone.
- Any written record of passwords will be strictly protected.

### **Security Awareness Training of Staff**

See Section F. of this plan.

### **Protection from Malicious Software**

- All PCs and file servers are protected by real time virus scanning.
- All server files are scanned weekly.
- All PC files are fully scanned on a daily basis.
- All new files introduced into a PC, via any type of removable media, are automatically scanned for viruses.
- All files copied to and from File Servers(s) are automatically scanned for viruses.
- A scan of executables and new documents is completed in real-time on all File Servers.
- New anti-virus program updates are automatically downloaded via the Internet as soon as they are available.
- Real-time reports are available to the Network Administrator whenever viruses are detected.

### **Data Backup**

- All users' personal documents should be stored in their home directory that is physically located on file servers.
- All KEPRO regulated files are located on file servers.
- All KEPRO file servers are backed up on a nightly basis for each workday.
- Backup system is currently designed to back up all data and program files on file servers.
- Minimally six weeks of encrypted back up media are maintained for each system.
- Special archives or other backups may be made and stored indefinitely as needed in accordance with KEPRO's System Security policy.
- Backup media may be maintained in an off-site location in accordance with KEPRO's System Security policy.
- Backup media on-site are maintained in a locked computer room.
- Backup logs are maintained on each system on-line in a job log.

### **Contingency Plans**

KEPRO has developed a separate Contingency and Business Continuity Plan, which addresses disaster recovery and emergency mode operation plans. This plan is located on KEPRO's intranet, at each operational site, and also on a backup file server at one of KEPRO's remote locations.

### **Relevant Employee Manual Policies Related to Security**

The following Human Resources Employee Manual policies address specific aspects of KEPRO's overall security system. Employees are required to become familiar with these policies and any revisions issued.

- #501 – Safety Program Guidelines
- #503 – Employee Internet Email Use
- #503.1 – Employee Internet Use
- #582 – Security Inspections
- #701 – Employee Conduct and Work Rules
- #790 – Employee Badges-Visitors

### **Physical Safeguards**

#### **Access to KEPRO Facilities**

- The KEPRO designated reception areas are staffed during office working hours.
- All exterior doors are locked at all times after business hours.
- All employees possess a KEPRO identification badge, which must be worn at all, times during regular working hours.
- All employees must present their identification badge during non-working hours to gain entry into the KEPRO offices.
- All visitors seeking access to KEPRO must first register at the designated reception area. Visitors will receive a temporary visitor badge and must be escorted by a KEPRO employee.
- Each visitor is required to sign a KEPRO Visitor Confidentiality and Non-disclosure Agreement.
- Employees are encouraged to challenge anyone who is not wearing a visitor badge and politely ask their business.
- KEPRO issues keys/access cards or fobs to offices, desks, and file cabinets only to designated employees.

#### **Protection of Equipment**

- The servers on which confidential information is stored are located in secured computer rooms. Only authorized personnel have access to the secured computer rooms.
- All file servers and other computer equipment is protected by Uninterruptible Power Supplies (UPS).
- Back-up disks containing confidential information are so designated and securely stored.
- Standard system security features, file passwords, system software locks on files, read/write protection is in effect.

#### **Working Offsite and Transporting Confidential Information**

- A log listing all confidential information, which includes medical records, that are to be taken off-site will be created and maintained for tracking purposes. Upon return from working off-site, the confidential information shall be audited against the log to ensure all documentation has been returned.
- All confidential information taken off-site will be transported in an enclosed container with no external identifying information.
- All confidential information will be locked in the transporting vehicle and not left unattended during loading and unloading.
- All confidential information will be safely locked in a cabinet, drawer, or room at the home or other location when not in use; other non-authorized people will not have access to the records.
- All confidential information, whether hard copy or electronic is returned to KEPRO upon completion of task.
- All applicable policies and procedures in place at the KEPRO office location including policies regarding confidentiality and employee personnel policies and procedures remain in force when performing work for KEPRO remotely.

- Employees working remotely will take all reasonable measures to protect company assets and insure confidentiality of information in accordance with KEPRO policies and HIPAA regulations.

## **Technical Safeguards**

### **Access Control**

- Users will have access rights to only those programs and files that they are permitted.
- Access permission will be authorized by the employee's Supervisor and the Information Services Manager.
- Any user failing to follow password/access control policies is subject to disciplinary action that includes removal of any and all access privileges to KEPRO systems.

### **Encryption**

- If databases or any other confidential information are transmitted electronically, via the Internet or removable media, the data shall be encrypted using an industry-accepted encryption tool or will be compressed and password protected.

### **Electronic Mail and Internet Use**

- Confidentiality of e-mail or information sent over the Internet cannot be guaranteed. Therefore, the Internet and Internet e-mail may be used to transfer confidential information when: 1) permission is granted by the owner of the data, and the file is encrypted using an industry approved encryption tool, or 2) confidential information is removed from the file.
- PHI should never be sent externally (non-KEPRO address) without encryption.
- File attachments must be encrypted using an industry approved encryption tool or confidential information is removed from the file(s). Additionally, the password must be communicated verbally or sent via a separate email.
- E-mail in which the message body contains PHI may only be sent from one KEPRO address to another KEPRO address and should be limited to the minimum necessary to meet the recipient's needs.
- The sender of any e-mail containing PHI is responsible for ensuring that the recipient's address is within the KEPRO e-mail system.
- Before sending encrypted PHI externally, first verify the email address of the recipient by sending a message with a reply requested. Also, confirm the delivery of the message with the PHI attachment by means such as a read receipt.
- E-mail containing PHI may not be (auto-) forwarded to any non-KEPRO account, including but not limited to, personal and commercial e-mail accounts such as: AOL, Yahoo, MSN, etc.
- When replying to or forwarding e-mail containing PHI from or to senders outside the KEPRO system, the response may NOT contain PHI.
- Distribution lists may NOT be used to send e-mail that contains PHI.
- PHI will never be transmitted in the subject line of the email message.
- Management or Information Services staff members may view any electronic mail message during the routine performance of his or her duties.
- Employees who are uncertain about whether particular information should be sent electronically should contact their supervisor.
- No unauthorized downloading of any software will be permitted.
- All messages created, sent, or retrieved over the internet are the property of KEPRO. Each employee is responsible for the content of all text, audio or images that they place or send over the Internet. Fraudulent, harassing, inappropriate, or obscene messages are prohibited.

The combination of Administrative, Physical, and Technical safeguard provides assurance we have and maintain a facility security plan that details all elements of security, including reception area procedures, security for equipment, controlled access to all Liaison center areas and measures to safeguard the confidentiality of Medicaid information.



Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
SEC-3	<p><i>Describe how the system meets the DHHS requirements for unique user ID access. Include:</i></p> <ol style="list-style-type: none"> <li>1. <i>Specification on configuration of the unique user ID.</i></li> <li>2. <i>How the unique user ID is assigned and managed.</i></li> <li>3. <i>How the unique user ID is used to log system activity.</i></li> <li>4. <i>How the system handles the creation of duplicate user ID accounts.</i></li> </ol>	X	X		
<p>Response:</p> <p>Our Comprehensive Confidentiality Plan (CCP) defines password requirements that meet the DHHS standards for unique user ID access. The section specific to user ID's and passwords is included here for reference.</p> <p><b>Passwords</b></p> <ul style="list-style-type: none"> <li>• Upon employment at KEPRO, each user shall have a user ID(s) and password(s) created by the Systems Administrator.</li> <li>• Each password shall be unique and consist of at least 10 characters, utilizing upper and lower case, numeric, special characters and punctuation combined and created in conformance with the KEPRO Strong Password Procedure.</li> <li>• Passwords will be changed once every 90 days. Users will be prompted to change passwords automatically. Upon three unsuccessful attempts, the user will be locked out of the system.</li> <li>• User names and their corresponding password(s) shall be disabled immediately following users last day of employment or immediately upon employee termination. Once a decision has been made to terminate an employee, the System Administrator shall be immediately notified through a verbal request from management to have the employee's access disabled, followed by official written request submitted immediately following the verbal notification.</li> <li>• Passwords are used to gain access to KEPRO computer systems and networks.</li> <li>• Employees may not share their passwords with anyone.</li> <li>• Any written record of passwords will be strictly protected.</li> </ul> <p>The process for assigning unique user ID's is that the first attempt to create a username is based on first initial and last name. However, all usernames must be unique and the system will stop the process if the requested username has already been used. The next attempt is to try first initial, middle initial, and last name. If that is in use, the next attempts will be to add a number to the end of the username, increasing that number until a unique ID is identified.</p> <p>All database activity is logged and the username of the individual that added, or updated the database field is logged as system activity.</p> <p>A duplicate User ID cannot be created in any of our systems.</p>					
SEC-4	<p><i>Describe how the Bidder's proposed solution meets the DHHS standard for administering passwords:</i></p> <ol style="list-style-type: none"> <li>1. <i>Initial Password assignment.</i></li> <li>2. <i>Strong Password Requirements.</i></li> <li>3. <i>Password reset process.</i></li> <li>4. <i>Password expiration policy.</i></li> <li>5. <i>Password controls for automatic lockout access to any user or user group after an administrator-defined number of unsuccessful log-on attempts.</i></li> </ol>	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	<p>Response:</p> <p>Our Comprehensive Confidentiality Plan (CCP) defines password requirements that meet the DHHS standards for unique user ID access. The section specific to user ID's and passwords is included here for reference.</p> <p><b>Passwords</b></p> <ul style="list-style-type: none"> <li>• Upon employment at KEPRO, each user shall have a user ID(s) and password(s) created by the Systems Administrator.</li> <li>• Each password shall be unique and consist of at least 10 characters, utilizing upper and lower case, numeric, special characters and punctuation combined and created in conformance with the KEPRO Strong Password Procedure.</li> <li>• Passwords will be changed once every 90 days. Users will be prompted to change passwords automatically. Upon three unsuccessful attempts, the user will be locked out of the system.</li> <li>• User names and their corresponding password(s) shall be disabled immediately following users last day of employment or immediately upon employee termination. Once a decision has been made to terminate an employee, the System Administrator shall be immediately notified through a verbal request from management to have the employee's access disabled, followed by official written request submitted immediately following the verbal notification.</li> <li>• Passwords are used to gain access to KEPRO computer systems and networks.</li> <li>• Employees may not share their passwords with anyone.</li> <li>• Any written record of passwords will be strictly protected.</li> <li>• Password reset process: Every user set their own "Secret Question" and the answer to the question for use when a password reset is required. Upon entering the response successfully, the user has the ability to set a new password. The new password must conform to the existing constraints on passwords – strength, length, complexity, not in the last 25 versions of password history, etc. In the event that the user cannot successfully reset their own password, a call to the KEPRO Service Desk will result in the caller's identity being confirmed and the reset being performed by the Service Desk Support staff. They will provide a temporary password that will expire immediately upon the first login and the user will then be forced to create a new password conforming to the aforementioned rules.</li> </ul>				
SEC-5	<i>Describe how the Bidder's proposed solution supports the use of multi-factor authentication.</i>	X		X	
	<p>Response:</p> <p>Our Atrezzo PASRR Solution does not currently support multi-factor authentication (MFA).</p> <p>In all of our existing PASRR implementations, indeed all provider facing web-based application we support, our approach (which has been accepted by multiple Medicaid Agencies) is a two factor methodology to assure that the request is coming from the providers attesting to the data. In order to obtain access to the system under a specific NPI / location, the provider must register for their initial Atrezzo login account. Their identity is verified and the first account is created. Once the first account for the provider is created, that provider can create additional login accounts for any staff that may need to submit information. A unique account, per individual user, is required for access to the system. Therefore, knowing the account that logged the PASRR request confirms the provider. Second, to submit a request, the process (which is custom to the Agency) can require an additional confirmation of the requestors' identification and credentials, along with the user having to provide confirmation that all submitted information is true and accurate.</p> <p>If multi-factor authentication is required for the PASRR work in Nebraska, we will agree that we will develop and implement the technology into Atrezzo.</p>				

SEC-6	<b>Describe any security processes for managing security updates, and integrated components subject to vulnerability, including anti-virus.</b>	X	X		
<p>Response:</p> <p>Our System Security Plan (SSP) defines and describes how we manage updates to security, anti-virus protection and all other security related procedures. Based on guidance from National Institute for Standards and Technology (NIST) Guidelines of the NIST Risk Management Framework (RMF), we have implemented the controls found in our SSP to protect our system and information stored in our system. These controls define our security posture. Defined within these controls are policies that set guidelines for the following applicable areas:</p> <p><b>Configuration Management:</b> Focuses on information security standards for the configuration management of information systems. The standards in this section include, but are not limited to inventory, maintenance, updates, and implementation guidelines for KEPRO to effectively control its information systems throughout the Investment Life Cycle (ILC).</p> <p><b>Maintenance:</b> Focuses on information security standards for the maintenance and support of KEPRO information systems. This includes: hardware; software; system and application repairs; upgrades; periodic and on-going preventive maintenance; and the methods and tools for personnel to perform the maintenance. The purpose of establishing these standards is to ensure the confidentiality, integrity, and availability (CIA) of KEPRO information systems.</p> <p><b>System and Information Integrity:</b> The information security standards addressed in this section pertain to system and information integrity. This includes the stability and assurance of new code, patches, updates, and maintenance during system operation or prior to implementation. Also addressed in this section are the plans and procedures to trace, report, document, and respond in the case of a loss of stability or unauthorized access. Proper implementation of audit and log mechanisms enables KEPRO to inspect system and network activities, detect unauthorized access, trace and reconstruct intrusions, and process evidence related to unauthorized activities.</p> <p>Our System Security Plan is proprietary and confidential, but can be shared with the Department upon contract award.</p>					
SEC-7	<b>Describe how the Bidder's proposed solution provides the ability to maintain a directory of all personnel who currently use or access the system.</b>	X	X		
<p>Response:</p> <p>The Atrezzo PASRR system contains all system user login information including, contract access, provider association, role information, and status of the account. A simple query can identify the username, the user's first and last name, the associated provider relationship, which contracts (if more than one) that they may have access to, and account status – active, locked out, or expired.</p>					



SEC-8	<p><b>Describe how the Bidder's proposed solution provides role-based security and allows restricted access to system features, function, screens, fields, database, etc. Role authentication may occur at the directory level, application level, or database level (depending on database system). Describe the security administration functions integrated into the system that manage role-based access to system functions, features, and data. Include a description of:</b></p> <ol style="list-style-type: none"> <li>1. <i>How and where the system stores security attributes or roles (e.g., LDAP attributes, database tables, files).</i></li> <li>2. <i>The interface between the LDAP and the application, if roles are assigned in an LDAP directory.</i></li> <li>3. <i>How roles are created and security is applied to the role based on how and where security attributes are stored (if multiple options describe each).</i></li> <li>4. <i>How groups are defined and how roles and security are applied to each group.</i></li> <li>5. <i>How access limits are applied to screens and data on screens by role or group.</i></li> <li>6. <i>How users are created and assigned to one or more roles or groups.</i></li> <li>7. <i>How role and group creation and assignment activity is logged.</i></li> </ol>	X	X		
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**Response:**

Access and distribution to Confidential and Highly Restricted Information is controlled by the role-based access built into the Atrezzo PASRR System at the application level. A user can ONLY see data to which they are directly associated. If a PASRR is submitted by one facility and at some point later another facility submits a PASRR, the first user cannot access ANY information entered by a different provider. Access to all data is protected in that way. The same is true of reports. All provider reports are provider specific and data does not and cannot be accessed by another provider. To the specific requirements:

1. Security attributes or roles are stored in Atrezzo database tables
2. LDAP does not play a part in Atrezzo's role-based security
3. Roles are created based on the function or data accessed. A role feature is created and stored in the database table. The role feature can be added or removed from a role. When an application feature or data is accessed, the role of the user is checked to confirm that the role feature is available for the role and access to the feature or data is allowed or blocked based on that role / feature.
4. Groups are not used in Atrezzo. The role / role feature implementation is explained in #3.
5. Access limits to screens and data on screens is built for a specific role. If the user has that role assigned they have access to that functionality by role
6. Users are created using an internal Management Portal and assigned to a role group that is comprised of selected role features appropriate for their responsibilities.
7. Changing a user from one role to another is logged in the system audit log for future reference.

SEC-9	<p><b>The Bidder's proposed solution must automatically disconnect based upon inactivity, as required by DHHS Security Policies and Standards. Describe how the feature is administered and what effect disconnect has on any activity or transaction in process at the time of disconnection.</b></p> <p><b>Refer to DHHS Securing Hardware and Software Standard (DHHS-IT-2018-001A) for specific requirements: <a href="http://dhhs.ne.gov/ITSecurity">http://dhhs.ne.gov/ITSecurity</a></b></p>	X	X		
<p>Response:</p> <p>The Atrezzo PASRR Platform disconnects automatically when there is no activity for 60 minutes. The system presents a two minute warning with running count-down clock prior to disconnect to allow a user to continue if they so desire. It should be noted that all data is automatically saved so that if a provider must abandon the request, the data is not lost.</p>					
SEC-10	<p><b>The Bidder's proposed solution must protect Confidential and Highly Restricted Data from unauthorized access during transmission. Describe transmission safeguards that are integrated into the proposed system to protect data during transmission, including any encryption technology.</b></p> <p><b>Refer to DHHS Information Technology (IT) Security Policy (DHHS-IT-2018-001) for specific requirements: <a href="http://dhhs.ne.gov/ITSecurity">http://dhhs.ne.gov/ITSecurity</a></b></p>	X	X		
<p>Response:</p> <p>Atrezzo PASRR System data transmission safeguards prevent unauthorized access to or inappropriate use of Confidential and Highly Restricted Data. Technical safeguards in place in the Atrezzo PASRR system include requiring strong passwords (strong password consist of at least eight to ten characters that are a combination of letters, numbers and symbols), Advanced Encryption Standard (AES) compliant 256-bit encryption for databases and data both at rest and during transport via Ethernet or Wi-Fi, as well as Secure Socket Layer (SSL) Provider website with 256-bit encryption. These technical safeguards demonstrate that all information entered or accessed through the Provider Portal is encrypted from the Provider's browser all the way to our database, no matter the method of transmission, and stored in an encrypted database, providing the highest level of protection possible.</p>					
SEC-11	<p><b>The Bidder's proposed solution will contain Confidential and Highly Restricted data. The system must provide auditing functions for all data elements that are viewed or changed. Describe the auditing functions which should include but is not limited to:</b></p> <ol style="list-style-type: none"> <li>1. <b>The user ID of the person who viewed the data.</b></li> <li>2. <b>The date and time of the viewed data.</b></li> <li>3. <b>The physical, software/hardware and/or network location of the person viewing the data.</b></li> <li>4. <b>The information that was viewed or change.</b></li> </ol> <p><b>Refer to DHHS Information Technology (IT) Audit Standard (DHHS-IT-2018-001F DHHS IT Audit Standard) for specific audit requirements: <a href="http://dhhs.ne.gov/ITSecurity">http://dhhs.ne.gov/ITSecurity</a></b></p>	X		X	

Response:

Our Atrezzo PASRR Solution does not currently support logging of users who only view data. It does support logging of users who create or update/change data.

In all of our existing PASRR implementations, indeed all provider facing web-based application we support, our approach (which has been accepted by multiple Medicaid Agencies) is to log all database additions, changes, and deletions. We log the user ID, date and time, and the data state before and after the change, addition, or deletion.

If auditing capability of users who only view data is required, we will agree that we will develop and implement the technology into Atrezzo.

SEC-12	<b><i>Describe how the Bidder's proposed solution produces daily audit trail reports and allows inquiries, showing updates applied to the data.</i></b>	X	X		
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Response:

All additions, changes, and deletions to the database are logged in the database level audit log. Reports and specific queries can be run against the audit log as necessary.

SEC-13	<b><i>Describe how the Bidder's proposed solution provides an auto archive/purge of the log files to prevent uncontrolled growth of the log and historical records storage using administrator-set parameters.</i></b>	X	X		
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Response:

We have ample storage capacity to retain audit logs for the life of a contract and beyond the 7 year CMS record retention requirement. To date we have never deleted or purged audit logs from the Atrezzo system.

SEC-14	<b><i>Describe how the Bidder's proposed solution supports encryption of data at rest or an equivalent alternative protection mechanism. Describe the proposed encryption of data. If data is not encrypted, describe in detail compensating controls.</i></b>  <b><i>Refer to DHHS Information Technology (IT) Security Policy (DHHS-IT-2018-001) for specific requirements: <a href="http://dhhs.ne.gov/ITSecurity">http://dhhs.ne.gov/ITSecurity</a></i></b>	X	X		
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Response:

Atrezzo PASRR System data transmission safeguards prevent unauthorized access to or inappropriate use of Confidential and Highly Restricted Data. Technical safeguards in place in the Atrezzo PASRR system include requiring strong passwords (strong password consist of at least eight to ten characters that are a combination of letters, numbers and symbols), Advanced Encryption Standard (AES) compliant 256-bit encryption for databases and data both at rest and during transport via Ethernet or Wi-Fi, as well as Secure Socket Layer (SSL) Provider website with 256-bit encryption. These technical safeguards demonstrate that all information entered or accessed through the Provider Portal is encrypted from the Provider's browser all the way to our database, no matter the method of transmission, and stored in an encrypted database, providing the highest level of protection possible.

SEC-15

*Describe how the Bidder's proposed solution is configurable to prevent corruption or loss of data already entered into the system in the event of failure.*

X

X

Response:

Our database backup solution - Cohesity - maintains an immutable encryption key which is required for read-only access. There is no modify access, only a retention policy. Overwrite functions which could lead to corruption is not possible using this tool.

SEC-16	<i>Describe how the system, prior to access of any confidential or highly restricted data, displays a configurable warning or login banner (e.g. "The system should only be accessed by authorized users"). In the event that the system does not support pre-login capabilities, describe how the system displays the banner immediately following authorization.</i>	X	X		
<p>Response:</p> <p>The Atrezzo PASRR System presents a lengthy "Terms and Conditions" on first login of each user which explains all of the appropriate use requirements similar to those in the requirement. If a message or banner must be displayed each and every time a user logs in to the system we agree that we will develop and deploy such a solution.</p>					
SEC-17	<i>Describe how the Bidder's proposed solution recognizes Confidential and Highly Restricted information in screens, reports and views (i.e. PHI and SSN) by restricting distribution and access based upon system security settings and roles. Describe warning banner on printed and viewed reports.</i>	X		X	
<p>Response:</p> <p>Access and distribution to Confidential and Highly Restricted Information is controlled by the role-based access built into the Atrezzo PASRR System. A user can ONLY see data to which they are directly associated. If a PASRR is submitted by one facility and at some point later another facility submits a PASRR, the first user cannot access ANY information entered by a different provider. Access to all data is protected in this way and the same is true of reports. All provider reports are provider specific and data does not and cannot be accessed by another provider. If such a banner or heading must be provided at every instance of Protected or Highly Restricted information being displayed, we agree that we will develop and implement the change.</p>					
SEC-18	<i>Describe how the Bidder's proposed solution alerts DHHS of potential violations of security and privacy safeguards. Incidents that involve or could potentially involve confidential or highly restricted data must be reported immediately as defined in DHHS Policy (DHHS-IT-2018-001E) DHHS IT Incident Management Standard. <a href="http://dhhs.ne.gov/ITSecurity">http://dhhs.ne.gov/ITSecurity</a></i>	X	X		

Response:

Our own Comprehensive Confidentiality Plan (CCP) Section G "Monitoring Systems & Reporting Confidentiality Breaches" addresses in further detail more extensive steps that we will take in the event of a breach. As a practical matter, we have not had a systematic breach of confidentiality but we have occasionally experienced small breaches resulting from human error such as misdirected written communications. Awareness of those issues is gained through our incident reporting process. Incident reports may be made via email, the compliance hotline or directly to a compliance team member or officer. Incident reports are promptly reviewed, breach analysis and risk assessments are performed, and corrective actions taken. Corrective actions may include policy and process change, employee training, deployment of technology to eliminate higher risk manual actions, and employee discipline. The scope of corrective action is determined by the severity of the incident, organizational or industry trends, and risk level. All incidents will be reported to DHHS according to its requirements.

