Technical Proposal

Tab A: Title Page and Table of Contents

Nebraska Department of Health and Human Services (DHHS) – Division of Developmental Disabilities (DDD), State Purchasing Bureau

Quality Improvement Organization (QIO) Services

RFP #: 6317 Z1

August 13, 2020

Annette Walton, Julie Schiltz
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508

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Tab B: Minimum Qualifications Documentation

IX. REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance

CONTRACTOR MUST COMPLETE THE FOLLOWING

with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder 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 vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska vendor. "Nebraska Vendor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD OR BY DOCUSIGN.

FIRM:	Public Consulting Group, Inc.
COMPLETE ADDRESS:	148 East State Street 10th Floor, Boston, MA 02109
TELEPHONE NUMBER:	617-426-2026
FAX NUMBER:	617-426-4632
DATE:	8/4/2020
SIGNATURE:	*William S. Mosakowski*
TYPED NAME & TITLE OF SIGNER:	William S. Mosakowski, President & CEO

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Form A
Bidder Proposal Point of Contact
Request for Proposal Number 6317 Z1

</div>

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:	Public Consulting Group, Inc.
Bidder Address:	148 East State Street 10th Floor, Boston, MA 02109
Contact Person & Title:	Kevin Hutchinson, Manager
E-mail Address:	khutchinson@pcgus.com
Telephone Number (Office):	919-576-2210
Telephone Number (Cellular):	919-824-4773
Fax Number:	617-426-4632

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:	Public Consulting Group, Inc.
Bidder Address:	148 East State Street 10th Floor, Boston, MA 02109
Contact Person & Title:	Kevin Hutchinson, Manager
E-mail Address:	khutchinson@pcgus.com
Telephone Number (Office):	919-576-2210
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Fax Number:	617-426-4632

CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CLINICAL STANDARDS & QUALITY

Kevin Hutchinson
Manager
Public Consulting Group, Incorporated
148 State Street
Boston, Massachusetts 02109

MAY 24 2017

Dear Mr. Hutchinson:

We have reviewed your application of February 24, 2017 requesting that the Centers for Medicare & Medicaid Services certify Public Consulting Group, Incorporated as a Quality Improvement Organization (QIO)-like entity for the State of Massachusetts. As a result of this review, we have determined that Public Consulting Group, Incorporated meets the requirements to be a QIO-like entity, namely:

- It is able to perform limited medical and quality review functions required under Section 1154 of the Act;

- It has one individual who is representative of health care providers and consumers on its governing body under section 1152 of the Act; and

- It is not a health care facility, health care facility affiliate, or payor organization as defined in 42 CFR 475.105.

This certification designates Public Consulting Group, Incorporated as a QIO-like entity eligible to fully operate in Massachusetts. Public Consulting Group, Incorporated may also operate in other states with the exception of performing Medicare medical reviews. For the conduct of Medicare medical review work, a QIO-like entity must meet the requirement that the QIO-like entity have access to or agreements with peer reviewers in the state in question.

If the QIO-like entity determines to conduct Medicare medical review work in a state other than the state for which it has submitted a list of medical reviewers, this criterion must be met and submitted for approval by CMS before such work can be undertaken.

Your certification is granted for a period of 5 years and will expire on February 24, 2022.

This certification of eligibility permits your organization to seek a contract with the states for review activities within the requirements. In addition, states have specific qualifications and performance requirements depending upon the scope of work they desire to procure. This certification does not reflect a determination as to whether your organization has the ability to meet those requirements. The state is responsible for making that determination.

We have certified your organization to review cases and analyze patterns of care related to medical necessity and quality review. We have not certified the organization as meeting the State Medicaid Agency's requirements for external quality review or related functions such as utilization review specified in 1903(a)(3) (c) and 1932 (c)(2) of the Act. In addition, we have not evaluated the organization to perform the same functions as a QIO under contract with CMS.

You must provide an annual assurance statement of your continued adherence to certification requirements within 30 days of the last month of the first certification year and within 30 days of the last month of the second certification year. In addition, if there are any changes in the name, address, or pool of physician reviewers you must notify this office for a reevaluation of your certification. Recertification requires submission of the complete package a minimum of 60 days prior to the expiration of the current certification.

At any time during the certification period if Public Consulting Group, Incorporated no longer meets the above criteria, you must notify the agency and it will no longer be considered a QIO-like entity. The certification will be terminated. You may reapply at any time if this occurs.

If you have questions, please contact Malinda Greene of my staff on (410) 786-7829 or Email, Malinda.Greene@cms.hhs.gov.

Sincerely,

Alfreda Staton, Director
Division of Program Management,
Communication and Evaluation

VII. MINIMUM QUALIFICATIONS

The Bidder shall provide proof with bidder's Proposal that the following Minimum Qualifications have been met:

A. **QUALITY IMPROVEMENT ORGANIZATION (QIO) OR QIO-LIKE ENTITY**
The bidder shall provide an attestation stating it is a Quality Improvement Organization (QIO) or QIO-like entity, under contract with the CMS or as designated by CMS. Specifically, the bidder shall meet the requirements of Section 1152 of the Social Security Act (i.e., "QIO-like entity"), thereby enabling the State to qualify for the 75% federal financial participation as established in Section 1903(a)(3)(C) of the Social Security Act.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/HowtoBecomeaQIO.html

B. **MEDICAID-ELIGIBLE, NON-EXCLUDED PROVIDER**
The bidder, as well as individuals or entities that own five percent (5%) or more interest in the bidder's organization, and bidders managing employees must be eligible to receive Medicaid funds and not on the following exclusion lists. A bidder shall not be on the Health and Human Services (HHS) Office of the Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), or the General Services Administration (GSA) System for Award Management (SAM). Or the Nebraska Medicaid Excluded Providers (NMEP) list. Links to the LEIE, SAM, and NMEP lists are as follows
   - LEIE: Go here: https://oig.hhs.gov/exclusions/exclusions_list.asp
   - SAM: Go here: https://www.sam.gov/SAM/
   - NMEP: Go here: http://dhhs.ne.gov/Pages/Program-Integrity-Sanctioned-Providers.aspx

The bidder shall provide an attestation stating it meets this requirement.

Acknowledging (Initial)	Notes / Comments:
WSM	

C. The solution must comply with State and Federal requirements, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and all associated regulations. In addition, if the clients are covered by Medicaid the Medicaid-specific, above-and-beyond-HIPAA privacy protections found at 42 CFR Part 431, Subpart F will apply as well. DHHS is a covered entity under HIPAA and the selected Contractor will be a Business Associate. See Business Associate Agreement (BAA) Provision, Attachment B

The Bidder shall provide an attestation stating it meets this requirement.

Acknowledging (Initial)	Notes / Comments:
WSM	

D. Contractor must sign and abide by Attachment C - Data Use Agreement (DUA) before any confidential information or protected health information (as defined herein, including in the DUA) may be provided to Contractor, and before any billable work is started. Contractor must ensure all subcontractors sign a substantively equivalent DUA before any work is subcontracted under this contract.

State of Nebraska State Purchasing Bureau
REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES

SOLICITATION NUMBER	RELEASE DATE
RFP 6317 Z1	June 24, 2020
OPENING DATE AND TIME	**PROCUREMENT CONTACT**
July 30, 2020 2:00 P.M. Central Time	Annette Walton / Julie Schiltz

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PLEASE READ CAREFULLY!

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SCOPE OF SERVICE

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The State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB), is issuing this Request for Proposal (RFP) Number 6317 Z1 for the purpose of selecting a Quality Improvement Organization (QIO) or QIO-Like entity for the State of Nebraska Medicaid Home and Community Based Services Programs (HCBS) and state operated Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DDs). A more detailed description can be found in Section V through VII. The resulting contract may not be an exclusive contract as the State reserves the right to contract for the same or similar services from other sources now or in the future.

The term of the contract will be five (5) years commencing upon execution of the contract by the State and the Contractor (Parties). The Contract includes the option to renew for two (2) additional three (3) year periods upon mutual agreement of the Parties. The State reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Parties.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR PROPOSAL CAN BE FOUND ON THE INTERNET AT: **http://das.nebraska.gov/materiel/purchasing.html**.

IMPORTANT NOTICE: Pursuant to Neb. Rev. Stat. § 84-602.04, State contracts in effect as of January 1, 2014, and contracts entered into thereafter, must be posted to a public website. The resulting contract, the solicitation, and the awarded bidder's proposal or response will be posted to a public website managed by DAS, which can be found at http://statecontracts.nebraska.gov.

In addition and in furtherance of the State's public records Statute (Neb. Rev. Stat. § 84-712 et seq.), all proposals or responses received regarding this solicitation will be posted to the State Purchasing Bureau public website.

These postings will include the entire proposal or response. Bidder must request that proprietary information be excluded from the posting. The bidder must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information. The bidder must submit a detailed written document showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992) THE BIDDER MAY NOT ASSERT THAT THE ENTIRE PROPOSAL IS PROPRIETARY. COST PROPOSALS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA. The State will determine, in its sole discretion, if the disclosure of the information designated by the Bidder as proprietary would 1) give advantage to business competitors and 2) serve no public purpose. The bidder will be notified of the State's decision. Absent a determination by the State that the information may be withheld pursuant to Neb. Rev. Stat. § 84-712.05, the State will consider all information a public record subject to disclosure.

If the agency determines it is required to release proprietary information, the bidder will be informed. It will be the bidder's responsibility to defend the bidder's asserted interest in non-disclosure.

To facilitate such public postings, with the exception of proprietary information, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, proposal, or response to this solicitation for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a proposal or response to this solicitation, specifically waives any copyright or other protection the contract, proposal, or response to the solicitation may have; and, acknowledges that they have the ability and authority to enter into such waiver. This reservation and waiver is a prerequisite for submitting a proposal or response to this solicitation, and award of a contract. Failure to agree to the reservation and waiver will result in the proposal or response to the solicitation being found non-responsive and rejected.

Any entity awarded a contract or submitting a proposal or response to the solicitation agrees not to sue, file a claim, or make a demand of any kind, and will indemnify and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all 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, sustained or asserted against the State, arising out of, resulting from, or attributable to the posting of the contract or the proposals and responses to the solicitation, awards, and other documents.

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GLOSSARY OF TERMS

Acceptance Test Procedure: Benchmarks and other performance criteria, developed by the State of Nebraska or other sources of testing standards, for measuring the effectiveness of products or services and the means used for testing such performance.

Addendum: Something to be added or deleted to an existing document; a supplement.

Agency: Any state agency, board, or commission other than the University of Nebraska, the Nebraska State colleges, the courts, the Legislature, or any other office or agency established by the Constitution of Nebraska.

Agent/Representative: A person authorized to act on behalf of another.

Amend: To alter or change by adding, subtracting, or substituting.

Amendment: A written correction or alteration to a document.

Appropriation: Legislative authorization to expend public funds for a specific purpose. Money set apart for a specific use.

Award: All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the solicitation.

Best and Final Offer (BAFO): In a competitive proposal, the final offer submitted which contains the bidder's most favorable terms for price.

Best Practice: A procedure that is accepted or prescribed as being correct or most effective with individuals with developmental disabilities services.

Bidder: A vendor who submits a proposal in response to a written solicitation.

Breach: Violation of a contractual obligation by failing to perform or repudiation of one's own promise.

Business: Any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity.

Business Day: Any weekday, except State-recognized holidays.

Calendar Day: Every day shown on the calendar including Saturdays, Sundays, and State/Federal holidays.

Cancellation: To call off or revoke a purchase order without expectation of conducting or performing it at a later time.

Centers for Medicare and Medicaid Services (CMS): The Centers for Medicare & Medicaid Services (CMS) is an agency within the U.S. Department of Health & Human Services (DHHS) responsible for administration of several key federal healthcare programs.

Central Processing Unit (CPU): Any computer or computer system that is used by the State to store, process, or retrieve data or perform other functions using Operating Systems and applications software.

Change Order: Document that provides amendments to an executed purchase order or contract.

Collusion: An agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful, or unlawful purpose.

Competition: The effort or action of two or more commercial interests to obtain the same business from third parties.

Confidential Information: Unless otherwise defined below, "Confidential Information" shall also mean proprietary trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Nebraska Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive.

Contract: An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law; the writing that sets forth such an agreement.

Contract Administration: The administration of the contract which includes and is not limited to; contract signing, contract amendments and any necessary legal actions.

Contract Award: Occurs upon execution of the State document titled "Service Contract Award" by the proper authority.

Contract Management: The management of day to day activities at the agency which includes and is not limited to ensuring deliverables are received, specifications are met, handling meetings and making payments to the Contractor.

Contract Period: The duration of the contract.

Contractor: An individual or entity lawfully conducting business in the State, or licensed to do so, who seeks to provide goods or services under the terms of a written solicitation.

Cooperative Purchasing: The combining of requirements of two or more political entities to obtain advantages of volume purchases, reduction in administrative expenses or other public benefits.

Copyright: A property right in an original work of authorship fixed in any tangible medium of expression, giving the holder the exclusive right to reproduce, adapt and distribute the work.

Critical Program Error: Any Program Error, whether or not known to the State, which prohibits or significantly impairs use of the Licensed Software as set forth in the documentation and intended in the contract.

Customer Service: The process of ensuring customer satisfaction by providing assistance and advice on those products or services provided by the Contractor.

Default: The omission or failure to perform a contractual duty.

Deviation: Any proposed change(s) or alteration(s) to either the terms and conditions or deliverables within the scope of the written solicitation or contract.

Evaluation: The process of examining an offer after opening to determine the bidder's responsibility, responsiveness to requirements, and to ascertain other characteristics of the offer that relate to determination of the successful award.

Evaluation Committee: Committee(s) appointed by the requesting agency that advises and assists the procuring office in the evaluation of proposals (offers made in response to written solicitations).

Extension: Continuance of a contract for a specified duration upon the agreement of the parties beyond the original Contract Period. Not to be confused with "Renewal Period".

Free on Board (F.O.B.) Destination: The delivery charges are included in the quoted price and prepaid by the vendor. The vendor is responsible for all claims associated with damages during delivery of product.

Foreign Corporation: A foreign corporation that was organized and chartered under the laws of another state, government, or country.

Individual Support Plan (ISP): The plan developed by an individual's team to outline the goals, needs, and preferences of an individual received Home and Community Based (HCBS) Waiver services.

Installation Date: The date when the procedures described in "Installation by Contractor", and "Installation by State", as found in the solicitation, or contract, are completed.

Intellectual Disability (ID)/(DD): See Nebraska Revised Statute 83-1205:
https://nebraskalegislature.gov/laws/statutes.php?statute=83-1205

Interested Party: A person, acting in their personal capacity, or an entity entering into a contract or other agreement creating a legal interest therein.

Invalid Proposal: A proposal that does not meet the requirements of the solicitation or cannot be evaluated against the other proposals.

Late Proposal: An offer received after the Opening Date and Time.

Licensed Software Documentation: The user manuals and any other materials in any form or medium customarily provided by the Contractor to the users of the Licensed Software which will provide the State with sufficient information to operate, diagnose, and maintain the Licensed Software properly, safely, and efficiently.

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

Module (see System): A collection of routines and data structures that perform a specific function of software.

Must: See Mandatory/Must and Shall/Will/Must.

National Institute for Governmental Purchasing (NIGP): Source used for assignment of universal commodity codes to goods and services.

Non-responsive Proposal: A bid that does not conform to the requirements of the Request for Proposal.

Open Market Purchase: Authorization may be given to an agency to purchase items above direct purchase authority due to the unique nature, price, quantity, location of the using agency, or time limitations by the AS Materiel Division, State Purchasing Bureau.

Opening Date and Time: Specified date and time for the public opening of received, named, formal proposals.

Operating System: The control program in a computer that provides the interface to the computer hardware and peripheral devices, and the usage and allocation of memory resources, processor resources, input/output resources, and security resources.

Outsourcing: The contracting out of a business process which an organization may have previously performed internally or has a new need for, to an independent organization from which the process is purchased back.

Payroll & Financial Center (PFC): The State of Nebraska's electronic procurement system of record.

Performance Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the Contractor fulfills any and all obligations under the contract.

Platform: A specific hardware and Operating System combination that is different from other hardware and Operating System combinations to the extent that a different version of the Licensed Software product is required to execute properly in the environment established by such hardware and Operating System combination.

Point of Contact (POC): The person designated to receive communications and to communicate.

Product: Something that is distributed commercially for use or consumption and that is usually (1) tangible personal property, (2) the result of fabrication or processing, and (3) an item that has passed through a chain of commercial distribution before ultimate use or consumption.

Program Error: Code in Licensed Software which produces unintended results or actions, or which produces results or actions other than those described in the specifications. A program error includes, without limitation, any Critical Program Error.

Program Set: The group of programs and products, including the Licensed Software specified in the solicitation, plus any additional programs and products licensed by the State under the contract for use by the State.

Project: The total scheme, program, or method worked out for the accomplishment of an objective, including all documentation, commodities, and services to be provided under the contract.

Proposal: An offer, bid, or quote submitted by a bidder in a response to a written solicitation

Proprietary Information: Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serves no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific named competitor(s) advantaged by release of the information and the demonstrated advantage the named competitor(s) would gain by the release of information.

Protest/Grievance: A complaint about a governmental action or decision related to a solicitation or resultant contract, brought by a bidder who has submitted a proposal response in connection with the award in question, to AS Materiel Division or another designated agency with the intention of achieving a remedial result.

Public Proposal Opening: The process of opening correctly submitted proposals at the time and place specified in the written solicitation and in the presence of anyone who wished to attend.

Recommended Hardware Configuration: The data processing hardware (including all terminals, auxiliary storage, communication, and other peripheral devices) to the extent utilized by the State as recommended by the Contractor.

Release Date: The date of public release of the written solicitation to seek offers.

Renewal Period: Optional contract periods subsequent to the original Contract Period for a specified duration with previously agreed to terms and conditions. Not to be confused with Extension.

Request for Proposal (RFP): A written solicitation utilized for obtaining competitive offers.

Responsible Bidder: A bidder who has the capability in all respects to perform fully and lawfully all requirements with integrity and reliability to assure good faith performance.

Responsive Bidder: A bidder who has submitted a proposal which conforms to all requirements of the solicitation document.

Shall/Will/Must: An order/command; mandatory.

Should: Expected; suggested, but not necessarily mandatory.

Software License: Legal instrument with or without printed material that governs the use or redistribution of licensed software.

Sole Source – Services: A service of such a unique nature that the contractor selected is clearly and justifiably the only practical source to provide the service. Determination that the contractor selected is justifiably the sole source is based on either the uniqueness of the service or sole availability at the location required.

Specifications: The detailed statement, especially of the measurements, quality, materials, and functional characteristics, or other items to be provided under a contract.

Statutory: These clauses are controlled by state law and are not subject to negotiation.

Subcontractor: Individual or entity with whom the contractor enters a contract to perform a portion of the work awarded to the contractor.

System (see Module): Any collection or aggregation of two (2) or more Modules that is designed to function, or is represented by the Contractor as functioning or being capable of functioning, as an entity.

Termination: Occurs when either Party, pursuant to a power created by agreement or law, puts an end to the contract prior to the stated expiration date. All obligations which are still executory on both sides are discharged but any right based on prior breach or performance survives.

Third Party: Any person or entity, including but not limited to fiduciaries, shareholders, owners, officers, managers, employees, legally disinterested persons, and subcontractors or agents, and their employees. It shall not include any entity or person who is an interested Party to the contract or agreement.

Trade Secret: Information, including, but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy (see Neb. Rev. Stat. §87-502(4)).

Trademark: A word, phrase, logo, or other graphic symbol used by a manufacturer or contractor to distinguish its product from those of others, registered with the U.S. Patent and Trademark Office.

Upgrade: Any change that improves or alters the basic function of a product or service.

Vendor Performance Report: A report completed by the using agency and submitted to State Purchasing Bureau documenting products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications.

Vendor: Inclusive term for any Bidder or Contractor

Will: See Mandatory/Shall/Will/Must.

Work Day: See Business Day.

ACRONYM LIST

AD: Aging and Disability

ARRA: American Recovery and Reinvestment Act

BAFO: Best and Final Offer

BSDC: Beatrice State Developmental Center

BSP: Behavioral Support Plan

CDD: Comprehensive Developmental Disabilities

CFS: Child and Family Services (Division of)

CIMP: Critical Incident Management Process

CMS: Centers for Medicare and Medicaid Services

COI: Certificate of Insurance

CPU: Central Processing Unit

DAS: Department of Administrative Services

DDAD: Developmental Disabilities Adult Day

DDD: Division of Developmental Disabilities

DHHS: Department of Health and Human Services

DPH: Division of Public Health

EMS: Emergency Medical Services

FERPA: Family Educational Rights and Privacy Act

FMAP: Federal Medicaid Assist Percentage

F.O.B.: Free on Board

HCBS: Home and Community Based Services

HHS: Health and Human Services

HIPAA: Health Insurance Portability and Accountability Act

ICAP: Inventory for Client and Agency Planning

ICF/DD: Intermediate Care Facilities for Individuals with Developmental Disabilities

LEIE: List of Excluded Individuals and Entities

MLTC: Medicaid and Long Term Care

OIG: Office of Inspector General

O&M: Operations and Maintenance

OSEP: Office of Special Education Program

P&A: Protection and Advocacy

PFC: Payment and Financial Center

PHI: Protected Health Information

POC: Point of Contact

QAC: Quality Assurance Committee

QIDS: Quality Improvement Data System

QIO: Quality Improvement Organization

QMS: Quality Management Strategy

RFP: Request for Proposal

SAM: System for Award Management

SPB: State Purchasing Bureau

STP: Statewide Transition Plan

TBI: Traumatic Brain Injury

I. PROCUREMENT PROCEDURE

A. GENERAL INFORMATION

The solicitation is designed to solicit proposals from qualified bidders who will be responsible for providing QIO or QIO-like services to the Nebraska Department of Health and Human Services (DHHS) – Division of Developmental Disabilities (DDD) at a competitive and reasonable cost. Terms and Conditions, Project Description, Scope of Work, and Proposal instructions may be found in Sections II through VII.

Proposals shall conform to all instructions, conditions, and requirements included in the solicitation. Prospective bidders should carefully examine all documents, schedules, and requirements in this solicitation, and respond to each requirement in the format prescribed. Proposals may be found non-responsive if they do not conform to the solicitation.

B. PROCURING OFFICE AND COMMUNICATION WITH STATE STAFF AND EVALUATORS

Procurement responsibilities related to this solicitation reside with State Purchasing Bureau. The point of contact (POC) for the procurement is as follows:

Name:	Annette Walton / Julie Schiltz, Buyer(s)
	6317 Z1
Agency:	State Purchasing Bureau
Address:	1526 K Street, Suite 130
	Lincoln, NE 68508
Telephone:	402-471-6500
E-Mail:	as.materielpurchasing@nebraska.gov

From the date the solicitation is issued until the Intent to Award is issued, communication from the bidder is limited to the POC listed above. After the Intent to Award is issued, the bidder may communicate with individuals the State has designated as responsible for negotiating the contract on behalf of the State. No member of the State Government, employee of the State, or member of the Evaluation Committee is empowered to make binding statements regarding this solicitation. The POC will issue any answers, clarifications or amendments regarding this solicitation in writing. Only the SPB or awarding agency can award a contract. Bidders shall not have any communication with, or attempt to communicate or influence any evaluator involved in this solicitation.

The following exceptions to these restrictions are permitted:

1.   Contact made pursuant to pre-existing contracts or obligations;
2.   Contact required by the Schedule Of Events or an event scheduled later by the solicitation POC; and
3.   Contact required for negotiation and execution of the final contract.

The State reserves the right to reject a contractor's proposal, withdraw an Intent to Award, or terminate a contract if the State determines there has been a violation of these procurement procedures.

C.   SCHEDULE OF EVENTS

The State expects to adhere to the procurement schedule shown below, but all dates are approximate and subject to change.

	ACTIVITY	DATE/TIME
1.	Release Solicitation.	June 24, 2020
2.	Last day to submit written questions via ShareFile.	July 7, 2020
3.	State responds to written questions through Solicitation "Addendum" and/or "Amendment" to be posted to the Internet at: http://das.nebraska.gov/materiel/purchasing.html	July 21, 2020
4.	Proposal Opening Location: State Purchasing Bureau 1526 K Street, Suite 130 Lincoln, NE 68508	July 30, 2020 2:00 PM Central Time
5.	Review for conformance to solicitation requirements.	August 4, 2020
6.	Evaluation period.	August 4, 2020 Through August 17, 2020
7.	"Oral Interviews/Presentations and/or Demonstrations" (if required)	TBD
8.	Post "Notification of Intent to Award" to Internet at: http://das.nebraska.gov/materiel/purchasing.html	August 19, 2020
9.	Contract finalization period.	August 19,2020 Through September 18, 2020
10.	Contract award.	September 21, 2020
11.	Contractor start date.	September 30, 2020

D.   WRITTEN QUESTIONS AND ANSWERS

Questions regarding the meaning or interpretation of any solicitation provision must be submitted to State Purchasing Bureau and clearly named "RFP Number 6317 Z1; QIO Questions". The POC is not obligated to respond to questions that are received late per the Schedule of Events.

Bidders should present, as questions, any assumptions upon which the Bidder's proposal is or might be developed. Any proposal containing assumptions may be deemed non-response. Non-responsive proposals may be rejected by the State. Proposals will be evaluated without consideration of any known or unknown assumptions of a bidder. The contract will not incorporate any known or unknown assumptions of a bidder.

It is preferred that questions be uploaded via ShareFile https://nebraska.sharefile.com/r-r54d9b7ec01b4f79b Questions can be submitted via email to as.materielpurchasing@nebraska.gov. It is recommended that bidders submit questions using the following format.

Solicitation Section Reference	Solicitation Page Number	Question

Written answers will be posted at http://das.nebraska.gov/materiel/purchasing.html per the Schedule of Events.

E.   PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the contractor, F.O.B. destination named in the solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

Prices submitted on the cost proposal form shall remain fixed for the initial five (5) year term of the contract. Any request for a price increase subsequent to the initial five (5) year term of the contract shall not exceed two percent (2%) of the previous Contract period. Increases will be cumulative across the remaining periods of the contract. Requests for an increase shall be submitted in writing to the State Purchasing Bureau a minimum of one hundred twenty (120) days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any decreases for the term of the contract.

F.   COST CLARIFICATION
The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

G.   SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS (Statutory)
All contractors must be authorized to transact business in the State of Nebraska and comply with all Nebraska Secretary of State Registration requirements. The contractor who is the recipient of an Intent to Award may be required to certify that it has complied and produce a true and exact copy of its current (within ninety (90) calendar days of the intent to award) Certificate or Letter of Good Standing, or in the case of a sole proprietorship, provide written documentation of sole proprietorship and complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at http://das.nebraska.gov/materiel/purchasing.html. This must be accomplished prior to execution of the contract.

H.   ETHICS IN PUBLIC CONTRACTING
The State reserves the right to reject proposals, withdraw an intent to award or award, or terminate a contract if a bidder commits or has committed ethical violations, which include, but are not limited to:

1.   Offering or giving, directly or indirectly, a bribe, fee, commission, compensation, gift, gratuity, or anything of value to any person or entity in an attempt to influence the bidding process;
2.   Utilize the services of lobbyists, attorneys, political activists, or consultants to influence or subvert the bidding process;
3.   Being considered for, presently being, or becoming debarred, suspended, ineligible, or excluded from contracting with any state or federal entity:
4.   Submitting a proposal on behalf of another Party or entity; and
5.   Collude with any person or entity to influence the bidding process, submit sham proposals, preclude bidding, fix pricing or costs, create an unfair advantage, subvert the proposal, or prejudice the State.
The Contractor shall include this clause in any subcontract entered into for the exclusive purpose of performing this contract.

Contractor / bidder shall have an affirmative duty to report any violations of this clause by the Contractor / bidder throughout the bidding process, and throughout the term of this contract for the successful Contractor and their subcontractors.

I.   DEVIATIONS FROM THE REQUEST FOR PROPOSAL
The requirements contained in the solicitation (Sections II thru VI) become a part of the terms and conditions of the contract resulting from this solicitation. Any deviations from the solicitation in Sections II through VI must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the solicitation, requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this solicitation, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this solicitation. The State discourages deviations and reserves the right to reject proposed deviations.

J.   SUBMISSION OF PROPOSALS
The State is accepting only electronically submitted responses for this RFP.

To submit electronic responses:
1.   Bidders can upload the response here:
    a.   https://nebraska.sharefile.com/r-r6000519fa6b4fd9b
    b.   Note to bidders: Not all browsers are compatible with ShareFile. Chrome, Internet Explorer and Firefox all work. Microsoft Edge does not.
    c.   In order for the bidder to receive confirmation from ShareFile that all files submitted have been received, bidder must enter contact information after clicking on the link provided.

2.   The Technical Proposal and Cost Proposal, should be uploaded as separate and distinct files. If multiple proposals are submitted, the State will retain only the most recently submitted response. It is the bidder's responsibility to submit the proposal by the date and time indicated in the Schedule of Events. Electronic proposals must be received by SPB by the date and time of the proposal opening per the Schedule of Events. No late proposals will be accepted

3. **ELECTRONIC PROPOSAL FILE NAMES**
The bidder should clearly identify the uploaded RFP proposal files. Once uploaded, files are only available for 30 days after submitted. Please do not submit more than 30 days prior to bid opening. To assist in identification please use the following naming convention:
  a. RFP 6317 Z1 ABC Company.
  b. If multiple files are submitted for one RFP proposal, add number of files to file names: RFP 6317 Z1 ABC Company File 1 of 2.
  c. If multiple RFP proposals are submitted for the same RFP, add the proposal number to the file names: RFP 6317 Z1 ABC Company Proposal 1 File 1 of 2.

For bidders submitting paper responses:
 1. Paper responses must be mailed to:
    State Purchasing Bureau
    1526 K Street. Suite 130
    Lincoln, NE 68508

 2. The Technical and Cost Proposals Template should be presented in separate sections (loose-leaf binders are preferred) on standard 8 ½" x 11" paper, except that charts, diagrams and the like may be on fold-outs which, when folded, fit into the 8 ½" by 11" format.

Pages may be consecutively numbered for the entire proposal, or may be numbered consecutively within sections. Figures and tables should be numbered consecutively within sections and be referenced in the text by the number within the section, and should be placed as close as possible to the referencing text. Bidder must use the State's Cost Proposal Form.

The Technical Proposal should not contain any reference to dollar amounts. However, information such as data concerning labor hours and categories, materials, subcontracts and so forth, shall be considered in the Technical Proposal so that the bidder's understanding of the scope of work may be evaluated. The Technical Proposal shall disclose the bidder's technical approach in as much detail as possible, including, but not limited to, the information required by the Technical Proposal instructions. Bidder must use the State's Cost Proposal Form.

The State will not furnish packaging and sealing materials. It is the bidder's responsibility to ensure the solicitation is received and submitted by the date and time indicated in the Schedule of Events. The Request for Proposal form must be manually signed in an indelible manner or by DocuSign and returned by the proposal opening date and time along with the bidder's response and any other requirements as stated in the Request for Proposal document in order for the bidder's Request for Proposal response to be evaluated.

It is the responsibility of the bidder to check the website for all information relevant to this Request for Proposal to include addenda and/or amendments issued prior to the opening date. Website address is as follows: http://das.nebraska.gov/materiel/purchasing.html.

Emphasis should be concentrated on conformance to the solicitation instructions, responsiveness to requirements, completeness, and clarity of content. If the bidder's proposal is presented in such a fashion that makes evaluation difficult or overly time consuming the State reserves the right to reject the proposal as non-conforming.

By signing the "Request for Proposal for Contractual Services" form, the contractor guarantees compliance with the provisions stated in this solicitation.

K. PROPOSAL PREPARATION COSTS
The State shall not incur any liability for any costs incurred by bidders in replying to this solicitation, including any activity related to bidding on this solicitation.

L. FAILURE TO COMPLY WITH REQUEST FOR PROPOSAL
Violation of the terms and conditions contained in this solicitation or any resultant contract, at any time before or after the award, shall be grounds for action by the State which may include, but is not limited to, the following:

1. Rejection of a bidder's proposal;
2. Withdrawal of the Intent to Award;
3. Withdrawal of the Award;
4. Negative Vendor Performance Report(s)
5. Termination of the resulting contract;
6. Legal action; and
7. Suspension of the bidder from further bidding with the State for the period of time relative to the seriousness of the violation, such period to be within the sole discretion of the State.

M.   PROPOSAL CORRECTIONS
A bidder may correct a mistake in a proposal prior to the time of opening by either:
1.   uploading a revised and completed RFP proposal if the original proposal was electronically submitted
    a.   If a corrected RFP proposal is submitted, the file name(s) date/time stamped with latest date/time stamp will be accepted as final proposal. The corrected RFP file name(s) should be identified as **Corrected** XXXX Z1 ABC Company Proposal #1, **Corrected** XXXX Z1 ABC Company Proposal #2, etc. or
2.   giving written notice to the State of:
    a.   Intent to withdraw the proposal for modification or
    b.   To withdraw the proposal completely.

Changing a proposal after opening may be permitted if the change is made to correct a minor error that does not affect price, quantity, quality, delivery, or contractual conditions. In case of a mathematical error in extension of price, unit price shall govern.

N.   LATE PROPOSALS
Proposals received after the time and date of the proposal opening will be considered late proposals. Late proposals will not be returned or opened. The State is not responsible for proposals that are late or lost regardless of cause or fault, including technical issues when uploading to the site.

O.   PROPOSAL OPENING
The opening of proposals will be public and the bidders will be announced. Proposals **WILL NOT** be available for viewing by those present at the proposal opening. Proposals will be posted to the State Purchasing Bureau website once an Intent to Award has been posted to the website. Information identified as proprietary by the submitting bidder, in accordance with the solicitation and state statute, will not be posted. If the state determines submitted information should not be withheld, in accordance with the Public Records Act, or if ordered to release any withheld information, said information may then be released. The submitting bidder will be notified of the release and it shall be the obligation of the submitting bidder to take further action, if it believes the information should not be released. Bidders may contact the State to schedule an appointment for viewing proposals after the Intent to Award has been posted to the website. Once proposals are opened, they become the property of the State of Nebraska and will not be returned.

P.   REQUEST FOR PROPOSAL/PROPOSAL REQUIREMENTS
The proposals will first be examined to determine if all requirements listed below have been addressed and whether further evaluation is warranted. Proposals not meeting the requirements may be rejected as non-responsive. The requirements are:

1.   Original Request for Proposal for Contractual Services form signed using an indelible method;
2.   Completed Sections II through IV;
3.   Completed Technical Approach;
    a.   Title Page and Table of Contents;
    b.   Minimum Qualifications Documentation;
    c.   Scope of Work Requirements;
    d.   Attachment A - QIDS Technical Requirements Traceability Matrix.
4.   Completed Section VII - Attestation to Comply with HIPAA and Attestation Medicaid Eligible Non-Excluded Statement;
5.   Completed Corporate Overview; and
6.   Completed State Cost Proposal.

Q.   EVALUATION COMMITTEE
Proposals are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of the State. Names of the members of the Evaluation Committee(s) will not be published prior to the intent to award.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this solicitation may result in the rejection of this proposal and further administrative actions.

R.   EVALUATION OF PROPOSALS
All proposals that are responsive to the solicitation will be evaluated. Each evaluation category will have a maximum point potential. The State will conduct a fair, impartial, and comprehensive evaluation of all proposals in accordance with the criteria set forth below. Areas that will be addressed and scored during the evaluation include:

1.   Corporate Overview should include but is not limited to:
    a.   the ability, capacity, and skill of the bidder to deliver and implement the system or project that

        meets the requirements of the solicitation;

    b.   the character, integrity, reputation, judgment, experience, and efficiency of the bidder;

    c.   whether the bidder can perform the contract within the specified time frame;

    d.   the quality of vendor performance on prior contracts;

    e.   such other information that may be secured and that has a bearing on the decision to award the contract;

2.   Technical Approach; and,

3.   Cost Proposal.

Neb. Rev. Stat. § 81-161 allows the quality of performance of previous contracts to be considered when evaluating responses to competitively bid solicitations in determining the lowest responsible bidder. Information obtained from any Vendor Performance Report (See Terms & Conditions, Section II. H) may be used in evaluating responses to solicitations for goods and services to determine the best value for the State.

Neb. Rev. Stat. § 73-107 allows for a preference for a resident disabled veteran or business located in a designated enterprise zone. When a state contract is to be awarded to the lowest responsible bidder, a resident disabled veteran or a business located in a designated enterprise zone under the Enterprise Zone Act shall be allowed a preference over any other resident or nonresident bidder, if all other factors are equal.

Resident disabled veterans means any person (a) who resides in the State of Nebraska, who served in the United States Armed Forces, including any reserve component or the National Guard, who was discharged or otherwise separated with a characterization of honorable or general (under honorable conditions), and who possesses a disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense and (b)(i) who owns and controls a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection and (ii) the management and daily business operations of the business are controlled by one or more persons described in subdivision(a) of this subsection. Any contract entered into without compliance with this section shall be null and void.

Therefore, if a resident disabled veteran or business located in a designated enterprise zone submits a proposal in accordance with Neb. Rev. Stat. § 73-107 and has so indicated on the solicitation cover page under "Bidder must complete the following" requesting priority/preference to be considered in the award of this contract, the following will need to be submitted by the bidder within ten (10) business days of request:

4.   Documentation from the United States Armed Forces confirming service;

5.   Documentation of discharge or otherwise separated characterization of honorable or general (under honorable conditions);

6.   Disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense; and

7.   Documentation which shows ownership and control of a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection; and the management and daily business operations of the business are controlled by one or more persons described in subdivision (a) of this subsection.

Failure to submit the requested documentation within ten (10) business days of notice will disqualify the bidder from consideration of the preference.

Evaluation criteria will be released with the solicitation.

S.   **ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS**
The State may determine after the completion of the Technical and Cost Proposal evaluation that oral interviews/presentations and/or demonstrations are required. Every bidder may not be given an opportunity to interview/present and/or give demonstrations; the State reserves the right, in its discretion, to select only the top scoring bidders to present/give oral interviews. The scores from the oral interviews/presentations and/or demonstrations will be added to the scores from the Technical and Cost Proposals. The presentation process will allow the bidders to demonstrate their proposal offering, explaining and/or clarifying any unusual or significant elements related to their proposals. Bidders' key personnel, identified in their proposal, may be requested to participate in a structured interview to determine their understanding of the requirements of this proposal, their authority and reporting relationships within their firm, and their management style and philosophy. Only representatives of the State and the presenting bidder will be permitted to attend the oral interviews/presentations and/or demonstrations. A written copy or summary of the presentation, and demonstrative information (such as briefing charts, et cetera) may be offered by the bidder, but the State reserves the right to refuse or not consider the offered materials. Bidders shall not be allowed to alter or amend their proposals.

Once the oral interviews/presentations and/or demonstrations have been completed, the State reserves the right to make an award without any further discussion with the bidders regarding the proposals received.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the bidder and will not be compensated by the State.

T.   BEST AND FINAL OFFER (BAFO)
If BAFO's are requested by the State and submitted by the bidder, they will be evaluated (using the stated BAFO criteria), scored, and ranked by the Evaluation Committee. The State reserves the right to conduct more than one Best and Final Offer. The award will then be granted to the highest scoring contractor. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

U.   REFERENCE AND CREDIT CHECKS
The State reserves the right to conduct and consider reference and credit checks. The State reserves the right to use third parties to conduct reference and credit checks. By submitting a proposal in response to this solicitation, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients. Reference and credit checks may be grounds to reject a proposal, withdraw an intent to award, or rescind the award of a contract.

V.   AWARD
The State reserves the right to evaluate proposals and award contracts in a manner utilizing criteria selected at the State's discretion and in the State's best interest. After evaluation of the proposals, or at any point in the solicitation process, the State of Nebraska may take one or more of the following actions:

1.   Amend the solicitation;
2.   Extend the time of or establish a new proposal opening time;
3.   Waive deviations or errors in the State's solicitation process and in bidder proposals that are not material, do not compromise the solicitation process or a bidder's proposal, and do not improve a bidder's competitive position;
4.   Accept or reject a portion of or all of a proposal;
5.   Accept or reject all proposals;
6.   Withdraw the solicitation;
7.   Elect to rebid the solicitation;
8.   Award single lines or multiple lines to one or more bidders; or,
9.   Award one or more all-inclusive contracts.

The solicitation does not commit the State to award a contract. Once intent to award decision has been determined, it will be posted to the Internet at:
http://das.nebraska.gov/materiel/purchasing.html

Any protests must be filed by a contractor within ten (10) business days after the intent to award decision is posted to the Internet. Grievance and protest procedure is available on the Internet at:
http://das.nebraska.gov/materiel/purchasing.html

W.   ALTERNATE/EQUIVALENT PROPOSALS
Bidder may offer proposals which are at variance from the express specifications of the solicitation. The State reserves the right to consider and accept such proposals if, in the judgment of the Materiel Administrator, the proposal will result in goods and/or services equivalent to or better than those which would be supplied in the original proposal specifications. Bidder must indicate on the solicitation the manufacturer's name, number and shall submit with their proposal, sketches, descriptive literature and/or complete specifications. Reference to literature submitted with a previous proposal will not satisfy this provision. Proposals which do not comply with these requirements are subject to rejection. In the absence of any stated deviation or exception, the proposal will be accepted as in strict compliance with all terms, conditions and specification, and the bidder shall be held liable therefore.

X.   LUMP SUM OR "ALL OR NONE" PROPOSALS
The State reserves the right to purchase item-by-item, by groups or as a total when the State may benefit by so doing. Bidders may submit a proposal on an "all or none" or "lump sum" basis, but should also submit a proposal on an item-by-item basis. The term "all or none" means a conditional proposal which requires the purchase of all items on which proposals are offered and bidder declines to accept award on individual items; a "lump sum" proposal is one in which the bidder offers a lower price than the sum of the individual proposals if all items are purchased, but agrees to deliver individual items at the prices quoted.

Y. **REJECTION OF PROPOSALS**
The State reserves the right to reject any or all proposals, wholly or in part, in the best interest of the State.

Z. **RESIDENT BIDDER**
Pursuant to Neb. Rev. Stat. §§ 73-101.01 through 73-101.02, a Resident Bidder shall be allowed a preference against a Non-resident Bidder from a state which gives or requires a preference to Bidders from that state. The preference shall be equal to the preference given or required by the state of the Nonresident Bidders. Where the lowest responsible bid from a resident Bidder is equal in all respects to one from a nonresident Bidder from a state which has no preference law, the resident Bidder shall be awarded the contract. The provision of this preference shall not apply to any contract for any project upon which federal funds would be withheld because of the provisions of this preference.

II. TERMS AND CONDITIONS

Bidders should complete Sections II through IV as part of their proposal. Bidders should read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

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

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

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Bidder's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. 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.

B.   NOTIFICATION

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

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.

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.

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.

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 awarded bidder will be notified in writing when work may begin.

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

G.   CHANGE ORDERS OR SUBSTITUTIONS

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

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

H.   VENDOR PERFORMANCE REPORT(S)

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

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.

I.   NOTICE OF POTENTIAL CONTRACTOR BREACH

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

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.

J.   BREACH

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

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.

K.   NON-WAIVER OF BREACH

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

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.

L.   SEVERABILITY

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

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.

M.   INDEMNIFICATION

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

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**

   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.

N. ATTORNEY'S FEES

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

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.

O. PERFORMANCE BOND

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

The Contractor may be required to supply a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the bond shall be $150,000. The bond, if required, will guarantee that the Contractor will faithfully perform all requirements, terms and conditions of the contract. Failure to comply shall be grounds for forfeiture of the bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond will be returned when the service has been satisfactorily completed as solely determined by the State, after termination or expiration of the contract.

P. ASSIGNMENT, SALE, OR MERGER

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

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.

Q. **CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE**

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

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.

R. **FORCE MAJEURE**

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

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.

S. **CONFIDENTIALITY**

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

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.

T. **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.

U. **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.

V. **EARLY TERMINATION**

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

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.

W. **CONTRACT CLOSEOUT**

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

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 (1) 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 Contactor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contactor, 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.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

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

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:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. 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;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. 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.

B.   EMPLOYEE WORK ELIGIBILITY STATUS

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

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:

1.   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

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

3.   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.

4.   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.

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.

D.   COOPERATION WITH OTHER CONTRACTORS

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

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.

E.   DISCOUNTS
Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) calendar days will not be considered as part of the proposal. Cash discount periods will be computed from the date of receipt of a

properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

F.   PERMITS, REGULATIONS, LAWS

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

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.

G.   OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

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

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.

H.   INSURANCE REQUIREMENTS

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

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:

1.   Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2.   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,
3.   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.

1.   **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 contactors' 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.

2.   **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	
COMMERCIAL GENERAL LIABILITY	
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
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
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
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$5,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"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."	

3.   **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:

As.materielpurchaing@nebraska.gov

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.

4.   **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. Damage to Rented Premises (Fire) and Cyber Liability may be subject to limited negotiation if the QIDS solution is cloud based.

I. ANTITRUST

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

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.

J. CONFLICT OF INTEREST

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

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.

K. STATE PROPERTY

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

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.

L.   SITE RULES AND REGULATIONS

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

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.

M.   ADVERTISING

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

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.

N.   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.

O.   DISASTER RECOVERY/BACK UP PLAN

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

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request 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.

P. DRUG POLICY

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

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.

Q. WARRANTY

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

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, the 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.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE 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."

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

C. INVOICES

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

Monthly invoices for payments shall be submitted by the Contractor to DHHS-DDD, 301 Centennial Mall S, P.O. Box 98947, Lincoln, NE 68509-8947 with sufficient detail to support payment. 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.

D. INSPECTION AND APPROVAL

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

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

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT (Statutory)

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

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.

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).

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 year 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.

H.   RIGHT TO AUDIT (First Paragraph is 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:
WSM			

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 (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.

Tab C: VI. Scope of Work Requirements

REDACTION JUSTIFICATION

The development of PCG's QUIC System, along with its functionality and capabilities, is commercial information of a proprietary nature as well as a trade secret belonging to PCG which should be withheld from public disclosure.

Section 84-712.05 of the Nebraska Public Records Law precludes from disclosure any proprietary or commercial information which if released would give advantage to business competitors and serve no public purpose. In addition, the same statutory section also allows the withholding of information that constitutes a "trade secret" as defined in Nebraska Statute, which if released would give advantage to business competitors and serve no public purpose.

In turn, the Nebraska Trade Secrets Act, Neb. Rev. Stat. §87-502(4), defines a trade secret as information, including, but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that: (a) Derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

PCG's redactions of the functionalities and capabilities of the PCG QUIC System in the Technical Proposal meet all these criteria and should be withheld from public disclosure. It is the intellectual property which PCG developed by expending a significant amount of time, human, financial and commercial resources, and the disclosure of such would cause PCG significant competitive harm in the marketplace. Moreover, PCG safeguards such information from being disclosed externally through internal policies as well as seeking confidential treatment for it in proposals such as this one.

In addition, consistent with the definition of "trade secret" under the Nebraska Trade Secrets Act, PCG considers this information to be sufficiently secret to derive economic value from not being generally known to other persons who could obtain economic value from its disclosure or use and information which PCG has exerted reasonable efforts to maintain its secrecy and confidentiality, as described above.

Finally, redacted sections of the PCG Technical Proposal were to be disclosed, PCG's competitors would have access to PCG's proprietary and confidential commercial information and be able to use that information to gain an unfair competitive advantage over PCG, which is consistent with the exception to disclosure enumerated in the Nebraska Public Records Law.

For these reasons, PCG believes that the redacted sections in its proposal should remain redacted and withheld from public disclosure pursuant to the Nebraska Public Records Law.

VI. SCOPE OF WORK REQUIREMENTS

A. **DEVELOPMENT AND IMPLEMENTATION OF A START-UP PLAN TO DO BUSINESS IN NEBRASKA**
No later than ninety (90) days after the start of the contract, the Contractor shall create and implement a start-up plan that includes at least the following elements.

1. **90-Day Start-up Plan**
Develop and deliver a ninety (90) day plan, complete with detailed narrative, staffing plan, organizational chart, and Gantt chart, that includes the Contractor's plan for office space, staffing, provide support for DHHS in securing enhanced Medicaid Federal Financial Participation. The staffing plan and organizational chart should include key personnel titles (for example: Program Manager; Clinicians; Critical Incident Investigator; etc.) and required qualifications and experience. The plan should include steps for onboarding with the Nebraska Quality team, as well as building familiarity with Nebraska's current quality management system.

Required Outcome: The start-up plan development, with all components described above, is due no later than thirty (30) days after the start of the contract.

a. Provide a draft startup plan complete with narrative, staffing plan, organizational structure and include steps for onboarding with the Nebraska Quality team, as well as building familiarity with Nebraska's current quality management system.

Bidder Response:
90-Day Start-up Plan
PCG has experience in successfully implementing large-scale projects requiring significant resources, as well as the flexibility to increase staffing levels. Our proven ability to ramp up quickly is highlighted in two relevant project descriptions below.

Ohio Medicaid HCBS Waiver Oversight
On May 30, 2013, PCG held our contract kickoff meeting with Ohio Medicaid to discuss a multi-month implementation plan. In the meeting, PCG was informed that we needed to be up and running not in several months, but in 30 days, on July 1, because the incumbent's contract was set to expire on June 30. PCG activated our rapid implementation plan to research all applicable policy and rule, finalize workflows and protocols, recruit, onboard, and train more than 30 nurses and social workers, and manage all logistics for a 30 day go-live. On July 1, PCG successfully implemented our HCBS Incident Investigations function, which investigates more than 1,000 incidents per month. **In 60 days, we began implementing HCBS face-to-face provider record reviews – over 500 per month.** Additionally, we implemented a four-component provider monitoring and oversight initiative that includes provider enrollment and support, onsite screenings, incident management, and provider reviews. To date, PCG has conducted over 70,000 violation investigations, over 13,000 structural reviews, over 2,000 onsite screenings, and conducted reviews of almost 16,000 provider applications. **PCG was able to launch this initiative in one month.**

San Diego, California Welfare to Work Employment Services
PCG, and its primary subcontractor, JobWorks, Inc., currently provide CalWORKs Welfare-to-Work (WTW)/Refugee Employment Services (RES) and Stage 1 Child Care Payment Services for the County of San Diego Health and Human Services Agency (HHSA) in Region 3 and Region 4. This project required a large ramp-up of resources within a short period. PCG was officially awarded the project in June 2010, and initiated client-facing operations on August 2, 2010. In the interim phase, PCG reviewed over 1,000 resumes and conducted over 350 interviews to fill approximately 100 positions. During project transition, PCG's facilities team was also leveraged to outfit needed office space for the project. Further, **we created an implementation team** for the purposes of knowledge transfer, information technology expertise, and community/business outreach.

Proposed Timeframe
For DHHS-DDD, PCG has assembled a strong team of experts to launch and begin implementation quickly after contract execution. We will bring in the "best of the best" staff and leverage PCG's full experience and expertise to stand up this project, including recruiting highly qualified staff who will be fully dedicated to this engagement, with a focus on local presence and background with the Nebraska HCBS landscape. We expect implementation and project plan finalization to begin shortly after contract award. To get to work within the

required 90-day timeframe, we will combine our project management activities with our ability to ramp up quickly. We have detailed these efforts in the draft start-up plan located in the appendices of this proposal.

Staffing Plan
The same PCG operational support team that will implement this crucial project for DHHS has already helped multiple states achieve their goals through effective and efficient management of QIO services. As a QIO-like Entity with proven person-centered quality and risk management capabilities, we will help fulfill the goal and objectives of this project. The on-site management team will be supported by these subject matter experts, who will contribute to their respective operational areas of expertise. Bios and resumes for members of PCG's implementation and on-going operational teams are provided in the appendices of this proposal.

2. **Participation**
The Contractor shall maintain the designation of a QIO-like entity which qualifies them for Medicaid enhanced Federal Financial Participation match from the CMS. The enhanced match is above the State's normal FMAP rate. The Contractor will work with DHHS-DDD and DHHS-Medicaid partners to develop the application to CMS for activities within the scope of work that is eligible for the 75% enhanced match. Evidence of QIO/QIO-like status must be submitted with the proposal.

B. **PROCUREMENT FOR A QUALITY INFORMATION DATA SYSTEM FOR MEDICAID HCBS**

1. **Project Overview**
The Contractor shall secure and provide an electronic Quality Information Data System (QIDS) to provide software to support the State's Quality Management System. The purpose of the QIDS is to document the State's compliance with the CMS HCBS waiver requirements, the CMS HCBS Final Rule State Transition Plan, the quality assessment of services, supports and outcomes for program participants of Medicaid HCBS, and support the ongoing quality management work of the State and the QIO/QIO-like entity.

The State shall take over operations of the data system at the end of the contract with the QIO/QIO-like Contractor, with transfer of data and management to state and new provider, if applicable. Contractor must provide a transition plan to DHHS for approval 180 days before the end of contract.

2. **Project Environment**
The Contractor will be required to work with all DHHS offices statewide via a web-based statewide system. The system will be accessed by both DHHS personnel and Contractors, including provider personnel and the QIO/QIO-like entity.

3. **Business Requirements**
a. The QIDS shall be provided by an entity with experience providing a QIDS for Medicaid HCBS waivers with similar size and scope of the State of Nebraska DHHS.

b. The QIDS shall be configured to meet the specific needs of Medicaid HCBS Waivers with QIDS for the following components:
i. File Review module (review of participant files for health, safety and service planning). Specifically, this shall include the capacity to audit Critical Incident and Mortality Review processes.
ii. Reporting module, including the ability to generate CAPs based upon reviews.

c. The QIDS shall also be configured to include the following expanded components, to be initiated at a later time based upon needs and funds availability:

i. Provider Review module
ii. Claims Review module
iii. Level of Care module
iv. Peer Review module
v. Client Satisfaction (interview) module
vi. Any additional modules that the QIO recommends

d. Describe experience providing QIDS similar to the size and scope of the State of Nebraska DHHS. Experience with Medicaid HCBS 1915c Waivers preferred.

Bidder Response:

Our Experience with Quality Information Data System (QIDS) for Medicaid HCBS

Public Consulting Group, Inc. (PCG) obtained the CMS Quality Improvement Organization-like (QIO-like) Entity certification in April of 2018, attesting to our extensive experience and capabilities supporting the Centers for Medicare and Medicaid Services (CMS) and state Medicaid HCBS programs with a Quality Management System and improvement functions since our inception in 1986.

To deliver the most efficient and effective quality management solution, PCG developed the PCG QUIC System, an integrated QIDS consisting of modules that facilitates review functions and processes for Medicaid HCBS **Q**uality assurance, **U**tilization, **I**ncident management, and **C**ompliance. Our expertise in quality management responsibilities, specifically for HCBS waiver programs, speaks for itself through our vast experience demonstrated below. In the past five years, PCG has successfully delivered the following review volumes utilizing the PCG QUIC System:

- 83,000+ critical incident and mortality reviews
- 30,000+ on-site provider reviews
- 17,000+ in-person record reviews
- 9,500+ provider payment (claims) reviews
- 4,000+ provider complaints investigations
- 4,000+ on-site HCBS settings assessments

As such, PCG QUIC is not a system that was developed in a vacuum. It has been developed and enhanced through real-world experience over many years and tested and improved through the feedback of clients, reviewers, and investigators who use this system day in and day out. We stand by this system because we use this system every day.

Below we provide a few detailed descriptions of PCG's relevant experience with delivering a quality management system inclusive of a QIDS and quality assurance review functions for HCBS 1915(c) waiver programs similar in size and scope to the State of Nebraska DHHS-DDD.

Illinois Department of Healthcare and Family Services QIO Services

In 2018, PCG began providing QIO services to the State of Illinois to five of its nine Medicaid HCBS 1915(c) programs. PCG partnered with the Illinois Department of Healthcare and Family Services (HSF) on a series of quality improvement and monitoring initiatives to advance and improve the State's approach to ensuring Federally mandated Waiver Quality Assurance requirements and quality Improvement Initiatives. In close collaboration with HFS, PCG assists HFS in its administrative role as the State Medicaid Agency to ensure effective oversight of home and community-based services in the following waivers:

- Adults with Developmental Disabilities;
- Persons with Disabilities;
- Persons Who are Elderly;
- Persons with Brain Injury; and
- Persons with HIV/AIDS.

PCG provides quality assurance services in the development of evidentiary-based quality improvement and management strategies. Our responsibilities under this scope of work include:

Medicaid HCBS Waiver Performance Measure Reporting

To ensure the health, safety, and welfare of HCBS participants and that the HCBS waivers are operated in a federally compliant and fiscally accountable manner, PCG conducts three types of quality assurance reviews: **Record Reviews**, **Comprehensive Provider Reviews**, and **Remediation Reviews**, all conducted on-site at case management agency offices across the state of Illinois as designated by HFS. These reviews cover performance measures for the following CMS HCBS Quality Assurances:

1. Level of Care
2. Service Plan
3. Qualified Providers
4. Health and Welfare

Record Reviews
PCG reviews records for a statistically valid random sample of participants to assess for waiver compliance with Level of Care, Service Plan, and Health and Welfare Quality Assurances.

Comprehensive Provider Reviews
Comprehensive Provider Reviews (CPRs) include record reviews, interviews with participants, providers, and case managers, as well as visits to two other agencies providing services (such as homemaker, day program, etc.) to participants in the statistically valid random sample.

Remediation Reviews
PCG tracks the non-compliance findings identified during Record Reviews and Comprehensive Provider Reviews and conducts Remediation Reviews to ensure corrective actions were successfully implemented to address deficiencies.

Adults with Developmental Disabilities
For the Adults with Developmental Disabilities Waiver, see Figure 45 through Figure 52.
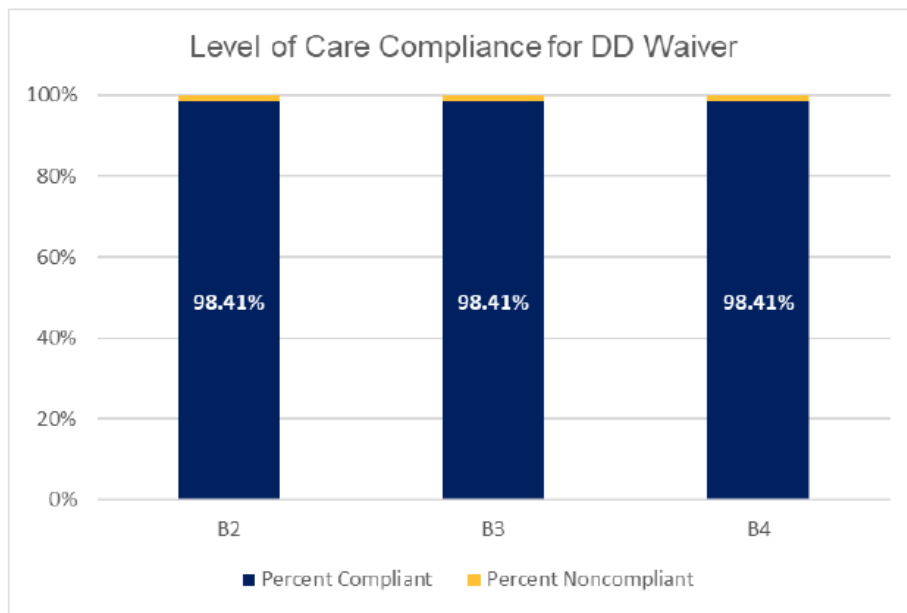

Figure 45: Level of Care Compliance for DD Waiver

Performance Measure	Total Compliant	Total Client Reviews	Percent Compliant
B2: Number and percent of Waiver participants' LOC determinations that are completed as required by the State in adherence to all Waiver requirements.	124	126	98.41%
B3: Number and percent of LOC determinations reviewed that were completed by a qualified evaluator.	124	126	98.41%
B4: Number and percent of Waiver Participants' LOC determinations that used processes and instruments applied appropriately as required by the State.	124	126	98.41%
Grand Total	372	378	98.41%

Figure 46: Total Compliant Level of Care Reviews for DD Waiver

Figure VI.B.3.1: Sample Report developed by PCG for HCBS Waiver Performance Measure Monitoring.

Quality Improvement Data System

PCG provides our proprietary web-based PCG QUIC System to fully support on-site review work and HFS in the following ways:

- Access to live data and easily configurable, PCG QUIC contains the functionality needed to complete reviews in a simple modular platform.
- Robust workflow engine to manage and track the entire process flow, from scheduling and collecting documentation, to conducting the on-site review followed by the quality review process, and report finalization. The result is a streamlined workflow, as the clinical team using the system knows the exact records they are responsible to complete.
- Role-based access to all functionality guarantees that users with access to the system, including HFS employees, see the information they need to complete their workflow, and will not be overwhelmed with functionality. Further, the roles and capabilities assigned to each role are customizable to the state requirements. PCG QUIC was configured and deployed with feedback and input from HFS. Our clients have a hands-on impact in the design and functionality of our application software development process. Data access and customization has never been easier.

Special Consulting Projects

PCG provides special consulting projects germane to PCG QIO services under the contract or as additional client needs that arise as the result of new or changed federal or state laws, rules, or policies that pertain to HCBS waivers. Special Projects include but are not limited to quality assurance reviews for 1915(c) HCBS Waivers, research on state-of-the-art practices or national standards, including provider standards, health, safety, and welfare measures, and quality outcomes. These types of projects are researched, developed, operationalized, and monitored from start to finish by PCG consultants so that an accurate and comprehensive value is measured and realized from start to finish.

Maryland Department of Health, Developmental Disabilities Administration (DDA) QIO Services

As the QIO, PCG worked with Maryland DDA to enhance the quality of life, health, and wellbeing for individuals with intellectual and developmental disabilities (I/DD) who receive services from the State of Maryland through a combination of the Maryland's HCBS 1915(c) Community Pathways Waiver, the Medicaid State Plan, and State-funded services. PCG provided implementation services for the following key services:

Quality Improvement Data System for Tracking of Reviews and Provider Performance

PCG conducted systems requirements gathering and implementation activities to configure our PCG QUIC System to track and aggregate all reviews, track provider performance, and support reporting for CMS performance measures.

Figure VI.B.3.2: PCG QUIC for Maryland DDA QIO Services.

PCG QUIC System was configured to facilitate the following quality reviews of Maryland's Community Pathways Waiver:

1. **Level of Care Reviews** – Review of both initial and annual re-determinations to monitor the Level of Care assurance.
2. **Service Plan Reviews** – Reviews of individual service records to address the Service Planning assurance.
3. **Critical Incident Reviews** – Reviews to address the health and welfare assurances.
4. **Qualified Provider Reviews** – Reviews of DDA Provider qualifications.
5. **Utilization Reviews –** Reviews to verify that claims, hours of service, and service paid are in line with person-centered plan and are actually being provided to the participant.

Execution of the National Core Indicators Surveys
PCG also completed the National Core Indicators (NCI) Adult Family Member Survey and the Family Guardian Survey on behalf of MD DDA. DDA leverages NCI surveys to assess the outcomes of services provided to individuals with I/DD and families based on core indicators. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. Data from these interviews and surveys are used to create State reports about individual outcomes; health, welfare, and rights; staff stability and competency; and family outcomes and system performance. A national report is generated as well as a report on how Maryland is doing in comparison with other states. In 2020, PCG has mailed more than 11,000 surveys and 400 of each of the NCI Adult Family Survey and Family Guardian Survey Adult Family were entered into the Online Data Entry Survey Application (ODESA) database.

Ohio Department of Medicaid Incident Investigations and Provider Oversight

PCG has implemented a multi-component HCBS provider monitoring and oversight initiative that includes critical incident management, on-site provider screenings, structural provider reviews, provider training, all conducted through our QIDS, PCG QUIC. PCG conducts investigations for individuals and providers in the Ohio Home Care Waiver, the Medicaid-Medicare Duals Demonstration program (MyCare Ohio), the Money Follows the Person program (HOME Choice), and community behavioral health (Specialized Recovery Services Program or SRSP).

Critical Incident Reviews

PCG investigates a wide variety of incidents for individuals and providers in the Ohio Medicaid program. PCG investigates more than 1,600 reported health and welfare violations each month. In doing so, PCG completes the following functions:

- Initial verification of an individual's health and welfare within one business day;
- A full investigation to substantiate or un-substantiate incident violations within 45 days;
- Approval of case management created prevention plans implemented to mitigate risk of incident reoccurrence;
- Referrals to the Ohio Department of Medicaid (ODM) for additional compliance action, including follow-up, overpayment collections, fraud referrals, or other sanctions;
- Referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Board of Nursing;
- Collaboration with law enforcement, the Attorney General's Office, and other investigatory entities; and
- Production of key analytical reports and report issues, educational needs of both providers and case managers, and identification of trends and patterns.

Structural Provider Reviews

PCG meets face to face with identified providers annually/bi-annually to review documentation and to assure providers deliver services in a manner compliant with Ohio requirements. PCG then:

- Prescreens all providers to determine which providers require a review;
- Conducts a face-to-face evaluation of all provider service documentation and billing, scanning all reviewed documentation for record maintenance;
- Reviews all provider billing to detect overpayments and fraud;
- Identifies provider compliance violations;
- Completes referrals to ODM for additional compliance action, including overpayment collections, fraud referrals, or other sanctions; and
- Submits referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Board of Nursing.

On-site Provider Screenings

To satisfy federal and state regulations for unannounced on-site screenings for ACA-identified moderate- and high-risk provider types, PCG has developed a Provider Screening Checklist to capture provider compliance and conducts HCBS settings assessments for new and existing Adult Day Health Services providers. PCG:

- Developed a Provider Screening Checklist used to capture the required provider regulatory compliance;
- Developed processes for uncertainties inherent with an unannounced on-site screening;
- Educates providers on-site in areas of non-compliance;
- Tracks information collected during the on-site screening to produce key analytical reports regarding findings; and

- Conducted Home and Community Based Services (HCBS) settings assessments for new and existing Adult Day Health Services providers to ensure compliance with the state's transition plan for new community setting rule. The assessment tool evaluated the following qualities regarding the facility setting:
  - Integrated in and supports full access to the greater community;
  - Selected by the individual from among setting options;
  - Ensures individual rights of privacy, dignity, and respect, and freedom from coercion and restraint;
  - Optimizes autonomy and independence in making life choices; and
  - Facilitates choice regarding services and who provides them.

Provider Enrollment and Support

PCG is responsible for managing the enrollment of all ODM HCBS Waiver providers. Provider enrollment and support services include:

- Evaluation of provider applications to verify required documentation for both enrolling and re-enrolling providers;
- Checking applicable databases and ensuring automatic checks complete appropriately;
- Educating providers regarding program requirements to improve quality of services provided to beneficiaries; and
- Fielding several hundred project-wide calls through our customer call center each week, always assuring compliance with standard response and hold times.

Provider Education

PCG provides education and technical assistance to more than 5,500 providers serving individuals who utilize home and community-based waivers. Education is provided in person, online, and through the provider enrollment, incident investigation and structural review processes. Provider education includes:

- Providing HCBS waiver providers with the education necessary to operate in compliance with all relevant rules and regulations in the Ohio Administrative Code and Revised Code;
- Conducting face to face and online trainings, as well as webinars;
- Creating, uploading, and maintaining online video trainings on PCG's website;
- Creating educational materials and tools based on client direction and analysis of trends and patterns noted in provider questions and citations; and
- Providing notifications about new rules and/or modifications to existing rules.

Collaboration

PCG is an active partner with ODM and other contractors in ensuring Ohio provides high-quality, innovative services. PCG is a member of various work groups and committees including:

- HCBS Rules Committee - Highlights include spending 2015 working on processes and rules to support Ohio's transition plan for CMS' HCBS settings rule;
- State Plan Related Services Work Group - Coordination and development of state plan services;
- Protection from Harm Committee - Focus on ensuring the health and welfare of individuals with an emphasis on prevention; and
- Quality Steering Committee - Data evaluation of HCBS services, trends, and patterns.

Compilation of Relevant Experience

PCG has included a listing of related projects, specifically calling attention to how these projects relate to the following DHHS-DDD scope features:

- Home and Community-Based Services (HCBS) Program Experience
- Compliance Reviews and Monitoring
- Provider Reviews
- Quality Improvement Data System (QIDS)

	Project	HCBS	Compliance Reviews and Monitoring	Provider Reviews	QIDS
IL	HCBS QIO Services	✓	✓	✓	✓
MD	HCBS DD Waiver QIO Services	✓	✓	✓	✓
OH	HCBS Incident Investigations and Provider Oversight	✓	✓	✓	✓
NC	Medicaid Provider Oversight Investigation	✓	✓	✓	✓
PA	HCBS Vendor Fiscal / Employer Agent, Financial Management Services	✓	✓	✓	✓
IN	HCBS Waiver Consultation and Assessment Services	✓	✓	✓	✓
SC	HCBS Compliance On-site Assessments	✓	✓	✓	✓
WI	HCBS Compliance On-site Assessments	✓	✓	✓	✓
MS	HCBS Compliance On-site Assessments	✓	✓	✓	✓
CA	HCBS Compliance On-site Assessments	✓	✓	✓	✓
CO	HCBS Post Payment Reviews	✓	✓		✓
NY	HCBS Statewide Transition Plan	✓	✓	✓	✓
NC	Prior Authorization, Due Process Monitoring and Reporting	✓			✓

Figure VI.B.3.3: Experience Matrix. PCG displays a compilation of relevant experience and identifies the key NE DHHS scope areas that the named projects relate to.

Configuration and Components of QIDS Specifically for NE DHHS

PCG's QUIC System was purposefully designed to be configurable to meet specific quality assurance needs of states' Medicaid HCBS waiver programs. PCG QUIC can be configured at each structural level (Waiver Program, Review Type, Compliance Standards, and Data Collection Method) shown in the figure below.
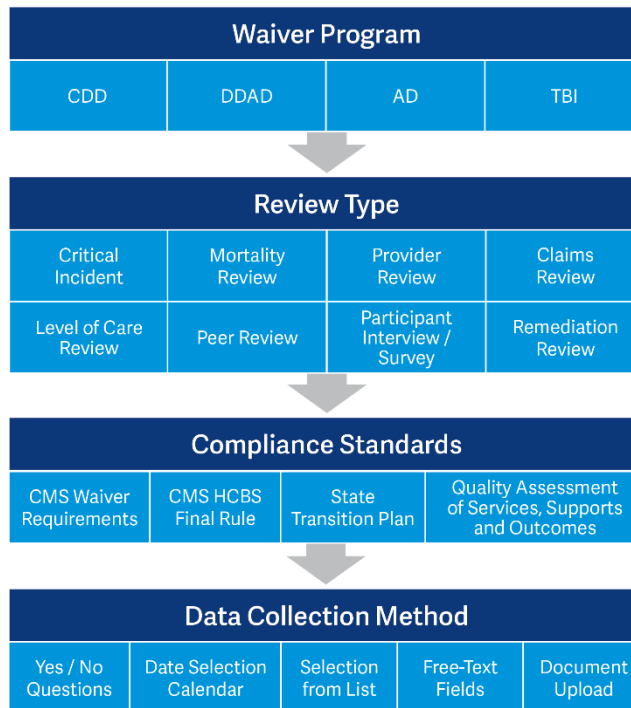
Figure VI.B.3.4: PCG QUIC System Structure for Medicaid HCBS Waiver Quality Assurance Activities.

During the implementation period, PCG will commence extensive process mapping and requirements gathering sessions around the Nebraska's quality management system, expectations, and needs for its quality assurance review modules (components) for each of its waiver programs. In doing so, PCG will obtain a comprehensive understanding of how PCG QUIC should be configured to best meet the needs to DHHS-DDD.

PCG will identify for **each NE HCBS waiver program** included in PCG QUIC:
- Review types / modules, e.g. Critical Incident and Mortality Review modules
- Compliance standards to be assessed under each review type / module
- Data collection method for each compliance standard

Based on the requirements gathered, PCG will build business rules and logic into PCG QUIC to configure the system so that each review module achieves, at a minimum, the following for each waiver program:
- ➢ Automatically pulls the appropriate review tools and/or interview questionnaires for users;
- ➢ Presents only pertinent questions to the specific review and compliance standards being assessed;
- ➢ Offers easy-to-use data collection fields for efficient completion of reviews;
- ➢ Includes a quality assurance/control feature to allow for a second peer or supervisor review;
- ➢ Links participants to the data collected for accurate reporting;
- ➢ Follows the appropriate workflow process by authorized user roles; and
- ➢ Option to group participants under a single case for streamlined reviews of multiple participants from the same sample or review timeframe.

Depending on state needs, additional modules and expanded components such as the following can be configured into PCG QUIC:
- Provider Review module
- Claims Review module

- Level of Care module
- Peer Review module
- Client Satisfaction (interview) module
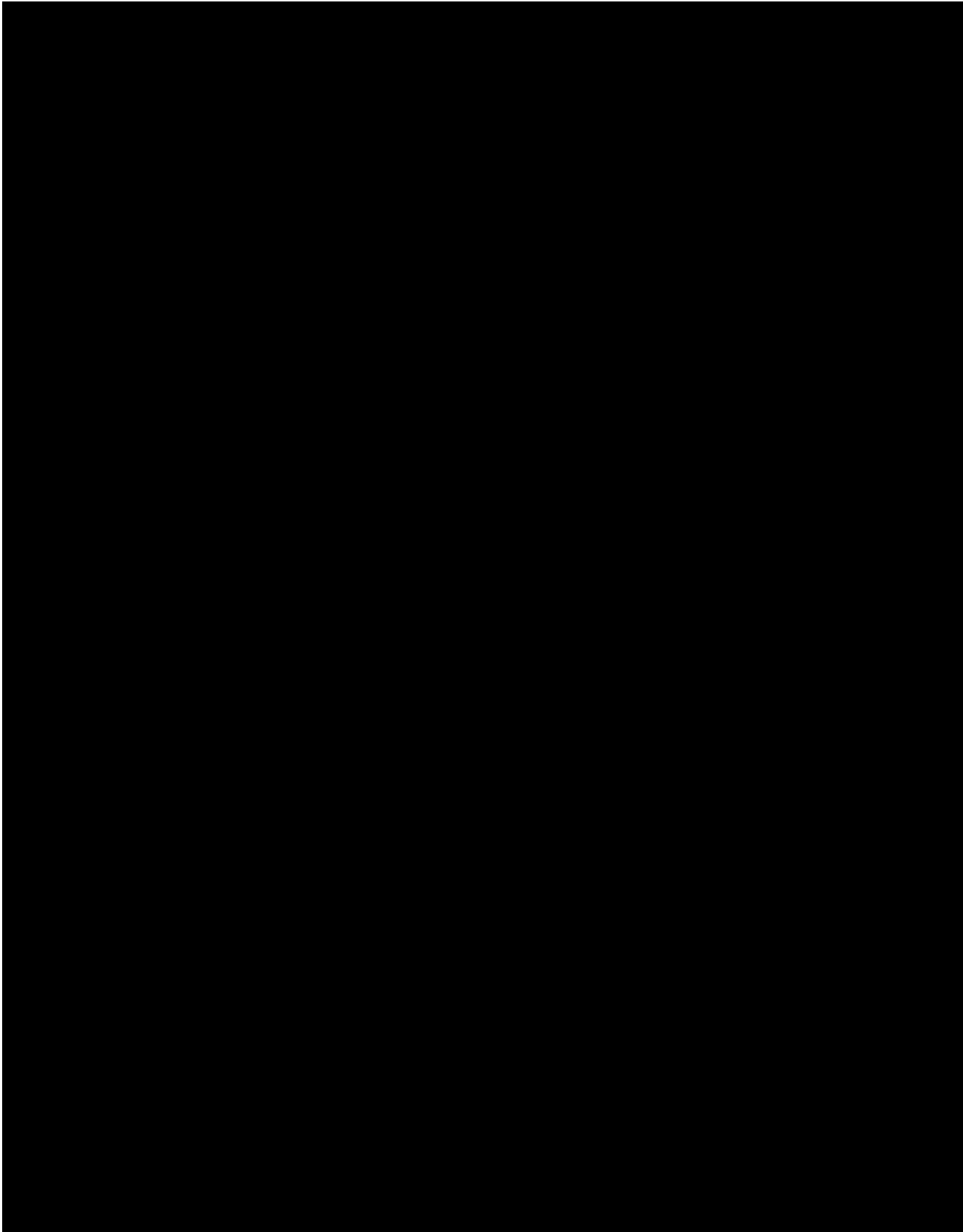- Any additional modules that the QIO recommends

For additional details on PCG QUIC and the functionality of our review modules, including Critical Incident and Mortality Review, Provider Review, Claims Review, Level of Care Review, Peer Review, and Client Satisfaction, please refer to *Section VI.B.5.o* of our proposal.

e. Describe how the software program will provide corrective action planning and monitoring functions and will document communication between parties responsible for corrective action.

Bidder Response:
Corrective Action Planning and Monitoring in PCG QUIC

When PCG identifies areas of non-compliance during quality assurance reviews (e.g. Critical Incident Reviews, Mortality Reviews, provider reviews, claims reviews, level of care reviews), PCG requires the responsible party, whether it may be a provider agency, independent provider, or case management agency/case manager, to develop and implement Corrective Action Plans (CAPs) to remediate the non-compliant issues within a required timeframe.

f. The Contractor shall have the ability to maintain Protected Health Information (PHI) received from the State, Participants in Medicaid HCBS programs, and service providers. The Contractor shall

have the ability to maintain the confidentiality of all information. See Health Insurance Portability and Accountability Act (HIPAA) Compliance – Attachment B - Business Associate Agreement Provisions.

4. Scope of Work for QIDS
The Contractor shall provide an effective, efficient and reliable mechanism for capturing relevant information permitting the identification of issues and provide a broad array of management reports to support managerial decisions. It shall also allow management to develop CAPs and permit the measurement of improvement over time as initiatives are implemented.

5. Required Functionality
a. The QIDS must reflect national best practices from CMS. Describe how solution approaches and maintains this requirement.

Bidder Response:

With our significant history and experience with home and community-based services (HCBS) waivers, including several current ongoing projects, PCG is deeply familiar with CMS and individual state laws, regulations, policies, procedures, requirements, and national best practices governing waivers. Staying current, even anticipating changes, is crucial to our ability to support state efforts to manage waiver program compliance, quality, and overall operations. Because of changes in federal requirements, quality oversight and compliance can feel like an ever-evolving target. PCG eliminates that concern and uncertainty. Our operating and maintenance model of our QIDS – PCG QUIC – requires that we remain closely observant of national best practices and federal requirements. **This ensures our clients that our waiver monitoring programs are always situationally germane and can satisfy waiver quality assurance, improvement, and management goals without sacrificing any necessary operational rigors.**

In the following subsections, we address our current knowledge of best practices from CMS that serves as the **foundation to the structure and functionalities of PCG QUIC**.

PCG Knowledge of Federal Quality Oversight and Management for HCBS Waivers
In this subsection, PCG documents its knowledge of the Six Assurances, the Final Rule, and Discovery.

Understanding the Six Quality Assurances
The Centers for Medicare and Medicaid Services (CMS) requires states to design a quality assurance system for its 1915(c) Home and Community-Based Waiver programs to ensure the health and welfare of beneficiaries. The State's quality assurance system must address six overarching Quality Assurances, along with associated sub-assurances, by developing and reporting on performance measures for each. In 2014, in collaboration with The National Association of States United in Aging and Disability (NASUAD), National Association of State Directors of Developmental Disabilities Services (NASDDDS) National Association of Medicaid Directors (NAMD), and administrators from eleven states and the National Quality Enterprise, CMS modified its quality assurance system requirements and released *Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers*[1]. The modified Quality Assurances are outlined below.

Assurance: Level of Care
The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care (LOC) consistent with care provided in a hospital, nursing facility, or Intermediate Care Facility (Intellectual Disabilities/Developmental Disabilities).

Assurance: Service Planning
The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

Assurance: Qualified Providers
The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Assurance: Health and Welfare
The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Assurance: Financial Accountability
The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

Assurance: Administrative Authority
The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

The development of PCG QUIC revolved around these exact waiver quality assurances so that monitoring and tracking of quality assurances, state determined sub-assurances, and performance measures in our system would occur in the most effective and efficient way possible.

Supporting States with HCBS Quality Framework
The six Quality Assurances and the HCBS Quality Framework[2] work together to ultimately achieve participant-centered desired outcomes:

1. **Participant Access:** Individuals have access to home and community-based services and supports in their communities.
2. **Participant-Centered Service Planning and Delivery:** Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community.
3. **Provider Capacity and Capabilities:** There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.
4. **Participant Safeguards:** Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.
5. **Participant Rights and Responsibilities:** Participants receive support to exercise their rights and in accepting personal responsibilities.
6. **Participant Outcomes and Satisfaction:** Participants are satisfied with their services and achieve desired outcomes.
7. **System Performance:** The system supports participants efficiently and effectively and constantly strives to improve quality.

Both the CMS quality assurance system and the HCBS Quality Framework embrace a system that involves:

- **Program Design**: A system that addresses topics such as service standards, provider qualifications, assessment, service planning, monitoring participant health and welfare and critical safeguards.
- **Quality Management**
  - **"Discovery:** Collecting data and direct participant experiences to assess the ongoing implementation of the program, identifying strengths and opportunities for improvement.
  - **Remediation:** Taking action to remedy specific problems or concerns that arise.
  - **Continuous Improvement:** Utilizing data and quality information to engage in actions that lead to continuous improvement in the HCBS program."

The six Quality Assurances and its sub-assurances serve as the foundation to the program design of an effective quality management program design. For the "Discovery" phase in the continuous quality assurance system, CMS requires states to conduct quality reviews of entities and stakeholders involved in the participant care to evaluate performance on the Quality Assurances, Sub-assurances, and individual performance measures. Leveraging the information gleaned from these quality assurance reviews, states must remediate any non-compliance findings, inform, and implement continuous improvement efforts, and submit an evidentiary report on all performance measures for each HCBS waiver. PCG fully understands this quality management program and process, which is why we built PCG QUIC to reflect exactly this model.

PCG heavily invested time and resources in PCG QUIC to support every aspect of the HCBS waiver quality management system and strategy for states, including facilitation of quality reviews and monitoring of waiver quality assurances, sub-assurances, and performance measures that ultimately lead to person-centered desired outcomes. PCG possesses unparalleled knowledge, processes, tools, clinical staff, and QIDS that can support NE DHHS' approach throughout its entire Quality Management Strategy.

Applying the HCBS Final Rule
In addition to our knowledge of HCBS waiver quality assurances and Quality Framework, PCG has gained recognition in our approach to supporting states with implementation of the Medicaid HCBS Final Rule, also released in 2014. The HCBS Final Rule enhances the quality of home and community-based services and provides protections to beneficiaries. It also ensures that individuals have full access to

the benefits of community living and the opportunity to receive services in the most integrated settings[3]. The Final Rule establishes the settings requirements for the three home and community-based Medicaid authorities, 1915(c), 1915(i), and 1915(k), and further defines person-centered planning requirements within those waiver programs. In just the past five years, PCG conducted over 4,000 HCBS site assessments for compliance with the HCBS Final Rule using PCG QUIC. **With the clear overlap between HCBS quality requirements and the Final Rule, PCG can assist NE DHHS in implementing the utmost holistic HCBS waiver programs.**

PCG's experience within the Home and Community Based Services landscape **has placed us shoulder-to-shoulder with Medicaid agencies, case managers, providers, and beneficiaries.** We fully understand the perspectives of each of these groups, and the sophisticated orchestration required to ensure all groups satisfy and benefit from the federal regulations governing quality oversight and management of HCBS Waivers.

[1] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf
[2] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf
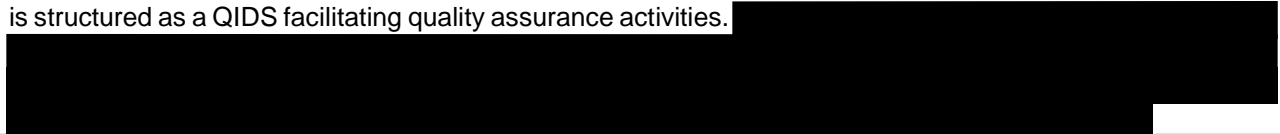[3] https://www.medicaid.gov/medicaid/hcbs/guidance/index.html

b. The QIDS must assess through qualitative and quantitative means:

i. The quality of services provided;
ii. The ability of services provided to meet the participant's needs;
iii. The effect of the services to support or improve quality of the participant's life; and,
iv. The satisfaction of participants receiving services with the process of eligibility determination and service delivery.
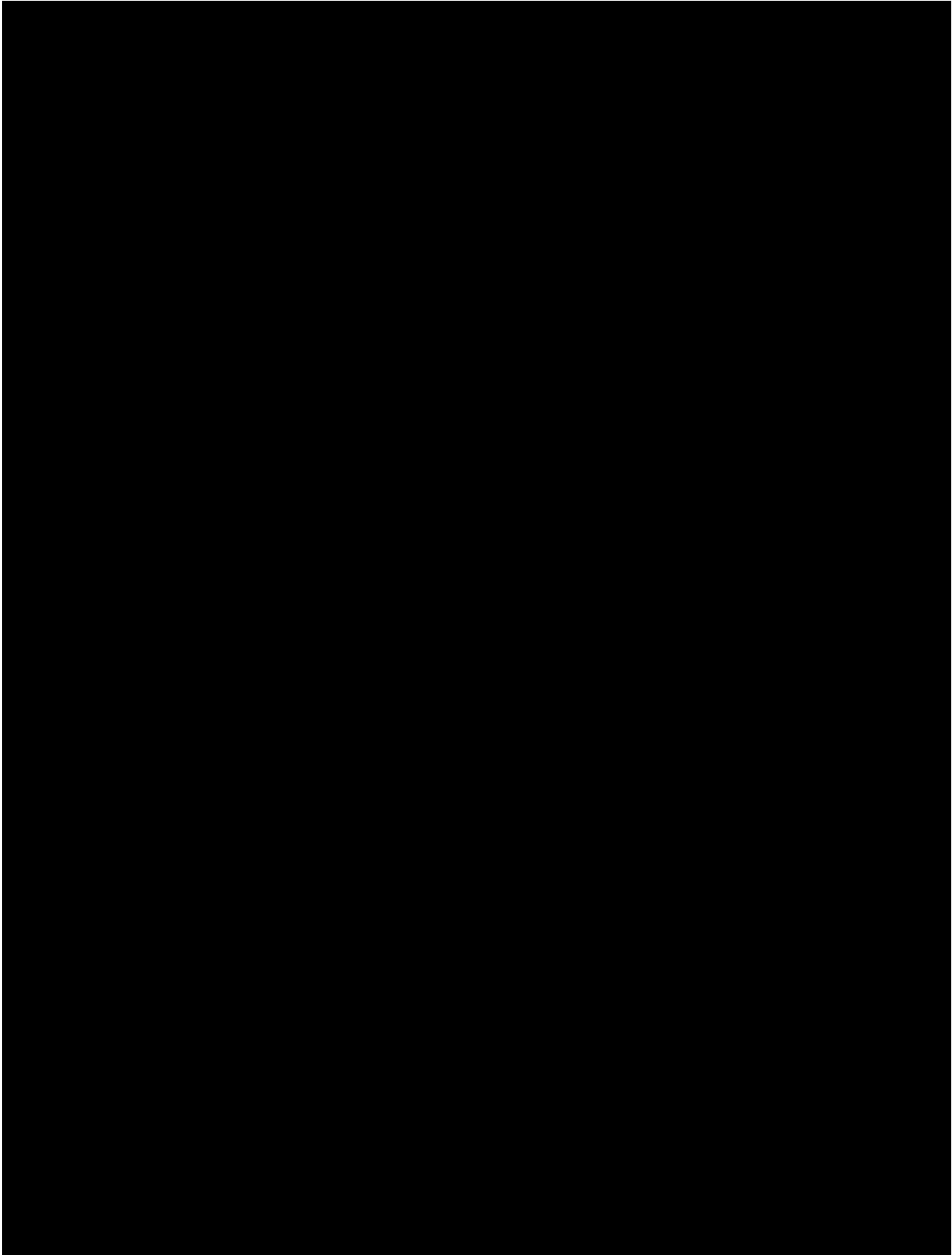
The primary means of data collection will be reviews done by DHHS and DPH employees. Describe how the solution meets these requirements.
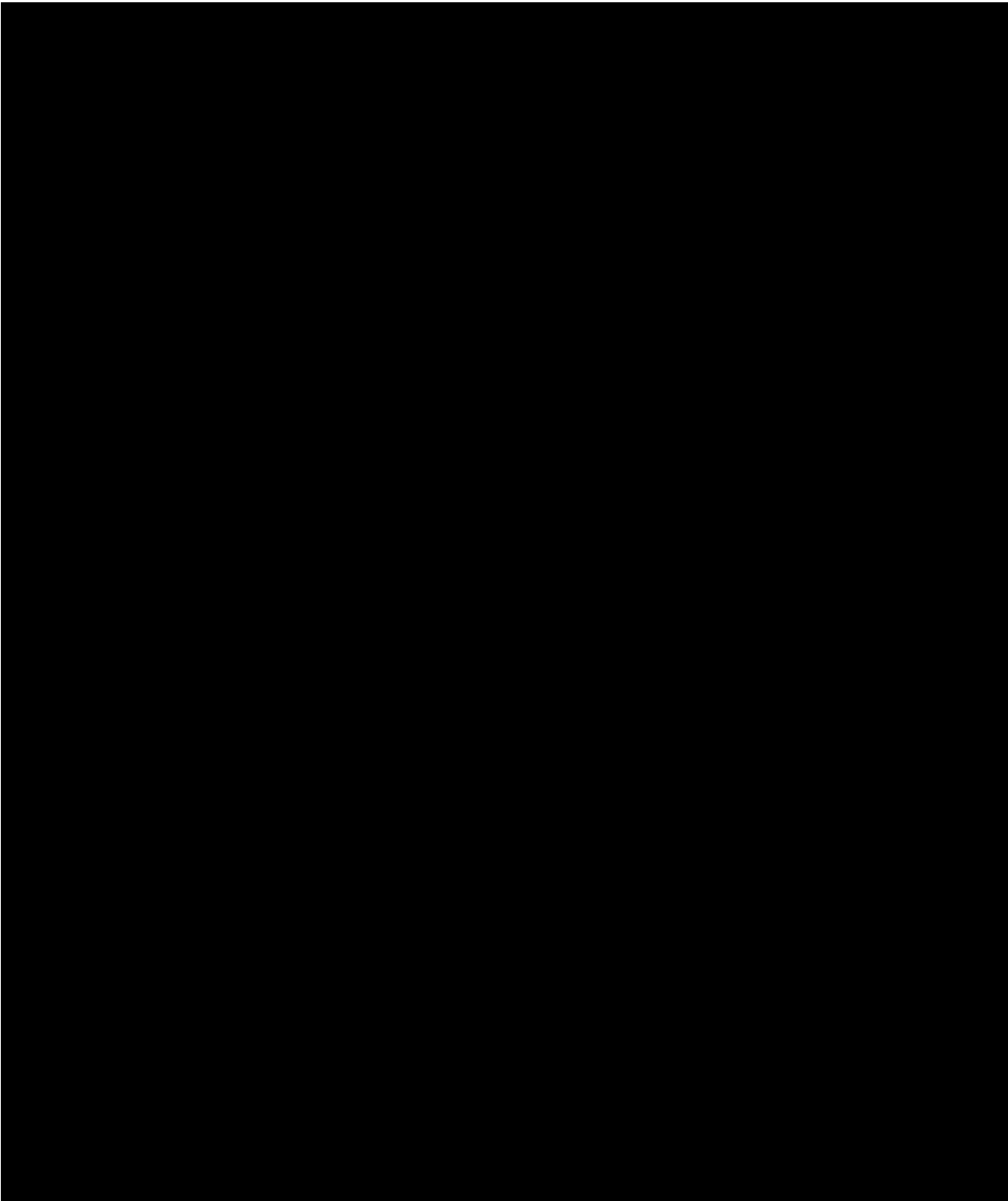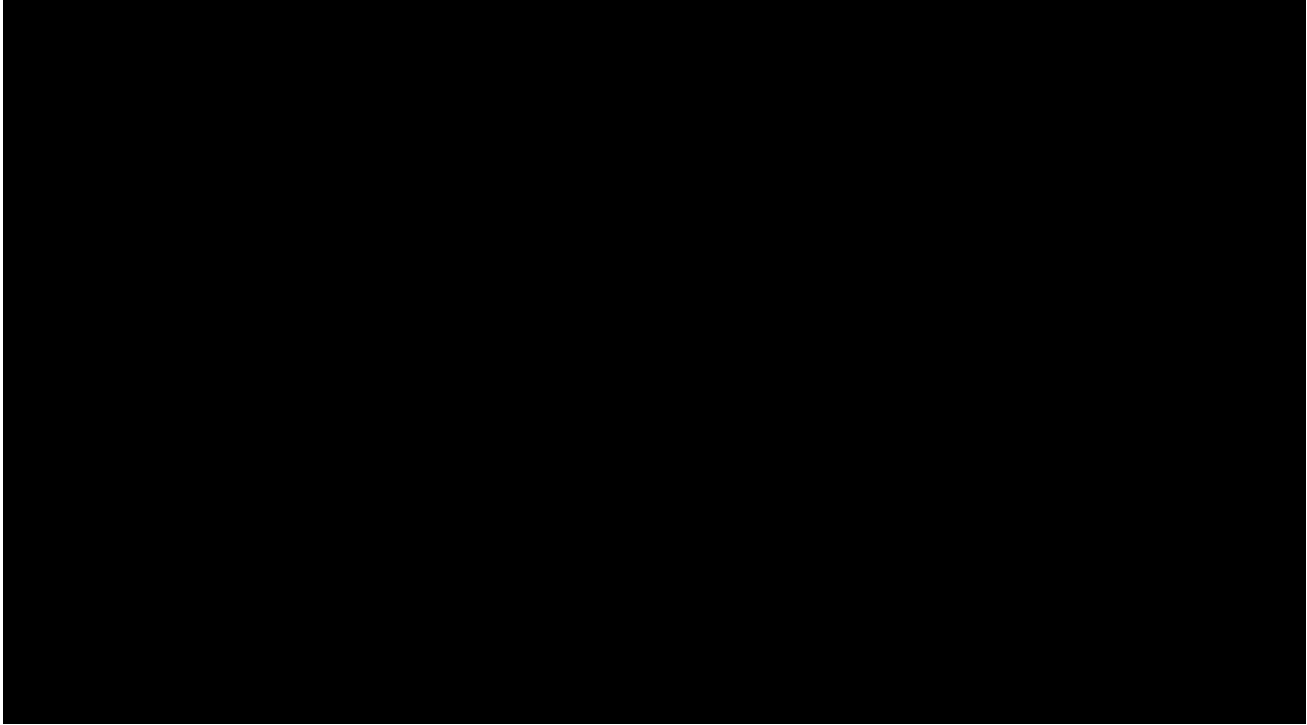

Bidder Response:
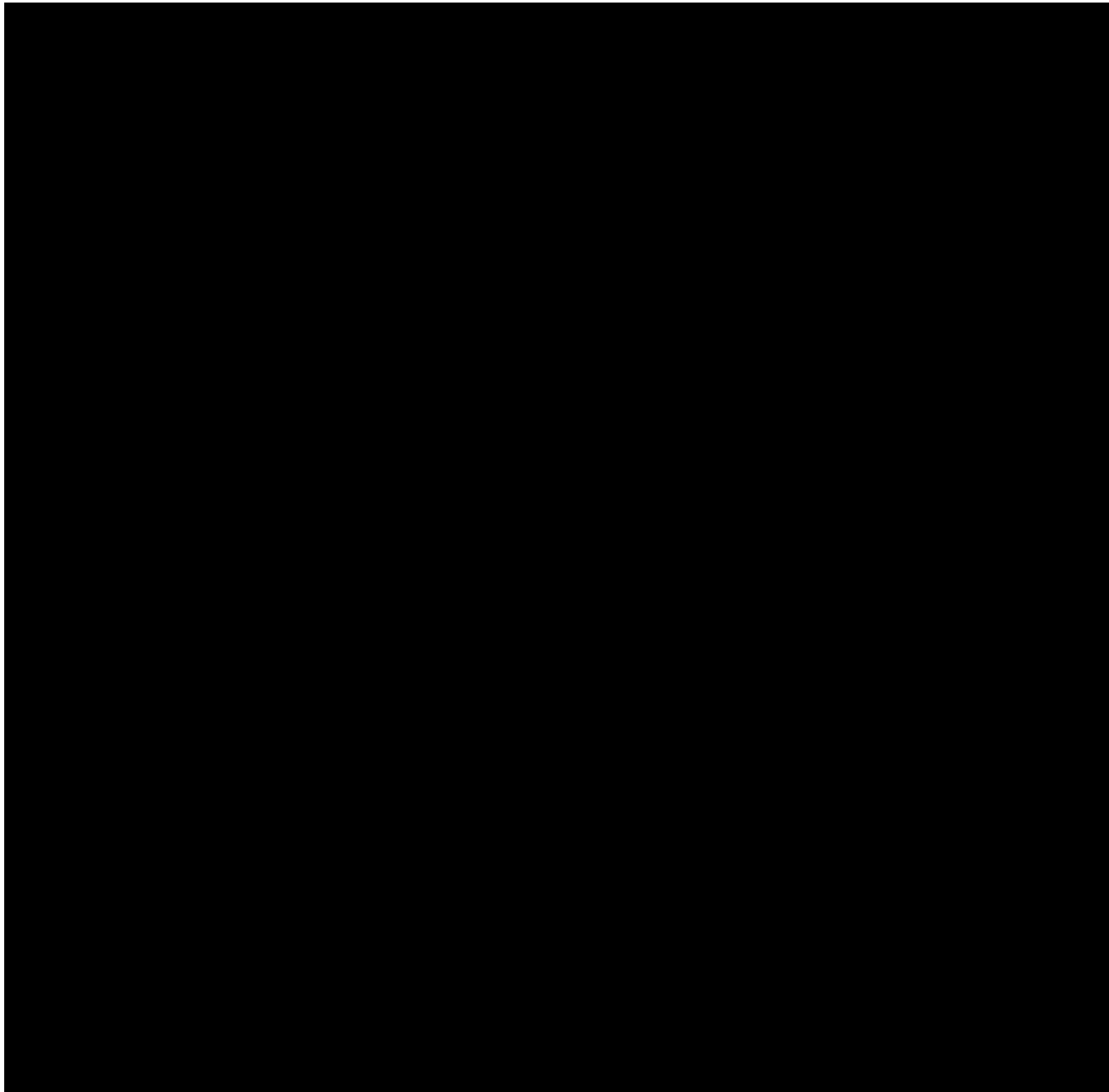**Configurable Qualitative and Quantitative Data Collection in PCG QUIC**
The core advantage of the PCG QUIC System is its configurability. *Figure VI.B.5.2* depicts how PCG QUIC is structured as a QIDS facilitating quality assurance activities.

c. The QIDS must have the ability to import data from existing DHHS systems in a standardized format, using data conversion when necessary. Describe how the solution meets this requirement.

Bidder Response:

Importing Data from State's Systems

PCG QUIC's Data Intermediary and Collection System allows for a variety of data importing methods for DHHS, providers, and other stakeholders to securely transfer data for collection, analysis, and reporting. PCG can accommodate batch, ongoing system-to-system connectivity submission, and direct data entry processes, using data conversion, as necessary. Throughout our response, the term "system interaction" is assumed to address how data is exchanged between DHHS, providers, and PCG in a secure, efficient, and standardized manner. Each of these system data interaction options are outlined below.

Extract, Transform, Load (ETL)

PCG's main component for system interaction is an enterprise grade Extract, Transform, and Load (ETL) framework where the data is extracted and transformed to the agreed upon data format specification. The transformation component is part of the plug and play architecture that allows disparate data sources to be transformed to a common schema for further consumption. If DHHS already has a data specification for PCG to utilize, PCG can easily adapt its ETL framework to import the data into PCG QUIC. In a situation where there are no pre-existing specifications, PCG will typically propose a data specification that can easily be implemented. In this process, PCG would engage with DHHS and the appropriate stakeholders to define the data elements, mappings, and appropriate conversions.

PCG QUIC's ETL framework leverages Secure File Transfer Protocol (SFTP) for data transmission. We will configure SFTP server sites on the PCG infrastructure using Amazon Web Services for DHHS and each of the associated stakeholders. With respect to how data enters the PCG QUIC System via the SFTP integration mode, our system can accommodate both a push from DHHS/stakeholder to the PCG SFTP server, or a pull from the submitting system. The former allows the submitting entity to set up a process on their system to securely connect and transfer data to the PCG SFTP server in their "inbound" folder, as well as to get data from the PCG SFTP server in their "outbound" folder. The latter option entails PCG setting up a "MOVEit" process on our server that will access data from a specified location at the DHHS/stakeholder system to "GET" data onto the entity's SFTP "inbound" folder (or "outbound" folder in the case of data flowing from PCG to the DHHS/stakeholder entity. PCG would also need to create an approved list of the external entity's system IP address to pull data.

Notices can be triggered on the PCG SFTP server via the "MOVEit" process to indicate when files have been picked up for processing – or otherwise to alert PCG, DHHS, and/or provider entities on errors in processing.

Website User Interface

Case files and other documents can be securely uploaded from designated pages within QUIC so that they can be processed and used in the assessment process. PCG QUIC utilizes SSL certificates and the application is hosted behind multiple layers of firewalls to provide a secure public-facing website that allows authorized and authenticated users, such as DDRS staff and providers to access via an internet connection on modern web browsers or tablets.

Direct Data Entry for Non-system Users

For non-system users that need to enter data and/or submit documents directly, they will be able to do so securely using a time-sensitive access link and unique passcode sent via a system generated email. This email, passcode, and single-use page is generated based on specific user actions within QUIC to facilitate the gathering of assessment specific data and documents from known individuals. This person specific QUIC page is designed for a one-way flow of data into the system using QUIC's secure document upload process and retains all system auditing functions.

Custom Web Services

PCG can provide a Custom Web Services Component upon request by DHHS. These web services would be representational of state transfer application programming interfaces (REST APIs) that allow DHHS or approved stakeholders to make calls to the QUIC system. These APIs would extend DHHS's ability to interact with QUIC data in real-time.
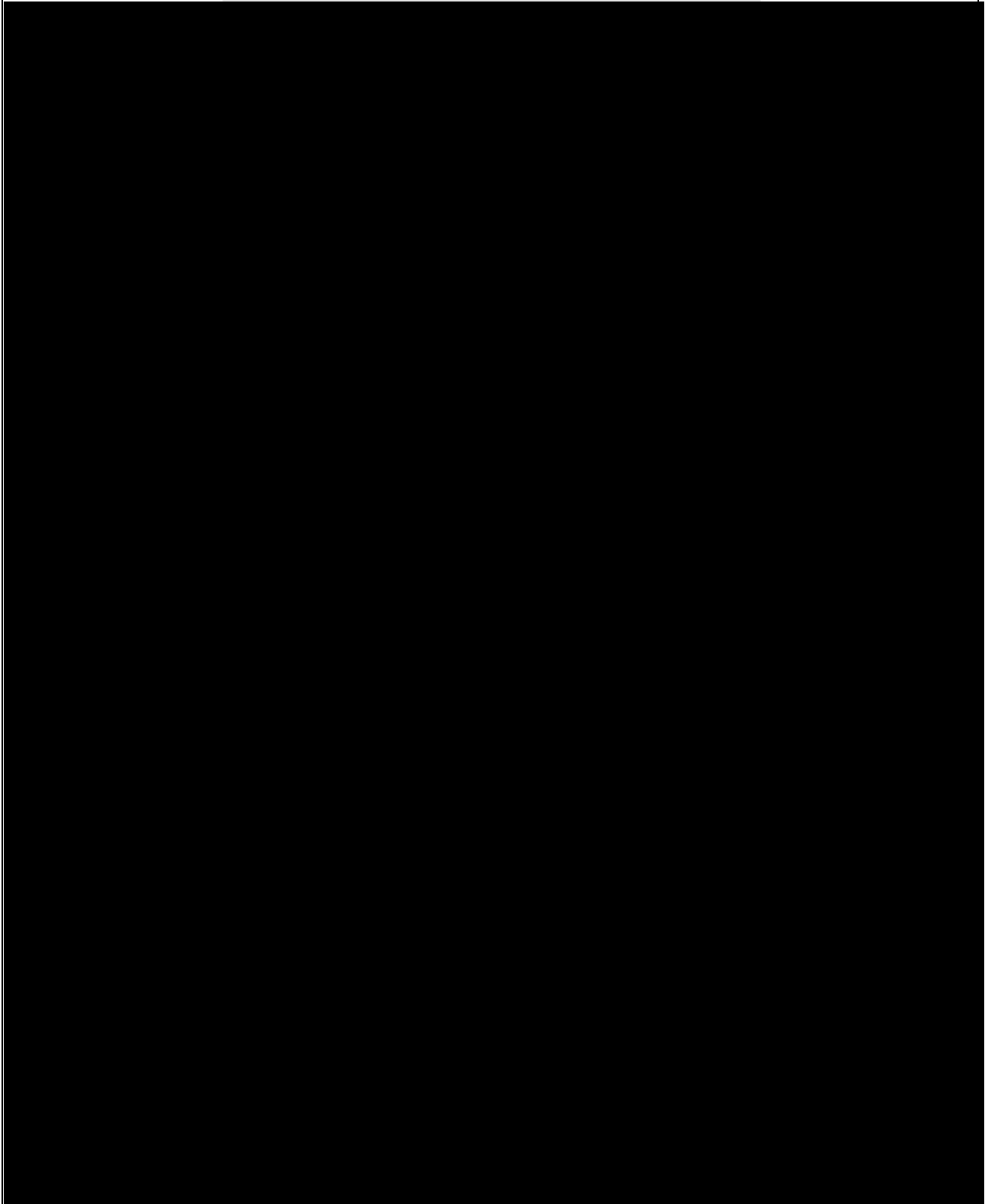
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d. The QIDS shall include recommendations for improvements to the types of services and the delivery of services for program participants. Describe how the solution meets this requirement.
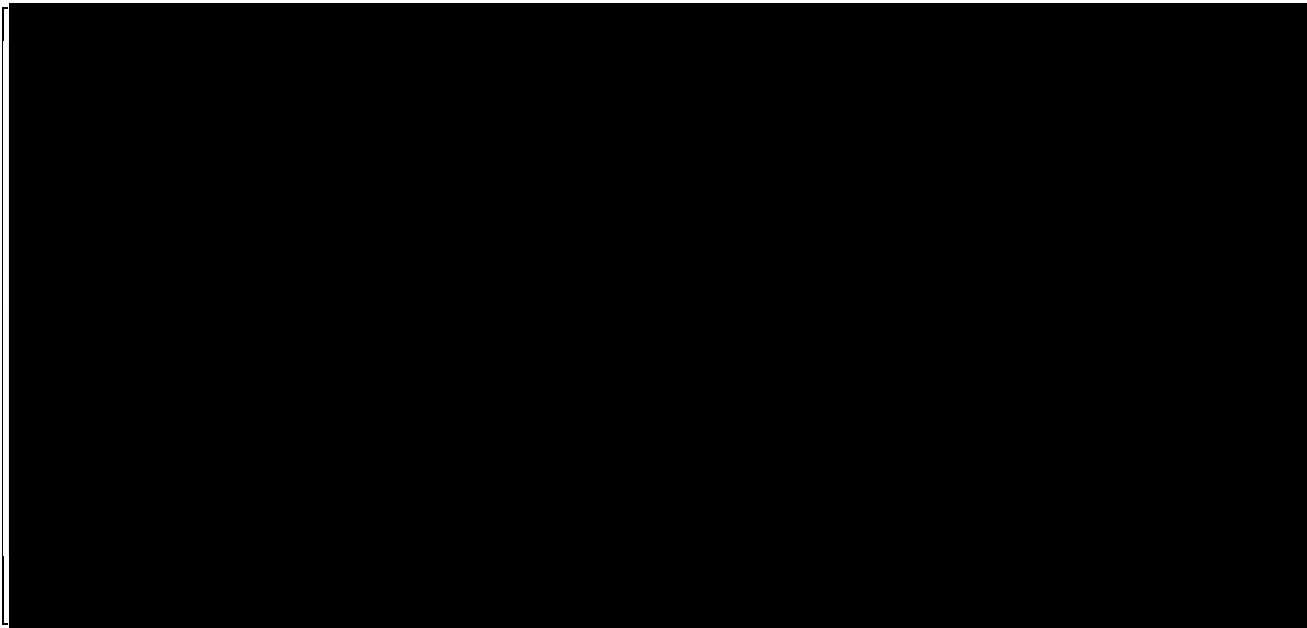

Bidder Response:

Recommendations for Improvements

As discussed in **Section VI.B.5.b** of our proposal, PCG QUIC can be configured to not only include different waiver programs, waiver types, compliance standards, but also the data it is required to collect for quality

assurance activities. As such, PCG QUIC can be configured to also capture recommendations for improvements to the types of services and delivery of services for program participants, further explained in the following paragraphs.

      e.   The QIDS will allow for data storage of participants' surveys. Describe how the solution meets this requirement.

Bidder Response:
Participant Surveys in PCG QUIC
Within PCG QUIC System's configurability structure, participant surveys are included under "Review Type" as its own review module. The participant interview/survey module in PCG QUIC can be configured to include multiple participant survey and interview instruments based on waiver program and specific objectives of the participant survey. The system is set-up to automatically display the appropriate participant survey/interview questionnaire to the reviewer based on the waiver program and review type selected, eliminating the potential of participants being asked irrelevant questions.
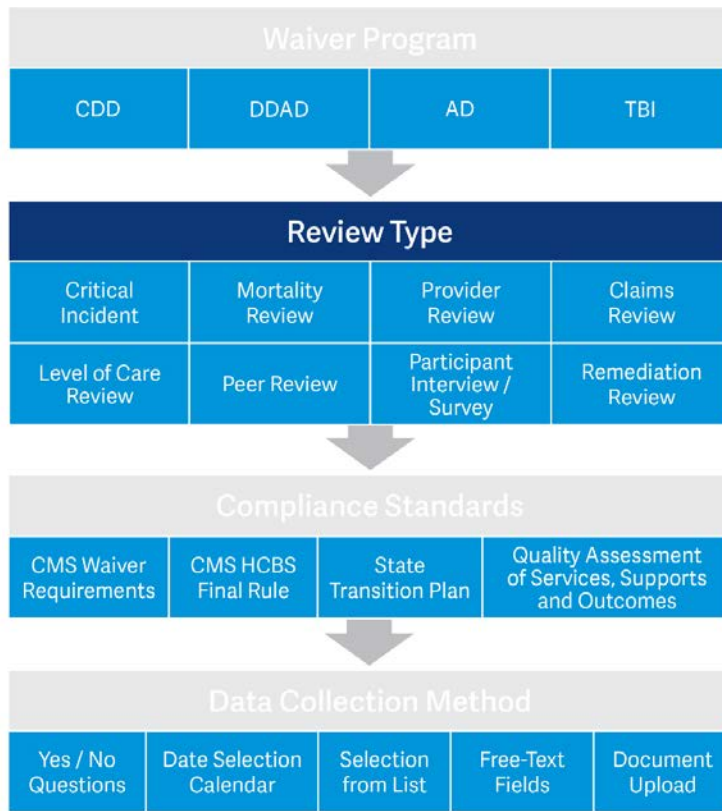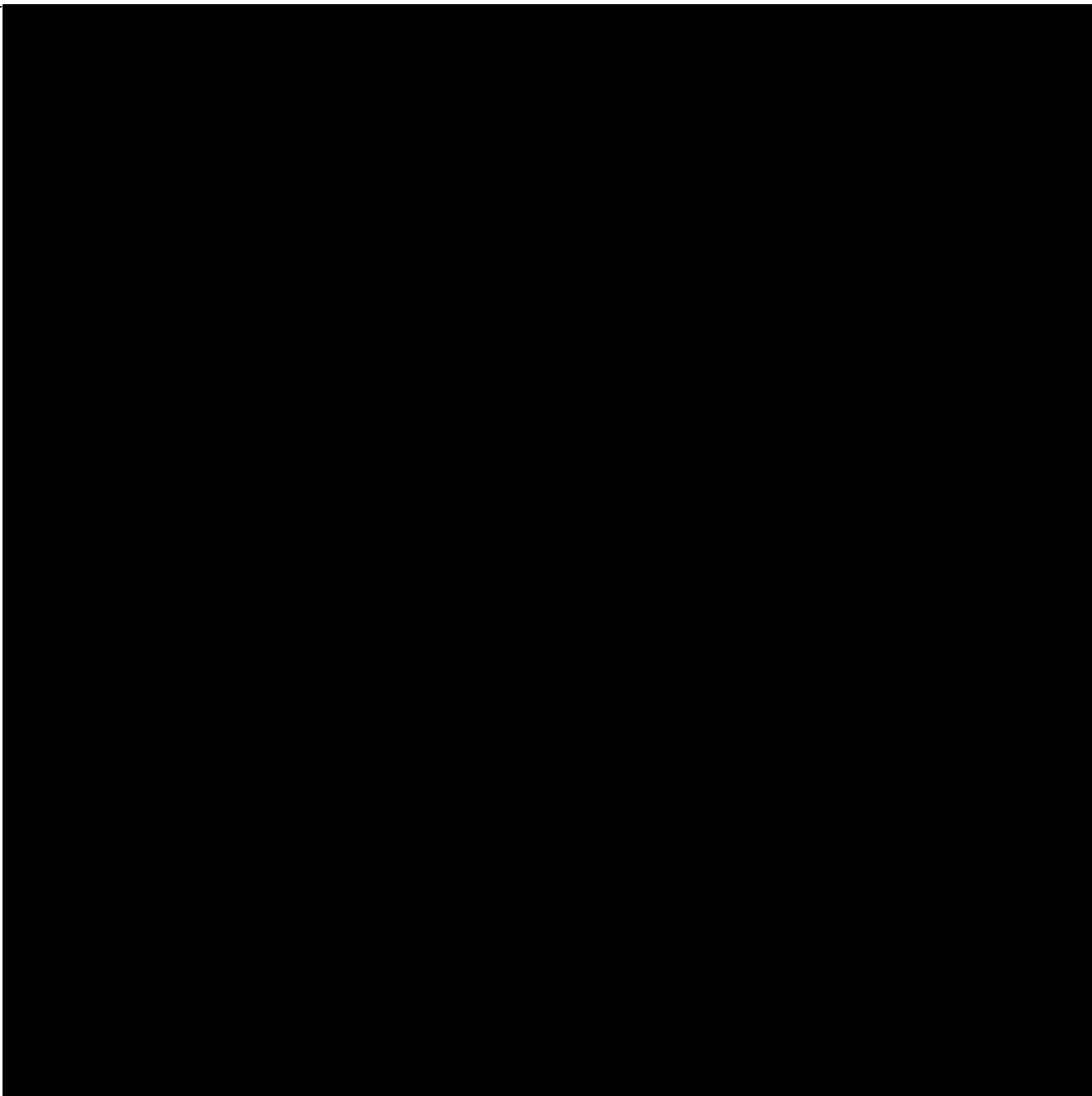
Figure VI.B.5.9: PCG QUIC System Structure for Quality Assurance Activities including Participant Surveys.

During the implementation period, PCG will work with NE DHHS to identify the participant survey objectives, standards, questions, survey recipient sample, and data collection method. Based on this information, PCG will develop and configure waiver-specific surveys into the participant survey module for users to administer participant surveys as needed.

Data Storage of Participant Surveys in PCG QUIC

As are all reviews in PCG QUIC, participant surveys and responses are stored on PCG QUIC's database hosted in the Amazon Web Service (AWS) cloud. Amazon Simple Storage Service (Amazon S3) is an object storage service that offers industry-leading scalability, data availability, security, and performance. This means PCG and NE DHHS can use it to store and protect any amount of data collected through quality reviews, interviews, and surveys.

With AWS, DHHS takes advantage of a scalable, reliable, and secure global computing infrastructure, the virtual backbone of Amazon.com's multi-billion-dollar online business that has been honed for over a decade. Using AWS tools, such as Auto Scaling and Elastic Load Balancing, PCG QUIC can be scaled up or down based on demand and volume. Backed by Amazon's massive infrastructure, PCG QUIC has access to compute and storage resources as needed.

The QIDS will allow for data storage of monitoring tools for both DHHS staff and providers of services. Describe how the solution meets this requirement.

Bidder Response:

Monitoring Tools in PCG QUIC

During the implementation period, PCG will hold extensive process mapping and requirements gathering around the State's monitoring processes and tools for both DHHS staff and providers of services across waiver programs. In doing so, PCG will obtain a comprehensive understanding of how PCG Q UIC should be configured to best meet the monitoring needs of NE DHHS. PCG will then develop business rules and systems logic to be configured into the review module of PCG QUIC to allow DHHS and providers to conduct monitoring functions easily yet effectively. With PCG QUIC, NE DHHS can expect, at a minimum, the following:

- Monitoring review module for DHHS staff and providers
- Access to only the information required for monitoring activities
- Monitoring tools/questionnaires specifically based on compliance standards and requirements of NE DHHS, waiver program, provider service type
- Auto-population of monitoring tools relevant to the waiver program and provider service type

User Roles in PCG QUIC

PCG QUIC includes a user management functionality where designated administrative users can assign and access user credentials and control the degree of access for users. The specific set of user access capabilities and roles can be configured based on DHHS requirements, as we understand that each state agency has varying standards regarding access capabilities and hierarchies. During the implementation period, PCG will work closely with DHHS to document the specific structure of the user access for implementation, including access for DHHS staff as well as providers.

Email

Name

Role

Reviewer ⌄

submit

Figure VI.B.5.11: User Management Functionality in PCG QUIC

The User Management functionality not only allows an admin user to specifically designate the type of role each user is assigned to, it also specifically identifies the individual pages and dashboards that the user has access to through the "Provider Access" functionality. This feature is extremely important in granting providers with access to only the data they need for monitoring activities and restricting access to other state data stored in PCG QUIC.

Data Storage of Monitoring Tools in PCG QUIC

As are all reviews in PCG QUIC, monitoring tools are stored on PCG QUIC's database hosted in the Amazon Web Service (AWS) cloud. Amazon Simple Storage Service (Amazon S3) is an object storage service that offers industry-leading scalability, data availability, security, and performance. NE DHHS can use PCG QUIC

and AWS to store and protect any amount of data for monitoring tools, backup and restore, archive, and data analytics.

With AWS, DHHS takes advantage of a scalable, reliable, and secure global computing infrastructure. Using AWS tools, PCG QUIC can be scaled up or down based on demand and volume. For example, AWS' Elastic Load Balancing automatically takes incoming traffic and distributes across multiple targets, including containers and buckets, IP addresses, and Lambda functions. Backed by Amazon's massive infrastructure, PCG QUIC provides access to computing and storage resources for NE DHHS as needed.

g. The system shall have ongoing compliance with DHHS Medicaid waiver regulations, DHHS Administration of Developmental Disabilities, Office of Special Education Program (OSEP), CMS rules and regulations, Health Insurance Portability and Accountability Act (HIPAA), American Recovery and Reinvestment Act (ARRA), and Family Educational Rights and Privacy Act (FERPA).Describe how solution meets this requirement.

Bidder Response:

PCG QUIC and Ongoing Compliance with QIDS Requirements

One of the greatest advantages of PCG QUIC is its configurability. PCG QUIC is purposefully structured to support a multi-faceted quality assurance system involving multiple programs, review types, data collection, and reporting requirements. PCG QUIC can be set-up to display the appropriate tool, questionnaire, or checklist to the reviewer automatically based on the selected criteria, e.g. program, review type, thus, eliminating the potential of reviewers assessing irrelevant compliance standards. **For example, PCG QUIC can support compliance review tools around CMS rules and regulations for participants served through DHHS Administration of Developmental Disabilities, and another unique set of review tools for those served through the Office of Special Education Program.** Through PCG's internal Quality Assurance (QA) Model, PCG will ensure ongoing compliance of PCG QUIC with the Scope of Work QIDS requirements.

PCG Internal Quality Assurance (QA) Model

PCG's QA model amounts to much more than a provision in a contract, federal statute, or regulation; it represents an ongoing, organized method of doing business to achieve optimum results, involving all levels of the organization and stakeholders, including NE DHHS. Specifically, our QA model will focus on continuous monitoring, improvement, and alignment of PCG QUIC to federal and Nebraska DHHS rules and regulations, policies, and requirements. The overarching objective is to prevent or mitigate the likelihood of problems, by monitoring operations, identifying areas of modification and updates, and applying system business rules or configurations to fix outdated information.
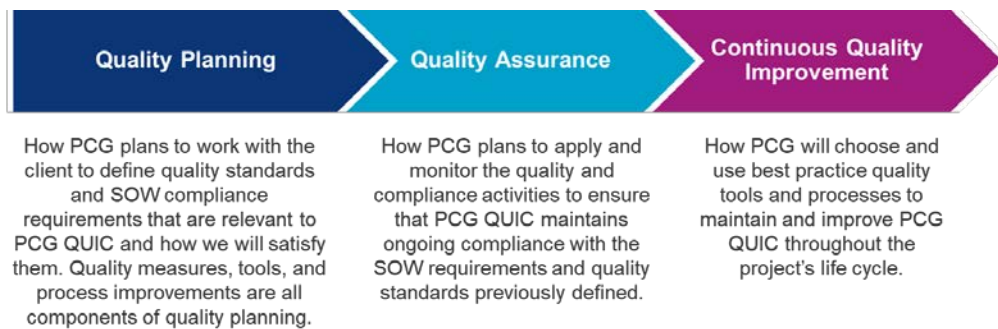

Quality Planning	Quality Assurance	Continuous Quality Improvement
How PCG plans to work with the client to define quality standards and SOW compliance requirements that are relevant to PCG QUIC and how we will satisfy them. Quality measures, tools, and process improvements are all components of quality planning.	How PCG plans to apply and monitor the quality and compliance activities to ensure that PCG QUIC maintains ongoing compliance with the SOW requirements and quality standards previously defined.	How PCG will choose and use best practice quality tools and processes to maintain and improve PCG QUIC throughout the project's life cycle.

Figure VI.B.5.12: PCG's Quality Assurance Model for PCG QUIC ongoing compliance.

As part of the implementation period, PCG will further define with the DHHS: (1) the QA and fidelity requirements; (2) QA verification and change request processes; (3) individual responsibility of each QA Team and PCG QUIC Systems developer; (4) staff training requirements as part of QA; (5) documentation policies and procedures, systems workflows, and training materials; and (6) continuous monitoring.

PCG QUIC Security and Confidentiality

PCG securely hosts the PCG QUIC System in the Amazon Web Service (AWS) cloud. PCG has been a partner with AWS for several years and has several state and local agency applications hosted in AWS in a secure and compliant manner. PCG has undergone third party assessments of the various applications currently hosted for our clients which have passed both National Institute of Standards and Technology (NIST) and Payment Card Industry Data Security Standard (PCI DSS) compliance audits. PCG's internal systems development team, Health Software Development (HSD) group, has worked with AWS as a partner and has leveraged extensive training, guidance, and resources from AWS by virtue of our technology partner relationship to develop and host to a well architected framework that ascribes to five pillars of operational excellence, security, reliability, efficiency and cost optimization.

 Furthermore, PCG is committed to safeguarding the privacy and confidentiality of customer and company information. Policies and standards issued by the PCG Information Security Office (InfoSec) assist in establishing and implementing PCG's information security program. These policies and standards were developed from careful examination and inclusion of National Institute of Standards and Technology (NIST) 800-53 (rev. 4), Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act of 1974 (FERPA), and American Institute of Certified Public Accountants (AICPA) Attestation Standards, Section 101 Service Organization Control 2 (SOC2) controls. In addition, the policies and standards reflect international and federal laws, executive orders, directives, regulations, standards, and guidance. These policies were approved by the Board of Directors and the effective and review dates are listed individually in each policy. Standards have been approved by the IT Committee.

All policies and standards are reviewed and updated on an annual basis or as major changes occur to the business. As such, staff is required to review policies regularly and participate in annual trainings to ensure familiarity with current requirements. Each policy and standard provide a scope and purpose to help identify the audience. As these policies and standards have been issued as a part of the PCG information security program, all staff have a responsibility to the company to abide by the requirements outlined in each document. Non-compliance to PCG policies and standards can result in disciplinary action, up to and including termination.

h. The Contractor will provide a QIDS with a functioning case review system for quality assurance of the Medicaid HCBS CDD, DDAD, AD and TBI waivers, based upon the State's need and funds availability. Describe how the solution meets this requirement.

Bidder Response:
PCG QUIC: Functioning Case Review System for Medicaid HCBS Quality Assurance
The PCG QUIC System was designed specifically to alleviate the complexities around HCBS Waiver Quality Assurance and monitoring for states, including case reviews. PCG will leverage the already existing case review workflow in PCG QUIC for Nebraska's HCBS CDD, DDAD, AD, and TBI waivers. PCG QUIC is purposefully structured to support a multi-faceted quality assurance system involving multiple waiver programs, review types, compliance standards, and data collection methods. In this section, we will focus on how PCG QUIC facilitates case reviews for multiple waiver programs.
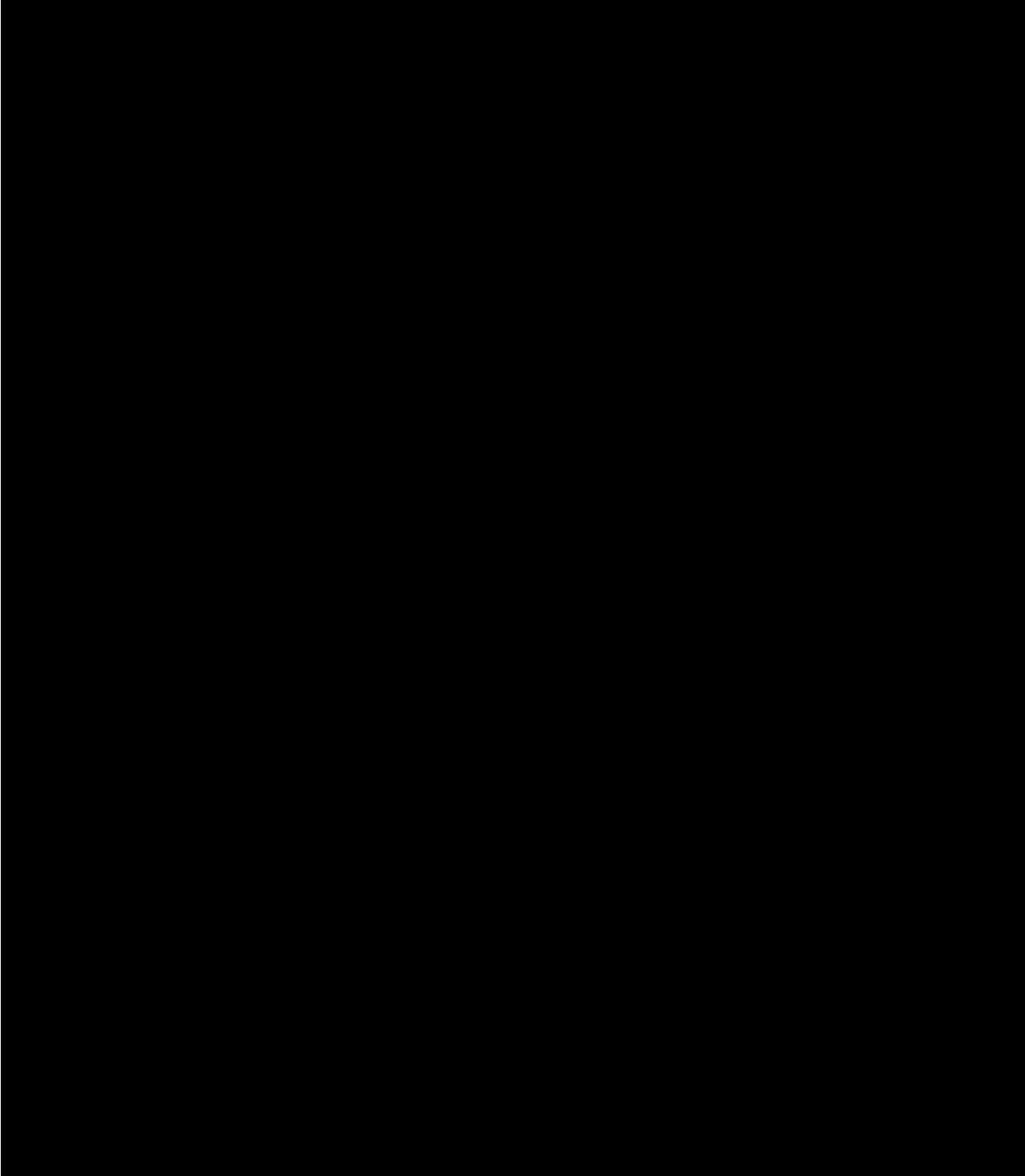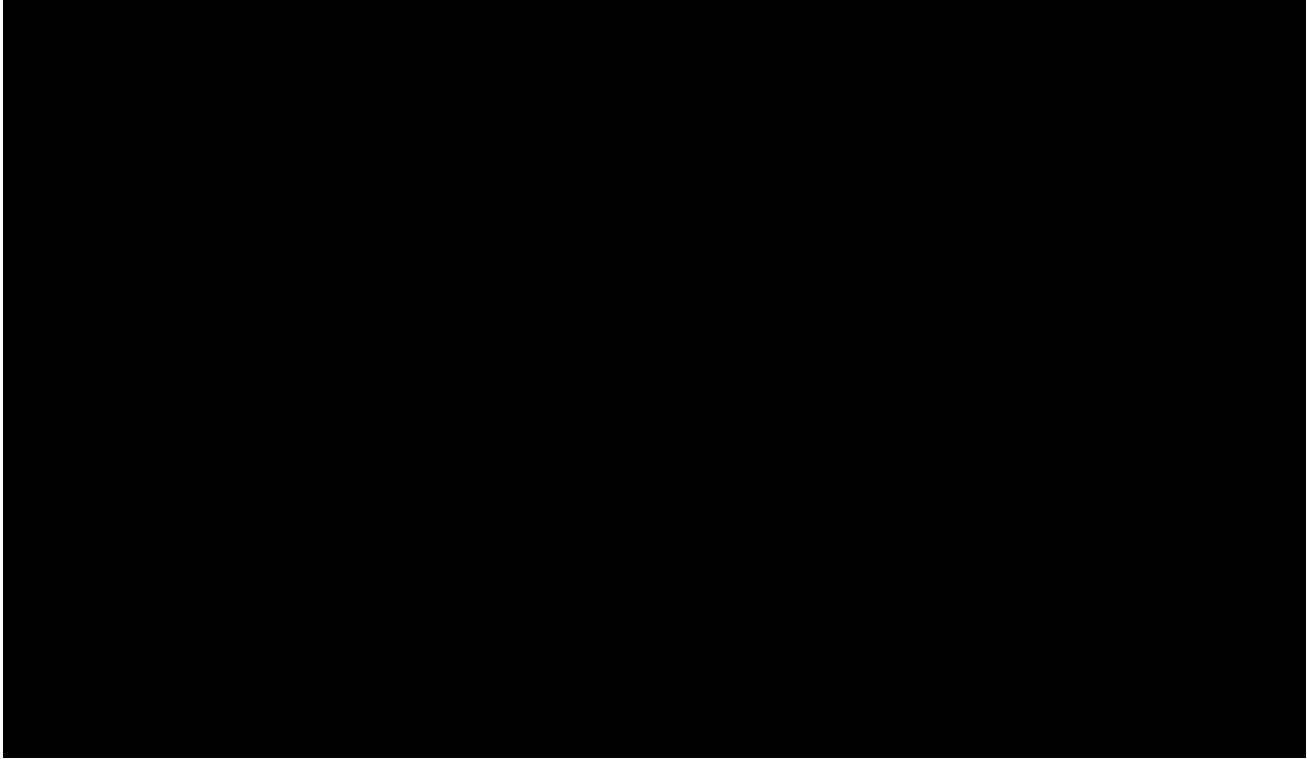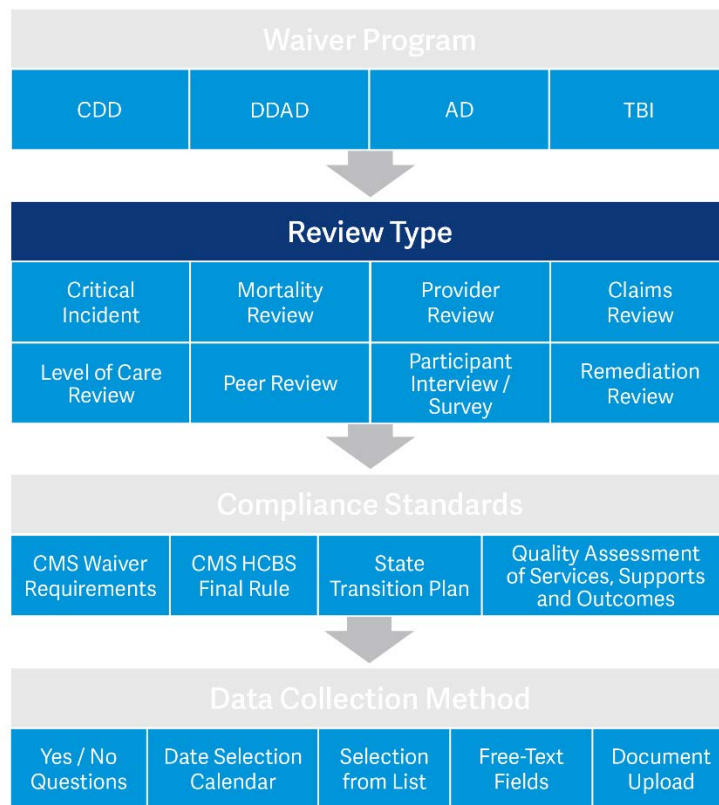
Figure VI.B.5.13: PCG QUIC System Structure for Quality Assurance Activities involving multiple Waiver Programs.
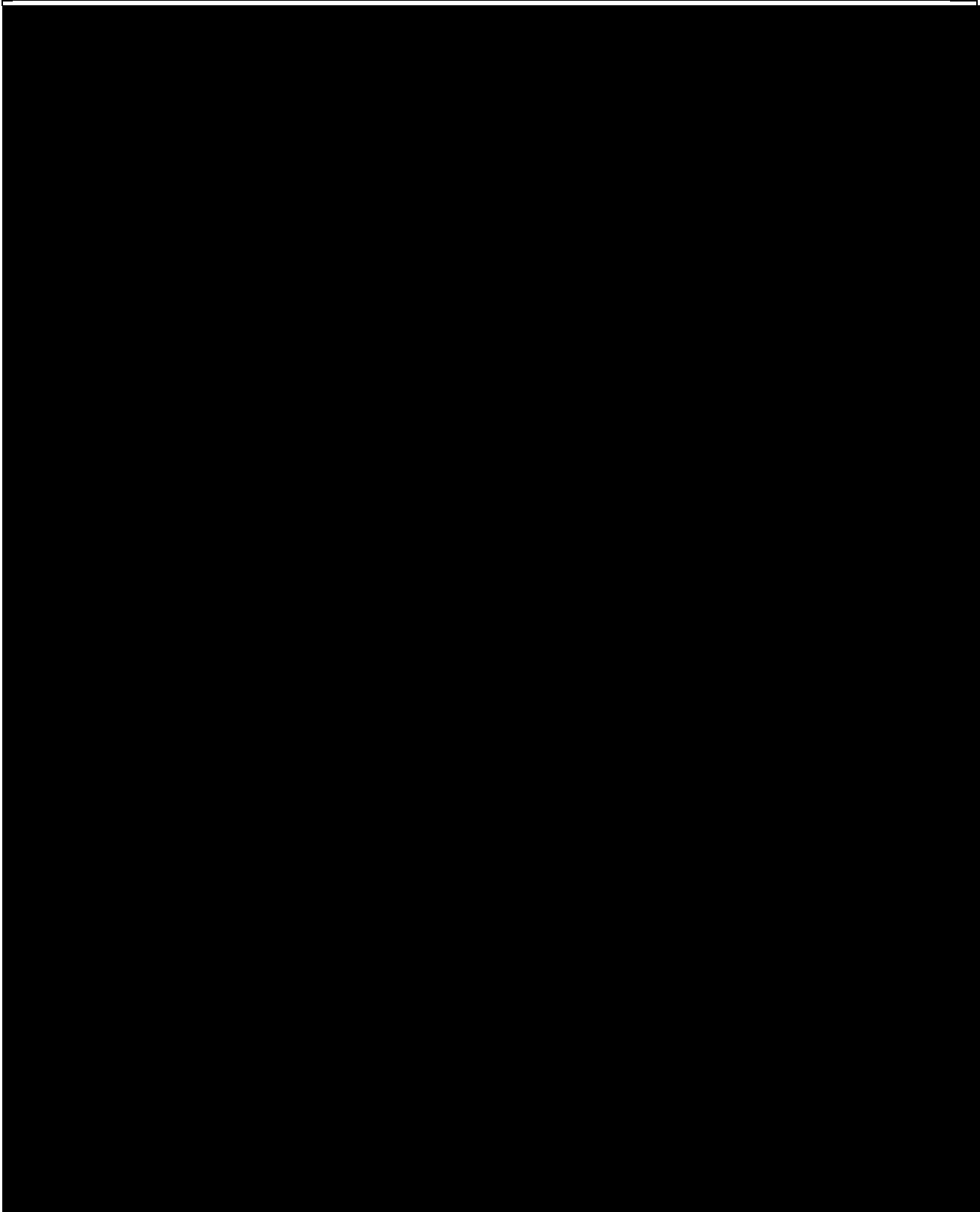
To show that PCG QUIC already has a functioning case review system for quality assurance of Medicaid HCBS waivers, PCG presents below in *Figure VI.B.5.14-Figure VI.B.5.15* of how PCG QUIC is currently being utilized for other state Medicaid waiver programs.