In other contracts we have implemented a communication process that ensures the department will be informed of an incident immediately and that a copy of the completed risk analysis is provided. We will implement the same plan with DHHS. When an incident occurs, the employee identifying the incident completes the reporting form and emails a copy to our Compliance Department for risk analysis; a copy will be forwarded to the appropriate contact at DHHS for informational purposes. Our Compliance Officer completes a risk analysis within two business days and a copy will be forwarded to the appropriate contact at the DHHS. We should be notified of the DHHS' risk analysis via email once it's completed. This "close the loop" feedback process ensures each incident gets the warranted analysis to ensure the privacy of each member is protected and that regulatory guidelines are followed.

SEC-19	<b><i>Describe how the Bidder's proposed solution provides the capability to monitor, identify, and report on events on the information system, detects attacks, and provides identification of unauthorized use and attempts of the system.</i></b>	X	X		
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Response:

Our Atrezzo PASRR Solution and its supporting software, hardware, and networking systems are protected by several tools that monitor and protect the integrity and performance of the system. Those tools are shown in **Table 1** below :

**Table 1: Atrezzo Security Tools**

Tool	Purpose
Rapid7 Insight/MDR (Managed Detection and Response)	Provides continuous monitoring to detect and prevent hacking, intrusion and other unauthorized use of the system.
Cisco Meraki and System Center Operations Manager	Provides continuous traffic and network monitoring to identify obstacles to optimum performance by monitoring bandwidth usage and bottlenecks that impede performance.
Microsoft Exchange Online Protection	Provides continuous protection to identify email and Internet spam and scams as well as flag recipient data to exclude Protected Health Information (PHI) from data exchanges via unsecured email.
Sophos Web Firewall	Provides continuous monitoring to restrict and track user access to appropriate websites.
Sophos Endpoint Protection	Provides continuous prevention of adware or spyware from deteriorating system performance. Also provides automatic updates to virus blocking software daily and aggressively monitors and protects against viruses.
Digital Guardian DLP (Data Loss Prevention)	Provides continuous protection to exclude Protected Health Information (PHI) from data exchanges via unsecured email.

SEC-20	<p><i>Describe how the Bidder's proposed solution provides a process for archiving and/or destroying data and sanitizing storage media in conformance with DHHS data governance policies and subject to applicable HIPAA, and federal (e.g., Federal Information Processing Standards (FIPS), National Institutes of Standards and Technology (NIST), and State laws.</i></p> <p><i>Refer to DHHS Securing Hardware and Software Standard (DHHS-IT-2018-001A) for specific requirements.</i>  <a href="http://dhhs.ne.gov/ITSecurity">http://dhhs.ne.gov/ITSecurity</a></p>	X	X		
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Response:

We understand that we are the custodial agents of data used on behalf of DHHS and the individuals served. We will ensure DHHS that the data and/or medium identified to be destroyed are disposed of and that the data is not recoverable.

We understand that we must properly dispose of (i.e., shred, surrender) both hard and electronic working copies of confidential and sensitive information obtained as a result of work on this PASRR contract, as well as any remaining information upon the completion of the contract if so directed. The choice of whether to shred or otherwise dispose of the information or to surrender the information to the Department will remain the sole discretion of the Department.

The details and methods of data destruction policies we employ are contained in our System Security Plan (SSP). The SSP in its entirety is considered proprietary and confidential, but the policy portions related to data destruction are provided below.

### **General Principles**

The following guidance for the destruction of PII or PHI applies to all KEPRO users, users under contract to KEPRO, and Providers supplying KEPRO services or using KEPRO information resources.

**Release of Computer Storage Media** – Computer storage media that have been used to record sensitive PII or PHI do not leave the controlled channels until they have been degaussed or zeroized prior to recycling for reuse or destroyed by the approved KEPRO method.

**Sensitive Information Destruction or Concealment Before Servicing Done** – Before computer magnetic storage media are sent to a vendor for trade-in, servicing, or disposal, all PII or PHI is destroyed or concealed by the approved KEPRO method.

**Secure Document Destruction Service** - When KEPRO is utilizing a bonded removal and destruction service, a log is maintained to document the chain of custody for the material to be destroyed. A file containing a copy of the invoices submitted by the destruction service suffices in lieu of a log. The purpose of a record or log is to maintain an audit trail of the life cycle for the destruction of the sensitive hardcopy information.

**Use of a Secure Container to Hold Sensitive Information to Be Destroyed** – All sensitive information no longer being used or no longer needed—no matter what form it takes (for example, disks, tapes, hard drives, CDs, DVDs, hardcopy, printouts, and so forth) are placed in designated, specially-designed secure storage bins that can be appropriately secured until such time as authorized personnel or a bonded destruction service picks it up for destruction. The sensitive information has controlled or limited access to ensure that the material is protected until pickup or destruction occurs.

**Persons Authorized to Destroy Sensitive Information** – To ensure that the destruction of sensitive information is performed correctly, destruction is carried out by assigned KEPRO personnel or a bonded destruction service. A log is maintained to track the history of all destroyed sensitive information. Bonded destruction service companies keep a log and provide certificates of destruction of all KEPRO information destroyed. If the bonded destruction service company does not keep a log of all KEPRO information destroyed, KEPRO's designated Security Officer keeps a log of KEPRO information destroyed. A file containing a copy of the invoices submitted by the destruction service suffices in lieu of a log. The purpose of a record or log is to maintain an audit trail of the life cycle for the destruction of the sensitive hardcopy information.

**Destruction of Materials Used in Handling Sensitive Information** – All materials used in the handling of sensitive information, which could be analyzed to deduce sensitive information are destroyed in a manner similar to that required for sensitive information. This security guidance covers typewriter ribbons, carbon papers, mimeograph stencil masters, photographic negatives, thermal fax transfer films, aborted computer hardcopy output, unacceptable photocopies, and all such materials.



SEC-21	<i>Describe how the Bidder's proposed solution has defined and deployed strong controls (including access and query rights) to prevent any data misuse, such as fraud, marketing or other purposes.</i>	X	X		
<p>Response:</p> <p>Access and distribution to Confidential and Highly Restricted Information is controlled by the role-based access built into the Atrezzo PASRR System. A user can ONLY see data to which they are directly associated. If a PASRR is submitted by one facility and at some point later another facility submits a PASRR, the first user cannot access ANY information entered by a different provider. Access to all data is protected in that way. The same is true of reports. All provider reports are provider specific and data does not and cannot be accessed by another provider.</p> <p>From an internal user perspective, network access controls are in place that prevent the download or copying of data from our internal networks to removable media such as USB Drives and CD's or DVD's.</p>					
SEC-22	<i>Describe how the Bidder's proposed solution supports logging to a common audit engine using the schema and transports specified by DHHS. Describe how the solution exports logs in such a manner as to allow correlation based on time (e.g. Coordinated Universal Time [UTC] synchronization). Refer DHHS-IT-2018-001F - DHHS Information Technology (IT) Auditing Standard located in the policies at <a href="http://dhhs.ne.gov/ITSecurity">http://dhhs.ne.gov/ITSecurity</a></i>	X	X		
<p>Response:</p> <p>Our audit logging employs the DateTimeOffset type in SQL Server. The audit log captures Date/time stamp the action was performed, obtained from internal system clocks, including relevant time-zone information if not in Coordinated Universal Time (UCT).</p>					
SEC-23	<i>Describe how the Bidder's proposed solution supports removal of a user's privileges without deleting the user from the solution to ensure a history of user's identity and actions.</i>	X	X		
<p>Response:</p> <p>Disabling a user ID never deletes or purges any history that user ID may have created. Upon termination of user privileges, the account is simply disabled, preventing any further access to our systems. No history is lost – all traceability of the user's identity and actions are retained.</p>					

### Data Conversion Requirements

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DAC-1	<i>The proposed bidder must be able to convert all data from the Department's existing system to the new proposed system. Describe the data conversion plan which includes data element mapping crosswalks, data cleansing, data synchronization for initial and interim conversion activities leading up to the final data conversion, and frequency of interim conversion events and final conversion execution.</i>	X	X		



Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
	<p>Response:</p> <p>One of the cornerstones of our partnerships with State Medicaid Departments is complete, accurate, and timely processing of data imported into our systems for startup and data exchanged between our systems, the State and the State's partners if applicable. Across the range of our Medicaid contracts, data is exchanged with partners using formats provided by the various States through securely encrypted methods of file transfer such as FTPS or HTTPS.</p> <p>The general process that we follow is:</p> <ul style="list-style-type: none"> <li>• Review DHHS File format / layout</li> <li>• Compare DHHS File layout to existing Atrezzo Database table structure</li> <li>• Identify fields common to both systems</li> <li>• Compare data types for each field</li> <li>• Identify missing required fields and define resolution</li> <li>• Create "landing" table matching DHHS file layout for initial import of data</li> <li>• Create the landing table to Atrezzo database field mapping</li> <li>• Identify any transformations required to standardize data (field length / data type / translations / etc.)</li> <li>• Run test import</li> <li>• Verify results (Quality Assurance Team)</li> <li>• Update process as necessary</li> <li>• Unit Acceptance Testing by Operations staff familiar with the data and contract requirements</li> <li>• Code migrated to Production environment</li> <li>• Job Automation scheduled</li> <li>• Process monitored (Production Support Team)</li> </ul>				

## Production, Test and Training Requirements

DHHS requires three separate environments (Production, Test, and Training) in order to operate and maintain the new software on an ongoing basis:

**Test Environment** – A test environment is required that mirrors the live production environment, including hardware and software. This test environment will be used to test application changes before deployed to production. This step is an important part of quality assurance, where all changes are tested to minimize the risk of adverse reactions in the production environment. While it is necessary to mirror all of the functions of the production environment, it is not necessary to maintain the same load capacity.

**Training Environment** – A training environment is also required that allows DHHS to provide hands-on training to users. This environment would allow DHHS to maintain unique data for use in training and conduct training without interference with the test or production environments. This environment will have occasional use.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PTT-1	<i>Describe how the Bidder's proposed solution supports several environments, include production environment, test environment, and training environment.</i>	X	X		
<p>Response:</p> <p>Our Atrezzo PASRR System, indeed all of our systems, exceed the requirement for three separate environments. Our system supports multiple environments for structured development, testing, quality assurance, and deployment. Updates and changes go through a gated process where the updates are migrated through the various environment levels. In addition to programmers own local development environment, the environments are Test, UAT, Hotfix, and Production, along with Demo and Training environments. As the various quality checks are completed, the code is migrated through the environment with deployment to PROD scheduled and announced with release notes in advance of the actual deploy.</p>					
PTT-2	<i>Describe how the Bidder's proposed solution supports non-production environments such as testing and training environments containing de-identified data and not include Confidential or Highly Restricted data.</i>	X	X		
<p>Response:</p> <p>In addition to the programmers own local development environment, the environments are Test, UAT, Hotfix, and Production, along with Demo and Training environments. Only Production and UAT contain Confidential or Highly Restricted data. All other environments are de-identified.</p>					

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PTT-3	<i>Describe how the Bidder's proposed solution provides the ability to refresh any testing or training environment. Describe whether the refresh process can be completed using DHHS resources or whether the process requires services from the Bidder.</i>	X	X		
<p>Response:</p> <p>The Test and Train environments do not require DHHS resources to refresh. It is important to note that the underlying data tables, including member, provider, and PASRR, do not require a refresh to keep the application in sync with Production. The application code updates rarely require data refresh and if it does require a refresh KEPRO resources are required to perform that update.</p>					
PTT-4	<i>Describe the test procedures for any changes to the system. Describe user test planning including unit testing, end-to-end testing, stress testing, and readiness testing prior to "go live" date.</i>	X	X		
<p>Response:</p> <p>Once code level changes have been merged into the Test environment from the Development environment, the following process is followed by our Software Quality Assurance (SQA) Team:</p> <ul style="list-style-type: none"> <li>• Test cases related to the change are created</li> <li>• Test case results are reviewed, updates are done</li> <li>• Automated Smoke tests are executed after every Test release</li> <li>• Test cases are executed, bugs reported</li> <li>• Fixes are retested</li> <li>• Automated Regression steps are executed and testing is complete</li> <li>• Changes are released to Prod and Smoke tests are executed</li> </ul> <p>Errors found at any step are reported, resolved, and the entire process begins again.</p>					

**Interfaces/Imports/Exports Requirements**

The system is required to be able to interface with other computer systems as necessary.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
INT-1	<i>Describe the Bidder's proposed automated approach to managing interfaces. Describe how the proposed solution's interfaces are secure and protect the data and the associated infrastructure from a confidentiality, integrity and availability perspective.</i>	X	X		



Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
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Response:

All of our existing Atrezzo contracts including PASRR use a software product from Advanced Systems Concepts called "Active Batch" to schedule, run, and verify success of file transfers. In addition to Active Batch managing the interfaces, we use a set of security and monitoring tools to protect the confidentiality, integrity, and availability of the data and infrastructure. The security tools and their roles in protecting the environment are shown in **Table 2** below.

**Table 2: Atrezzo Security Tools**

Tool	Purpose
Rapid7 Insight/MDR (Managed Detection and Response)	Provides continuous monitoring to detect and prevent hacking, intrusion and other unauthorized use of the system.
Cisco Meraki and System Center Operations Manager	Provides continuous traffic and network monitoring to identify obstacles to optimum performance by monitoring bandwidth usage and bottlenecks that impede performance.
Microsoft Exchange Online Protection	Provides continuous protection to identify email and Internet spam and scams as well as flag recipient data to exclude Protected Health Information (PHI) from data exchanges via unsecured email.
Sophos Web Firewall	Provides continuous monitoring to restrict and track user access to appropriate websites.
Sophos Endpoint Protection	Provides continuous prevention of adware or spyware from deteriorating system performance. Also provides automatic updates to virus blocking software daily and aggressively monitors and protects against viruses.
Digital Guardian DLP (Data Loss Prevention)	Provides continuous protection to exclude Protected Health Information (PHI) from data exchanges via unsecured email.

INT-2	<b>Describe how the system provides necessary application program interfaces (API) / web services or Secure File Transfer Protocol (SFTP) to allow interfaces to and from the system.</b>	X	X		
<p>Response:</p> <p>All of our existing Atrezzo contracts, including PASRR, are supported by one or more interfaces to our partners systems. We support both SFTP and API interfaces for all of our systems and will work with DHHS to determine the best and most efficient method of providing interfaces to DHHS where required.</p>					
INT-3	<b>Describe how the system has the ability to share data securely, including importing and exporting of data to/from other application software tools, such as a Microsoft Excel file, XML, comma separated value (csv) file, etc.</b>	X	X		
<p>Response:</p> <p>All of our existing Atrezzo contracts including PASRR are supported by one or more interfaces to our partners systems. We securely share through various methods, depending on the needs and preferences of our partners. SFTP and / or API are preferred because the channels can be automatically encrypted and password protected. Secure encrypted email using Microsoft Exchange Online Protection is an option if person to person transfer of PHI is required. As to the format of the data transferred to or received from, we can accept any standard format, such as those listed, as well as proprietary formats if necessary.</p>					
INT-4	<b>Describe how the system has the capability to notify system administrators/ system support staff if an interface is not available for any reason.</b>	X	X		
<p>Response:</p> <p>All of our existing Atrezzo contracts including PASRR use a software product from Advanced Systems Concepts called "Active Batch" to schedule, run, and verify success of file transfers. Active Batch sends a report on the status of all scheduled file imports and exports, including the success or failure of the transfer to our ETL (Extract, Transfer, and Load) Team. In addition, in the event of a failure, Active Batch automatically creates a Service Desk Ticket that is routed to the affected Infrastructure, Development, and Operations Directors for notification purposes.</p>					

### System Performance Requirements

This section describes requirements related to the systems' on-line performance, response times, and sizing from a system architecture standpoint.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PER-1	<b>Describe the Bidder's proposed system performance functionality and monitoring tools.</b>	X	X		

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
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Response:

Our Atrezzo PASRR Solution and its supporting software, hardware, and networking systems are protected by several tools that monitor and protect the performance of the system. Those tools shown in **Table 3** include:

**Table 3: Atrezzo Security Tools**

Tool	Purpose
Rapid7 Insight/MDR (Managed Detection and Response)	Provides continuous monitoring to detect and prevent hacking, intrusion and other unauthorized use of the system.
Cisco Meraki and System Center Operations Manager	Provides continuous traffic and network monitoring to identify obstacles to optimum performance by monitoring bandwidth usage and bottlenecks that impede performance.
Microsoft Exchange Online Protection	Provides continuous protection to identify email and Internet spam and scams as well as flag recipient data to exclude Protected Health Information (PHI) from data exchanges via unsecured email.
Sophos Web Firewall	Provides continuous monitoring to restrict and track user access to appropriate websites.
Sophos Endpoint Protection	Provides continuous prevention of adware or spyware from deteriorating system performance. Also provides automatic updates to virus blocking software daily and aggressively monitors and protects against viruses.
Digital Guardian DLP (Data Loss Prevention)	Provides continuous protection to exclude Protected Health Information (PHI) from data exchanges via unsecured email.



Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party		
PER-2	<p><b>Describe the Bidder's expected minimum response times for the following functions, even at peak load. For example, expected response time will be within two (2) seconds 95% of the time, and under five (5) seconds for 100% of the time.</b></p> <ol style="list-style-type: none"> <li>1. Record Search Time</li> <li>2. Record Retrieval Time</li> <li>3. Transaction Response Time</li> <li>4. Print Initiation Time</li> <li>5. Subsequent Page Display Response Time</li> <li>6. Document Availability</li> </ol>	X	X				
<p>Response: Our performance testing of the Atrezzo PASRR system confirms the positive provider feedback we receive regarding response times. The tests we perform and how they relate to the requirement are listed here:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><b>DHHS Requirement</b></p> <ul style="list-style-type: none"> <li>• Record Search Time</li> <li>• Record Retrieval Time</li> <li>• Transaction Response Time</li>   <li>• Print Initiation Time</li>   <li>• Subsequent Page Display Response Time</li> <li>• Document Availability</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <p><b>KEPRO Test</b></p> <ul style="list-style-type: none"> <li>• Inquire Member / Inquire Facility</li> <li>• Select Member / Facility</li> <li>• Attach Electronic PASRR Form for Facility Use</li> <li>• Retrieve Letter / PASRR Outcome for Printing</li> <li>• Page Change</li>   <li>• Retrieve Letter / PASRR Outcome for Printing</li> </ul> </td> </tr> </table> <p>Average response times for searching and selecting records (member, facility, and documents including letters) representing requirement 1, 2, 4, and 6 consistently measure under 2 seconds. In our system, the process of attaching a new copy of the PASRR form to a PASRR request and the submission of the form to KEPRO is the most involved part of the process as it involves all field validations, automated letter generation (if necessary), routing of the request to the clinical staff if required and scoring of the Level I PASRR for automated Level I determinations. These processes represent DHHS requirements 3 and 5 and consistently measure under 5 seconds. Using these metrics, our expected response time will be within five (5) seconds 95% of the time, and under ten (10) seconds 100% of the time, however our evidence suggests much faster response times are typical.</p>						<p><b>DHHS Requirement</b></p> <ul style="list-style-type: none"> <li>• Record Search Time</li> <li>• Record Retrieval Time</li> <li>• Transaction Response Time</li>   <li>• Print Initiation Time</li>   <li>• Subsequent Page Display Response Time</li> <li>• Document Availability</li> </ul>	<p><b>KEPRO Test</b></p> <ul style="list-style-type: none"> <li>• Inquire Member / Inquire Facility</li> <li>• Select Member / Facility</li> <li>• Attach Electronic PASRR Form for Facility Use</li> <li>• Retrieve Letter / PASRR Outcome for Printing</li> <li>• Page Change</li>   <li>• Retrieve Letter / PASRR Outcome for Printing</li> </ul>
<p><b>DHHS Requirement</b></p> <ul style="list-style-type: none"> <li>• Record Search Time</li> <li>• Record Retrieval Time</li> <li>• Transaction Response Time</li>   <li>• Print Initiation Time</li>   <li>• Subsequent Page Display Response Time</li> <li>• Document Availability</li> </ul>	<p><b>KEPRO Test</b></p> <ul style="list-style-type: none"> <li>• Inquire Member / Inquire Facility</li> <li>• Select Member / Facility</li> <li>• Attach Electronic PASRR Form for Facility Use</li> <li>• Retrieve Letter / PASRR Outcome for Printing</li> <li>• Page Change</li>   <li>• Retrieve Letter / PASRR Outcome for Printing</li> </ul>						
PER-3	<p><b>Describe how the Bidder's proposed solution captures system downtimes, along with the causes of the downtimes where applicable. Describe the Bidder's proposed method and timing of communication to DHHS on downtimes.</b></p>	X	X				

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
<p>Response:</p> <p>Our Comprehensive Confidentiality Policy (CCP) defines that System Audit Reports will include User Access Logs, System Exception Logs, and Security Event Logs in addition to Downtime and Utilization Logs. Our policy is for the KEPRO Operations Manager in charge of the DHHS PASRR contract to contact the appropriate DHHS program manager of the issue and keep them apprised through the process of recovery.</p>					
PER-4	<p><i>Describe how the Bidder's proposed solution supports concurrent users with minimal impact to response time, with the ability to increase the demand on the system by 50% without modification to the software or degradation in performance.</i></p>	X	X		
<p>Response:</p> <p>The Atrezzo System currently supports almost 25,000 users with approximately 1,500 users submitting PASRR requests. Our scalable hardware and server configuration allows for simple addition of Virtual Machines (VM's) if capacity expansion is required. Our systems are continuously monitors using SCOM and SolarWinds to identify and notify our Infrastructure Team of degradation of services. The root cause is determined and if the cause is a trending increase in users, VM's are added to support the increase. There will be no changes required to the software, nor will the degradation be identifiable by the users. Our constant monitoring will notify us before users notice a slowing performance trend.</p>					

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
PER-5	<i>The Bidder's proposed solution must be available online 24 hours a day and 7 days a week, 99.9% of the time each month. Describe any known timeframes where the system will be unavailable for use.</i>	X	X		
<p>Response:</p> <p>Our Atrezzo PASRR Solution is available 24/7. Updates and changes to the Production Application servers are typically performed once approximately every 6 weeks. The System downtime lasts approximately 15 minutes, is scheduled at least one week in advance and is scheduled for 11:00p.m. Eastern Time.</p>					
PER-6	<i>Describe how the system has the ability to generate reports and ad hoc queries without performance impact to user access or system response time.</i>	X	X		
<p>Response:</p> <p>Reports and ad hoc queries are run against the Data Lake and not the production database.</p> <ul style="list-style-type: none"> <li>The Data Lake is populated via transactional replication, which provides real-time replication from production databases</li> <li>Queries against the Data Lake do not run against production databases; therefore there are no performance implications to production</li> </ul> <p>The Data Lake was created to support analytics and reporting exclusively</p>					
PER-7	<i>Describe how the Bidder's proposed solution provides application performance monitoring and management capabilities, including any key performance indicators (KPI) or other metrics to measure and report system performance for the proposed system.</i>	X	X		
<p>Response:</p> <p>Performance metrics are provided by System Center Operations Manager (SCOM). A wide range of reports and metrics exist and we can provide reporting on any of them. We will provide samples and decide collaboratively with DHHS which specific metrics we will supply. In addition to SCOM, we use SolarWinds to monitor the SQL database and it provides a suite of reports and metrics that can be reported on as well.</p>					



## System and User Documentation Requirements

DHHS requires the Contractor to develop, electronically store and distribute system documentation to include, at a minimum:

1. Reference Materials
2. System Documentation
3. A complete Data Dictionary

The Contractor must provide a complete Data Dictionary. The Data Dictionary is to include definitions of all data elements and tables where they reside.

Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DOC-1	<i>Describe how the Bidder's proposed solution provides <u>on-line Help</u> for all features, functions, and data element fields, as well as descriptions and resolutions for error messages, using help features including indexing, searching, tool tips, and context-sensitive help topics. Provide a sample copy of five screenshots with on-line help with the bidder's response.</i>	X	X		

Response:

Atrezzo's online "Help" feature allows users to access User Guide, FAQ, Latest Release Notes and Password Guidelines PDF documents. Latest Release Notes document includes features, functions, and error messages with detailed explanations and updated with every release. All features, functions, and data element fields, are explained in a step by step fashion. Resolutions for error messages are generally addressed in the error message itself.

Figure 11 below shows the help center with FAQ documents, tool tips and contract specific details.

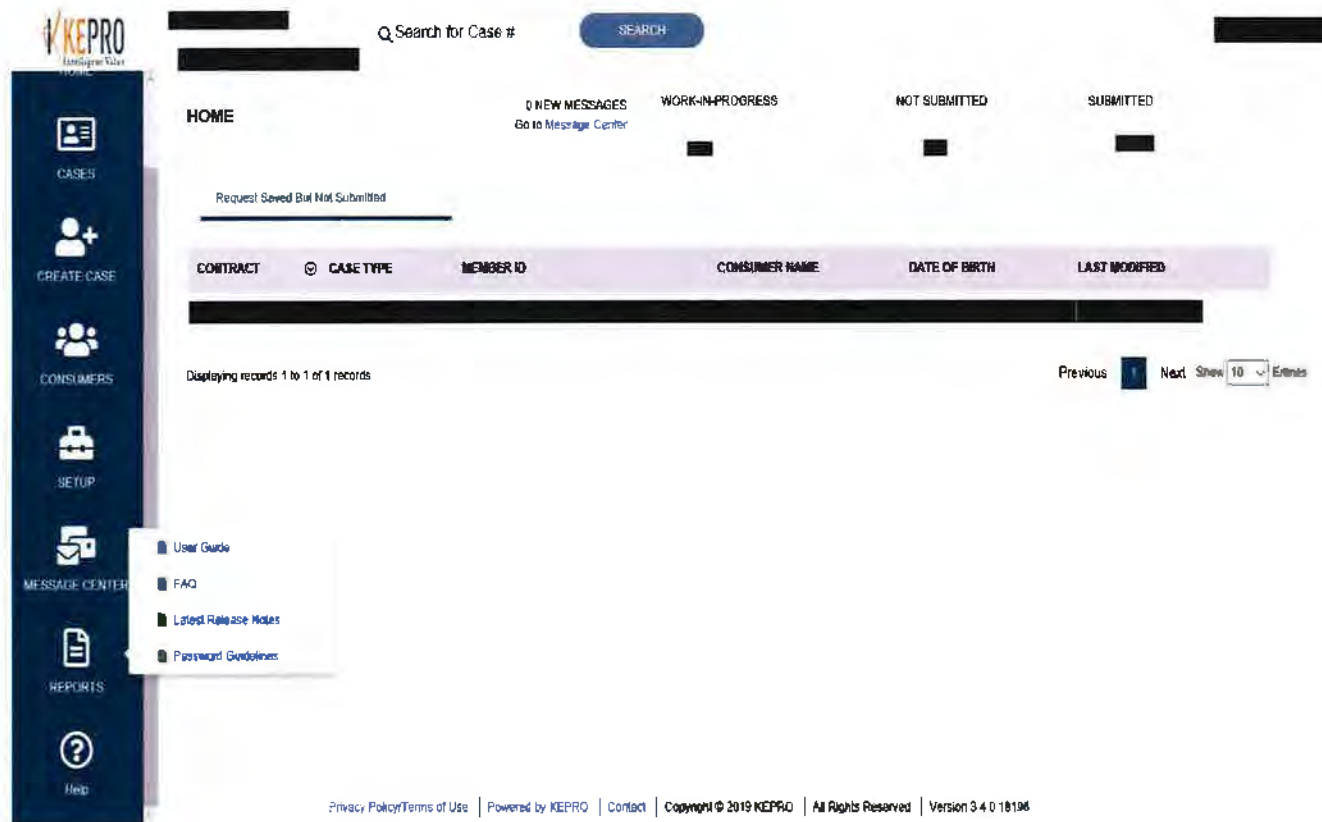


Figure 11: Atrezzo's Help Center

Figure 12 below shows screenshots of a sample release note.



### UI of Add Temporary Consumer page enhanced

On Add Temporary Consumer page<sup>1</sup>, the Contract Information fields need to be selected first, only then the Consumer Details section will be enabled.

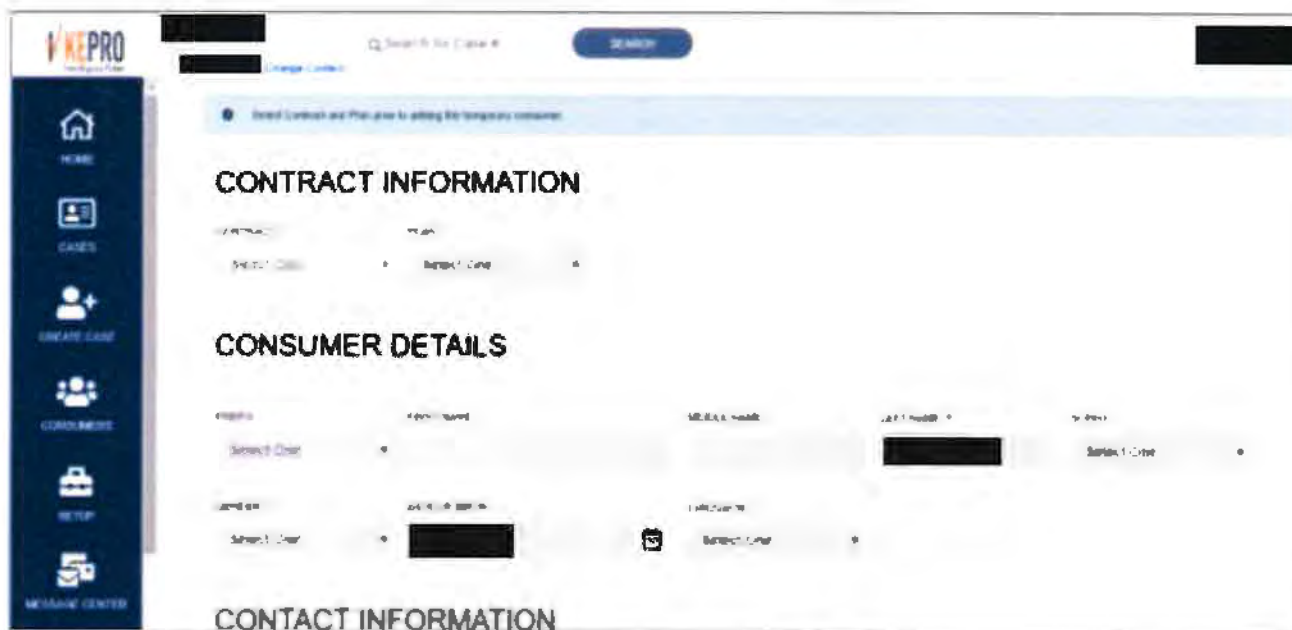


Figure 12: Sample Release Note



Figure 13 provides a sample of Release Notes as they affected changes to the Questionnaire / Assessment Section of the application.

### Questionnaire section enhanced

The textbox width for the answers in the *Questionnaires* have been increased to 5 lines.

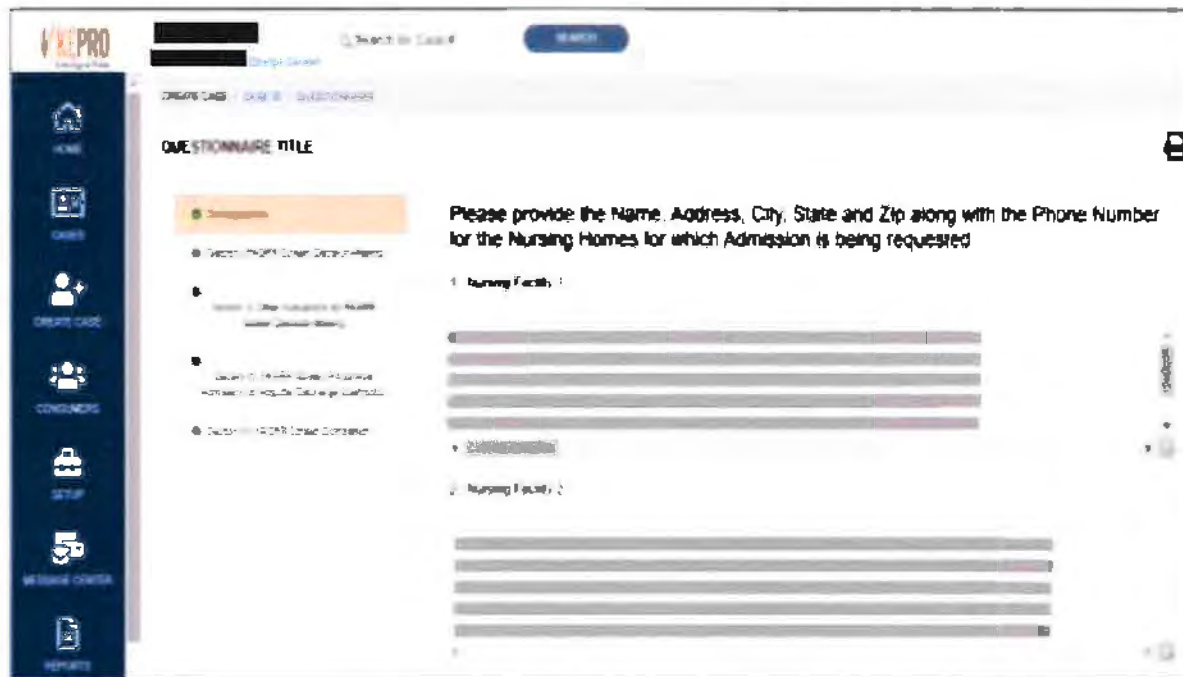


Figure 13: Sample of Questionnaire

Online Help is also available in the form of FAQ's which address commonly asked questions, including functions, policy, and administrative issues. Two pages of FAQ from our Florida PASRR Level I and Level II contract are shown below in Figure 14. The actual FAQ for Nebraska would include several similar topics but would be customized to address the options, workflows, and policies of the Nebraska implementation.

## Level I Review

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### **What should a nursing facility do if a Level I is received and it is discovered that information was missing from the screening?**

Our new system will eliminate many of these problems because it has required fields. However, if information is missing, such as a mental health diagnosis, then a new Level I would need to be completed. This can be completed by the hospital or by the nursing facility. Keep the original and the new Level I screening in the individual's file. It is important that any error be found very quickly, within days.

### **What should a nursing facility do if a Level I is received and it was correct upon admission but new information has been discovered?**

If new information has been discovered, such as a history of a major mental illness, and this new information is significant, then the nursing facility should complete a Resident Review for significant change and request a PASRR Level II evaluation and determination.

### **Who is able to complete a Level I screening?**

Anyone who works for a hospital or nursing facility and holds the following credentials: Master of Social Work, or licensed in the State of Florida as a Clinical Social Worker (LCSW), Mental Health Counselor (LMHC), Physician (MD/DO), Physician Assistant (PA), Registered Nurse (RN), or Psychologist.

### **Are nursing facility staff able to complete the PASRR Level I screening outside of the nursing facility setting?**

Yes. PASRR should always be completed prior to admission. Appropriately credentialed nursing facility staff are able to complete the screening anywhere, including at a hospice home, an assisted living facility, or even a hospital setting.



Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
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## FL PASRR Provider Portal Frequently Asked Questions (FAQ)

### Level II Review

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**Will hospitals and nursing facilities continue to send the DOEA/CARES assessment as part of the complete referral packet for a PASRR Level II evaluation and determination request?**

No. You will no longer be required to send the CARES 701B assessment as part of the referral packet for a PASRR Level II evaluation and determination request. However, you may send the assessment if you have it available.

**Will hospitals and nursing homes continue to send the DOH/CMAT assessment as part of the complete referral packet for a PASRR Level II evaluation and determination request for an individual under the age of 21 years?**

No. You will no longer be required to send the DOH/CMAT assessment as part of the referral packet for a PASRR Level II evaluation and determination request. However, you may send the assessment if you have it available. If the CMAT nurse has completed the assessment, CMAT may send to KEPRO as needed.

**Who can request a PASRR Level II evaluation and determination?**

Anyone who works for a hospital or nursing facility and has access to KEPRO's provider portal.

### KEPRO Provider Portal

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**If someone is a registered and active user in KEPRO's system prior to December 31, 2018, will they need to register to use the new system?**

Yes. If you are currently an active user in KEPRO's provider portal, your system access will be terminated as of January 1, 2019. You will need to have your facility Administrator create a new account for you.

Figure 14: FAQ from our Florida PASRR Level I and Level II Contract



Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DOC-2	<i>Describe how the Bidder's proposed solution provides an <u>on-line User Manual</u> with a printable version available. The documentation should include full mock-ups of all screens/windows and provide narratives of the navigation features for each window/screen. Provide a sample copy of five pages of the user manual with the bidder's response.</i>	X	X		

Atrezzo's online "Help" feature allows users to access User Guide, FAQ, Latest Release Notes and Password Guidelines PDF documents. User Manual is a printable and searchable document that includes all screens/windows explaining the feature with detailed steps. User Manual will be specific to the Nebraska implementation. Shown below are examples from our Florida PASRR Level I and Level II systems.

A screenshot of the user manual's home page overview is shown below in **Figure 15**:

### What to Know?

- When you log in, you will see the Home Page shown below. There are several ways to search for consumers and cases in the Provider Portal. You will most commonly want to use the **CREATE CASE** tab when creating a new request.
- You will also want to review the status of your submitted cases, which can be done from the home page or by searching the **CONSUMERS** or **CASES** tabs.

### Home Page Overview



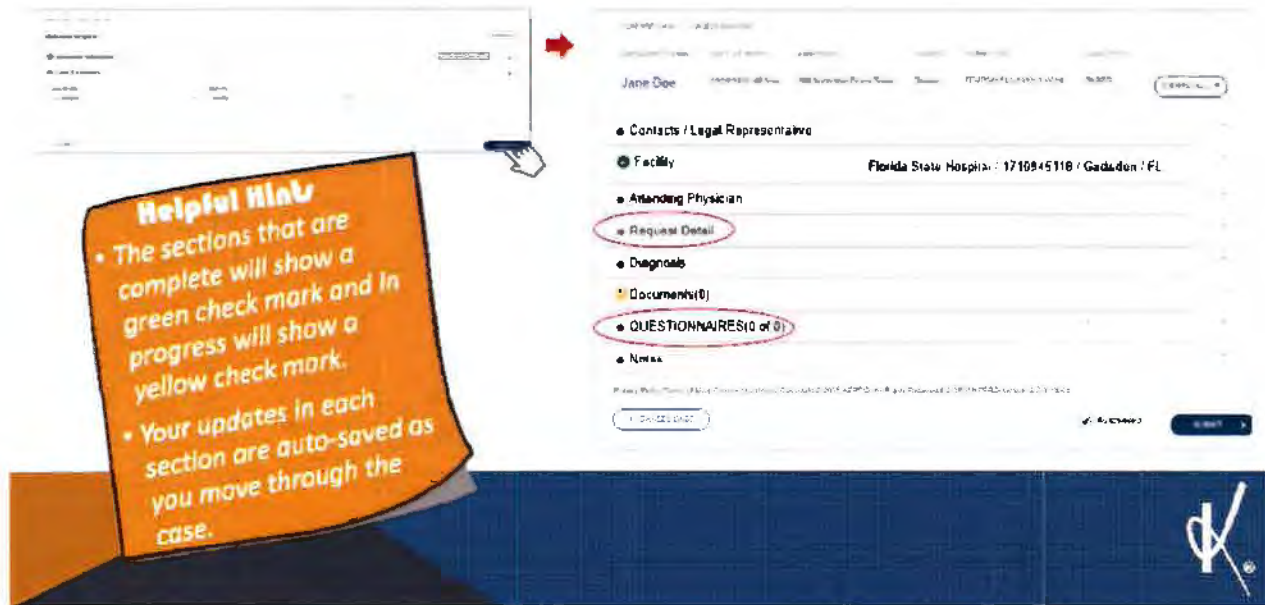
**Figure 15: Atrezzo Home Page Overview**

The user manual also shows, step by step, how to create a new case. **Figure 16** shows a screenshot of this page.

### What to Know?

## Create Case – Enter Case Details

- After selecting or adding the consumer, the next section CASE PARAMETERS is defaulted to the FL PASRR values. Click CREATE CASE.
- The Facility will be populated to your Facility. You may add a legal representative, search for the attending physician and diagnoses code(s), and add documents and notes. Note: These are not required for a Level I Review.
- The most important sections of the case to complete for a Level I PASRR and a Residential Review are the **REQUEST DETAIL** section and the **QUESTIONNAIRES**. More info on these sections in the next slide.
- For Level II PASRR requests, it will also be important to upload the required documentation related to the request.



**Figure 16: Atrezzo Create Case Instruction Guide**



Figure 17 shows the user guide instructions for the administrator to add new user profiles.

### What to Know?

- Click on **SETUP** on the left navigation pane. You will see the Provider Groups and Users you have access to manage shown here in respective tabs. Under the appropriate Provider Group, click Add New User.
- Create a username and password and complete the contact information section. Click Create.

### Administrator Add Users

**Helpful Hint**

- Provide each user at your facility with the username and password you created.
- The users can change their password on their own using the "Forgot Password" link.

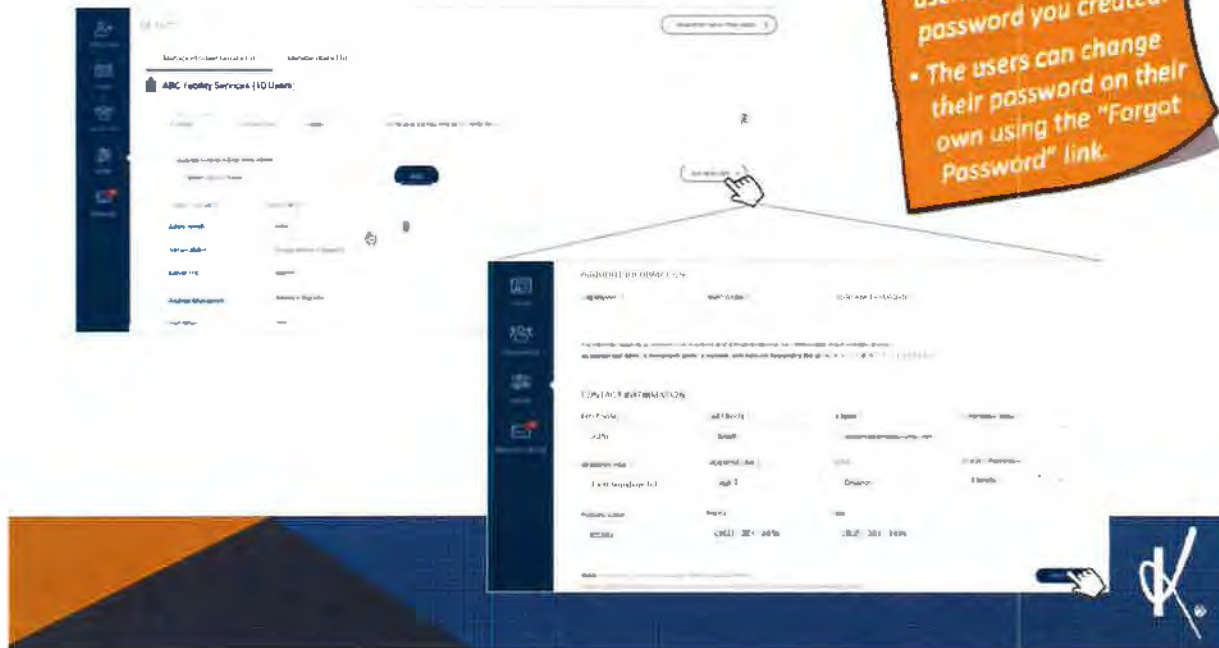


Figure 17: Adding New Users Instruction Guide

Figure 18 shows how to add a new case or search for a consumer.

## What to Know?

- To add a new case, click on **CREATE CASE** from the left navigation pane.
- Search for the consumer using last name and date of birth.
- If the correct consumer match is found, you can click on the button under **SELECT MEMBER** to proceed with the case.
- If a consumer match is not found, you will be able to add the consumer to the system (next slide).

## Create Case – Search Consumer

### Helpful Hint

- In most cases, you may not find a consumer match, in which case you will add the consumer to the system.
- Enter the full last name when you search.



Figure 18: Add a Case; Search a Consumer

Figure 19 shows the instruction for finding an existing case.

## What to Know?

- There are several ways to find an existing case within the Provider Portal.

## Finding an Existing Case

The screenshot shows the KFPRN Provider Portal interface. A search bar at the top is circled in red with the annotation "Search by specific case number". Below the search bar, a navigation menu on the left is annotated with "Search all Cases submitted by your facility" pointing to the "CASES" icon, "Search for the consumer and view all relevant Cases" pointing to the "CONSUMERS" icon, and "Read a message about a specific case and access case from there" pointing to the "MESSAGE CENTER" icon. The main content area shows a table of cases with columns for CONTRACT, CASE TYPE, MEMBER ID, CONSUMER NAME, DATE OF BIRTH, and LIST HISTORY. A red oval highlights the "NOT SUBMITTED" status in the table, with an annotation "View recent cases from Home page" pointing to it. A "Helpful Hint" box in the bottom right corner states: "For a full picture of a consumer's cases, we recommend searching for the consumer and viewing the list of cases from the consumer record." The KFPRN logo is visible in the bottom right corner of the interface.