Multiple Waiver Programs in PCG QUIC
PCG QUIC can be configured to include several waiver programs and review types, e.g. case (record) review. Once PCG QUIC is configured to include the client's waiver programs, users can create new assessments in PCG QUIC by selecting the specific waiver program and type of review.
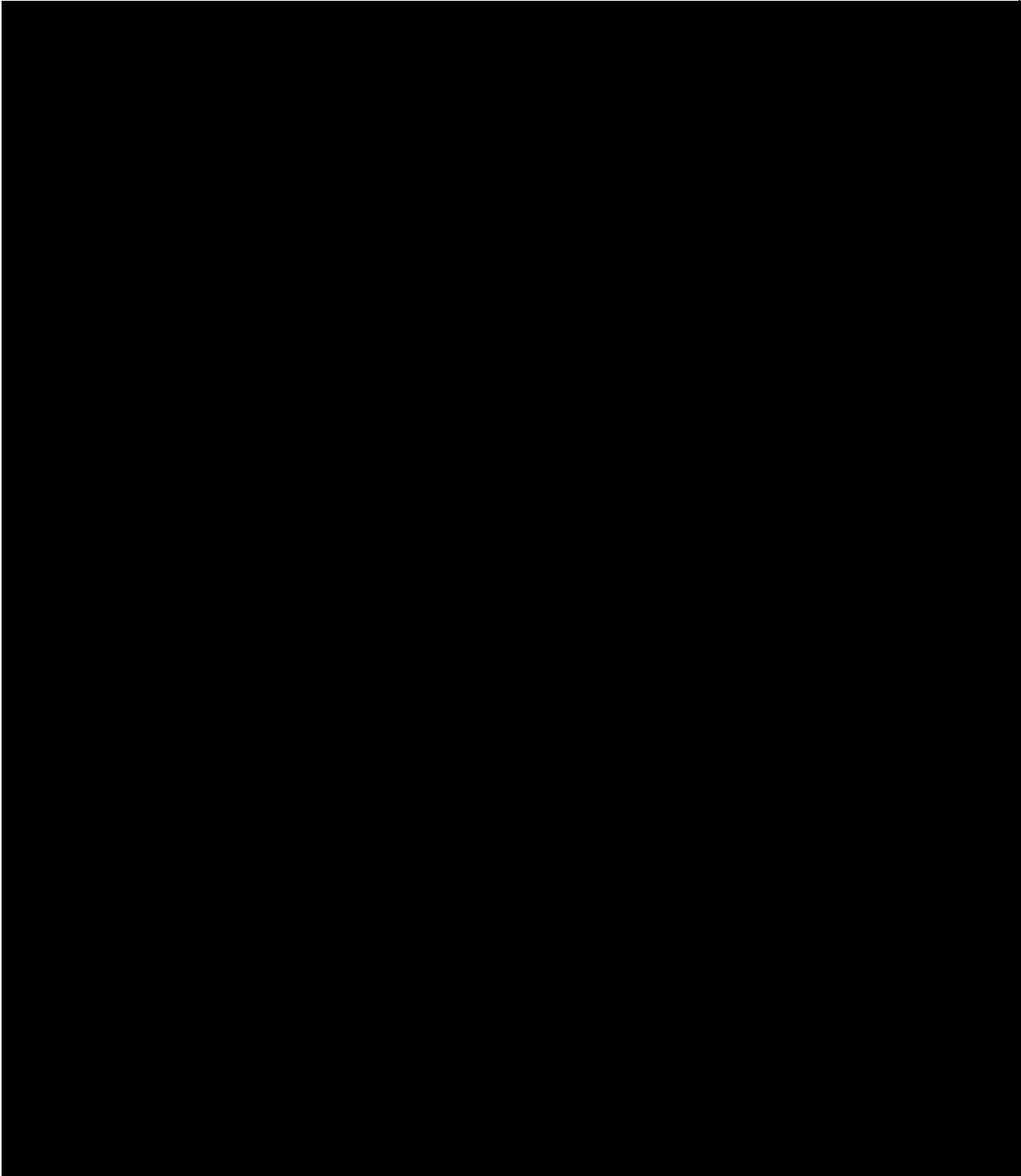
i. The QIDS must have the function to allow DHHS and DPH to enter information and extract data and reports to use for internal processes as well as reporting to CMS for all associated programs and services. Describe how the solution meets this requirement.

Bidder Response:

Entering Information and Extracting Data and Reports from PCG QUIC

PCG QUIC users can enter information directly into PCG QUIC by completing quality assurance reviews. The information entered in PCG QUIC is stored on our database with preconfigured identifiers such as waiver program, review type, participant, CMS quality assurance, state-defined sub-assurance, and/or performance measure. PCG QUIC will have a reporting functionality allowing for (1) efficient searching, retrieving, and sorting of quality assurance reviews based on different fields as well as (2) generation of Review Outcome Reports.

Additionally, PCG QUIC generates Review Outcome Reports that automatically pulls the quality assurance review questionnaire as well as user responses for an overview of review results. Please refer to **Section VI.B.5.I** of our proposal for additional details on Review Outcome Reports.

> **j.** Describe how solution includes ongoing maintenance for one (1) year past contract expiration or termination. Any cost associated with this maintenance must be included on the Cost Proposal.

Bidder Response:
Maintenance and Operations of PCG QUIC Portal

PCG QUIC is a Software-as-a-Service (SaaS) product that PCG developed and is heavily leveraged for clients and quality monitoring of their HCBS programs. PCG adopts an Agile development methodology with QUIC resulting in an iterative and rapid approach to software development. Ongoing and continuous maintenance and improvement of PCG QUIC is critical and essential for our business practices. This approach benefits all SaaS clients by ensuring the software is maintained and kept running.

PCG has adopted Amazon's CloudWatch monitoring and maintenance service to ensure that PCG QUIC is always available online and that any necessary performance changes are attended to immediately. We currently use CloudWatch for multiple state engagements and it has allowed us to exceed the extensive performance requirements. PCG will continue to leverage Amazon's CloudWatch as well as provide support from PCG's systems team to deliver ongoing maintenance for one (1) year past contract expiration or termination.

PCG builds in performance testing for all areas of our systems, using either a continuous or on-demand testing using CloudWatch. By doing so, we can monitor our current and ongoing performance and understand where any additional testing can be brought to assure top performance by our systems for our clients. PCG understands the importance of maintenance and rigorous testing.
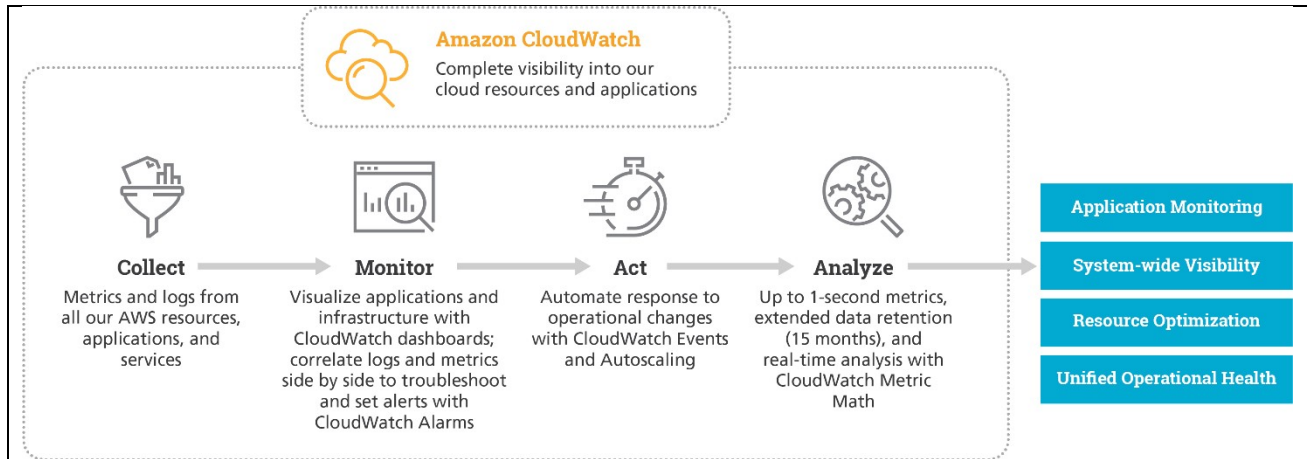
Figure VI.B.5.19: Amazon CloudWatch Functionality.

Conducting Maintenance Specific to NE DHHS Quality Management System

During the one year past contract expiration/termination, PCG will be available to provide maintenance services of the performance of specific requirements of this Scope of Work. This may include maintenance of the following:

1. Files/batches received from the submitters, identifying their chief characteristics and counts of accepted and rejected files/batches, and determining if system modifications are necessary.
2. Any changes to the system, including monitoring of logic changes, programming changes, reporting changes or any change due to modifications in compliance requirements of CMS HCBS waivers, CMS rules and regulations, DHHS Administration of Developmental Disabilities, and/or other federal or state regulations and requirements.
3. Any changes to the PC/web-based tool, again including monitoring of logic changes, programming changes, reporting changes or any change due to modifications in federal/state regulations and requirements.
4. Any other updates to the PCG QUIC System or database.

PCG manages all its projects using Team Foundation Server (TFS) and uses an Agile approach to development. This process includes tracking all changes – logic, reference tables, etc. – and reporting on any problems with changes, and the ability to roll back changes from production if there is an issue. Our quality control process includes automated testing, and User Acceptance Testing (UAT) which will confirm the effectiveness of any of the above logic, report, or system changes.

> **k.** Describe how solution allows for real time, direct access to export all data or selected data collected in the system.

Bidder Response:

Real Time, Direct Access to PCG QUIC

PCG QUIC System is a single, unified, web-based application allowing for the management of the complexities of quality assurance reviews. PCG QUIC and the data that has been entered and uploaded into the system are directly accessible by authorized personnel using their PCG QUIC log-in credentials from any device with an internet connection in near real-time. "Near" real-time refers to and takes into consideration the required system processing time of milliseconds.

PCG QUIC uses internal application programming interfaces (APIs) that enable near real-time access to data throughout the graphical user interface (GUI) and in the creation of reports. Export functionality is available in specific instances throughout the application. Because of the structure of QUIC, these exports utilize near real-time data. Furthermore, adopting PCG QUIC optional Web Services component would create a near real-time connection for making calls to the QUIC database. This exposes a secure API for real-time interfaces between systems. This API will also leverage JSON and/or XML data formats for use in external system and applications.

I. Describe how solution provides effective transparent reporting aligned with measures and outcomes from CMS.
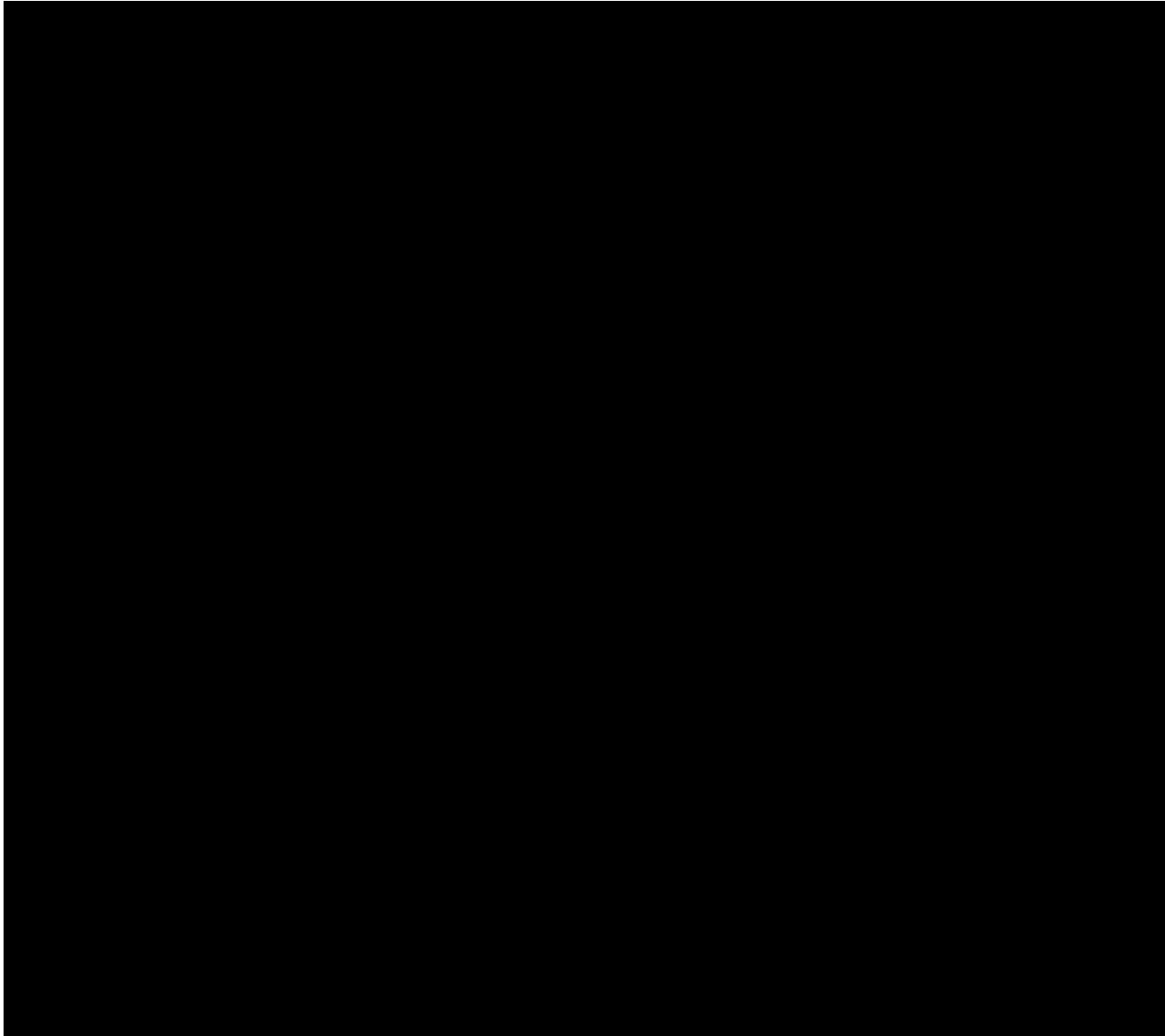

Bidder Response:

PCG QUIC Reporting Aligned with CMS Measures and Outcomes

Performance measures and outcomes from CMS are the building blocks of PCG QUIC. The collection of performance measures and outcomes form sub-assurances, CMS quality assurances, and ultimately the State's Quality Management Strategy for its waiver program(s).

m. Describe how solution provides a plan of improvement and remediation module to document steps to compliance and to track progress for successful remediation.

Bidder Response:
Plan of Improvement and Remediation Module in PCG QUIC

PCG has years of experience providing plans of improvement and conducting remediation reviews in PCG QUIC for providers and system-wide remediation strategies for state entities. Successful remediation with providers calls for expert skills supporting and assisting providers with addressing quality issues identified during quality assurance reviews. This type of work is central to all PCG's projects. Our experience in remedial actions to bring provider standards into compliance with the federal home and community-based requirements include but are not limited to: Amending policy and procedure manuals; Updating staff training plans; Providing up-to-date provider trainings; Preparing plan of improvement to states; and developing monitoring tools for specific residential settings. These strategies all have a few best practice components in common including the categorization of standards and the step-by-step remediation process through a plan of improvement, developing timeframes, and tracking milestones for each step of the process.

PCG QUIC includes functionalities specific to plans of improvement and remediation reviews.

Depending on the type and severity of the noncompliance issues, PCG will work with DHHS during the implementation period to decide how and when the remediation reviews will be conducted.

n. The QIDS must have the function to provide real time data to address urgent situations for specific providers or across the service system prior to completion of established reporting periods. Describe how the solution meets this requirement.

Bidder Response:
As mentioned in *Section VI.B.5.k* of our proposal, PCG QUIC is a web-based application hosted on the Amazon Web Services (AWS) cloud. PCG QUIC and the data that has been entered and uploaded into the system are directly accessible by authorized personnel from any device with an internet connection in real-time. PCG understands the importance of not only accessing data in real-time but also the critical need of escalating and bringing awareness to urgent situations where participants' health and welfare may be at risk. As such, in addition to real-time access to data, PCG QUIC can be configured to send real-time notifications for those situations requiring immediate attention.

     o.   Describe how solution allows access to multiple modules to enter data for quality assurance activities; at a minimum the modules must include:
       i.   File Review Module with the capacity to audit Critical Incident and Mortality Review systems;
       ii.   Reporting Module with the ability to generate Corrective Action Plans based upon reviews;
       iii.   Provider Review module;
       iv.   Claims Review module;
       v.   Level of Care module;
       vi.   Peer Review module;
       vii.   Client Satisfaction module;
       viii.   Any additional modules that the QIO recommends.

Bidder Response:
As explained throughout our response, PCG QUIC is a functioning system with built-in review modules portrayed as "Review Types" in the *figure* below. Not only can PCG QUIC offer the review modules listed here, but the system is structured to house and administer as many different review modules as needed. Each review module in PCG QUIC can be easily configured to assess for specific compliance standards based on waiver program, review type, and compliance standards.

Figure VI.B.5.25: PCG QUIC System Structure for Quality Assurance Activities and Data Collection.

How PCG QUIC Review Modules are Configured Specifically for NE DHHS

During the implementation period, PCG will hold extensive process mapping and requirements gathering sessions around the State's quality management system, expectations, and needs for its quality assurance review modules for each of its waiver programs. In doing so, PCG will obtain a comprehensive understanding of how PCG QUIC should be configured to best meet the needs to NE DHHS. In the table below, we explain, at a high level, how the requirements gathering process is incorporated into the configuration of PCG QUIC for this Scope of Work.

PCG QUIC Configuration Requirements Gathering Process		
Requirements Gathering	**Examples of Questions We May Ask**	**What This Tells Us**
Waiver Quality Assurance Process	What is the current process for waiver quality assurance (QA) and improvement?	Tells us how the review workflow should be configured in PCG QUIC.
	What are all the review types, quality standards, and compliance requirements to be reviewed in PCG QUIC?	Tells us what the review types are, what the questions are for each review type, and how each question will be answered, e.g. Yes/No, free text.
	Who are the responsible entities/individuals for QA activities?	Tells us who needs access to PCG QUIC and what their user roles should be.

CMS Waiver Performance Measures	Which Quality Assurances and Performance Measures will be reviewed in the system?	Tells us how Waiver Quality Assurances and performance measures need to be structured in PCG QUIC.
	What is the sampling methodology for each Waiver Quality Assurance and performance measure? Do any of the review types use the same sample?	Tells us how cases need to be entered and organized in PCG QUIC, and what the CMS performance measure reporting requirements are.
	What is the source of data verification for each performance measure? Who is responsible for this data? Where is it housed? Who has access?	Tells us the data import and data collection requirements.
Reporting Requirements	What type of reports do you need for each waiver?	Tells us how reporting needs to be configured in PCG QUIC.

Figure VI.B.5.26: Requirements Gathering for Review Module Configuration in PCG QUIC.

Business rules and logic are built into PCG QUIC based on the requirements gathered so that each review module achieves, at a minimum, the following for each waiver program:

- ➢ Automatically pulls the appropriate review tools and/or interview questionnaires for users;
- ➢ Presents only pertinent questions to the specific review and compliance standards being assessed;
- ➢ Offers easy-to-use data collection fields for efficient completion of reviews;
- ➢ Includes a quality assurance/control feature to allow for a second peer or supervisor review;
- ➢ Links participants to the data collected for accurate reporting;
- ➢ Follows the appropriate workflow process by authorized user roles; and
- ➢ Option to group participants under a single case for streamlined reviews of multiple participants from the same sample or review timeframe.

PCG QUIC Quality Assurance Modules

p. The QIDS shall be a solution that will function contract start date and support data gathering and management to meet assurances in the Medicaid HCBS waiver application (http://dhhs.ne.gov/Pages/DD-Regulations-and-Waivers.aspx) and in state developed sub-assurances.

q. Describe how the QIDS would function for DHHS immediately.

Bidder Response:

Immediate Availability of PCG QUIC

As the PCG QUIC System and its functionalities have already been developed and in use for years, its standard modules such as case reviews will be immediately available upon contract start for DHHS requirements gathering and configuration. Furthermore, as soon as PCG obtains a list of DHHS-authorized users and access level requirements, PCG can provide user accounts and credentials for DHHS staff to start systems training immediately. Additional details on PCG QUIC Systems training can be found in *Section VI.B.6* of our proposal.

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r. Describe how solution supports data gathering and management to meet assurances in the Medicaid HCBS waiver application and in state developed sub-assurances.

Bidder Response:

Medicaid HCBS Waiver Assurances and Sub-Assurances in PCG QUIC

The PCG QUIC System houses and facilitates reviews for different waiver programs, quality assurances, and sub-assurances. To elaborate, when PCG QUIC is configured during the implementation period, the state's waiver programs are tied to their specific quality assurances, sub-assurances, and performance measures in PCG QUIC. When users select the waiver program and quality assurance review type, e.g. Level of Care, Qualified Providers, Service Plan, Health and Welfare, and Financial Accountability, PCG QUIC auto-populates the state-defined sub-assurances and performance-measure questionnaires for data gathering and management.

Figure VI.B.5.36: Example of HCBS Waiver Quality Assurances Data Gathering and Management in PCG QUIC for Nebraska DHHS.

The questionnaires for quality assurance reviews in PCG QUIC are directly derived from waiver quality assurance performance measures allowing for data gathering and management to meet assurances and sub-assurances in Medicaid HCBS waiver applications. Each waiver program in PCG QUIC can be set up to have its own set of questionnaires and associated performance measures for each quality assurance. In completing reviews in PCG QUIC, users are easily collecting data and monitoring performance measures in PCG QUIC for CMS statutory requirements for 1915(c) waivers.

To present DHHS with a visual of how quality assurances and state-developed sub-assurances are managed in PCG QUIC, we provide a sample wireframe of Level of Care reviews for Comprehensive Developmental Disabilities (CDD) waiver in PCG QUIC in the *figure* below.

Figure VI.B.5.37: Sample LOC Quality Assurance Data Collection and Management for NE CDD Waiver in PCG QUIC.

s. The QIDS must have the ability to offer one-way integration and auto-population for client demographics and provide information, including the participant's name, service coordinator and supervisor, date of birth, and gender; as well as the provider name and agency type. Describe how the solution meets this requirement.

Bidder Response:
PCG QUIC One-Way Data Integration and Auto-Population
PCG understands that certain information, such as client demographics, service coordinator and supervisor, date of birth, gender, as well as provider name and agency type, provided by NE DHHS should be the sole source of truth. To ensure that such information is unaltered among different systems utilized by DHHS, PCG

QUIC can offer one-way integration and auto-population. PCG can receive data from NE DHHS through an extract, transform, load (ETL) process further detailed in **Section VI.B.5.c** of our proposal.

Once PCG receives the information in a format agreed upon with NE DHHS, PCG will populate our database with state data as one-way integration, meaning that PCG QUIC will not allow alteration or manipulation of client demographics, service coordinator and supervisor, as well as provider name and agency type by front-end users of PCG QUIC. With the data populated in our database, PCG QUIC will allow for auto-population of certain fields based on the information already stored in the system.

t. The QIDS shall be designed to allow the DPH to input data from completed certifications of agency providers per Nebraska Administrative Code (NAC) regulations. Describe how the solution meets this requirement.

Bidder Response:
Inputting Data from Provider Certifications in PCG QUIC
PCG understands the importance of capturing and inputting data from completed certifications of agency providers per Nebraska Administrative Code (NAC) regulations for quality assurance activities such as monitoring the Qualified Providers waiver quality assurance performance measures. There are several methods to inputting provider certification data in PCG QUIC including (1) direct entry and (2) data import and auto-population.

Direct entry of provider certification data is needed for the actual completion of reviews, such as the Qualified Providers quality assurance review. In reviewing for provider compliance with certification requirements per NAC regulations, PCG QUIC users can directly enter data into the system regarding provider certifications.

Similar to the approach mentioned in the previous section for participant data integration, provider demographic and certification data can also be imported into PCG QUIC for auto-population for quality assurance activities. With provider certification data provided by NE DHHS, PCG can import the data and store it on the PCG QUIC database. Leveraging provider data already stored on our database, PCG QUIC can auto-populate provider information where needed in the system for users and restrict the information so that it cannot be altered.

u. The QIDS must have the ability to provide a module for processing and documenting the complaints received by DHHS. Note that this is an optional feature that the State may purchase based upon need and funds availability. Describe how the solution meets this requirement.

Bidder Response:
As emphasized throughout our proposal, PCG QUIC's configurability provides NE DHHS with the option to add different review modules, such as complaints processing and reviews, based upon need and funds availability. PCG QUIC is a multi-faceted quality assurance system addressing multiple programs, review types, data collection, and reporting requirements. From a systems perspective, upon DHHS' decision, a complaints processing and review module can be added at any time following a period of requirements gathering specific to complaints processing.

Figure VI.B.5.40: PCG QUIC can be configured to house and administer additional review modules.

At NE DHHS' request and approval to add the optional review module for complaints processing and documentation, PCG will begin a series of requirements gathering to identify PCG QUIC configuration requirements including, but not limited to:

PCG QUIC Configuration Requirements Gathering Process		
Requirements Gathering	**Examples of Questions We May Ask**	**What This Tells Us**
Complaints Processing and Documentation Process	What is the current process for complaints processing and documentation? What is the intake process?	Tells us how the review workflow should be configured into PCG QUIC.
	What are all the complaints review questions, standards, and compliance requirements to be reviewed in PCG QUIC?	Tells us what needs to be reviewed for each complaint, and how each question will be answered, e.g. Yes/No, free text.
	Who will be involved in the complaints processing and documentation review and approval processes?	Tells us who needs access to PCG QUIC and what their user roles should be.

Documentation and Reporting Requirements	What information needs to be documented for each processed complaint?	Tells us what fields need to be included in complaints processing.
	What information do you need in a complaints review report?	Tells us how reporting needs to be configured in PCG QUIC.

Figure VI.B.5.41: PCG QUIC Requirements Gathering for Complaints Processing and Documentation Review Module

Upon completion of requirements gathering, PCG's systems development team, Health Software Development (HSD), will add the optional complaints review module, write business rules and logic to support any unique workflow requirements, and build in complaints-specific review tools/questionnaires as well as reporting features.

PCG QUIC and our team stand ready with the infrastructure, resources, and staff to support NE DHHS with any component of its waiver administration, quality assurance, and management responsibilities.

6.   **Training**
The bidder shall provide a draft plan with bidder's proposal for onsite training throughout the life of the contract for the following:

a.   DHHS Staff;
b.   Service Providers;
c.   QIO; and
d.   Other Stakeholders (as specified by DDD).

The Contractor will be required to provide DHHS staff, stakeholders and providers training with application software and any associated tools (i.e. reporting tools, etc.). Final training plan must be approved by DHHS within 30 days of contract award.

Bidder Response:
QIDS (PCG QUIC) Draft Training Plan
As an experienced QIO-like entity, PCG knows that well-informed, trained, and competent stakeholders including DHHS staff, providers, and QIO staff are the most essential components to an effective and constructive state Quality Management System and Strategy. PCG is a nationally accredited Continuing Education Provider through Approved Continuing Education (ACE). ACE is the only non-profit organization dedicated to social work regulation, and most jurisdictions, including Nebraska, accept ACE provider and ACE-approved individual courses. Through ACE, PCG can offer both in-person and distance learning to licensed professionals throughout the United States.

The development of such a QIDS training program begins with great collaboration between NE DHHS and PCG. Following an award, PCG will coordinate with NE DHHS to develop the training programs, schedules, and requirements for each stakeholder group. DHHS will be integral to the review and approval of all training components within 30 days of contract award and our team will work closely with NE DHHS to provide training to benefit all stakeholders.

QIDS Training Objectives
PCG will begin to generate training objectives and outcomes alongside DHHS to ensure training topics and curriculum are representative of the responsibilities of each stakeholder group. PCG proposes, at a minimum, the following learning objectives for each stakeholder group:

DHHS Staff	Service Providers	QIO Staff

Introduction to PCG as QIO	Introduction to PCG as QIO	Introduction to PCG as QIO for NE DHHS-DDD including HIPAA and Systems Security
Introduction to PCG QUIC	Introduction to PCG QUIC	Introduction to PCG QUIC
PCG QUIC Quality Review Modules and Processes	Quality Reviews, Purpose, and Objectives	PCG QUIC Quality Review Modules and Processes
Compliance Standards for each Quality Review Module	Service Provider Involvement in Quality Reviews	Compliance Standards for each Quality Review Module
PCG QUIC Reporting	Corrective Action Planning Process	PCG QUIC Reporting
How to use PCG QUIC by User Role	How to use PCG QUIC as a Service Provider	PCG QUIC User Roles

Figure VI.B.6.1: PCG QUIC Training Objectives

Training Schedule and Delivery
Training objectives for program stakeholders will be achieved through initial and ongoing trainings to keep stakeholders abreast of PCG QUIC review modules, system features, processes, protocols, and other applicable updates. We have had great success with delivering online training such as training videos, webinars, and animated presentations. While we see the value in all types of training platforms, as each is applicable to a different learning style and situation, PCG has an aptitude for developing highly accessible virtual trainings, especially pertinent during the COVID-19 pandemic.

Initial QIDS Training – Initial trainings will cover all learning objectives listed above to get stakeholders acquainted and familiarized with PCG QUIC, most likely to occur over the course of several days. Initial trainings will be held via live webinars for each stakeholder group. The logistics of initial training, such as date, time, regional vs. state, will be determined with NE DHHS for each stakeholder group upon contract award.

Refresher QIDS Training – All trainings will be recorded and made available on-demand to NE DHHS and stakeholders on PCG QUIC's knowledge-based software for new hire training or existing staff who may require refresher trainings on certain QIDS topics.

Ongoing QIDS Training – PCG will coordinate with DHHS to identify ongoing training needs and develop additional training content as needed for staff (existing and new) to the State and Service Providers. Depending upon the specific content of ongoing training needs, PCG will identify with DHHS the most appropriate schedule and delivery method.

Training Resources
PCG QUIC's knowledge base software can act as a repository of training material to allow for digital publishing and distribution of NE DHHS specific materials. These training materials are developed from PCG's internal technical documentation and user stories as features are released. This ensures online help and other manuals stay up to date. PCG QUIC's knowledge base can be configured to consist of online help articles, User Manuals, Reporting Manuals, System Operations Manuals, and Quick Start Guides.

7. **Technical Requirements**
   The bidder shall provide a response to each of the requirements in Attachment A, QIDS Technical Requirements Traceability Matrix.

8. **Project Planning and Management**
   a. The Contractor will be required to conduct work sessions with staff designated by DHHS to gather information necessary to support the customization, testing and implementation of the QIDS. The

QIDS conceived from this process will be developed specifically to meet the needs of DHHS. A written design and implementation plan will be submitted by Contractor to the DHHS Project Manager and receive DHHS approval, prior to initiating the remainder of the work within the scope this project. Provide DHHS Quality Improvement personnel training with QIDS software.

b. Describe and submit a draft design plan and draft implementation plan with response.

c.

Bidder Response:

Implementation and Design Plans

Public Consulting Group has a successful developed a comprehensive Implementation Plan Methodology for the customization, testing and implementation of the QIDS for new projects like this one. The methodology includes all phases of project startup, transition from the previous vendor (when there is one), and implementation of operations. The methodology presented in this section is specific to the Implementation of a QIDS system, however, it is a critical part of the overall project, presented in other sections of this proposal. PCG has years of experience Implementation plans similar to this project scope that have been repeatedly tested and refined in the course of implementing new contracts. The method includes a standard list of essential items to be completed before the specific project items are entered and assigned to specific management team staff.

Our QIDS implementation plan will rely on the following crucial dates: Contract Award, Contract Execution (estimate), and Implementation Start. As these dates shift, there may result in a shift in our proposed plan.

PCG's project manager will meet with the Project Management Team to review and complete the initial phases of the implementation plan with ongoing adjustments to be made during the initial weeks of startup. The following major tasks have been identified as the following:

Contract Award (9/2/2020) → Estimate Contract Execution (9/30/2020) → Implementation Start (10/2/2020)

-
- Meeting with HSSD-DDD to review and finalize expectations and timetable, determine key communication linkages, and establish the members of the implementation team, including agency participation as desired;
- Establishing the key on-site leadership positions so that they can be involved in program implementation and development from the beginning;
- Establishing and equipping the primary office location with furniture, equipment, supplies, telecommunications, and computer technology;
- Establishing the QIDS systems and interfaces;
- Training and onboarding personnel according to the scheduled timetable so they can begin performing functions in QIDS;
- Gathering, reviewing, and consolidating applicable policies, procedures, protocols, administrative rules, etc.
- Locking down communication and relationships with participant agencies and stakeholders;
- Developing communication linkages and relationships with vital stakeholders;
- Assessing, planning, and implementing quality performance/quality improvement plan for the QIDS;
- Determining our internal Key Performance Indicators for ongoing monitoring of our own contract performance;
- Creating first draft of Contract Compliance Audit Tool specific to the QIDS system.

Implementation Support
This project will receive strong support from PCG executive leadership and assigned project implementation team. Our implementation team includes PCG experts in every aspect of operating an effective HCBS quality

services program, including information systems, administration, compliance, quality initiatives, training, and business operations. The program manager of operations will be heavily engaged during the implementation period to augment the local managers (as they are on-boarded) and to launch the implementation, install operational systems and procedures, and give guidance and training on the QIDS system once built.

Once the QIDS system is established and operational, the implementation team will shift to a role of consultative support and quality oversight and provide assistance as needed for the ongoing operation of the program.

Draft Design Plan
PCG takes a human-centered approach to designing and developing our QIDS system. The design process starts with collaboration between PCG and DHHS to identify and prioritize requirements. Following the principle of continuous improvement, requirements continue to be garnered and refined over the life of a product. In most cases, PCG's Product Owner is a role played by a Subject Matter Expert (SME) from the Business Team who is fully familiar with the needs of the Client. In other cases, full Joint Application Development (JAD) sessions may take place, soliciting and synthesizing input from large teams of external stakeholders to define technical requirements.

User Stories
It is important that requirements be gathered and documented realistically and thoroughly from the very start of the project to avoid scope creep and wild swings in estimates of budget or time. The Product Owner conveys realistic expectations about resource commitments and level of effort and gets a sense of which requirements are "Needs" and which are "Wants." These requirements are translated by the Product Owner into Users Stories. A User Story is a short, simple description of a feature told from the perspective of the person who is requesting the new functionality. It is expected that any one planned feature or requirement may result in the creation of numerous User Stories that developers use to write and test code.

Agile Scrum Development Methodology
User Stories play as a key role in HSD's Agile Scrum development methodology. Agile is an approach that has become the industry standard for software development, focused on an adaptive, iterative approach that continuously creates and improves usable, testable chunks of code. The Scrum process, as used by HSD, relies on a small group of stakeholders who meet daily to push forward on discrete chunks of work, each member of the group holding distinct and well-defined responsibilities. This matches the HSD organizational structure that functions through small, flexible Development Teams. Scrum meetings are short, focused meetings designed to identify and remove development roadblocks during a development Sprint.

Sprints and Demos
To produce shippable chunks of code in an iterative manner, HSD organizes development efforts into two-week Sprints. Sprint planning is conducted prior to the start of each Sprint with the goal of defining the features and functionality, in the form of User Stories, to be worked on during the Sprint. The Sprint itself acts to timebox development efforts and culminates in a demonstration of working code. PCG often invites Client's to these "Sprint Demos" to provide insight into the development progress and to gather feedback.

Team Foundation Server
To manage this design and development process, PCG uses DevOps software known as Team Foundation Server (TFS). TFS acts in various capacities including:
- As a product backlog for creating and managing User Stories;

- As a Sprint board for planning and tracking development progress within Sprints;
- As an issue tracking system for capturing and resolving bugs; and
- As a code repository for storing and deploying code to the appropriate environment.

-Although direct access to TFS is not provided to Clients, PCG's use of TFS enables efficient deployment to a User Acceptance Testing (UAT) environment that allows Clients to test and signoff on code prior to it being pushed to production.

Draft Implementation Plan

PCG has extensive experience in the execution of both implementation and readiness review plans under a very brief timeframe (e.g., 2-6-month period). As our sample Implementation Work Plan describes below, we provide draft implementation steps and timeframes for each high-level task needed to have a fully functional QIDS systems for DHHS-DDD within 6 months.

*Note: This plan should be considered a **draft** proposal of how we will implement the QIDS as well as a foundation to work from in collaboration with the DHHS-DDD in order to meet the requirement to submit a full Project Work Plan within 30 business days of the operational start date. As such, the dates provided are informational and may change based on several factors such as date of actual contract execution.*

Contract Execution Activities	Start Date	Finish Date
Contract Award Announced	9/2/2020	9/2/2020
DDD to submit over initial draft contract	9/2/2020	9/3/2020
PCG to review draft contract	9/3/2020	9/10/2020
PCG to execute contract and return	9/11/2020	9/16/2020
DDD to sign and formally execute contract	9/16/2020	9/29/2020
DDD to return signed copy for PCG records	9/29/2020	9/30/2020
Schedule Initial Planning Meeting	9/16/2020	9/18/2020
Create agenda	9/21/2020	9/23/2020
Review agenda	9/23/2020	9/25/2020
Send agenda	9/28/2020	9/29/2020
Conduct Kick-Off Meeting	10/1/2020	10/1/2020
Ongoing contract status meetings	10/1/2020	Ongoing

QIDS System

To introduce a system that is functional for the tasks outlined in this opportunity, PCG plans to develop and configure PCG's QUIC system as described in the high-level tasks listed below.

QIDS Data System Development	Start Date	Finish Date
Test Environment		
Define Code Management Plan	10/2/2020	10/7/2020

Obtain Code Management Plan Sign-off	10/7/2020	10/12/2020
Define Test Environments	10/2/2020	10/7/2020
Setup Test Environments	10/7/2020	10/9/2020
Milestone - UAT Deployment	10/9/2020	10/10/2020
Develop Use Cases	10/10/2020	10/20/2020
Develop and Prepare Test Data	10/20/2020	10/22/2020
Execute Test Cases and Test Scripts	10/22/2020	11/1/2020
Conduct Component Testing	11/1/2020	11/6/2020
Execute Functional and Interface Testing	11/6/2020	11/11/2020
Complete Data Integration, Security, Smoke and Regression Testing	11/11/2020	11/16/2020
Complete End-to-end Testing	11/16/2020	11/26/2020
Facilitate and Support UAT Testing	11/26/2020	12/1/2020
Feature Configuration		
Requirements Fit/Gap Analysis and Outline Client-specific Feature Configuration	10/2/2020	11/1/2020
Draft Detailed System Design Document	11/1/2020	11/11/2020
Draft Testing Plan	11/1/2020	11/11/2020
Draft Software Development Plan	11/1/2020	11/16/2020
Obtain Detailed System Design Document Sign-off	11/11/2020	11/16/2020
Obtain Test Plan Sign-off	11/11/2020	11/16/2020
Obtain Software Development Plan Sign-off	11/11/2020	11/16/2020
Milestone - Master Schedule of Development Efforts	11/11/2020	11/17/2020
Define Construction Summary Report	11/16/2020	11/26/2020
Develop and Configure According to Test Plan	11/16/2020	11/26/2020
Milestone - Client Test Environment Configured	11/26/2020	12/2/2020
Data Conversion/Testing		
Develop Data Conversion Plan (aka EDI for Client Systems)	10/2/2020	10/17/2020
Draft Conversion Guide (aka EDI Technical Specifications)	10/17/2020	10/22/2020
Obtain Conversion Guide Sign-off	10/22/2020	10/27/2020

Develop Unit Tests for Client Data	10/27/2020	11/6/2020
Develop QA Test Scripts for Client Data	11/6/2020	11/16/2020
Execute QA Test Scripts for Client Data	11/16/2020	11/21/2020
Submit Conversion Results Report	11/21/2020	11/26/2020
Develop User Acceptance Testing (UAT) Plan	11/26/2020	12/6/2020
Develop UAT Test Cases for Client Data	12/6/2020	12/26/2020
Execute UAT Test Cases for Client Data	12/26/2020	1/15/2021
Submit Weekly Testing Reports	12/6/2020	1/15/2021
Submit Updated Requirements Traceability Matrix	12/6/2020	12/16/2020
Obtain Production Approval Sign-off	1/15/2021	1/20/2021
Milestone - QUIC System Production Approval	1/20/2021	1/25/2021
Promote UAT Environment to Production	1/25/2021	1/26/2021
Perform End-to-end Regression Testing in Production Mirror Environment	1/26/2021	1/29/2021
Pilot Operations		
Identify Pilot Participants	1/25/2021	1/30/2021
Set-up Pilot Users	1/30/2021	2/4/2021
Train Pilot Users	2/4/2021	2/14/2021
Milestone - Launch Pilot Group	2/14/2021	2/15/2021
Gather Feedback through Surveys, Check-in Calls, and Focus Group Sessions	2/15/2021	3/2/2021
Create Final Readiness Assessment	3/2/2021	3/17/2021
System Implementation		
Draft System Implementation Plan	11/17/2020	1/16/2021
Obtain System Implementation Plan Sign-off	1/16/2021	1/21/2021
Obtain Final Readiness Assessment Sign-off	3/17/2021	3/22/2021
Milestone - System Go-Live	3/22/2021	3/23/2021
Submit Product Documentation	1/25/2021	3/23/2021
Manage System Issue Handling	3/23/2021	on-going
User Training Plan		
Conduct QUIC Training Needs Assessment for DHHS-DDD	9/30/2020	10/7/2020
Incorporate Adult Learning Principles into QUIC System Training Plan	10/7/2020	10/10/2020
Develop Learning Objectives for QUIC Training	10/10/2020	10/13/2020
Design Training Curriculum and Materials	10/13/2020	10/29/2020
Milestone - Final Training Plan Approval from DHHS staff	10/29/2020	10/30/2020
Develop Training Content and Materials (Print and Digital)	10/30/2020	2/20/2021

Conduct QUIC Training with DHHS Staff / Service Providers / Other Stakeholders	2/20/2021	3/17/2021
Evaluate Training	3/17/2021	3/23/2021
Re-design Curriculum Based on Feedback from Evaluation	3/23/2021	on-going

d. The Contractor will be required to work with DHHS designated personnel to communicate the implementation plan, configuration phase plan, timelines, deadlines and any delays via written documentation using agreed formats and timelines. Address any software issues within two (2) business days or as determined by DHHS.

e. The Contractor's software module will ensure CMS reporting requirements, found in the Attachment D HCBS Waiver Technical Guide and in Nebraska's Medicaid HCBS Waivers, are met.

f. Any software issues will be addressed within two (2) business days or as agreed upon by DHHS and the Contractor. Errors must be identified and communicated to DHHS.

g. Contractor will provide system updates fully tested and deemed ready for release.

9. CHANGE CONTROL PLAN

a. Project Change Control
The Contractor must work with DHHS to establish a change control process. Change control is the formal process for identifying changes that arise in the natural flow of the project and determining the disposition of the requested change or correction. The Project Change Control process will span the entire project life cycle and incorporate a formal change request process, including formal DHHS review and approval. The Project Change Control process includes the terms set forth in Section II.G Change Orders or Substitutions.

Each Change Control Request will:

i. Provide a clear description of what is included from each change request;
ii. Delineate impacts to the project's schedule;
iii. Require successful completion of testing before the implementation stages;
iv. Incorporate multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.); and,
v. Support the Project Change Control process by estimating impacts, investigating solutions, identifying alternatives, inputting appropriate information into the project tracking tools, participating in the decision-making process, and implementing the agreed-upon solution.

b. Change Control Tracking System
The Contractor must provide a change control tracking system that provides the following minimum requirements:

i. The means to control and monitor change requests;
ii. A process for reporting the status of all change requests;
iii. The ability for DHHS to set and change priorities on individual change requests;
iv. A method for DHHS to determine the estimated and actual hours allocated to each change request and the personnel assigned to each request; and
v. A method to schedule a completion date provided by DHHS for each change request.

10. Software Escrow Requirements
a. Bidder shall include in the proposal response the escrow agent that will be utilized. The State will have the right of refusal during contract finalization.

Bidder Response:
Software Escrow Requirements
PCG has a strong partnership with EscrowTech International, Inc. EscrowTech protects a software licensee by ensuring that the licensee will have access to the source code (and possibly other materials) in the event that the licensor goes out of business (e.g., via bankruptcy), discontinues support of the licensed software, breaches maintenance obligations, or some other release condition occurs. Typically, the parties use a

software escrow when the license is for the object code (binary form) of the software, and, simplistically, a software escrow can be described as follows:

- The licensor delivers a copy of the source code to an escrow agent.
- The escrow agent holds the source code.
- The escrow agent releases the source code to the licensee only if a release condition occurs.
- The escrow agent returns the source code to the licensor if the escrow terminates without the occurrence of a release condition.

Service Agreement Requirements
EscrowTech's reputation and services are trusted by half of Fortune 500 companies, including Microsoft, Aetna, IBM, and Johnson & Johnson, among many others. PCP service level agreement will include the following service provided by EscrowTech:

Over half of the Fortune 500 trust EscrowTech

- Unlimited deposits;
- Electronic Deposit submittal;
- "Two-site" storage of Deposit Materials to enhance retention security;
- Physical inspection of each Deposit;
- Deposit confirmation to both Owner and Beneficiary each time a deposit or update is received;
- Online-account management through *RealTime* Escrow; and
- All other administration of the escrow.

Based on the services listed above, PCG agrees to deposit on an annual basis (and any time enhancements or updates are made to the solution) a copy of all items that are necessary for the operation and support to EscrowTech to include the following:

- The Software source code and executables;
- Third-Party Software;
- Documentation for the source code;
- Software architecture and design documentation;
- Operations documentation;
- Scheduling instructions;
- All database information related to the State of Nebraska;
- All current and valid passwords and encryption keys; and
- Any other necessary or useful documentation.

Attestations
Our partnership with EscrowTech allows PCG to maintain authority to remove superseded source code and documentation if it is simultaneously replaced with the most current version of the superseded source code and documentation.

Additionally, PCG agrees to provide evidence to DHHS-DDD of continued payment of the escrow fees and/or evidence of the ongoing existence of such escrow relationship along with Contractor's annual audited financial statements as requested in the RFP.

The escrow agreement between PCG and EscrowTech will include direction to the escrow agent to release all escrowed items at termination or expiration of the Contract. And while it is extremely unlikely, should the Contractor default or file bankruptcy, as described in Section II.V. Early Termination, DHHS-DDD will cease utilization of source code. Otherwise, the State will utilize source code through the original term of the contract including any and all renewal periods and extensions.

      b.   Contractor shall deposit on an annual basis and any time enhancements or updates are made to the solution, at bidder's expense, with an escrow agent chosen by the Contractor, a copy of all items that are necessary for the operation and support, to include the following, but not limited to:

	i.	The Software source code and executables;
	ii.	Third Party Software;
	iii.	Documentation for the source code;
	iv.	Software architecture and design documentation;
	v.	Operations documentation;
	vi.	Scheduling instructions;
	vii.	All database information related to the State of Nebraska;
	viii.	All current and valid passwords and encryption keys; and
	ix.	Any other necessary or useful documentation.

c. Contractor will have the authority to remove superseded source code and documentation if it is simultaneously replaced with the most current version of the superseded source code and documentation.

d. The Contractor shall include along with Contractor's annual audited financial statements required in Section VIII.B.2 evidence to the State of continued payment of the escrow fees and/or evidence of the ongoing existence of such escrow relationship.

e. The escrow agreement will include direction to the escrow agent to release all escrowed items at termination or expiration of the Contract.

f. Should the Contractor default or file bankruptcy, as described in Section II.V. Early Termination, the State will cease utilization of source code. Otherwise, the State will utilize source code through the original term of the contract including any and all renewal periods and extensions.

Required Outcome: The QIDS work must be completed for the mandatory modules no later than six (6) months after the start of the contract.

C. **ENHANCING AND IMPROVING NEBRASKA'S QUALITY MANAGEMENT SYSTEM (QMS) AND STRATEGY**
DHHS-DDD expects the Contractor to complete a comprehensive assessment and provide recommendations to enhance the HCBS QMS. This scope is intended to extend internal capacity, evaluate the provision of services, remediate problems with quality, design quality enhancement strategies, and deliver and support continuous quality improvement. This includes but is not limited to:

1. **Task 1. Assessment**
   a. Conduct a comprehensive assessment of HCBS QMS. This assessment should include a systematic infrastructure analysis of current state, including review of data availability, data collection tools, processes, information systems, and existing metrics. Produce a report that includes a detailed narrative, current state process map(s), identification of existing strengths and weaknesses, and assessment of current state compared to CMS compliance requirements and best and promising practices. The first two priority components of this assessment are the Mortality Review (See Section VI.E) and the Critical Incident Management Process (See Section VI.F) The comprehensive assessment shall also include, but is not limited to:
      i. HCBS Waiver Performance Measures/CMS Assurances;
      ii. Internal quality practices such as ISP reviews, claims reviews, and ICAP reviews;
      iii. Outcomes-based Provider Quality Management including;
         a) Provider quality reviews (both desk reviews and on-site);
         b) HCBS Settings assessments;
         c) Provider technical assistance and training; and
         d) Provider remediation and CAPs;
      iv. Participant Experience Surveys and National Core Indicators surveys; and,
      v. Data analysis and trending for continuous improvement.

      Describe how the bidder meets or exceeds this requirement.

Bidder Response:

   b. The Contractor will host a one-day QMS Strategic Planning session for up to twenty (20) internal and external stakeholders to seek feedback on the current and proposed system and discuss how to incorporate promising practices. Describe bidder's approach to meet this requirement.

Bidder Response:

   Required Outcome: Initial QMS Strategic Planning Session shall take place no later than nine (9) months after contract start date. In future years, the Contractor shall host this session annually to determine whether any amendments are needed to the Quality Management Strategy. Every three (3) years, the Contractor shall conduct a Comprehensive Review and make recommendations for changes, in addition to the annual QMS Strategic Planning Session. The comprehensive Assessment Report is due no later than twelve (12) months after start of the contract. See Sections VI.E and VI.F. for required outcomes related to the Mortality Review and Incidence Management Process.

2. **Task 2. Design: Comprehensive Roadmap for Enhancements**
   a. Recommend a Quality Management Strategy for DHHS-DDD. Develop a comprehensive roadmap for enhancements to the existing QMS, including discussion of best practices, based upon recommendations from CMS, and other State systems. Make recommendations for how to improve the existing system. The recommended strategy shall guide the organizational structure and operation of quality assurance and improvement activities; promote access to and quality of care and service in a timely, appropriate, and cost-effective manner; and improve individual personal outcomes. The first two priority components for the comprehensive roadmap and enhancements are the Mortality Review (See Section VI.E.) and the Critical Incident Management Process (See Section VI.F.). Describe how the bidder meets or exceeds this requirement.

Bidder Response:

   b. The recommended strategy shall meet the CMS assurances for the operation of the Medicaid HCBS waiver programs including process for developing, measuring and monitoring performance indicators for each assurance; the CMS Home and Community-Based Settings Rule; and Nebraska rules and regulations. The recommendations shall reflect the CMS required Design, Discovery, Remediation, Improvement continuous quality improvement cycle shown in Figure 4.

Figure 4
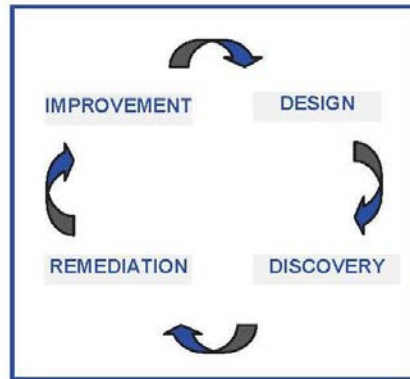
Describe bidder's understanding of this requirement.

Bidder Response:

c. The recommendations shall include Personal Outcomes, and a discussion of how these can be integrated throughout the proposed HCBS Quality Management Strategy, to help ensure that supports and services are integrated, person-centered and outcome-oriented. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

d. The report shall include a narrative with discussion of data collection tools, processes, metrics, including identification of existing system gaps, and recommendations on how to improve the current state around what should stay the same, what should be refined, what should be replaced, to achieve best practices. It shall include process maps to demonstrate recommended changes from current state as well as the proposed future state. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

Required Outcome: The initial Quality Management Strategy Design Report with accompanying process maps is due no later than fifteen (15) months after contract start date. See Sections VI.E and VI.F. for required outcomes related to the Mortality Review and Incidence Management System.

D. **QMS Building Competency**
1. The Contractor will develop a comprehensive train-the-trainer curriculum and program for the HCBS quality team and provider certification surveyors, using a module approach. This shall be done collaboratively with DHHS and result in a mix of competency-based in-person and web-based trainings on quality. The Contractor shall design the curriculum and competency-based assessments, for DHHS to implement. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

2. The Contractor shall also propose and pilot a follow-along coaching strategy aimed at helping State staff move from awareness of best practices to habit. Describe how the bidder meets or exceeds requirement.

Bidder Response:

Required Outcome: The QMS train-the-trainer curriculum and assessments shall be developed and piloted no later than eighteen (18) months after contract start date. The Contractor would annually review the curriculum and assessments, and amend as needed, to ensure that they continue to be relevant and reflect promising practices.

E. **MORTALITY REPORTING AND REVIEW PROCESS**
The first priority of the QMS assessment is a review of the existing HCBS mortality review process to develop an effective process for mortality review of unexpected deaths and accompanying data trending, aimed at reducing preventable deaths and related incidents.

1. The mortality reporting and review process recommended shall ensure, at a minimum, the following elements:

   a. Timely reporting for all deaths per the HCBS waivers and applicable NAC regulations;
   b. Triage/preliminary investigation of all deaths to determine whether the death was unusual, suspicious, sudden and unexpected, or apparently preventable, including all deaths alleged or suspected to be associated with neglect, abuse, or criminal acts. (DHHS-DDD current mortality review team has the expertise to conduct this preliminary review.);
   c. Identification of cause of death;
   d. Identification of circumstances surrounding and contributing to the death – immediate and up to twelve (12) months;
   e. Investigation of, at a minimum, all deaths that are unusual, suspicious, sudden and unexpected, or apparently preventable, including all deaths alleged or suspected to be associated with neglect, abuse, or criminal acts;
   f. Recommendations for corrective actions to minimize the reoccurrence of the immediate factors contributing to the death;
   g. Data analysis for trends in deaths that warrant systemic responses to reduce avoidable risks of death and other adverse outcomes;
   h. Monitoring to ensure timely implementation of corrective actions per the HCBS waivers and applicable NAC regulations;
   i. Evaluation to determine whether corrective actions were effective;
   j. Periodic reporting on number, causes, circumstances of death; and,
   k. Recommendations for sanctions for non- or late reporting and for failure to timely (as defined in the HCBS waivers and applicable NAC regulations) implement corrective action.

2. **Task 1. Review, Assessment, and Recommendations**
   As a priority activity of the QMS assessment, the Contractor shall conduct a high-level review of the current state of HCBS Mortality Reporting and Review Process, including, but not limited to review of data availability, data collection tools, processes, information systems, and existing metrics. The Contractor shall assess the current state compared to CMS compliance requirements. This scope includes the HCBS waivers, as well as the State operated ICF/DDs at the BSDC.

   a. Describe bidder's approach and process to meet this requirement.

Bidder Response

   Based upon the assessment, CMS compliance requirements and best and promising practices in Mortality Reporting and Review, the Contractor shall recommend revisions to the current Mortality Review process sufficient to achieve full compliance with CMS requirements.

   b. Describe bidder's knowledge of the CMS requirements to ensure recommendations achieve full compliance.

Bidder Response:

   This review, assessment, and recommendation report shall include specifics about how the QIO would implement the recommendations, including design of quality reviews and proposed roles for QIO and State staff for development and ongoing management of the proposed system, with respect to:

   c. Mortality reporting;

   d. Development or refinement of existing tools;

   e. Data collection system via the QIDS of interfaces with the QIDS;

   f. Development of metrics and performance standards;

   g. Formulation and Role of a Mortality Review Committee;

   h. Remediation with Providers;

   i. Data trending, analytics, and recommendations for system change;

j.   Education and outreach;

k.   Training and technical assistance to state staff and providers; and,

l.   Any additional recommended practices.

Describe bidder's approach with review assessment and recommendations of each of these components in other programs.

Bidder Response:

Required Outcome: The Mortality Review and Reporting Review, Assessment, and Recommendations Report is due no later than three (3) months after the start of the contract.

3.   **Task 2. Implementation**
      a.   For all recommendations accepted by DHHS from the Mortality Reporting and Review, the Contractor shall conduct a readiness review and develop and execute an implementation plan, including but not limited to:

          i.   Development of New Tools and/or Refinement of Existing Tools;
          ii.   Training for staff and providers;
          iii.   Development of a manual for the new program (Chapter for HCBS Quality Assurance and Improvement Manual);
          iv.   Support DD-DHHS in Change Management Communications for providers and DHHS staff, including service coordinators;
          v.   Assist in development of policy, procedures and guidance;
          vi.   Provide recommendations for the development of process to ensure access to death certificates, Emergency Medical Services (EMS) records, medical examiner records and autopsy reports, and medical and hospital records; and,
          vii.   Launch new process.

Describe bidder's approach to meet the above requirements.

Bidder response:

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

      b.   All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinators; recommendations on policy, procedure, and guidance; recommendations on record collection; and the process going live are due no later than six (6) months after the start of the contract. Describe bidder's approach to meet the above requirements.