Figure 19: Finding an Existing Case



Req #	Requirement	(1) Comply	(a) Core	(b) Custom	(c) 3rd Party
DOC-3	<i>Describe how the Bidder's proposed solution will have <u>on-line Reporting Manual</u> with a printable version available that includes descriptions, definitions, and layouts for each standard report. Include definitions of all selection criteria parameters and each report item/data element, all field calculations defined in detail, and field and report titles. Provide a sample copy of five pages of the Reporting Manual with the bidder's response.</i>	X	X		
<p>Response:</p> <p>Our reporting solution is provided with an on-line Reporting Manual with a printable version available that includes descriptions, definitions, and layouts for each standard report. Include definitions of all selection criteria parameters and each report item/data element,</p> <ul style="list-style-type: none"> <li>• See additional attachments that present the sample pages requested as samples of the types of documentation available <ul style="list-style-type: none"> <li>○ Reviews &amp; Timeliness Data Model See Appendix 5 <ul style="list-style-type: none"> <li>▪ Provides information around fields available for reporting, datatypes, and descriptions</li> </ul> </li> <li>○ Medical Management Operations Report – See Appendix 6 <ul style="list-style-type: none"> <li>▪ Provides detailed information around the Medical Management Operations Report (MMOR), how the data is extracted, how it is aggregated, definitions, etc.</li> </ul> </li> </ul> </li> </ul>					

**Appendix 5: Reviews &  
Timeliness Data Model**

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## **APPENDIX 5: REVIEWS & TIMELINESS DATA MODEL**



## Reviews and Timeliness Data Model

Data models represent the data that you can include in your self-service reports when you customize a standard report or create a custom report. Within the data model, you may combine fields from any of the various categories. Each category contains information about the data collected for that category.

Field values are displayed in the following formats:

Data	Format	Examples & Comments
Time	HH:mm:ss	09:25:35
Datetime	MM dd yyyy HH:mm:ss	08/22/2019 09:25:35
Date	MM dd yyyy	08/22/2019
Boolean	0: False 1: True NULL: Does Not Apply	In most cases, Boolean values are 0 and 1
Text	Long alphanumeric columns plus special characters; This format contains more than alphanumeric values	'This member was admitted to the facility on 8/22/2019 at 3:24 PM'
String	Alphanumeric columns less than 250 length	'Mercer'
Alphanumeric	Letters and digits	'A2068'
Number	Numeric digits only	2,500,602

The following fields are available for use within the data model:

Category	Field	Format	Description
System Fields	ID	Number	<ul style="list-style-type: none"> <li>System Generated Identify Field</li> </ul>
System Fields	Reporting_ID	String	<ul style="list-style-type: none"> <li>New - Used to join to Report_Details Table</li> <li>Table Indicator ('UM') and ID</li> <li>ID = 12345</li> </ul>

			<ul style="list-style-type: none"> <li>Reporting_ID = UM12345</li> </ul>
System Fields	Reporting_Date	Date	<ul style="list-style-type: none"> <li>Month of Report as Date</li> <li>First of the Month</li> </ul>
System Fields	Month_Reporting_Date	Number	<ul style="list-style-type: none"> <li>Month of Report as Date as Integer</li> <li>yyyyymm</li> <li>Reporting_Date = 12/01/2019</li> <li>Month_Reporting_Date = 201912</li> </ul>
Case Fields	Contract_ID	Alphanumeric	<ul style="list-style-type: none"> <li>Contract Id from Atrezzo Cases</li> </ul>
Case Fields	Contract_Name	String	<ul style="list-style-type: none"> <li>Name from Atrezzo Contracts Table</li> </ul>
Case Fields	Project_ID	String	<ul style="list-style-type: none"> <li>Project Id from Reporting Atrezzo XREF_Contract_Proj</li> </ul>
Case Fields	Case_ID	Numeric	<ul style="list-style-type: none"> <li>ID from Atrezzo Cases</li> </ul>
Case Fields	Case_Display_ID	Numeric	<ul style="list-style-type: none"> <li>Case Display Id from Atrezzo Cases</li> <li>Id Displayed to Users</li> </ul>
Case Fields	Service Type	String	<ul style="list-style-type: none"> <li>Service Type from Atrezzo Cases</li> <li>Claims Identified by Service Types starting with 'CR:'</li> <li>Name from Atrezzo Code Defs</li> <li>Code Id in Table</li> <li>Must have a Service Type Id in the Cases Table to be pulled</li> </ul>
Case Fields	Service_Type_Category	String	<ul style="list-style-type: none"> <li>Service Type Category from Atrezzo Cases</li> <li>Inpatient</li> <li>Outpatient</li> <li>Name from Atrezzo Code Defs</li> </ul>

			<ul style="list-style-type: none"> <li>• Code Id in Table</li> <li>• '&lt;Unknown&gt;' if there is no Service Type Id in the Cases Table</li> </ul>
Case Fields	Intake_Method	String	<ul style="list-style-type: none"> <li>• Intake Method from Atrezzo Cases</li> <li>• Name from Atrezzo Code Defs</li> <li>• Code Id in Table</li> <li>• '&lt;Unknown&gt;' if there is no Intake Method Id in the Cases Table</li> </ul>
Member Fields	Member_Group	String	<ul style="list-style-type: none"> <li>• Group Member Assigned to</li> <li>• Based on Program, Plan Code, and Exception Code from Atrezzo Eligibility</li> <li>• Based on Current Eligibility for Precerts and Notifications</li> <li>• Based on Last Eligibility for Claims</li> <li>• 'Unknown' if there are no Eligibility records that meet the criteria for the Member</li> </ul>
Member Fields	Member_Group_Code	Alphanumeric	<ul style="list-style-type: none"> <li>• First Character of Member Group</li> <li>• Used in code to speed up processing and/or queries</li> </ul>
Member Fields	Member_ID	Alphanumeric	<ul style="list-style-type: none"> <li>• Id from Atrezzo Members</li> <li>• Internal Id, not available to Users</li> </ul>
Member Fields	Contract_Member_ID	Alphanumeric	<ul style="list-style-type: none"> <li>• Contract Member Id from Atrezzo Members</li> <li>• Id Displayed to Users</li> <li>• 'N/A' if no Contract Member Id in Members Table</li> </ul>



Member Fields	Plan_ID	Alphanumeric	<ul style="list-style-type: none"> <li>Plan ID from Atrezzo Members</li> </ul>
Member Fields	Plan_Name	Text	<ul style="list-style-type: none"> <li>Plan Name associated with Plan Id in Atrezzo Plans</li> <li>'&lt;Unknown&gt;' if there is no Plan Id in the Members Table</li> </ul>
Member Fields	Zip_Code	String	<ul style="list-style-type: none"> <li>Zip Code from Atrezzo Members</li> <li>'00000' if there is no Zip Code in Members Table</li> </ul>
Member Fields	Member_County	String	<ul style="list-style-type: none"> <li>County from Atrezzo Members</li> <li>Name from Atrezzo Counties</li> <li>County Id in Table</li> <li>From Reporting Atrezzo XREF_Zip_Codes for Member Zip Code if there is no County in the Members Table</li> <li>'&lt;Unknown&gt;' if there is no Zip Code in the Member table or no matching entry in the XREF table</li> </ul>
Member Fields	Member_State	String	<ul style="list-style-type: none"> <li>State from Atrezzo Members</li> <li>'XX' if there is no State in Members Table</li> </ul>
Provider Fields	Provider_ID	String	<ul style="list-style-type: none"> <li>Submitting Provider Id from Atrezzo UM Cases</li> <li>Internal Id, not available to Users</li> </ul>
Provider Fields	Provider_Name	String	<ul style="list-style-type: none"> <li>Name from Atrezzo Providers</li> <li>Provider Id in Table</li> </ul>

Provider Fields	Provider_NPI	String	<ul style="list-style-type: none"> <li>Submitting Provider NPI from Atrezzo UM Cases</li> <li>Tax Id from Atrezzo Providers</li> <li>Provider Id in Table</li> </ul>
Provider Fields	Provider_Tax_ID	Alphanumeric	<ul style="list-style-type: none"> <li>Submitting Provider Tax from Atrezzo</li> <li>Tax Id from Atrezzo Providers</li> <li>Provider Id in Table</li> </ul>
Request Fields	Request_ID	String	<ul style="list-style-type: none"> <li>Id from Atrezzo Requests</li> <li>Internal Id, not available to Users</li> </ul>
Request Fields	Request_No	Numeric	<ul style="list-style-type: none"> <li>Index Number in Atrezzo Requests</li> <li>Id Displayed to Users</li> </ul>
Request Fields	Request_Submit_Date	Datetime	<ul style="list-style-type: none"> <li>Submit Date for Request from Atrezzo Requests</li> </ul>
Request Fields	Request_Create_Date	Datetime	<ul style="list-style-type: none"> <li>Date Request Created in Atrezzo</li> </ul>
Request Fields	Request_Type	String	<ul style="list-style-type: none"> <li>Request_Type</li> <li>Request Type from Atrezzo Requests</li> <li>Name from Atrezzo Code Defs</li> <li>Code Id in Table</li> <li>'&lt;Unknown&gt;' if there is no Request Type Id in the Requests Table</li> </ul>
Request Fields	Request_Created_By	Numeric	<ul style="list-style-type: none"> <li>User Id for the person that created the Request in Atrezzo</li> </ul>
Service Line Fields	Service_Line_ID	String	<ul style="list-style-type: none"> <li>Id from Atrezzo Request Procedure Codes</li> </ul>

			<ul style="list-style-type: none"> <li>• Internal Id, not available to Users</li> </ul>
Service Line Fields	Service_Line_No	Numeric	<ul style="list-style-type: none"> <li>• Index Number in Atrezzo Request Procedure Codes</li> <li>• Id Displayed to Users</li> </ul>
Service Line Fields	Service_Line_Submit_Dt	Datetime	<ul style="list-style-type: none"> <li>• Submit Date for Service Line from Atrezzo Request Procedure Codes</li> </ul>
Service Line Fields	Service_Line_Create_Dt	Datetime	<ul style="list-style-type: none"> <li>• Date Service Line Created in Atrezzo</li> </ul>
Service Line Fields	Service_Line_Status	String	<ul style="list-style-type: none"> <li>• Service Line Status from Atrezzo Request Procedure Codes</li> <li>• Name from Atrezzo Code Defs</li> <li>• Code Id in Table</li> <li>• Only Service Lines with a Status of 'Approved' or 'Denied' are pulled</li> </ul>
Service Line Fields	Service_Line_Reason	String	<ul style="list-style-type: none"> <li>• Service Line Reason from Atrezzo Request Procedure Codes</li> <li>• Name from Atrezzo Code Defs</li> <li>• Code Id in Table</li> <li>• Claims must have a Reason to be pulled</li> </ul>
Service Line Fields	Service_Line_Status_Reason	String	<ul style="list-style-type: none"> <li>• Concatenation of Service Line Status and Reason</li> </ul>
Service Line Fields	Service_Line_Certified_Dt	Datetime	<ul style="list-style-type: none"> <li>• Service Line Date Certified from Atrezzo Request Procedure Codes</li> <li>• Date Certified must be in Reporting Month to be pulled</li> </ul>



Service Line Fields	Service_Line_Created_By	Numeric	<ul style="list-style-type: none"> <li>User Id for the person that created the Service Line in Atrezzo</li> </ul>
Service Line Fields	Service_Line_Created_By_User	Text	<ul style="list-style-type: none"> <li>Name Associated with Created By User Id in Atrezzo Users</li> </ul>
Service Line Fields	Service_Line_Last_Modified	Numeric	<ul style="list-style-type: none"> <li>User Id for the person that LAST modified the Service Line in Atrezzo</li> </ul>
Service Line Fields	Service_Line_Last_Modified_User	Text	<ul style="list-style-type: none"> <li>Name Associated with Modified By User Id in Atrezzo Users</li> </ul>
Service Line Fields	Procedure_Id	Alphanumeric	<ul style="list-style-type: none"> <li>Procedure Id from Atrezzo Request Procedure Codes</li> <li>Internal Id, not available to Users</li> </ul>
Service Line Fields	Procedure_Code	Alphanumeric	<ul style="list-style-type: none"> <li>Procedure Code from Atrezzo Procedures</li> <li>Code from Atrezzo Procedures</li> <li>Procedure Id in Table</li> </ul>
Service Line Fields	Procedure_Desc	Text	<ul style="list-style-type: none"> <li>Procedure Code from Atrezzo Procedures</li> <li>Description from Atrezzo Procedures</li> <li>Procedure Id in Table</li> </ul>
Service Line Fields	Primary_Diagnosis	Alphanumeric	<ul style="list-style-type: none"> <li>Primary Diagnosis Code from Atrezzo Diagnosis</li> <li>Code from Atrezzo Diagnosis</li> <li>Diagnosis Id in Table</li> </ul>
Service Line Fields	Primary_Diagnosis_Desc	Text	<ul style="list-style-type: none"> <li>Primary Diagnosis Code from Atrezzo Diagnosis</li> <li>Description from Atrezzo Diagnosis</li> <li>Diagnosis Id in Table</li> </ul>
Service Line Fields	Secondary_Diagnosis	Alphanumeric	<ul style="list-style-type: none"> <li>Secondary Diagnosis Code from Atrezzo Diagnosis</li> </ul>

			<ul style="list-style-type: none"> <li>• Code from Atrezzo Diagnosis</li> <li>• Diagnosis Id in Table</li> </ul>
Service Line Fields	Secondary_Diagnosis_Desc	Text	<ul style="list-style-type: none"> <li>• Secondary Diagnosis Code from Atrezzo Diagnosis</li> <li>• Description from Atrezzo Diagnosis</li> <li>• Diagnosis Id in Table</li> </ul>
Service Line Fields	Tertiary_Diagnosis	Alphanumeric	<ul style="list-style-type: none"> <li>• Tertiary Diagnosis Code from Atrezzo Diagnosis</li> <li>• Code from Atrezzo Diagnosis</li> <li>• Diagnosis Id in Table</li> </ul>
Service Line Fields	Tertiary_Diagnosis_Desc	Text	<ul style="list-style-type: none"> <li>• Tertiary Diagnosis Code from Atrezzo Diagnosis</li> <li>• Description from Atrezzo Diagnosis</li> <li>• Diagnosis Id in Table</li> </ul>

**Appendix 6: Medical  
Management Operations  
Report**

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## **APPENDIX 6: MEDICAL MANAGEMENT OPERATIONS REPORT**



# MMOR Report Documentation

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# MMOR Report Documentation

## Overview

### MMOR Report

#### Overview

##### **General Information**

- ❖ The MMOR is broken down into seven (7) Categories.
  - These Categories are then broken down into Sections. The current Category/Section Hierarchy (as of 3/1/2018) is:
    - Telephone Activity
      - Telephone Activity
    - Precert Activity
      - Incoming Precerts by Priority
      - Completed Precerts by Priority
      - Incoming Precerts Details
      - Completed Precerts
      - Completed Precerts Details
      - Precerts Pending - Work In Progress
    - Notifications
      - Hospital Notifications
      - DME Notifications
    - Case Management
      - Telephonic Case Management
      - GCM Case Management
      - Total Case Management
      - SNF Rehab Case Management
    - FSO Transfers
      - FSO to FSO
      - FSO to Kepro
      - Kepro to FSO
      - Totals
    - Appeals Activity
      - Incoming Appeals Medical
      - Incoming Appeals Pharmacy
      - Total Incoming Appeals
      - Completed Appeals Medical: Medicare
      - Completed Appeals Medical: Non-Medicare
      - Completed Appeals Medical Totals
      - Completed Appeals Pharmacy
      - Completed Appeals Totals
      - Appeal Work in Progress
    - Claims Activity
      - Incoming Claims
      - Claims Received By Category
      - Claims Completed
      - Claims Completed By Category
      - Claims Work In Progress
- ❖ Data will be pulled monthly on the first of the month for the previous month (Reporting Month).
  - Example: On April 1, 2018 data is pulled for March 1, 2018 through March 31, 2018. (Reporting Month is March, 2018)
  - Previous month data will remain static and not be overwritten with new data each month.

# MMOR Report Documentation

## Telephone Activity

### Telephone Activity

#### **General Information**

- ❖ This data comes from an online application.
  - This data will be pulled manually into a file.
  - The applicable data from the file will then be loaded into the base table.



# MMOR Report Documentation

## Precerts Activity

### Precerts Activity

#### **General Information**

- ❖ Precerts Activity handles all Requests that are reviewed BEFORE the treatment/procedure occurs to insure that all applicable criteria is met.
- ❖ All Precerts are counted by Service Line.

#### **Common Requirements**

- ❖ The following requirements are applicable to all Precerts Activity
  - The [Service Type](#) for the Request cannot have 'Appeal' in it.
    - These Requests are Appeals
  - The [Service Type](#) for the Request cannot begin with 'CR'.
    - These Service Types are used to designate Claims
  - The [Service Type](#) for the Request cannot be 'Inpatient Notification'
    - This Service Type is used for Hospital Notifications Category later in the report
    - The Service Type for the Request cannot be 'DME Notification'
      - ⇒ This Service Type is used for DME Notifications Category later in the report
  - The [Service Line Status](#) cannot be 'Void', 'Un-Submitted', or 'Rejected'
    - These Status values are assigned to Requests that were entered in error, withdrawn, rejected by the system, etc. and are not used by this report
  - The [Member Plan ID](#) must be a valid Funds Plan (Atrezzo Plan IDs between 45 and 51)

#### **Incoming Precerts**

- ❖ Incoming Precerts are Service Lines that are submitted in the Reporting Month.
  - The [Notification Date](#) for the Service Line must be in the Reporting Month.
    - If the Service Line Submit Date is not blank, the Service Line Submit Date is used as the Notification Date.
    - If the Service Line Submit Date is blank, the Date the Service Line was created is used as the Notification Date.
- ❖ There are two (2) sections for Incoming Precerts.
  - [Incoming Precerts by Priority](#)
    - Grouped by [Request Type](#)
  - [Incoming Precerts Details](#)
    - Grouped by [Service Type](#)

#### **Completed Precerts**

- ❖ Completed Precerts are Service Lines that are certified in the Reporting Month.
  - The [Date Certified](#) for the Service Line must be in the Reporting Month.
- ❖ There are three (3) sections for Completed Precerts.
  - [Completed Precerts by Priority](#)
    - Grouped by [Request Type](#)
    - [Request Type](#) for the Service Line cannot be blank
  - [Completed Precerts Details](#)
    - Grouped by [Service Type](#)
    - [Service Type](#) for the Service Line cannot be blank
  - [Completed Precerts](#)
    - Grouped by [Service Line Status](#) and [Service Line Reason](#)

#### **Pending Precerts**

- ❖ Pending Precerts are Service Lines that have a Pending Status:
  - The [Service Line Status](#) must be 'Pending'
- ❖ There is one (1) section for Pending Precerts
  - [Pending Precerts – Work in Progress](#)
    - Grouped by [Service Line Status](#) and [Service Line Reason](#)

# MMOR Report Documentation

## Notifications

### Notifications

#### **General Information**

- ❖ Notifications are either Hospital Inpatient Notifications or DME Notifications.
- ❖ Notifications are counted by Case.

#### **Common Requirements**

- ❖ The following requirements are applicable to Notifications
  - The [Service Line Status](#) cannot be 'Void', 'Un-Submitted', or 'Rejected'
    - These Status values are assigned to Requests that were entered in error, withdrawn, rejected by the system, etc. and are not used by this report
  - The [Notification Date](#) for the Request must be in the Reporting Month.
    - If the Service Line Submit Date is not blank, the Service Line Submit Date is used as the Notification Date.
    - If the Service Line Submit Date is blank, the Date the Service Line was created is used as the Notification Date.
  - The [Member Plan ID](#) must be a valid Funds Plan (Atrezzo Plan IDs between 45 and 51)

#### **Hospital Notifications**

- ❖ Hospital Notifications handles all acute inpatient admission notifications for Medicare primary beneficiaries.
  - The [Service Type](#) for the Request must be 'Inpatient Notification'
    - This is the Service Type assigned to Hospital Notifications
  - [Hospital Notifications](#)
    - Total Count of Unique Cases for the Reporting Month

#### **DME Notifications**

- ❖ DME Notifications handles all DME Notifications.
  - The [Service Line Status](#) must be 'Approved'
  - Either of the following conditions must be met
    - The [Service Line Reason](#) must be 'DME Notification'
    - The [Service Line Reason](#) must be 'Administrative Approval' and the Provider Tax Id must be '31-1192384'
  - [DME Notifications](#)
    - Total Count of Unique Cases for the Reporting Month

# MMOR Report Documentation

## Case Management

### Case Management

#### **General Information**

- ❖ Case Management handles all of the Case Management Cases
- ❖ Case Management is broken into four (4) report sections. Three (3) sections correspond to the Program Name and one is a Totals section.
  - Telephonic Case Management
  - GCM Case Management (Geriatric Case Management)
  - Total Case Management
    - This is the sum of the Telephonic and GCM Case Management numbers for each item.
  - SNF Rehab Case Management (Rehab Coordination)
- ❖ Each Case Management Section contains four (4) Fixed Items
  - Cases Initiated
  - Cases Closed
  - Total Active Cases at End of Month
  - Unique Beneficiaries Touched During Month
- ❖ Case Management is counted by Program Line.

#### **Common Requirements**

- ❖ The following requirements are applicable to all Case Management Cases
  - The [Closure Reason](#) cannot be any of the following:
    - Opened IN Error
  - The [Case Status](#) must be Active Management
    - Multiple Records may be added for a single case with different Status Codes
  - The [Member Plan ID](#) must be a valid Funds Plan (Atrezzo Plan IDs between 45 and 51)
  - The [Program Case Manager Name](#) cannot be blank.
    - This is either the Case Program Manager or the Case Manager User Id
  - The [Program Start Date](#) must be in the Reporting Month, or before the Reporting Month
    - The Case Contract Program [Start Date](#) if it is not blank – otherwise the Case Contract Program [Create Date](#)
  - The [Program End Date](#) must be blank, in the Reporting Month, or after the Reporting Month.
  - One of the following conditions must be met:
    - The [Program Name](#) is Telephonic Case Management and the Member Consent Date is not blank
    - The [Program Name](#) is Geriatric Case Management and the Member Consent Date is not blank
    - The [Program Name](#) is Rehab Coordination

# MMOR Report Documentation

## Case Management

### Cases Initiated

- ❖ Cases Initiated are Programs that are opened in the Reporting Month
  - If the [Program Name](#) is Telephonic Case Management or Geriatric Case Management one of the following conditions must be met
    - The [Member Original Consent Date](#) must be in the Reporting Month.
    - The [Member Current Consent Date](#) must be blank and the [Original Consent Date](#) must be in the Reporting Month.
  - If the [Program Name](#) is Rehab Coordination, the [Program Start Date](#) must be in the Reporting Month.

### Cases Closed

- ❖ Cases Closed are Programs that are closed in the Reporting Month
  - The [Program End Date](#) must be in the Reporting Month.

### Total Active Cases at End of Month

- ❖ Total Active Cases at the End of Month are Programs that are still open after the end of Reporting Month.
  - The [Program Start Date](#) must be before the end of the Reporting Month.
  - The [Program End Date](#) must be blank or after the end of the Reporting Month.

### Unique Beneficiaries Touched During Month

- ❖ Unique Beneficiaries Touched During Month is the total number of Telephonic and GCM Programs Closed in the month plus the Total Active Telephonic and GCM Programs at the End of the Month (Comment: It is Possible that a beneficiary may be discharged at the beginning of the month then re-enrolled towards the end of the month. This beneficiary should not be counted twice)



# MMOR Report Documentation

## FSO Transfers

### FSO Transfers

#### **General Information**

- ❖ Fields Service Operation (FSO) Transfers handles the Tasks transferred between KEPRO Users and FSO Users, as well as when Tasks are transferred between FSO Users.
- ❖ FSO Transfers are broken into three sections:
  - FSO to FSO
    - These are transfers from one FSO User to another FSO User
  - FSO to KEPRO
    - These are transfers from an FSO User to a KEPRO User
  - KEPRO to FSO
    - These are transfers from a KEPRO User to an FSO User
- ❖ User Types (FSO/KEPRO) are identified based on the whether or not they are members of specific Groups. This is addressed in the User Designation Section below.
- ❖ FSO Transfers are counted by Task.

#### **Common Requirements**

- ❖ The following requirements are applicable to all FSO Transfers
  - The [Start Date](#) for the Task must be in the Reporting Month
  - The [Task Description](#) must begin with 'Refer'
    - All other Tasks are considered non-referral Tasks
  - The [Member Plan ID](#) must be a valid Funds Plan (Atrezzo Plan IDs between 45 and 51)
  - Both the [Created By User](#) and the [Assigned To User](#) must be designated as an FSO User.
  - The [Created By User](#) cannot be the same as the [Assigned To User](#)

#### **User Designation**

- ❖ Users may be assigned to one or more Groups. Some Groups are designated as KEPRO Groups and others are designated as FSO Groups.
- ❖ If a User is assigned to a designated KEPRO group, that User is identified as a KEPRO User, even if they are assigned to one or more designated FSO Groups
  - The designated KEPRO Groups are:
    - CSP Intake
    - In-home Case Management (GCM)
    - Pharmacy
    - Social Work
    - Telephonic Case Management
    - UM Transportation
    - DME Coordination
    - Admin 5
    - Admin 1
    - CM UM Auto Referral
    - Medical Director
    - Pharmacy
    - CSP Social Work Coordination
- 
- ❖ If a User is not assigned to a designated KEPRO Group, but is assigned to a designated FSO Group, that User is identified as an FSO User.
  - The designated FSO Groups are:
    - Funds
    - Any Group containing the word 'Funds' unless the Group also contains 'DME'

# MMOR Report Documentation

## FSO Transfers

- Funds DME is not considered a Funds Group for FSO Transfers
- ❖ Not all Users are assigned to Groups that would designate them either a KEPRO User or an FSO User.
  - Tasks Created By or Assigned To these Users are not included as FSO Transfers

### **FSO to FSO**

- These are transfers from one FSO User to another FSO User
  - Both the [Created By User](#) and the [Assigned To User](#) must be designated FSO Users

### **FSO to KEPRO**

- These are transfers from an FSO User to a KEPRO User
  - The [Created By User](#) must be a designated FSO User
  - The [Assigned To User](#) must be a designated Kepro User

### **KEPRO to FSO**

- These are transfers from a KEPRO User to an FSO User
  - The [Created By User](#) must be a designated Kepro User
  - The [Assigned To User](#) must be a designated FSO User

# MMOR Report Documentation

## Appeals Activity

### Appeals Activity

#### **General Information**

- ❖ Appeals Activity handles all Cases where the Denied Precerts/Claims are Appealed
- ❖ Appeals are counted by Service Line

#### **Common Requirements**

- ❖ The following requirements are applicable to all Appeals
  - The [Member Plan ID](#) must be a valid Funds Plan (Atrezzo Plan IDs between 45 and 51)

#### **Section Designation**

- ❖ Appeals are assigned to Sections based on the following:
  - Pharmacy
    - [Service Type](#) contains the word 'Pharmacy'
  - Medical: Medicare
    - The Member is enrolled in either the MedA or MedB program at any time in the Reporting Month.  
⇒ Based on Reporting Month
  - Medical: Non-Medicare
    - The Member is NOT enrolled in either the MedA or Med B program at any time in the Reporting Month based  
⇒ Based on Reporting Month

#### **Incoming Appeals**

- ❖ Incoming Appeals are Appeals that are Received in the Reporting Month
  - [Date Received](#) must be in the Reporting Month
    - [Kepro Received Date](#) if the [Service Type](#) contains the word 'Appeal'.
    - [Date Client Received](#) if the [Service Type](#) contains the word 'Appeal'.
- ❖ Incoming Appeals are broken into three (3) Sections
  - Incoming Appeals Medical
    - Incoming Appeals Medicare
    - Incoming Appeals Non-Medicare
  - Incoming Appeals Pharmacy
  - Total Incoming Appeals
    - This is the sum of Medical and Pharmacy numbers

#### **Completed Appeals**

- ❖ Completed Appeals are Appeals that are completed in the Reporting Month
  - The [Date Completed](#) must be in the Reporting Month.
- ❖ Completed Appeals are broken into five (5) Sections
  - Completed Appeals Medical: Medicare
  - Completed Appeals Medical: Non-Medicare
  - Completed Appeals Medical Totals
    - This is the sum of the Medicare and Non-Medicare numbers for each item.
  - Completed Appeals Pharmacy
  - Completed Appeals Totals
    - This is the sum of Pharmacy and Total Medical numbers for each item
- ❖ Each Completed Appeals Section contains five (5) items that correspond to the following [Appeal Results](#)
  - Overturned
    - Appeal Overturned - Medically Necessary
    - Overturned
    - Appeal Partially Overturned - Medically Necessary
    - PartialOverturn
  - Sustained/Upheld

# MMOR Report Documentation

## Appeals Activity

- Appeal Upheld - Not Medically Necessary
- Upheld
- Closed/Withdrawn
  - Appeal Withdrawn
  - Appeal Abandoned
- Dismissed
  - Appeal Dismissed
- Funds Override
  - Appeal Overturned - Admin Approval
  - Appeal Upheld - Admin Denial

### **Appeals in Progress**

- ❖ Appeals in Progress are Appeals that have not been completed by the end of the Reporting Month.
  - The [Date Completed](#) must be blank or after the end of the Reporting Month.



# MMOR Report Documentation

## Claims Activity

### Claims Activity

#### **General Information**

- ❖ The Claims Activity handles all Requests that are reviewed AFTER the treatment/procedure occurs to insure that all applicable criteria has been met.
- ❖ All Claims are counted by Service Line.
- ❖ Only Service Lines that are (to be) Reviewed are counted.
  - Service Lines with a Status of 'Approved' and no Service Line Reason are not counted

#### **Common Requirements**

- ❖ The following requirements are applicable to all Claims Activity
  - The [Service Type](#) for the Request cannot have 'Appeal' in it.
    - These Requests are Appeals
  - The [Service Type](#) for the Request must begin with 'CR'.
    - These Service Types are used to designate Claims
  - The [Service Line Status](#) cannot be 'Void', 'Un-Submitted', or 'Rejected'
    - These Status values are assigned to Requests that were entered in error, withdrawn, rejected by the system, etc. and are not used by this report
  - The Request must be created by the 'System Process' User
  - The [Member Plan ID](#) must be a valid Funds Plan (Atrezzo Plan IDs between 45 and 51)

#### **Incoming Claims**

- ❖ Incoming Claims are Service Lines that are submitted in the Reporting Month.
  - The [Submit Date](#) for the Service Line must be in the Reporting Month.
- ❖ There are two (2) sections for Incoming Claims.
  - Incoming Claims
    - Grouped by [Request Type](#)
  - Claims Received by Category
    - Grouped by [Service Type](#)
- ❖ Excluded service lines: lines that come over with an approved status and no determination/approval reason. The approval reason is null/blank

#### **Completed Claims**

- ❖ Completed Claims are Service Lines that are certified in the Reporting Month.
  - The [Date Certified](#) for the Service Line must be in the Reporting Month.
- ❖ There are two (2) sections for Completed Claims.
  - Claims Completed
    - Grouped by [Service Line Status](#) and [Service Line Reason](#)
  - Claims Completed by Category
    - Grouped by [Service Type](#)
    - [Service Type](#) cannot be blank
- ❖ Excluded service lines: Lines marked as approved with no approval reason.

#### **Pending Claims**

- ❖ Pending Claims are Service Lines that have a Pending Status:
  - The [Service Line Status](#) must be 'Pending'
- ❖ There is one (1) section for Pending Claims
  - Pending Claims – Work in Progress
    - Grouped by [Service Line Status](#) and [Service Line Reason](#)

# MMOR Report Documentation

## MMOR Invoice

### MMOR Invoice

#### Overview

##### **General Information**

- ❖ While the MMOR Invoice uses the same data pulled for the MMOR Report, the Invoice items are all counted at the case level. Nothing is counted by Service Line.
- ❖ There are seven (7) sections on the Invoice:
  - Telephonic Case Mgmt
    - Total Cases Active at End of Month
  - GCS Case Mgmt
    - Total Cases Active at End of Month
  - Utilization Mgmt
    - Sum of Claims, Appeals, and Precerts numbers
  - Total
    - Sum of Telephonic Case Mgmt, GCS Case Mgmt, and Utilization Mgmt numbers
  - Claims
    - Total Completed Claims
  - Appeals
    - Total Completed Appeals
  - Precerts
    - Total Completed Precerts
- ❖ The data is broken down based on Exception Code and Plan Code.
- ❖ The Legacy MMOR includes a corresponding section for Unique Beneficiaries



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## **APPENDIX 7: FINANCIAL STATEMENTS**



PDF PAGES 298 - 326 HAVE  
BEEN REDACTED DUE TO  
PROPRIETARY INFORMATION

**Appendix 8: Sample Letter  
Templates**

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## **APPENDIX 8: SAMPLE LETTER TEMPLATES**

Denial Letter

To: John Doe  
999 Unknown Rd  
Lincoln, NE 9999

Date : July 2, 2020

Re: **Service Authorization Request**  
Medicaid ID: 999999999999  
Enrollee Name: John Doe  
Date of Birth: 11/11/1111  
Case ID: 08999-9999

KEPRO is under contract with the Nebraska Department of Health and Human Services (DHHS) to perform Pre-Admission Screening and Resident Review (PASRR) Services for Medicaid enrollees in the State of Nebraska.

This status notification is being sent to you as your request for authorization has been processed. Based on the information provided, below is a status by service line.

Procedure Code	Service Description	Dates of Service Req	Req Units	Apprv Units	Denied Units
INPAT	Inpatient	6/13/2020-6/14/2020	1	0	1

- Denied: HCPF requirements not met. HCPF POLICY STATES PROVIDER MUST NOTIFY HCPF OF ADMISSION WITHIN 24 HR OF ADMISSION OR CASE WILL BE DENIED UNTIMELY. <Insert Reference to Code>

For information about the appeal options available the following resources are available to you:

<< Insert links to Nebraska appeals information >>

Any questions in regard to this denial can be directed to our customer service line at 1-XXX-XXX-XXXX. Thank you for your ongoing cooperation with KEPRO and DHHS in the prior authorization process.

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, YOU ARE HEREBY NOTIFIED that any distribution or copying of confidential information is strictly prohibited and could subject you to legal action. If you have received this communication in error, please notify KEPRO by telephone or FAX at the appropriate number listed above and destroy the misdirected document. Thank you.



## Approval Letter

To: John Doe  
999 Unknown Rd  
Lincoln, NE 9999

Date : July 2, 2020

Re: **Service Authorization Request**  
Medicaid ID: 999999999999  
Enrollee Name: John Doe  
Date of Birth: 11/11/1111  
Case ID: 08999-9999

KEPRO is under contract with the Nebraska Department of Health and Human Services (DHHS) Pre-Admission Screening and Resident Review (PASRR) Services for Medicaid enrollees in the State of Nebraska.

This status notification is being sent to you as your request for authorization has been processed. Based on the information provided, below is a status by service line.

Procedure Code	Service Description	Dates of Service Req	Req Units	Apprv Units	Denied Units
H2012	Intensive In-Home Services	6/12/2020-6/30/2020	3	3	0

Please note that authorization does not automatically guarantee payment for the service; payment is contingent upon passing all edits contained within the claims payment process; the enrollee's continued Medicaid eligibility; and the ongoing medical necessity for the service being provided.

Any questions in regard to this authorization can be directed to our customer service line at 1-XXX-XXX-XXXX. Thank you for your ongoing cooperation with KEPRO and DHHS in the prior authorization process.

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, YOU ARE HEREBY NOTIFIED that any distribution or copying of confidential information is strictly prohibited and could subject you to legal action. If you have received this communication in error, please notify KEPRO by telephone or FAX at the appropriate number listed above and destroy the misdirected document. Thank you.

Created: 7/21/2009  
Revised: 02/05/2020

Document ID# -

## Additional Information Request

To:

Provider Name: Hospital  
Provider Fax No: 999999999  
Attending Physician : PROVIDER UNKNOWN

Date : July 2, 2020

Re: **Request for Additional Information**

Medicaid ID: 99999999999999  
Enrollee Name: John Doe  
Date of Birth: 11/11/1111  
Case ID: 08999-0999

Your request for authorization has been reviewed by a KEPRO staff member and it has been determined that the information submitted does not provide us with the required information to perform a complete a service authorization review. In order to fully review your request, the following information is necessary:

- DATES 06/06/2020-06/30/2020 PENDED FOR ADDITIONAL INFORMATION: NO FAPT DATE OR INDICATION THAT IT CONTAINS ALL REQUIRED ELEMENTS. PATIENT DOES NOT HAVE A DSM-IV DIAGNOSIS. DMAS REQUIREMENTS NOT MET. - Documentation does not reflect any problem behaviors or needs that would justify extension of services. If patient is not currently demonstrating problematic behaviors, then submit current, documented behavioral goals that she is currently working on. Submit any additional information for further consideration. **SUBMIT ANY ADDITIONAL INFORMATION FOR FURTHER CONSIDERATION. \*\*\*INFORMATION MAY BE SUMMARIZED, TYPED AND ATTACHED RATHER THAN WRITTEN ONTO FORM, PLEASE INCLUDE FIRST PAGE OF FORM WHEN FAXING, THANK YOU. \*\*\***

Please submit the requested information by close of business within:

- 1 business day from the date of this notice for Inpatient admissions, acute medical/surgical, psychiatric, and rehabilitation;
- 5 business days from the date of this notice for DME;
- 3 business days from the date of this notice for Intensive In-home Services;
- 3 business days from the date of this notice for RTC, TFC, and all outpatient services; and
- 14 business days from the date of this notice for waivers.

If this information is not received by the date requested the case will be forwarded to a physician reviewer for further review and determination.

## Additional Information Request

### **Telephone Submission**

If you submitted your original request via telephone, please contact our customer department at 1-XXX-XXX-XXXX.

### **Fax Submission**

If you submitted your original request via fax, please fax your additional information request on the accompanying ADDITIONAL INFORMATION FAX FORM to our customer service team via fax number 1-XXX-XXX-XXXX.

**\*Please print legibly or type. Illegible responses will be returned.\***

<b>Provider Response:</b>
---------------------------

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, YOU ARE HEREBY NOTIFIED that any distribution or copying of confidential information is strictly prohibited and could subject you to legal action. If you have received this communication in error, please notify KEPRO by telephone or FAX at the appropriate number listed above and destroy the misdirected document. Thank you.

Created: 5/01/2009  
Revised: 12/03/2020

Document ID# -

**Appendix 9: FL PASRR Educ.  
& Stakeholder Plan**



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## **APPENDIX 9: FLORIDA PASRR EDUCATION AND TRAINING STAKEHOLDER AND PROVIDER PLAN**



**FLORIDA PASRR EDUCATION AND TRAINING**

**Stakeholder and Provider Plan**

***Training and Consultation***

**December 28, 2018**

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## Overview

Federal law requires that all persons seeking admission or retention in a Medicaid certified nursing facility are subject to Preadmission Screening and Resident Review (PASRR) for screening and evaluation of possible serious mental illness or intellectual disability/related condition. This process is mandated in the Code of Federal Regulations, Title 42, Volume 3 and Section 483.100 through 483.138 and in Florida Administrative Code, S9G-1.040.

All persons must have a prescreening (Level I) and if serious mental illness (SMI) and/or intellectual disability/related condition (ID/RC) appear to exist, the person must be referred for further evaluation (Level II). The goal of this evaluation and subsequent determination process is to ensure appropriate placement of individuals and that Specialized Services (SS), if needed, are identified and provided.

KEPRO PASRR oversight includes a fully operational Level I and Level II online assessment system, Atrezzo. Level I screenings are completed by appropriately credentialed staff from nursing facilities and hospitals. The screening provides instant positive or negative results. If positive, it will be up to the nursing home or hospital to request a Level II for an evaluation and determination if a nursing home placement is desired.

## Objective

The objective of Stakeholder Training is to assure understanding of the PASRR process and operational responsibilities necessary to successfully complete the Level I screening and if needed, request a PASRR Level II evaluation and determination to provide the right care in the right setting for individuals. Training will include an overview of the PASRR Process and all related policies and procedures and include an indepth review of how to utilize the online system for all program activities.

KEPRO will provide transparent, customer facing, quality-driven software to support the administration of the PASRR program in Florida for prescreening and evaluation. KEPRO will be responsible for continuous quality assurance and review of all program deliverables to assure compliance to all federal, state, and contractual obligations. The electronic system will allow for a comprehensive, integrated, member-centered database that supports all Level I and Level II Screenings and Resident Reviews.

## Outreach

The training of stakeholders is a critical part of PASRR success and we want to make sure that all providers understand the new system and process for Florida beginning January 1, 2019. Complete knowledge of the PASRR system will allow for efficient screenings. Our training and outreach efforts will assure that knowledge of the entire PASRR process is shared to the appropriate parties, including timely delivery of screenings, requesting a PASRR Level II, uploading complete referral packets, and monitoring and reviewing outcomes and

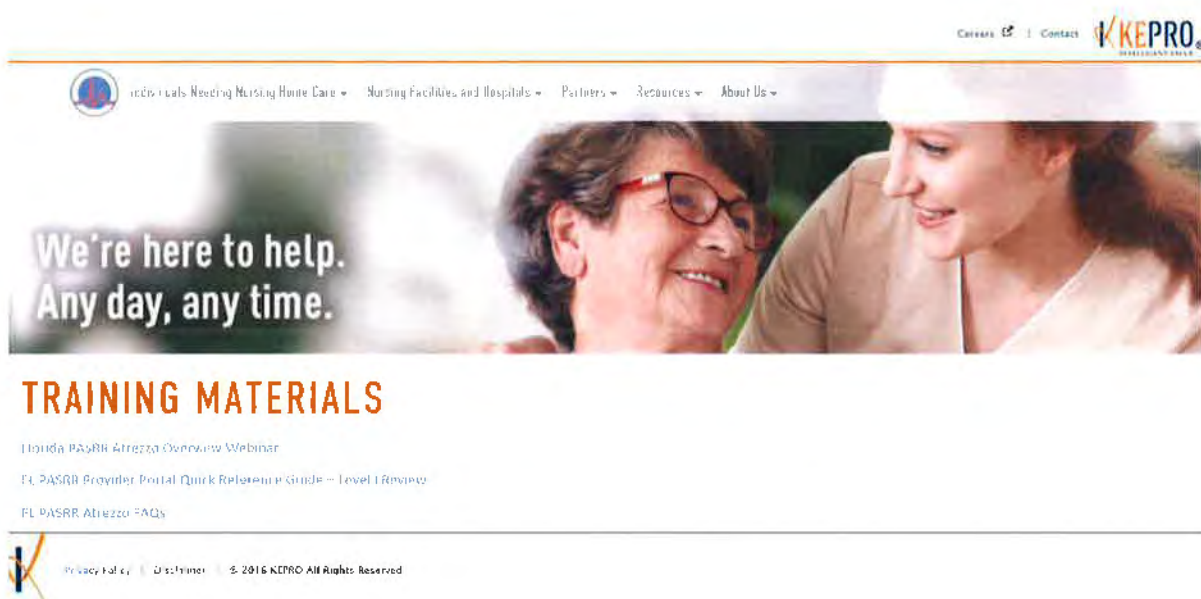


recommendations. Education and outreach will be handled in steps, beginning with identifying the stakeholders that need to be trained and then ensuring that all of the appropriate staff in hospitals and nursing homes throughout Florida are trained.

Our process of continuous outreach allows us to reach the necessary stakeholders before program implementation and to continue to reach new staff as hospitals and nursing homes experience staff turnover. KEPRO will partner with the following associations on an ongoing basis to ensure that hospitals and nursing facilities understand the end to end PASRR process in the state of Florida:

- Florida Hospital Association (FHA)
- Florida Health Care Association (FHCA)
- LeadingAge Florida
- Florida Medical Association (FMA)
- Florida Association of Health Plans (FAHP)

KEPRO will also utilize our new website, <https://floridapasrr.kepro.com/>, to announce training opportunities and share new information regarding the PASRR process. We will record trainings to allow for 24/7 access to new PASRR professionals. Training materials, including Frequently Asked Questions (FAQs) and troubleshooting tips, can be found on our Resources tab as shown below. Stakeholders can simply click on the links to view materials or trainings.

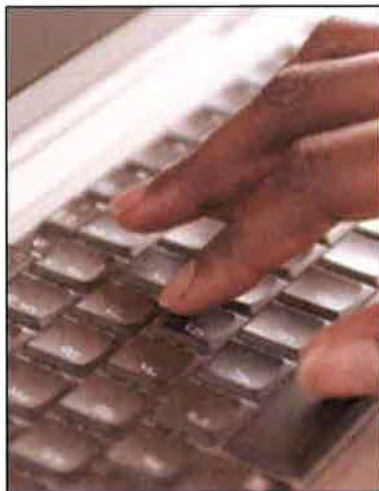


KEPRO will fully train all users on the PASRR process in Florida and our system will facilitate all PASRR activities statewide. PASRR professionals will learn how to access Atrezzo, register as a first time user, log in, complete a Level I screening, or Resident Review for significant change if

applicable, request a PASRR Level II evaluation and determination, upload or fax the required referral packet, view and print outcomes. Our initial training agenda is as follows:

- Introduction
- Provider Portal Overview
- Registration/Logging In
- PASRR Level I and Resident Review Screenings/Outcomes
- Who is a Level I Screener?
- Who completes Level I screens on Children?
- PASRR Level II Requests
- Viewing/Printing Outcomes
- Questions and Answers

Our trainers will review PASRR regulations, provide a step by step workflow of the process, share the turnaround times of each type of PASRR assessment, and ensure that system users understand the end to end PASRR process. We will also provide information on how to complete a PASRR Level I screening in the first 90 days if there are system issues or problems with registration.



### **New for 2019! Easy-to-use online Provider Portal:**

- ✓ Completely electronic
- ✓ Instant results
- ✓ Added convenience
- ✓ Real-time status updates and messages

#### **Trainers**

Training will be completed by our seasoned PASRR team and will include:

- Ellen Olsen, LCSW  
Contract Manager
- Ash Smith, LCSW  
Clinical Director

- Jeni McKnight, RN  
Compliance Officer
- Nicole Sullivan, LCSW  
Lead Clinical Reviewer
- Tammy Peterson  
Lead Administrative Assistant/Customer Service Representative

### Training Tools

Several types of materials will be developed and used for training and also available for reference. The training materials include end-to-end training of the PASRR process and assessment system to allow for effective and comprehensive learning. Use of detailed screenshots of the PASRR online system will allow for easy reference to each step of the process. On-site training with one-on-one help will also be available. Additionally, troubleshooting materials and personalized help will be available to answer specific questions and solve for individual issues. Below is a grid of materials.

End-to-End Training	
Item	Detail
Training Materials	Available online at <a href="http://floridapasrr.kepro.com">floridapasrr.kepro.com</a>
On Site Training	Live Demos, see schedule on page 7
Webinars	See schedule on page 7
Troubleshooting and answers to individual questions	
Item	Detail
FL PASRR Provider Portal Quick Reference Guide	Level I Screenings and Level II requests, Available online at <a href="http://floridapasrr.kepro.com">floridapasrr.kepro.com</a>
FAQ's	Available online at <a href="http://floridapasrr.kepro.com">floridapasrr.kepro.com</a>
Customer Service Phone Number	CSR available to answer questions and help troubleshoot

### Training Communications and Announcements:

Several training announcements targeting different communication channels are in development. The goal is to provide easy reference to training sessions, support material and customer service numbers so help can be provided. They will include training dates, and where to find training manuals and FAQs.