Bidder response:

4.   **Task 3 Operation of the Mortality Review and Reporting Process**
      a.   The Contractor shall maintain ongoing operation of the mortality review and reporting process, including but not limited to the following elements:

          i.   Receive mortality reports;
          ii.   Triage/preliminary investigation of all deaths to determine whether the death was unusual, suspicious, sudden and unexpected, or apparently preventable, including all deaths alleged or suspected to be associated with neglect, abuse, or criminal acts;
          iii.   Clinical safety checks, as needed, based upon initial review of death reports to ensure the health and safety, as well as recommendations for corrective action, if needed, and follow-through to ensure implementation;
          iv.   Collecting all required materials for the mortality review;
          v.   Identification of cause of death;
          vi.   Identification of circumstances surrounding and contributing to the death – immediate and up to twelve (12) months;

vii. Investigation of, in the first year, all deaths of participants receiving Medicaid HCBS waiver services, or services from BSDC, the State operated ICF/DDs. In the annual report, the Contractor will make recommendations to DHHS-DDD whether all deaths should continue to be reviewed in subsequent years, and if so, whether a tiered system regarding types of review ought to be put into place. This shall be a comprehensive death review, including the review of relevant records and documents associated with the death including provider and service coordinator documentation (PCP, notes), incident reports (6 – 12 months prior), death certificate, autopsy, medical examiner report, EMS reports, medical records (6 – 12 months prior), and any other existing death investigations.

viii. Produce mortality review report and recommendations for corrective action by the provider and DHHS-DDD to minimize the reoccurrence of the immediate factors contributing to the death;

ix. Develop and facilitate a Mortality Review Committee (MRC), chaired by the DHHS-DDD designee, to receive, review, and analyze reports and make recommendations for corrective action at the individual report level. The MRC shall review deaths identified as being unexpected, sudden and unusual or unnatural, caused by suspicious circumstances, associated with suspected or alleged provider misconduct or abuse or neglect, or any combination of these; and may review other deaths. Part of implementation includes recommendations for policies and procedures, including committee composition. Ongoing, this will include developing the meeting agenda, meeting materials, and recording meeting minutes;

x. Distribution of DHHS-DDD accepted recommendations and tracking of status of corrective action implementation, including timeliness;

xi. Monitoring to ensure timely implementation of corrective actions per the HCBS waivers and NAC regulations;

xii. Evaluation to determine whether corrective actions were effective;

xiii. Make recommendations to the DHHS-DDD Quality Administrator for corrective actions or sanctions, where there is data supporting non-compliance with the mortality reporting and review process, including but not limited to timely, complete and accurate reporting and timely implementation of corrective actions;

xiv. Aggregate, analyze and report on data for trends in deaths that warrant systemic responses to reduce avoidable risks of death and other adverse outcomes;

xv. Annually, evaluate tools to determine content validity and internal consistency and refine where appropriate;

xvi. Training and technical assistance for providers individually, based upon findings of mortality review;

xvii. Develop quarterly web-based training and transmittals for the provider network, based upon data trending. DHHS-DDD retains ownership of all training materials produced at the end of the contract with the Contractor and will give appropriate credit for development to the QIO/QIO-like entity; and,

xviii. Facilitate at least an annual Quality Assurance Committee (QAC) analysis and review of mortality data to inform process improvement and provide technical assistance for providers to implement preventative and/or curative measures to DD service providers.

Bidder shall provide a plan that includes all of the above elements.

Bidder Response:

Required Outcome: The new Mortality Review and Reporting process shall be in place no later than six (6) months after contract start date.

b. Once the process has been implemented and management services are in place, the Contractor shall provide the following reports an ongoing basis: (1) monthly mortality investigation report and recommendations due fifteen (15) calendar days following the last day of the month. Describe how the bidder meets or exceeds requirement.

Bidder Response:

c. Two (2) monthly program reports with attachments such as: training materials and meeting agendas due fifteen (15) calendar days following the last day of the month. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

> [blank box]

d. Three (3) quarterly data reports including aggregation, trends, and recommendations, including on performance measures on waiver basic assurances related to mortality review and reporting due fifteen (15) calendar days following the last day of the quarter. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

e. Four (4) annual mortality report including number, types, cause of death, demographics of participants in the aggregate and with trending due fifteen (15) calendar days following the last day of the year. For the first year, the annual report shall also include recommendations regarding whether all deaths should continue to be investigated, and if so, whether there is a tiered system that should be put into place (for example, how far to go back into the records, whether on-site investigation is required, etc.). Describe how the bidder meets or exceeds this requirement.

Bidder Response:

f. The Contractor shall also have the capability to produce ad hoc reports no later than seven (7) calendar days after the request.

F. **CRITICAL INCIDENT MANAGEMENT PROCESSES (CIMP)**
The second priority of the QMS assessment is a review of the existing HCBS DHHS-DDD CIMP to develop and implement reliable incident management and investigation processes, and audit protocols that ensure compliance with reporting, review, and response requirements.

1. The process shall enable DHHS at a minimum, but not limited to:

a. Provide immediate and effective responses to serious incidents to protect the involved participant's safety and well-being and to mitigate reoccurrence;
b. Triage and escalate serious incidents as needed to protect health and safety;
c. Ensure that the facts and circumstances of serious incidents are reviewed quickly and effectively and, as warranted, investigate;
d. Ensure that recommendations for corrective actions associated with serious incidents are timely and effectively implemented per the HCBS waivers and NAC regulations;
e. Ensure that trends and patterns regarding serious incidents are identified and addressed through timely implementation of effective corrective actions;
f. Ensure that appropriate governmental entities, provider and support coordination agencies receive timely notification of serious incidents;
g. Ensure public reporting regarding the overall safety and well-being of participants who receive supports through Medicaid HCBS waivers;
h. Utilize processes that assess for timely and appropriate incident reporting, investigation, and response and for implementation of timely and appropriate corrective actions to minimize reoccurrence;
i. Use assessments to determine if public agencies and providers are undertaking systemic reviews to identify and appropriately address incident trends or patterns; and,
j. Ensure that implemented corrective actions are effective in preventing or reducing the occurrence of serious incidents.

2. **Task 1. Assessment**
a. As an activity of the assessment of the QMS, conduct a comprehensive assessment of the current state of the HCBS CIMP. This assessment shall include a systematic infrastructure analysis of current state, including review of data availability, data collection tools, processes, information systems, and existing metrics. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

b. Produce a report that includes a detailed narrative, current state process map(s), identification of existing strengths and weaknesses, and assessment of current state compared to CMS compliance requirements and best and promising practices. It shall include process maps for the current state of the CIMP. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

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Required Outcome: The Assessment Report with accompanying process maps is due no later than six (6) months after contract start date.

3. **Task 2. Design: Comprehensive Roadmap for Enhancements**
    a.   Develop a comprehensive roadmap for enhancements to the existing CIMP, including identification of best practices in Critical Incident Management, based upon recommendations from OIG, CMS, and other state QMS's. Include recommendations for how to improve the current process to achieve full compliance with CMS requirements with respect to reporting and notification, incident review, incident investigation, CAPs and implementation, and quality monitoring and trend analysis. Include recommendations for working with both agency and independent providers, and how the QIO/QIO-like entity would achieve efficiencies with the independent provider population, for example, using web-based training models.

    The report shall include a narrative with discussion of data collection tools, processes, metrics, including existing system gaps, and recommendations on how to improve the current state around what should stay the same, what should be refined, what should be replaced, to achieve best practices. It shall include process maps to demonstrate recommended changes from current state as well as the proposed future state.

    Describe approach to developing comprehensive roadmaps for enhancements to existing CIMP for other programs.

    Bidder Response;

Required Outcome: The Design Report with accompanying process maps is due no later than eight (8) months after start of the contract.

4. **Task 3. Development: Blueprint for Implementation of Accepted Recommendations**
    a.   Develop a blueprint for implementation of DHHS accepted recommendations from the Design Report. This shall include a narrative with specifics about how the Contractor would implement the recommendations to achieve full compliance with CMS requirements with respect to reporting and notification, incident review, incident investigation, CAPs and implementation, and quality monitoring and trend analysis. The report shall include the proposed process for design of quality reviews and roles for the Contractor and State staff including but not limited to:

    Describe bidder's approach to development or refinement of existing tools;

    Bidder Response:

    b.   Describe bidder's approach to determining recommendations for use of real-time claims data and historical claims data;

    Bidder Response:

    c.   Describe bidder's approach to development of metrics and performance standards;

    Bidder Response:

    d.   Describe bidder's approach to the formulation and Role of an Incident Management Committee;

    Bidder Response:

    e.   Describe bidder's approach to remediation with Providers;

    Bidder Response:

    f.   Describe bidder's approach to data trending, analytics, and providing recommendations for system change;

    Bidder Response:

g.   Describe bidder's approach to education and outreach;

> Bidder Response:

h.   Describe bidder's approach to training and technical assistance to state staff and providers;

> Bidder Response:

i.   Describe any other accepted recommendations provided to other programs that have proved very successful for the program.

> Bidder Response:

Required Outcome: The Development Blueprint Report is due no later than nine (9) months after contract start date.

5.   **Task 4. Implementation: Putting the Blueprint into Action**

For all recommendations accepted by DHHS from the Critical Incident Development Blueprint Report, the Contractor shall conduct a readiness review and develop and execute an implementation plan, including but not limited to:

a.   Describe bidder's approach to implementing New Tools and/ or Refinement of Existing Tools;

> Bidder Response:

b.   Describe bidder's approach to implementing training for staff and providers;

> Bidder Response:

c.   Describe bidder's approach to development of a manual for the new process (Chapter for DHHS-DDD Quality Assurance and Improvement Manual);

> Bidder Response:

d.   Describe bidder's approach to support DD-DHHS in Change Management Communications for providers and DHHS staff, including service coordinators;

> Bidder Response:

e.   Describe bidder's approach to assist in development of policy, procedures and guidance;

> Bidder Response:

f.   Describe bidder's approach to providing recommendations for the development of process to ensure access to EMS, medical and hospital records;

> Bidder Response:

g.   Describe bidder's approach to implementing a new process.

> Bidder Response:

h.   Describe bidder's approach to reporting and Notification:

> Bidder Response:

      i.   Critical Incident Definitions

      Bidder should recommend a list of reportable incidents and categorize those by level of severity based upon seriousness of harm or potential harm to participants receiving Medicaid HCBS, including proposed definitions. The list shall include at least the following reportable incident types:

      a)   Deaths;

      b)   Allegations of physical, psychological, or financial exploitation;

c)	Allegations of physical or psychological neglect;
d)	Allegations of physical or psychological abuse;
e)	Allegations of sexual abuse;
f)	Events involving the inappropriate restraint or seclusion of participants receiving Medicaid HCBS;
g)	Events that lead to adverse consequences or outcomes to participants receiving Medicaid HCBS because of staff misconduct or error;
h)	Events that result in injury or illness to a participants receiving Medicaid HCBS that requires medical treatment beyond first aid;
i)	Choking;
j)	Hospital emergency room visits where the injury or the medical condition could indicate abuse or neglect;
k)	Unplanned hospitalizations;
l)	Missing persons (elopements whereby the participant is removed from staff supervision or is placed at risk of serious harm);
m)	Behavioral incidents that result in:
n)	Employee physical intervention, including restraint;
o)	Serious risk of harm to the participant, other participants receiving services, employees, or community citizens; or
p)	Property damage valued at more than $150;
q)	Emergency situations, including fires, flooding, and serious property damage, that result in harm or risk of harm to participants receiving Medicaid HCBS;
r)	Financial exploitation or theft of a property or funds of $25 or greater;
s)	Incidents that may involve criminal conduct by participants receiving Medicaid HCBS or employees;
t)	Incidents involving law enforcement personnel;
u)	Near drowning; and,
v)	Any additional QIO recommendations.

Bidder Response:

> **ii.** The report shall also include recommended definitions for:
>
> | | |
> |---|---|
> | **a)** | Critical incidents definition (general); |
> | **b)** | Unexplained/unexpected death; |
> | **c)** | Unsubstantiated definition; and, |
> | **d)** | Any additional QIO recommendations. |
>
> **iii.** Describe bidder's approach to developing recommendations for Incident Reporting and Notification Processes.

Bidder Response:

> **iv.** Create processes and assist in the development of policies, procedures for incident reporting and notification, including responsibility of initiating reports for providers, service coordinators (including for provider delayed reporting), and State and regional reporting; a timeline and method for reporting; ensuring reporters are free from retaliation, and recommending sanctions for late or non-reporting by providers.
>
> **v.** Develop templates and forms for incident reporting, maximizing information gathered in data fields that support data aggregation and analysis and minimize text narratives.
>
> **vi.** Develop and offer education, training and outreach on incident reporting for participants who receive services, their families, service coordinators, and providers.
>
> **vii.** Any additional accepted QIO recommendations from the Development Blueprint Report.

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinator; recommendations on policy, procedure, and guidance; and the implementation of the new processes are due no later than fifteen (15) months after contract start date.

6. **Task 5 Incident Review & Investigation**

   a. Create processes and assist in the development of policies, procedures for incident review, with consistent follow up procedures commensurate with the severity of the event, including guidelines to identify which reports merit state-level investigation. This shall include categorizing and triaging of incidents; requirements for provider action, beyond reporting, once an incident is discovered; and a process for informing family, substitute decision-maker, service coordinators and partner agencies about the incident as soon as possible after discovery and no later than seventy-two (72) hours after discovery. Describe how the bidder meets or exceeds these requirements.

   Bidder Response:

   b. Develop templates and forms for incident investigation, maximizing information gathered in data fields that support data aggregation and analysis and minimize text narratives. At a minimum this shall include findings and observations associated with all completed investigative activities, the investigation's conclusions, and the investigation's recommended corrective actions. Describe bidders understanding of these requirements.

   Bidder Response:

   c. Develop timelines for investigation, including for a State extension process if warranted. Describe bidders understanding of these requirements.

   Bidder Response:

   d. Develop competency-based provider incident investigation performance standards, including but not limited to review of the ISP; review of other reported incidents once per year; review of circumstances leading up to and following the incident; interviews with witnesses, the family, and others such as the service coordinator, provider supervisor, health care professional(s); provider and service coordinator documents, medical records, and law enforcement reports; and Protection and Advocacy (P&A) reports, where applicable. Describe how the bidder meets or exceeds these requirements.

   Bidder Response:

   e. Develop process to review completed investigations to ensure compliance with performance standards and appropriateness of findings, conclusions and recommendations. Describe how the bidder meets or exceeds these requirements.

   Bidder Response:

   f. Provide recommendations for the development of processes to ensure investigator access to EMS, medical, and hospital records. Describe bidders understanding of these requirements.

   Bidder Response:

   g. Develop process for dissemination of investigation findings, conclusions and recommendations to: providers, service coordination, participants and his or her family and/or guardian. Describe how the bidder meets or exceeds these requirements.

   Bidder Response:

   h. Assist in the development of policies, procedures and processes for a DHHS-DDD Incident Management Committee, including recommendations for whether this should be a subcommittee or otherwise incorporated into the existing QIC. This should include committee membership, duties, meeting cadence, etc. Recommend requirements for DHHS-DDD Provider Incident Management Committees. Describe how the bidder meets or exceeds these requirements.

   Bidder Response:

i. Develop process to identify and review trends and patterns in reported incidents and the findings, conclusions, and recommendations including development of corrective actions for improving quality assurance. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

j. Develop and offer training for DHHS-DDD providers on how to manage critical incidents, including investigations. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinator; recommendations on policy, procedure, and guidance; and the system going live are due no later than fifteen (15) months after start of the contract.

7.   Task 6 CAPs and Implementation

a. Create processes and assist in the development of policies, procedures for making recommendations to DHHS for corrective action; informing providers of corrective actions and the requirements for remediation; ensuring timely action to implement corrective actions; monitoring corrective actions; identifying and recommending for sanctions providers who have a pattern of non-compliance with corrective actions; and any additional accepted QIO recommendations from the Development Blueprint Report. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

b. The Contractor will also conduct an at least annual review of corrective action tracking to evaluate performance and effectiveness, develop a report and recommendations, and facilitate a discussion with the QIC. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinator; recommendations on policy, procedure, and guidance; and the process going live are due no later than fifteen (15) months after start of contract.

8.   Task 7: Quality Monitoring and Trend Analysis

a. Develop and implement a process, including recommended metrics, quantitative and qualitative analysis, stakeholder input, and reporting aimed at continuously evolving DHHS-DDD's performance to improve the health and safety of participants receiving supports through a Medicaid HCBS waiver and prevent or reduce similar incidents in the future. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

b. Create processes and assist in the development of policies, procedures for incident aggregation, tracking, trending, reporting, and systemic corrective action. The process shall include review of incident reporting by service providers and service coordinators; use historical claims data at least for hospitalization and emergency room visits to measure effectiveness of reporting; cross-references certification findings, grievance/complaint reports and a sampling of progress notes; and include recommendations for frequency of trend analysis. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

c. Reports shall trend aggregate critical incident data at State, District and County levels and identify incident types that would benefit from systemic intervention. The Contractor will facilitate a QAC review of trended data to secure additional recommendations for systems level remediation and reduction of future incident occurrences. Describe bidders understanding of these requirements.

Bidder Response:

d. Develop requirements for providers to have a continuous quality assurance and enhancement process for incidents, including monitoring, tracking, and use and/or review of provider's own performance data. This also includes requirements for provider reporting on trends, including plans for corrective actions at the provider systems level and tracking of implementation. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

e. While the QIO is doing the bulk of the critical incident functions, the QIO will also engage in quality assurance of key functions of critical incident management that the QIO does not perform, for example provider investigations and service coordinator follow-up with the participant and their family or guardians. This includes the development of a review process and performance measures for all key elements of the incident management system to assure that providers and service coordinators report critical incidents; reported critical incidents are properly recorded; providers report critical incidents at the correct severity level; data on critical incidents is collected and reviewed at provider and State level; the State Incident Management Review Committee is meeting its function; and reasonable suspicions of abuse or neglect are properly reported. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinator; recommendations on policy, procedure, and guidance; and the system going live are due no later than fifteen (15) months after start of contract.

9. **Task 8: Operation of the Critical Incident Processes**
   a. The bidder should submit a draft plan for ongoing operation of the CIMP, including but not limited to reporting and notification, incident triage, review, and investigation, corrective action recommendations and implementation, and quality monitoring and trend analysis. The plan must be submitted to DHHS for review and approval no later than thirty (30) calendar days after successful implementation of the CIMP. The QIO is responsible for all steps in the CIMP, including but not limited to: triage and any resulting safety check, incident investigation of high level (serious) critical incidents, managing the Incident Management Committee, recommendations for corrective action, assuring implementation of corrective actions, any training and technical assistance required, and all data reporting. The exception is notification to participants and families, which will remain the responsibility of the participant's provider and/or service coordinator. Note that there are currently around 10,000 high level (serious) critical incidents reported annually, or around 800 per month. DHHS-DDD expects that this number may increase with increased awareness through training and through potentially revised critical incident definitions and reporting requirements.

   Bidder Response:

   b. As part of the ongoing management plan, the bidder should provide a draft training, education and outreach plan to ensure that the CIMP continues to function as designed. This shall include training for providers and State staff about: (1) the critical incident system; and (2) training related to preventing future occurrences of abuse, neglect, and exploitation and other harm. It shall also include ongoing education and outreach for participants who receive services and their families and guardians to encourage reporting. Training shall occur on at least a quarterly basis and shall be competency based.

   Bidder Response:

    c.   The Contractor shall provide the following reports an ongoing basis:

        i.   Monthly program reports with attachments such as: training materials and meeting agendas; monthly incident that tracks and trends incidents by participant, by provider, by service coordinator, by District, by Region, and by critical incident type due fifteen (15) calendar days following the last day of the month;

        ii.   Quarterly reports that at a minimum relate to performance measures on waiver basic assurances related to critical incident and mortality review and reporting; and provider compliance with the incident management system's requirements, including aggregate findings of provider compliance audits by region and for the State as well as trending due fifteen (15) calendar days following the last day of the quarter;

        iii.   Annual incident report including aggregate data and a summary of patterns and trends, quarterly and cumulative, with analysis due fifteen (15) calendar days following the last day of the year. It shall also include an evaluation of tools to determine content validity and internal consistency and refinement.; and,

        iv.   The Contractor shall have capability to produce ad hoc reports no later than seven (7) calendar days after request.

Required Outcome: Ongoing management of the CIMP; all reports discussed above; at least quarterly training and ongoing education/outreach events.

G.   **OPTIONAL QMS EXPANDED SERVICES: DEVELOPMENT, IMPLEMENTATION & MANAGEMENT**
Pending State need and availability of funds, DHHS-DDD may implement the following types of expanded QIO/QIO-like services at any point during the contract. The State shall not expend more than fifty percent (50%) of the total cost of the contract for QIO services on optional expanded services.

1.   For this section, no work plan is required. Instead, the bidder must explain the approach to expanded services to ensure compliance with all CMS requirements, where applicable, and achieve best practices; and provide a sample project timeline for Expanded Services: Development, Implementation, and first year of Management services. Bidders must also describe all experience providing these types of services.

Examples of additional QIO/QIO-like services that DHHS-DDD may implement at a later time include, but are not limited to:

    i.   Individual Services and Outcomes:

        a)   Level of Care: Administering the initial, periodic and annual level of care to participants applying for and receiving HCBS waiver services;
        b)   Utilization Review of HCBS waiver services;
        c)   Prior authorization of HCBS waiver residential services;
        d)   Prior authorization of HCBS waiver day services;
        e)   Prior authorization of HCBS waiver clinically-based services;
        f)   Post Payment Review of HCBS waiver services;
        g)   Initial and Ongoing Exception Funding (for participants whose initial budget is not sufficient to meet their needs);
        h)   Monitoring of basic waiver assurances;
        i)   Review of State Plan Targeted Case Management services;
        j)   Audit person-centered plans;
        k)   Assess Personal Outcomes;
        l)   Developing Quality Based Criteria / Outcomes for Values Based Payment Contracts;
        m)   Review and Approval of use of Restrictive Controls and Behavior Support Plans;
        n)   Assessment of safety plans;
        o)   Clinical assessments and recommendations;
        p)   Grievance and complaint system;
        q)   Develop and run a Human Legal Rights Committee (HLRC);
        r)   Inventory for Client and Agency Planning (ICAP) assessments; and,
        s)   Other Recommendations that can be performed with enhanced funding.

ii.   Provider Oversight and Monitoring:

a)   Initial and Ongoing Provider Certification Review;
b)   Provider Oversight and Monitoring: compliance reviews and audits, beyond what is required for certification;
c)   Provider Report Cards;
d)   Monitoring development and implementation of Provider Improvement Plans;
e)   Monitoring of basic waiver assurances;
f)   Monitor the monitoring; and,
g)   Other Recommendations that can be performed with enhanced funding.

iii.   Training & Technical Assistance:

a)   Provider technical assistance and training to build capacity;
b)   Staff technical assistance and training to build capacity, including onboarding of quality team staff;
c)   Building inter-related reliability amongst monitors;
d)   Technical assistance and capacity building for Behavioral Support Plans (BSPs); and,
e)   Other Recommendations that can be performed with enhanced funding.

> Bidder Response:

2.   Special Projects
DHHS-DDD may request the Contractor, subject to mutual agreement by both parties, to engage in special consulting projects related to quality assurance, improvement and enhancement.

The Bidder shall provide the hourly rate for each Staff position used to complete special consulting projects on the State Cost Proposal. Identify any additional Staff titles and rates, which Bidder believes may be used to complete said projects.

A change order request may be submitted to the Contractor, and a project plan will be prepared by the Contractor for each project, which may include, but is not limited to, project identification number, project statement, deliverables, milestones, due date(s), and projected hours.

Should DHHS-DDD and the Contractor agree to changes in the project plan, the original hours may be adjusted during the execution of the project. The amount paid to Contractor will be based on the lower of the actual billed hours or the hours specified in Contractor's most recently approved project plan, multiplied by the applicable hourly billable rate(s), as submitted.

Special Project activities may include but are not limited to: training and technical assistance regarding quality management; recommendations for policy and procedure development; assessment and development of tools; assessment and development of metrics; and more.

II. MINIMUM QUALIFICATIONS

The Bidder shall provide proof with bidder's Proposal that the following Minimum Qualifications have been met:

A. **QUALITY IMPROVEMENT ORGANIZATION (QIO) OR QIO-LIKE ENTITY**
The bidder shall provide an attestation stating it is a Quality Improvement Organization (QIO) or QIO-like entity, under contract with the CMS or as designated by CMS. Specifically, the bidder shall meet the requirements of Section 1152 of the Social Security Act (i.e., "QIO-like entity"), thereby enabling the State to qualify for the 75% federal financial participation as established in Section 1903(a)(3)(C) of the Social Security Act.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/HowtoBecomeaQIO.html

B. **MEDICAID-ELIGIBLE, NON-EXCLUDED PROVIDER**
The bidder, as well as individuals or entities that own five percent (5%) or more interest in the bidder's organization, and bidders managing employees must be eligible to receive Medicaid funds and not on the following exclusion lists. A bidder shall not be on the Health and Human Services (HHS) Office of the Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), or the General Services Administration (GSA) System for Award Management (SAM). Or the Nebraska Medicaid Excluded Providers (NMEP) list.   Links to the LEIE, SAM, and NMEP lists are as follows
- LEIE: Go here: https://oig.hhs.gov/exclusions/exclusions_list.asp
- SAM: Go here: https://www.sam.gov/SAM/
- NMEP: Go here: http://dhhs.ne.gov/Pages/Program-Integrity-Sanctioned-Providers.aspx

The bidder shall provide an attestation stating it meets this requirement.

Acknowledging (Initial)	Notes / Comments:

C. The solution must comply with State and Federal requirements, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and all associated regulations. In addition, if the clients are covered by Medicaid the Medicaid-specific, above-and-beyond-HIPAA privacy protections found at 42 CFR Part 431, Subpart F will apply as well. DHHS is a covered entity under HIPAA and the selected Contractor will be a Business Associate. See Business Associate Agreement (BAA) Provision, Attachment B

The Bidder shall provide an attestation stating it meets this requirement.

Acknowledging (Initial)	Notes / Comments:

D. Contractor must sign and abide by Attachment C - Data Use Agreement (DUA) before any confidential information or protected health information (as defined herein, including in the DUA) may be provided to Contractor, and before any billable work is started. Contractor must ensure all subcontractors sign a substantively equivalent DUA before any work is subcontracted under this contract.

III. PROPOSAL INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Technical, Corporate Overview, and Cost Proposal. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in the proposal; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Proposals are due by the date and time shown in the Schedule of Events. Content requirements for the Technical, Corporate Overview, and Cost Proposal are presented separately in the following subdivisions, format, and order:

A. TECHNICAL PROPOSAL
Note: No pricing information is to be included in the Technical Proposal. Pricing information is to be included only in the Cost Proposal.

Responses in the Bidder's Technical Proposal should reference the organization and numbering of Sections in the RFP (for example, IV.A.1). This Proposal organization will allow State officials and the Evaluation Committee to "map" Bidder responses directly to RFP requirements by Section number and will aid in the evaluation process.

The Technical Proposal should include the following documents and information in the order specified as follows. Each section of the Technical Proposal should be separated by a TAB as detailed below:

1. **TITLE PAGE AND TABLE OF CONTENTS (TAB A)**
The Technical Proposal should begin with a Title Page bearing the name and address of the Bidder and the name and number of this RFP.

   A Table of Contents should follow the Title Page for the Technical Proposal, organized by section, subsection, and page number.

2. **MINIMUM QUALIFICATIONS DOCUMENTATION (TAB B)**
The bidder should submit Request for Proposal for Contractual Services Form and Form A: Contract Proposal Point of Contact.

   The bidder should submit any Minimum Qualifications documentation that may be required, as set forth in RFP Section VII, "Minimum Qualifications."

3. **SCOPE OF WORK REQUIREMENTS (TAB C)**
The bidder should respond to all bidder response boxes in each Scope of Work requirement (RFP Section VI) in bidder's Technical Proposal. .

4. **QIDS TECHNICAL REQUIREMENTS TRACEABILITY MATRIX**
The Bidder should provide responses to the questions provided in Attachment A – QIDS Technical Requirements Traceability Matrix.

B. CORPORATE OVERVIEW
The Corporate Overview section should consist of the following subdivisions:

1. **CONTRACTOR IDENTIFICATION AND INFORMATION**
The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, or 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.

2. **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.

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.

3.   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 contractor(s) will require notification to the State.

4.   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. Specify where the bidder's office location responsible for performance pursuant to the award of this contract would be located. Space should be within a sixty (60) mile radius of Lincoln, Nebraska and sufficient to support staff to work on-site in Lincoln, with ability to travel throughout the state, as needed.

The office space shall be available and ready for Contractor staff to begin work no later than ninety (90) days after the start of the contract.

5.   RELATIONSHIPS WITH THE STATE
The bidder should describe any dealings with the State over the previous five (5) years. If the organization, 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.

6.   CONTRACTOR'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 six (6) 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.

7.   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 bidder to be in default.

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

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.

8.   SUMMARY OF CONTRACTOR'S PROPOSED PERSONNEL/MANAGEMENT APPROACH
The bidder should present a detailed description of bidder's proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description

of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the contractor 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 should only be implemented after written approval from the State.

The bidder should provide an Organizational Chart for each Scope of Work outlining personnel and related duties. The bidder should include job titles and the percentage of time each individual will spend on his/her assigned tasks. Bidders using job titles other than those commonly used by industry standards should provide a crosswalk reference document.

The Contractor shall begin hiring staff to work on-site in Nebraska consistent with Contractor's Proposed Personnel/Management Approach, described in this section and, at a minimum, have initial key personnel in place within ninety (90) days of the start of the contract; with additional personnel in place within sixty (60) days of contract start date.

Required Outcome: Initial key personnel (staff and subcontractors), necessary for the QIO to begin work shall be in place no later than ninety (90) days after the start of the contract. Additional personnel shall be in place no later than two (2) months after contract start date.

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

   a. name, address, and telephone number of the subcontractor(s);
   b. specific tasks for each subcontractor(s);
   c. percentage of performance hours intended for each subcontract; and
   d. **total percentage of subcontractor(s) performance hours.**

Form A
Bidder Proposal Point of Contact
Request for Proposal Number 6317 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:	
Bidder Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

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:	
Bidder Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

IV. REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance

CONTRACTOR MUST COMPLETE THE FOLLOWING

with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder 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 vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____   NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska vendor. "Nebraska Vendor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

_____   I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____   I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD OR BY DOCUSIGN.

FIRM:	
COMPLETE ADDRESS:	
TELEPHONE NUMBER:	
FAX NUMBER:	
DATE:	
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	

Ohio Department of Medicaid Incident Investigations and Provider Oversight

PCG has implemented a multi-component HCBS provider monitoring and oversight initiative that includes critical incident management, on-site provider screenings, structural provider reviews, provider training, all conducted through our QIDS, PCG QUIC. PCG conducts investigations for individuals and providers in the Ohio Home Care Waiver, the Medicaid-Medicare Duals Demonstration program (MyCare Ohio), the Money Follows the Person program (HOME Choice), and community behavioral health (Specialized Recovery Services Program or SRSP).

Critical Incident Reviews

PCG investigates a wide variety of incidents for individuals and providers in the Ohio Medicaid program. PCG investigates more than 1,600 reported health and welfare violations each month. In doing so, PCG completes the following functions:

- Initial verification of an individual's health and welfare within one business day;
- A full investigation to substantiate or un-substantiate incident violations within 45 days;
- Approval of case management created prevention plans implemented to mitigate risk of incident reoccurrence;
- Referrals to the Ohio Department of Medicaid (ODM) for additional compliance action, including follow-up, overpayment collections, fraud referrals, or other sanctions;
- Referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Board of Nursing;
- Collaboration with law enforcement, the Attorney General's Office, and other investigatory entities; and
- Production of key analytical reports and report issues, educational needs of both providers and case managers, and identification of trends and patterns.

Structural Provider Reviews

PCG meets face to face with identified providers annually/bi-annually to review documentation and to assure providers deliver services in a manner compliant with Ohio requirements. PCG then:

- Prescreens all providers to determine which providers require a review;
- Conducts a face-to-face evaluation of all provider service documentation and billing, scanning all reviewed documentation for record maintenance;
- Reviews all provider billing to detect overpayments and fraud;
- Identifies provider compliance violations;
- Completes referrals to ODM for additional compliance action, including overpayment collections, fraud referrals, or other sanctions; and
- Submits referrals to other regulatory agencies such as the Ohio Department of Health and the Ohio Board of Nursing.

On-site Provider Screenings

To satisfy federal and state regulations for unannounced on-site screenings for ACA-identified moderate- and high-risk provider types, PCG has developed a Provider Screening Checklist to capture provider compliance and conducts HCBS settings assessments for new and existing Adult Day Health Services providers. PCG:

- Developed a Provider Screening Checklist used to capture the required provider regulatory compliance;
- Developed processes for uncertainties inherent with an unannounced on-site screening;
- Educates providers on-site in areas of non-compliance;
- Tracks information collected during the on-site screening to produce key analytical reports regarding findings; and

- Conducted Home and Community Based Services (HCBS) settings assessments for new and existing Adult Day Health Services providers to ensure compliance with the state's transition plan for new community setting rule. The assessment tool evaluated the following qualities regarding the facility setting:
    o Integrated in and supports full access to the greater community;
    o Selected by the individual from among setting options;
    o Ensures individual rights of privacy, dignity, and respect, and freedom from coercion and restraint;
    o Optimizes autonomy and independence in making life choices; and
    o Facilitates choice regarding services and who provides them.

Provider Enrollment and Support
PCG is responsible for managing the enrollment of all ODM HCBS Waiver providers. Provider enrollment and support services include:

- Evaluation of provider applications to verify required documentation for both enrolling and re-enrolling providers;
- Checking applicable databases and ensuring automatic checks complete appropriately;
- Educating providers regarding program requirements to improve quality of services provided to beneficiaries; and
- Fielding several hundred project-wide calls through our customer call center each week, always assuring compliance with standard response and hold times.

Provider Education
PCG provides education and technical assistance to more than 5,500 providers serving individuals who utilize home and community-based waivers. Education is provided in person, online, and through the provider enrollment, incident investigation and structural review processes. Provider education includes:
- Providing HCBS waiver providers with the education necessary to operate in compliance with all relevant rules and regulations in the Ohio Administrative Code and Revised Code;
- Conducting face to face and online trainings, as well as webinars;
- Creating, uploading, and maintaining online video trainings on PCG's website;
- Creating educational materials and tools based on client direction and analysis of trends and patterns noted in provider questions and citations; and
- Providing notifications about new rules and/or modifications to existing rules.

Collaboration
PCG is an active partner with ODM and other contractors in ensuring Ohio provides high-quality, innovative services. PCG is a member of various work groups and committees including:
- HCBS Rules Committee - Highlights include spending 2015 working on processes and rules to support Ohio's transition plan for CMS' HCBS settings rule;
- State Plan Related Services Work Group - Coordination and development of state plan services;
- Protection from Harm Committee - Focus on ensuring the health and welfare of individuals with an emphasis on prevention; and
- Quality Steering Committee - Data evaluation of HCBS services, trends, and patterns.

Compilation of Relevant Experience
PCG has included a listing of related projects, specifically calling attention to how these projects relate to the following DHHS-DDD scope features:
- Home and Community-Based Services (HCBS) Program Experience
- Compliance Reviews and Monitoring
- Provider Reviews
- Quality Improvement Data System (QIDS)

	Project	HCBS	Compliance Reviews and Monitoring	Provider Reviews	QIDS
IL	HCBS QIO Services	✓	✓	✓	✓
MD	HCBS DD Waiver QIO Services	✓	✓	✓	✓
OH	HCBS Incident Investigations and Provider Oversight	✓	✓	✓	✓
NC	Medicaid Provider Oversight Investigation	✓	✓	✓	✓
PA	HCBS Vendor Fiscal / Employer Agent, Financial Management Services	✓	✓	✓	✓
IN	HCBS Waiver Consultation and Assessment Services	✓	✓	✓	✓
SC	HCBS Compliance On-site Assessments	✓	✓	✓	✓
WI	HCBS Compliance On-site Assessments	✓	✓	✓	✓
MS	HCBS Compliance On-site Assessments	✓	✓	✓	✓
CA	HCBS Compliance On-site Assessments	✓	✓	✓	✓
CO	HCBS Post Payment Reviews	✓	✓		✓
NY	HCBS Statewide Transition Plan	✓	✓	✓	✓
NC	Prior Authorization, Due Process Monitoring and Reporting	✓			✓

Figure VI.B.3.3: Experience Matrix. PCG displays a compilation of relevant experience and identifies the key NE DHHS scope areas that the named projects relate to.

Configuration and Components of QIDS Specifically for NE DHHS

PCG's QUIC System was purposefully designed to be configurable to meet specific quality assurance needs of states' Medicaid HCBS waiver programs. PCG QUIC can be configured at each structural level (Waiver Program, Review Type, Compliance Standards, and Data Collection Method) shown in the figure below.
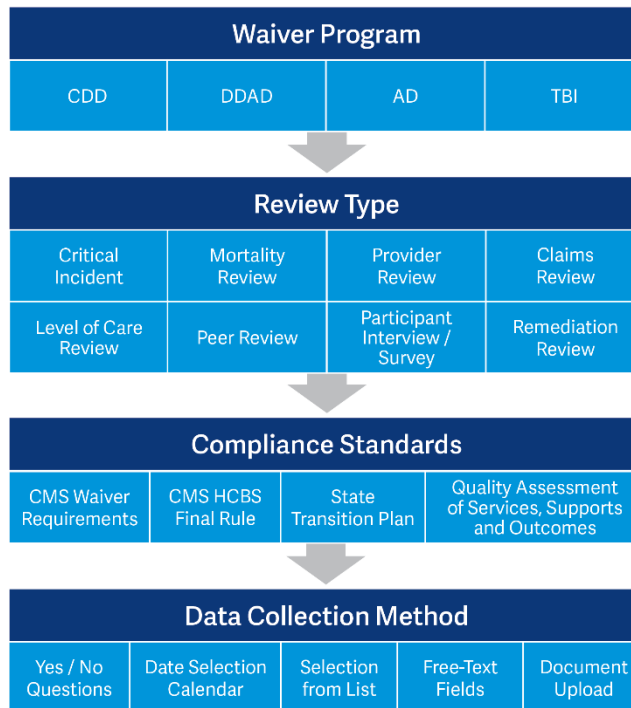
Figure VI.B.3.4: PCG QUIC System Structure for Medicaid HCBS Waiver Quality Assurance Activities.

During the implementation period, PCG will commence extensive process mapping and requirements gathering sessions around the Nebraska's quality management system, expectations, and needs for its quality assurance review modules (components) for each of its waiver programs. In doing so, PCG will obtain a comprehensive understanding of how PCG QUIC should be configured to best meet the needs to DHHS-DDD.

PCG will identify for **each NE HCBS waiver program** included in PCG QUIC:
- Review types / modules, e.g. Critical Incident and Mortality Review modules
- Compliance standards to be assessed under each review type / module
- Data collection method for each compliance standard

Based on the requirements gathered, PCG will build business rules and logic into PCG QUIC to configure the system so that each review module achieves, at a minimum, the following for each waiver program:
- ➢ Automatically pulls the appropriate review tools and/or interview questionnaires for users;
- ➢ Presents only pertinent questions to the specific review and compliance standards being assessed;
- ➢ Offers easy-to-use data collection fields for efficient completion of reviews;
- ➢ Includes a quality assurance/control feature to allow for a second peer or supervisor review;
- ➢ Links participants to the data collected for accurate reporting;
- ➢ Follows the appropriate workflow process by authorized user roles; and
- ➢ Option to group participants under a single case for streamlined reviews of multiple participants from the same sample or review timeframe.

Depending on state needs, additional modules and expanded components such as the following can be configured into PCG QUIC:
- Provider Review module
- Claims Review module

- Level of Care module
- Peer Review module
- Client Satisfaction (interview) module
- Any additional modules that the QIO recommends

For additional details on PCG QUIC and the functionality of our review modules, including Critical Incident and Mortality Review, Provider Review, Claims Review, Level of Care Review, Peer Review, and Client Satisfaction, please refer to *Section VI.B.5.o* of our proposal.

    e.   Describe how the software program will provide corrective action planning and monitoring functions and will document communication between parties responsible for corrective action.

Bidder Response:

Corrective Action Planning and Monitoring in PCG QUIC

When PCG identifies areas of non-compliance during quality assurance reviews (e.g. Critical Incident Reviews, Mortality Reviews, provider reviews, claims reviews, level of care reviews), PCG requires the responsible party, whether it may be a provider agency, independent provider, or case management agency/case manager, to develop and implement Corrective Action Plans (CAPs) to remediate the non-compliant issues within a required timeframe.

The PCG QUIC System has a workflow process that facilitates the CAP process allowing for provider communication, documentation, and monitoring of CAP implementation. When PCG reviewers identify non-compliance findings during quality assurance reviews that require a CAP, the reviewer initiates the CAP process that includes the following steps within the PCG QUIC System:

1. *Notification*. The responsible party (provider or case manager) receives an autogenerated notification e-mail through the PCG QUIC System with a unique link providing access to the system, a copy of the report with noncompliance findings, instructions, and guidance on developing, submitting, and implementing a CAP. The PCG reviewer's contact information is provided for the responsible party to contact with questions or request CAP support and/or technical assistance.

2. *CAP Submission.* The responsible party is required to remediate the non-compliance issues by developing a CAP that outlines specific action steps to address the non-compliance findings. The responsible party submits the CAP and any supporting documentation using the link provided in the notification e-mail within a required timeframe, e.g. within 10 business days of the notification e-mail.
   a. PCG will work with NE DHHS to develop CAP policies and procedures, templates, and required timeframes for specific steps of the CAP process based on the severity of the non-compliance issue at hand and based on the quality assurance review type. For example, the urgency of non-compliance issues found through critical incident reviews or complaints investigations may necessitate immediate remediation compared to a provider review finding requiring updated policies and procedures, documents, and/or training. Please find in the *figure* below a sample PCG QUIC CAP submission page for NE DHHS where providers will be able to submit CAPs and documentation.
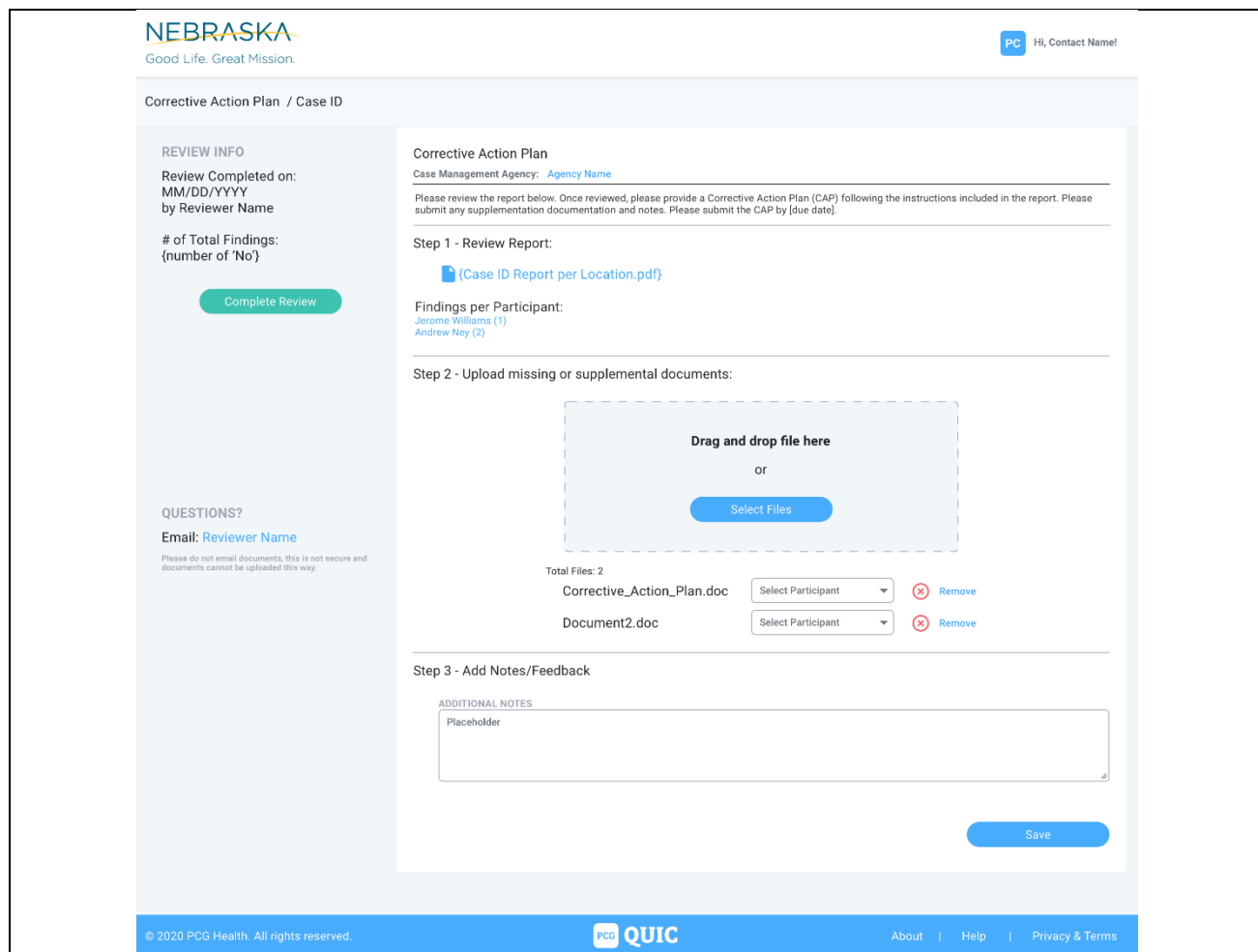
Figure VI.B.3.5: Sample CAP and Documentation Submission in PCG QUIC.

3. *CAP Review and Approval.* PCG reviewer receives a notification through PCG QUIC that a CAP has been submitted. The PCG reviewer reviews the CAP within a prescribed timeframe, e.g. within two business days of CAP submission, to ensure it appropriately addresses all noncompliance issues. The CAP review may result in either (1) Approved or (2) Revisions Required. If approved, PCG will follow up with the responsible party to ensure CAP implementation has occurred. If revisions are required, the PCG reviewer will provide feedback and require the responsible party to incorporate the feedback, make the necessary revisions, and re-submit the CAP through PCG QUIC.
    a. PCG will identify with DHHS the number of opportunities to be provided to responsible parties in providing an acceptable CAP, e.g. two opportunities to make revisions.

4. *Remediation Review.* The PCG reviewer will conduct a follow-up remediation review in PCG QUIC to ensure the responsible party has implemented the CAP and successfully remediated the noncompliance issues. The remediation review will be conducted within a prescribed timeframe depending on quality assurance review type to be determined with DHHS, e.g. within 30 business days of CAP approval. If the remediation review verifies successful CAP implementation, the PCG reviewer will close the case in PCG QUIC. If the responsible party is unsuccessful in remediating the noncompliance issues, PCG follows the necessary escalation procedure according to state policies to determine next steps.

   f.   The Contractor shall have the ability to maintain Protected Health Information (PHI) received from the State, Participants in Medicaid HCBS programs, and service providers. The Contractor shall

have the ability to maintain the confidentiality of all information. See Health Insurance Portability and Accountability Act (HIPAA) Compliance – Attachment B - Business Associate Agreement Provisions.

4.   **Scope of Work for QIDS**
The Contractor shall provide an effective, efficient and reliable mechanism for capturing relevant information permitting the identification of issues and provide a broad array of management reports to support managerial decisions. It shall also allow management to develop CAPs and permit the measurement of improvement over time as initiatives are implemented.

5.   **Required Functionality**
     a.   The QIDS must reflect national best practices from CMS. Describe how solution approaches and maintains this requirement.

Bidder Response:

With our significant history and experience with home and community-based services (HCBS) waivers, including several current ongoing projects, PCG is deeply familiar with CMS and individual state laws, regulations, policies, procedures, requirements, and national best practices governing waivers. Staying current, even anticipating changes, is crucial to our ability to support state efforts to manage waiver program compliance, quality, and overall operations. Because of changes in federal requirements, quality oversight and compliance can feel like an ever-evolving target. PCG eliminates that concern and uncertainty. Our operating and maintenance model of our QIDS – PCG QUIC – requires that we remain closely observant of national best practices and federal requirements. **This ensures our clients that our waiver monitoring programs are always situationally germane and can satisfy waiver quality assurance, improvement, and management goals without sacrificing any necessary operational rigors.**

In the following subsections, we address our current knowledge of best practices from CMS that serves as the **foundation to the structure and functionalities of PCG QUIC**.

PCG Knowledge of Federal Quality Oversight and Management for HCBS Waivers
In this subsection, PCG documents its knowledge of the Six Assurances, the Final Rule, and Discovery.

Understanding the Six Quality Assurances
The Centers for Medicare and Medicaid Services (CMS) requires states to design a quality assurance system for its 1915(c) Home and Community-Based Waiver programs to ensure the health and welfare of beneficiaries. The State's quality assurance system must address six overarching Quality Assurances, along with associated sub-assurances, by developing and reporting on performance measures for each. In 2014, in collaboration with The National Association of States United in Aging and Disability (NASUAD), National Association of State Directors of Developmental Disabilities Services (NASDDDS) National Association of Medicaid Directors (NAMD), and administrators from eleven states and the National Quality Enterprise, CMS modified its quality assurance system requirements and released *Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers*[1]. The modified Quality Assurances are outlined below.

Assurance: Level of Care
The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care (LOC) consistent with care provided in a hospital, nursing facility, or Intermediate Care Facility (Intellectual Disabilities/Developmental Disabilities).

Assurance: Service Planning
The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

Assurance: Qualified Providers
The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Assurance: Health and Welfare
The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Assurance: Financial Accountability
The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

Assurance: Administrative Authority
The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

The development of PCG QUIC revolved around these exact waiver quality assurances so that monitoring and tracking of quality assurances, state determined sub-assurances, and performance measures in our system would occur in the most effective and efficient way possible.

Figure VI.B.5.1: Sample PCG QUIC with NE DHHS HCBS Waiver Quality Assurances.

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Supporting States with HCBS Quality Framework
The six Quality Assurances and the HCBS Quality Framework[2] work together to ultimately achieve participant-centered desired outcomes:

1. **Participant Access:** Individuals have access to home and community-based services and supports in their communities.
2. **Participant-Centered Service Planning and Delivery:** Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community.
3. **Provider Capacity and Capabilities:** There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.
4. **Participant Safeguards:** Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.
5. **Participant Rights and Responsibilities:** Participants receive support to exercise their rights and in accepting personal responsibilities.
6. **Participant Outcomes and Satisfaction:** Participants are satisfied with their services and achieve desired outcomes.
7. **System Performance:** The system supports participants efficiently and effectively and constantly strives to improve quality.

Both the CMS quality assurance system and the HCBS Quality Framework embrace a system that involves:

- **Program Design**: A system that addresses topics such as service standards, provider qualifications, assessment, service planning, monitoring participant health and welfare and critical safeguards.
- **Quality Management**
  - **"Discovery:** Collecting data and direct participant experiences to assess the ongoing implementation of the program, identifying strengths and opportunities for improvement.
  - **Remediation:** Taking action to remedy specific problems or concerns that arise.
  - **Continuous Improvement:** Utilizing data and quality information to engage in actions that lead to continuous improvement in the HCBS program."

The six Quality Assurances and its sub-assurances serve as the foundation to the program design of an effective quality management program design. For the "Discovery" phase in the continuous quality assurance system, CMS requires states to conduct quality reviews of entities and stakeholders involved in the participant care to evaluate performance on the Quality Assurances, Sub-assurances, and individual performance measures. Leveraging the information gleaned from these quality assurance reviews, states must remediate any non-compliance findings, inform, and implement continuous improvement efforts, and submit an evidentiary report on all performance measures for each HCBS waiver. PCG fully understands this quality management program and process, which is why we built PCG QUIC to reflect exactly this model.

PCG heavily invested time and resources in PCG QUIC to support every aspect of the HCBS waiver quality management system and strategy for states, including facilitation of quality reviews and monitoring of waiver quality assurances, sub-assurances, and performance measures that ultimately lead to person-centered desired outcomes. PCG possesses unparalleled knowledge, processes, tools, clinical staff, and QIDS that can support NE DHHS' approach throughout its entire Quality Management Strategy.

Applying the HCBS Final Rule
In addition to our knowledge of HCBS waiver quality assurances and Quality Framework, PCG has gained recognition in our approach to supporting states with implementation of the Medicaid HCBS Final Rule, also released in 2014. The HCBS Final Rule enhances the quality of home and community-based services and provides protections to beneficiaries. It also ensures that individuals have full access to

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In addition to our knowledge of HCBS waiver quality assurances and Quality Framework, PCG has gained recognition in our approach to supporting states with implementation of the Medicaid HCBS Final Rule, also released in 2014. The HCBS Final Rule enhances the quality of home and community-based services and provides protections to beneficiaries. It also ensures that individuals have full access to

the benefits of community living and the opportunity to receive services in the most integrated settings[3]. The Final Rule establishes the settings requirements for the three home and community-based Medicaid authorities, 1915(c), 1915(i), and 1915(k), and further defines person-centered planning requirements within those waiver programs. In just the past five years, PCG conducted over 4,000 HCBS site assessments for compliance with the HCBS Final Rule using PCG QUIC. **With the clear overlap between HCBS quality requirements and the Final Rule, PCG can assist NE DHHS in implementing the utmost holistic HCBS waiver programs.**

PCG's experience within the Home and Community Based Services landscape **has placed us shoulder-to-shoulder with Medicaid agencies, case managers, providers, and beneficiaries.** We fully understand the perspectives of each of these groups, and the sophisticated orchestration required to ensure all groups satisfy and benefit from the federal regulations governing quality oversight and management of HCBS Waivers.

[1] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf
[2] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf
[3] https://www.medicaid.gov/medicaid/hcbs/guidance/index.html

b. The QIDS must assess through qualitative and quantitative means:

i. The quality of services provided;
ii. The ability of services provided to meet the participant's needs;
iii. The effect of the services to support or improve quality of the participant's life; and,
iv. The satisfaction of participants receiving services with the process of eligibility determination and service delivery.

The primary means of data collection will be reviews done by DHHS and DPH employees. Describe how the solution meets these requirements.

Bidder Response:
Configurable Qualitative and Quantitative Data Collection in PCG QUIC
The core advantage of the PCG QUIC System is its configurability. *Figure VI.B.5.2* depicts how PCG QUIC is structured as a QIDS facilitating quality assurance activities. Each tier in the *Figure VI.B.5.2* below – **waiver program**, **review type**, **compliance standards, and data collection method** – are easily modified within the system to fit the specific requirements of NE DHHS. In this section, we focus on PCG QUIC's data collection method and how the system administers and captures qualitative and quantitative data.

Figure VI.B.5.2: PCG QUIC System Structure for Quality Assurance Activities including Data Collection.

Quality assurance reviews in PCG QUIC are conducted by answering specific questions tied to compliance standards. Questions are configured in PCG QUIC to either collect qualitative and/or quantitative data.

- Examples of quantitative data collection include:
  - Yes or No responses for file reviews;
  - Numeric fields; and
  - Date selection calendars.
- Examples of qualitative data collection include:
  - Free-text fields for interviews, file reviews, comments, and notes;
  - Drop-down options from a configurable list; and
  - Document or photo upload.

To better depict the data collection functionalities within PCG QUIC, we provide screenshots below of how PCG QUIC is currently being utilized to assess: (1) quality of services provided; (2) ability of services provided to meet the participant's needs; (3) effect of the services to support of improve quality of the participant's life; and satisfaction of participants receiving services with the process of eligibility determination and service delivery through qualitative and quantitative means.

As shown in *Figure VI.B.5.3* below, PCG QUIC employs different question types and data collection methods to assess the quality of services provided to waiver participants. The yes/no response for performance measure D10 is a quantitative (binary) data collection method to allow for data aggregation for quarterly and annual CMS Waiver performance measure reporting. Following the yes/no questions are free-text, qualitative data fields for supporting evidence to noncompliance findings to be entered.

Figure VI.B.5.3: Assessing Quality of Services Provided in PCG QUIC.

Similarly, the following screenshot provides an example of how PCG QUIC assesses the ability of services provided to meet the participant's needs.

Figure VI.B.5.4: Assessing Ability of Services Provided to Meet the Participant's Needs in PCG QUIC.

To assess the effect of services in supporting or improving the quality of the participant's life and participant satisfaction, PCG QUIC administers interview questionnaires with yes/no responses (quantitative) and free-text fields (qualitative) to capture participant responses, as shown in the *Figure VI.B.5.5* and *Figure VI.B.5.6* below.

Figure VI.B.5.5: Assessing the Effect of the Services to Support or Improve Quality of the Participant's Life in PCG QUIC.

Do you attend the service planning meetings?   YES   NO

COMMENTS

Do you get those you want involved?   YES   NO

COMMENTS

Are there any services you need, but are not receiving?   YES   NO

COMMENTS

Do you receive services when you need them?   YES   NO

COMMENTS

Figure VI.B.5.6: Assessing the satisfaction of participants receiving services with the process of service planning and service delivery in PCG QUIC.

c.   The QIDS must have the ability to import data from existing DHHS systems in a standardized format, using data conversion when necessary. Describe how the solution meets this requirement.

Bidder Response:
Importing Data from State's Systems
PCG QUIC's Data Intermediary and Collection System allows for a variety of data importing methods for DHHS, providers, and other stakeholders to securely transfer data for collection, analysis, and reporting. PCG can accommodate batch, ongoing system-to-system connectivity submission, and direct data entry processes, using data conversion, as necessary. Throughout our response, the term "system interaction" is assumed to address how data is exchanged between DHHS, providers, and PCG in a secure, efficient, and standardized manner. Each of these system data interaction options are outlined below.

Extract, Transform, Load (ETL)

PCG's main component for system interaction is an enterprise grade Extract, Transform, and Load (ETL) framework where the data is extracted and transformed to the agreed upon data format specification. The transformation component is part of the plug and play architecture that allows disparate data sources to be transformed to a common schema for further consumption. If DHHS already has a data specification for PCG to utilize, PCG can easily adapt its ETL framework to import the data into PCG QUIC. In a situation where there are no pre-existing specifications, PCG will typically propose a data specification that can easily be implemented. In this process, PCG would engage with DHHS and the appropriate stakeholders to define the data elements, mappings, and appropriate conversions.

PCG QUIC's ETL framework leverages Secure File Transfer Protocol (SFTP) for data transmission. We will configure SFTP server sites on the PCG infrastructure using Amazon Web Services for DHHS and each of the associated stakeholders. With respect to how data enters the PCG QUIC System via the SFTP integration mode, our system can accommodate both a push from DHHS/stakeholder to the PCG SFTP server, or a pull from the submitting system. The former allows the submitting entity to set up a process on their system to securely connect and transfer data to the PCG SFTP server in their "inbound" folder, as well as to get data from the PCG SFTP server in their "outbound" folder. The latter option entails PCG setting up a "MOVEit" process on our server that will access data from a specified location at the DHHS/stakeholder system to "GET" data onto the entity's SFTP "inbound" folder (or "outbound" folder in the case of data flowing from PCG to the DHHS/stakeholder entity. PCG would also need to create an approved list of the external entity's system IP address to pull data.

Notices can be triggered on the PCG SFTP server via the "MOVEit" process to indicate when files have been picked up for processing – or otherwise to alert PCG, DHHS, and/or provider entities on errors in processing.

Website User Interface

Case files and other documents can be securely uploaded from designated pages within QUIC so that they can be processed and used in the assessment process. PCG QUIC utilizes SSL certificates and the application is hosted behind multiple layers of firewalls to provide a secure public-facing website that allows authorized and authenticated users, such as DDRS staff and providers to access via an internet connection on modern web browsers or tablets.

Direct Data Entry for Non-system Users

For non-system users that need to enter data and/or submit documents directly, they will be able to do so securely using a time-sensitive access link and unique passcode sent via a system generated email. This email, passcode, and single-use page is generated based on specific user actions within QUIC to facilitate the gathering of assessment specific data and documents from known individuals. This person specific QUIC page is designed for a one-way flow of data into the system using QUIC's secure document upload process and retains all system auditing functions.

Custom Web Services

PCG can provide a Custom Web Services Component upon request by DHHS. These web services would be representational of state transfer application programming interfaces (REST APIs) that allow DHHS or approved stakeholders to make calls to the QUIC system. These APIs would extend DHHS's ability to interact with QUIC data in real-time.

d.	The QIDS shall include recommendations for improvements to the types of services and the delivery of services for program participants. Describe how the solution meets this requirement.

Bidder Response:

Recommendations for Improvements

As discussed in *Section VI.B.5.b* of our proposal, PCG QUIC can be configured to not only include different waiver programs, waiver types, compliance standards, but also the data it is required to collect for quality

assurance activities. As such, PCG QUIC can be configured to also capture recommendations for improvements to the types of services and delivery of services for program participants, further explained in the following paragraphs.

Waiver Program			
CDD	DDAD	AD	TBI

Review Type			
Critical Incident	Mortality Review	Provider Review	Claims Review
Level of Care Review	Peer Review	Participant Interview / Survey	Remediation Review

Compliance Standards			
CMS Waiver Requirements	CMS HCBS Final Rule	State Transition Plan	Quality Assessment of Services, Supports and Outcomes

Data Collection Method				
Yes / No Questions	Date Selection Calendar	Selection from List	Free-Text Fields	Document Upload

Figure VI.B.5.7: PCG QUIC System Structure for Quality Assurance Activities including Data Collection.

PCG QUIC can capture recommendations using the following data collection methods:
- **Free-Text Fields** for users/reviewers to enter recommendations for improvement
- **Selection from List** for users/reviewers to select from a predetermined list of recommendations by NE DHHS

In configuring the compliance standards and questions around types of services and the delivery of services for program participants in PCG QUIC, PCG can include an additional field for those questions to also capture "Recommendations for Improvements". When users conduct a quality assurance review, they will be able to use this field to document recommendations on the types of services and service delivery for the specific participant being reviewed.

For example, in the *Figure VI.B.5.8* below, in reviewing whether the participant's person-centered plan addresses all their identified needs, the user/reviewer may identify a different service, service delivery frequency, or amount that may better meet the needs of the participant.

The user can document this recommendation under "Recommendations for Improvement", which will then be linked to the specific participant as well as the specific performance measure/compliance standard being reviewed.

All data entered in PCG QUIC will be stored in the PCG QUIC database that can later be pulled as part of a Review Outcome Report or for CMS reporting (additional details on reporting can be found in *Section VI.B.5.i* and *Section VI.B.5.l* of our proposal).

Figure VI.B.5.8: Recommendations for Improvement to Participant Services in PCG QUIC.

      e.   The QIDS will allow for data storage of participants' surveys. Describe how the solution meets this requirement.

Bidder Response:
Participant Surveys in PCG QUIC
Within PCG QUIC System's configurability structure, participant surveys are included under "Review Type" as its own review module. The participant interview/survey module in PCG QUIC can be configured to include multiple participant survey and interview instruments based on waiver program and specific objectives of the participant survey. The system is set-up to automatically display the appropriate participant survey/interview questionnaire to the reviewer based on the waiver program and review type selected, eliminating the potential of participants being asked irrelevant questions.

Figure VI.B.5.9: PCG QUIC System Structure for Quality Assurance Activities including Participant Surveys.

During the implementation period, PCG will work with NE DHHS to identify the participant survey objectives, standards, questions, survey recipient sample, and data collection method. Based on this information, PCG will develop and configure waiver-specific surveys into the participant survey module for users to administer participant surveys as needed.

Figure VI.B.5.10: Participant Survey Module in PCG QUIC.

The PCG QUIC survey module as shown in the *Figure VI.B.5.10* above not only allows for multiple participants to be surveyed under the same case for a streamlined system workflow, but also multiple stakeholders involved with the participant's care, e.g. service provider, case manager, family members. This removes the need for users to toggle back and forth between screens to access participant surveys. This functionality is especially useful when there is more than one participant and stakeholders being surveyed as part of a sample or during the same timeframe.

Data Storage of Participant Surveys in PCG QUIC
As are all reviews in PCG QUIC, participant surveys and responses are stored on PCG QUIC's database hosted in the Amazon Web Service (AWS) cloud. Amazon Simple Storage Service (Amazon S3) is an object storage service that offers industry-leading scalability, data availability, security, and performance. This means PCG and NE DHHS can use it to store and protect any amount of data collected through quality reviews, interviews, and surveys.

With AWS, DHHS takes advantage of a scalable, reliable, and secure global computing infrastructure, the virtual backbone of Amazon.com's multi-billion-dollar online business that has been honed for over a decade. Using AWS tools, such as Auto Scaling and Elastic Load Balancing, PCG QUIC can be scaled up or down based on demand and volume. Backed by Amazon's massive infrastructure, PCG QUIC has access to compute and storage resources as needed.

Bidder Response:

Monitoring Tools in PCG QUIC

During the implementation period, PCG will hold extensive process mapping and requirements gathering around the State's monitoring processes and tools for both DHHS staff and providers of services across waiver programs. In doing so, PCG will obtain a comprehensive understanding of how PCG Q UIC should be configured to best meet the monitoring needs of NE DHHS. PCG will then develop business rules and systems logic to be configured into the review module of PCG QUIC to allow DHHS and providers to conduct monitoring functions easily yet effectively. With PCG QUIC, NE DHHS can expect, at a minimum, the following:

- Monitoring review module for DHHS staff and providers
- Access to only the information required for monitoring activities
- Monitoring tools/questionnaires specifically based on compliance standards and requirements of NE DHHS, waiver program, provider service type
- Auto-population of monitoring tools relevant to the waiver program and provider service type

User Roles in PCG QUIC

PCG QUIC includes a user management functionality where designated administrative users can assign and access user credentials and control the degree of access for users. The specific set of user access capabilities and roles can be configured based on DHHS requirements, as we understand that each state agency has varying standards regarding access capabilities and hierarchies. During the implementation period, PCG will work closely with DHHS to document the specific structure of the user access for implementation, including access for DHHS staff as well as providers.

Figure VI.B.5.11: User Management Functionality in PCG QUIC

The User Management functionality not only allows an admin user to specifically designate the type of role each user is assigned to, it also specifically identifies the individual pages and dashboards that the user has access to through the "Provider Access" functionality. This feature is extremely important in granting providers with access to only the data they need for monitoring activities and restricting access to other state data stored in PCG QUIC.

Data Storage of Monitoring Tools in PCG QUIC

As are all reviews in PCG QUIC, monitoring tools are stored on PCG QUIC's database hosted in the Amazon Web Service (AWS) cloud. Amazon Simple Storage Service (Amazon S3) is an object storage service that offers industry-leading scalability, data availability, security, and performance. NE DHHS can use PCG QUIC

and AWS to store and protect any amount of data for monitoring tools, backup and restore, archive, and data analytics.