Below is a list of the initial materials and distribution dates with full details in Appendix A:

- Announcement for DOEA/CARES delivered December 11, 2018
- Announcement for Hospital Stakeholders (FHA) delivered December 10, 2018
- Announcement for Health Plan Stakeholders delivered December 10, 2018
- Announcement for Physician Stakeholders/Medical Directors (FMA) delivered December 10, 2018

- Announcement for Nursing Facility Stakeholders (FHCA and LeadingAge) delivered December 5, 2018

#### Training Schedule

Trainings will be ongoing throughout the life of the contract and will be conducted onsite, via webinar, and will include one on one technical assistance. Initial implementation trainings will be more frequent and include nursing facility and hospital staff who are qualified to serve as Program Administrators, Level I Screeners, and additional support staff who are able to access the system to monitor and track progress, upload documents, and request PASRR Level II evaluations and determinations. Additional trainings will include AHCA staff and sister agency staff to provide direction on system access and capabilities, including running reports.

The following trainings have been scheduled and/or completed. Trainings will be recorded and added to KEPRO's website once available. Additional trainings will continue to occur as needed.

<b>Training Schedule</b>	
<b>Training</b>	<b>Date</b>
<b>AHCA – First Demo</b>	<b>October 30, 2018</b>
<b>Florida Nursing Home Staff First Webinar</b>	<b>December 12, 2018</b>
<b>Florida Hospital First Webinar</b>	<b>December 17, 2018</b>
<b>Florida Hospital Second Webinar</b>	<b>December 18, 2018</b>
<b>AHCA – Second Demo</b>	<b>December 21, 2018</b>
<b>Nursing Home and Hospital Demo Webinar</b>	<b>December 27, 2018</b>
<b>AHCA – Third Demo</b>	<b>December 28, 2018</b>
<b>Onsite Training in Sarasota (hospital)</b>	<b>January 17, 2019</b>
<b>Onsite Trainings in Tampa and Clearwater (hospital)</b>	<b>January 18, 2019</b>
<b>Onsite Training in Orlando (hospital)</b>	<b>January 21, 2019</b>
<b>Onsite Training in Jacksonville</b>	<b>TBD</b>
<b>Onsite Training in Miami</b>	<b>TBD</b>
<b>AHCA Staff Training</b>	<b>TBD</b>
<b>APD and DCF Staff Training</b>	<b>TBD</b>
<b>DOH/CMAT and DOEA/CARES Staff Training</b>	<b>TBD</b>



Appendix A:

Announcement for DOEA/CARES

**New for PASRR Level I and Level II**

***New for 2019!*** Beginning January 1, PASRR Level I screenings will be completed through KEPRO's new online portal with instant results! Level II PASRR requests will also go directly to KEPRO through the provider portal. ***You will no longer complete paper forms and fax them to CARES.*** All requests for Level I screenings, requests for Level II evaluations and determinations or Resident Reviews will no longer be accepted by CARES (DOEA) or CMAT (DOH) starting January 1, 2019.

KEPRO's new provider portal will be available soon for submissions. By simply logging in, KEPRO's system will guide you through the process and help you create Level I and Resident Review documents that can be viewed, printed, and easily stored in individual's files. You can also request a PASRR Level II evaluation and determination when the PASRR Level I yields a positive result or when there has been a significant change in condition.

KEPRO will be providing comprehensive training to assist you in enrolling in the system and using the new electronic Level I process and provider portal, available soon at <https://portal.kepro.com>. For more information regarding training dates and times or to register to use the new provider portal, please contact KEPRO at 866-880-4080 or you can visit our website at <http://floridapasrr.kepro.com>, available to the public soon. KEPRO can also be reached by fax at 866-677-4776.

Announcement for Hospital Stakeholders (FHA)

**New for PASRR Level I and Level II  
Florida PASRR System Trainings for Hospitals**

***New for 2019!*** Beginning January 1, PASRR Level I screenings will be completed by hospitals through KEPRO's new online portal with instant results! ***You will no longer request a Level I from CMAT or complete paper forms and fax them to CARES (DOEA).***

KEPRO will also continue to process requests for PASRR Level II evaluations and determinations, when needed, via the online portal. Level I screenings or requests for Level II evaluations and determinations will no longer be accepted by CARES or CMAT starting January 1, 2019.

By simply logging in, KEPRO's system will guide you through the process and help you create Level I documents and request a PASRR Level II evaluation and determination when needed. The system will be completely electronic to create efficiencies that will reduce wait times.

KEPRO will be providing comprehensive training to assist you in registering for provider portal access and using the new electronic Level I screenings and Level II requests. Three different trainings will be offered. Feel free to attend all or just the training that pertains to your role.

**1. Agenda for Live Training/Recorded Webinars: Hospital Administrators**

- Introduction
- System Overview
- System Registration
- Creating and Deactivating Users
- Types of System Users/Roles
- Questions and Answers

**Training Summary**

The Administrator training is targeted to the hospital professional who will "own" the system account. This training is typically geared towards supervisors as this role holds the highest system permissions. Topics will focus on self-registration and creating new accounts for users as well as deactivating users when they no longer work at the hospital. There are three types of users that can be created by Administrators: additional administrators, Level I screeners, and Level II requesters.

Once logged in, the Administrator can add additional administrators who will also have the ability to create and deactivate users. Users that are created as Level I screeners must be an MSW, LCSW, LMHC, ARNP, Psychologist, or MD. This role also has the ability to request a Level II evaluation and determination. Physicians who are registered are eligible to complete online hospital exemptions.

Users that are created to only request a Level II can be any staff that work at the hospital, typically staff in social services or LPNs, and do not have to be credentialed. This role is not able to complete a Level I screen.

**2. Agenda for Live Training/Recorded Webinars: Hospital Level I Screeners**

- Introduction
- System Overview
- Registering and Logging In
- PASRR Level I Screenings
- Positive Level I Outcomes
- Provisional Admissions and Hospital Exemptions
- Viewing and Printing Outcomes
- Questions and Answers

### Training Summary

This training will focus on completing an electronic Level I screening. Users will be shown how to log in, create a case, and complete the Level I screen. Hospital staff will also be trained on what to do when a positive Level I is generated and when and how to complete a provisional admission or hospital exemption. Once a form is completed, the system will automatically generate a PDF version that can be viewed, printed, shared, and easily stored in patient files.

### 3. Agenda for Live Training/Recorded Webinars: Hospital Staff Requesting Level II's

- Introduction
- System Overview
- Registering and Logging In
- Requesting PASRR Level II Evaluations and Determinations
- Requests from KEPRO for Additional Information
- Uploading, Viewing, and Printing Documents
- Questions and Answers

### Training Summary

KEPRO has ensured that requesting a PASRR Level II evaluation and determination has never been easier. Users will be shown how to log in, search for an individual in the hospital account, create a new request, and fax or upload the required referral packet. Once a request is submitted, the system will automatically create a new, unique review ID. Hospital staff can leave notes and messages in real time and monitor the review status through completion. Once the Level II is completed, the determination and any recommendations can be viewed, printed, shared, and easily stored in patient files.

### Questions?

For any questions or more information regarding trainings, please contact KEPRO at **866-880-4080** or you can visit our new website, available to the public soon, at <http://floridapasrr.kepro.com>. We can also be reached by fax at 866-677-4776.

Announcement for Health Plan Stakeholders

## **New for Preadmission Screening and Resident Review (PASRR) Online Level I Screens for Nursing Home Admissions**

**New for 2019!** Beginning January 1, PASRR Level I screenings and Resident Reviews for significant change will be completed through KEPRO's new online portal with instant results!

By simply logging in, KEPRO's system will guide users through the process to complete Level I screenings or Resident Reviews. The system will be completely electronic to create efficiencies

that will reduce hospital discharge wait times. KEPRO will also continue to process requests for PASRR Level II evaluations and determinations, when needed, via the online portal.

**What is PASRR?** Individuals with mental illness, intellectual disability, or a related condition have special protections under state and federal law to ensure that long-term services and supports are provided in the right setting to meet their individual needs. Per CFR 42-§483.102 and 59G-1.040, F.A.C., a PASRR Level I screen must be completed prior to admission for all applicants to a Medicaid-certified nursing facility, regardless of payer source.

If the PASRR Level I screen indicates a possible serious mental illness, intellectual disability, or a related condition, then a PASRR Level II evaluation and determination is completed prior to nursing home admission. PASRR should be completed on time per federal and state regulations to ensure Medicaid reimbursement for nursing homes.

**Who completes PASRR Level I Screenings and PASRR Level II Evaluations and Determinations?** Per state rule, nursing facilities and hospitals in Florida are delegated to complete PASRR Level I screenings. Level I screeners must be an MSW, LCSW, LMHC, ARNP, Psychologist, or physician. If the PASRR Level I outcome is positive, then a PASRR Level II evaluation and determination must be completed prior to a nursing home admission.

KEPRO contracts with the Agency for Health Care Administration (AHCA) to serve as the Florida PASRR Level I and Level II vendor. For individuals residing in a community setting, KEPRO has been delegated by AHCA to complete an onsite PASRR Level I screening. These screenings must be completed within two business days.

KEPRO has been completing PASRR Level II evaluations and determinations for the state of Florida for individuals with mental illness since 2007 and for individuals with intellectual disability and related conditions since 2016 and will continue providing all Level II evaluations and determinations under the new process for AHCA.

**Questions?** KEPRO will be providing comprehensive training to assist nursing home and hospital staff in registering for provider portal access and using the new electronic Level I screens.

For any questions or information regarding the PASRR process, including trainings dates and times, please contact KEPRO at **866-880-4080** or you can visit our new website, available to the public soon, at <http://floridapasrr.kepro.com>. We can also be reached by fax at 866-677-4776.

Announcement for Physician Stakeholders/Medical Directors (FMA)

## **New for Preadmission Screening and Resident Review (PASRR) Online Level I Screens and Hospital Exemptions for Nursing Home Admissions**

**What is PASRR?** Individuals with mental illness, intellectual disability, or a related condition have special protections under state and federal law to ensure that long-term services and



supports are provided in the right setting to meet their individual needs. Per CFR 42-§483.102 and 59G-1.040, F.A.C., a PASRR Level I screen must be completed prior to admission for all applicants to a Medicaid-certified nursing facility, regardless of payer source.

If the PASRR Level I screen indicates a possible serious mental illness, intellectual disability, or a related condition, then a PASRR Level II evaluation and determination is completed prior to nursing home admission.

**Who completes PASRR Level I Screenings?** Per state rule, nursing facilities and hospitals in Florida are delegated to complete PASRR Level I screenings. Level I screeners must be an MSW, LCSW, LMHC, ARNP, Psychologist, or physician. If the PASRR Level I outcome is positive, then a PASRR Level II evaluation and determination must be completed prior to a nursing home admission.

**What is a Hospital Exemption?** A hospital exemption can be used to bypass a PASRR Level II evaluation and determination when an individual with a possible serious mental illness, intellectual disability, or a related condition is being admitted to a nursing home for 30 days or less. A hospital exemption can only be completed by a licensed physician working in an acute-care hospital setting in Florida.

**Who completes PASRR Level II Evaluations and Determinations?** KEPRO has been completing PASRR Level II evaluations and determinations for the state of Florida for individuals with mental illness since 2007 and for individuals with intellectual disability and related conditions since 2016 and will continue providing all Level II evaluations and determinations under the new process for AHCA.

**New for 2019!** Beginning January 1, PASRR Level I screenings will be completed through KEPRO's new online portal with instant results! Level I screenings, including hospital exemptions, will no longer be faxed to or accepted by CARE5 (DOEA) or CMAT (DOH).

**New for Hospital Physicians:** Hospital exemptions can be completed online by physicians or by other Level I screeners and printed and signed by physicians. Once a Level I screening is completed, the system will automatically generate a PDF version that can be viewed, printed, signed, shared, and easily stored in patient files.

By simply logging in, KEPRO's system will guide users through the process to complete Level I screenings. The system will be completely electronic to create efficiencies that will reduce discharge wait times.

**Questions?** KEPRO will be providing comprehensive training to assist hospital staff in registering for provider portal access and using the new electronic Level I screens.

For any questions or information regarding trainings dates and times, please contact KEPRO at 866-880-4080 or you can visit our new website, available to the public soon, at <http://floridapasrr.kepro.com>. We can also be reached by fax at 866-677-4776.

## **New for PASRR Level I and Level II Florida PASRR System Training for Nursing Homes**

***New for 2019!*** Beginning January 1, PASRR Level I and Resident Review screenings will be completed through KEPRO's new online portal with instant results! Level II PASRR requests will also go directly to KEPRO through the provider portal. ***You will no longer request a Level I from CMAT (DOH) or complete paper forms and fax them to CARES (DOEA).*** Level I screenings or requests for Level II evaluations and determinations will no longer be accepted by CARES or CMAT starting January 1, 2019.

By simply logging in, KEPRO's system will guide you through the process and help you create Level I and Resident Review documents, and request a PASRR Level II evaluation and determination when needed. The system will be completely electronic to create efficiencies that will reduce wait times.

KEPRO will be providing comprehensive training to assist you in registering for provider portal access and using the new electronic Level I screenings and Level II requests.

### **Agenda:**

- Introduction
- System Overview
- System Registration and Logging In
- Creating and Deactivating Users
- Types of System Users/Roles
- PASRR Level I Screenings
- Resident Review Screenings
- Viewing and Printing Outcomes
- Requesting PASRR Level II Evaluations and Determinations and Resident Reviews
- Requests from KEPRO for Additional Information
- Uploading, Viewing, and Printing Documents
- Questions and Answers

### **Summary**

This training will help nursing home staff with registering and then using the system for Level I, Level II and Resident Reviews. The first user of the system will be the Administrator. This is the person who will "own" the system account. This role is typically a supervisor, as this role holds the highest system permissions. Section topics will focus on self-registration and creating new accounts for users as well as deactivating users when they no longer work at the nursing facility. There are three types of users that can be created by Administrators: additional administrators, Level I and Resident Review screeners, and Level II requesters.

Once logged in, the Administrator can add additional administrators who will also have the ability to create and deactivate users. Users that are created as Level I and Resident Review screeners must be an MSW, LCSW, LMHC, ARNP, Psychologist, or MD. This role also has the ability to request a Level II evaluation and determination. Users that are only created to request a Level II can be any staff that work at the nursing facility, typically staff in social services or the business office, and do not have to be credentialed.

This training will focus on completing an electronic Level I screening as well as a Resident Review for significant change. Users will be shown how to log in, create a case, and complete the Level I or Resident Review screen. Once a form is completed, the system will automatically generate a PDF version that can be viewed, printed, shared, and easily stored in resident files.

KEPRO has completely upgraded our Level II provider portal. Requesting a PASRR Level II evaluation and determination or a Resident Review has never been easier. Users will be shown how to log in, search for an individual in the nursing home account, create a new case, and fax or upload the required referral packet. Once a request is submitted, the system will automatically create a new, unique review ID. Nursing home staff can leave notes and messages in real time and monitor the review status through completion. Once the Level II is completed, the determination and any recommendations can be viewed, printed, shared, and easily stored in resident files.

#### **Questions?**

For any questions or more information regarding trainings, please contact KEPRO at **1-866-880-4080** or you can visit our new website, available to the public soon, at <http://floridapasrr.kepro.com>. We can also be reached by fax at 1-866-677-4776.

**Appendix 10: Virginia  
Insider Newsletter**



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## **APPENDIX 10: VIRGINIA INSIDER**

## ANNUAL PROVIDER SATISFACTION SURVEY

The self-administered mail and email survey concluded on April 30, 2019. Many thanks to all providers who took the time to provide feedback and suggestions to further improve the services provided by KEPRO and DMAS. The purpose of the study was to determine where KEPRO performs well, provide opportunities to improve performance, as well as identify any unmet provider training needs. KEPRO is in the process of analyzing the results of the survey. These results will be published in the upcoming Fall Newsletter.



### CCC Plus Waiver/New Forms

Effective May 1, 2019, DMAS has a new policy change for children in the Commonwealth Coordinated Care Plus (CCCP) waiver. The new CCC Plus Waiver Manual is now posted on the [DMAS Website](#), which now combines the EDCD and Tech Waiver manuals.

For children under the age of 21 who are currently enrolled in, or those seeking new enrollment in to the CCCP Waiver, their personal care and attendant care needs are to be reviewed under the CCCP Waiver benefit, rather than EPSDT. Providers are to submit the personal care and attendant care requests to KEPRO via the CCCP waiver service types, 0900 (EDCD) or 0960 (Tech Waiver) utilizing CCCP Waiver rules and forms.

For children who do not have a new or existing waiver enrollment, these services must be submitted under the EPSDT service type 0091, utilizing the EPSDT rules and forms. The following chart helps to identify submission rules.

	Service Type	Personal Care	Attendant Care	Forms for Submission
CCCP Waiver	0900 or 0960	T1019	S5126	Waiver Forms
EPSDT PC/AC	0091	T1019	S5126	EPSDT Forms

Additionally, the DMAS 97 A/B (Personal/Attendant Plan of Care), and the DMAS-100 (Request for Supervision Time under CCCP Waiver) have been revised and are available on the [DMAS website](#) under 'Provider Forms Search.' KEPRO will require the updated forms to be submitted with requests for Personal/Attendant Care



Services. Should old forms be submitted to KEPRO on or after June 1, 2019 KEPRO will reject the request for the new forms.

If a determination on eligibility has not been made, Atrezzo will not allow you to complete your service authorization submission.

When submitting a service authorization request to KEPRO, the provider must indicate if the request is for an Expansion member or a regular Medicaid fee-for-service (FFS) member.

When placing a call to KEPRO, the provider must also indicate if the call is regarding an Expansion member or a regular Medicaid FFS member.

## EPSDT Personal Care (PC) and CCCP Waivers Overlapping

Do you have an open EPSDT PC Case and need a CCC Plus Waivers case? If so, and your client is under the age of 21 and the EPSDT PC case is not school based, it should be end dated prior to the start date of the CCC Plus Waiver case.

## Where are the Demographics?

Having trouble printing the demographics from your Atrezzo questionnaires? Right click and hit 'Print.' Please use this method instead of clicking the print icon while we correct this internal issue. We apologize for this inconvenience and will alert you once it is corrected.

## Training

Pre-recorded service specific trainings are located on [dmas.kepro.com](https://dmas.kepro.com) under the 'Trainings' tab.  
<https://dmas.kepro.com/content/training.aspx>

## Atrezzo Provider Portal System Training Dates

July 2019	August 2019	September 2019
July 25th VA @ 10 a.m. EST	Aug. 22nd VA @ 10 a.m. EST	Sept. 26th VA @ 10 a.m. EST



# Feeling Social? Connect with KEPRO!



## Join the conversation!

'Like' us on Facebook at [www.facebook.com/keprohealth/](http://www.facebook.com/keprohealth/)

Follow us on Twitter at <http://twitter.com/KEPROhealth>

Connect with us on LinkedIn at <https://www.linkedin.com/company/kepro>

2810 North Parham Road, Suite 305  
Henrico, VA 23294  
Toll-free: 888.827.2884  
Tel: 804.622.8900  
Fax: 877.652.9329  
<http://dmas.kepro.com>





**Appendix 11: Level I and  
Level II Screening  
Screenshots**

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## **APPENDIX 11: LEVEL I AND LEVEL II SCREENING SCREENSHOTS**



**State of Florida Agency for Health Care Administration  
Preadmission Screening and Resident Review (PASRR)**

**LEVEL I SCREEN**

**For Serious Mental Illness (SMI) and/or Intellectual Disability or Related Conditions (ID)  
For Medicaid Certified Nursing Facility (NF) Only**

Fred Flinstone \_\_\_\_\_ XXX-XX-XXXX \_\_\_\_\_ 3/4/2020  
Name of Individual Being Evaluated (print) Social Security Number\* Date of Birth

Male  Female 0 \_\_\_\_\_ () - \_\_\_\_\_  
Age Individual's or Residency Phone Number

EASTER SEALS FLORIDA INC \_\_\_\_\_ 2010 MIZELL AVENUE, WINTER PARK \_\_\_\_\_ FL, 327920000  
Present Location of Individual Being Evaluated Street Address, City State, Zip

NF  Hospital  Home  Assisted Living Facility  Group Home  Other \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Legal Representative's Name (if applicable) Street Address, City State, Zip

Representative's Phone Number \_\_\_\_\_

XXXXXXXXXX \_\_\_\_\_  
Medicaid Identification Number if Applicable Other Health Insurance Name and Number if Applicable

Private Pay

Requesting Admission to:  
(May document up to three facilities)

Nursing Facility Name
abc
123
zyx

\*WHY ARE WE ASKING FOR YOUR SOCIAL SECURITY NUMBER (SSN)? Federal law permits the State to use your SSN for screening and referral to programs or services that may be appropriate for you. 42 CFR § 435.910. We use the number to create a unique record for every individual that we serve, and the SSN ensures that every person we serve is identified correctly so that services are provided appropriately. Any information the State collects will remain confidential and protected under penalty of law. We will not use it or give it out for any other reason unless you have signed a separate consent form that releases us to do so or if required by law.

**Section I: PASRR Screen Decision-Making**

**A. MI or suspected MI (check all that apply):**

- Anxiety Disorder
- Bipolar Disorder
- Depressive Disorder
- Dissociative Disorder
- Panic Disorder
- Personality Disorder
- Psychotic Disorder
- Schizoaffective Disorder
- Schizophrenia
- Somatic Symptom Disorder
- Substance Abuse
- Other (specify): Extra

**B. ID or suspected ID (check all that apply):**

- Current diagnosis of an ID, mild, moderate, severe or profound
- IQ of 70 or less, if available
- Onset prior to 18 years of age. Age of onset: 1
- Impaired adaptive behavior

**Related Condition:**

- Onset prior to 22 years of age. Age of onset: 2
- Autism
- Cerebral Palsy
- Down Syndrome
- Epilepsy
- Muscular Dystrophy
- Prader Willi
- Spina Bifida
- Traumatic Brain Injury
- Other (specify): \_\_\_\_\_

**Functional Criteria:**

- Likely to continue indefinitely
- Results in substantial functional limitations in three or more major life activities (**check all that apply**):
  - Capacity for independent living
  - Learning
  - Mobility
  - Self care
  - Self direction
  - Understanding and use of language

**Services:**

- |   |   |
|---|---|
| <input type="checkbox"/> Currently receiving services for MI            | <input type="checkbox"/> Currently receiving services for ID            |
| <input checked="" type="checkbox"/> Previously received services for MI | <input checked="" type="checkbox"/> Previously received services for ID |
| <input type="checkbox"/> Referred for MI services                       | <input type="checkbox"/> Referred for ID services                       |

Additional Information: Extra Information

**Finding is based on (check all that apply):**

- Documented History     Behavioral Observations     Individual, Legal Representative or Family Report
- Medications     Other (specify): \_\_\_\_\_



## Section II: Other Indications for PASRR Screen Decision-Making

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1. Is there an indication the individual has or may have had a disorder resulting in functional limitations in major life activities that would otherwise be appropriate for the individual's developmental stage?  Yes  No

2. Does the individual typically have or may have had at least one of the following characteristics on a continuing or intermittent basis?

A. Interpersonal functioning: The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, fear of strangers, avoidance of interpersonal relationships, social isolation, or has been dismissed from employment.  Yes  No

B. Concentration, persistence, and pace: The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.  Yes  No

C. Adaptation to change: The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.  Yes  No

3. Is there an indication that the individual has received recent treatment for a mental illness with an indication that the individual has experienced at least one of the following?

A. Psychiatric treatment more intensive than outpatient care. (e.g., partial hospitalization or inpatient hospitalization).  Yes  No

B. Due to the mental illness, the individual has experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.  Yes  No

**A Level II PASRR evaluation must be completed prior to admission if any box in Section I.A. or I.B. is checked and there is a 'yes' checked in Section II.1, II.2, or II.3, unless the individual meets the definition of a provisional admission or a hospital discharge exemption.**

4. Has the individual exhibited actions or behaviors that may make them a danger to themselves or others?  Yes  No

5. Does the individual have a primary diagnosis of:

Dementia?  Yes  No

Related Neurocognitive Disorder (including Alzheimer's disease)?  Yes  No

6. Does the individual have a secondary diagnosis of dementia, related neurocognitive disorder (including Alzheimer's disease) and the primary diagnosis is an Serious Mental Illness or Intellectual Disability?  Yes  No

**Section II: Other Indications for PASRR Screen Decision-Making, Continued:**

7. Does the individual have validating documentation to support the dementia or related neurocognitive disorder (including Alzheimer’s disease)?

- No
- Yes (**Check all that apply.** Send accompanying documentation with completed Level I PASRR screen):
  - Dementia work-up
  - Comprehensive mental status exam
  - Medical/functional history prior to onset
  - Other – Specify: \_\_\_\_\_

**A Level II PASRR evaluation must be completed if the individual has a primary or secondary diagnosis of dementia or related neurocognitive disorder, and a suspicion or diagnosis of an Serious Mental Illness, Intellectual Disability, or both. A Level II PASRR may only be terminated by the Level II PASRR evaluator in accordance with 42 CFR §483.128(m)(2)(i) or 42 CFR §483.128(m)(2)(ii).**

**Section III: PASRR Screen Provisional Admission or Hospital Discharge Exemption**

- Not a Provisional Admission
- Provisional Admission
- Hospital Discharge Exemption

**If a provisional admission or hospital discharge exemption is indicated, the individual may enter an NF without a Level II PASRR evaluation/determination if the Level I screen indicates a suspicion of Serious Mental Illness, Intellectual Disability or both, and the box in Section II.4 is checked ‘no’. A Level II evaluation must be completed, if required, by submitting the documentation for the Level II evaluation to KEPRO for adults or individuals under the age of 21 years within the time frames indicated in this section.**

- The individual being admitted has delirium. The Level II evaluation must be completed within 7 days after the delirium clears.
- The individual is being admitted on an emergency basis requiring protective services. The Level II evaluation must be completed within 7 days of admission, on or before (date): \_\_\_\_\_
- The individual is being admitted for caregiver’s respite. The Level II evaluation must be completed in advance of the expiration of 14 days if the stay is expected to exceed the 14-day time limit, on or before (date): \_\_\_\_\_
- The individual is being admitted under the 30-day hospital discharge exemption. If the individual’s stay is anticipated to exceed 30 days, the NF must notify the Level I screener on the 25th day of stay and the Level II evaluation must be completed no later than the 40th day of admission, on or before (date): \_\_\_\_\_

An attending physician’s signature is required for those individuals admitted under a 30-day hospital discharge exemption if the full screening was completed by someone other than a physician licensed in the state of Florida.

\_\_\_\_\_  
ATTENDING PHYSICIAN’S SIGNATURE

\_\_\_\_\_  
DATE

**Section IV: PASRR Screen Completion**

<p><b>Individual may be admitted to an Nursing Facility (check one of the following):</b></p> <p><input type="checkbox"/> No diagnosis or suspicion of Serious Mental Illness or Intellectual Disability indicated. Level II PASRR evaluation not required.</p> <p><input type="checkbox"/> Provisional Admission</p> <p><input type="checkbox"/> Hospital Discharge Exemption</p>	<p><b>Individual may not be admitted to an Nursing Facility. Use this form and required documentation to request a Level II PASRR evaluation because there is a diagnosis of or suspicion of (check one of the following):</b></p> <p><input type="checkbox"/> Serious Mental Illness</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input checked="" type="checkbox"/> Serious Mental Illness and Intellectual Disability</p>
--	---

**\*\*\*\*Incomplete forms will not be accepted\*\*\*\***

**By signing this form below, I attest that I have completed the above Level I PASRR screen for the individual to the best of my knowledge.**

Ellen Olsen  
 \_\_\_\_\_  
 Screener's Name (Electronically Entered)

LCSW  
 \_\_\_\_\_  
 Credentials

KEPRO  
 \_\_\_\_\_  
 Place of Employment

Electronically Signed  
 \_\_\_\_\_  
 Signature

3/16/2020  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone

214-587-8963  
 \_\_\_\_\_  
 Fax

<p><b>Completed Level I screen distributed to (check all that apply):</b></p> <p><input type="checkbox"/> Nursing Facility          Date: _____</p> <p><input type="checkbox"/> Discharging Hospital (if applicable):          Date: _____</p> <p><b>Name:</b> _____ <b>Date:</b> _____</p>	<p>If the individual requires a Level II PASRR evaluation, submit the completed Level I PASRR screen, documented informed consent, completed AHCA 5000-3008 form, and other relevant medical documentation including case notes, medication administration records, and any available psychiatric evaluation, or supporting documentation to KEPRO for facilitation to the state authority for Serious Mental Illness or Intellectual Disability. If an individual is unwilling, unable, or has no legal representative or health care agent to sign the consent for Level II PASRR evaluation, information regarding the reason for the inability to obtain the signature must be documented here:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Consent for Level II Evaluation and Determination</b>          In order to assess my needs, by signing above, I consent to an evaluation of my medical, psychological and social history. I understand and agree that evaluators may need to talk to my doctor, my family, and close friends to talk about my situation.</p>	



**Florida PASRR Level II Determination Summary Report Template**  
**<<Resident Review/Preadmission>>**

**Date of Level II Determination:** MM-DD-YYYY  
**Date of Notification by Fax:** MM-DD-YYYY  
**Date of Notification by Mail:** MM-DD-YYYY  
**Number of Approved Days:** XXX  
**Expiration Date:** MM-DD-YYYY

**Consumer Information**

Name (Last, First, MI)  
Date of Birth: MM-DD-YYYY  
PASRR Review Number: XXXXXX  
State ID: XXXXXX  
County:  
Private Insurance (Company name and ID #): None  
Current Facility/Location: Hospital A, 123 St., Tallahassee, FL 32312

**Summary of Medical and Social History:**

<<This section will summarize the Level II evaluation and the referral packet and will meet all of the federal and state requirements (as noted below).

**(i) Evaluation report: Individualized determinations.** For individualized PASRR determinations, findings must be issued in the form of a written evaluative report which—  
(1) Identifies the name and professional title of person(s) who performed the evaluation(s) and the date on which each portion of the evaluation was administered;  
(2) Provides a **summary of the medical and social history**, including the positive traits or developmental strengths and weaknesses or developmental needs of the evaluated individual;  
(3) If NF services are recommended, identifies the **specific services** which are required to meet the evaluated individual's needs, including services required;  
(4) If specialized services are not recommended, identifies any specific mental retardation or mental health services which are of a lesser intensity than specialized services that are required to meet the evaluated individual's needs;  
(5) If specialized services are recommended, identifies the specific mental retardation or mental health services required to meet the evaluated individual's needs; and  
(6) Includes the bases for the report's conclusions: (Diagnoses/Symptoms/History of Treatment/Medications)>>

(f) The Level II PASRR must be completed prior to admission to an NF, and it must be issued in the form of a written determination summary report which:

1. Confirms or rules out SMI or ID;
2. Identifies the name and professional title of each person who performed the evaluation(s) and the date on which each portion of the evaluation was administered;
3. Summarizes the medical and social history, including the positive traits, developmental strengths and weaknesses, or developmental or mental health needs of the individual;





- 4. Identifies whether NF services and specialized services are needed, and identifies any specific SMI or ID services that are required to treat individual needs;
- 5. If specialized services are not recommended, identifies any specific SMI or ID services that are of a lesser intensity than specialized services;
- 6. Identifies placement options that are available to the individual, including whether the individual's needs could be met in a community setting and what services would be needed for the individual to live in such a setting;
- 7. Documents that the individual and legal guardian, if appropriate, have been educated about all placement options, including information about the benefits of integrated settings, and have addressed any concerns or objections raised by the individual or legal guardian;
- 8. Includes the basis for the summary report's conclusions;
- 9. Notifies the individual and legal guardian of the right to appeal the determination; and
- 10. Interprets and explains the summary report to the individual and legal guardian.

**Level I Outcome:**

(Language directly from the Level I including attesting to the accuracy of the information reported in the Level I screen, and will be signed electronically by the Level I submitter, with address, phone, fax, and date)

**Outcome/Disposition:**

Exemptions/Categoricals: **List**

Confirmed for PASRR Condition <<Serious Mental Illness >>? **Yes or No**

Confirmed for PASRR Condition <<Intellectual Disability or Related Condition>>? **Yes or No**

Nursing Facility Appropriate? **Yes, No, or N/A**

Are Specialized Services Recommended? **Yes, No, or N/A**

**Plan of Care:**

Include if "yes" on Specialized Services

Date of FAX:

Facility: **MM-DD-YYYY**

Attending Physician: **MM-DD-YYYY**

Date Notice Sent

Consumer/Legal Representative: **MM-DD-YYYY**

Comments:

<<This section will include any additional service or placement recommendations and if Specialized Services are recommended, a Plan of Care will be included as per the regulations cited above. It pulls from the Review Outcome Section: Recommendations>>

Reviewer's Electronic Signature \_\_\_\_\_

Reviewer: **Full Name and Licensure**

# Questionnaire: PASRR Level I

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## Demographics

**Instructions:** Please provide the Name, Address, City, State and Zip along with the Phone Number for the Nursing Homes for which Admission is being requested

1. *Nursing Facility 1*

2. *Nursing Facility 2*

3. *Nursing Facility 3*

---

## Section I: PASRR Screen Decision-Making

1. *Is there evidence of Mental Illness or suspected Serious Mental Illness such as Anxiety Disorder; Bipolar Disorder; Depressive Disorder; Dissociative Disorder; Panic Disorder; Personality Disorder; Psychotic Disorder; Schizoaffective Disorder; Schizophrenia; Somatic Symptom Disorder; Substance Abuse, or other?*

(Please select one.)

Yes  No

**If you answered "Yes" on question 1**

1.1.1. *A. Mental Illness or suspected Serious Mental Illness (check all that apply):*

(Please select between 1 and 12 items.)

- Anxiety Disorder    Bipolar Disorder    Depressive Disorder    Dissociative Disorder    Panic Disorder  
 Personality Disorder    Psychotic Disorder    Schizoaffective Disorder    Schizophrenia    Somatic Symptom Disorder  
 Substance Abuse    Other

**If you answered "Other" on question 1.1.1**

1.1.1.13.1. *Explain*

2. *Is there evidence of Intellectual Disability or Suspected Intellectual Disability?*

(Please select one.)

Yes  No

**If you answered "Yes" on question 2**

2.1.1. *B. Intellectual Disability or suspected Intellectual Disability (check all that apply):*

- Current diagnosis of an ID, mild, moderate, severe or profound    IQ of 70 or less, if available    Onset prior to 18 years of age    Impaired adaptive behavior

**If you answered "Onset prior to 18 years of age" on question 2.1.1**

2.1.1.4.1. *Age of onset < 18*

Min/Max - 0/17; No decimal places allowed

3. *Is there evidence of a Related Condition?*  
(Please select one.)

- Yes  No

**If you answered "Yes" on question 3**

3.1.1. *Was onset of Intellectual Disability or related Condition prior to age 22?*  
(Please select one.)

- Yes  No  Unknown

**If you answered "Yes" on question 3.1.1**

3.1.1.2.1. *Age of onset < 22*  
Min/Max - 0/21; No decimal places allowed

3.1.2. *Related Condition:*

- Autism  Cerebral Palsy  Down Syndrome  Epilepsy  Muscular Dystrophy  
 Prader Willi  Spina Bifida  Traumatic Brain Injury  Other

**If you answered "Other" on question 3.1.2**

3.1.2.10.1. *Explain*

3.1.3. *Functional Criteria: Likely to continue?*  
(Please select one.)

- Likely  Not Likely

**If you answered "Likely" on question 3.1.3**

3.1.3.2.1. *Results in substantial functional limitations in three or more major life activities (check all that apply):*  
 Capacity for independent living  Learning  Mobility  Self care  Self direction  
 Understanding and use of language

4. *Mental Illness Services*  
(Please select one.)

- Currently receiving services for Mental Illness  Previously received services for Mental Illness  Referred for Mental Illness services  N/A

5. *Intellectual Disability Services:*  
(Please select one.)

- Currently receiving services for Intellectual Disability  Previously received services for Intellectual Disability  Referred for Intellectual Disability Services  N/A

6. *Additional Information*

7. *Finding is based on (check all that apply):*

- Documented History  Behavioral Observations  Individual, Legal Representative or Family Report  Medications  Other

**If you answered "Other" on question 7**

7.6.1. *Explain*

## Section II: Other Indications for PASRR Screen Decision-Making

1. *Is there an indication the individual has or may have had a disorder resulting in functional limitations in major life activities that would otherwise be appropriate for the individual's developmental stage?*

(Please select one.)

Yes  No

**Instructions:** Does the individual typically have or may have had at least one of the following characteristics on a continuing or intermittent basis?

2. *Interpersonal functioning: The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, fear of strangers, avoidance of interpersonal relationships, social isolation, or has been dismissed from employment*

(Please select one.)

Yes  No

3. *Concentration, persistence, and pace: The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.*

(Please select one.)

Yes  No

4. *Adaptation to change: The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.*

(Please select one.)

Yes  No

**Instructions:** Is there an indication that the individual has received recent treatment for a mental illness with an indication that the individual has experienced at least one of the following?

5. *Psychiatric treatment more intensive than outpatient care. (e.g., partial hospitalization or inpatient hospitalization).*

(Please select one.)

Yes  No

6. *Due to the mental illness, the individual has experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.*

(Please select one.)

Yes  No

7. *Has the individual exhibited actions or behaviors that may make them a danger to themselves or others?*

(Please select one.)

Yes  No

8. *Does the individual have a primary diagnosis of Dementia?*

(Please select one.)

Yes  No

9. *Does the individual have a primary diagnosis of related Neurocognitive Disorder (including Alzheimer's disease)?*

(Please select one.)

Yes  No

10. *Does the individual have a secondary diagnosis of dementia, related neurocognitive disorder (including Alzheimer's disease) and the primary diagnosis is an SMI or ID?*

(Please select one.)

Yes

No

11. *Does the individual have validating documentation to support the dementia or related neurocognitive disorder (including Alzheimer's disease)?*

(Please select one.)

Yes  No

**If you answered "Yes" on question 11**

- 11.1.1. *Validating documentation to support the dementia or related neurocognitive disorder (including Alzheimer's disease)?*

Dementia work up  Comprehensive mental status exam  Medical/functional history prior to onset  Other  None



If you answered "Dementia work up" on question 11.1.1

If you answered "Other" on question 11.1.1

11.1.1.5.1. Explain

---

### Section III: PASRR Screen Provisional Admission or Hospital Discharge Exemption

**Instructions: \*\*NOTE \*\* - If Hospital Exemption Is Chosen - The individual is being admitted under the 30-day hospital discharge exemption. If the individual's stay is anticipated to exceed 30 days, the NF must notify the Level I screener on the 25th day of stay and the Level II evaluation must be completed no later than the 40th day of admission**

1. *Provisional Admission or Hospital Exemption?*

(Please select one.)

- Not a provisional admission  Provisional admission  Hospital Discharge Exemption

If you answered "Provisional admission" on question 1

1.3.1. *Reason for Provisional Admission*

(Please select one.)

- The individual being admitted has delirium. The Level II evaluation must be completed within 7 days after the delirium clears.  The individual is being admitted on an emergency basis requiring protective services. The Level II evaluation must be completed within 7 days of admission.  The individual is being admitted for caregiver's respite. The Level II evaluation must be completed in advance of the expiration of 14 days if the stay is expected to exceed the 14-day time limit.

If you answered "Hospital Discharge Exemption" on question 1

---

### Section IV: PASRR Screen Completion

**Instructions:** By completing this form below, I attest that I have completed the above request for the individual to the best of my knowledge. Incomplete forms will not be accepted.

1. *Screener's Name*

2. *Credentials*

(Please select one.)

- MSW  
 LCSW  
 LMHC  
 RN  
 ARNP  
 PA  
 MD/DO  
 Licensed Psychologist

3. *Place of Employment*

---



**Preadmission Screening and Resident Review (PASRR)  
Level II Evaluation for Dual: Intellectual Disability or Related Condition (ID/RC) and Serious  
Mental Illness (SMI)**

---

**Date of Evaluation:**

**Review ID:**

**Client Initials:**

**Current Location:**

**Previously Resided:**

**Type of Assessment: PAS  RR**

**Legal Representative? Yes  No  If Yes, Confirm Name/Address:**

---

**Permission for Family Interview:**

**Parent or Legal Representative? Yes  No**

**Family, Legal Rep, Guardian Available for Interview? Yes  No**

---

**List all Sources of Information:**

**List all community services presently receiving:**

---

**The referral for a Level II evaluation was submitted due to (also refer to Level I and records):**

---

**Seeking nursing facility placement at this time for:**

**Medical problems (list all diagnoses):**

**How do each of these medical problems affect this individual's ability to function independently?**

**Social History (Marital status, family involvement/support, significant life events):**

**Medications** (List all medications this individual uses, including over-the-counter medications, herbal and/or homeopathic medications. Be sure to show dosages and the number of times taken per day. Indicate the individual's response to each medication. This is mandatory for drugs in the following categories: hypnotics, antipsychotics, mood stabilizers and anti-depressants, antianxiety-sedative agents, and anti-Parkinson's agents).

Medication	Dose	Route	Frequency	Response to Medication
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

**Allergies:**

**Strengths/Likes/Hobbies/Interests:**

**Weaknesses/Dislikes/Triggers:**

---

### **Self-Monitoring of Health Status**

Does this individual make their own health care decisions? **Yes**  **No**

**If no, who does?**

Can they describe their medical condition(s)? **Yes**  **No**

Can they tell you what each of their medications is for? **Yes**  **No**

Can they tell you what each of their treatments is for? **Yes**  **No**

If they are seen by more than one medical professional, can they tell you why they see each one?

**Yes**  **No**

How does this individual describe the following:

**Fever?**

**Flu?**

**Stomach ache?**

**High or low blood sugar?**

**Emergency?**

What does this individual say they will do if they don't feel good? **Describe:**

Who decides when this individual needs to go to the doctor or dentist? **List:**

---

### **Self-Administration of Medication and Medical Care**

**Does this individual:**

Schedule and take their own medications without supervision? **Yes**  **No**

Schedule and take their own medications with supervision? **Yes**  **No**

Schedule and take their own medications with assistance? **Yes**  **No**

Have their medications administered to them? **Yes**  **No**

**Does this individual:**

Refill their medications independently? **Yes**  **No**

Refill their medications with assistance? **Yes**  **No**

Have another person refill their medications? **Yes**  **No**

**Does this individual:**

Make their own doctor/dentist/therapy appointments? **Yes**  **No**



Ask someone else to make appointments? Yes  No

Rely on others to schedule appointments? Yes  No

---

### Self-Monitoring of Nutrition Status

Who decides what this individual will eat, and when? List:

How does this individual describe a healthy diet? Describe:

Is this individual overweight? Underweight?

Favorite food(s)? List:

Favorite Beverage(s)? List:

---

### Activities of Daily Living

Activity	Independent	Stand-by assist (for safety)	Stand-by and cueing	Some physical assistance	Dependent
Bathing					
Dressing					
Toileting					
Grooming					
Eating					

---

### Physical (Sensorimotor) Development

Activity	Independent	Stand-by assist (for safety)	Stand-by and cueing	Some physical assistance	Device used (specify)	Unable
Ambulation						
Positioning						
Transfers						

How well does this individual walk? Describe assistive devices used:

If unable to walk, do they use a wheelchair? Yes  No

If able to walk, are they able to move themselves through their environment without assistance?

Yes  No

Any prosthetic, orthotic, corrective or mechanical devices used?

Explain how these improve this individual's functional capacity? **List/Describe:**

Describe this individual's:

**Gross motor dexterity:**

**Visual motor perception:**

**Fine motor dexterity:**

**Eye-hand coordination:**

---

**Communication (Speech & Language Development)**

Disability	Yes	No	Assistive Devices Used
Deaf	<input type="checkbox"/>	<input type="checkbox"/>	
Hard of Hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Blind	<input type="checkbox"/>	<input type="checkbox"/>	
Poor Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Aphasic	<input type="checkbox"/>	<input type="checkbox"/>	
Dysphasia	<input type="checkbox"/>	<input type="checkbox"/>	

Describe this individual's expressive language (verbal and non-verbal):

Describe their receptive language (verbal and non-verbal):

Would any communication devices or tools help increase their ability to communicate (for example: hearing aid, communication board, etc.)?

What communication devices or tools are in place now or have been used in the past? Does/Did the device or tool increase functional capacity?

---

**Social Development**

Individual's interpersonal skills, strengths, and weaknesses? **Describe:**

Preferred activities for recreation or leisure time? **Describe:**

Relationships with others – family, friends, significant others? **Describe:**

Sexually active? **Yes**  **No**

If yes, do they practice “safe sex”? **Yes**  **No**

Aware of birth control options? **Yes**  **No**

---

### **Academic/Educational Development**

Is this individual enrolled in school? **Yes**  **No**

If yes, name of school:

Highest grade level attained:

Are they enrolled in any vocational training program? **Yes**  **No**

Name of program:

Are they enrolled in an Adult Day Training Program? **Yes**  **No**

Name of program:

Educational programs graduated from, with degree/certification?