With AWS, DHHS takes advantage of a scalable, reliable, and secure global computing infrastructure. Using AWS tools, PCG QUIC can be scaled up or down based on demand and volume. For example, AWS' Elastic Load Balancing automatically takes incoming traffic and distributes across multiple targets, including containers and buckets, IP addresses, and Lambda functions. Backed by Amazon's massive infrastructure, PCG QUIC provides access to computing and storage resources for NE DHHS as needed.

g. The system shall have ongoing compliance with DHHS Medicaid waiver regulations, DHHS Administration of Developmental Disabilities, Office of Special Education Program (OSEP), CMS rules and regulations, Health Insurance Portability and Accountability Act (HIPAA), American Recovery and Reinvestment Act (ARRA), and Family Educational Rights and Privacy Act (FERPA).Describe how solution meets this requirement.

Bidder Response:
PCG QUIC and Ongoing Compliance with QIDS Requirements
One of the greatest advantages of PCG QUIC is its configurability. PCG QUIC is purposefully structured to support a multi-faceted quality assurance system involving multiple programs, review types, data collection, and reporting requirements. PCG QUIC can be set-up to display the appropriate tool, questionnaire, or checklist to the reviewer automatically based on the selected criteria, e.g. program, review type, thus, eliminating the potential of reviewers assessing irrelevant compliance standards. **For example, PCG QUIC can support compliance review tools around CMS rules and regulations for participants served through DHHS Administration of Developmental Disabilities, and another unique set of review tools for those served through the Office of Special Education Program.** Through PCG's internal Quality Assurance (QA) Model, PCG will ensure ongoing compliance of PCG QUIC with the Scope of Work QIDS requirements.

PCG Internal Quality Assurance (QA) Model
PCG's QA model amounts to much more than a provision in a contract, federal statute, or regulation; it represents an ongoing, organized method of doing business to achieve optimum results, involving all levels of the organization and stakeholders, including NE DHHS. Specifically, our QA model will focus on continuous monitoring, improvement, and alignment of PCG QUIC to federal and Nebraska DHHS rules and regulations, policies, and requirements. The overarching objective is to prevent or mitigate the likelihood of problems, by monitoring operations, identifying areas of modification and updates, and applying system business rules or configurations to fix outdated information.

Quality Planning	Quality Assurance	Continuous Quality Improvement
How PCG plans to work with the client to define quality standards and SOW compliance requirements that are relevant to PCG QUIC and how we will satisfy them. Quality measures, tools, and process improvements are all components of quality planning.	How PCG plans to apply and monitor the quality and compliance activities to ensure that PCG QUIC maintains ongoing compliance with the SOW requirements and quality standards previously defined.	How PCG will choose and use best practice quality tools and processes to maintain and improve PCG QUIC throughout the project's life cycle.

Figure VI.B.5.12: PCG's Quality Assurance Model for PCG QUIC ongoing compliance.

As part of the implementation period, PCG will further define with the DHHS: (1) the QA and fidelity requirements; (2) QA verification and change request processes; (3) individual responsibility of each QA Team and PCG QUIC Systems developer; (4) staff training requirements as part of QA; (5) documentation policies and procedures, systems workflows, and training materials; and (6) continuous monitoring.

PCG QUIC Security and Confidentiality

PCG securely hosts the PCG QUIC System in the Amazon Web Service (AWS) cloud. PCG has been a partner with AWS for several years and has several state and local agency applications hosted in AWS in a secure and compliant manner. PCG has undergone third party assessments of the various applications currently hosted for our clients which have passed both National Institute of Standards and Technology (NIST) and Payment Card Industry Data Security Standard (PCI DSS) compliance audits. PCG's internal systems development team, Health Software Development (HSD) group, has worked with AWS as a partner and has leveraged extensive training, guidance, and resources from AWS by virtue of our technology partner relationship to develop and host to a well architected framework that ascribes to five pillars of operational excellence, security, reliability, efficiency and cost optimization.

 Furthermore, PCG is committed to safeguarding the privacy and confidentiality of customer and company information. Policies and standards issued by the PCG Information Security Office (InfoSec) assist in establishing and implementing PCG's information security program. These policies and standards were developed from careful examination and inclusion of National Institute of Standards and Technology (NIST) 800-53 (rev. 4), Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act of 1974 (FERPA), and American Institute of Certified Public Accountants (AICPA) Attestation Standards, Section 101 Service Organization Control 2 (SOC2) controls. In addition, the policies and standards reflect international and federal laws, executive orders, directives, regulations, standards, and guidance. These policies were approved by the Board of Directors and the effective and review dates are listed individually in each policy. Standards have been approved by the IT Committee.

All policies and standards are reviewed and updated on an annual basis or as major changes occur to the business. As such, staff is required to review policies regularly and participate in annual trainings to ensure familiarity with current requirements. Each policy and standard provide a scope and purpose to help identify the audience. As these policies and standards have been issued as a part of the PCG information security program, all staff have a responsibility to the company to abide by the requirements outlined in each document. Non-compliance to PCG policies and standards can result in disciplinary action, up to and including termination.

h.   The Contractor will provide a QIDS with a functioning case review system for quality assurance of the Medicaid HCBS CDD, DDAD, AD and TBI waivers, based upon the State's need and funds availability. Describe how the solution meets this requirement.

Bidder Response:
PCG QUIC: Functioning Case Review System for Medicaid HCBS Quality Assurance
The PCG QUIC System was designed specifically to alleviate the complexities around HCBS Waiver Quality Assurance and monitoring for states, including case reviews. PCG will leverage the already existing case review workflow in PCG QUIC for Nebraska's HCBS CDD, DDAD, AD, and TBI waivers. PCG QUIC is purposefully structured to support a multi-faceted quality assurance system involving multiple waiver programs, review types, compliance standards, and data collection methods. In this section, we will focus on how PCG QUIC facilitates case reviews for multiple waiver programs.

Figure VI.B.5.13: PCG QUIC System Structure for Quality Assurance Activities involving multiple Waiver Programs.

To show that PCG QUIC already has a functioning case review system for quality assurance of Medicaid HCBS waivers, PCG presents below in *Figure VI.B.5.14-Figure VI.B.5.15* of how PCG QUIC is currently being utilized for other state Medicaid waiver programs.

Multiple Waiver Programs in PCG QUIC
PCG QUIC can be configured to include several waiver programs and review types, e.g. case (record) review. Once PCG QUIC is configured to include the client's waiver programs, users can create new assessments in PCG QUIC by selecting the specific waiver program and type of review.

Figure VI.B.5.14: Selecting the Waiver Program and Review Type (Case Review) in PCG QUIC.

In *Figure VI.B.5.14*, users can select from a preconfigured list of waiver programs to conduct different types of case reviews, e.g. Level of Care, Qualified Providers, Service Plan, Health and Welfare, and Financial Accountability. **PCG QUIC supports a unique questionnaire for each case review type for each waiver. NE DHHS will have a unique case review tool for the CDD Waiver in PCG QUIC, and another unique case review questionnaire for the AD Waiver based on the type of review.** The system's business rules are set up to display the appropriate case review questionnaire to the reviewer automatically based on the selected waiver program, eliminating the potential of users reviewing for irrelevant compliance standards and questions.

Entering Cases into PCG QUIC
The participants sampled for case reviews can be entered into the PCG QUIC manually or through an import mechanism as shown in the *Figure VI.B.5.15* below.

Figure VI.B.5.15: PCG QUIC Participant Sample Intake Functionality.

PCG QUIC requires certain demographic information of participants to be entered according to state requirements. In the *Figure VI.B.5.16*, the participant sample must include the sample number, name, and RIN or unique Medicaid number.

Figure VI.B.5.16: Participant Information Collected in PCG QUIC.

The participant demographic information to be collected in PCG QUIC for case reviews can also be configured to the data collection and tracking needs of NE DHHS.

Case Reviews in PCG QUIC

The case review tool or questionnaire within PCG QUIC is configured to facilitate compliance evaluation of federal and state requirements and regulations for the sampled participants entered in the system, now populated in the left-hand panel of the figure below. PCG will work with NE DHHS during the implementation period to identify the specific standards to be reviewed for case reviews for each waiver program. Those compliance standards will become the questions listed for each case review. The sample questions presented in the figure below are Level of Care performance measures directly taken from NE's CDD waiver. Results from case reviews are uniformly collected, organized, and stored on our database to support the reporting requirements of NE DHHS.

Figure VI.B.5.17: Case Review Tool and Workflow in PCG QUIC.

Across the top of *Figure VI.B.5.17* is the case review workflow in PCG QUIC which includes: (1) the actual review of the state's compliance standards and then (2) a built-in quality assurance (QA) process of the review. During the case review, users will confirm compliance or noncompliance for each review question/standard, enter necessary evidentiary information, upload documents to the case as needed, and then move onto the next sampled participant until all cases are reviewed.

Once review is completed, designated state personnel (e.g. supervisors) can QA the results of the assessment to ensure all questions are completely and accurately answered, provide feedback to reviewers, and/or make changes as needed.

> **i.** The QIDS must have the function to allow DHHS and DPH to enter information and extract data and reports to use for internal processes as well as reporting to CMS for all associated programs and services. Describe how the solution meets this requirement.

Bidder Response:

Entering Information and Extracting Data and Reports from PCG QUIC

PCG QUIC users can enter information directly into PCG QUIC by completing quality assurance reviews. The information entered in PCG QUIC is stored on our database with preconfigured identifiers such as waiver program, review type, participant, CMS quality assurance, state-defined sub-assurance, and/or performance measure. PCG QUIC will have a reporting functionality allowing for (1) efficient searching, retrieving, and sorting of quality assurance reviews based on different fields as well as (2) generation of Review Outcome Reports.

Figure VI.B.5.18: Sample Reporting Page on PCG QUIC for NE DHHS.

As shown in *Figure VI.B.5.18* above, for efficient search and retrieval of review data, PCG QUIC users can use the "Reporting" page in PCG QUIC to search by fields such as participant name; participant unique identification number, e.g. Medicaid ID; waiver program; review type; and/or service provider name. PCG QUIC will pull all applicable reviews in a list format for users to quickly retrieve the information they need. The fields by which users can search and retrieve data can be configured to those identified by NE DHHS and DPH.

During the implementation period, PCG will work with NE DHHS and DPS to develop report templates with predefined fields to identify the most useful search features to be integrated into the PCG QUIC Reporting page for NE DHHS users.

NE DHHS would also be able to extract datasets from the PCG QUIC reports to conduct further data analysis as needed for internal processes and CMS reporting. PCG will provide NE DHHS with the ability to download these datasets from the Reports page. PCG will also provide a data dictionary from our database describing each data element captured through the PCG QUIC System for NE DHHS to use in reporting. Using this Web Services component, NE DHHS can query, extract, and analyze datasets from the PCG QUIC database such as the following under the working assumption that such data is collected in PCG QUIC:

- Demographic information about each participant whose quality of services were reviewed, such as: name, address, waiver program, date service began, revisions to services, review date, region, county, Provider, dates of review period, setting or living arrangement, reviewer name.

- Copies of all documents reviewed for each participant for each review.

- Summary of volume of reviews & interviews and how this volume compares to other months.

- Summary of review results (% compliant) and running total of reviews for a certain timeframe, e.g. month, quarter, year.

Additionally, PCG QUIC generates Review Outcome Reports that automatically pulls the quality assurance review questionnaire as well as user responses for an overview of review results. Please refer to **Section VI.B.5.I** of our proposal for additional details on Review Outcome Reports.

> **j.** Describe how solution includes ongoing maintenance for one (1) year past contract expiration or termination. Any cost associated with this maintenance must be included on the Cost Proposal.

Bidder Response:
Maintenance and Operations of PCG QUIC Portal
PCG QUIC is a Software-as-a-Service (SaaS) product that PCG developed and is heavily leveraged for clients and quality monitoring of their HCBS programs. PCG adopts an Agile development methodology with QUIC resulting in an iterative and rapid approach to software development. Ongoing and continuous maintenance and improvement of PCG QUIC is critical and essential for our business practices. This approach benefits all SaaS clients by ensuring the software is maintained and kept running.

PCG has adopted Amazon's CloudWatch monitoring and maintenance service to ensure that PCG QUIC is always available online and that any necessary performance changes are attended to immediately. We currently use CloudWatch for multiple state engagements and it has allowed us to exceed the extensive performance requirements. PCG will continue to leverage Amazon's CloudWatch as well as provide support from PCG's systems team to deliver ongoing maintenance for one (1) year past contract expiration or termination.

PCG builds in performance testing for all areas of our systems, using either a continuous or on-demand testing using CloudWatch. By doing so, we can monitor our current and ongoing performance and understand where any additional testing can be brought to assure top performance by our systems for our clients. PCG understands the importance of maintenance and rigorous testing.

Figure VI.B.5.19: Amazon CloudWatch Functionality.

Conducting Maintenance Specific to NE DHHS Quality Management System
During the one year past contract expiration/termination, PCG will be available to provide maintenance services of the performance of specific requirements of this Scope of Work. This may include maintenance of the following:
1. Files/batches received from the submitters, identifying their chief characteristics and counts of accepted and rejected files/batches, and determining if system modifications are necessary.
2. Any changes to the system, including monitoring of logic changes, programming changes, reporting changes or any change due to modifications in compliance requirements of CMS HCBS waivers, CMS rules and regulations, DHHS Administration of Developmental Disabilities, and/or other federal or state regulations and requirements.
3. Any changes to the PC/web-based tool, again including monitoring of logic changes, programming changes, reporting changes or any change due to modifications in federal/state regulations and requirements.
4. Any other updates to the PCG QUIC System or database.

PCG manages all its projects using Team Foundation Server (TFS) and uses an Agile approach to development. This process includes tracking all changes – logic, reference tables, etc. – and reporting on any problems with changes, and the ability to roll back changes from production if there is an issue. Our quality control process includes automated testing, and User Acceptance Testing (UAT) which will confirm the effectiveness of any of the above logic, report, or system changes.

        k.   Describe how solution allows for real time, direct access to export all data or selected data collected in the system.

Bidder Response:
Real Time, Direct Access to PCG QUIC
PCG QUIC System is a single, unified, web-based application allowing for the management of the complexities of quality assurance reviews. PCG QUIC and the data that has been entered and uploaded into the system are directly accessible by authorized personnel using their PCG QUIC log-in credentials from any device with an internet connection in near real-time. "Near" real-time refers to and takes into consideration the required system processing time of milliseconds.

PCG QUIC uses internal application programming interfaces (APIs) that enable near real-time access to data throughout the graphical user interface (GUI) and in the creation of reports. Export functionality is available in specific instances throughout the application. Because of the structure of QUIC, these exports utilize near real-time data. Furthermore, adopting PCG QUIC optional Web Services component would create a near real-time connection for making calls to the QUIC database. This exposes a secure API for real-time interfaces between systems. This API will also leverage JSON and/or XML data formats for use in external system and applications.

  I.   Describe how solution provides effective transparent reporting aligned with measures and outcomes from CMS.

Bidder Response:

PCG QUIC Reporting Aligned with CMS Measures and Outcomes

Performance measures and outcomes from CMS are the building blocks of PCG QUIC. The collection of performance measures and outcomes form sub-assurances, CMS quality assurances, and ultimately the State's Quality Management Strategy for its waiver program(s). Performance measures and outcomes in PCG QUIC are not only linked to the CMS quality assurance, State-defined sub-assurance, and HCBS Waiver program, but also the participant(s) and/or provider(s) involved in the review.

Each of these elements are stored and tracked in PCG QUIC for efficient and transparent individual review reporting through Review Outcome Reports, as well as data retrieval (further detailed in *Section VI.B.5.i* of our proposal).

Review Outcome Reports compile and present all information and data entered in PCG QUIC for:
- Each performance measure and outcome covered in the review questionnaire, and
- Each participant included in the review.

A single review may have more than one participant if the grouping of such participants makes logical sense, e.g. participants with commonalities such as sample, provider, and/or waiver.

Upon contract award, PCG will work with NE DHHS to determine the desired format, presentation, and information for Review Outcome Reports to be configured in PCG QUIC. Below is a sample PCG QUIC Review Outcome Report currently used for HCBS Waiver Quality Assurance Reviews. As shown in the sample, the PCG QUIC automatically links and reports out on the following:
- Waiver Quality Assurance
- Waiver Performance Measure number and description
- Participant Sample Number
- Participant Name
- Review finding entered in PCG QUIC by the reviewer

SUMMARY OF NONCOMPLIANCE FINDINGS

PM #	PM	Record #	Participant Name	Finding
Qualified Providers (Appendix C) - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.				
20C	The enrolled non-licensed/non-certified waiver service providers continue to meet waiver provider qualifications.	16	Participant Name	PA Standards Form is incomplete for PA #1.
20C	The enrolled non-licensed/non-certified waiver service providers continue to meet waiver provider qualifications.	A3	Participant Name	PA Standards Form and PA Evaluation Form missing for PA #2.
Service Plan (Appendix D) - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.				
30D	The waiver participant's service plan is signed and dated by the participant (or legally authorized representative) and the case manager.	8	Participant Name	The participant does not have a completed service plan on file.
30D	The waiver participant's service plan is signed and dated by the participant (or legally authorized representative) and the case manager.	12	Participant Name	The service plan is not signed by the participant or a legal guardian.

Figure VI.B.5.20: Sample PCG QUIC Review Outcome Report.

m. Describe how solution provides a plan of improvement and remediation module to document steps to compliance and to track progress for successful remediation.

Bidder Response:

Plan of Improvement and Remediation Module in PCG QUIC

PCG has years of experience providing plans of improvement and conducting remediation reviews in PCG QUIC for providers and system-wide remediation strategies for state entities. Successful remediation with providers calls for expert skills supporting and assisting providers with addressing quality issues identified during quality assurance reviews. This type of work is central to all PCG's projects. Our experience in remedial actions to bring provider standards into compliance with the federal home and community-based requirements include but are not limited to: Amending policy and procedure manuals; Updating staff training plans; Providing up-to-date provider trainings; Preparing plan of improvement to states; and developing monitoring tools for specific residential settings. These strategies all have a few best practice components in common including the categorization of standards and the step-by-step remediation process through a plan of improvement, developing timeframes, and tracking milestones for each step of the process.

PCG QUIC includes functionalities specific to plans of improvement and remediation reviews. For each noncompliant standard identified during quality assurance reviews in PCG QUIC, PCG reviewers document recommendations and feedback for providers that will support them in becoming compliant with state and

federal requirements. PCG QUIC's reporting functionality compiles the results of the review along with the remedial recommendations and feedback that is sent to providers as a plan of improvement. This report is also leveraged by providers to generate Corrective Action Plans as required by the state. Please refer to *Section VI.B.3.e* for additional information on PCG's corrective action planning and monitoring solution.

Figure VI.B.5.21: Plan of Improvement Functionality in PCG QUIC.

After completing the initial quality assurance review, PCG will have identified noncompliant findings, laid out an improvement plan for providers through the review report, and would then be collaborating with these providers to ensure they are taking the necessary steps to compliance through remediation reviews. PCG will request the required provider documentation to be submitted through PCG QUIC via a secure access link to the system where providers can upload documentation as well as provide additional information/notes, as necessary.

Figure VI.B.5.22: Provider Documentation Submission through PCG QUIC.

To track progress for successful remediation, PCG conducts a remediation review with the provider following state guidelines and timeframes. The remediation module in PCG QUIC allows reviewers to the noncompliant finding, remediation action taken, date remediation was completed, and source of verification allowing for effective and efficient tracking of provider remediation.

The Provider Agency has not conducted the consumer satisfaction survey for year 2019.

REMEDIATION ACTION TAKEN

Provider Agency completed annual consumer satisfaction survey.

DATE REMEDIATION WAS COMPLETED

11/04/2019

SOURCE OF VERIFICATION

Consumer satisfaction survey results

REMEDIATION ACHIEVED?

Yes   No

Figure VI.B.5.23: Remediation Module in PCG QUIC.

Depending on the type and severity of the noncompliance issues, PCG will work with DHHS during the implementation period to decide how and when the remediation reviews will be conducted.

> **n.**   The QIDS must have the function to provide real time data to address urgent situations for specific providers or across the service system prior to completion of established reporting periods. Describe how the solution meets this requirement.

Bidder Response:
As mentioned in **Section VI.B.5.k** of our proposal, PCG QUIC is a web-based application hosted on the Amazon Web Services (AWS) cloud. PCG QUIC and the data that has been entered and uploaded into the system are directly accessible by authorized personnel from any device with an internet connection in real-time. PCG understands the importance of not only accessing data in real-time but also the critical need of escalating and bringing awareness to urgent situations where participants' health and welfare may be at risk. As such, in addition to real-time access to data, PCG QUIC can be configured to send real-time notifications for those situations requiring immediate attention.

During the implementation period, PCG will work with DHHS to identify a list of specific urgent situations, the appropriate notification template by recipient, and communication channels for specific providers or across the service system. PCG will then take this information and set up business logic into PCG QUIC so that when PCG reviewers come across urgent situations, the system will automatically push notifications to the necessary individuals for immediate attention and access to the data. PCG QUIC sends real-time notifications in two ways: (1) emails to preconfigured individuals with access links to the case and case report requiring their attention, and (2) pop-up notification banners on the PCG QUIC web-page if users are already logged into the system. Upon receipt of urgent attention notifications, the appropriate personnel approved by DHHS, whether it be DHHS staff or providers, will be able to access the data they need in real-time to take the necessary actions to address urgent situations. To further prioritize urgent situations to ensure the health and welfare of participants, PCG QUIC can have a dedicated queue for urgent cases displayed in the appropriate users' dashboard for efficient, direct, and prioritized access. A sample urgent case queue wireframe for NE DHHS is provided in the *figure* below.

Figure VI.B.5.24: Sample NE DHHS Urgent Queue in PCG QUIC.

o. Describe how solution allows access to multiple modules to enter data for quality assurance activities; at a minimum the modules must include:
  i. File Review Module with the capacity to audit Critical Incident and Mortality Review systems;
  ii. Reporting Module with the ability to generate Corrective Action Plans based upon reviews;
  iii. Provider Review module;
  iv. Claims Review module;
  v. Level of Care module;
  vi. Peer Review module;
  vii. Client Satisfaction module;
  viii. Any additional modules that the QIO recommends.

Bidder Response:
As explained throughout our response, PCG QUIC is a functioning system with built-in review modules portrayed as "Review Types" in the *figure* below. Not only can PCG QUIC offer the review modules listed here, but the system is structured to house and administer as many different review modules as needed. Each review module in PCG QUIC can be easily configured to assess for specific compliance standards based on waiver program, review type, and compliance standards.

Waiver Program

| CDD | DDAD | AD | TBI |

Review Type

| Critical Incident | Mortality Review | Provider Review | Claims Review |
| Level of Care Review | Peer Review | Participant Interview / Survey | Remediation Review |

Compliance Standards

| CMS Waiver Requirements | CMS HCBS Final Rule | State Transition Plan | Quality Assessment of Services, Supports and Outcomes |

Data Collection Method

| Yes / No Questions | Date Selection Calendar | Selection from List | Free-Text Fields | Document Upload |

Figure VI.B.5.25: PCG QUIC System Structure for Quality Assurance Activities and Data Collection.

How PCG QUIC Review Modules are Configured Specifically for NE DHHS

During the implementation period, PCG will hold extensive process mapping and requirements gathering sessions around the State's quality management system, expectations, and needs for its quality assurance review modules for each of its waiver programs. In doing so, PCG will obtain a comprehensive understanding of how PCG QUIC should be configured to best meet the needs to NE DHHS. In the table below, we explain, at a high level, how the requirements gathering process is incorporated into the configuration of PCG QUIC for this Scope of Work.

PCG QUIC Configuration Requirements Gathering Process		
Requirements Gathering	**Examples of Questions We May Ask**	**What This Tells Us**
Waiver Quality Assurance Process	What is the current process for waiver quality assurance (QA) and improvement?	Tells us how the review workflow should be configured in PCG QUIC.
	What are all the review types, quality standards, and compliance requirements to be reviewed in PCG QUIC?	Tells us what the review types are, what the questions are for each review type, and how each question will be answered, e.g. Yes/No, free text.
	Who are the responsible entities/individuals for QA activities?	Tells us who needs access to PCG QUIC and what their user roles should be.

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CMS Waiver Performance Measures	Which Quality Assurances and Performance Measures will be reviewed in the system?	Tells us how Waiver Quality Assurances and performance measures need to be structured in PCG QUIC.
	What is the sampling methodology for each Waiver Quality Assurance and performance measure? Do any of the review types use the same sample?	Tells us how cases need to be entered and organized in PCG QUIC, and what the CMS performance measure reporting requirements are.
	What is the source of data verification for each performance measure? Who is responsible for this data? Where is it housed? Who has access?	Tells us the data import and data collection requirements.
Reporting Requirements	What type of reports do you need for each waiver?	Tells us how reporting needs to be configured in PCG QUIC.

Figure VI.B.5.26: Requirements Gathering for Review Module Configuration in PCG QUIC.

Business rules and logic are built into PCG QUIC based on the requirements gathered so that each review module achieves, at a minimum, the following for each waiver program:

- ➢ Automatically pulls the appropriate review tools and/or interview questionnaires for users;
- ➢ Presents only pertinent questions to the specific review and compliance standards being assessed;
- ➢ Offers easy-to-use data collection fields for efficient completion of reviews;
- ➢ Includes a quality assurance/control feature to allow for a second peer or supervisor review;
- ➢ Links participants to the data collected for accurate reporting;
- ➢ Follows the appropriate workflow process by authorized user roles; and
- ➢ Option to group participants under a single case for streamlined reviews of multiple participants from the same sample or review timeframe.

PCG QUIC Quality Assurance Modules

In this section, we provide an overview of existing PCG QUIC QA modules along with sample screenshots of PCG QUIC. We present examples of how PCG QUIC currently provides these review modules for other states and their waiver programs as well as mockup wireframes for how review modules would look for Nebraska DHHS waiver programs.

Figure VI.B.5.27: Sample Quality Review Types for NE DHHS Comprehensive Developmental Disabilities Waiver.

Critical Incident and Mortality Review Module

The PCG QUIC System houses a critical incident and mortality review tool that facilitates a proven and uniform process for all incident and mortality investigations. All new incidents and mortality reviews require standardized information on the following that allow for efficient retrieval using the search functionality in PCG QUIC:

- Individual;
- Authorized representative/guardian;
- Incident reporter;
- Alleged violator;
- Provider;
- Incident; and
- Death.

Figure VI.B.5.28: Existing Critical Incident Review Module in PCG QUIC for another State Client.

Reporting Module and Corrective Action Plan Monitoring
PCG QUIC will have a reporting functionality allowing for (1) efficient searching, retrieving, and sorting of quality assurance reviews and data based on different fields as well as (2) generation of Review Outcome Reports that automatically pulls the quality assurance review questionnaire as well as user responses for an overview of review results. Furthermore, the PCG QUIC System has a workflow process that facilitates the CAP process allowing for communication of noncompliance findings with the provider, provider CAP upload, and monitoring of CAP implementation.

Figure VI.B.5.29: Sample CAP Process for NE DHHS in PCG QUIC.

Provider Review Module

PCG QUIC's provider review module includes an assessment questionnaire that verifies provider compliance with HCBS provider qualification requirements. PCG QUIC ensures all relevant standards are reviewed to ensure only qualified, certified, licensed, and trained providers are delivering quality services to participants.

Level of Care

Qualified Providers

Service Plan

Health and Welfare

1 SUB-ASSURANCE A

The State verifies that providers initially and/or continually meet required licensure and certification standards and adhere to other standards prior to their furnishing waiver services.

C1 The newly enrolled licensed or certified provider meets initial standards.

YES   NO   N/A

Data Source: Agency employee files

Healthcare Worker Registry background check with no findings completed at time of hire on file?

YES   NO

At least 1-year of experience working directly with individuals with developmental disabilities?

YES   NO

State Central Register check (CANTS) with no findings on file?

YES   NO

Figure VI.B.5.30: Existing Provider Review Module in PCG QUIC for another State Client.

Claims Review Module

PCG QUIC's Claims Review Module allows states to verify and ensure claims, hours of service, and services paid are in line with the type, scope, amount, duration, and frequency as listed in the participant's person-centered plan and are indeed being provided to the participant.

Location Overview   Review   QA

⚠ Provider Feedback

PARTICIPANTS:

✓ Jeff Westing

Andrew Ney

Jerome Williams

+ Add Participant

Complete Review

Jerome Williams
Invalidate

Review   Manage Docs   Upload Docs

REVIEW TYPE

Financial Accountability

Claims Review

1 FA - PM1

FA - PM1 Number and percent of claims that are supported by documentation that services were delivered. Numerator = number of claims reviewed that are supported by documentation. Denominator = number of claims reviewed.

FA - PM1 Required Service Completed/Provided in accordance with PCP.?   Yes   No   N/A

EVIDENCE FOR OBSERVATION

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2 FA - PM2

Number and percent of claims paid for participants who are eligible on the date the service was provided and where services were consistent with those in the service plans. Numerator = Number of claims paid for participants who were eligible on the date the service was provided and where services were consistent with those in the service plans. Denominator = Number of claims paid reviewed.

FA - PM2 Documentation supports participant was eligible for services delivered and services were consistent with service plan.   Yes   No   N/A

EVIDENCE FOR OBSERVATION

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Save

Last Saved: MM/DD/YYYY @ HH/MM AM/PM

PCG QUIC   About | Help | Privacy & Terms

Figure VI.B.5.31: Existing Claims Review Module in PCG QUIC for another State Client.

Level of Care (LOC) Module

PCG QUIC's LOC Review Module assesses both initial and annual re-determinations to monitor that state processes and instrument(s) were appropriately applied in evaluating/reevaluating a waiver applicant's/participant's level of care to indicate a need consistent with a hospital, nursing facility, or Intermediate Care Facilities for Individuals with Intellectual Disabilities.

Figure VI.B.5.32: Sample Level of Care Review Module for NE DHHS Comprehensive Developmental Disabilities Waiver.

Peer Review Module

PCG QUIC has a built-in quality assurance/control feature to allow for a second peer or supervisor review to ensure adherence to state protocols and processes, also known as a single-blind peer review. In the case a separate module is required for a Peer Review Module allowing for double-blind peer reviews, PCG QUIC can be configured to include this module with the required functionalities as indicated by NE DHHS.

Figure VI.B.5.33: Existing Peer Review Functionality in PCG QUIC for another State Client.

Client Satisfaction Module

To assess client satisfaction with services provided through the waiver program, PCG QUIC administers interview questionnaires with yes/no responses for uniform data collection and free-text fields to capture participant responses.

Figure VI.B.5.34: Existing Client Satisfaction Module in PCG QUIC for another State Client.

> **p.** The QIDS shall be a solution that will function contract start date and support data gathering and management to meet assurances in the Medicaid HCBS waiver application (http://dhhs.ne.gov/Pages/DD-Regulations-and-Waivers.aspx) and in state developed sub-assurances.

> **q.** Describe how the QIDS would function for DHHS immediately.

Bidder Response:

Immediate Availability of PCG QUIC

As the PCG QUIC System and its functionalities have already been developed and in use for years, its standard modules such as case reviews will be immediately available upon contract start for DHHS requirements gathering and configuration. Furthermore, as soon as PCG obtains a list of DHHS-authorized users and access level requirements, PCG can provide user accounts and credentials for DHHS staff to start systems training immediately. Additional details on PCG QUIC Systems training can be found in *Section VI.B.6* of our proposal.

> **r.** Describe how solution supports data gathering and management to meet assurances in the Medicaid HCBS waiver application and in state developed sub-assurances.

Bidder Response:

Medicaid HCBS Waiver Assurances and Sub-Assurances in PCG QUIC

The PCG QUIC System houses and facilitates reviews for different waiver programs, quality assurances, and sub-assurances. To elaborate, when PCG QUIC is configured during the implementation period, the state's waiver programs are tied to their specific quality assurances, sub-assurances, and performance measures in PCG QUIC. When users select the waiver program and quality assurance review type, e.g. Level of Care, Qualified Providers, Service Plan, Health and Welfare, and Financial Accountability, PCG QUIC auto-populates the state-defined sub-assurances and performance-measure questionnaires for data gathering and management.

Figure VI.B.5.36: Example of HCBS Waiver Quality Assurances Data Gathering and Management in PCG QUIC for Nebraska DHHS.

The questionnaires for quality assurance reviews in PCG QUIC are directly derived from waiver quality assurance performance measures allowing for data gathering and management to meet assurances and sub-assurances in Medicaid HCBS waiver applications. Each waiver program in PCG QUIC can be set up to have its own set of questionnaires and associated performance measures for each quality assurance. In completing reviews in PCG QUIC, users are easily collecting data and monitoring performance measures in PCG QUIC for CMS statutory requirements for 1915(c) waivers.

To present DHHS with a visual of how quality assurances and state-developed sub-assurances are managed in PCG QUIC, we provide a sample wireframe of Level of Care reviews for Comprehensive Developmental Disabilities (CDD) waiver in PCG QUIC in the *figure* below.

Figure VI.B.5.37: Sample LOC Quality Assurance Data Collection and Management for NE CDD Waiver in PCG QUIC.

> **s.** The QIDS must have the ability to offer one-way integration and auto-population for client demographics and provide information, including the participant's name, service coordinator and supervisor, date of birth, and gender; as well as the provider name and agency type. Describe how the solution meets this requirement.

Bidder Response:
PCG QUIC One-Way Data Integration and Auto-Population
PCG understands that certain information, such as client demographics, service coordinator and supervisor, date of birth, gender, as well as provider name and agency type, provided by NE DHHS should be the sole source of truth. To ensure that such information is unaltered among different systems utilized by DHHS, PCG

QUIC can offer one-way integration and auto-population. PCG can receive data from NE DHHS through an extract, transform, load (ETL) process further detailed in **Section VI.B.5.c** of our proposal.

Once PCG receives the information in a format agreed upon with NE DHHS, PCG will populate our database with state data as one-way integration, meaning that PCG QUIC will not allow alteration or manipulation of client demographics, service coordinator and supervisor, as well as provider name and agency type by front-end users of PCG QUIC. With the data populated in our database, PCG QUIC will allow for auto-population of certain fields based on the information already stored in the system.

For example, the *figure* below shows the "Participants" page in PCG QUIC where reviewers add waiver participants to a quality assurance review. PCG QUIC users can simply search for participants and PCG QUIC will auto-populate the demographic information of the participant using the data already integrated in our database. Such information pulled from the database will not be editable by users. This prevents any alteration of state information that can lead to conflicting information between state systems.

Figure VI.B.5.38.: One-Way Data Integration and Auto-Population in PCG QUIC.

      t.   The QIDS shall be designed to allow the DPH to input data from completed certifications of agency providers per Nebraska Administrative Code (NAC) regulations. Describe how the solution meets this requirement.

Bidder Response:
Inputting Data from Provider Certifications in PCG QUIC
PCG understands the importance of capturing and inputting data from completed certifications of agency providers per Nebraska Administrative Code (NAC) regulations for quality assurance activities such as monitoring the Qualified Providers waiver quality assurance performance measures. There are several methods to inputting provider certification data in PCG QUIC including (1) direct entry and (2) data import and auto-population.

Direct entry of provider certification data is needed for the actual completion of reviews, such as the Qualified Providers quality assurance review. In reviewing for provider compliance with certification requirements per NAC regulations, PCG QUIC users can directly enter data into the system regarding provider certifications. PCG provides an example below showing how waiver provider certification data is entered into PCG QUIC for another state.

Figure VI.B.5.39: Inputting Provider Certification Data in PCG QUIC.

Similar to the approach mentioned in the previous section for participant data integration, provider demographic and certification data can also be imported into PCG QUIC for auto-population for quality assurance activities. With provider certification data provided by NE DHHS, PCG can import the data and store it on the PCG QUIC database. Leveraging provider data already stored on our database, PCG QUIC can auto-populate provider information where needed in the system for users and restrict the information so that it cannot be altered.

u. The QIDS must have the ability to provide a module for processing and documenting the complaints received by DHHS. Note that this is an optional feature that the State may purchase based upon need and funds availability. Describe how the solution meets this requirement.

Bidder Response:
As emphasized throughout our proposal, PCG QUIC's configurability provides NE DHHS with the option to add different review modules, such as complaints processing and reviews, based upon need and funds availability. PCG QUIC is a multi-faceted quality assurance system addressing multiple programs, review types, data collection, and reporting requirements. From a systems perspective, upon DHHS' decision, a complaints processing and review module can be added at any time following a period of requirements gathering specific to complaints processing.

Figure VI.B.5.40: PCG QUIC can be configured to house and administer additional review modules.

At NE DHHS' request and approval to add the optional review module for complaints processing and documentation, PCG will begin a series of requirements gathering to identify PCG QUIC configuration requirements including, but not limited to:

PCG QUIC Configuration Requirements Gathering Process		
Requirements Gathering	Examples of Questions We May Ask	What This Tells Us
Complaints Processing and Documentation Process	What is the current process for complaints processing and documentation? What is the intake process?	Tells us how the review workflow should be configured into PCG QUIC.
	What are all the complaints review questions, standards, and compliance requirements to be reviewed in PCG QUIC?	Tells us what needs to be reviewed for each complaint, and how each question will be answered, e.g. Yes/No, free text.
	Who will be involved in the complaints processing and documentation review and approval processes?	Tells us who needs access to PCG QUIC and what their user roles should be.

Documentation and Reporting Requirements	What information needs to be documented for each processed complaint?	Tells us what fields need to be included in complaints processing.
	What information do you need in a complaints review report?	Tells us how reporting needs to be configured in PCG QUIC.

Figure VI.B.5.41: PCG QUIC Requirements Gathering for Complaints Processing and Documentation Review Module

Upon completion of requirements gathering, PCG's systems development team, Health Software Development (HSD), will add the optional complaints review module, write business rules and logic to support any unique workflow requirements, and build in complaints-specific review tools/questionnaires as well as reporting features.

PCG QUIC and our team stand ready with the infrastructure, resources, and staff to support NE DHHS with any component of its waiver administration, quality assurance, and management responsibilities.

6. **Training**
The bidder shall provide a draft plan with bidder's proposal for onsite training throughout the life of the contract for the following:

a. DHHS Staff;
b. Service Providers;
c. QIO; and
d. Other Stakeholders (as specified by DDD).

The Contractor will be required to provide DHHS staff, stakeholders and providers training with application software and any associated tools (i.e. reporting tools, etc.). Final training plan must be approved by DHHS within 30 days of contract award.

Bidder Response:
QIDS (PCG QUIC) Draft Training Plan
As an experienced QIO-like entity, PCG knows that well-informed, trained, and competent stakeholders including DHHS staff, providers, and QIO staff are the most essential components to an effective and constructive state Quality Management System and Strategy. PCG is a nationally accredited Continuing Education Provider through Approved Continuing Education (ACE). ACE is the only non-profit organization dedicated to social work regulation, and most jurisdictions, including Nebraska, accept ACE provider and ACE-approved individual courses. Through ACE, PCG can offer both in-person and distance learning to licensed professionals throughout the United States.

The development of such a QIDS training program begins with great collaboration between NE DHHS and PCG. Following an award, PCG will coordinate with NE DHHS to develop the training programs, schedules, and requirements for each stakeholder group. DHHS will be integral to the review and approval of all training components within 30 days of contract award and our team will work closely with NE DHHS to provide training to benefit all stakeholders.

QIDS Training Objectives
PCG will begin to generate training objectives and outcomes alongside DHHS to ensure training topics and curriculum are representative of the responsibilities of each stakeholder group. PCG proposes, at a minimum, the following learning objectives for each stakeholder group:

DHHS Staff	Service Providers	QIO Staff

Introduction to PCG as QIO	Introduction to PCG as QIO	Introduction to PCG as QIO for NE DHHS-DDD including HIPAA and Systems Security
Introduction to PCG QUIC	Introduction to PCG QUIC	Introduction to PCG QUIC
PCG QUIC Quality Review Modules and Processes	Quality Reviews, Purpose, and Objectives	PCG QUIC Quality Review Modules and Processes
Compliance Standards for each Quality Review Module	Service Provider Involvement in Quality Reviews	Compliance Standards for each Quality Review Module
PCG QUIC Reporting	Corrective Action Planning Process	PCG QUIC Reporting
How to use PCG QUIC by User Role	How to use PCG QUIC as a Service Provider	PCG QUIC User Roles

Figure VI.B.6.1: PCG QUIC Training Objectives

Training Schedule and Delivery
Training objectives for program stakeholders will be achieved through initial and ongoing trainings to keep stakeholders abreast of PCG QUIC review modules, system features, processes, protocols, and other applicable updates. We have had great success with delivering online training such as training videos, webinars, and animated presentations. While we see the value in all types of training platforms, as each is applicable to a different learning style and situation, PCG has an aptitude for developing highly accessible virtual trainings, especially pertinent during the COVID-19 pandemic.

Initial QIDS Training – Initial trainings will cover all learning objectives listed above to get stakeholders acquainted and familiarized with PCG QUIC, most likely to occur over the course of several days. Initial trainings will be held via live webinars for each stakeholder group. The logistics of initial training, such as date, time, regional vs. state, will be determined with NE DHHS for each stakeholder group upon contract award.

Refresher QIDS Training – All trainings will be recorded and made available on-demand to NE DHHS and stakeholders on PCG QUIC's knowledge-based software for new hire training or existing staff who may require refresher trainings on certain QIDS topics.

Ongoing QIDS Training – PCG will coordinate with DHHS to identify ongoing training needs and develop additional training content as needed for staff (existing and new) to the State and Service Providers. Depending upon the specific content of ongoing training needs, PCG will identify with DHHS the most appropriate schedule and delivery method.

Training Resources
PCG QUIC's knowledge base software can act as a repository of training material to allow for digital publishing and distribution of NE DHHS specific materials. These training materials are developed from PCG's internal technical documentation and user stories as features are released. This ensures online help and other manuals stay up to date. PCG QUIC's knowledge base can be configured to consist of online help articles, User Manuals, Reporting Manuals, System Operations Manuals, and Quick Start Guides.

7. **Technical Requirements**
   The bidder shall provide a response to each of the requirements in Attachment A, QIDS Technical Requirements Traceability Matrix.

8. **Project Planning and Management**
   a. The Contractor will be required to conduct work sessions with staff designated by DHHS to gather information necessary to support the customization, testing and implementation of the QIDS. The

QIDS conceived from this process will be developed specifically to meet the needs of DHHS. A written design and implementation plan will be submitted by Contractor to the DHHS Project Manager and receive DHHS approval, prior to initiating the remainder of the work within the scope this project. Provide DHHS Quality Improvement personnel training with QIDS software.

b. Describe and submit a draft design plan and draft implementation plan with response.

c.

Bidder Response:

Implementation and Design Plans

Public Consulting Group has a successful developed a comprehensive Implementation Plan Methodology for the customization, testing and implementation of the QIDS for new projects like this one. The methodology includes all phases of project startup, transition from the previous vendor (when there is one), and implementation of operations. The methodology presented in this section is specific to the Implementation of a QIDS system, however, it is a critical part of the overall project, presented in other sections of this proposal. PCG has years of experience Implementation plans similar to this project scope that have been repeatedly tested and refined in the course of implementing new contracts. The method includes a standard list of essential items to be completed before the specific project items are entered and assigned to specific management team staff.

Our QIDS implementation plan will rely on the following crucial dates: Contract Award, Contract Execution (estimate), and Implementation Start. As these dates shift, there may result in a shift in our proposed plan.

PCG's project manager will meet with the Project Management Team to review and complete the initial phases of the implementation plan with ongoing adjustments to be made during the initial weeks of startup. The following major tasks have been identified as the following:

Contract Award (9/2/2020) → Estimate Contract Execution (9/30/2020) → Implementation Start (10/2/2020)

- Meeting with HSSD-DDD to review and finalize expectations and timetable, determine key communication linkages, and establish the members of the implementation team, including agency participation as desired;
- Establishing the key on-site leadership positions so that they can be involved in program implementation and development from the beginning;
- Establishing and equipping the primary office location with furniture, equipment, supplies, telecommunications, and computer technology;
- Establishing the QIDS systems and interfaces;
- Training and onboarding personnel according to the scheduled timetable so they can begin performing functions in QIDS;
- Gathering, reviewing, and consolidating applicable policies, procedures, protocols, administrative rules, etc.
- Locking down communication and relationships with participant agencies and stakeholders;
- Developing communication linkages and relationships with vital stakeholders;
- Assessing, planning, and implementing quality performance/quality improvement plan for the QIDS;
- Determining our internal Key Performance Indicators for ongoing monitoring of our own contract performance;
- Creating first draft of Contract Compliance Audit Tool specific to the QIDS system.

Implementation Support

This project will receive strong support from PCG executive leadership and assigned project implementation team. Our implementation team includes PCG experts in every aspect of operating an effective HCBS quality services program, including information systems, administration, compliance, quality initiatives, training, and business operations. The program manager of operations will be heavily engaged during the implementation period to augment the local managers (as they are on-boarded) and to launch the implementation, install operational systems and procedures, and give guidance and training on the QIDS system once built.

Once the QIDS system is established and operational, the implementation team will shift to a role of consultative support and quality oversight and provide assistance as needed for the ongoing operation of the program.

Draft Design Plan

PCG takes a human-centered approach to designing and developing our QIDS system. The design process starts with collaboration between PCG and DHHS to identify and prioritize requirements. Following the principle of continuous improvement, requirements continue to be garnered and refined over the life of a product. In most cases, PCG's Product Owner is a role played by a Subject Matter Expert (SME) from the Business Team who is fully familiar with the needs of the Client. In other cases, full Joint Application Development (JAD) sessions may take place, soliciting and synthesizing input from large teams of external stakeholders to define technical requirements.

User Stories

It is important that requirements be gathered and documented realistically and thoroughly from the very start of the project to avoid scope creep and wild swings in estimates of budget or time. The Product Owner conveys realistic expectations about resource commitments and level of effort and gets a sense of which requirements are "Needs" and which are "Wants." These requirements are translated by the Product Owner into Users Stories. A User Story is a short, simple description of a feature told from the perspective of the person who is requesting the new functionality. It is expected that any one planned feature or requirement may result in the creation of numerous User Stories that developers use to write and test code.

Agile Scrum Development Methodology

User Stories play as a key role in HSD's Agile Scrum development methodology. Agile is an approach that has become the industry standard for software development, focused on an adaptive, iterative approach that continuously creates and improves usable, testable chunks of code. The Scrum process, as used by HSD, relies on a small group of stakeholders who meet daily to push forward on discrete chunks of work, each member of the group holding distinct and well-defined responsibilities. This matches the HSD organizational structure that functions through small, flexible Development Teams. Scrum meetings are short, focused meetings designed to identify and remove development roadblocks during a development Sprint.

Sprints and Demos

To produce shippable chunks of code in an iterative manner, HSD organizes development efforts into two-week Sprints. Sprint planning is conducted prior to the start of each Sprint with the goal of defining the features and functionality, in the form of User Stories, to be worked on during the Sprint. The Sprint itself acts to timebox development efforts and culminates in a demonstration of working code. PCG often invites Client's to these "Sprint Demos" to provide insight into the development progress and to gather feedback.

Team Foundation Server

To manage this design and development process, PCG uses DevOps software known as Team Foundation Server (TFS). TFS acts in various capacities including:

- As a product backlog for creating and managing User Stories;
- As a Sprint board for planning and tracking development progress within Sprints;
- As an issue tracking system for capturing and resolving bugs; and
- As a code repository for storing and deploying code to the appropriate environment.

Although direct access to TFS is not provided to Clients, PCG's use of TFS enables efficient deployment to a User Acceptance Testing (UAT) environment that allows Clients to test and signoff on code prior to it being pushed to production.

Draft Implementation Plan

PCG has extensive experience in the execution of both implementation and readiness review plans under a very brief timeframe (e.g., 2-6-month period). As our sample Implementation Work Plan describes below, we provide draft implementation steps and timeframes for each high-level task needed to have a fully functional QIDS systems for DHHS-DDD within 6 months.

*Note: This plan should be considered a **draft** proposal of how we will implement the QIDS as well as a foundation to work from in collaboration with the DHHS-DDD in order to meet the requirement to submit a full*

Project Work Plan within 30 business days of the operational start date. As such, the dates provided are informational and may change based on several factors such as date of actual contract execution.

Contract Execution Activities	Start Date	Finish Date
Contract Award Announced	9/2/2020	9/2/2020
DDD to submit over initial draft contract	9/2/2020	9/3/2020
PCG to review draft contract	9/3/2020	9/10/2020
PCG to execute contract and return	9/11/2020	9/16/2020
DDD to sign and formally execute contract	9/16/2020	9/29/2020
DDD to return signed copy for PCG records	9/29/2020	9/30/2020
Schedule Initial Planning Meeting	9/16/2020	9/18/2020
Create agenda	9/21/2020	9/23/2020
Review agenda	9/23/2020	9/25/2020
Send agenda	9/28/2020	9/29/2020
Conduct Kick-Off Meeting	10/1/2020	10/1/2020
Ongoing contract status meetings	10/1/2020	Ongoing

QIDS System

To introduce a system that is functional for the tasks outlined in this opportunity, PCG plans to develop and configure PCG's QUIC system as described in the high-level tasks listed below.

QIDS Data System Development	Start Date	Finish Date
Test Environment		
Define Code Management Plan	10/2/2020	10/7/2020
Obtain Code Management Plan Sign-off	10/7/2020	10/12/2020
Define Test Environments	10/2/2020	10/7/2020
Setup Test Environments	10/7/2020	10/9/2020
Milestone - UAT Deployment	10/9/2020	10/10/2020
Develop Use Cases	10/10/2020	10/20/2020
Develop and Prepare Test Data	10/20/2020	10/22/2020
Execute Test Cases and Test Scripts	10/22/2020	11/1/2020
Conduct Component Testing	11/1/2020	11/6/2020
Execute Functional and Interface Testing	11/6/2020	11/11/2020
Complete Data Integration, Security, Smoke and Regression Testing	11/11/2020	11/16/2020
Complete End-to-end Testing	11/16/2020	11/26/2020
Facilitate and Support UAT Testing	11/26/2020	12/1/2020
Feature Configuration		
Requirements Fit/Gap Analysis and Outline Client-specific Feature Configuration	10/2/2020	11/1/2020
Draft Detailed System Design Document	11/1/2020	11/11/2020
Draft Testing Plan	11/1/2020	11/11/2020
Draft Software Development Plan	11/1/2020	11/16/2020
Obtain Detailed System Design Document Sign-off	11/11/2020	11/16/2020
Obtain Test Plan Sign-off	11/11/2020	11/16/2020
Obtain Software Development Plan Sign-off	11/11/2020	11/16/2020
Milestone - Master Schedule of Development Efforts	11/11/2020	11/17/2020
Define Construction Summary Report	11/16/2020	11/26/2020
Develop and Configure According to Test Plan	11/16/2020	11/26/2020
Milestone - Client Test Environment Configured	11/26/2020	12/2/2020
Data Conversion/Testing		
Develop Data Conversion Plan (aka EDI for Client Systems)	10/2/2020	10/17/2020
Draft Conversion Guide (aka EDI Technical Specifications)	10/17/2020	10/22/2020
Obtain Conversion Guide Sign-off	10/22/2020	10/27/2020

Develop Unit Tests for Client Data	10/27/2020	11/6/2020
Develop QA Test Scripts for Client Data	11/6/2020	11/16/2020
Execute QA Test Scripts for Client Data	11/16/2020	11/21/2020
Submit Conversion Results Report	11/21/2020	11/26/2020
Develop User Acceptance Testing (UAT) Plan	11/26/2020	12/6/2020
Develop UAT Test Cases for Client Data	12/6/2020	12/26/2020
Execute UAT Test Cases for Client Data	12/26/2020	1/15/2021
Submit Weekly Testing Reports	12/6/2020	1/15/2021
Submit Updated Requirements Traceability Matrix	12/6/2020	12/16/2020
Obtain Production Approval Sign-off	1/15/2021	1/20/2021
Milestone - QUIC System Production Approval	1/20/2021	1/25/2021
Promote UAT Environment to Production	1/25/2021	1/26/2021
Perform End-to-end Regression Testing in Production Mirror Environment	1/26/2021	1/29/2021
Pilot Operations		
Identify Pilot Participants	1/25/2021	1/30/2021
Set-up Pilot Users	1/30/2021	2/4/2021
Train Pilot Users	2/4/2021	2/14/2021
Milestone - Launch Pilot Group	2/14/2021	2/15/2021
Gather Feedback through Surveys, Check-in Calls, and Focus Group Sessions	2/15/2021	3/2/2021
Create Final Readiness Assessment	3/2/2021	3/17/2021
System Implementation		
Draft System Implementation Plan	11/17/2020	1/16/2021
Obtain System Implementation Plan Sign-off	1/16/2021	1/21/2021
Obtain Final Readiness Assessment Sign-off	3/17/2021	3/22/2021
Milestone - System Go-Live	3/22/2021	3/23/2021
Submit Product Documentation	1/25/2021	3/23/2021
Manage System Issue Handling	3/23/2021	on-going
User Training Plan		
Conduct QUIC Training Needs Assessment for DHHS-DDD	9/30/2020	10/7/2020
Incorporate Adult Learning Principles into QUIC System Training Plan	10/7/2020	10/10/2020
Develop Learning Objectives for QUIC Training	10/10/2020	10/13/2020
Design Training Curriculum and Materials	10/13/2020	10/29/2020
Milestone - Final Training Plan Approval from DHHS staff	10/29/2020	10/30/2020
Develop Training Content and Materials (Print and Digital)	10/30/2020	2/20/2021
Conduct QUIC Training with DHHS Staff / Service Providers / Other Stakeholders	2/20/2021	3/17/2021
Evaluate Training	3/17/2021	3/23/2021
Re-design Curriculum Based on Feedback from Evaluation	3/23/2021	on-going

Change Control Plan

Public Consulting Group, Inc. (PCG) uses a structured change management approach with four phases (linked with the Project Management Institute PMBOK phases), all necessary to manage a change successfully. The four phases for PCG's change control plan are outlined below:

Phase 1 - Change Preparation

Clarify Vision and Objectives

The beginning of every successful change process, PCG will find a "compelling change story." approach creates the desire for a future situation. Without this motivation it is hard to transform a system, be it technical, policy, or operational, from state "A" (today) to state "Z", or the target change goal.

Assess Stakeholders

To get a better understanding who to focus on PCG will conduct a stakeholder assessment and define actions needed to improve the level of support for the most critical stakeholder groups. An effective stakeholder management process will be started by the project manager during project initiation and should be updated

regularly throughout project execution.

Change Impact Analysis
The impact analysis reflects the coherences between future events and the impact of the change concerning the different stakeholder groups. To conduct a detailed analysis on the specific impact of the change PCG will ask and document an assessment of the following:

- What will change in the world of each stakeholder group?
- What do the people need to do differently in "Z"?
- What do the people need to be able to change?
- How do we prepare them for the desired change?

Align the Client
The greatest success factor for managing change is active and visible client communication and support through the change process. PCG will focus on key required activities with the Nebraska Department of Health and Human Services (DHHS) – Division of Developmental Disabilities (DDD):

- Participate actively and visibly throughout the project
- Clarify the vision for the change and be able to communicate the compelling case for change in clear understandable terms
- Build a coalition of sponsorship with peers and managers
- Communicate directly with managers and employees (and listen to them)
- Ensure adequate resources to achieve and sustain the change
- Manages any resistance at senior levels

Phase 2 – Plan the Change
In the second phase, PCG's main emphasis is on the development of formal plans (change management plan) and the integration of those into the overall project management plan. The defined strategy of the initiation phase must be verified and detailed.

- Executive sponsor activities
- Communications and training
- Resistance management
- Events and Interventions

Plan Communications
The main subject of the communication plan is the description of the importance of change and the risks in case of no change. The messages will be shared and agreed upon by both PCG and DHHS-DDD.

When planning the communication with DHHS-DDD, PCG's project manager will approach the change management process by completing the following:

- Providing a clear description of what is included from each change request in the change tracking system
- Referring to the change impact analysis and delineating impacts to the project's schedule
- Identifying key messages
- For system / development changes, requiring and planning successful completion of testing before the implementation stages
- Considering timing and schedule and when it will be best to communicate what
- Incorporating multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.)
- Considering the need for communicating the message multiple times
- Considering using multiple channels / media for communication
- Considering who is the most appropriate "sender"

- Participating in the decision-making process
- Taking responsibility for implementing the agreed-upon solution(s)

Phase 3 – Manage the Change

In the third phase, PCG's main emphasis is on the managing implementation of the change based on the defined change management plan. The following steps are performed to ensure successful and sustained completion of the approved change:

- Execute the Change Management Plan
- Input appropriate information into PCG's project tracking tools
- Realize actions
- Estimate ongoing impacts, investigate solutions, identifying alternatives as needed
- Perform change control
- Manage resistance

Manage Resistance

PCG's years of project management experience has taught us that resistance is natural. Accordingly, we always keep in mind that resistance does not reflect that a client is problematic. Resistance, when managed appropriately, can move the change management process in the right direction and is a check-and-balance tool for due diligence efforts. Good change management practices not only reduce resistance but can turn some of the most resistant stakeholders into some of the biggest supporters.

In order to react accordingly, PCG's project managers take proactive steps to:

- Provide clear, honest, and open two-way communications (and listen).
- Manage expectations and clarify the personal impact (what specifically will change and what is expected).
- Involve end users (those directly impacted) early and throughout the project.
- Engage managers and supervisors early and establish their role as coaches and change agents.

Phase 4 – Reinforce and Sustain the Change

To ensure a sustainable change, PCG's last phase of the structured change management process deals with the task of reinforcement. We will collect feedback to measure results and the adoption of the desired change.

Based on that feedback, PCG will take corrective action to close any gaps, embed the change into systems, processes, and policies, and deliver consequences to sustain the change.

To be able to measure the desired change our clients need, we can establish metrics to track desired changes / results. The desired final change will always be used as the main reference point. PCG will support DHHS-DDD in efforts to appropriately integrate completed change into *existing* systems (such as HR systems, policies, or scorecard metrics, etc.), thereby supporting and reducing complexity by not inventing new disparate approaches.

While a formalized process may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Change Management Process

The Change Management process is the mechanism used to initiate, record, assess, approve, and resolve proposed changes for the entire project, including the QIDS system development. All proposed development changes or system modifications will be managed through a formal change control process. System development or modification requests will be documented in a formal change request and analyzed for impact, using the following steps in *Figure VI.B.9.1* below.

1. Identify	Identify and document the required change
2. Validate	Verify that the change is valid and requires management
3. Analyze	Analyze and record schedule, cost, and effort/impact of change
4. Control	Decide whether to execute the change
5. Action	Execute decision, including revision to project plans if necessary
6. Close	Verify that the action is complete and close the change request

Figure VI.B.9.1: PCG's change management tools support six critical steps used for Operational and System Development or Modification Requests. Our formalized process will ensure that the requested change is understood and prioritized appropriately.

While a formalized set of tools may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Process and Tools

PCG uses a Microsoft SharePoint–based change control tool that is both manual and automated to support project stakeholders in the management of change requests and the decisions made regarding them. These tools incorporate the PMI process to perform integrated change control and the specific and most appropriate tool functionality will be customized to DHHS-DDD's environment and organizational norms. This allows DHHS-DDD the ability to set and change priorities on individual change requests that are immediately noted, recorded, and acted upon by PCG's project team. The tools support the means to control and monitor change requests via a change control board by recording changes requests up for consideration, notifying the appropriate subject matter experts to provide input, and communicating the decisions to the rest of the project team. PCG tool improves the communication of project goals, enhances collaborative development, reduces project risk, and increases the quality of deliverables *during* implementation rather than post go-live operations.

PCG is a leader in creating and managing web-based change control tools that enhance an agile development process, maintain requirements, user stories, design widgets, test cases and test scripts, and change requests. This configured tool will allow DHHS-DDD to set and change priorities on individual change requests and to determine the estimated and actual hours allocated to each change request and the personnel assigned to complete the request. It can be customized to include functionality allowing for DHHS-DDD to propose and track schedule completion dates all while enhancing PCG's business leads and technology teams to work collaboratively using a single frame of reference.

Overall, PCG's structure project management change tracking system framework provides two clear benefits to DHHS-DDD. First, the **transition phase will be seamless**. Applying configuration options to a change tracking tool already live in production can be achieved quickly. Secondly, DHSS-DDD will experience a **higher level of customer satisfaction** from a change tracking system that meets its exact needs and a team that is knowledgeable and committed to the highest standards of project management.

Below is the Change Tracking System developed and deployed in the state of Illinois for PCG's QIO quality review report change approval process. It enables PCG and the IL client to successfully work through the change control process for over 1,200 reports annually. The tracking systems send automated e-mails and

reminders to both parties and facilitates the workflow process from initial request to completion, touching on each of the six steps outlined above.

d. The Contractor will be required to work with DHHS designated personnel to communicate the implementation plan, configuration phase plan, timelines, deadlines and any delays via written documentation using agreed formats and timelines. Address any software issues within two (2) business days or as determined by DHHS.

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     e.   The Contractor's software module will ensure CMS reporting requirements, found in the Attachment D HCBS Waiver Technical Guide and in Nebraska's Medicaid HCBS Waivers, are met.

     f.   Any software issues will be addressed within two (2) business days or as agreed upon by DHHS and the Contractor. Errors must be identified and communicated to DHHS.

     g.   Contractor will provide system updates fully tested and deemed ready for release.

9.   CHANGE CONTROL PLAN

     a.   **Project Change Control**
The Contractor must work with DHHS to establish a change control process. Change control is the formal process for identifying changes that arise in the natural flow of the project and determining the disposition of the requested change or correction. The Project Change Control process will span the entire project life cycle and incorporate a formal change request process, including formal DHHS review and approval. The Project Change Control process includes the terms set forth in Section II.G Change Orders or Substitutions.

Each Change Control Request will:

    i.   Provide a clear description of what is included from each change request;
    ii.   Delineate impacts to the project's schedule;
    iii.   Require successful completion of testing before the implementation stages;
    iv.   Incorporate multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.); and,
    v.   Support the Project Change Control process by estimating impacts, investigating solutions, identifying alternatives, inputting appropriate information into the project tracking tools, participating in the decision-making process, and implementing the agreed-upon solution.

     b.   **Change Control Tracking System**
The Contractor must provide a change control tracking system that provides the following minimum requirements:

    i.   The means to control and monitor change requests;
    ii.   A process for reporting the status of all change requests;
    iii.   The ability for DHHS to set and change priorities on individual change requests;
    iv.   A method for DHHS to determine the estimated and actual hours allocated to each change request and the personnel assigned to each request; and
    v.   A method to schedule a completion date provided by DHHS for each change request.

10.   Software Escrow Requirements
     a.   Bidder shall include in the proposal response the escrow agent that will be utilized. The State will have the right of refusal during contract finalization.

Bidder Response:
Software Escrow Requirements
PCG has a strong partnership with EscrowTech International, Inc. EscrowTech protects a software licensee by ensuring that the licensee will have access to the source code (and possibly other materials) in the event that the licensor goes out of business (e.g., via bankruptcy), discontinues support of the licensed software, breaches maintenance obligations, or some other release condition occurs. Typically, the parties use a software escrow when the license is for the object code (binary form) of the software, and, simplistically, a software escrow can be described as follows:

- The licensor delivers a copy of the source code to an escrow agent.
- The escrow agent holds the source code.
- The escrow agent releases the source code to the licensee only if a release condition occurs.
- The escrow agent returns the source code to the licensor if the escrow terminates without the occurrence of a release condition.

Service Agreement Requirements

EscrowTech's reputation and services are trusted by half of Fortune 500 companies, including Microsoft, Aetna, IBM, and Johnson & Johnson, among many others. PCP service level agreement will include the following service provided by EscrowTech:

Over half of the Fortune 500 trust EscrowTech

- Unlimited deposits;
- Electronic Deposit submittal;
- "Two-site" storage of Deposit Materials to enhance retention security;
- Physical inspection of each Deposit;
- Deposit confirmation to both Owner and Beneficiary each time a deposit or update is received;
- Online-account management through *RealTime* Escrow; and
- All other administration of the escrow.

Based on the services listed above, PCG agrees to deposit on an annual basis (and any time enhancements or updates are made to the solution) a copy of all items that are necessary for the operation and support to EscrowTech to include the following:

- The Software source code and executables;
- Third-Party Software;
- Documentation for the source code;
- Software architecture and design documentation;
- Operations documentation;
- Scheduling instructions;
- All database information related to the State of Nebraska;
- All current and valid passwords and encryption keys; and
- Any other necessary or useful documentation.

Attestations

Our partnership with EscrowTech allows PCG to maintain authority to remove superseded source code and documentation if it is simultaneously replaced with the most current version of the superseded source code and documentation.

Additionally, PCG agrees to provide evidence to DHHS-DDD of continued payment of the escrow fees and/or evidence of the ongoing existence of such escrow relationship along with Contractor's annual audited financial statements as requested in the RFP.

The escrow agreement between PCG and EscrowTech will include direction to the escrow agent to release all escrowed items at termination or expiration of the Contract. And while it is extremely unlikely, should the Contractor default or file bankruptcy, as described in Section II.V. Early Termination, DHHS-DDD will cease utilization of source code. Otherwise, the State will utilize source code through the original term of the contract including any and all renewal periods and extensions.

b.   Contractor shall deposit on an annual basis and any time enhancements or updates are made to the solution, at bidder's expense, with an escrow agent chosen by the Contractor, a copy of all items that are necessary for the operation and support, to include the following, but not limited to:

         i.   The Software source code and executables;
         ii.   Third Party Software;
         iii.   Documentation for the source code;
         iv.   Software architecture and design documentation;
         v.   Operations documentation;
         vi.   Scheduling instructions;
         vii.   All database information related to the State of Nebraska;
         viii.   All current and valid passwords and encryption keys; and
         ix.   Any other necessary or useful documentation.

the benefits of community living and the opportunity to receive services in the most integrated settings[3]. The Final Rule establishes the settings requirements for the three home and community-based Medicaid authorities, 1915(c), 1915(i), and 1915(k), and further defines person-centered planning requirements within those waiver programs. In just the past five years, PCG conducted over 4,000 HCBS site assessments for compliance with the HCBS Final Rule using PCG QUIC. **With the clear overlap between HCBS quality requirements and the Final Rule, PCG can assist NE DHHS in implementing the utmost holistic HCBS waiver programs.**

PCG's experience within the Home and Community Based Services landscape **has placed us shoulder-to-shoulder with Medicaid agencies, case managers, providers, and beneficiaries.** We fully understand the perspectives of each of these groups, and the sophisticated orchestration required to ensure all groups satisfy and benefit from the federal regulations governing quality oversight and management of HCBS Waivers.

[1] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf

[2] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf

[3] https://www.medicaid.gov/medicaid/hcbs/guidance/index.html

    b.   The QIDS must assess through qualitative and quantitative means:

    i.   The quality of services provided;
    ii.   The ability of services provided to meet the participant's needs;
    iii.   The effect of the services to support or improve quality of the participant's life; and,
    iv.   The satisfaction of participants receiving services with the process of eligibility determination and service delivery.

The primary means of data collection will be reviews done by DHHS and DPH employees. Describe how the solution meets these requirements.

Bidder Response:
Configurable Qualitative and Quantitative Data Collection in PCG QUIC
The core advantage of the PCG QUIC System is its configurability. *Figure VI.B.5.2* depicts how PCG QUIC is structured as a QIDS facilitating quality assurance activities. Each tier in the *Figure VI.B.5.2* below – **waiver program**, **review type**, **compliance standards, and data collection method** – are easily modified within the system to fit the specific requirements of NE DHHS. In this section, we focus on PCG QUIC's data collection method and how the system administers and captures qualitative and quantitative data.

Figure VI.B.5.2: PCG QUIC System Structure for Quality Assurance Activities including Data Collection.

Quality assurance reviews in PCG QUIC are conducted by answering specific questions tied to compliance standards. Questions are configured in PCG QUIC to either collect qualitative and/or quantitative data.

- Examples of quantitative data collection include:
  - Yes or No responses for file reviews;
  - Numeric fields; and
  - Date selection calendars.
- Examples of qualitative data collection include:
  - Free-text fields for interviews, file reviews, comments, and notes;
  - Drop-down options from a configurable list; and
  - Document or photo upload.

To better depict the data collection functionalities within PCG QUIC, we provide screenshots below of how PCG QUIC is currently being utilized to assess: (1) quality of services provided; (2) ability of services provided to meet the participant's needs; (3) effect of the services to support of improve quality of the participant's life; and satisfaction of participants receiving services with the process of eligibility determination and service delivery through qualitative and quantitative means.

As shown in *Figure VI.B.5.3* below, PCG QUIC employs different question types and data collection methods to assess the quality of services provided to waiver participants. The yes/no response for performance measure D10 is a quantitative (binary) data collection method to allow for data aggregation for quarterly and annual CMS Waiver performance measure reporting. Following the yes/no questions are free-text, qualitative data fields for supporting evidence to noncompliance findings to be entered.

Figure VI.B.5.3: Assessing Quality of Services Provided in PCG QUIC.

Similarly, the following screenshot provides an example of how PCG QUIC assesses the ability of services provided to meet the participant's needs.

Figure VI.B.5.4: Assessing Ability of Services Provided to Meet the Participant's Needs in PCG QUIC.

To assess the effect of services in supporting or improving the quality of the participant's life and participant satisfaction, PCG QUIC administers interview questionnaires with yes/no responses (quantitative) and free-text fields (qualitative) to capture participant responses, as shown in the *Figure VI.B.5.5* and *Figure VI.B.5.6* below.

Figure VI.B.5.5: Assessing the Effect of the Services to Support or Improve Quality of the Participant's Life in PCG QUIC.

Figure VI.B.5.6: Assessing the satisfaction of participants receiving services with the process of service planning and service delivery in PCG QUIC.

    c.   The QIDS must have the ability to import data from existing DHHS systems in a standardized format, using data conversion when necessary. Describe how the solution meets this requirement.

Bidder Response:
Importing Data from State's Systems

PCG QUIC's Data Intermediary and Collection System allows for a variety of data importing methods for DHHS, providers, and other stakeholders to securely transfer data for collection, analysis, and reporting. PCG can accommodate batch, ongoing system-to-system connectivity submission, and direct data entry processes, using data conversion, as necessary. Throughout our response, the term "system interaction" is assumed to address how data is exchanged between DHHS, providers, and PCG in a secure, efficient, and standardized manner. Each of these system data interaction options are outlined below.

Extract, Transform, Load (ETL)

PCG's main component for system interaction is an enterprise grade Extract, Transform, and Load (ETL) framework where the data is extracted and transformed to the agreed upon data format specification. The transformation component is part of the plug and play architecture that allows disparate data sources to be transformed to a common schema for further consumption. If DHHS already has a data specification for PCG to utilize, PCG can easily adapt its ETL framework to import the data into PCG QUIC. In a situation where there are no pre-existing specifications, PCG will typically propose a data specification that can easily be implemented. In this process, PCG would engage with DHHS and the appropriate stakeholders to define the data elements, mappings, and appropriate conversions.

PCG QUIC's ETL framework leverages Secure File Transfer Protocol (SFTP) for data transmission. We will configure SFTP server sites on the PCG infrastructure using Amazon Web Services for DHHS and each of the associated stakeholders. With respect to how data enters the PCG QUIC System via the SFTP integration mode, our system can accommodate both a push from DHHS/stakeholder to the PCG SFTP server, or a pull from the submitting system. The former allows the submitting entity to set up a process on their system to securely connect and transfer data to the PCG SFTP server in their "inbound" folder, as well as to get data from the PCG SFTP server in their "outbound" folder. The latter option entails PCG setting up a "MOVEit" process on our server that will access data from a specified location at the DHHS/stakeholder system to "GET" data onto the entity's SFTP "inbound" folder (or "outbound" folder in the case of data flowing from PCG to the DHHS/stakeholder entity. PCG would also need to create an approved list of the external entity's system IP address to pull data.

Notices can be triggered on the PCG SFTP server via the "MOVEit" process to indicate when files have been picked up for processing – or otherwise to alert PCG, DHHS, and/or provider entities on errors in processing.

Website User Interface

Case files and other documents can be securely uploaded from designated pages within QUIC so that they can be processed and used in the assessment process. PCG QUIC utilizes SSL certificates and the application is hosted behind multiple layers of firewalls to provide a secure public-facing website that allows authorized and authenticated users, such as DDRS staff and providers to access via an internet connection on modern web browsers or tablets.

Direct Data Entry for Non-system Users

For non-system users that need to enter data and/or submit documents directly, they will be able to do so securely using a time-sensitive access link and unique passcode sent via a system generated email. This email, passcode, and single-use page is generated based on specific user actions within QUIC to facilitate the gathering of assessment specific data and documents from known individuals. This person specific QUIC page is designed for a one-way flow of data into the system using QUIC's secure document upload process and retains all system auditing functions.

Custom Web Services

PCG can provide a Custom Web Services Component upon request by DHHS. These web services would be representational of state transfer application programming interfaces (REST APIs) that allow DHHS or approved stakeholders to make calls to the QUIC system. These APIs would extend DHHS's ability to interact with QUIC data in real-time.

> **d.** The QIDS shall include recommendations for improvements to the types of services and the delivery of services for program participants. Describe how the solution meets this requirement.

Bidder Response:
Recommendations for Improvements

As discussed in *Section VI.B.5.b* of our proposal, PCG QUIC can be configured to not only include different waiver programs, waiver types, compliance standards, but also the data it is required to collect for quality

assurance activities. As such, PCG QUIC can be configured to also capture recommendations for improvements to the types of services and delivery of services for program participants, further explained in the following paragraphs.

Waiver Program

| CDD | DDAD | AD | TBI |

Review Type

| Critical Incident | Mortality Review | Provider Review | Claims Review |
| Level of Care Review | Peer Review | Participant Interview / Survey | Remediation Review |

Compliance Standards

| CMS Waiver Requirements | CMS HCBS Final Rule | State Transition Plan | Quality Assessment of Services, Supports and Outcomes |

Data Collection Method

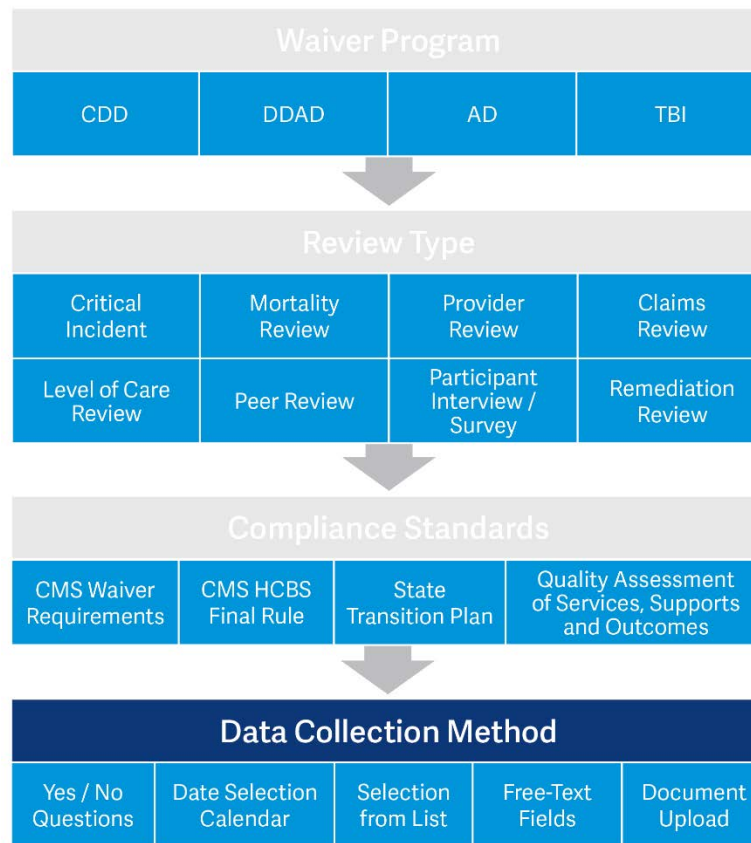| Yes / No Questions | Date Selection Calendar | Selection from List | Free-Text Fields | Document Upload |

Figure VI.B.5.7: PCG QUIC System Structure for Quality Assurance Activities including Data Collection.

PCG QUIC can capture recommendations using the following data collection methods:
- **Free-Text Fields** for users/reviewers to enter recommendations for improvement
- **Selection from List** for users/reviewers to select from a predetermined list of recommendations by NE DHHS

In configuring the compliance standards and questions around types of services and the delivery of services for program participants in PCG QUIC, PCG can include an additional field for those questions to also capture "Recommendations for Improvements". When users conduct a quality assurance review, they will be able to use this field to document recommendations on the types of services and service delivery for the specific participant being reviewed.

For example, in the *Figure VI.B.5.8* below, in reviewing whether the participant's person-centered plan addresses all their identified needs, the user/reviewer may identify a different service, service delivery frequency, or amount that may better meet the needs of the participant.

The user can document this recommendation under "Recommendations for Improvement", which will then be linked to the specific participant as well as the specific performance measure/compliance standard being reviewed.

All data entered in PCG QUIC will be stored in the PCG QUIC database that can later be pulled as part of a Review Outcome Report or for CMS reporting (additional details on reporting can be found in *Section VI.B.5.i* and *Section VI.B.5.l* of our proposal).

Figure VI.B.5.8: Recommendations for Improvement to Participant Services in PCG QUIC.

> **e.** The QIDS will allow for data storage of participants' surveys. Describe how the solution meets this requirement.

Bidder Response:

Participant Surveys in PCG QUIC

Within PCG QUIC System's configurability structure, participant surveys are included under "Review Type" as its own review module. The participant interview/survey module in PCG QUIC can be configured to include multiple participant survey and interview instruments based on waiver program and specific objectives of the participant survey. The system is set-up to automatically display the appropriate participant survey/interview questionnaire to the reviewer based on the waiver program and review type selected, eliminating the potential of participants being asked irrelevant questions.

Figure VI.B.5.9: PCG QUIC System Structure for Quality Assurance Activities including Participant Surveys.

During the implementation period, PCG will work with NE DHHS to identify the participant survey objectives, standards, questions, survey recipient sample, and data collection method. Based on this information, PCG will develop and configure waiver-specific surveys into the participant survey module for users to administer participant surveys as needed.

Figure VI.B.5.10: Participant Survey Module in PCG QUIC.

The PCG QUIC survey module as shown in the *Figure VI.B.5.10* above not only allows for multiple participants to be surveyed under the same case for a streamlined system workflow, but also multiple stakeholders involved with the participant's care, e.g. service provider, case manager, family members. This removes the need for users to toggle back and forth between screens to access participant surveys. This functionality is especially useful when there is more than one participant and stakeholders being surveyed as part of a sample or during the same timeframe.

Data Storage of Participant Surveys in PCG QUIC
As are all reviews in PCG QUIC, participant surveys and responses are stored on PCG QUIC's database hosted in the Amazon Web Service (AWS) cloud. Amazon Simple Storage Service (Amazon S3) is an object storage service that offers industry-leading scalability, data availability, security, and performance. This means PCG and NE DHHS can use it to store and protect any amount of data collected through quality reviews, interviews, and surveys.

With AWS, DHHS takes advantage of a scalable, reliable, and secure global computing infrastructure, the virtual backbone of Amazon.com's multi-billion-dollar online business that has been honed for over a decade. Using AWS tools, such as Auto Scaling and Elastic Load Balancing, PCG QUIC can be scaled up or down based on demand and volume. Backed by Amazon's massive infrastructure, PCG QUIC has access to compute and storage resources as needed.

f. The QIDS will allow for data storage of monitoring tools for both DHHS staff and providers of services. Describe how the solution meets this requirement.

Bidder Response:
Monitoring Tools in PCG QUIC

During the implementation period, PCG will hold extensive process mapping and requirements gathering around the State's monitoring processes and tools for both DHHS staff and providers of services across waiver programs. In doing so, PCG will obtain a comprehensive understanding of how PCG Q UIC should be configured to best meet the monitoring needs of NE DHHS. PCG will then develop business rules and systems logic to be configured into the review module of PCG QUIC to allow DHHS and providers to conduct monitoring functions easily yet effectively. With PCG QUIC, NE DHHS can expect, at a minimum, the following:

- Monitoring review module for DHHS staff and providers
- Access to only the information required for monitoring activities
- Monitoring tools/questionnaires specifically based on compliance standards and requirements of NE DHHS, waiver program, provider service type
- Auto-population of monitoring tools relevant to the waiver program and provider service type

User Roles in PCG QUIC

PCG QUIC includes a user management functionality where designated administrative users can assign and access user credentials and control the degree of access for users. The specific set of user access capabilities and roles can be configured based on DHHS requirements, as we understand that each state agency has varying standards regarding access capabilities and hierarchies. During the implementation period, PCG will work closely with DHHS to document the specific structure of the user access for implementation, including access for DHHS staff as well as providers.

Figure VI.B.5.11: User Management Functionality in PCG QUIC

The User Management functionality not only allows an admin user to specifically designate the type of role each user is assigned to, it also specifically identifies the individual pages and dashboards that the user has access to through the "Provider Access" functionality. This feature is extremely important in granting providers with access to only the data they need for monitoring activities and restricting access to other state data stored in PCG QUIC.

Data Storage of Monitoring Tools in PCG QUIC

As are all reviews in PCG QUIC, monitoring tools are stored on PCG QUIC's database hosted in the Amazon Web Service (AWS) cloud. Amazon Simple Storage Service (Amazon S3) is an object storage service that offers industry-leading scalability, data availability, security, and performance. NE DHHS can use PCG QUIC

and AWS to store and protect any amount of data for monitoring tools, backup and restore, archive, and data analytics.

With AWS, DHHS takes advantage of a scalable, reliable, and secure global computing infrastructure. Using AWS tools, PCG QUIC can be scaled up or down based on demand and volume. For example, AWS' Elastic Load Balancing automatically takes incoming traffic and distributes across multiple targets, including containers and buckets, IP addresses, and Lambda functions. Backed by Amazon's massive infrastructure, PCG QUIC provides access to computing and storage resources for NE DHHS as needed.

g. The system shall have ongoing compliance with DHHS Medicaid waiver regulations, DHHS Administration of Developmental Disabilities, Office of Special Education Program (OSEP), CMS rules and regulations, Health Insurance Portability and Accountability Act (HIPAA), American Recovery and Reinvestment Act (ARRA), and Family Educational Rights and Privacy Act (FERPA).Describe how solution meets this requirement.

Bidder Response:

PCG QUIC and Ongoing Compliance with QIDS Requirements

One of the greatest advantages of PCG QUIC is its configurability. PCG QUIC is purposefully structured to support a multi-faceted quality assurance system involving multiple programs, review types, data collection, and reporting requirements. PCG QUIC can be set-up to display the appropriate tool, questionnaire, or checklist to the reviewer automatically based on the selected criteria, e.g. program, review type, thus, eliminating the potential of reviewers assessing irrelevant compliance standards. **For example, PCG QUIC can support compliance review tools around CMS rules and regulations for participants served through DHHS Administration of Developmental Disabilities, and another unique set of review tools for those served through the Office of Special Education Program.** Through PCG's internal Quality Assurance (QA) Model, PCG will ensure ongoing compliance of PCG QUIC with the Scope of Work QIDS requirements.

PCG Internal Quality Assurance (QA) Model

PCG's QA model amounts to much more than a provision in a contract, federal statute, or regulation; it represents an ongoing, organized method of doing business to achieve optimum results, involving all levels of the organization and stakeholders, including NE DHHS. Specifically, our QA model will focus on continuous monitoring, improvement, and alignment of PCG QUIC to federal and Nebraska DHHS rules and regulations, policies, and requirements. The overarching objective is to prevent or mitigate the likelihood of problems, by monitoring operations, identifying areas of modification and updates, and applying system business rules or configurations to fix outdated information.

Quality Planning	Quality Assurance	Continuous Quality Improvement
How PCG plans to work with the client to define quality standards and SOW compliance requirements that are relevant to PCG QUIC and how we will satisfy them. Quality measures, tools, and process improvements are all components of quality planning.	How PCG plans to apply and monitor the quality and compliance activities to ensure that PCG QUIC maintains ongoing compliance with the SOW requirements and quality standards previously defined.	How PCG will choose and use best practice quality tools and processes to maintain and improve PCG QUIC throughout the project's life cycle.

Figure VI.B.5.12: PCG's Quality Assurance Model for PCG QUIC ongoing compliance.

As part of the implementation period, PCG will further define with the DHHS: (1) the QA and fidelity requirements; (2) QA verification and change request processes; (3) individual responsibility of each QA Team and PCG QUIC Systems developer; (4) staff training requirements as part of QA; (5) documentation policies and procedures, systems workflows, and training materials; and (6) continuous monitoring.

PCG QUIC Security and Confidentiality

PCG securely hosts the PCG QUIC System in the Amazon Web Service (AWS) cloud. PCG has been a partner with AWS for several years and has several state and local agency applications hosted in AWS in a secure and compliant manner. PCG has undergone third party assessments of the various applications currently hosted for our clients which have passed both National Institute of Standards and Technology (NIST) and Payment Card Industry Data Security Standard (PCI DSS) compliance audits. PCG's internal systems development team, Health Software Development (HSD) group, has worked with AWS as a partner and has leveraged extensive training, guidance, and resources from AWS by virtue of our technology partner relationship to develop and host to a well architected framework that ascribes to five pillars of operational excellence, security, reliability, efficiency and cost optimization.

 Furthermore, PCG is committed to safeguarding the privacy and confidentiality of customer and company information. Policies and standards issued by the PCG Information Security Office (InfoSec) assist in establishing and implementing PCG's information security program. These policies and standards were developed from careful examination and inclusion of National Institute of Standards and Technology (NIST) 800-53 (rev. 4), Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act of 1974 (FERPA), and American Institute of Certified Public Accountants (AICPA) Attestation Standards, Section 101 Service Organization Control 2 (SOC2) controls. In addition, the policies and standards reflect international and federal laws, executive orders, directives, regulations, standards, and guidance. These policies were approved by the Board of Directors and the effective and review dates are listed individually in each policy. Standards have been approved by the IT Committee.

All policies and standards are reviewed and updated on an annual basis or as major changes occur to the business. As such, staff is required to review policies regularly and participate in annual trainings to ensure familiarity with current requirements. Each policy and standard provide a scope and purpose to help identify the audience. As these policies and standards have been issued as a part of the PCG information security program, all staff have a responsibility to the company to abide by the requirements outlined in each document. Non-compliance to PCG policies and standards can result in disciplinary action, up to and including termination.

> h. The Contractor will provide a QIDS with a functioning case review system for quality assurance of the Medicaid HCBS CDD, DDAD, AD and TBI waivers, based upon the State's need and funds availability. Describe how the solution meets this requirement.

Bidder Response:
PCG QUIC: Functioning Case Review System for Medicaid HCBS Quality Assurance
The PCG QUIC System was designed specifically to alleviate the complexities around HCBS Waiver Quality Assurance and monitoring for states, including case reviews. PCG will leverage the already existing case review workflow in PCG QUIC for Nebraska's HCBS CDD, DDAD, AD, and TBI waivers. PCG QUIC is purposefully structured to support a multi-faceted quality assurance system involving multiple waiver programs, review types, compliance standards, and data collection methods. In this section, we will focus on how PCG QUIC facilitates case reviews for multiple waiver programs.

Figure VI.B.5.13: PCG QUIC System Structure for Quality Assurance Activities involving multiple Waiver Programs.

To show that PCG QUIC already has a functioning case review system for quality assurance of Medicaid HCBS waivers, PCG presents below in *Figure VI.B.5.14-Figure VI.B.5.15* of how PCG QUIC is currently being utilized for other state Medicaid waiver programs.

Multiple Waiver Programs in PCG QUIC
PCG QUIC can be configured to include several waiver programs and review types, e.g. case (record) review. Once PCG QUIC is configured to include the client's waiver programs, users can create new assessments in PCG QUIC by selecting the specific waiver program and type of review.

Figure VI.B.5.14: Selecting the Waiver Program and Review Type (Case Review) in PCG QUIC.

In *Figure VI.B.5.14*, users can select from a preconfigured list of waiver programs to conduct different types of case reviews, e.g. Level of Care, Qualified Providers, Service Plan, Health and Welfare, and Financial Accountability. **PCG QUIC supports a unique questionnaire for each case review type for each waiver. NE DHHS will have a unique case review tool for the CDD Waiver in PCG QUIC, and another unique case review questionnaire for the AD Waiver based on the type of review.** The system's business rules are set up to display the appropriate case review questionnaire to the reviewer automatically based on the selected waiver program, eliminating the potential of users reviewing for irrelevant compliance standards and questions.

Entering Cases into PCG QUIC
The participants sampled for case reviews can be entered into the PCG QUIC manually or through an import mechanism as shown in the *Figure VI.B.5.15* below.

Figure VI.B.5.15: PCG QUIC Participant Sample Intake Functionality.

PCG QUIC requires certain demographic information of participants to be entered according to state requirements. In the *Figure VI.B.5.16*, the participant sample must include the sample number, name, and RIN or unique Medicaid number.

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Figure VI.B.5.16: Participant Information Collected in PCG QUIC.

The participant demographic information to be collected in PCG QUIC for case reviews can also be configured to the data collection and tracking needs of NE DHHS.

Case Reviews in PCG QUIC
The case review tool or questionnaire within PCG QUIC is configured to facilitate compliance evaluation of federal and state requirements and regulations for the sampled participants entered in the system, now populated in the left-hand panel of the figure below. PCG will work with NE DHHS during the implementation period to identify the specific standards to be reviewed for case reviews for each waiver program. Those compliance standards will become the questions listed for each case review. The sample questions presented in the figure below are Level of Care performance measures directly taken from NE's CDD waiver. Results from case reviews are uniformly collected, organized, and stored on our database to support the reporting requirements of NE DHHS.

Figure VI.B.5.17: Case Review Tool and Workflow in PCG QUIC.

Across the top of *Figure VI.B.5.17* is the case review workflow in PCG QUIC which includes: (1) the actual review of the state's compliance standards and then (2) a built-in quality assurance (QA) process of the review. During the case review, users will confirm compliance or noncompliance for each review question/standard, enter necessary evidentiary information, upload documents to the case as needed, and then move onto the next sampled participant until all cases are reviewed.

Once review is completed, designated state personnel (e.g. supervisors) can QA the results of the assessment to ensure all questions are completely and accurately answered, provide feedback to reviewers, and/or make changes as needed.

       i.   The QIDS must have the function to allow DHHS and DPH to enter information and extract data and reports to use for internal processes as well as reporting to CMS for all associated programs and services. Describe how the solution meets this requirement.

Bidder Response:

Entering Information and Extracting Data and Reports from PCG QUIC

PCG QUIC users can enter information directly into PCG QUIC by completing quality assurance reviews. The information entered in PCG QUIC is stored on our database with preconfigured identifiers such as waiver program, review type, participant, CMS quality assurance, state-defined sub-assurance, and/or performance measure. PCG QUIC will have a reporting functionality allowing for (1) efficient searching, retrieving, and sorting of quality assurance reviews based on different fields as well as (2) generation of Review Outcome Reports.

Figure VI.B.5.18: Sample Reporting Page on PCG QUIC for NE DHHS.

As shown in *Figure VI.B.5.18* above, for efficient search and retrieval of review data, PCG QUIC users can use the "Reporting" page in PCG QUIC to search by fields such as participant name; participant unique identification number, e.g. Medicaid ID; waiver program; review type; and/or service provider name. PCG QUIC will pull all applicable reviews in a list format for users to quickly retrieve the information they need. The fields by which users can search and retrieve data can be configured to those identified by NE DHHS and DPH.

During the implementation period, PCG will work with NE DHHS and DPS to develop report templates with predefined fields to identify the most useful search features to be integrated into the PCG QUIC Reporting page for NE DHHS users.

NE DHHS would also be able to extract datasets from the PCG QUIC reports to conduct further data analysis as needed for internal processes and CMS reporting. PCG will provide NE DHHS with the ability to download these datasets from the Reports page. PCG will also provide a data dictionary from our database describing each data element captured through the PCG QUIC System for NE DHHS to use in reporting. Using this Web Services component, NE DHHS can query, extract, and analyze datasets from the PCG QUIC database such as the following under the working assumption that such data is collected in PCG QUIC:

- Demographic information about each participant whose quality of services were reviewed, such as: name, address, waiver program, date service began, revisions to services, review date, region, county, Provider, dates of review period, setting or living arrangement, reviewer name.

- Copies of all documents reviewed for each participant for each review.

- Summary of volume of reviews & interviews and how this volume compares to other months.

- Summary of review results (% compliant) and running total of reviews for a certain timeframe, e.g. month, quarter, year.

Additionally, PCG QUIC generates Review Outcome Reports that automatically pulls the quality assurance review questionnaire as well as user responses for an overview of review results. Please refer to **Section VI.B.5.l** of our proposal for additional details on Review Outcome Reports.

> **j.** Describe how solution includes ongoing maintenance for one (1) year past contract expiration or termination. Any cost associated with this maintenance must be included on the Cost Proposal.

Bidder Response:
Maintenance and Operations of PCG QUIC Portal
PCG QUIC is a Software-as-a-Service (SaaS) product that PCG developed and is heavily leveraged for clients and quality monitoring of their HCBS programs. PCG adopts an Agile development methodology with QUIC resulting in an iterative and rapid approach to software development. Ongoing and continuous maintenance and improvement of PCG QUIC is critical and essential for our business practices. This approach benefits all SaaS clients by ensuring the software is maintained and kept running.

PCG has adopted Amazon's CloudWatch monitoring and maintenance service to ensure that PCG QUIC is always available online and that any necessary performance changes are attended to immediately. We currently use CloudWatch for multiple state engagements and it has allowed us to exceed the extensive performance requirements. PCG will continue to leverage Amazon's CloudWatch as well as provide support from PCG's systems team to deliver ongoing maintenance for one (1) year past contract expiration or termination.

PCG builds in performance testing for all areas of our systems, using either a continuous or on-demand testing using CloudWatch. By doing so, we can monitor our current and ongoing performance and understand where any additional testing can be brought to assure top performance by our systems for our clients. PCG understands the importance of maintenance and rigorous testing.

Figure VI.B.5.19: Amazon CloudWatch Functionality.

Conducting Maintenance Specific to NE DHHS Quality Management System

During the one year past contract expiration/termination, PCG will be available to provide maintenance services of the performance of specific requirements of this Scope of Work. This may include maintenance of the following:

1. Files/batches received from the submitters, identifying their chief characteristics and counts of accepted and rejected files/batches, and determining if system modifications are necessary.
2. Any changes to the system, including monitoring of logic changes, programming changes, reporting changes or any change due to modifications in compliance requirements of CMS HCBS waivers, CMS rules and regulations, DHHS Administration of Developmental Disabilities, and/or other federal or state regulations and requirements.
3. Any changes to the PC/web-based tool, again including monitoring of logic changes, programming changes, reporting changes or any change due to modifications in federal/state regulations and requirements.
4. Any other updates to the PCG QUIC System or database.

PCG manages all its projects using Team Foundation Server (TFS) and uses an Agile approach to development. This process includes tracking all changes – logic, reference tables, etc. – and reporting on any problems with changes, and the ability to roll back changes from production if there is an issue. Our quality control process includes automated testing, and User Acceptance Testing (UAT) which will confirm the effectiveness of any of the above logic, report, or system changes.

> **k.** Describe how solution allows for real time, direct access to export all data or selected data collected in the system.

Bidder Response:
Real Time, Direct Access to PCG QUIC

PCG QUIC System is a single, unified, web-based application allowing for the management of the complexities of quality assurance reviews. PCG QUIC and the data that has been entered and uploaded into the system are directly accessible by authorized personnel using their PCG QUIC log-in credentials from any device with an internet connection in near real-time. "Near" real-time refers to and takes into consideration the required system processing time of milliseconds.

PCG QUIC uses internal application programming interfaces (APIs) that enable near real-time access to data throughout the graphical user interface (GUI) and in the creation of reports. Export functionality is available in specific instances throughout the application. Because of the structure of QUIC, these exports utilize near real-time data. Furthermore, adopting PCG QUIC optional Web Services component would create a near real-time connection for making calls to the QUIC database. This exposes a secure API for real-time interfaces between systems. This API will also leverage JSON and/or XML data formats for use in external system and applications.

I. Describe how solution provides effective transparent reporting aligned with measures and outcomes from CMS.

Bidder Response:

PCG QUIC Reporting Aligned with CMS Measures and Outcomes

Performance measures and outcomes from CMS are the building blocks of PCG QUIC. The collection of performance measures and outcomes form sub-assurances, CMS quality assurances, and ultimately the State's Quality Management Strategy for its waiver program(s). Performance measures and outcomes in PCG QUIC are not only linked to the CMS quality assurance, State-defined sub-assurance, and HCBS Waiver program, but also the participant(s) and/or provider(s) involved in the review.

Each of these elements are stored and tracked in PCG QUIC for efficient and transparent individual review reporting through Review Outcome Reports, as well as data retrieval (further detailed in *Section VI.B.5.i* of our proposal).

Review Outcome Reports compile and present all information and data entered in PCG QUIC for:

- Each performance measure and outcome covered in the review questionnaire, and
- Each participant included in the review.

A single review may have more than one participant if the grouping of such participants makes logical sense, e.g. participants with commonalities such as sample, provider, and/or waiver.

Upon contract award, PCG will work with NE DHHS to determine the desired format, presentation, and information for Review Outcome Reports to be configured in PCG QUIC. Below is a sample PCG QUIC Review Outcome Report currently used for HCBS Waiver Quality Assurance Reviews. As shown in the sample, the PCG QUIC automatically links and reports out on the following:

- Waiver Quality Assurance
- Waiver Performance Measure number and description
- Participant Sample Number
- Participant Name
- Review finding entered in PCG QUIC by the reviewer

SUMMARY OF NONCOMPLIANCE FINDINGS

PM #	PM	Record #	Participant Name	Finding
Qualified Providers (Appendix C) - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.				
20C	The enrolled non-licensed/non-certified waiver service providers continue to meet waiver provider qualifications.	16	Participant Name	PA Standards Form is incomplete for PA #1.
20C	The enrolled non-licensed/non-certified waiver service providers continue to meet waiver provider qualifications.	A3	Participant Name	PA Standards Form and PA Evaluation Form missing for PA #2.
Service Plan (Appendix D) - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.				
30D	The waiver participant's service plan is signed and dated by the participant (or legally authorized representative) and the case manager.	8	Participant Name	The participant does not have a completed service plan on file.
30D	The waiver participant's service plan is signed and dated by the participant (or legally authorized representative) and the case manager.	12	Participant Name	The service plan is not signed by the participant or a legal guardian.

Figure VI.B.5.20: Sample PCG QUIC Review Outcome Report.

> **m.** Describe how solution provides a plan of improvement and remediation module to document steps to compliance and to track progress for successful remediation.

Bidder Response:

Plan of Improvement and Remediation Module in PCG QUIC

PCG has years of experience providing plans of improvement and conducting remediation reviews in PCG QUIC for providers and system-wide remediation strategies for state entities. Successful remediation with providers calls for expert skills supporting and assisting providers with addressing quality issues identified during quality assurance reviews. This type of work is central to all PCG's projects. Our experience in remedial actions to bring provider standards into compliance with the federal home and community-based requirements include but are not limited to: Amending policy and procedure manuals; Updating staff training plans; Providing up-to-date provider trainings; Preparing plan of improvement to states; and developing monitoring tools for specific residential settings. These strategies all have a few best practice components in common including the categorization of standards and the step-by-step remediation process through a plan of improvement, developing timeframes, and tracking milestones for each step of the process.

PCG QUIC includes functionalities specific to plans of improvement and remediation reviews. For each noncompliant standard identified during quality assurance reviews in PCG QUIC, PCG reviewers document recommendations and feedback for providers that will support them in becoming compliant with state and

federal requirements. PCG QUIC's reporting functionality compiles the results of the review along with the remedial recommendations and feedback that is sent to providers as a plan of improvement. This report is also leveraged by providers to generate Corrective Action Plans as required by the state. Please refer to *Section VI.B.3.e* for additional information on PCG's corrective action planning and monitoring solution.

Figure VI.B.5.21: Plan of Improvement Functionality in PCG QUIC.

After completing the initial quality assurance review, PCG will have identified noncompliant findings, laid out an improvement plan for providers through the review report, and would then be collaborating with these providers to ensure they are taking the necessary steps to compliance through remediation reviews. PCG will request the required provider documentation to be submitted through PCG QUIC via a secure access link to the system where providers can upload documentation as well as provide additional information/notes, as necessary.

Figure VI.B.5.22: Provider Documentation Submission through PCG QUIC.

To track progress for successful remediation, PCG conducts a remediation review with the provider following state guidelines and timeframes. The remediation module in PCG QUIC allows reviewers to the noncompliant finding, remediation action taken, date remediation was completed, and source of verification allowing for effective and efficient tracking of provider remediation.

The Provider Agency has not conducted the consumer satisfaction survey for year 2019.

Provider Agency completed annual consumer satisfaction survey.

11/04/2019

Consumer satisfaction survey results

Yes   No

Figure VI.B.5.23: Remediation Module in PCG QUIC.

Depending on the type and severity of the noncompliance issues, PCG will work with DHHS during the implementation period to decide how and when the remediation reviews will be conducted.

n. The QIDS must have the function to provide real time data to address urgent situations for specific providers or across the service system prior to completion of established reporting periods. Describe how the solution meets this requirement.

Bidder Response:
As mentioned in *Section VI.B.5.k* of our proposal, PCG QUIC is a web-based application hosted on the Amazon Web Services (AWS) cloud. PCG QUIC and the data that has been entered and uploaded into the system are directly accessible by authorized personnel from any device with an internet connection in real-time. PCG understands the importance of not only accessing data in real-time but also the critical need of escalating and bringing awareness to urgent situations where participants' health and welfare may be at risk. As such, in addition to real-time access to data, PCG QUIC can be configured to send real-time notifications for those situations requiring immediate attention.

During the implementation period, PCG will work with DHHS to identify a list of specific urgent situations, the appropriate notification template by recipient, and communication channels for specific providers or across the service system. PCG will then take this information and set up business logic into PCG QUIC so that when PCG reviewers come across urgent situations, the system will automatically push notifications to the necessary individuals for immediate attention and access to the data. PCG QUIC sends real-time notifications in two ways: (1) emails to preconfigured individuals with access links to the case and case report requiring their attention, and (2) pop-up notification banners on the PCG QUIC web-page if users are already logged into the system. Upon receipt of urgent attention notifications, the appropriate personnel approved by DHHS, whether it be DHHS staff or providers, will be able to access the data they need in real-time to take the necessary actions to address urgent situations. To further prioritize urgent situations to ensure the health and welfare of participants, PCG QUIC can have a dedicated queue for urgent cases displayed in the appropriate users' dashboard for efficient, direct, and prioritized access. A sample urgent case queue wireframe for NE DHHS is provided in the *figure* below.

Figure VI.B.5.24: Sample NE DHHS Urgent Queue in PCG QUIC.

o. Describe how solution allows access to multiple modules to enter data for quality assurance activities; at a minimum the modules must include:
i. File Review Module with the capacity to audit Critical Incident and Mortality Review systems;
ii. Reporting Module with the ability to generate Corrective Action Plans based upon reviews;
iii. Provider Review module;
iv. Claims Review module;
v. Level of Care module;
vi. Peer Review module;
vii. Client Satisfaction module;
viii. Any additional modules that the QIO recommends.

Bidder Response:
As explained throughout our response, PCG QUIC is a functioning system with built-in review modules portrayed as "Review Types" in the *figure* below. Not only can PCG QUIC offer the review modules listed here, but the system is structured to house and administer as many different review modules as needed. Each review module in PCG QUIC can be easily configured to assess for specific compliance standards based on waiver program, review type, and compliance standards.

Waiver Program

| CDD | DDAD | AD | TBI |

Review Type

| Critical Incident | Mortality Review | Provider Review | Claims Review |
| Level of Care Review | Peer Review | Participant Interview / Survey | Remediation Review |

Compliance Standards

| CMS Waiver Requirements | CMS HCBS Final Rule | State Transition Plan | Quality Assessment of Services, Supports and Outcomes |

Data Collection Method

| Yes / No Questions | Date Selection Calendar | Selection from List | Free-Text Fields | Document Upload |

Figure VI.B.5.25: PCG QUIC System Structure for Quality Assurance Activities and Data Collection.

How PCG QUIC Review Modules are Configured Specifically for NE DHHS

During the implementation period, PCG will hold extensive process mapping and requirements gathering sessions around the State's quality management system, expectations, and needs for its quality assurance review modules for each of its waiver programs. In doing so, PCG will obtain a comprehensive understanding of how PCG QUIC should be configured to best meet the needs to NE DHHS. In the table below, we explain, at a high level, how the requirements gathering process is incorporated into the configuration of PCG QUIC for this Scope of Work.

PCG QUIC Configuration Requirements Gathering Process		
Requirements Gathering	Examples of Questions We May Ask	What This Tells Us
Waiver Quality Assurance Process	What is the current process for waiver quality assurance (QA) and improvement?	Tells us how the review workflow should be configured in PCG QUIC.
	What are all the review types, quality standards, and compliance requirements to be reviewed in PCG QUIC?	Tells us what the review types are, what the questions are for each review type, and how each question will be answered, e.g. Yes/No, free text.
	Who are the responsible entities/individuals for QA activities?	Tells us who needs access to PCG QUIC and what their user roles should be.

CMS Waiver Performance Measures	Which Quality Assurances and Performance Measures will be reviewed in the system?	Tells us how Waiver Quality Assurances and performance measures need to be structured in PCG QUIC.
	What is the sampling methodology for each Waiver Quality Assurance and performance measure? Do any of the review types use the same sample?	Tells us how cases need to be entered and organized in PCG QUIC, and what the CMS performance measure reporting requirements are.
	What is the source of data verification for each performance measure? Who is responsible for this data? Where is it housed? Who has access?	Tells us the data import and data collection requirements.
Reporting Requirements	What type of reports do you need for each waiver?	Tells us how reporting needs to be configured in PCG QUIC.

Figure VI.B.5.26: Requirements Gathering for Review Module Configuration in PCG QUIC.

Business rules and logic are built into PCG QUIC based on the requirements gathered so that each review module achieves, at a minimum, the following for each waiver program:

➢ Automatically pulls the appropriate review tools and/or interview questionnaires for users;
➢ Presents only pertinent questions to the specific review and compliance standards being assessed;
➢ Offers easy-to-use data collection fields for efficient completion of reviews;
➢ Includes a quality assurance/control feature to allow for a second peer or supervisor review;
➢ Links participants to the data collected for accurate reporting;
➢ Follows the appropriate workflow process by authorized user roles; and
➢ Option to group participants under a single case for streamlined reviews of multiple participants from the same sample or review timeframe.

PCG QUIC Quality Assurance Modules
In this section, we provide an overview of existing PCG QUIC QA modules along with sample screenshots of PCG QUIC. We present examples of how PCG QUIC currently provides these review modules for other states and their waiver programs as well as mockup wireframes for how review modules would look for Nebraska DHHS waiver programs.

NEBRASKA
Good Life. Great Mission.

Assessments   Reports   Manage

MD   Hi, Makana Dumlao!

Assessments / Create New / Assessment Type

ASSESSMENT INFORMATION

Assessment Type

Provider

Participants

Service Location

SCHEDULE & ASSIGN

Date & Time

Review Team

Create Assessment

Assessment Type

WAIVER PROGRAM *
Comprehensive Developmental Disabilities ▼

REVIEW CATEGORIES *
☐ Level of Care   ☐ Qualified Providers   ☐ Service Plan   ☐ Health and Welfare   ☐ Financial Accountability

Save

Last Saved: MM/DD/YYYY @ HH/MM AM/PM

Figure VI.B.5.27: Sample Quality Review Types for NE DHHS Comprehensive Developmental Disabilities Waiver.

Critical Incident and Mortality Review Module

The PCG QUIC System houses a critical incident and mortality review tool that facilitates a proven and uniform process for all incident and mortality investigations. All new incidents and mortality reviews require standardized information on the following that allow for efficient retrieval using the search functionality in PCG QUIC:

- Individual;
- Authorized representative/guardian;
- Incident reporter;
- Alleged violator;
- Provider;
- Incident; and
- Death.

Figure VI.B.5.28: Existing Critical Incident Review Module in PCG QUIC for another State Client.

Reporting Module and Corrective Action Plan Monitoring
PCG QUIC will have a reporting functionality allowing for (1) efficient searching, retrieving, and sorting of quality assurance reviews and data based on different fields as well as (2) generation of Review Outcome Reports that automatically pulls the quality assurance review questionnaire as well as user responses for an overview of review results. Furthermore, the PCG QUIC System has a workflow process that facilitates the CAP process allowing for communication of noncompliance findings with the provider, provider CAP upload, and monitoring of CAP implementation.

Figure VI.B.5.29: Sample CAP Process for NE DHHS in PCG QUIC.

Provider Review Module

PCG QUIC's provider review module includes an assessment questionnaire that verifies provider compliance with HCBS provider qualification requirements. PCG QUIC ensures all relevant standards are reviewed to ensure only qualified, certified, licensed, and trained providers are delivering quality services to participants.

Figure VI.B.5.30: Existing Provider Review Module in PCG QUIC for another State Client.

Claims Review Module

PCG QUIC's Claims Review Module allows states to verify and ensure claims, hours of service, and services paid are in line with the type, scope, amount, duration, and frequency as listed in the participant's person-centered plan and are indeed being provided to the participant.

Figure VI.B.5.31: Existing Claims Review Module in PCG QUIC for another State Client.

Level of Care (LOC) Module

PCG QUIC's LOC Review Module assesses both initial and annual re-determinations to monitor that state processes and instrument(s) were appropriately applied in evaluating/reevaluating a waiver applicant's/participant's level of care to indicate a need consistent with a hospital, nursing facility, or Intermediate Care Facilities for Individuals with Intellectual Disabilities.

Figure VI.B.5.32: Sample Level of Care Review Module for NE DHHS Comprehensive Developmental Disabilities Waiver.

Peer Review Module

PCG QUIC has a built-in quality assurance/control feature to allow for a second peer or supervisor review to ensure adherence to state protocols and processes, also known as a single-blind peer review. In the case a separate module is required for a Peer Review Module allowing for double-blind peer reviews, PCG QUIC can be configured to include this module with the required functionalities as indicated by NE DHHS.

Figure VI.B.5.33: Existing Peer Review Functionality in PCG QUIC for another State Client.

Client Satisfaction Module

To assess client satisfaction with services provided through the waiver program, PCG QUIC administers interview questionnaires with yes/no responses for uniform data collection and free-text fields to capture participant responses.

Figure VI.B.5.34: Existing Client Satisfaction Module in PCG QUIC for another State Client.

p. The QIDS shall be a solution that will function contract start date and support data gathering and management to meet assurances in the Medicaid HCBS waiver application (http://dhhs.ne.gov/Pages/DD-Regulations-and-Waivers.aspx) and in state developed sub-assurances.

q. Describe how the QIDS would function for DHHS immediately.

Bidder Response:
Immediate Availability of PCG QUIC
As the PCG QUIC System and its functionalities have already been developed and in use for years, its standard modules such as case reviews will be immediately available upon contract start for DHHS requirements gathering and configuration. Furthermore, as soon as PCG obtains a list of DHHS-authorized users and access level requirements, PCG can provide user accounts and credentials for DHHS staff to start systems training immediately. Additional details on PCG QUIC Systems training can be found in *Section VI.B.6* of our proposal.

r. Describe how solution supports data gathering and management to meet assurances in the Medicaid HCBS waiver application and in state developed sub-assurances.

Bidder Response:

Medicaid HCBS Waiver Assurances and Sub-Assurances in PCG QUIC

The PCG QUIC System houses and facilitates reviews for different waiver programs, quality assurances, and sub-assurances. To elaborate, when PCG QUIC is configured during the implementation period, the state's waiver programs are tied to their specific quality assurances, sub-assurances, and performance measures in PCG QUIC. When users select the waiver program and quality assurance review type, e.g. Level of Care, Qualified Providers, Service Plan, Health and Welfare, and Financial Accountability, PCG QUIC auto-populates the state-defined sub-assurances and performance-measure questionnaires for data gathering and management.

Figure VI.B.5.36: Example of HCBS Waiver Quality Assurances Data Gathering and Management in PCG QUIC for Nebraska DHHS.

The questionnaires for quality assurance reviews in PCG QUIC are directly derived from waiver quality assurance performance measures allowing for data gathering and management to meet assurances and sub-assurances in Medicaid HCBS waiver applications. Each waiver program in PCG QUIC can be set up to have its own set of questionnaires and associated performance measures for each quality assurance. In completing reviews in PCG QUIC, users are easily collecting data and monitoring performance measures in PCG QUIC for CMS statutory requirements for 1915(c) waivers.

To present DHHS with a visual of how quality assurances and state-developed sub-assurances are managed in PCG QUIC, we provide a sample wireframe of Level of Care reviews for Comprehensive Developmental Disabilities (CDD) waiver in PCG QUIC in the *figure* below.

Figure VI.B.5.37: Sample LOC Quality Assurance Data Collection and Management for NE CDD Waiver in PCG QUIC.

s. The QIDS must have the ability to offer one-way integration and auto-population for client demographics and provide information, including the participant's name, service coordinator and supervisor, date of birth, and gender; as well as the provider name and agency type. Describe how the solution meets this requirement.

Bidder Response:
PCG QUIC One-Way Data Integration and Auto-Population
PCG understands that certain information, such as client demographics, service coordinator and supervisor, date of birth, gender, as well as provider name and agency type, provided by NE DHHS should be the sole source of truth. To ensure that such information is unaltered among different systems utilized by DHHS, PCG

QUIC can offer one-way integration and auto-population. PCG can receive data from NE DHHS through an extract, transform, load (ETL) process further detailed in **Section VI.B.5.c** of our proposal.

Once PCG receives the information in a format agreed upon with NE DHHS, PCG will populate our database with state data as one-way integration, meaning that PCG QUIC will not allow alteration or manipulation of client demographics, service coordinator and supervisor, as well as provider name and agency type by front-end users of PCG QUIC. With the data populated in our database, PCG QUIC will allow for auto-population of certain fields based on the information already stored in the system.

For example, the *figure* below shows the "Participants" page in PCG QUIC where reviewers add waiver participants to a quality assurance review. PCG QUIC users can simply search for participants and PCG QUIC will auto-populate the demographic information of the participant using the data already integrated in our database. Such information pulled from the database will not be editable by users. This prevents any alteration of state information that can lead to conflicting information between state systems.

Figure VI.B.5.38.: One-Way Data Integration and Auto-Population in PCG QUIC.

    t.   The QIDS shall be designed to allow the DPH to input data from completed certifications of agency providers per Nebraska Administrative Code (NAC) regulations. Describe how the solution meets this requirement.

Bidder Response:
Inputting Data from Provider Certifications in PCG QUIC
PCG understands the importance of capturing and inputting data from completed certifications of agency providers per Nebraska Administrative Code (NAC) regulations for quality assurance activities such as monitoring the Qualified Providers waiver quality assurance performance measures. There are several methods to inputting provider certification data in PCG QUIC including (1) direct entry and (2) data import and auto-population.

Direct entry of provider certification data is needed for the actual completion of reviews, such as the Qualified Providers quality assurance review. In reviewing for provider compliance with certification requirements per NAC regulations, PCG QUIC users can directly enter data into the system regarding provider certifications. PCG provides an example below showing how waiver provider certification data is entered into PCG QUIC for another state.

Figure VI.B.5.39: Inputting Provider Certification Data in PCG QUIC.

Similar to the approach mentioned in the previous section for participant data integration, provider demographic and certification data can also be imported into PCG QUIC for auto-population for quality assurance activities. With provider certification data provided by NE DHHS, PCG can import the data and store it on the PCG QUIC database. Leveraging provider data already stored on our database, PCG QUIC can auto-populate provider information where needed in the system for users and restrict the information so that it cannot be altered.

u. The QIDS must have the ability to provide a module for processing and documenting the complaints received by DHHS. Note that this is an optional feature that the State may purchase based upon need and funds availability. Describe how the solution meets this requirement.

Bidder Response:
As emphasized throughout our proposal, PCG QUIC's configurability provides NE DHHS with the option to add different review modules, such as complaints processing and reviews, based upon need and funds availability. PCG QUIC is a multi-faceted quality assurance system addressing multiple programs, review types, data collection, and reporting requirements. From a systems perspective, upon DHHS' decision, a complaints processing and review module can be added at any time following a period of requirements gathering specific to complaints processing.

Waiver Program

CDD	DDAD	AD	TBI

Review Type

Critical Incident	Mortality Review	Provider Review	Claims Review
Level of Care Review	Peer Review	Participant Interview / Survey	Remediation Review

Complaints Review

Compliance Standards

CMS Waiver Requirements	CMS HCBS Final Rule	State Transition Plan	Quality Assessment of Services, Supports and Outcomes

Data Collection Method

Yes / No Questions	Date Selection Calendar	Selection from List	Free-Text Fields	Document Upload

Figure VI.B.5.40: PCG QUIC can be configured to house and administer additional review modules.

At NE DHHS' request and approval to add the optional review module for complaints processing and documentation, PCG will begin a series of requirements gathering to identify PCG QUIC configuration requirements including, but not limited to:

PCG QUIC Configuration Requirements Gathering Process		
Requirements Gathering	**Examples of Questions We May Ask**	**What This Tells Us**
Complaints Processing and Documentation Process	What is the current process for complaints processing and documentation? What is the intake process?	Tells us how the review workflow should be configured into PCG QUIC.
	What are all the complaints review questions, standards, and compliance requirements to be reviewed in PCG QUIC?	Tells us what needs to be reviewed for each complaint, and how each question will be answered, e.g. Yes/No, free text.
	Who will be involved in the complaints processing and documentation review and approval processes?	Tells us who needs access to PCG QUIC and what their user roles should be.

Documentation and Reporting Requirements	What information needs to be documented for each processed complaint?	Tells us what fields need to be included in complaints processing.
	What information do you need in a complaints review report?	Tells us how reporting needs to be configured in PCG QUIC.

Figure VI.B.5.41: PCG QUIC Requirements Gathering for Complaints Processing and Documentation Review Module

Upon completion of requirements gathering, PCG's systems development team, Health Software Development (HSD), will add the optional complaints review module, write business rules and logic to support any unique workflow requirements, and build in complaints-specific review tools/questionnaires as well as reporting features.

PCG QUIC and our team stand ready with the infrastructure, resources, and staff to support NE DHHS with any component of its waiver administration, quality assurance, and management responsibilities.

6. **Training**
The bidder shall provide a draft plan with bidder's proposal for onsite training throughout the life of the contract for the following:

a. DHHS Staff;
b. Service Providers;
c. QIO; and
d. Other Stakeholders (as specified by DDD).

The Contractor will be required to provide DHHS staff, stakeholders and providers training with application software and any associated tools (i.e. reporting tools, etc.). Final training plan must be approved by DHHS within 30 days of contract award.

Bidder Response:
QIDS (PCG QUIC) Draft Training Plan
As an experienced QIO-like entity, PCG knows that well-informed, trained, and competent stakeholders including DHHS staff, providers, and QIO staff are the most essential components to an effective and constructive state Quality Management System and Strategy. PCG is a nationally accredited Continuing Education Provider through Approved Continuing Education (ACE). ACE is the only non-profit organization dedicated to social work regulation, and most jurisdictions, including Nebraska, accept ACE provider and ACE-approved individual courses. Through ACE, PCG can offer both in-person and distance learning to licensed professionals throughout the United States.

The development of such a QIDS training program begins with great collaboration between NE DHHS and PCG. Following an award, PCG will coordinate with NE DHHS to develop the training programs, schedules, and requirements for each stakeholder group. DHHS will be integral to the review and approval of all training components within 30 days of contract award and our team will work closely with NE DHHS to provide training to benefit all stakeholders.

QIDS Training Objectives
PCG will begin to generate training objectives and outcomes alongside DHHS to ensure training topics and curriculum are representative of the responsibilities of each stakeholder group. PCG proposes, at a minimum, the following learning objectives for each stakeholder group:

DHHS Staff	Service Providers	QIO Staff

Introduction to PCG as QIO	Introduction to PCG as QIO	Introduction to PCG as QIO for NE DHHS-DDD including HIPAA and Systems Security
Introduction to PCG QUIC	Introduction to PCG QUIC	Introduction to PCG QUIC
PCG QUIC Quality Review Modules and Processes	Quality Reviews, Purpose, and Objectives	PCG QUIC Quality Review Modules and Processes
Compliance Standards for each Quality Review Module	Service Provider Involvement in Quality Reviews	Compliance Standards for each Quality Review Module
PCG QUIC Reporting	Corrective Action Planning Process	PCG QUIC Reporting
How to use PCG QUIC by User Role	How to use PCG QUIC as a Service Provider	PCG QUIC User Roles

Figure VI.B.6.1: PCG QUIC Training Objectives

Training Schedule and Delivery
Training objectives for program stakeholders will be achieved through initial and ongoing trainings to keep stakeholders abreast of PCG QUIC review modules, system features, processes, protocols, and other applicable updates. We have had great success with delivering online training such as training videos, webinars, and animated presentations. While we see the value in all types of training platforms, as each is applicable to a different learning style and situation, PCG has an aptitude for developing highly accessible virtual trainings, especially pertinent during the COVID-19 pandemic.

Initial QIDS Training – Initial trainings will cover all learning objectives listed above to get stakeholders acquainted and familiarized with PCG QUIC, most likely to occur over the course of several days. Initial trainings will be held via live webinars for each stakeholder group. The logistics of initial training, such as date, time, regional vs. state, will be determined with NE DHHS for each stakeholder group upon contract award.

Refresher QIDS Training – All trainings will be recorded and made available on-demand to NE DHHS and stakeholders on PCG QUIC's knowledge-based software for new hire training or existing staff who may require refresher trainings on certain QIDS topics.

Ongoing QIDS Training – PCG will coordinate with DHHS to identify ongoing training needs and develop additional training content as needed for staff (existing and new) to the State and Service Providers. Depending upon the specific content of ongoing training needs, PCG will identify with DHHS the most appropriate schedule and delivery method.

Training Resources
PCG QUIC's knowledge base software can act as a repository of training material to allow for digital publishing and distribution of NE DHHS specific materials. These training materials are developed from PCG's internal technical documentation and user stories as features are released. This ensures online help and other manuals stay up to date. PCG QUIC's knowledge base can be configured to consist of online help articles, User Manuals, Reporting Manuals, System Operations Manuals, and Quick Start Guides.

7. **Technical Requirements**
   The bidder shall provide a response to each of the requirements in Attachment A, QIDS Technical Requirements Traceability Matrix.

8. **Project Planning and Management**
   a.   The Contractor will be required to conduct work sessions with staff designated by DHHS to gather information necessary to support the customization, testing and implementation of the QIDS. The

QIDS conceived from this process will be developed specifically to meet the needs of DHHS. A written design and implementation plan will be submitted by Contractor to the DHHS Project Manager and receive DHHS approval, prior to initiating the remainder of the work within the scope this project. Provide DHHS Quality Improvement personnel training with QIDS software.

b.   Describe and submit a draft design plan and draft implementation plan with response.

c.

Bidder Response:

Implementation and Design Plans

Public Consulting Group has a successful developed a comprehensive Implementation Plan Methodology for the customization, testing and implementation of the QIDS for new projects like this one. The methodology includes all phases of project startup, transition from the previous vendor (when there is one), and implementation of operations. The methodology presented in this section is specific to the Implementation of a QIDS system, however, it is a critical part of the overall project, presented in other sections of this proposal. PCG has years of experience Implementation plans similar to this project scope that have been repeatedly tested and refined in the course of implementing new contracts. The method includes a standard list of essential items to be completed before the specific project items are entered and assigned to specific management team staff.

Our QIDS implementation plan will rely on the following crucial dates: Contract Award, Contract Execution (estimate), and Implementation Start. As these dates shift, there may result in a shift in our proposed plan.

PCG's project manager will meet with the Project Management Team to review and complete the initial phases of the implementation plan with ongoing adjustments to be made during the initial weeks of startup. The following major tasks have been identified as the following:

Contract Award (9/2/2020) → Estimate Contract Execution (9/30/2020) → Implementation Start (10/2/2020)

- Meeting with HSSD-DDD to review and finalize expectations and timetable, determine key communication linkages, and establish the members of the implementation team, including agency participation as desired;
- Establishing the key on-site leadership positions so that they can be involved in program implementation and development from the beginning;
- Establishing and equipping the primary office location with furniture, equipment, supplies, telecommunications, and computer technology;
- Establishing the QIDS systems and interfaces;
- Training and onboarding personnel according to the scheduled timetable so they can begin performing functions in QIDS;
- Gathering, reviewing, and consolidating applicable policies, procedures, protocols, administrative rules, etc.
- Locking down communication and relationships with participant agencies and stakeholders;
- Developing communication linkages and relationships with vital stakeholders;
- Assessing, planning, and implementing quality performance/quality improvement plan for the QIDS;
- Determining our internal Key Performance Indicators for ongoing monitoring of our own contract performance;
- Creating first draft of Contract Compliance Audit Tool specific to the QIDS system.

Implementation Support

This project will receive strong support from PCG executive leadership and assigned project implementation team. Our implementation team includes PCG experts in every aspect of operating an effective HCBS quality services program, including information systems, administration, compliance, quality initiatives, training, and business operations. The program manager of operations will be heavily engaged during the implementation period to augment the local managers (as they are on-boarded) and to launch the implementation, install operational systems and procedures, and give guidance and training on the QIDS system once built.

Once the QIDS system is established and operational, the implementation team will shift to a role of consultative support and quality oversight and provide assistance as needed for the ongoing operation of the program.

Draft Design Plan

PCG takes a human-centered approach to designing and developing our QIDS system. The design process starts with collaboration between PCG and DHHS to identify and prioritize requirements. Following the principle of continuous improvement, requirements continue to be garnered and refined over the life of a product. In most cases, PCG's Product Owner is a role played by a Subject Matter Expert (SME) from the Business Team who is fully familiar with the needs of the Client. In other cases, full Joint Application Development (JAD) sessions may take place, soliciting and synthesizing input from large teams of external stakeholders to define technical requirements.

User Stories

It is important that requirements be gathered and documented realistically and thoroughly from the very start of the project to avoid scope creep and wild swings in estimates of budget or time. The Product Owner conveys realistic expectations about resource commitments and level of effort and gets a sense of which requirements are "Needs" and which are "Wants." These requirements are translated by the Product Owner into Users Stories. A User Story is a short, simple description of a feature told from the perspective of the person who is requesting the new functionality. It is expected that any one planned feature or requirement may result in the creation of numerous User Stories that developers use to write and test code.

Agile Scrum Development Methodology

User Stories play as a key role in HSD's Agile Scrum development methodology. Agile is an approach that has become the industry standard for software development, focused on an adaptive, iterative approach that continuously creates and improves usable, testable chunks of code. The Scrum process, as used by HSD, relies on a small group of stakeholders who meet daily to push forward on discrete chunks of work, each member of the group holding distinct and well-defined responsibilities. This matches the HSD organizational structure that functions through small, flexible Development Teams. Scrum meetings are short, focused meetings designed to identify and remove development roadblocks during a development Sprint.

Sprints and Demos

To produce shippable chunks of code in an iterative manner, HSD organizes development efforts into two-week Sprints. Sprint planning is conducted prior to the start of each Sprint with the goal of defining the features and functionality, in the form of User Stories, to be worked on during the Sprint. The Sprint itself acts to timebox development efforts and culminates in a demonstration of working code. PCG often invites Client's to these "Sprint Demos" to provide insight into the development progress and to gather feedback.

Team Foundation Server

To manage this design and development process, PCG uses DevOps software known as Team Foundation Server (TFS). TFS acts in various capacities including:

- As a product backlog for creating and managing User Stories;
- As a Sprint board for planning and tracking development progress within Sprints;
- As an issue tracking system for capturing and resolving bugs; and
- As a code repository for storing and deploying code to the appropriate environment.

Although direct access to TFS is not provided to Clients, PCG's use of TFS enables efficient deployment to a User Acceptance Testing (UAT) environment that allows Clients to test and signoff on code prior to it being pushed to production.

Draft Implementation Plan

PCG has extensive experience in the execution of both implementation and readiness review plans under a very brief timeframe (e.g., 2-6-month period). As our sample Implementation Work Plan describes below, we provide draft implementation steps and timeframes for each high-level task needed to have a fully functional QIDS systems for DHHS-DDD within 6 months.

*Note: This plan should be considered a **draft** proposal of how we will implement the QIDS as well as a foundation to work from in collaboration with the DHHS-DDD in order to meet the requirement to submit a full*

Project Work Plan within 30 business days of the operational start date. As such, the dates provided are informational and may change based on several factors such as date of actual contract execution.

Contract Execution Activities	Start Date	Finish Date
Contract Award Announced	9/2/2020	9/2/2020
DDD to submit over initial draft contract	9/2/2020	9/3/2020
PCG to review draft contract	9/3/2020	9/10/2020
PCG to execute contract and return	9/11/2020	9/16/2020
DDD to sign and formally execute contract	9/16/2020	9/29/2020
DDD to return signed copy for PCG records	9/29/2020	9/30/2020
Schedule Initial Planning Meeting	9/16/2020	9/18/2020
Create agenda	9/21/2020	9/23/2020
Review agenda	9/23/2020	9/25/2020
Send agenda	9/28/2020	9/29/2020
Conduct Kick-Off Meeting	10/1/2020	10/1/2020
Ongoing contract status meetings	10/1/2020	Ongoing

QIDS System

To introduce a system that is functional for the tasks outlined in this opportunity, PCG plans to develop and configure PCG's QUIC system as described in the high-level tasks listed below.