List:

Special Education Classes (ESE)? **Yes**  **No**

If yes, describe accommodations:

Able to read? **Yes**  **No**  Write? **Yes**  **No**

Functional learning strengths and weaknesses? **Describe:**

Educational/academic goals not yet attained? **List:**

---

### **Independent Living**

<b>Skill</b>	<b>Independent</b>	<b>Needs assistance</b>	<b>Dependent</b>
Meal planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting/personal finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skill	Independent	Needs assistance	Dependent
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survival skills, strengths and weaknesses? **Describe:**

Mobility skills as they relate to their orientation to their neighborhood and town or city? **Describe:**

For those with a visual impairment, what are their orientation skills, strengths, and Weaknesses? **Describe:**

---

### Vocational

Is this individual employed? **Yes**  **No**

**If so, where?**

If yes, is employment independent? **Yes**  **No**

If yes, is employment supported? **Yes**  **No**

Individual's vocational development, including current skills, strengths, and weaknesses. **Describe:**

---

### Affective Development

Able to express emotions (e.g., anger, frustration)? **Yes**  **No**

**If yes, list:**

Able to make decisions, independent judgments? **Yes**  **No**

**Describe:**

---

### Behavioral

Maladaptive or inappropriate behaviors? **Yes**  **No**

**If yes, list:**

Danger to themselves? **Yes**  **No**  **Describe:**

Danger to others? **Yes**  **No**  **Describe:**

Self-injurious behavior? **Yes**  **No**  **Describe:**



---

**Psychiatric History** (Inpatient, outpatient, past psychotropic medications, past psychiatric diagnoses):

**Suicide Risk Assessment** (History of suicidal gestures or previous attempts, including lethality, current ideation, intent, plan, access):

**Drug and Alcohol Use/Abuse History** (Treatment history, age of first and last use, frequency):

**Current Psychological Diagnoses** (Per medical records and progress notes in file or patient report):

## BEHAVIORAL OBSERVATIONS

Appearance	<input type="checkbox"/> Normal grooming/hygiene <input type="checkbox"/> Disheveled <input type="checkbox"/> Obese <input type="checkbox"/> Underweight <input type="checkbox"/> Bizarre <input type="checkbox"/> Other (describe) _____
Attitude	<input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Suspicious <input type="checkbox"/> Hostile <input type="checkbox"/> Withdrawn <input type="checkbox"/> Attentive <input type="checkbox"/> Other (describe) _____
Facial Expression	<input type="checkbox"/> Sad <input type="checkbox"/> Happy <input type="checkbox"/> Vacant <input type="checkbox"/> Other (describe) _____
Eye Contact	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Intermittent <input type="checkbox"/> Other (describe) _____
Motor Activity	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Restless <input type="checkbox"/> Uncoordinated <input type="checkbox"/> Tics <input type="checkbox"/> Purposeless movement <input type="checkbox"/> Retardation <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other (describe) _____
Gait	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Shuffles <input type="checkbox"/> Stiff <input type="checkbox"/> Leans <input type="checkbox"/> Brisk <input type="checkbox"/> Other _____
Speech	<input type="checkbox"/> Normal <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Impaired Fluency <input type="checkbox"/> Loud <input type="checkbox"/> Aphasic <input type="checkbox"/> Mute <input type="checkbox"/> Dysphasic <input type="checkbox"/> Neologisms <input type="checkbox"/> Pressured <input type="checkbox"/> Other (describe) _____
Mood	<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input type="checkbox"/> Angry <input type="checkbox"/> Other (describe) _____
Affect	<input type="checkbox"/> Full Range <input type="checkbox"/> Labile <input type="checkbox"/> Flat <input type="checkbox"/> Inappropriate <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted <input type="checkbox"/> Appropriate <input type="checkbox"/> Other (describe) _____
Perception	<input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Illusions <input type="checkbox"/> Depersonalization <input type="checkbox"/> Derealization <input type="checkbox"/> None of the Above <input type="checkbox"/> Other (describe) _____
Thought Processes	<input type="checkbox"/> Goal-directed <input type="checkbox"/> Logical <input type="checkbox"/> Disorganized <input type="checkbox"/> Incoherent <input type="checkbox"/> Loose <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Illogical <input type="checkbox"/> Blocked <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Impoverished <input type="checkbox"/> Other (describe) _____
Thought Content	<input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Delusional <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Phobias <input type="checkbox"/> Suspiciousness <input type="checkbox"/> Paranoia <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Somatic Preoccupation <input type="checkbox"/> Other (describe) _____
Attention/Concentration	<input type="checkbox"/> Unimpaired <input type="checkbox"/> Mildly Impaired <input type="checkbox"/> Moderately Impaired <input type="checkbox"/> Severely Impaired
Orientation	<input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation
Abstract Reasoning	<input type="checkbox"/> Normal <input type="checkbox"/> Concrete <input type="checkbox"/> Poor <input type="checkbox"/> Other _____
Memory	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired Recent <input type="checkbox"/> Impaired Remote <input type="checkbox"/> Impaired Immediate <input type="checkbox"/> Confabulation
Insight	<input type="checkbox"/> Adequate <input type="checkbox"/> Poor/Minimal <input type="checkbox"/> None/Denial <input type="checkbox"/> Other (describe) _____
Judgment	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other (describe) _____
Appetite	<input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Other _____
Sleep	<input type="checkbox"/> No complaints <input type="checkbox"/> Interrupted <input type="checkbox"/> Early A.M. Waking <input type="checkbox"/> Insomnia <input type="checkbox"/> Medication Dependent <input type="checkbox"/> Hypersomnia <input type="checkbox"/> Other (describe) _____

## GERIATRIC DEPRESSION SCALE (GDS)\*\*

Number	Question	Response
1.	Are you basically satisfied with your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you dropped many of your activities and interests?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
3.	Do you feel that your life is empty?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
4.	Do you often get bored?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
5.	Are you in good spirits most of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b>
6.	Are you afraid that something bad is going to happen to you?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
7.	Do you feel happy most of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b>
8.	Do you often feel helpless?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
9.	Do you prefer to stay at home, rather than going out and doing new things?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
10.	Do you feel you have more problems with memory than most?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
11.	Do you think it is wonderful to be alive now?	<input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b>
12.	Do you feel pretty worthless the way you are now?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
13.	Do you feel full of energy?	<input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b>
14.	Do you feel that your situation is hopeless?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
15.	Do you think that most people are better off than you are?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
<b>Total:</b>	<b>Score 1 point for each bolded answer.</b>	___/15

**Cut-off: normal (0-5), above 5 suggests depression.**

**\*\*Use Only If Applicable and also Supplement with MOCA**

---

**Provisional Determination for PASRR**

- 1. Interview Summary** (highlights of structured interview and record review, mental illness symptomatology, diagnostic impressions, discrepancies between current diagnostic impressions and current diagnoses recorded in medical record):
  
- 2. Based on the administration of the instruments indicated above, behavioral observation, a review of the available records, and other appropriate professional resources, the following diagnostic impressions for serious mental illness are offered:**

**Check all that apply in numbers 3-5 or skip and check number 6 on following page:**

**3. ID/RC:**

- Intellectual Disability (manifested prior to age 18) IQ:
- Related Conditions: (manifested prior to age 22):  Cerebral Palsy  Autism  Prader-Willi syndrome  Epilepsy  Spina Bifida  TBI  Down Syndrome
- Other: \_\_\_\_\_

**4. Nursing Facility:**

- NF placement appears appropriate.
- NF placement does not appear appropriate.

**5. Services:**

**Specialized Services:** (psychiatric medication management, psychological evaluation, psychotherapy, behavioral analysis services, case management, early steps referral, and/or training services intended to support the participation of recipients in daily, meaningful, valued routines of the community, stress/coping skills training in the activities of daily living, self-advocacy, adaptive and social skills that are age and culturally appropriate, educational skills, vocational training, socialization skills training, communication/speech training, self-help skills, personal care skills, or others.)

**Specialized Rehabilitative Services:** (e.g., OT, PT, RT, ST, medication management, training services, referral for waiver services, educational evaluation, adaptive equipment needed.)



OR

- 6.  No ID or Related Condition confirmed at this time.
- 7.  No Serious Mental Illness confirmed at this time.

---

**Evaluator:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature of Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Questionnaire: PASRR Level II

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## Baker Act

1. *Baker Act?*  
(Please select one.)  
 Yes  No

If you answered "Yes" on question 1

1.1.1. *Date of Psych Hospitalization / Baker Act*

1.1.2. *Explain*

---

## Review / Clinical

1. *Referral Source*  
(Please select one.)  
 Hospital  Nursing Facility  Community  Unknown

2. *Referral Source Notes*

3. *Review Type*  
(Please select one.)  
 PAS  RR

4. *Face to Face?*  
(Please select one.)  
 Yes  No

If you answered "Yes" on question 4

4.1.1. *Assigned Date*

4.1.2. *Conducted Date*

5. *SMI/IDRC/Dual*  
(Please select one.)  
 SMI  IDRC  Dual

6. *Serious Mental Illness?*  
(Please select one.)  
 Yes  No  Unknown

7. *Intellectual Disability/Related*  
(Please select one.)  
 Yes  No  Unknown

8. *Nursing Home Appropriate?*  
(Please select one.)  
 Yes  No  Unknown

9. *Specialized Services?*  
(Please select one.)  
 Yes  No  Unknown

10. *Psych Eval Date*

11. *Hospital Admit Date*

12. *NF Admit?*  
(Please select one.)  
 Admission  No Admission  Unknown

**If you answered "Admission" on question 12**

12.2.1. *Admit Date*

12.2.2. *Discharge Date*

13. *Current Meds*

14. *Medical Social History*

15. *Recommendations*

16. *Rehab Services / Less Intensity Services*  
(Please select between 1 and 4 items.)  
 OT  PT  Speech Therapy  Med Management  N/A

17. *Specialized Rehabilitative Services (Lesser Intensity Services)*  
(Please select between 1 and 9 items.)
- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Training Services (Specific Services Listed In Recommendations) | <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Case Management     | <input type="checkbox"/> Referral for Waiver Services | <input type="checkbox"/> Educational Evaluation |
| <input type="checkbox"/> Adaptive Equipment Needed                                       | <input type="checkbox"/> Individual Therapy  | <input type="checkbox"/> Supports Counseling | <input type="checkbox"/> Other                        | <input type="checkbox"/> N/A                    |

**If you answered "Other" on question 17**

17.10.1. *Explain*

18. *Comment*

---

# Questionnaire: PASRR Level I

---

## Demographics

**Instructions:** Please provide the Name, Address, City, State and Zip along with the Phone Number for the Nursing Homes for which Admission is being requested

1. *Nursing Facility 1*

2. *Nursing Facility 2*

3. *Nursing Facility 3*

---

## Section I: PASRR Screen Decision-Making

1. *Is there evidence of Mental Illness or suspected Serious Mental Illness such as Anxiety Disorder, Bipolar Disorder, Depressive Disorder, Dissociative Disorder, Panic Disorder, Personality Disorder, Psychotic Disorder, Schizoaffective Disorder, Schizophrenia, Somatic Symptom Disorder, Substance Abuse, or other?*

(Please select one.)

Yes  No

**If you answered "Yes" on question 1**

1.1.1. *A. Mental Illness or suspected Serious Mental Illness (check all that apply):*

(Please select between 1 and 12 items.)

- Anxiety Disorder     Bipolar Disorder     Depressive Disorder     Dissociative Disorder     Panic Disorder  
 Personality Disorder     Psychotic Disorder     Schizoaffective Disorder     Schizophrenia     Somatic Symptom Disorder  
 Substance Abuse     Other

**If you answered "Other" on question 1.1.1**

1.1.1.3.1. *Explain*

2. *Is there evidence of Intellectual Disability or Suspected Intellectual Disability?*

(Please select one.)

Yes  No

**If you answered "Yes" on question 2**

2.1.1. *B. Intellectual Disability or suspected Intellectual Disability (check all that apply):*

- Current diagnosis of an ID, mild, moderate, severe or profound     IQ of 70 or less, if available     Onset prior to 18 years of age     Impaired adaptive behavior

**If you answered "Onset prior to 18 years of age" on question 2.1.1**

2.1.1.4.1. *Age of onset < 18*

Min/Max - 0/17; No decimal places allowed



3. *Is there evidence of a Related Condition?*

(Please select one.)

- Yes  No

**If you answered "Yes" on question 3**

3.1.1. *Was onset of Intellectual Disability or related Condition prior to age 22?*

(Please select one.)

- Yes  No  Unknown

**If you answered "Yes" on question 3.1.1**

3.1.1.2.1. *Age of onset < 22*

Min/Max - 0/21; No decimal places allowed

3.1.2. *Related Condition:*

- Autism  Cerebral Palsy  Down Syndrome  Epilepsy  Muscular Dystrophy  
 Prader Willi  Spina Bifida  Traumatic Brain Injury  Other

**If you answered "Other" on question 3.1.2**

3.1.2.10.1. *Explain*

3.1.3. *Functional Criteria: Likely to continue?*

(Please select one.)

- Likely  Not Likely

**If you answered "Likely" on question 3.1.3**

3.1.3.2.1. *Results in substantial functional limitations in three or more major life activities (check all that apply):*

- Capacity for independent living  Learning  Mobility  Self care  Self direction  
 Understanding and use of language

4. *Mental Illness Services*

(Please select one.)

- Currently receiving services for Mental Illness  Previously received services for Mental Illness  Referred for Mental Illness services  N/A

5. *Intellectual Disability Services:*

(Please select one.)

- Currently receiving services for Intellectual Disability  Previously received services for Intellectual Disability  Referred for Intellectual Disability Services  N/A

6. *Additional Information*

7. *Finding is based on (check all that apply).*

- Documented History  Behavioral Observations  Individual, Legal Representative or Family Report  Medications  Other

**If you answered "Other" on question 7**

7.6.1. *Explain*

## Section II: Other Indications for PASRR Screen Decision-Making

1. *Is there an indication the individual has or may have had a disorder resulting in functional limitations in major life activities that would otherwise be appropriate for the individual's developmental stage?*  
(Please select one.)

Yes  No

**Instructions:** Does the individual typically have or may have had at least one of the following characteristics on a continuing or intermittent basis?

2. *Interpersonal functioning: The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, fear of strangers, avoidance of interpersonal relationships, social isolation, or has been dismissed from employment*

(Please select one.)

Yes  No

3. *Concentration, persistence, and pace: The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.*

(Please select one.)

Yes  No

4. *Adaptation to change: The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.*

(Please select one.)

Yes  No

**Instructions:** Is there an indication that the individual has received recent treatment for a mental illness with an indication that the individual has experienced at least one of the following?

5. *Psychiatric treatment more intensive than outpatient care. (e.g., partial hospitalization or inpatient hospitalization).*

(Please select one.)

Yes  No

6. *Due to the mental illness, the individual has experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.*

(Please select one.)

Yes  No

7. *Has the individual exhibited actions or behaviors that may make them a danger to themselves or others?*

(Please select one.)

Yes  No

8. *Does the individual have a primary diagnosis of Dementia?*

(Please select one.)

Yes  No

9. *Does the individual have a primary diagnosis of related Neurocognitive Disorder (including Alzheimer's disease)?*

(Please select one.)

Yes  No

10. *Does the individual have a secondary diagnosis of dementia, related neurocognitive disorder (including Alzheimer's disease) and the primary diagnosis is an SMI or ID?*

(Please select one.)

Yes

No

11. *Does the individual have validating documentation to support the dementia or related neurocognitive disorder (including Alzheimer's disease)?*

(Please select one.)

Yes  No

**If you answered "Yes" on question 11**

- 11.1.1. *Validating documentation to support the dementia or related neurocognitive disorder (including Alzheimer's disease)?*

Dementia work up  Comprehensive mental status exam  Medical/functional history prior to onset  Other  None

If you answered "Dementia work up" on question 11.1.1

If you answered "Other" on question 11.1.1

11.1.1.5.1. Explain

---

### Section III: PASRR Screen Provisional Admission or Hospital Discharge Exemption

**Instructions: \*\*NOTE \*\* - If Hospital Exemption Is Chosen - The individual is being admitted under the 30-day hospital discharge exemption. If the individual's stay is anticipated to exceed 30 days, the NF must notify the Level I screener on the 25th day of stay and the Level II evaluation must be completed no later than the 40th day of admission**

1. *Provisional Admission or Hospital Exemption?*

(Please select one.)

- Not a provisional admission  Provisional admission  Hospital Discharge Exemption

If you answered "Provisional admission" on question 1

1.3.1. *Reason for Provisional Admission*

(Please select one.)

- The individual being admitted has delirium. The Level II evaluation must be completed within 7 days after the delirium clears.  The individual is being admitted on an emergency basis requiring protective services. The Level II evaluation must be completed within 7 days of admission.  The individual is being admitted for caregiver's respite. The Level II evaluation must be completed in advance of the expiration of 14 days if the stay is expected to exceed the 14-day time limit.

If you answered "Hospital Discharge Exemption" on question 1

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### Section IV: PASRR Screen Completion

**Instructions:** By completing this form below, I attest that I have completed the above request for the individual to the best of my knowledge. Incomplete forms will not be accepted.

1. *Screener's Name*

2. *Credentials*

(Please select one.)

- MSW  
 LCSW  
 LMHC  
 RN  
 ARNP  
 PA  
 MD/DO  
 Licensed Psychologist

3. *Place of Employment*

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**Appendix 12: Resident  
Review Significant  
Change Tool**



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## **APPENDIX 12: RESIDENT REVIEW SIGNIFICANT CHANGE TOOL**

# Questionnaire: Resident Review (RR) Evaluation Request

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## Demographics

1. *Pay Source*

(Please select one.)

- Private Pay  Medicaid  Medicare  Private Insurance

**If you answered "Medicaid" on question 1**

1.3.1. *Medicaid Number*

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## Section I: Current Location

1. *NF Admission Date*

2. *Date of Level I PASRR*

3. *Date of most current Level II PASRR or RR (if applicable)*

4. *Previous Level II PASRR Determination:*

(Please select one.)

- SMI  ID  SMI and ID  N/A
- 

## Section II: Significant Change

1. *Date of Onset*

2. *Resident has had a significant change in condition*

(Please select one.)

- Resident's Status has significantly declined  
 Resident's Status has significantly improved

**If you answered "Resident's Status has significantly declined" on question 2**

2.2.1. *Describe decline in Resident's Status (Check all that apply)*

(Please select between 1 and 6 items.)

- Increase in behavioral, psychiatric, or mood-related symptoms  
 Behavioral, psychiatric, or mood-related symptoms that have not responded adequately to ongoing treatment  
 Sudden increase or decrease in weight  
 Change in behavior, psychiatric, or mood suggestive of a suspicion of SMI (where dementia is not the primary diagnosis)  
 Will not resolve itself without intervention by staff or the implementation of standard disease-related clinical interventions and/or modification of care plan  
 In more than one area of resident's health status (Check all that apply)

**If you answered "Sudden increase or decrease in weight" on question 2.2.1**

2.2.1.4.1. *Current weight*

Min/Max - 0/500; No decimal places allowed

2.2.1.4.2. *Date of current weight*

2.2.1.4.3. *Prior weight*  
Min/Max - 0/500; No decimal places allowed

2.2.1.4.4. *Date of prior weight*

2.2.1.4.5. *Reason for change*

**If you answered "In more than one area of resident's health status (Check all that apply)" on question 2.2.1**

2.2.1.7.1. *More than one area of resident's health status (check all that apply):*

- Behavior change not due to a medical condition
- Adaption to change
- Medical condition exacerbating current SM/ID symptomatology
- Other conditions or additional information

**If you answered "Other conditions or additional information" on question 2.2.1.7.1**

2.2.1.7.1.5.1. *Explain*

**If you answered "Resident's Status has significantly improved" on question 2**

2.3.1. *Describe improvement in Resident's Status (Check all that apply)*

- Decrease in behavioral, psychiatric, or mood-related symptoms
- Behavioral, psychiatric, or mood-related symptoms that have responded adequately to ongoing treatment
- Improvement in medical condition requiring interdisciplinary review and/or modifications in the plan of care
- Improvement in more than one area of resident's health status
- Has required implementation and/or modification in care plan
- No longer requires specialized services

**If you answered "Improvement in more than one area of resident's health status" on question 2.3.1**

2.3.1.5.1. *Explain*

**If you answered "Has required implementation and/or modification in care plan " on question 2.3.1**

2.3.1.6.1. *Explain*

### **Section III: Attestation of Requestor**

**Instructions:** By completing this form below, I attest that I have completed the above request for the individual to the best of my knowledge. Incomplete forms will not be accepted.

1. *Name*

2. *Credentials*

(Please select one.)

- MSW
- LCSW
- LMHC
- RN
- ARNP
- PA
- MD/DO
- Licensed Psychologist

3. *Date*

4. *Phone #*

5. *Fax #*

6. *Place of Employment*

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## **Section IV: Completion of Evaluation Request**

1. *Documentation included (Check all that apply):*

- Completed Resident Review – Evaluation Request, AHCA MedServ Form 004 Part A1, March 2017
- Level I PASRR screen, AHCA MedServ Form 004 Part A, March 2017
- Level II PASRR evaluation and determination or most recent Resident Review, as applicable
- Most recent Minimum Data Set
- Case Notes
- Record of treatment
- Medication Administration Record
- Psychiatric or psychological evaluation, if available
- Other

**If you answered "Other" on question 1**

1.10.1. *Explain*

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**Appendix 13: Specialized  
Services Tracking Tool**

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## APPENDIX 13: SPECIALIZED SERVICES TRACKING TOOL

# Questionnaire: SS Initial

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## SS Initial

1. *Plan of Care Referral Date:*

2. *Plan of Care Implementation Date:*

3. *Mental Health Provider Name(s):*

4. *Plan of Care Implementation Notes:*

5. *Recommended SMI or ID/RC SS:*

(Please select between 1 and 8 items.)

- SMI - Psychiatric Consultation & Evaluation
  - SMI - Psychotropic Medication Management
  - SMI - Psychological Evaluation
  - SMI - Psychotherapy
  - ID/RC - Behavior Analysis Services
  - ID/RC - Case Management
  - ID/RC - Training Services (Specific Services Listed in Treatment Plan)
  - ID/RC - Early Step Referral
-

# Questionnaire: SS Follow Up

---

## SS Follow Up

1. *Follow Up Date:*

2. *Did the individual receive the recommended SS?:*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 2**

2.1.1. *Date(s) of Service(s) Provided and Additional SS received:*

**If you answered "No" on question 2**

2.2.1. *If no, why not?:*

3. *Occurrence of psychiatric hospitalization/Baker Act after SS?*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 3**

3.1.1. *BA Date:*

4. *Nursing Facility readmission after Baker Act?:*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 4**

4.1.1. *Nursing Facility prevention of future psychiatric hospitalizations Action Plan:*

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## Questionnaire: SS Final

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### SS Final

1. *Specialized Services End Date:*

2. *Final SS Outcome:*

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**Appendix 1: Form A -  
Bidder Point of Contact**

## APPENDIX 1: FORM A. BIDDER POINT OF CONTACT

**Form A**  
**Bidder Point of Contact**  
 Request for Proposal Number 6231 Z1

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Keystone Peer Review Organization, Inc.
Bidder Address:	777 East Park Drive, Harrisburg, PA, 17111
Contact Person & Title:	Susan Norris, PhD, Vice President
E-mail Address:	snorris@kepro.com
Telephone Number (Office):	(717) 265-7012
Telephone Number (Cellular):	(407) 314-1195
Fax Number:	(717) 584-3862

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Keystone Peer Review Organization, Inc.
Bidder Address:	777 East Park Drive, Harrisburg, PA, 17111
Contact Person & Title:	Susan Norris, PhD, Vice President
E-mail Address:	snorris@kepro.com
Telephone Number (Office):	(717) 265-7012
Telephone Number (Cellular):	(407) 314-1195
Fax Number:	(717) 584-3862







## APPENDIX 2: REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

### REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

**BIDDER MUST COMPLETE ALL SECTIONS**

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

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

N/A NEBRASKA CONTRACTOR AFFIDAVIT. Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

N/A 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.

N/A I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

**FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)**

FIRM:	Keystone Peer Review Organization, Inc.
COMPLETE ADDRESS:	777 East Park Drive, Harrisburg, PA, 17111
TELEPHONE NUMBER:	(919) 264-3613
FAX NUMBER:	(717) 564-3862
DATE:	March 31, 2020
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Susan T. Weaver, MD, FACP, President & CEO

## REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

### BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

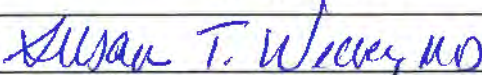
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

N/A NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

N/A 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.

N/A I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

### FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	<b>Keystone Peer Review Organization, Inc.</b>
COMPLETE ADDRESS:	<b>777 East Park Drive, Harrisburg, PA, 17111</b>
TELEPHONE NUMBER:	<b>(919) 264-3513</b>
FAX NUMBER:	<b>(717) 564-3862</b>
DATE:	<b>March 31, 2020</b>
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	<b>Susan T. Weaver, MD, FACP, President &amp; CEO</b>