QIDS Data System Development	Start Date	Finish Date
Test Environment		
Define Code Management Plan	10/2/2020	10/7/2020
Obtain Code Management Plan Sign-off	10/7/2020	10/12/2020
Define Test Environments	10/2/2020	10/7/2020
Setup Test Environments	10/7/2020	10/9/2020
Milestone - UAT Deployment	10/9/2020	10/10/2020
Develop Use Cases	10/10/2020	10/20/2020
Develop and Prepare Test Data	10/20/2020	10/22/2020
Execute Test Cases and Test Scripts	10/22/2020	11/1/2020
Conduct Component Testing	11/1/2020	11/6/2020
Execute Functional and Interface Testing	11/6/2020	11/11/2020
Complete Data Integration, Security, Smoke and Regression Testing	11/11/2020	11/16/2020
Complete End-to-end Testing	11/16/2020	11/26/2020
Facilitate and Support UAT Testing	11/26/2020	12/1/2020
Feature Configuration		
Requirements Fit/Gap Analysis and Outline Client-specific Feature Configuration	10/2/2020	11/1/2020
Draft Detailed System Design Document	11/1/2020	11/11/2020
Draft Testing Plan	11/1/2020	11/11/2020
Draft Software Development Plan	11/1/2020	11/16/2020
Obtain Detailed System Design Document Sign-off	11/11/2020	11/16/2020
Obtain Test Plan Sign-off	11/11/2020	11/16/2020
Obtain Software Development Plan Sign-off	11/11/2020	11/16/2020
Milestone - Master Schedule of Development Efforts	11/11/2020	11/17/2020
Define Construction Summary Report	11/16/2020	11/26/2020
Develop and Configure According to Test Plan	11/16/2020	11/26/2020
Milestone - Client Test Environment Configured	11/26/2020	12/2/2020
Data Conversion/Testing		
Develop Data Conversion Plan (aka EDI for Client Systems)	10/2/2020	10/17/2020
Draft Conversion Guide (aka EDI Technical Specifications)	10/17/2020	10/22/2020
Obtain Conversion Guide Sign-off	10/22/2020	10/27/2020

Develop Unit Tests for Client Data	10/27/2020	11/6/2020
Develop QA Test Scripts for Client Data	11/6/2020	11/16/2020
Execute QA Test Scripts for Client Data	11/16/2020	11/21/2020
Submit Conversion Results Report	11/21/2020	11/26/2020
Develop User Acceptance Testing (UAT) Plan	11/26/2020	12/6/2020
Develop UAT Test Cases for Client Data	12/6/2020	12/26/2020
Execute UAT Test Cases for Client Data	12/26/2020	1/15/2021
Submit Weekly Testing Reports	12/6/2020	1/15/2021
Submit Updated Requirements Traceability Matrix	12/6/2020	12/16/2020
Obtain Production Approval Sign-off	1/15/2021	1/20/2021
Milestone - QUIC System Production Approval	1/20/2021	1/25/2021
Promote UAT Environment to Production	1/25/2021	1/26/2021
Perform End-to-end Regression Testing in Production Mirror Environment	1/26/2021	1/29/2021
Pilot Operations		
Identify Pilot Participants	1/25/2021	1/30/2021
Set-up Pilot Users	1/30/2021	2/4/2021
Train Pilot Users	2/4/2021	2/14/2021
Milestone - Launch Pilot Group	2/14/2021	2/15/2021
Gather Feedback through Surveys, Check-in Calls, and Focus Group Sessions	2/15/2021	3/2/2021
Create Final Readiness Assessment	3/2/2021	3/17/2021
System Implementation		
Draft System Implementation Plan	11/17/2020	1/16/2021
Obtain System Implementation Plan Sign-off	1/16/2021	1/21/2021
Obtain Final Readiness Assessment Sign-off	3/17/2021	3/22/2021
Milestone - System Go-Live	3/22/2021	3/23/2021
Submit Product Documentation	1/25/2021	3/23/2021
Manage System Issue Handling	3/23/2021	on-going
User Training Plan		
Conduct QUIC Training Needs Assessment for DHHS-DDD	9/30/2020	10/7/2020
Incorporate Adult Learning Principles into QUIC System Training Plan	10/7/2020	10/10/2020
Develop Learning Objectives for QUIC Training	10/10/2020	10/13/2020
Design Training Curriculum and Materials	10/13/2020	10/29/2020
Milestone - Final Training Plan Approval from DHHS staff	10/29/2020	10/30/2020
Develop Training Content and Materials (Print and Digital)	10/30/2020	2/20/2021
Conduct QUIC Training with DHHS Staff / Service Providers / Other Stakeholders	2/20/2021	3/17/2021
Evaluate Training	3/17/2021	3/23/2021
Re-design Curriculum Based on Feedback from Evaluation	3/23/2021	on-going

Change Control Plan

Public Consulting Group, Inc. (PCG) uses a structured change management approach with four phases (linked with the Project Management Institute PMBOK phases), all necessary to manage a change successfully. The four phases for PCG's change control plan are outlined below:

Phase 1 - Change Preparation

Clarify Vision and Objectives

The beginning of every successful change process, PCG will find a "compelling change story." approach creates the desire for a future situation. Without this motivation it is hard to transform a system, be it technical, policy, or operational, from state "A" (today) to state "Z", or the target change goal.

Assess Stakeholders

To get a better understanding who to focus on PCG will conduct a stakeholder assessment and define actions needed to improve the level of support for the most critical stakeholder groups. An effective stakeholder management process will be started by the project manager during project initiation and should be updated

regularly throughout project execution.

Change Impact Analysis

The impact analysis reflects the coherences between future events and the impact of the change concerning the different stakeholder groups. To conduct a detailed analysis on the specific impact of the change PCG will ask and document an assessment of the following:

- What will change in the world of each stakeholder group?
- What do the people need to do differently in "Z"?
- What do the people need to be able to change?
- How do we prepare them for the desired change?

Align the Client

The greatest success factor for managing change is active and visible client communication and support through the change process. PCG will focus on key required activities with the Nebraska Department of Health and Human Services (DHHS) – Division of Developmental Disabilities (DDD):

- Participate actively and visibly throughout the project
- Clarify the vision for the change and be able to communicate the compelling case for change in clear understandable terms
- Build a coalition of sponsorship with peers and managers
- Communicate directly with managers and employees (and listen to them)
- Ensure adequate resources to achieve and sustain the change
- Manages any resistance at senior levels

Phase 2 – Plan the Change

In the second phase, PCG's main emphasis is on the development of formal plans (change management plan) and the integration of those into the overall project management plan. The defined strategy of the initiation phase must be verified and detailed.

- Executive sponsor activities
- Communications and training
- Resistance management
- Events and Interventions

Plan Communications

The main subject of the communication plan is the description of the importance of change and the risks in case of no change. The messages will be shared and agreed upon by both PCG and DHHS-DDD.

When planning the communication with DHHS-DDD, PCG's project manager will approach the change management process by completing the following:

- Providing a clear description of what is included from each change request in the change tracking system
- Referring to the change impact analysis and delineating impacts to the project's schedule
- Identifying key messages
- For system / development changes, requiring and planning successful completion of testing before the implementation stages
- Considering timing and schedule and when it will be best to communicate what
- Incorporating multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.)
- Considering the need for communicating the message multiple times
- Considering using multiple channels / media for communication
- Considering who is the most appropriate "sender"

- Participating in the decision-making process
- Taking responsibility for implementing the agreed-upon solution(s)

Phase 3 – Manage the Change

In the third phase, PCG's main emphasis is on the managing implementation of the change based on the defined change management plan. The following steps are performed to ensure successful and sustained completion of the approved change:

- Execute the Change Management Plan
- Input appropriate information into PCG's project tracking tools
- Realize actions
- Estimate ongoing impacts, investigate solutions, identifying alternatives as needed
- Perform change control
- Manage resistance

Manage Resistance

PCG's years of project management experience has taught us that resistance is natural. Accordingly, we always keep in mind that resistance does not reflect that a client is problematic. Resistance, when managed appropriately, can move the change management process in the right direction and is a check-and-balance tool for due diligence efforts. Good change management practices not only reduce resistance but can turn some of the most resistant stakeholders into some of the biggest supporters.

In order to react accordingly, PCG's project managers take proactive steps to:

- Provide clear, honest, and open two-way communications (and listen).
- Manage expectations and clarify the personal impact (what specifically will change and what is expected).
- Involve end users (those directly impacted) early and throughout the project.
- Engage managers and supervisors early and establish their role as coaches and change agents.

Phase 4 – Reinforce and Sustain the Change

To ensure a sustainable change, PCG's last phase of the structured change management process deals with the task of reinforcement. We will collect feedback to measure results and the adoption of the desired change.

Based on that feedback, PCG will take corrective action to close any gaps, embed the change into systems, processes, and policies, and deliver consequences to sustain the change.

To be able to measure the desired change our clients need, we can establish metrics to track desired changes / results. The desired final change will always be used as the main reference point. PCG will support DHHS-DDD in efforts to appropriately integrate completed change into *existing* systems (such as HR systems, policies, or scorecard metrics, etc.), thereby supporting and reducing complexity by not inventing new disparate approaches.

While a formalized process may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Change Management Process

The Change Management process is the mechanism used to initiate, record, assess, approve, and resolve proposed changes for the entire project, including the QIDS system development. All proposed development changes or system modifications will be managed through a formal change control process. System development or modification requests will be documented in a formal change request and analyzed for impact, using the following steps in *Figure VI.B.9.1* below.

1. Identify	Identify and document the required change
2. Validate	Verify that the change is valid and requires management
3. Analyze	Analyze and record schedule, cost, and effort/impact of change
4. Control	Decide whether to execute the change
5. Action	Execute decision, including revision to project plans if necessary
6. Close	Verify that the action is complete and close the change request

Figure VI.B.9.1: PCG's change management tools support six critical steps used for Operational and System Development or Modification Requests. Our formalized process will ensure that the requested change is understood and prioritized appropriately.

While a formalized set of tools may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Process and Tools

PCG uses a Microsoft SharePoint–based change control tool that is both manual and automated to support project stakeholders in the management of change requests and the decisions made regarding them. These tools incorporate the PMI process to perform integrated change control and the specific and most appropriate tool functionality will be customized to DHHS-DDD's environment and organizational norms. This allows DHHS-DDD the ability to set and change priorities on individual change requests that are immediately noted, recorded, and acted upon by PCG's project team. The tools support the means to control and monitor change requests via a change control board by recording changes requests up for consideration, notifying the appropriate subject matter experts to provide input, and communicating the decisions to the rest of the project team. PCG tool improves the communication of project goals, enhances collaborative development, reduces project risk, and increases the quality of deliverables *during* implementation rather than post go-live operations.

PCG is a leader in creating and managing web-based change control tools that enhance an agile development process, maintain requirements, user stories, design widgets, test cases and test scripts, and change requests. This configured tool will allow DHHS-DDD to set and change priorities on individual change requests and to determine the estimated and actual hours allocated to each change request and the personnel assigned to complete the request. It can be customized to include functionality allowing for DHHS-DDD to propose and track schedule completion dates all while enhancing PCG's business leads and technology teams to work collaboratively using a single frame of reference.

Overall, PCG's structure project management change tracking system framework provides two clear benefits to DHHS-DDD. First, the **transition phase will be seamless**. Applying configuration options to a change tracking tool already live in production can be achieved quickly. Secondly, DHSS-DDD will experience a **higher level of customer satisfaction** from a change tracking system that meets its exact needs and a team that is knowledgeable and committed to the highest standards of project management.

Below is the Change Tracking System developed and deployed in the state of Illinois for PCG's QIO quality review report change approval process. It enables PCG and the IL client to successfully work through the change control process for over 1,200 reports annually. The tracking systems send automated e-mails and

reminders to both parties and facilitates the workflow process from initial request to completion, touching on each of the six steps outlined above.

d. The Contractor will be required to work with DHHS designated personnel to communicate the implementation plan, configuration phase plan, timelines, deadlines and any delays via written documentation using agreed formats and timelines. Address any software issues within two (2) business days or as determined by DHHS.

e. The Contractor's software module will ensure CMS reporting requirements, found in the Attachment D HCBS Waiver Technical Guide and in Nebraska's Medicaid HCBS Waivers, are met.

f. Any software issues will be addressed within two (2) business days or as agreed upon by DHHS and the Contractor. Errors must be identified and communicated to DHHS.

g. Contractor will provide system updates fully tested and deemed ready for release.

9. CHANGE CONTROL PLAN

a. Project Change Control
The Contractor must work with DHHS to establish a change control process. Change control is the formal process for identifying changes that arise in the natural flow of the project and determining the disposition of the requested change or correction. The Project Change Control process will span the entire project life cycle and incorporate a formal change request process, including formal DHHS review and approval. The Project Change Control process includes the terms set forth in Section II.G Change Orders or Substitutions.

Each Change Control Request will:

i. Provide a clear description of what is included from each change request;
ii. Delineate impacts to the project's schedule;
iii. Require successful completion of testing before the implementation stages;
iv. Incorporate multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.); and,
v. Support the Project Change Control process by estimating impacts, investigating solutions, identifying alternatives, inputting appropriate information into the project tracking tools, participating in the decision-making process, and implementing the agreed-upon solution.

b. Change Control Tracking System
The Contractor must provide a change control tracking system that provides the following minimum requirements:

i. The means to control and monitor change requests;
ii. A process for reporting the status of all change requests;
iii. The ability for DHHS to set and change priorities on individual change requests;
iv. A method for DHHS to determine the estimated and actual hours allocated to each change request and the personnel assigned to each request; and
v. A method to schedule a completion date provided by DHHS for each change request.

10. Software Escrow Requirements
a. Bidder shall include in the proposal response the escrow agent that will be utilized. The State will have the right of refusal during contract finalization.

Bidder Response:
Software Escrow Requirements
PCG has a strong partnership with EscrowTech International, Inc. EscrowTech protects a software licensee by ensuring that the licensee will have access to the source code (and possibly other materials) in the event that the licensor goes out of business (e.g., via bankruptcy), discontinues support of the licensed software, breaches maintenance obligations, or some other release condition occurs. Typically, the parties use a software escrow when the license is for the object code (binary form) of the software, and, simplistically, a software escrow can be described as follows:

- The licensor delivers a copy of the source code to an escrow agent.
- The escrow agent holds the source code.
- The escrow agent releases the source code to the licensee only if a release condition occurs.
- The escrow agent returns the source code to the licensor if the escrow terminates without the occurrence of a release condition.

Service Agreement Requirements

EscrowTech's reputation and services are trusted by half of Fortune 500 companies, including Microsoft, Aetna, IBM, and Johnson & Johnson, among many others. PCP service level agreement will include the following service provided by EscrowTech:

> *Over half of the Fortune 500 trust EscrowTech*

- Unlimited deposits;
- Electronic Deposit submittal;
- "Two-site" storage of Deposit Materials to enhance retention security;
- Physical inspection of each Deposit;
- Deposit confirmation to both Owner and Beneficiary each time a deposit or update is received;
- Online-account management through *RealTime* Escrow; and
- All other administration of the escrow.

Based on the services listed above, PCG agrees to deposit on an annual basis (and any time enhancements or updates are made to the solution) a copy of all items that are necessary for the operation and support to EscrowTech to include the following:

- The Software source code and executables;
- Third-Party Software;
- Documentation for the source code;
- Software architecture and design documentation;
- Operations documentation;
- Scheduling instructions;
- All database information related to the State of Nebraska;
- All current and valid passwords and encryption keys; and
- Any other necessary or useful documentation.

Attestations

Our partnership with EscrowTech allows PCG to maintain authority to remove superseded source code and documentation if it is simultaneously replaced with the most current version of the superseded source code and documentation.

Additionally, PCG agrees to provide evidence to DHHS-DDD of continued payment of the escrow fees and/or evidence of the ongoing existence of such escrow relationship along with Contractor's annual audited financial statements as requested in the RFP.

The escrow agreement between PCG and EscrowTech will include direction to the escrow agent to release all escrowed items at termination or expiration of the Contract. And while it is extremely unlikely, should the Contractor default or file bankruptcy, as described in Section II.V. Early Termination, DHHS-DDD will cease utilization of source code. Otherwise, the State will utilize source code through the original term of the contract including any and all renewal periods and extensions.

    b.   Contractor shall deposit on an annual basis and any time enhancements or updates are made to the solution, at bidder's expense, with an escrow agent chosen by the Contractor, a copy of all items that are necessary for the operation and support, to include the following, but not limited to:

        i.   The Software source code and executables;
        ii.   Third Party Software;
        iii.   Documentation for the source code;
        iv.   Software architecture and design documentation;
        v.   Operations documentation;
        vi.   Scheduling instructions;
        vii.   All database information related to the State of Nebraska;
        viii.   All current and valid passwords and encryption keys; and
        ix.   Any other necessary or useful documentation.

The Provider Agency has not conducted the consumer satisfaction survey for year 2019.

Provider Agency completed annual consumer satisfaction survey.

11/04/2019

Consumer satisfaction survey results

Yes   No

Figure VI.B.5.23: Remediation Module in PCG QUIC.

Depending on the type and severity of the noncompliance issues, PCG will work with DHHS during the implementation period to decide how and when the remediation reviews will be conducted.

> **n.** The QIDS must have the function to provide real time data to address urgent situations for specific providers or across the service system prior to completion of established reporting periods. Describe how the solution meets this requirement.

Bidder Response:
As mentioned in *Section VI.B.5.k* of our proposal, PCG QUIC is a web-based application hosted on the Amazon Web Services (AWS) cloud. PCG QUIC and the data that has been entered and uploaded into the system are directly accessible by authorized personnel from any device with an internet connection in real-time. PCG understands the importance of not only accessing data in real-time but also the critical need of escalating and bringing awareness to urgent situations where participants' health and welfare may be at risk. As such, in addition to real-time access to data, PCG QUIC can be configured to send real-time notifications for those situations requiring immediate attention.

During the implementation period, PCG will work with DHHS to identify a list of specific urgent situations, the appropriate notification template by recipient, and communication channels for specific providers or across the service system. PCG will then take this information and set up business logic into PCG QUIC so that when PCG reviewers come across urgent situations, the system will automatically push notifications to the necessary individuals for immediate attention and access to the data. PCG QUIC sends real-time notifications in two ways: (1) emails to preconfigured individuals with access links to the case and case report requiring their attention, and (2) pop-up notification banners on the PCG QUIC web-page if users are already logged into the system. Upon receipt of urgent attention notifications, the appropriate personnel approved by DHHS, whether it be DHHS staff or providers, will be able to access the data they need in real-time to take the necessary actions to address urgent situations. To further prioritize urgent situations to ensure the health and welfare of participants, PCG QUIC can have a dedicated queue for urgent cases displayed in the appropriate users' dashboard for efficient, direct, and prioritized access. A sample urgent case queue wireframe for NE DHHS is provided in the *figure* below.

Figure VI.B.5.24: Sample NE DHHS Urgent Queue in PCG QUIC.

    o.   Describe how solution allows access to multiple modules to enter data for quality assurance activities; at a minimum the modules must include:

        i.   File Review Module with the capacity to audit Critical Incident and Mortality Review systems;

        ii.   Reporting Module with the ability to generate Corrective Action Plans based upon reviews;

        iii.   Provider Review module;

        iv.   Claims Review module;

        v.   Level of Care module;

        vi.   Peer Review module;

        vii.   Client Satisfaction module;

        viii.   Any additional modules that the QIO recommends.

Bidder Response:

As explained throughout our response, PCG QUIC is a functioning system with built-in review modules portrayed as "Review Types" in the *figure* below. Not only can PCG QUIC offer the review modules listed here, but the system is structured to house and administer as many different review modules as needed. Each review module in PCG QUIC can be easily configured to assess for specific compliance standards based on waiver program, review type, and compliance standards.

Figure VI.B.5.25: PCG QUIC System Structure for Quality Assurance Activities and Data Collection.

How PCG QUIC Review Modules are Configured Specifically for NE DHHS

During the implementation period, PCG will hold extensive process mapping and requirements gathering sessions around the State's quality management system, expectations, and needs for its quality assurance review modules for each of its waiver programs. In doing so, PCG will obtain a comprehensive understanding of how PCG QUIC should be configured to best meet the needs to NE DHHS. In the table below, we explain, at a high level, how the requirements gathering process is incorporated into the configuration of PCG QUIC for this Scope of Work.

PCG QUIC Configuration Requirements Gathering Process		
Requirements Gathering	Examples of Questions We May Ask	What This Tells Us
Waiver Quality Assurance Process	What is the current process for waiver quality assurance (QA) and improvement?	Tells us how the review workflow should be configured in PCG QUIC.
	What are all the review types, quality standards, and compliance requirements to be reviewed in PCG QUIC?	Tells us what the review types are, what the questions are for each review type, and how each question will be answered, e.g. Yes/No, free text.
	Who are the responsible entities/individuals for QA activities?	Tells us who needs access to PCG QUIC and what their user roles should be.

CMS Waiver Performance Measures	Which Quality Assurances and Performance Measures will be reviewed in the system?	Tells us how Waiver Quality Assurances and performance measures need to be structured in PCG QUIC.
	What is the sampling methodology for each Waiver Quality Assurance and performance measure? Do any of the review types use the same sample?	Tells us how cases need to be entered and organized in PCG QUIC, and what the CMS performance measure reporting requirements are.
	What is the source of data verification for each performance measure? Who is responsible for this data? Where is it housed? Who has access?	Tells us the data import and data collection requirements.
Reporting Requirements	What type of reports do you need for each waiver?	Tells us how reporting needs to be configured in PCG QUIC.

Figure VI.B.5.26: Requirements Gathering for Review Module Configuration in PCG QUIC.

Business rules and logic are built into PCG QUIC based on the requirements gathered so that each review module achieves, at a minimum, the following for each waiver program:

➢ Automatically pulls the appropriate review tools and/or interview questionnaires for users;
➢ Presents only pertinent questions to the specific review and compliance standards being assessed;
➢ Offers easy-to-use data collection fields for efficient completion of reviews;
➢ Includes a quality assurance/control feature to allow for a second peer or supervisor review;
➢ Links participants to the data collected for accurate reporting;
➢ Follows the appropriate workflow process by authorized user roles; and
➢ Option to group participants under a single case for streamlined reviews of multiple participants from the same sample or review timeframe.

PCG QUIC Quality Assurance Modules
In this section, we provide an overview of existing PCG QUIC QA modules along with sample screenshots of PCG QUIC. We present examples of how PCG QUIC currently provides these review modules for other states and their waiver programs as well as mockup wireframes for how review modules would look for Nebraska DHHS waiver programs.

Figure VI.B.5.27: Sample Quality Review Types for NE DHHS Comprehensive Developmental Disabilities Waiver.

Critical Incident and Mortality Review Module

The PCG QUIC System houses a critical incident and mortality review tool that facilitates a proven and uniform process for all incident and mortality investigations. All new incidents and mortality reviews require standardized information on the following that allow for efficient retrieval using the search functionality in PCG QUIC:

- Individual;
- Authorized representative/guardian;
- Incident reporter;
- Alleged violator;
- Provider;
- Incident; and
- Death.

Figure VI.B.5.28: Existing Critical Incident Review Module in PCG QUIC for another State Client.

Reporting Module and Corrective Action Plan Monitoring

PCG QUIC will have a reporting functionality allowing for (1) efficient searching, retrieving, and sorting of quality assurance reviews and data based on different fields as well as (2) generation of Review Outcome Reports that automatically pulls the quality assurance review questionnaire as well as user responses for an overview of review results. Furthermore, the PCG QUIC System has a workflow process that facilitates the CAP process allowing for communication of noncompliance findings with the provider, provider CAP upload, and monitoring of CAP implementation.

Figure VI.B.5.29: Sample CAP Process for NE DHHS in PCG QUIC.

Provider Review Module

PCG QUIC's provider review module includes an assessment questionnaire that verifies provider compliance with HCBS provider qualification requirements. PCG QUIC ensures all relevant standards are reviewed to ensure only qualified, certified, licensed, and trained providers are delivering quality services to participants.

Figure VI.B.5.30: Existing Provider Review Module in PCG QUIC for another State Client.

Claims Review Module

PCG QUIC's Claims Review Module allows states to verify and ensure claims, hours of service, and services paid are in line with the type, scope, amount, duration, and frequency as listed in the participant's person-centered plan and are indeed being provided to the participant.

Figure VI.B.5.31: Existing Claims Review Module in PCG QUIC for another State Client.

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Level of Care (LOC) Module

PCG QUIC's LOC Review Module assesses both initial and annual re-determinations to monitor that state processes and instrument(s) were appropriately applied in evaluating/reevaluating a waiver applicant's/participant's level of care to indicate a need consistent with a hospital, nursing facility, or Intermediate Care Facilities for Individuals with Intellectual Disabilities.

Figure VI.B.5.32: Sample Level of Care Review Module for NE DHHS Comprehensive Developmental Disabilities Waiver.

Peer Review Module

PCG QUIC has a built-in quality assurance/control feature to allow for a second peer or supervisor review to ensure adherence to state protocols and processes, also known as a single-blind peer review. In the case a separate module is required for a Peer Review Module allowing for double-blind peer reviews, PCG QUIC can be configured to include this module with the required functionalities as indicated by NE DHHS.

Figure VI.B.5.33: Existing Peer Review Functionality in PCG QUIC for another State Client.

Client Satisfaction Module

To assess client satisfaction with services provided through the waiver program, PCG QUIC administers interview questionnaires with yes/no responses for uniform data collection and free-text fields to capture participant responses.

Figure VI.B.5.34: Existing Client Satisfaction Module in PCG QUIC for another State Client.

p.   The QIDS shall be a solution that will function contract start date and support data gathering and management to meet assurances in the Medicaid HCBS waiver application (http://dhhs.ne.gov/Pages/DD-Regulations-and-Waivers.aspx) and in state developed sub-assurances.

q.   Describe how the QIDS would function for DHHS immediately.

Bidder Response:
Immediate Availability of PCG QUIC
As the PCG QUIC System and its functionalities have already been developed and in use for years, its standard modules such as case reviews will be immediately available upon contract start for DHHS requirements gathering and configuration. Furthermore, as soon as PCG obtains a list of DHHS-authorized users and access level requirements, PCG can provide user accounts and credentials for DHHS staff to start systems training immediately. Additional details on PCG QUIC Systems training can be found in *Section VI.B.6* of our proposal.

r.   Describe how solution supports data gathering and management to meet assurances in the Medicaid HCBS waiver application and in state developed sub-assurances.

Bidder Response:

Medicaid HCBS Waiver Assurances and Sub-Assurances in PCG QUIC

The PCG QUIC System houses and facilitates reviews for different waiver programs, quality assurances, and sub-assurances. To elaborate, when PCG QUIC is configured during the implementation period, the state's waiver programs are tied to their specific quality assurances, sub-assurances, and performance measures in PCG QUIC. When users select the waiver program and quality assurance review type, e.g. Level of Care, Qualified Providers, Service Plan, Health and Welfare, and Financial Accountability, PCG QUIC auto-populates the state-defined sub-assurances and performance-measure questionnaires for data gathering and management.

Figure VI.B.5.36: Example of HCBS Waiver Quality Assurances Data Gathering and Management in PCG QUIC for Nebraska DHHS.

The questionnaires for quality assurance reviews in PCG QUIC are directly derived from waiver quality assurance performance measures allowing for data gathering and management to meet assurances and sub-assurances in Medicaid HCBS waiver applications. Each waiver program in PCG QUIC can be set up to have its own set of questionnaires and associated performance measures for each quality assurance. In completing reviews in PCG QUIC, users are easily collecting data and monitoring performance measures in PCG QUIC for CMS statutory requirements for 1915(c) waivers.

To present DHHS with a visual of how quality assurances and state-developed sub-assurances are managed in PCG QUIC, we provide a sample wireframe of Level of Care reviews for Comprehensive Developmental Disabilities (CDD) waiver in PCG QUIC in the *figure* below.

Figure VI.B.5.37: Sample LOC Quality Assurance Data Collection and Management for NE CDD Waiver in PCG QUIC.

      s.   The QIDS must have the ability to offer one-way integration and auto-population for client demographics and provide information, including the participant's name, service coordinator and supervisor, date of birth, and gender; as well as the provider name and agency type. Describe how the solution meets this requirement.

Bidder Response:
PCG QUIC One-Way Data Integration and Auto-Population
PCG understands that certain information, such as client demographics, service coordinator and supervisor, date of birth, gender, as well as provider name and agency type, provided by NE DHHS should be the sole source of truth. To ensure that such information is unaltered among different systems utilized by DHHS, PCG

QUIC can offer one-way integration and auto-population. PCG can receive data from NE DHHS through an extract, transform, load (ETL) process further detailed in *Section VI.B.5.c* of our proposal.

Once PCG receives the information in a format agreed upon with NE DHHS, PCG will populate our database with state data as one-way integration, meaning that PCG QUIC will not allow alteration or manipulation of client demographics, service coordinator and supervisor, as well as provider name and agency type by front-end users of PCG QUIC. With the data populated in our database, PCG QUIC will allow for auto-population of certain fields based on the information already stored in the system.

For example, the *figure* below shows the "Participants" page in PCG QUIC where reviewers add waiver participants to a quality assurance review. PCG QUIC users can simply search for participants and PCG QUIC will auto-populate the demographic information of the participant using the data already integrated in our database. Such information pulled from the database will not be editable by users. This prevents any alteration of state information that can lead to conflicting information between state systems.

Figure VI.B.5.38.: One-Way Data Integration and Auto-Population in PCG QUIC.

> **t.** The QIDS shall be designed to allow the DPH to input data from completed certifications of agency providers per Nebraska Administrative Code (NAC) regulations. Describe how the solution meets this requirement.

Bidder Response:
Inputting Data from Provider Certifications in PCG QUIC
PCG understands the importance of capturing and inputting data from completed certifications of agency providers per Nebraska Administrative Code (NAC) regulations for quality assurance activities such as monitoring the Qualified Providers waiver quality assurance performance measures. There are several methods to inputting provider certification data in PCG QUIC including (1) direct entry and (2) data import and auto-population.

Direct entry of provider certification data is needed for the actual completion of reviews, such as the Qualified Providers quality assurance review. In reviewing for provider compliance with certification requirements per NAC regulations, PCG QUIC users can directly enter data into the system regarding provider certifications. PCG provides an example below showing how waiver provider certification data is entered into PCG QUIC for another state.

Figure VI.B.5.39: Inputting Provider Certification Data in PCG QUIC.

Similar to the approach mentioned in the previous section for participant data integration, provider demographic and certification data can also be imported into PCG QUIC for auto-population for quality assurance activities. With provider certification data provided by NE DHHS, PCG can import the data and store it on the PCG QUIC database. Leveraging provider data already stored on our database, PCG QUIC can auto-populate provider information where needed in the system for users and restrict the information so that it cannot be altered.

u. The QIDS must have the ability to provide a module for processing and documenting the complaints received by DHHS. Note that this is an optional feature that the State may purchase based upon need and funds availability. Describe how the solution meets this requirement.

Bidder Response:
As emphasized throughout our proposal, PCG QUIC's configurability provides NE DHHS with the option to add different review modules, such as complaints processing and reviews, based upon need and funds availability. PCG QUIC is a multi-faceted quality assurance system addressing multiple programs, review types, data collection, and reporting requirements. From a systems perspective, upon DHHS' decision, a complaints processing and review module can be added at any time following a period of requirements gathering specific to complaints processing.

Figure VI.B.5.40: PCG QUIC can be configured to house and administer additional review modules.

At NE DHHS' request and approval to add the optional review module for complaints processing and documentation, PCG will begin a series of requirements gathering to identify PCG QUIC configuration requirements including, but not limited to:

PCG QUIC Configuration Requirements Gathering Process		
Requirements Gathering	Examples of Questions We May Ask	What This Tells Us
Complaints Processing and Documentation Process	What is the current process for complaints processing and documentation? What is the intake process?	Tells us how the review workflow should be configured into PCG QUIC.
	What are all the complaints review questions, standards, and compliance requirements to be reviewed in PCG QUIC?	Tells us what needs to be reviewed for each complaint, and how each question will be answered, e.g. Yes/No, free text.
	Who will be involved in the complaints processing and documentation review and approval processes?	Tells us who needs access to PCG QUIC and what their user roles should be.

Figure VI.B.5.40: PCG QUIC can be configured to house and administer additional review modules.

At NE DHHS' request and approval to add the optional review module for complaints processing and documentation, PCG will begin a series of requirements gathering to identify PCG QUIC configuration requirements including, but not limited to:

PCG QUIC Configuration Requirements Gathering Process		
Requirements Gathering	Examples of Questions We May Ask	What This Tells Us
Complaints Processing and Documentation Process	What is the current process for complaints processing and documentation? What is the intake process?	Tells us how the review workflow should be configured into PCG QUIC.
	What are all the complaints review questions, standards, and compliance requirements to be reviewed in PCG QUIC?	Tells us what needs to be reviewed for each complaint, and how each question will be answered, e.g. Yes/No, free text.
	Who will be involved in the complaints processing and documentation review and approval processes?	Tells us who needs access to PCG QUIC and what their user roles should be.

| Documentation and Reporting Requirements | What information needs to be documented for each processed complaint? | Tells us what fields need to be included in complaints processing. |
| | What information do you need in a complaints review report? | Tells us how reporting needs to be configured in PCG QUIC. |

Figure VI.B.5.41: PCG QUIC Requirements Gathering for Complaints Processing and Documentation Review Module

Upon completion of requirements gathering, PCG's systems development team, Health Software Development (HSD), will add the optional complaints review module, write business rules and logic to support any unique workflow requirements, and build in complaints-specific review tools/questionnaires as well as reporting features.

PCG QUIC and our team stand ready with the infrastructure, resources, and staff to support NE DHHS with any component of its waiver administration, quality assurance, and management responsibilities.

6. **Training**
The bidder shall provide a draft plan with bidder's proposal for onsite training throughout the life of the contract for the following:

a. DHHS Staff;
b. Service Providers;
c. QIO; and
d. Other Stakeholders (as specified by DDD).

The Contractor will be required to provide DHHS staff, stakeholders and providers training with application software and any associated tools (i.e. reporting tools, etc.). Final training plan must be approved by DHHS within 30 days of contract award.

Bidder Response:
QIDS (PCG QUIC) Draft Training Plan
As an experienced QIO-like entity, PCG knows that well-informed, trained, and competent stakeholders including DHHS staff, providers, and QIO staff are the most essential components to an effective and constructive state Quality Management System and Strategy. PCG is a nationally accredited Continuing Education Provider through Approved Continuing Education (ACE). ACE is the only non-profit organization dedicated to social work regulation, and most jurisdictions, including Nebraska, accept ACE provider and ACE-approved individual courses. Through ACE, PCG can offer both in-person and distance learning to licensed professionals throughout the United States.

The development of such a QIDS training program begins with great collaboration between NE DHHS and PCG. Following an award, PCG will coordinate with NE DHHS to develop the training programs, schedules, and requirements for each stakeholder group. DHHS will be integral to the review and approval of all training components within 30 days of contract award and our team will work closely with NE DHHS to provide training to benefit all stakeholders.

QIDS Training Objectives
PCG will begin to generate training objectives and outcomes alongside DHHS to ensure training topics and curriculum are representative of the responsibilities of each stakeholder group. PCG proposes, at a minimum, the following learning objectives for each stakeholder group:

DHHS Staff	Service Providers	QIO Staff

Introduction to PCG as QIO	Introduction to PCG as QIO	Introduction to PCG as QIO for NE DHHS-DDD including HIPAA and Systems Security
Introduction to PCG QUIC	Introduction to PCG QUIC	Introduction to PCG QUIC
PCG QUIC Quality Review Modules and Processes	Quality Reviews, Purpose, and Objectives	PCG QUIC Quality Review Modules and Processes
Compliance Standards for each Quality Review Module	Service Provider Involvement in Quality Reviews	Compliance Standards for each Quality Review Module
PCG QUIC Reporting	Corrective Action Planning Process	PCG QUIC Reporting
How to use PCG QUIC by User Role	How to use PCG QUIC as a Service Provider	PCG QUIC User Roles

Figure VI.B.6.1: PCG QUIC Training Objectives

Training Schedule and Delivery

Training objectives for program stakeholders will be achieved through initial and ongoing trainings to keep stakeholders abreast of PCG QUIC review modules, system features, processes, protocols, and other applicable updates. We have had great success with delivering online training such as training videos, webinars, and animated presentations. While we see the value in all types of training platforms, as each is applicable to a different learning style and situation, PCG has an aptitude for developing highly accessible virtual trainings, especially pertinent during the COVID-19 pandemic.

Initial QIDS Training – Initial trainings will cover all learning objectives listed above to get stakeholders acquainted and familiarized with PCG QUIC, most likely to occur over the course of several days. Initial trainings will be held via live webinars for each stakeholder group. The logistics of initial training, such as date, time, regional vs. state, will be determined with NE DHHS for each stakeholder group upon contract award.

Refresher QIDS Training – All trainings will be recorded and made available on-demand to NE DHHS and stakeholders on PCG QUIC's knowledge-based software for new hire training or existing staff who may require refresher trainings on certain QIDS topics.

Ongoing QIDS Training – PCG will coordinate with DHHS to identify ongoing training needs and develop additional training content as needed for staff (existing and new) to the State and Service Providers. Depending upon the specific content of ongoing training needs, PCG will identify with DHHS the most appropriate schedule and delivery method.

Training Resources

PCG QUIC's knowledge base software can act as a repository of training material to allow for digital publishing and distribution of NE DHHS specific materials. These training materials are developed from PCG's internal technical documentation and user stories as features are released. This ensures online help and other manuals stay up to date. PCG QUIC's knowledge base can be configured to consist of online help articles, User Manuals, Reporting Manuals, System Operations Manuals, and Quick Start Guides.

7. **Technical Requirements**
    The bidder shall provide a response to each of the requirements in Attachment A, QIDS Technical Requirements Traceability Matrix.

8. **Project Planning and Management**
    a.   The Contractor will be required to conduct work sessions with staff designated by DHHS to gather information necessary to support the customization, testing and implementation of the QIDS. The

QIDS conceived from this process will be developed specifically to meet the needs of DHHS. A written design and implementation plan will be submitted by Contractor to the DHHS Project Manager and receive DHHS approval, prior to initiating the remainder of the work within the scope this project. Provide DHHS Quality Improvement personnel training with QIDS software.

b. Describe and submit a draft design plan and draft implementation plan with response.

c.

Bidder Response:

Implementation and Design Plans

Public Consulting Group has a successful developed a comprehensive Implementation Plan Methodology for the customization, testing and implementation of the QIDS for new projects like this one. The methodology includes all phases of project startup, transition from the previous vendor (when there is one), and implementation of operations. The methodology presented in this section is specific to the Implementation of a QIDS system, however, it is a critical part of the overall project, presented in other sections of this proposal. PCG has years of experience Implementation plans similar to this project scope that have been repeatedly tested and refined in the course of implementing new contracts. The method includes a standard list of essential items to be completed before the specific project items are entered and assigned to specific management team staff.

Our QIDS implementation plan will rely on the following crucial dates: Contract Award, Contract Execution (estimate), and Implementation Start. As these dates shift, there may result in a shift in our proposed plan.

PCG's project manager will meet with the Project Management Team to review and complete the initial phases of the implementation plan with ongoing adjustments to be made during the initial weeks of startup. The following major tasks have been identified as the following:

Contract Award (9/2/2020) → Estimate Contract Execution (9/30/2020) → Implementation Start (10/2/2020)

- Meeting with HSSD-DDD to review and finalize expectations and timetable, determine key communication linkages, and establish the members of the implementation team, including agency participation as desired;
- Establishing the key on-site leadership positions so that they can be involved in program implementation and development from the beginning;
- Establishing and equipping the primary office location with furniture, equipment, supplies, telecommunications, and computer technology;
- Establishing the QIDS systems and interfaces;
- Training and onboarding personnel according to the scheduled timetable so they can begin performing functions in QIDS;
- Gathering, reviewing, and consolidating applicable policies, procedures, protocols, administrative rules, etc.
- Locking down communication and relationships with participant agencies and stakeholders;
- Developing communication linkages and relationships with vital stakeholders;
- Assessing, planning, and implementing quality performance/quality improvement plan for the QIDS;
- Determining our internal Key Performance Indicators for ongoing monitoring of our own contract performance;
- Creating first draft of Contract Compliance Audit Tool specific to the QIDS system.

Implementation Support
This project will receive strong support from PCG executive leadership and assigned project implementation team. Our implementation team includes PCG experts in every aspect of operating an effective HCBS quality services program, including information systems, administration, compliance, quality initiatives, training, and business operations. The program manager of operations will be heavily engaged during the implementation period to augment the local managers (as they are on-boarded) and to launch the implementation, install operational systems and procedures, and give guidance and training on the QIDS system once built.

Once the QIDS system is established and operational, the implementation team will shift to a role of consultative support and quality oversight and provide assistance as needed for the ongoing operation of the program.

Draft Design Plan

PCG takes a human-centered approach to designing and developing our QIDS system. The design process starts with collaboration between PCG and DHHS to identify and prioritize requirements. Following the principle of continuous improvement, requirements continue to be garnered and refined over the life of a product. In most cases, PCG's Product Owner is a role played by a Subject Matter Expert (SME) from the Business Team who is fully familiar with the needs of the Client. In other cases, full Joint Application Development (JAD) sessions may take place, soliciting and synthesizing input from large teams of external stakeholders to define technical requirements.

User Stories

It is important that requirements be gathered and documented realistically and thoroughly from the very start of the project to avoid scope creep and wild swings in estimates of budget or time. The Product Owner conveys realistic expectations about resource commitments and level of effort and gets a sense of which requirements are "Needs" and which are "Wants." These requirements are translated by the Product Owner into Users Stories. A User Story is a short, simple description of a feature told from the perspective of the person who is requesting the new functionality. It is expected that any one planned feature or requirement may result in the creation of numerous User Stories that developers use to write and test code.

Agile Scrum Development Methodology

User Stories play as a key role in HSD's Agile Scrum development methodology. Agile is an approach that has become the industry standard for software development, focused on an adaptive, iterative approach that continuously creates and improves usable, testable chunks of code. The Scrum process, as used by HSD, relies on a small group of stakeholders who meet daily to push forward on discrete chunks of work, each member of the group holding distinct and well-defined responsibilities. This matches the HSD organizational structure that functions through small, flexible Development Teams. Scrum meetings are short, focused meetings designed to identify and remove development roadblocks during a development Sprint.

Sprints and Demos

To produce shippable chunks of code in an iterative manner, HSD organizes development efforts into two-week Sprints. Sprint planning is conducted prior to the start of each Sprint with the goal of defining the features and functionality, in the form of User Stories, to be worked on during the Sprint. The Sprint itself acts to timebox development efforts and culminates in a demonstration of working code. PCG often invites Client's to these "Sprint Demos" to provide insight into the development progress and to gather feedback.

Team Foundation Server

To manage this design and development process, PCG uses DevOps software known as Team Foundation Server (TFS). TFS acts in various capacities including:

- As a product backlog for creating and managing User Stories;
- As a Sprint board for planning and tracking development progress within Sprints;
- As an issue tracking system for capturing and resolving bugs; and
- As a code repository for storing and deploying code to the appropriate environment.

Although direct access to TFS is not provided to Clients, PCG's use of TFS enables efficient deployment to a User Acceptance Testing (UAT) environment that allows Clients to test and signoff on code prior to it being pushed to production.

Draft Implementation Plan

PCG has extensive experience in the execution of both implementation and readiness review plans under a very brief timeframe (e.g., 2-6-month period). As our sample Implementation Work Plan describes below, we provide draft implementation steps and timeframes for each high-level task needed to have a fully functional QIDS systems for DHHS-DDD within 6 months.

*Note: This plan should be considered a **draft** proposal of how we will implement the QIDS as well as a foundation to work from in collaboration with the DHHS-DDD in order to meet the requirement to submit a full*

Project Work Plan within 30 business days of the operational start date. As such, the dates provided are informational and may change based on several factors such as date of actual contract execution.

Contract Execution Activities	Start Date	Finish Date
Contract Award Announced	9/2/2020	9/2/2020
DDD to submit over initial draft contract	9/2/2020	9/3/2020
PCG to review draft contract	9/3/2020	9/10/2020
PCG to execute contract and return	9/11/2020	9/16/2020
DDD to sign and formally execute contract	9/16/2020	9/29/2020
DDD to return signed copy for PCG records	9/29/2020	9/30/2020
Schedule Initial Planning Meeting	9/16/2020	9/18/2020
Create agenda	9/21/2020	9/23/2020
Review agenda	9/23/2020	9/25/2020
Send agenda	9/28/2020	9/29/2020
Conduct Kick-Off Meeting	10/1/2020	10/1/2020
Ongoing contract status meetings	10/1/2020	Ongoing

QIDS System

To introduce a system that is functional for the tasks outlined in this opportunity, PCG plans to develop and configure PCG's QUIC system as described in the high-level tasks listed below.

QIDS Data System Development	Start Date	Finish Date
Test Environment		
Define Code Management Plan	10/2/2020	10/7/2020
Obtain Code Management Plan Sign-off	10/7/2020	10/12/2020
Define Test Environments	10/2/2020	10/7/2020
Setup Test Environments	10/7/2020	10/9/2020
Milestone - UAT Deployment	10/9/2020	10/10/2020
Develop Use Cases	10/10/2020	10/20/2020
Develop and Prepare Test Data	10/20/2020	10/22/2020
Execute Test Cases and Test Scripts	10/22/2020	11/1/2020
Conduct Component Testing	11/1/2020	11/6/2020
Execute Functional and Interface Testing	11/6/2020	11/11/2020
Complete Data Integration, Security, Smoke and Regression Testing	11/11/2020	11/16/2020
Complete End-to-end Testing	11/16/2020	11/26/2020
Facilitate and Support UAT Testing	11/26/2020	12/1/2020
Feature Configuration		
Requirements Fit/Gap Analysis and Outline Client-specific Feature Configuration	10/2/2020	11/1/2020
Draft Detailed System Design Document	11/1/2020	11/11/2020
Draft Testing Plan	11/1/2020	11/11/2020
Draft Software Development Plan	11/1/2020	11/16/2020
Obtain Detailed System Design Document Sign-off	11/11/2020	11/16/2020
Obtain Test Plan Sign-off	11/11/2020	11/16/2020
Obtain Software Development Plan Sign-off	11/11/2020	11/16/2020
Milestone - Master Schedule of Development Efforts	11/11/2020	11/17/2020
Define Construction Summary Report	11/16/2020	11/26/2020
Develop and Configure According to Test Plan	11/16/2020	11/26/2020
Milestone - Client Test Environment Configured	11/26/2020	12/2/2020
Data Conversion/Testing		
Develop Data Conversion Plan (aka EDI for Client Systems)	10/2/2020	10/17/2020
Draft Conversion Guide (aka EDI Technical Specifications)	10/17/2020	10/22/2020
Obtain Conversion Guide Sign-off	10/22/2020	10/27/2020

Develop Unit Tests for Client Data	10/27/2020	11/6/2020
Develop QA Test Scripts for Client Data	11/6/2020	11/16/2020
Execute QA Test Scripts for Client Data	11/16/2020	11/21/2020
Submit Conversion Results Report	11/21/2020	11/26/2020
Develop User Acceptance Testing (UAT) Plan	11/26/2020	12/6/2020
Develop UAT Test Cases for Client Data	12/6/2020	12/26/2020
Execute UAT Test Cases for Client Data	12/26/2020	1/15/2021
Submit Weekly Testing Reports	12/6/2020	1/15/2021
Submit Updated Requirements Traceability Matrix	12/6/2020	12/16/2020
Obtain Production Approval Sign-off	1/15/2021	1/20/2021
Milestone - QUIC System Production Approval	1/20/2021	1/25/2021
Promote UAT Environment to Production	1/25/2021	1/26/2021
Perform End-to-end Regression Testing in Production Mirror Environment	1/26/2021	1/29/2021
Pilot Operations		
Identify Pilot Participants	1/25/2021	1/30/2021
Set-up Pilot Users	1/30/2021	2/4/2021
Train Pilot Users	2/4/2021	2/14/2021
Milestone - Launch Pilot Group	2/14/2021	2/15/2021
Gather Feedback through Surveys, Check-in Calls, and Focus Group Sessions	2/15/2021	3/2/2021
Create Final Readiness Assessment	3/2/2021	3/17/2021
System Implementation		
Draft System Implementation Plan	11/17/2020	1/16/2021
Obtain System Implementation Plan Sign-off	1/16/2021	1/21/2021
Obtain Final Readiness Assessment Sign-off	3/17/2021	3/22/2021
Milestone - System Go-Live	3/22/2021	3/23/2021
Submit Product Documentation	1/25/2021	3/23/2021
Manage System Issue Handling	3/23/2021	on-going
User Training Plan		
Conduct QUIC Training Needs Assessment for DHHS-DDD	9/30/2020	10/7/2020
Incorporate Adult Learning Principles into QUIC System Training Plan	10/7/2020	10/10/2020
Develop Learning Objectives for QUIC Training	10/10/2020	10/13/2020
Design Training Curriculum and Materials	10/13/2020	10/29/2020
Milestone - Final Training Plan Approval from DHHS staff	10/29/2020	10/30/2020
Develop Training Content and Materials (Print and Digital)	10/30/2020	2/20/2021
Conduct QUIC Training with DHHS Staff / Service Providers / Other Stakeholders	2/20/2021	3/17/2021
Evaluate Training	3/17/2021	3/23/2021
Re-design Curriculum Based on Feedback from Evaluation	3/23/2021	on-going

Change Control Plan

Public Consulting Group, Inc. (PCG) uses a structured change management approach with four phases (linked with the Project Management Institute PMBOK phases), all necessary to manage a change successfully. The four phases for PCG's change control plan are outlined below:

Phase 1 - Change Preparation

Clarify Vision and Objectives

The beginning of every successful change process, PCG will find a "compelling change story." approach creates the desire for a future situation. Without this motivation it is hard to transform a system, be it technical, policy, or operational, from state "A" (today) to state "Z", or the target change goal.

Assess Stakeholders

To get a better understanding who to focus on PCG will conduct a stakeholder assessment and define actions needed to improve the level of support for the most critical stakeholder groups. An effective stakeholder management process will be started by the project manager during project initiation and should be updated

regularly throughout project execution.

Change Impact Analysis

The impact analysis reflects the coherences between future events and the impact of the change concerning the different stakeholder groups. To conduct a detailed analysis on the specific impact of the change PCG will ask and document an assessment of the following:

- What will change in the world of each stakeholder group?
- What do the people need to do differently in "Z"?
- What do the people need to be able to change?
- How do we prepare them for the desired change?

Align the Client

The greatest success factor for managing change is active and visible client communication and support through the change process. PCG will focus on key required activities with the Nebraska Department of Health and Human Services (DHHS) – Division of Developmental Disabilities (DDD):

- Participate actively and visibly throughout the project
- Clarify the vision for the change and be able to communicate the compelling case for change in clear understandable terms
- Build a coalition of sponsorship with peers and managers
- Communicate directly with managers and employees (and listen to them)
- Ensure adequate resources to achieve and sustain the change
- Manages any resistance at senior levels

Phase 2 – Plan the Change

In the second phase, PCG's main emphasis is on the development of formal plans (change management plan) and the integration of those into the overall project management plan. The defined strategy of the initiation phase must be verified and detailed.

- Executive sponsor activities
- Communications and training
- Resistance management
- Events and Interventions

Plan Communications

The main subject of the communication plan is the description of the importance of change and the risks in case of no change. The messages will be shared and agreed upon by both PCG and DHHS-DDD.

When planning the communication with DHHS-DDD, PCG's project manager will approach the change management process by completing the following:

- Providing a clear description of what is included from each change request in the change tracking system
- Referring to the change impact analysis and delineating impacts to the project's schedule
- Identifying key messages
- For system / development changes, requiring and planning successful completion of testing before the implementation stages
- Considering timing and schedule and when it will be best to communicate what
- Incorporating multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.)
- Considering the need for communicating the message multiple times
- Considering using multiple channels / media for communication
- Considering who is the most appropriate "sender"

- Participating in the decision-making process
- Taking responsibility for implementing the agreed-upon solution(s)

Phase 3 – Manage the Change

In the third phase, PCG's main emphasis is on the managing implementation of the change based on the defined change management plan. The following steps are performed to ensure successful and sustained completion of the approved change:

- Execute the Change Management Plan
- Input appropriate information into PCG's project tracking tools
- Realize actions
- Estimate ongoing impacts, investigate solutions, identifying alternatives as needed
- Perform change control
- Manage resistance

Manage Resistance

PCG's years of project management experience has taught us that resistance is natural. Accordingly, we always keep in mind that resistance does not reflect that a client is problematic. Resistance, when managed appropriately, can move the change management process in the right direction and is a check-and-balance tool for due diligence efforts. Good change management practices not only reduce resistance but can turn some of the most resistant stakeholders into some of the biggest supporters.

In order to react accordingly, PCG's project managers take proactive steps to:

- Provide clear, honest, and open two-way communications (and listen).
- Manage expectations and clarify the personal impact (what specifically will change and what is expected).
- Involve end users (those directly impacted) early and throughout the project.
- Engage managers and supervisors early and establish their role as coaches and change agents.

Phase 4 – Reinforce and Sustain the Change

To ensure a sustainable change, PCG's last phase of the structured change management process deals with the task of reinforcement. We will collect feedback to measure results and the adoption of the desired change.

Based on that feedback, PCG will take corrective action to close any gaps, embed the change into systems, processes, and policies, and deliver consequences to sustain the change.

To be able to measure the desired change our clients need, we can establish metrics to track desired changes / results. The desired final change will always be used as the main reference point. PCG will support DHHS-DDD in efforts to appropriately integrate completed change into *existing* systems (such as HR systems, policies, or scorecard metrics, etc.), thereby supporting and reducing complexity by not inventing new disparate approaches.

While a formalized process may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Change Management Process

The Change Management process is the mechanism used to initiate, record, assess, approve, and resolve proposed changes for the entire project, including the QIDS system development. All proposed development changes or system modifications will be managed through a formal change control process. System development or modification requests will be documented in a formal change request and analyzed for impact, using the following steps in *Figure VI.B.9.1* below.

1. Identify	Identify and document the required change
2. Validate	Verify that the change is valid and requires management
3. Analyze	Analyze and record schedule, cost, and effort/impact of change
4. Control	Decide whether to execute the change
5. Action	Execute decision, including revision to project plans if necessary
6. Close	Verify that the action is complete and close the change request

Figure VI.B.9.1: PCG's change management tools support six critical steps used for Operational and System Development or Modification Requests. Our formalized process will ensure that the requested change is understood and prioritized appropriately.

While a formalized set of tools may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Process and Tools

PCG uses a Microsoft SharePoint–based change control tool that is both manual and automated to support project stakeholders in the management of change requests and the decisions made regarding them. These tools incorporate the PMI process to perform integrated change control and the specific and most appropriate tool functionality will be customized to DHHS-DDD's environment and organizational norms. This allows DHHS-DDD the ability to set and change priorities on individual change requests that are immediately noted, recorded, and acted upon by PCG's project team. The tools support the means to control and monitor change requests via a change control board by recording changes requests up for consideration, notifying the appropriate subject matter experts to provide input, and communicating the decisions to the rest of the project team. PCG tool improves the communication of project goals, enhances collaborative development, reduces project risk, and increases the quality of deliverables *during* implementation rather than post go-live operations.

PCG is a leader in creating and managing web-based change control tools that enhance an agile development process, maintain requirements, user stories, design widgets, test cases and test scripts, and change requests. This configured tool will allow DHHS-DDD to set and change priorities on individual change requests and to determine the estimated and actual hours allocated to each change request and the personnel assigned to complete the request. It can be customized to include functionality allowing for DHHS-DDD to propose and track schedule completion dates all while enhancing PCG's business leads and technology teams to work collaboratively using a single frame of reference.

Overall, PCG's structure project management change tracking system framework provides two clear benefits to DHHS-DDD. First, the **transition phase will be seamless**. Applying configuration options to a change tracking tool already live in production can be achieved quickly. Secondly, DHSS-DDD will experience a **higher level of customer satisfaction** from a change tracking system that meets its exact needs and a team that is knowledgeable and committed to the highest standards of project management.

Below is the Change Tracking System developed and deployed in the state of Illinois for PCG's QIO quality review report change approval process. It enables PCG and the IL client to successfully work through the change control process for over 1,200 reports annually. The tracking systems send automated e-mails and

reminders to both parties and facilitates the workflow process from initial request to completion, touching on each of the six steps outlined above.

    d.   The Contractor will be required to work with DHHS designated personnel to communicate the implementation plan, configuration phase plan, timelines, deadlines and any delays via written documentation using agreed formats and timelines. Address any software issues within two (2) business days or as determined by DHHS.

e. The Contractor's software module will ensure CMS reporting requirements, found in the Attachment D HCBS Waiver Technical Guide and in Nebraska's Medicaid HCBS Waivers, are met.

f. Any software issues will be addressed within two (2) business days or as agreed upon by DHHS and the Contractor. Errors must be identified and communicated to DHHS.

g. Contractor will provide system updates fully tested and deemed ready for release.

9. **CHANGE CONTROL PLAN**

a. **Project Change Control**
The Contractor must work with DHHS to establish a change control process. Change control is the formal process for identifying changes that arise in the natural flow of the project and determining the disposition of the requested change or correction. The Project Change Control process will span the entire project life cycle and incorporate a formal change request process, including formal DHHS review and approval. The Project Change Control process includes the terms set forth in Section II.G Change Orders or Substitutions.

Each Change Control Request will:

i. Provide a clear description of what is included from each change request;
ii. Delineate impacts to the project's schedule;
iii. Require successful completion of testing before the implementation stages;
iv. Incorporate multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.); and,
v. Support the Project Change Control process by estimating impacts, investigating solutions, identifying alternatives, inputting appropriate information into the project tracking tools, participating in the decision-making process, and implementing the agreed-upon solution.

b. **Change Control Tracking System**
The Contractor must provide a change control tracking system that provides the following minimum requirements:

i. The means to control and monitor change requests;
ii. A process for reporting the status of all change requests;
iii. The ability for DHHS to set and change priorities on individual change requests;
iv. A method for DHHS to determine the estimated and actual hours allocated to each change request and the personnel assigned to each request; and
v. A method to schedule a completion date provided by DHHS for each change request.

10. **Software Escrow Requirements**
a. Bidder shall include in the proposal response the escrow agent that will be utilized. The State will have the right of refusal during contract finalization.

Bidder Response:
Software Escrow Requirements
PCG has a strong partnership with EscrowTech International, Inc. EscrowTech protects a software licensee by ensuring that the licensee will have access to the source code (and possibly other materials) in the event that the licensor goes out of business (e.g., via bankruptcy), discontinues support of the licensed software, breaches maintenance obligations, or some other release condition occurs. Typically, the parties use a software escrow when the license is for the object code (binary form) of the software, and, simplistically, a software escrow can be described as follows:

- The licensor delivers a copy of the source code to an escrow agent.
- The escrow agent holds the source code.
- The escrow agent releases the source code to the licensee only if a release condition occurs.
- The escrow agent returns the source code to the licensor if the escrow terminates without the occurrence of a release condition.

Service Agreement Requirements

EscrowTech's reputation and services are trusted by half of Fortune 500 companies, including Microsoft, Aetna, IBM, and Johnson & Johnson, among many others. PCP service level agreement will include the following service provided by EscrowTech:

Over half of the Fortune 500 trust EscrowTech

- Unlimited deposits;
- Electronic Deposit submittal;
- "Two-site" storage of Deposit Materials to enhance retention security;
- Physical inspection of each Deposit;
- Deposit confirmation to both Owner and Beneficiary each time a deposit or update is received;
- Online-account management through *RealTime* Escrow; and
- All other administration of the escrow.

Based on the services listed above, PCG agrees to deposit on an annual basis (and any time enhancements or updates are made to the solution) a copy of all items that are necessary for the operation and support to EscrowTech to include the following:

- The Software source code and executables;
- Third-Party Software;
- Documentation for the source code;
- Software architecture and design documentation;
- Operations documentation;
- Scheduling instructions;
- All database information related to the State of Nebraska;
- All current and valid passwords and encryption keys; and
- Any other necessary or useful documentation.

Attestations

Our partnership with EscrowTech allows PCG to maintain authority to remove superseded source code and documentation if it is simultaneously replaced with the most current version of the superseded source code and documentation.

Additionally, PCG agrees to provide evidence to DHHS-DDD of continued payment of the escrow fees and/or evidence of the ongoing existence of such escrow relationship along with Contractor's annual audited financial statements as requested in the RFP.

The escrow agreement between PCG and EscrowTech will include direction to the escrow agent to release all escrowed items at termination or expiration of the Contract. And while it is extremely unlikely, should the Contractor default or file bankruptcy, as described in Section II.V. Early Termination, DHHS-DDD will cease utilization of source code. Otherwise, the State will utilize source code through the original term of the contract including any and all renewal periods and extensions.

b. Contractor shall deposit on an annual basis and any time enhancements or updates are made to the solution, at bidder's expense, with an escrow agent chosen by the Contractor, a copy of all items that are necessary for the operation and support, to include the following, but not limited to:

    i. The Software source code and executables;
    ii. Third Party Software;
    iii. Documentation for the source code;
    iv. Software architecture and design documentation;
    v. Operations documentation;
    vi. Scheduling instructions;
    vii. All database information related to the State of Nebraska;
    viii. All current and valid passwords and encryption keys; and
    ix. Any other necessary or useful documentation.

| Documentation and Reporting Requirements | What information needs to be documented for each processed complaint? | Tells us what fields need to be included in complaints processing. |
| | What information do you need in a complaints review report? | Tells us how reporting needs to be configured in PCG QUIC. |

Figure VI.B.5.41: PCG QUIC Requirements Gathering for Complaints Processing and Documentation Review Module

Upon completion of requirements gathering, PCG's systems development team, Health Software Development (HSD), will add the optional complaints review module, write business rules and logic to support any unique workflow requirements, and build in complaints-specific review tools/questionnaires as well as reporting features.

PCG QUIC and our team stand ready with the infrastructure, resources, and staff to support NE DHHS with any component of its waiver administration, quality assurance, and management responsibilities.

6.   **Training**
The bidder shall provide a draft plan with bidder's proposal for onsite training throughout the life of the contract for the following:

a.   DHHS Staff;
b.   Service Providers;
c.   QIO; and
d.   Other Stakeholders (as specified by DDD).

The Contractor will be required to provide DHHS staff, stakeholders and providers training with application software and any associated tools (i.e. reporting tools, etc.). Final training plan must be approved by DHHS within 30 days of contract award.

Bidder Response:
QIDS (PCG QUIC) Draft Training Plan
As an experienced QIO-like entity, PCG knows that well-informed, trained, and competent stakeholders including DHHS staff, providers, and QIO staff are the most essential components to an effective and constructive state Quality Management System and Strategy. PCG is a nationally accredited Continuing Education Provider through Approved Continuing Education (ACE). ACE is the only non-profit organization dedicated to social work regulation, and most jurisdictions, including Nebraska, accept ACE provider and ACE-approved individual courses. Through ACE, PCG can offer both in-person and distance learning to licensed professionals throughout the United States.

The development of such a QIDS training program begins with great collaboration between NE DHHS and PCG. Following an award, PCG will coordinate with NE DHHS to develop the training programs, schedules, and requirements for each stakeholder group. DHHS will be integral to the review and approval of all training components within 30 days of contract award and our team will work closely with NE DHHS to provide training to benefit all stakeholders.

QIDS Training Objectives
PCG will begin to generate training objectives and outcomes alongside DHHS to ensure training topics and curriculum are representative of the responsibilities of each stakeholder group. PCG proposes, at a minimum, the following learning objectives for each stakeholder group:

DHHS Staff	Service Providers	QIO Staff

Documentation and Reporting Requirements	What information needs to be documented for each processed complaint?	Tells us what fields need to be included in complaints processing.
	What information do you need in a complaints review report?	Tells us how reporting needs to be configured in PCG QUIC.

Figure VI.B.5.41: PCG QUIC Requirements Gathering for Complaints Processing and Documentation Review Module

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DHHS Staff	Service Providers	QIO Staff

Introduction to PCG as QIO	Introduction to PCG as QIO	Introduction to PCG as QIO for NE DHHS-DDD including HIPAA and Systems Security
Introduction to PCG QUIC	Introduction to PCG QUIC	Introduction to PCG QUIC
PCG QUIC Quality Review Modules and Processes	Quality Reviews, Purpose, and Objectives	PCG QUIC Quality Review Modules and Processes
Compliance Standards for each Quality Review Module	Service Provider Involvement in Quality Reviews	Compliance Standards for each Quality Review Module
PCG QUIC Reporting	Corrective Action Planning Process	PCG QUIC Reporting
How to use PCG QUIC by User Role	How to use PCG QUIC as a Service Provider	PCG QUIC User Roles

Figure VI.B.6.1: PCG QUIC Training Objectives

Training Schedule and Delivery

Training objectives for program stakeholders will be achieved through initial and ongoing trainings to keep stakeholders abreast of PCG QUIC review modules, system features, processes, protocols, and other applicable updates. We have had great success with delivering online training such as training videos, webinars, and animated presentations. While we see the value in all types of training platforms, as each is applicable to a different learning style and situation, PCG has an aptitude for developing highly accessible virtual trainings, especially pertinent during the COVID-19 pandemic.

Initial QIDS Training – Initial trainings will cover all learning objectives listed above to get stakeholders acquainted and familiarized with PCG QUIC, most likely to occur over the course of several days. Initial trainings will be held via live webinars for each stakeholder group. The logistics of initial training, such as date, time, regional vs. state, will be determined with NE DHHS for each stakeholder group upon contract award.

Refresher QIDS Training – All trainings will be recorded and made available on-demand to NE DHHS and stakeholders on PCG QUIC's knowledge-based software for new hire training or existing staff who may require refresher trainings on certain QIDS topics.

Ongoing QIDS Training – PCG will coordinate with DHHS to identify ongoing training needs and develop additional training content as needed for staff (existing and new) to the State and Service Providers. Depending upon the specific content of ongoing training needs, PCG will identify with DHHS the most appropriate schedule and delivery method.

Training Resources

PCG QUIC's knowledge base software can act as a repository of training material to allow for digital publishing and distribution of NE DHHS specific materials. These training materials are developed from PCG's internal technical documentation and user stories as features are released. This ensures online help and other manuals stay up to date. PCG QUIC's knowledge base can be configured to consist of online help articles, User Manuals, Reporting Manuals, System Operations Manuals, and Quick Start Guides.

7. **Technical Requirements**
   The bidder shall provide a response to each of the requirements in Attachment A, QIDS Technical Requirements Traceability Matrix.

8. **Project Planning and Management**
   a. The Contractor will be required to conduct work sessions with staff designated by DHHS to gather information necessary to support the customization, testing and implementation of the QIDS. The

QIDS conceived from this process will be developed specifically to meet the needs of DHHS. A written design and implementation plan will be submitted by Contractor to the DHHS Project Manager and receive DHHS approval, prior to initiating the remainder of the work within the scope this project. Provide DHHS Quality Improvement personnel training with QIDS software.

b.   Describe and submit a draft design plan and draft implementation plan with response.

c.

Bidder Response:

Implementation and Design Plans

Public Consulting Group has a successful developed a comprehensive Implementation Plan Methodology for the customization, testing and implementation of the QIDS for new projects like this one. The methodology includes all phases of project startup, transition from the previous vendor (when there is one), and implementation of operations. The methodology presented in this section is specific to the Implementation of a QIDS system, however, it is a critical part of the overall project, presented in other sections of this proposal. PCG has years of experience Implementation plans similar to this project scope that have been repeatedly tested and refined in the course of implementing new contracts. The method includes a standard list of essential items to be completed before the specific project items are entered and assigned to specific management team staff.

Our QIDS implementation plan will rely on the following crucial dates: Contract Award, Contract Execution (estimate), and Implementation Start. As these dates shift, there may result in a shift in our proposed plan.

PCG's project manager will meet with the Project Management Team to review and complete the initial phases of the implementation plan with ongoing adjustments to be made during the initial weeks of startup. The following major tasks have been identified as the following:

Contract Award (9/2/2020) → Estimate Contract Execution (9/30/2020) → Implementation Start (10/2/2020)

- Meeting with HSSD-DDD to review and finalize expectations and timetable, determine key communication linkages, and establish the members of the implementation team, including agency participation as desired;
- Establishing the key on-site leadership positions so that they can be involved in program implementation and development from the beginning;
- Establishing and equipping the primary office location with furniture, equipment, supplies, telecommunications, and computer technology;
- Establishing the QIDS systems and interfaces;
- Training and onboarding personnel according to the scheduled timetable so they can begin performing functions in QIDS;
- Gathering, reviewing, and consolidating applicable policies, procedures, protocols, administrative rules, etc.
- Locking down communication and relationships with participant agencies and stakeholders;
- Developing communication linkages and relationships with vital stakeholders;
- Assessing, planning, and implementing quality performance/quality improvement plan for the QIDS;
- Determining our internal Key Performance Indicators for ongoing monitoring of our own contract performance;
- Creating first draft of Contract Compliance Audit Tool specific to the QIDS system.

Implementation Support

This project will receive strong support from PCG executive leadership and assigned project implementation team. Our implementation team includes PCG experts in every aspect of operating an effective HCBS quality services program, including information systems, administration, compliance, quality initiatives, training, and business operations. The program manager of operations will be heavily engaged during the implementation period to augment the local managers (as they are on-boarded) and to launch the implementation, install operational systems and procedures, and give guidance and training on the QIDS system once built.

Once the QIDS system is established and operational, the implementation team will shift to a role of consultative support and quality oversight and provide assistance as needed for the ongoing operation of the program.

Draft Design Plan

PCG takes a human-centered approach to designing and developing our QIDS system. The design process starts with collaboration between PCG and DHHS to identify and prioritize requirements. Following the principle of continuous improvement, requirements continue to be garnered and refined over the life of a product. In most cases, PCG's Product Owner is a role played by a Subject Matter Expert (SME) from the Business Team who is fully familiar with the needs of the Client. In other cases, full Joint Application Development (JAD) sessions may take place, soliciting and synthesizing input from large teams of external stakeholders to define technical requirements.

User Stories

It is important that requirements be gathered and documented realistically and thoroughly from the very start of the project to avoid scope creep and wild swings in estimates of budget or time. The Product Owner conveys realistic expectations about resource commitments and level of effort and gets a sense of which requirements are "Needs" and which are "Wants." These requirements are translated by the Product Owner into Users Stories. A User Story is a short, simple description of a feature told from the perspective of the person who is requesting the new functionality. It is expected that any one planned feature or requirement may result in the creation of numerous User Stories that developers use to write and test code.

Agile Scrum Development Methodology

User Stories play as a key role in HSD's Agile Scrum development methodology. Agile is an approach that has become the industry standard for software development, focused on an adaptive, iterative approach that continuously creates and improves usable, testable chunks of code. The Scrum process, as used by HSD, relies on a small group of stakeholders who meet daily to push forward on discrete chunks of work, each member of the group holding distinct and well-defined responsibilities. This matches the HSD organizational structure that functions through small, flexible Development Teams. Scrum meetings are short, focused meetings designed to identify and remove development roadblocks during a development Sprint.

Sprints and Demos

To produce shippable chunks of code in an iterative manner, HSD organizes development efforts into two-week Sprints. Sprint planning is conducted prior to the start of each Sprint with the goal of defining the features and functionality, in the form of User Stories, to be worked on during the Sprint. The Sprint itself acts to timebox development efforts and culminates in a demonstration of working code. PCG often invites Client's to these "Sprint Demos" to provide insight into the development progress and to gather feedback.

Team Foundation Server

To manage this design and development process, PCG uses DevOps software known as Team Foundation Server (TFS). TFS acts in various capacities including:

- As a product backlog for creating and managing User Stories;
- As a Sprint board for planning and tracking development progress within Sprints;
- As an issue tracking system for capturing and resolving bugs; and
- As a code repository for storing and deploying code to the appropriate environment.

Although direct access to TFS is not provided to Clients, PCG's use of TFS enables efficient deployment to a User Acceptance Testing (UAT) environment that allows Clients to test and signoff on code prior to it being pushed to production.

Draft Implementation Plan

PCG has extensive experience in the execution of both implementation and readiness review plans under a very brief timeframe (e.g., 2-6-month period). As our sample Implementation Work Plan describes below, we provide draft implementation steps and timeframes for each high-level task needed to have a fully functional QIDS systems for DHHS-DDD within 6 months.

*Note: This plan should be considered a **draft** proposal of how we will implement the QIDS as well as a foundation to work from in collaboration with the DHHS-DDD in order to meet the requirement to submit a full*

Project Work Plan within 30 business days of the operational start date. As such, the dates provided are informational and may change based on several factors such as date of actual contract execution.

Contract Execution Activities	Start Date	Finish Date
Contract Award Announced	9/2/2020	9/2/2020
DDD to submit over initial draft contract	9/2/2020	9/3/2020
PCG to review draft contract	9/3/2020	9/10/2020
PCG to execute contract and return	9/11/2020	9/16/2020
DDD to sign and formally execute contract	9/16/2020	9/29/2020
DDD to return signed copy for PCG records	9/29/2020	9/30/2020
Schedule Initial Planning Meeting	9/16/2020	9/18/2020
Create agenda	9/21/2020	9/23/2020
Review agenda	9/23/2020	9/25/2020
Send agenda	9/28/2020	9/29/2020
Conduct Kick-Off Meeting	10/1/2020	10/1/2020
Ongoing contract status meetings	10/1/2020	Ongoing

QIDS System

To introduce a system that is functional for the tasks outlined in this opportunity, PCG plans to develop and configure PCG's QUIC system as described in the high-level tasks listed below.

QIDS Data System Development	Start Date	Finish Date
Test Environment		
Define Code Management Plan	10/2/2020	10/7/2020
Obtain Code Management Plan Sign-off	10/7/2020	10/12/2020
Define Test Environments	10/2/2020	10/7/2020
Setup Test Environments	10/7/2020	10/9/2020
Milestone - UAT Deployment	10/9/2020	10/10/2020
Develop Use Cases	10/10/2020	10/20/2020
Develop and Prepare Test Data	10/20/2020	10/22/2020
Execute Test Cases and Test Scripts	10/22/2020	11/1/2020
Conduct Component Testing	11/1/2020	11/6/2020
Execute Functional and Interface Testing	11/6/2020	11/11/2020
Complete Data Integration, Security, Smoke and Regression Testing	11/11/2020	11/16/2020
Complete End-to-end Testing	11/16/2020	11/26/2020
Facilitate and Support UAT Testing	11/26/2020	12/1/2020
Feature Configuration		
Requirements Fit/Gap Analysis and Outline Client-specific Feature Configuration	10/2/2020	11/1/2020
Draft Detailed System Design Document	11/1/2020	11/11/2020
Draft Testing Plan	11/1/2020	11/11/2020
Draft Software Development Plan	11/1/2020	11/16/2020
Obtain Detailed System Design Document Sign-off	11/11/2020	11/16/2020
Obtain Test Plan Sign-off	11/11/2020	11/16/2020
Obtain Software Development Plan Sign-off	11/11/2020	11/16/2020
Milestone - Master Schedule of Development Efforts	11/11/2020	11/17/2020
Define Construction Summary Report	11/16/2020	11/26/2020
Develop and Configure According to Test Plan	11/16/2020	11/26/2020
Milestone - Client Test Environment Configured	11/26/2020	12/2/2020
Data Conversion/Testing		
Develop Data Conversion Plan (aka EDI for Client Systems)	10/2/2020	10/17/2020
Draft Conversion Guide (aka EDI Technical Specifications)	10/17/2020	10/22/2020
Obtain Conversion Guide Sign-off	10/22/2020	10/27/2020

Develop Unit Tests for Client Data	10/27/2020	11/6/2020
Develop QA Test Scripts for Client Data	11/6/2020	11/16/2020
Execute QA Test Scripts for Client Data	11/16/2020	11/21/2020
Submit Conversion Results Report	11/21/2020	11/26/2020
Develop User Acceptance Testing (UAT) Plan	11/26/2020	12/6/2020
Develop UAT Test Cases for Client Data	12/6/2020	12/26/2020
Execute UAT Test Cases for Client Data	12/26/2020	1/15/2021
Submit Weekly Testing Reports	12/6/2020	1/15/2021
Submit Updated Requirements Traceability Matrix	12/6/2020	12/16/2020
Obtain Production Approval Sign-off	1/15/2021	1/20/2021
Milestone - QUIC System Production Approval	1/20/2021	1/25/2021
Promote UAT Environment to Production	1/25/2021	1/26/2021
Perform End-to-end Regression Testing in Production Mirror Environment	1/26/2021	1/29/2021
Pilot Operations		
Identify Pilot Participants	1/25/2021	1/30/2021
Set-up Pilot Users	1/30/2021	2/4/2021
Train Pilot Users	2/4/2021	2/14/2021
Milestone - Launch Pilot Group	2/14/2021	2/15/2021
Gather Feedback through Surveys, Check-in Calls, and Focus Group Sessions	2/15/2021	3/2/2021
Create Final Readiness Assessment	3/2/2021	3/17/2021
System Implementation		
Draft System Implementation Plan	11/17/2020	1/16/2021
Obtain System Implementation Plan Sign-off	1/16/2021	1/21/2021
Obtain Final Readiness Assessment Sign-off	3/17/2021	3/22/2021
Milestone - System Go-Live	3/22/2021	3/23/2021
Submit Product Documentation	1/25/2021	3/23/2021
Manage System Issue Handling	3/23/2021	on-going
User Training Plan		
Conduct QUIC Training Needs Assessment for DHHS-DDD	9/30/2020	10/7/2020
Incorporate Adult Learning Principles into QUIC System Training Plan	10/7/2020	10/10/2020
Develop Learning Objectives for QUIC Training	10/10/2020	10/13/2020
Design Training Curriculum and Materials	10/13/2020	10/29/2020
Milestone - Final Training Plan Approval from DHHS staff	10/29/2020	10/30/2020
Develop Training Content and Materials (Print and Digital)	10/30/2020	2/20/2021
Conduct QUIC Training with DHHS Staff / Service Providers / Other Stakeholders	2/20/2021	3/17/2021
Evaluate Training	3/17/2021	3/23/2021
Re-design Curriculum Based on Feedback from Evaluation	3/23/2021	on-going

Change Control Plan
Public Consulting Group, Inc. (PCG) uses a structured change management approach with four phases (linked with the Project Management Institute PMBOK phases), all necessary to manage a change successfully. The four phases for PCG's change control plan are outlined below:

Phase 1 - Change Preparation

Clarify Vision and Objectives
The beginning of every successful change process, PCG will find a "compelling change story." approach creates the desire for a future situation. Without this motivation it is hard to transform a system, be it technical, policy, or operational, from state "A" (today) to state "Z", or the target change goal.

Assess Stakeholders
To get a better understanding who to focus on PCG will conduct a stakeholder assessment and define actions needed to improve the level of support for the most critical stakeholder groups. An effective stakeholder management process will be started by the project manager during project initiation and should be updated

regularly throughout project execution.

Change Impact Analysis

The impact analysis reflects the coherences between future events and the impact of the change concerning the different stakeholder groups. To conduct a detailed analysis on the specific impact of the change PCG will ask and document an assessment of the following:

- What will change in the world of each stakeholder group?
- What do the people need to do differently in "Z"?
- What do the people need to be able to change?
- How do we prepare them for the desired change?

Align the Client

The greatest success factor for managing change is active and visible client communication and support through the change process. PCG will focus on key required activities with the Nebraska Department of Health and Human Services (DHHS) – Division of Developmental Disabilities (DDD):

- Participate actively and visibly throughout the project
- Clarify the vision for the change and be able to communicate the compelling case for change in clear understandable terms
- Build a coalition of sponsorship with peers and managers
- Communicate directly with managers and employees (and listen to them)
- Ensure adequate resources to achieve and sustain the change
- Manages any resistance at senior levels

Phase 2 – Plan the Change

In the second phase, PCG's main emphasis is on the development of formal plans (change management plan) and the integration of those into the overall project management plan. The defined strategy of the initiation phase must be verified and detailed.

- Executive sponsor activities
- Communications and training
- Resistance management
- Events and Interventions

Plan Communications

The main subject of the communication plan is the description of the importance of change and the risks in case of no change. The messages will be shared and agreed upon by both PCG and DHHS-DDD.

When planning the communication with DHHS-DDD, PCG's project manager will approach the change management process by completing the following:

- Providing a clear description of what is included from each change request in the change tracking system
- Referring to the change impact analysis and delineating impacts to the project's schedule
- Identifying key messages
- For system / development changes, requiring and planning successful completion of testing before the implementation stages
- Considering timing and schedule and when it will be best to communicate what
- Incorporating multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.)
- Considering the need for communicating the message multiple times
- Considering using multiple channels / media for communication
- Considering who is the most appropriate "sender"

- Participating in the decision-making process
- Taking responsibility for implementing the agreed-upon solution(s)

Phase 3 – Manage the Change

In the third phase, PCG's main emphasis is on the managing implementation of the change based on the defined change management plan. The following steps are performed to ensure successful and sustained completion of the approved change:

- Execute the Change Management Plan
- Input appropriate information into PCG's project tracking tools
- Realize actions
- Estimate ongoing impacts, investigate solutions, identifying alternatives as needed
- Perform change control
- Manage resistance

Manage Resistance

PCG's years of project management experience has taught us that resistance is natural. Accordingly, we always keep in mind that resistance does not reflect that a client is problematic. Resistance, when managed appropriately, can move the change management process in the right direction and is a check-and-balance tool for due diligence efforts. Good change management practices not only reduce resistance but can turn some of the most resistant stakeholders into some of the biggest supporters.

In order to react accordingly, PCG's project managers take proactive steps to:

- Provide clear, honest, and open two-way communications (and listen).
- Manage expectations and clarify the personal impact (what specifically will change and what is expected).
- Involve end users (those directly impacted) early and throughout the project.
- Engage managers and supervisors early and establish their role as coaches and change agents.

Phase 4 – Reinforce and Sustain the Change

To ensure a sustainable change, PCG's last phase of the structured change management process deals with the task of reinforcement. We will collect feedback to measure results and the adoption of the desired change.

Based on that feedback, PCG will take corrective action to close any gaps, embed the change into systems, processes, and policies, and deliver consequences to sustain the change.

To be able to measure the desired change our clients need, we can establish metrics to track desired changes / results. The desired final change will always be used as the main reference point. PCG will support DHHS-DDD in efforts to appropriately integrate completed change into *existing* systems (such as HR systems, policies, or scorecard metrics, etc.), thereby supporting and reducing complexity by not inventing new disparate approaches.

While a formalized process may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Change Management Process

The Change Management process is the mechanism used to initiate, record, assess, approve, and resolve proposed changes for the entire project, including the QIDS system development. All proposed development changes or system modifications will be managed through a formal change control process. System development or modification requests will be documented in a formal change request and analyzed for impact, using the following steps in *Figure VI.B.9.1* below.

1. Identify	Identify and document the required change
2. Validate	Verify that the change is valid and requires management
3. Analyze	Analyze and record schedule, cost, and effort/impact of change
4. Control	Decide whether to execute the change
5. Action	Execute decision, including revision to project plans if necessary
6. Close	Verify that the action is complete and close the change request

Figure VI.B.9.1: PCG's change management tools support six critical steps used for Operational and System Development or Modification Requests. Our formalized process will ensure that the requested change is understood and prioritized appropriately.

While a formalized set of tools may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Process and Tools

PCG uses a Microsoft SharePoint–based change control tool that is both manual and automated to support project stakeholders in the management of change requests and the decisions made regarding them. These tools incorporate the PMI process to perform integrated change control and the specific and most appropriate tool functionality will be customized to DHHS-DDD's environment and organizational norms. This allows DHHS-DDD the ability to set and change priorities on individual change requests that are immediately noted, recorded, and acted upon by PCG's project team. The tools support the means to control and monitor change requests via a change control board by recording changes requests up for consideration, notifying the appropriate subject matter experts to provide input, and communicating the decisions to the rest of the project team. PCG tool improves the communication of project goals, enhances collaborative development, reduces project risk, and increases the quality of deliverables *during* implementation rather than post go-live operations.

PCG is a leader in creating and managing web-based change control tools that enhance an agile development process, maintain requirements, user stories, design widgets, test cases and test scripts, and change requests. This configured tool will allow DHHS-DDD to set and change priorities on individual change requests and to determine the estimated and actual hours allocated to each change request and the personnel assigned to complete the request. It can be customized to include functionality allowing for DHHS-DDD to propose and track schedule completion dates all while enhancing PCG's business leads and technology teams to work collaboratively using a single frame of reference.

Overall, PCG's structure project management change tracking system framework provides two clear benefits to DHHS-DDD. First, the **transition phase will be seamless**. Applying configuration options to a change tracking tool already live in production can be achieved quickly. Secondly, DHSS-DDD will experience a **higher level of customer satisfaction** from a change tracking system that meets its exact needs and a team that is knowledgeable and committed to the highest standards of project management.

Below is the Change Tracking System developed and deployed in the state of Illinois for PCG's QIO quality review report change approval process. It enables PCG and the IL client to successfully work through the change control process for over 1,200 reports annually. The tracking systems send automated e-mails and

reminders to both parties and facilitates the workflow process from initial request to completion, touching on each of the six steps outlined above.

d. The Contractor will be required to work with DHHS designated personnel to communicate the implementation plan, configuration phase plan, timelines, deadlines and any delays via written documentation using agreed formats and timelines. Address any software issues within two (2) business days or as determined by DHHS.

e. The Contractor's software module will ensure CMS reporting requirements, found in the Attachment D HCBS Waiver Technical Guide and in Nebraska's Medicaid HCBS Waivers, are met.

f. Any software issues will be addressed within two (2) business days or as agreed upon by DHHS and the Contractor. Errors must be identified and communicated to DHHS.

g. Contractor will provide system updates fully tested and deemed ready for release.

9. CHANGE CONTROL PLAN

a. Project Change Control
The Contractor must work with DHHS to establish a change control process. Change control is the formal process for identifying changes that arise in the natural flow of the project and determining the disposition of the requested change or correction. The Project Change Control process will span the entire project life cycle and incorporate a formal change request process, including formal DHHS review and approval. The Project Change Control process includes the terms set forth in Section II.G Change Orders or Substitutions.

Each Change Control Request will:

i. Provide a clear description of what is included from each change request;
ii. Delineate impacts to the project's schedule;
iii. Require successful completion of testing before the implementation stages;
iv. Incorporate multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.); and,
v. Support the Project Change Control process by estimating impacts, investigating solutions, identifying alternatives, inputting appropriate information into the project tracking tools, participating in the decision-making process, and implementing the agreed-upon solution.

b. Change Control Tracking System
The Contractor must provide a change control tracking system that provides the following minimum requirements:

i. The means to control and monitor change requests;
ii. A process for reporting the status of all change requests;
iii. The ability for DHHS to set and change priorities on individual change requests;
iv. A method for DHHS to determine the estimated and actual hours allocated to each change request and the personnel assigned to each request; and
v. A method to schedule a completion date provided by DHHS for each change request.

10. Software Escrow Requirements
a. Bidder shall include in the proposal response the escrow agent that will be utilized. The State will have the right of refusal during contract finalization.

Bidder Response:
Software Escrow Requirements
PCG has a strong partnership with EscrowTech International, Inc. EscrowTech protects a software licensee by ensuring that the licensee will have access to the source code (and possibly other materials) in the event that the licensor goes out of business (e.g., via bankruptcy), discontinues support of the licensed software, breaches maintenance obligations, or some other release condition occurs. Typically, the parties use a software escrow when the license is for the object code (binary form) of the software, and, simplistically, a software escrow can be described as follows:

- The licensor delivers a copy of the source code to an escrow agent.
- The escrow agent holds the source code.
- The escrow agent releases the source code to the licensee only if a release condition occurs.
- The escrow agent returns the source code to the licensor if the escrow terminates without the occurrence of a release condition.

Service Agreement Requirements

EscrowTech's reputation and services are trusted by half of Fortune 500 companies, including Microsoft, Aetna, IBM, and Johnson & Johnson, among many others. PCP service level agreement will include the following service provided by EscrowTech:

> *Over half of the Fortune 500 trust EscrowTech*

- Unlimited deposits;
- Electronic Deposit submittal;
- "Two-site" storage of Deposit Materials to enhance retention security;
- Physical inspection of each Deposit;
- Deposit confirmation to both Owner and Beneficiary each time a deposit or update is received;
- Online-account management through *RealTime* Escrow; and
- All other administration of the escrow.

Based on the services listed above, PCG agrees to deposit on an annual basis (and any time enhancements or updates are made to the solution) a copy of all items that are necessary for the operation and support to EscrowTech to include the following:

- The Software source code and executables;
- Third-Party Software;
- Documentation for the source code;
- Software architecture and design documentation;
- Operations documentation;
- Scheduling instructions;
- All database information related to the State of Nebraska;
- All current and valid passwords and encryption keys; and
- Any other necessary or useful documentation.

Attestations

Our partnership with EscrowTech allows PCG to maintain authority to remove superseded source code and documentation if it is simultaneously replaced with the most current version of the superseded source code and documentation.

Additionally, PCG agrees to provide evidence to DHHS-DDD of continued payment of the escrow fees and/or evidence of the ongoing existence of such escrow relationship along with Contractor's annual audited financial statements as requested in the RFP.

The escrow agreement between PCG and EscrowTech will include direction to the escrow agent to release all escrowed items at termination or expiration of the Contract. And while it is extremely unlikely, should the Contractor default or file bankruptcy, as described in Section II.V. Early Termination, DHHS-DDD will cease utilization of source code. Otherwise, the State will utilize source code through the original term of the contract including any and all renewal periods and extensions.

b. Contractor shall deposit on an annual basis and any time enhancements or updates are made to the solution, at bidder's expense, with an escrow agent chosen by the Contractor, a copy of all items that are necessary for the operation and support, to include the following, but not limited to:

  i. The Software source code and executables;
  ii. Third Party Software;
  iii. Documentation for the source code;
  iv. Software architecture and design documentation;
  v. Operations documentation;
  vi. Scheduling instructions;
  vii. All database information related to the State of Nebraska;
  viii. All current and valid passwords and encryption keys; and
  ix. Any other necessary or useful documentation.

Introduction to PCG as QIO	Introduction to PCG as QIO	Introduction to PCG as QIO for NE DHHS-DDD including HIPAA and Systems Security
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Ongoing QIDS Training – PCG will coordinate with DHHS to identify ongoing training needs and develop additional training content as needed for staff (existing and new) to the State and Service Providers. Depending upon the specific content of ongoing training needs, PCG will identify with DHHS the most appropriate schedule and delivery method.

Training Resources

PCG QUIC's knowledge base software can act as a repository of training material to allow for digital publishing and distribution of NE DHHS specific materials. These training materials are developed from PCG's internal technical documentation and user stories as features are released. This ensures online help and other manuals stay up to date. PCG QUIC's knowledge base can be configured to consist of online help articles, User Manuals, Reporting Manuals, System Operations Manuals, and Quick Start Guides.

7. **Technical Requirements**
   The bidder shall provide a response to each of the requirements in Attachment A, QIDS Technical Requirements Traceability Matrix.

8. **Project Planning and Management**
   a.   The Contractor will be required to conduct work sessions with staff designated by DHHS to gather information necessary to support the customization, testing and implementation of the QIDS. The

QIDS conceived from this process will be developed specifically to meet the needs of DHHS. A written design and implementation plan will be submitted by Contractor to the DHHS Project Manager and receive DHHS approval, prior to initiating the remainder of the work within the scope this project. Provide DHHS Quality Improvement personnel training with QIDS software.

b. Describe and submit a draft design plan and draft implementation plan with response.

c.

Bidder Response:

Implementation and Design Plans

Public Consulting Group has a successful developed a comprehensive Implementation Plan Methodology for the customization, testing and implementation of the QIDS for new projects like this one. The methodology includes all phases of project startup, transition from the previous vendor (when there is one), and implementation of operations. The methodology presented in this section is specific to the Implementation of a QIDS system, however, it is a critical part of the overall project, presented in other sections of this proposal. PCG has years of experience Implementation plans similar to this project scope that have been repeatedly tested and refined in the course of implementing new contracts. The method includes a standard list of essential items to be completed before the specific project items are entered and assigned to specific management team staff.

Our QIDS implementation plan will rely on the following crucial dates: Contract Award, Contract Execution (estimate), and Implementation Start. As these dates shift, there may result in a shift in our proposed plan.

PCG's project manager will meet with the Project Management Team to review and complete the initial phases of the implementation plan with ongoing adjustments to be made during the initial weeks of startup. The following major tasks have been identified as the following:

Contract Award (9/2/2020) → Estimate Contract Execution (9/30/2020) → Implementation Start (10/2/2020)

- Meeting with HSSD-DDD to review and finalize expectations and timetable, determine key communication linkages, and establish the members of the implementation team, including agency participation as desired;
- Establishing the key on-site leadership positions so that they can be involved in program implementation and development from the beginning;
- Establishing and equipping the primary office location with furniture, equipment, supplies, telecommunications, and computer technology;
- Establishing the QIDS systems and interfaces;
- Training and onboarding personnel according to the scheduled timetable so they can begin performing functions in QIDS;
- Gathering, reviewing, and consolidating applicable policies, procedures, protocols, administrative rules, etc.
- Locking down communication and relationships with participant agencies and stakeholders;
- Developing communication linkages and relationships with vital stakeholders;
- Assessing, planning, and implementing quality performance/quality improvement plan for the QIDS;
- Determining our internal Key Performance Indicators for ongoing monitoring of our own contract performance;
- Creating first draft of Contract Compliance Audit Tool specific to the QIDS system.

Implementation Support

This project will receive strong support from PCG executive leadership and assigned project implementation team. Our implementation team includes PCG experts in every aspect of operating an effective HCBS quality services program, including information systems, administration, compliance, quality initiatives, training, and business operations. The program manager of operations will be heavily engaged during the implementation period to augment the local managers (as they are on-boarded) and to launch the implementation, install operational systems and procedures, and give guidance and training on the QIDS system once built.

Once the QIDS system is established and operational, the implementation team will shift to a role of consultative support and quality oversight and provide assistance as needed for the ongoing operation of the program.

Draft Design Plan

PCG takes a human-centered approach to designing and developing our QIDS system. The design process starts with collaboration between PCG and DHHS to identify and prioritize requirements. Following the principle of continuous improvement, requirements continue to be garnered and refined over the life of a product. In most cases, PCG's Product Owner is a role played by a Subject Matter Expert (SME) from the Business Team who is fully familiar with the needs of the Client. In other cases, full Joint Application Development (JAD) sessions may take place, soliciting and synthesizing input from large teams of external stakeholders to define technical requirements.

User Stories

It is important that requirements be gathered and documented realistically and thoroughly from the very start of the project to avoid scope creep and wild swings in estimates of budget or time. The Product Owner conveys realistic expectations about resource commitments and level of effort and gets a sense of which requirements are "Needs" and which are "Wants." These requirements are translated by the Product Owner into Users Stories. A User Story is a short, simple description of a feature told from the perspective of the person who is requesting the new functionality. It is expected that any one planned feature or requirement may result in the creation of numerous User Stories that developers use to write and test code.

Agile Scrum Development Methodology

User Stories play as a key role in HSD's Agile Scrum development methodology. Agile is an approach that has become the industry standard for software development, focused on an adaptive, iterative approach that continuously creates and improves usable, testable chunks of code. The Scrum process, as used by HSD, relies on a small group of stakeholders who meet daily to push forward on discrete chunks of work, each member of the group holding distinct and well-defined responsibilities. This matches the HSD organizational structure that functions through small, flexible Development Teams. Scrum meetings are short, focused meetings designed to identify and remove development roadblocks during a development Sprint.

Sprints and Demos

To produce shippable chunks of code in an iterative manner, HSD organizes development efforts into two-week Sprints. Sprint planning is conducted prior to the start of each Sprint with the goal of defining the features and functionality, in the form of User Stories, to be worked on during the Sprint. The Sprint itself acts to timebox development efforts and culminates in a demonstration of working code. PCG often invites Client's to these "Sprint Demos" to provide insight into the development progress and to gather feedback.

Team Foundation Server

To manage this design and development process, PCG uses DevOps software known as Team Foundation Server (TFS). TFS acts in various capacities including:

- As a product backlog for creating and managing User Stories;
- As a Sprint board for planning and tracking development progress within Sprints;
- As an issue tracking system for capturing and resolving bugs; and
- As a code repository for storing and deploying code to the appropriate environment.

Although direct access to TFS is not provided to Clients, PCG's use of TFS enables efficient deployment to a User Acceptance Testing (UAT) environment that allows Clients to test and signoff on code prior to it being pushed to production.

Draft Implementation Plan

PCG has extensive experience in the execution of both implementation and readiness review plans under a very brief timeframe (e.g., 2-6-month period). As our sample Implementation Work Plan describes below, we provide draft implementation steps and timeframes for each high-level task needed to have a fully functional QIDS systems for DHHS-DDD within 6 months.

Note: This plan should be considered a **draft** *proposal of how we will implement the QIDS as well as a foundation to work from in collaboration with the DHHS-DDD in order to meet the requirement to submit a full*

Project Work Plan within 30 business days of the operational start date. As such, the dates provided are informational and may change based on several factors such as date of actual contract execution.

Contract Execution Activities	Start Date	Finish Date
Contract Award Announced	9/2/2020	9/2/2020
DDD to submit over initial draft contract	9/2/2020	9/3/2020
PCG to review draft contract	9/3/2020	9/10/2020
PCG to execute contract and return	9/11/2020	9/16/2020
DDD to sign and formally execute contract	9/16/2020	9/29/2020
DDD to return signed copy for PCG records	9/29/2020	9/30/2020
Schedule Initial Planning Meeting	9/16/2020	9/18/2020
Create agenda	9/21/2020	9/23/2020
Review agenda	9/23/2020	9/25/2020
Send agenda	9/28/2020	9/29/2020
Conduct Kick-Off Meeting	10/1/2020	10/1/2020
Ongoing contract status meetings	10/1/2020	Ongoing

QIDS System

To introduce a system that is functional for the tasks outlined in this opportunity, PCG plans to develop and configure PCG's QUIC system as described in the high-level tasks listed below.

QIDS Data System Development	Start Date	Finish Date
Test Environment		
Define Code Management Plan	10/2/2020	10/7/2020
Obtain Code Management Plan Sign-off	10/7/2020	10/12/2020
Define Test Environments	10/2/2020	10/7/2020
Setup Test Environments	10/7/2020	10/9/2020
Milestone - UAT Deployment	10/9/2020	10/10/2020
Develop Use Cases	10/10/2020	10/20/2020
Develop and Prepare Test Data	10/20/2020	10/22/2020
Execute Test Cases and Test Scripts	10/22/2020	11/1/2020
Conduct Component Testing	11/1/2020	11/6/2020
Execute Functional and Interface Testing	11/6/2020	11/11/2020
Complete Data Integration, Security, Smoke and Regression Testing	11/11/2020	11/16/2020
Complete End-to-end Testing	11/16/2020	11/26/2020
Facilitate and Support UAT Testing	11/26/2020	12/1/2020
Feature Configuration		
Requirements Fit/Gap Analysis and Outline Client-specific Feature Configuration	10/2/2020	11/1/2020
Draft Detailed System Design Document	11/1/2020	11/11/2020
Draft Testing Plan	11/1/2020	11/11/2020
Draft Software Development Plan	11/1/2020	11/16/2020
Obtain Detailed System Design Document Sign-off	11/11/2020	11/16/2020
Obtain Test Plan Sign-off	11/11/2020	11/16/2020
Obtain Software Development Plan Sign-off	11/11/2020	11/16/2020
Milestone - Master Schedule of Development Efforts	11/11/2020	11/17/2020
Define Construction Summary Report	11/16/2020	11/26/2020
Develop and Configure According to Test Plan	11/16/2020	11/26/2020
Milestone - Client Test Environment Configured	11/26/2020	12/2/2020
Data Conversion/Testing		
Develop Data Conversion Plan (aka EDI for Client Systems)	10/2/2020	10/17/2020
Draft Conversion Guide (aka EDI Technical Specifications)	10/17/2020	10/22/2020
Obtain Conversion Guide Sign-off	10/22/2020	10/27/2020

Develop Unit Tests for Client Data	10/27/2020	11/6/2020
Develop QA Test Scripts for Client Data	11/6/2020	11/16/2020
Execute QA Test Scripts for Client Data	11/16/2020	11/21/2020
Submit Conversion Results Report	11/21/2020	11/26/2020
Develop User Acceptance Testing (UAT) Plan	11/26/2020	12/6/2020
Develop UAT Test Cases for Client Data	12/6/2020	12/26/2020
Execute UAT Test Cases for Client Data	12/26/2020	1/15/2021
Submit Weekly Testing Reports	12/6/2020	1/15/2021
Submit Updated Requirements Traceability Matrix	12/6/2020	12/16/2020
Obtain Production Approval Sign-off	1/15/2021	1/20/2021
Milestone - QUIC System Production Approval	1/20/2021	1/25/2021
Promote UAT Environment to Production	1/25/2021	1/26/2021
Perform End-to-end Regression Testing in Production Mirror Environment	1/26/2021	1/29/2021
Pilot Operations		
Identify Pilot Participants	1/25/2021	1/30/2021
Set-up Pilot Users	1/30/2021	2/4/2021
Train Pilot Users	2/4/2021	2/14/2021
Milestone - Launch Pilot Group	2/14/2021	2/15/2021
Gather Feedback through Surveys, Check-in Calls, and Focus Group Sessions	2/15/2021	3/2/2021
Create Final Readiness Assessment	3/2/2021	3/17/2021
System Implementation		
Draft System Implementation Plan	11/17/2020	1/16/2021
Obtain System Implementation Plan Sign-off	1/16/2021	1/21/2021
Obtain Final Readiness Assessment Sign-off	3/17/2021	3/22/2021
Milestone - System Go-Live	3/22/2021	3/23/2021
Submit Product Documentation	1/25/2021	3/23/2021
Manage System Issue Handling	3/23/2021	on-going
User Training Plan		
Conduct QUIC Training Needs Assessment for DHHS-DDD	9/30/2020	10/7/2020
Incorporate Adult Learning Principles into QUIC System Training Plan	10/7/2020	10/10/2020
Develop Learning Objectives for QUIC Training	10/10/2020	10/13/2020
Design Training Curriculum and Materials	10/13/2020	10/29/2020
Milestone - Final Training Plan Approval from DHHS staff	10/29/2020	10/30/2020
Develop Training Content and Materials (Print and Digital)	10/30/2020	2/20/2021
Conduct QUIC Training with DHHS Staff / Service Providers / Other Stakeholders	2/20/2021	3/17/2021
Evaluate Training	3/17/2021	3/23/2021
Re-design Curriculum Based on Feedback from Evaluation	3/23/2021	on-going

Change Control Plan

Public Consulting Group, Inc. (PCG) uses a structured change management approach with four phases (linked with the Project Management Institute PMBOK phases), all necessary to manage a change successfully. The four phases for PCG's change control plan are outlined below:

Phase 1 - Change Preparation

Clarify Vision and Objectives

The beginning of every successful change process, PCG will find a "compelling change story." approach creates the desire for a future situation. Without this motivation it is hard to transform a system, be it technical, policy, or operational, from state "A" (today) to state "Z", or the target change goal.

Assess Stakeholders

To get a better understanding who to focus on PCG will conduct a stakeholder assessment and define actions needed to improve the level of support for the most critical stakeholder groups. An effective stakeholder management process will be started by the project manager during project initiation and should be updated

Develop Unit Tests for Client Data	10/27/2020	11/6/2020
Develop QA Test Scripts for Client Data	11/6/2020	11/16/2020
Execute QA Test Scripts for Client Data	11/16/2020	11/21/2020
Submit Conversion Results Report	11/21/2020	11/26/2020
Develop User Acceptance Testing (UAT) Plan	11/26/2020	12/6/2020
Develop UAT Test Cases for Client Data	12/6/2020	12/26/2020
Execute UAT Test Cases for Client Data	12/26/2020	1/15/2021
Submit Weekly Testing Reports	12/6/2020	1/15/2021
Submit Updated Requirements Traceability Matrix	12/6/2020	12/16/2020
Obtain Production Approval Sign-off	1/15/2021	1/20/2021
Milestone - QUIC System Production Approval	1/20/2021	1/25/2021
Promote UAT Environment to Production	1/25/2021	1/26/2021
Perform End-to-end Regression Testing in Production Mirror Environment	1/26/2021	1/29/2021
Pilot Operations		
Identify Pilot Participants	1/25/2021	1/30/2021
Set-up Pilot Users	1/30/2021	2/4/2021
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System Implementation		
Draft System Implementation Plan	11/17/2020	1/16/2021
Obtain System Implementation Plan Sign-off	1/16/2021	1/21/2021
Obtain Final Readiness Assessment Sign-off	3/17/2021	3/22/2021
Milestone - System Go-Live	3/22/2021	3/23/2021
Submit Product Documentation	1/25/2021	3/23/2021
Manage System Issue Handling	3/23/2021	on-going
User Training Plan		
Conduct QUIC Training Needs Assessment for DHHS-DDD	9/30/2020	10/7/2020
Incorporate Adult Learning Principles into QUIC System Training Plan	10/7/2020	10/10/2020
Develop Learning Objectives for QUIC Training	10/10/2020	10/13/2020
Design Training Curriculum and Materials	10/13/2020	10/29/2020
Milestone - Final Training Plan Approval from DHHS staff	10/29/2020	10/30/2020
Develop Training Content and Materials (Print and Digital)	10/30/2020	2/20/2021
Conduct QUIC Training with DHHS Staff / Service Providers / Other Stakeholders	2/20/2021	3/17/2021
Evaluate Training	3/17/2021	3/23/2021
Re-design Curriculum Based on Feedback from Evaluation	3/23/2021	on-going

Change Control Plan

Public Consulting Group, Inc. (PCG) uses a structured change management approach with four phases (linked with the Project Management Institute PMBOK phases), all necessary to manage a change successfully. The four phases for PCG's change control plan are outlined below:

Phase 1 - Change Preparation

Clarify Vision and Objectives

The beginning of every successful change process, PCG will find a "compelling change story." approach creates the desire for a future situation. Without this motivation it is hard to transform a system, be it technical, policy, or operational, from state "A" (today) to state "Z", or the target change goal.

Assess Stakeholders

To get a better understanding who to focus on PCG will conduct a stakeholder assessment and define actions needed to improve the level of support for the most critical stakeholder groups. An effective stakeholder management process will be started by the project manager during project initiation and should be updated

regularly throughout project execution.

Change Impact Analysis
The impact analysis reflects the coherences between future events and the impact of the change concerning the different stakeholder groups. To conduct a detailed analysis on the specific impact of the change PCG will ask and document an assessment of the following:

- What will change in the world of each stakeholder group?
- What do the people need to do differently in "Z"?
- What do the people need to be able to change?
- How do we prepare them for the desired change?

Align the Client
The greatest success factor for managing change is active and visible client communication and support through the change process. PCG will focus on key required activities with the Nebraska Department of Health and Human Services (DHHS) – Division of Developmental Disabilities (DDD):

- Participate actively and visibly throughout the project
- Clarify the vision for the change and be able to communicate the compelling case for change in clear understandable terms
- Build a coalition of sponsorship with peers and managers
- Communicate directly with managers and employees (and listen to them)
- Ensure adequate resources to achieve and sustain the change
- Manages any resistance at senior levels

Phase 2 – Plan the Change
In the second phase, PCG's main emphasis is on the development of formal plans (change management plan) and the integration of those into the overall project management plan. The defined strategy of the initiation phase must be verified and detailed.

- Executive sponsor activities
- Communications and training
- Resistance management
- Events and Interventions

Plan Communications
The main subject of the communication plan is the description of the importance of change and the risks in case of no change. The messages will be shared and agreed upon by both PCG and DHHS-DDD.

When planning the communication with DHHS-DDD, PCG's project manager will approach the change management process by completing the following:

- Providing a clear description of what is included from each change request in the change tracking system
- Referring to the change impact analysis and delineating impacts to the project's schedule
- Identifying key messages
- For system / development changes, requiring and planning successful completion of testing before the implementation stages
- Considering timing and schedule and when it will be best to communicate what
- Incorporating multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.)
- Considering the need for communicating the message multiple times
- Considering using multiple channels / media for communication
- Considering who is the most appropriate "sender"

- Participating in the decision-making process
- Taking responsibility for implementing the agreed-upon solution(s)

Phase 3 – Manage the Change

In the third phase, PCG's main emphasis is on the managing implementation of the change based on the defined change management plan. The following steps are performed to ensure successful and sustained completion of the approved change:

- Execute the Change Management Plan
- Input appropriate information into PCG's project tracking tools
- Realize actions
- Estimate ongoing impacts, investigate solutions, identifying alternatives as needed
- Perform change control
- Manage resistance

Manage Resistance

PCG's years of project management experience has taught us that resistance is natural. Accordingly, we always keep in mind that resistance does not reflect that a client is problematic. Resistance, when managed appropriately, can move the change management process in the right direction and is a check-and-balance tool for due diligence efforts. Good change management practices not only reduce resistance but can turn some of the most resistant stakeholders into some of the biggest supporters.

In order to react accordingly, PCG's project managers take proactive steps to:

- Provide clear, honest, and open two-way communications (and listen).
- Manage expectations and clarify the personal impact (what specifically will change and what is expected).
- Involve end users (those directly impacted) early and throughout the project.
- Engage managers and supervisors early and establish their role as coaches and change agents.

Phase 4 – Reinforce and Sustain the Change

To ensure a sustainable change, PCG's last phase of the structured change management process deals with the task of reinforcement. We will collect feedback to measure results and the adoption of the desired change.

Based on that feedback, PCG will take corrective action to close any gaps, embed the change into systems, processes, and policies, and deliver consequences to sustain the change.

To be able to measure the desired change our clients need, we can establish metrics to track desired changes / results. The desired final change will always be used as the main reference point. PCG will support DHHS-DDD in efforts to appropriately integrate completed change into *existing* systems (such as HR systems, policies, or scorecard metrics, etc.), thereby supporting and reducing complexity by not inventing new disparate approaches.

While a formalized process may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Change Management Process

The Change Management process is the mechanism used to initiate, record, assess, approve, and resolve proposed changes for the entire project, including the QIDS system development. All proposed development changes or system modifications will be managed through a formal change control process. System development or modification requests will be documented in a formal change request and analyzed for impact, using the following steps in *Figure VI.B.9.1* below.

1. Identify	Identify and document the required change
2. Validate	Verify that the change is valid and requires management
3. Analyze	Analyze and record schedule, cost, and effort/impact of change
4. Control	Decide whether to execute the change
5. Action	Execute decision, including revision to project plans if necessary
6. Close	Verify that the action is complete and close the change request

Figure VI.B.9.1: PCG's change management tools support six critical steps used for Operational and System Development or Modification Requests. Our formalized process will ensure that the requested change is understood and prioritized appropriately.

While a formalized set of tools may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Process and Tools

PCG uses a Microsoft SharePoint–based change control tool that is both manual and automated to support project stakeholders in the management of change requests and the decisions made regarding them. These tools incorporate the PMI process to perform integrated change control and the specific and most appropriate tool functionality will be customized to DHHS-DDD's environment and organizational norms. This allows DHHS-DDD the ability to set and change priorities on individual change requests that are immediately noted, recorded, and acted upon by PCG's project team. The tools support the means to control and monitor change requests via a change control board by recording changes requests up for consideration, notifying the appropriate subject matter experts to provide input, and communicating the decisions to the rest of the project team. PCG tool improves the communication of project goals, enhances collaborative development, reduces project risk, and increases the quality of deliverables *during* implementation rather than post go-live operations.

PCG is a leader in creating and managing web-based change control tools that enhance an agile development process, maintain requirements, user stories, design widgets, test cases and test scripts, and change requests. This configured tool will allow DHHS-DDD to set and change priorities on individual change requests and to determine the estimated and actual hours allocated to each change request and the personnel assigned to complete the request. It can be customized to include functionality allowing for DHHS-DDD to propose and track schedule completion dates all while enhancing PCG's business leads and technology teams to work collaboratively using a single frame of reference.

Overall, PCG's structure project management change tracking system framework provides two clear benefits to DHHS-DDD. First, the **transition phase will be seamless**. Applying configuration options to a change tracking tool already live in production can be achieved quickly. Secondly, DHSS-DDD will experience a **higher level of customer satisfaction** from a change tracking system that meets its exact needs and a team that is knowledgeable and committed to the highest standards of project management.

Below is the Change Tracking System developed and deployed in the state of Illinois for PCG's QIO quality review report change approval process. It enables PCG and the IL client to successfully work through the change control process for over 1,200 reports annually. The tracking systems send automated e-mails and

reminders to both parties and facilitates the workflow process from initial request to completion, touching on each of the six steps outlined above.

d. The Contractor will be required to work with DHHS designated personnel to communicate the implementation plan, configuration phase plan, timelines, deadlines and any delays via written documentation using agreed formats and timelines. Address any software issues within two (2) business days or as determined by DHHS.

e. The Contractor's software module will ensure CMS reporting requirements, found in the Attachment D HCBS Waiver Technical Guide and in Nebraska's Medicaid HCBS Waivers, are met.

f. Any software issues will be addressed within two (2) business days or as agreed upon by DHHS and the Contractor. Errors must be identified and communicated to DHHS.

g. Contractor will provide system updates fully tested and deemed ready for release.

9. CHANGE CONTROL PLAN

a. Project Change Control
The Contractor must work with DHHS to establish a change control process. Change control is the formal process for identifying changes that arise in the natural flow of the project and determining the disposition of the requested change or correction. The Project Change Control process will span the entire project life cycle and incorporate a formal change request process, including formal DHHS review and approval. The Project Change Control process includes the terms set forth in Section II.G Change Orders or Substitutions.

Each Change Control Request will:

i. Provide a clear description of what is included from each change request;
ii. Delineate impacts to the project's schedule;
iii. Require successful completion of testing before the implementation stages;
iv. Incorporate multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.); and,
v. Support the Project Change Control process by estimating impacts, investigating solutions, identifying alternatives, inputting appropriate information into the project tracking tools, participating in the decision-making process, and implementing the agreed-upon solution.

b. Change Control Tracking System
The Contractor must provide a change control tracking system that provides the following minimum requirements:

i. The means to control and monitor change requests;
ii. A process for reporting the status of all change requests;
iii. The ability for DHHS to set and change priorities on individual change requests;
iv. A method for DHHS to determine the estimated and actual hours allocated to each change request and the personnel assigned to each request; and
v. A method to schedule a completion date provided by DHHS for each change request.

10. Software Escrow Requirements
a. Bidder shall include in the proposal response the escrow agent that will be utilized. The State will have the right of refusal during contract finalization.

Bidder Response:
Software Escrow Requirements
PCG has a strong partnership with EscrowTech International, Inc. EscrowTech protects a software licensee by ensuring that the licensee will have access to the source code (and possibly other materials) in the event that the licensor goes out of business (e.g., via bankruptcy), discontinues support of the licensed software, breaches maintenance obligations, or some other release condition occurs. Typically, the parties use a software escrow when the license is for the object code (binary form) of the software, and, simplistically, a software escrow can be described as follows:

- The licensor delivers a copy of the source code to an escrow agent.
- The escrow agent holds the source code.
- The escrow agent releases the source code to the licensee only if a release condition occurs.
- The escrow agent returns the source code to the licensor if the escrow terminates without the occurrence of a release condition.

Service Agreement Requirements

EscrowTech's reputation and services are trusted by half of Fortune 500 companies, including Microsoft, Aetna, IBM, and Johnson & Johnson, among many others. PCP service level agreement will include the following service provided by EscrowTech:

> *Over half of the Fortune 500 trust EscrowTech*

- Unlimited deposits;
- Electronic Deposit submittal;
- "Two-site" storage of Deposit Materials to enhance retention security;
- Physical inspection of each Deposit;
- Deposit confirmation to both Owner and Beneficiary each time a deposit or update is received;
- Online-account management through *RealTime* Escrow; and
- All other administration of the escrow.

Based on the services listed above, PCG agrees to deposit on an annual basis (and any time enhancements or updates are made to the solution) a copy of all items that are necessary for the operation and support to EscrowTech to include the following:

- The Software source code and executables;
- Third-Party Software;
- Documentation for the source code;
- Software architecture and design documentation;
- Operations documentation;
- Scheduling instructions;
- All database information related to the State of Nebraska;
- All current and valid passwords and encryption keys; and
- Any other necessary or useful documentation.

Attestations

Our partnership with EscrowTech allows PCG to maintain authority to remove superseded source code and documentation if it is simultaneously replaced with the most current version of the superseded source code and documentation.

Additionally, PCG agrees to provide evidence to DHHS-DDD of continued payment of the escrow fees and/or evidence of the ongoing existence of such escrow relationship along with Contractor's annual audited financial statements as requested in the RFP.

The escrow agreement between PCG and EscrowTech will include direction to the escrow agent to release all escrowed items at termination or expiration of the Contract. And while it is extremely unlikely, should the Contractor default or file bankruptcy, as described in Section II.V. Early Termination, DHHS-DDD will cease utilization of source code. Otherwise, the State will utilize source code through the original term of the contract including any and all renewal periods and extensions.

b. Contractor shall deposit on an annual basis and any time enhancements or updates are made to the solution, at bidder's expense, with an escrow agent chosen by the Contractor, a copy of all items that are necessary for the operation and support, to include the following, but not limited to:

    i. The Software source code and executables;
    ii. Third Party Software;
    iii. Documentation for the source code;
    iv. Software architecture and design documentation;
    v. Operations documentation;
    vi. Scheduling instructions;
    vii. All database information related to the State of Nebraska;
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regularly throughout project execution.

Change Impact Analysis

The impact analysis reflects the coherences between future events and the impact of the change concerning the different stakeholder groups. To conduct a detailed analysis on the specific impact of the change PCG will ask and document an assessment of the following:

- What will change in the world of each stakeholder group?
- What do the people need to do differently in "Z"?
- What do the people need to be able to change?
- How do we prepare them for the desired change?

Align the Client

The greatest success factor for managing change is active and visible client communication and support through the change process. PCG will focus on key required activities with the Nebraska Department of Health and Human Services (DHHS) – Division of Developmental Disabilities (DDD):

- Participate actively and visibly throughout the project
- Clarify the vision for the change and be able to communicate the compelling case for change in clear understandable terms
- Build a coalition of sponsorship with peers and managers
- Communicate directly with managers and employees (and listen to them)
- Ensure adequate resources to achieve and sustain the change
- Manages any resistance at senior levels

Phase 2 – Plan the Change

In the second phase, PCG's main emphasis is on the development of formal plans (change management plan) and the integration of those into the overall project management plan. The defined strategy of the initiation phase must be verified and detailed.

- Executive sponsor activities
- Communications and training
- Resistance management
- Events and Interventions

Plan Communications

The main subject of the communication plan is the description of the importance of change and the risks in case of no change. The messages will be shared and agreed upon by both PCG and DHHS-DDD.

When planning the communication with DHHS-DDD, PCG's project manager will approach the change management process by completing the following:

- Providing a clear description of what is included from each change request in the change tracking system
- Referring to the change impact analysis and delineating impacts to the project's schedule
- Identifying key messages
- For system / development changes, requiring and planning successful completion of testing before the implementation stages
- Considering timing and schedule and when it will be best to communicate what
- Incorporating multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.)
- Considering the need for communicating the message multiple times
- Considering using multiple channels / media for communication
- Considering who is the most appropriate "sender"

- Participating in the decision-making process
- Taking responsibility for implementing the agreed-upon solution(s)

Phase 3 – Manage the Change

In the third phase, PCG's main emphasis is on the managing implementation of the change based on the defined change management plan. The following steps are performed to ensure successful and sustained completion of the approved change:

- Execute the Change Management Plan
- Input appropriate information into PCG's project tracking tools
- Realize actions
- Estimate ongoing impacts, investigate solutions, identifying alternatives as needed
- Perform change control
- Manage resistance

Manage Resistance

PCG's years of project management experience has taught us that resistance is natural. Accordingly, we always keep in mind that resistance does not reflect that a client is problematic. Resistance, when managed appropriately, can move the change management process in the right direction and is a check-and-balance tool for due diligence efforts. Good change management practices not only reduce resistance but can turn some of the most resistant stakeholders into some of the biggest supporters.

In order to react accordingly, PCG's project managers take proactive steps to:

- Provide clear, honest, and open two-way communications (and listen).
- Manage expectations and clarify the personal impact (what specifically will change and what is expected).
- Involve end users (those directly impacted) early and throughout the project.
- Engage managers and supervisors early and establish their role as coaches and change agents.

Phase 4 – Reinforce and Sustain the Change

To ensure a sustainable change, PCG's last phase of the structured change management process deals with the task of reinforcement. We will collect feedback to measure results and the adoption of the desired change.

Based on that feedback, PCG will take corrective action to close any gaps, embed the change into systems, processes, and policies, and deliver consequences to sustain the change.

To be able to measure the desired change our clients need, we can establish metrics to track desired changes / results. The desired final change will always be used as the main reference point. PCG will support DHHS-DDD in efforts to appropriately integrate completed change into *existing* systems (such as HR systems, policies, or scorecard metrics, etc.), thereby supporting and reducing complexity by not inventing new disparate approaches.

While a formalized process may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Change Management Process

The Change Management process is the mechanism used to initiate, record, assess, approve, and resolve proposed changes for the entire project, including the QIDS system development. All proposed development changes or system modifications will be managed through a formal change control process. System development or modification requests will be documented in a formal change request and analyzed for impact, using the following steps in *Figure VI.B.9.1* below.

1. Identify	Identify and document the required change
2. Validate	Verify that the change is valid and requires management
3. Analyze	Analyze and record schedule, cost, and effort/impact of change
4. Control	Decide whether to execute the change
5. Action	Execute decision, including revision to project plans if necessary
6. Close	Verify that the action is complete and close the change request

Figure VI.B.9.1: PCG's change management tools support six critical steps used for Operational and System Development or Modification Requests. Our formalized process will ensure that the requested change is understood and prioritized appropriately.

While a formalized set of tools may sound time consuming and cumbersome, it ensures the requested change is well understood, formalized, and prioritized appropriately.

Process and Tools

PCG uses a Microsoft SharePoint–based change control tool that is both manual and automated to support project stakeholders in the management of change requests and the decisions made regarding them. These tools incorporate the PMI process to perform integrated change control and the specific and most appropriate tool functionality will be customized to DHHS-DDD's environment and organizational norms. This allows DHHS-DDD the ability to set and change priorities on individual change requests that are immediately noted, recorded, and acted upon by PCG's project team. The tools support the means to control and monitor change requests via a change control board by recording changes requests up for consideration, notifying the appropriate subject matter experts to provide input, and communicating the decisions to the rest of the project team. PCG tool improves the communication of project goals, enhances collaborative development, reduces project risk, and increases the quality of deliverables *during* implementation rather than post go-live operations.

PCG is a leader in creating and managing web-based change control tools that enhance an agile development process, maintain requirements, user stories, design widgets, test cases and test scripts, and change requests. This configured tool will allow DHHS-DDD to set and change priorities on individual change requests and to determine the estimated and actual hours allocated to each change request and the personnel assigned to complete the request. It can be customized to include functionality allowing for DHHS-DDD to propose and track schedule completion dates all while enhancing PCG's business leads and technology teams to work collaboratively using a single frame of reference.

Overall, PCG's structure project management change tracking system framework provides two clear benefits to DHHS-DDD. First, the **transition phase will be seamless**. Applying configuration options to a change tracking tool already live in production can be achieved quickly. Secondly, DHSS-DDD will experience a **higher level of customer satisfaction** from a change tracking system that meets its exact needs and a team that is knowledgeable and committed to the highest standards of project management.

Below is the Change Tracking System developed and deployed in the state of Illinois for PCG's QIO quality review report change approval process. It enables PCG and the IL client to successfully work through the change control process for over 1,200 reports annually. The tracking systems send automated e-mails and

reminders to both parties and facilitates the workflow process from initial request to completion, touching on each of the six steps outlined above.

d. The Contractor will be required to work with DHHS designated personnel to communicate the implementation plan, configuration phase plan, timelines, deadlines and any delays via written documentation using agreed formats and timelines. Address any software issues within two (2) business days or as determined by DHHS.

e.   The Contractor's software module will ensure CMS reporting requirements, found in the Attachment D HCBS Waiver Technical Guide and in Nebraska's Medicaid HCBS Waivers, are met.

f.   Any software issues will be addressed within two (2) business days or as agreed upon by DHHS and the Contractor. Errors must be identified and communicated to DHHS.

g.   Contractor will provide system updates fully tested and deemed ready for release.

9.   CHANGE CONTROL PLAN

a.   Project Change Control
The Contractor must work with DHHS to establish a change control process. Change control is the formal process for identifying changes that arise in the natural flow of the project and determining the disposition of the requested change or correction. The Project Change Control process will span the entire project life cycle and incorporate a formal change request process, including formal DHHS review and approval. The Project Change Control process includes the terms set forth in Section II.G Change Orders or Substitutions.

Each Change Control Request will:

i.   Provide a clear description of what is included from each change request;
ii.   Delineate impacts to the project's schedule;
iii.   Require successful completion of testing before the implementation stages;
iv.   Incorporate multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.); and,
v.   Support the Project Change Control process by estimating impacts, investigating solutions, identifying alternatives, inputting appropriate information into the project tracking tools, participating in the decision-making process, and implementing the agreed-upon solution.

b.   Change Control Tracking System
The Contractor must provide a change control tracking system that provides the following minimum requirements:

i.   The means to control and monitor change requests;
ii.   A process for reporting the status of all change requests;
iii.   The ability for DHHS to set and change priorities on individual change requests;
iv.   A method for DHHS to determine the estimated and actual hours allocated to each change request and the personnel assigned to each request; and
v.   A method to schedule a completion date provided by DHHS for each change request.

10.   Software Escrow Requirements
a.   Bidder shall include in the proposal response the escrow agent that will be utilized. The State will have the right of refusal during contract finalization.

Bidder Response:
Software Escrow Requirements
PCG has a strong partnership with EscrowTech International, Inc. EscrowTech protects a software licensee by ensuring that the licensee will have access to the source code (and possibly other materials) in the event that the licensor goes out of business (e.g., via bankruptcy), discontinues support of the licensed software, breaches maintenance obligations, or some other release condition occurs. Typically, the parties use a software escrow when the license is for the object code (binary form) of the software, and, simplistically, a software escrow can be described as follows:

- The licensor delivers a copy of the source code to an escrow agent.
- The escrow agent holds the source code.
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Based on the services listed above, PCG agrees to deposit on an annual basis (and any time enhancements or updates are made to the solution) a copy of all items that are necessary for the operation and support to EscrowTech to include the following:

- The Software source code and executables;
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- Documentation for the source code;
- Software architecture and design documentation;
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Attestations

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The escrow agreement between PCG and EscrowTech will include direction to the escrow agent to release all escrowed items at termination or expiration of the Contract. And while it is extremely unlikely, should the Contractor default or file bankruptcy, as described in Section II.V. Early Termination, DHHS-DDD will cease utilization of source code. Otherwise, the State will utilize source code through the original term of the contract including any and all renewal periods and extensions.

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g. Contractor will provide system updates fully tested and deemed ready for release.

9. CHANGE CONTROL PLAN

a. Project Change Control
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b. Change Control Tracking System
The Contractor must provide a change control tracking system that provides the following minimum requirements:

i. The means to control and monitor change requests;
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    vi. Scheduling instructions;
    vii. All database information related to the State of Nebraska;
    viii. All current and valid passwords and encryption keys; and
    ix. Any other necessary or useful documentation.

      c.   Contractor will have the authority to remove superseded source code and documentation if it is simultaneously replaced with the most current version of the superseded source code and documentation.

      d.   The Contractor shall include along with Contractor's annual audited financial statements required in Section VIII.B.2 evidence to the State of continued payment of the escrow fees and/or evidence of the ongoing existence of such escrow relationship.

      e.   The escrow agreement will include direction to the escrow agent to release all escrowed items at termination or expiration of the Contract.

      f.   Should the Contractor default or file bankruptcy, as described in Section II.V. Early Termination, the State will cease utilization of source code. Otherwise, the State will utilize source code through the original term of the contract including any and all renewal periods and extensions.

Required Outcome: The QIDS work must be completed for the mandatory modules no later than six (6) months after the start of the contract.

C.   **ENHANCING AND IMPROVING NEBRASKA'S QUALITY MANAGEMENT SYSTEM (QMS) AND STRATEGY**
DHHS-DDD expects the Contractor to complete a comprehensive assessment and provide recommendations to enhance the HCBS QMS. This scope is intended to extend internal capacity, evaluate the provision of services, remediate problems with quality, design quality enhancement strategies, and deliver and support continuous quality improvement. This includes but is not limited to:

1.	**Task 1. Assessment**
	a.	Conduct a comprehensive assessment of HCBS QMS. This assessment should include a systematic infrastructure analysis of current state, including review of data availability, data collection tools, processes, information systems, and existing metrics. Produce a report that includes a detailed narrative, current state process map(s), identification of existing strengths and weaknesses, and assessment of current state compared to CMS compliance requirements and best and promising practices. The first two priority components of this assessment are the Mortality Review (See Section VI.E) and the Critical Incident Management Process (See Section VI.F) The comprehensive assessment shall also include, but is not limited to:
		i.	HCBS Waiver Performance Measures/CMS Assurances;
		ii.	Internal quality practices such as ISP reviews, claims reviews, and ICAP reviews;
		iii.	Outcomes-based Provider Quality Management including;
			a)	Provider quality reviews (both desk reviews and on-site);
			b)	HCBS Settings assessments;
			c)	Provider technical assistance and training; and
			d)	Provider remediation and CAPs;
		iv.	Participant Experience Surveys and National Core Indicators surveys; and,
		v.	Data analysis and trending for continuous improvement.

		Describe how the bidder meets or exceeds this requirement.

Bidder Response:

The Nebraska Department of Health and Human Services (DHHS) – Division of Developmental Disabilities (DDD) will not find a more experienced partner to assess and provide recommendations to the enhancement of the home and community-based services (HCBS) QMS and strategy. With our significant history and experience with HCBS waivers, including several current ongoing projects, Public Consulting Group, Inc. (PCG) is deeply familiar with HCBS federal (and individual state) laws, regulations, policies, procedures, and requirements governing waivers. Staying current, even preemptively anticipating changes, is crucial to our ability to support state efforts to manage waiver program compliance, quality, and overall operations. Because of changes in federal requirements, quality oversight and compliance can feel like an ever-evolving target. PCG eliminates that concern and uncertainty. Our strategic and comprehensive evaluation and assessment model requires that we remain closely observant of federal requirements. **This ensures that our waiver quality management and continuous improvement assessments are always situationally germane and can satisfy waiver quality oversight and management goals without sacrificing any necessary operational rigors.**

PCG is the nationwide leader in HCBS/LTSS quality assurance and compliance oversight

Since its inception in 1986, PCG has prided itself on our work with non-institutional health providers. Some of our first projects included provider oversight work of behavioral health providers focusing on compliance and quality outcomes. Over time, our work has expanded into other provider types such as in-home care provider, nursing homes, home health, NEMT, physical and occupational therapy, pharmacy, and early intervention providers to name a few – experience that has rounded out the PCG team. We currently perform related HCBS work in more than two dozen other states. Over the past decade, PCG has built on our strong LTSS/HCBS history to firmly establish ourselves as the national leader of HBS Management and Oversight

PCG's HCBS capabilities are expansive and evolving over time. Just in the past 10 years, we have performed pre-payment reviews, post-payment reviews, on-site pre- and post-network enrollment services, business support for HCBS case management systems, incident investigations, HCBS Final Rule compliance and remediation assessments, and QIO-like certification and related work since 2017. This rapid growth and trajectory are a testament to our focus on HCBS quality improvement initiatives for the past three decades. We employ over 150 assessors, reviewers, and investigators, many with a strong clinical background. This includes several components:

1.	Knowledge and expertise of HCBS/LTSS waivers, programs, federal requirements.
2.	Technology systems that integrate multiple configurable modules into an integrated platform that allows us to ensure constancy and effectiveness while managing data for reporting and analysis to increase efficiency and improve outcomes.
3.	Operational capabilities to implement and execute complex scopes of work with large and highly skilled staff.

PCG knows how important it is for your vendor to understand HCBS waivers. PCG has knowledge and experience in mortality reviews and critical incident management. In addition, PCG is extremely familiar with the waiver assurances under the 1915(c) HCBS waivers. We are very confident in not only our own understanding, but we are confident in our ability to use this knowledge to complete a thorough assessment of Nebraska's quality management system.

The Centers for Medicare and Medicaid Services (CMS) requires states to design a quality assurance system for its 1915(c) Home and Community-Based Waiver programs to ensure the health and welfare of participants. The state's quality assurance system must address six overarching Quality Assurances, along with associated Sub-assurances, by developing and reporting on performance measures for each. In 2014, in collaboration with the National Association of States United in Aging and Disability (NASUAD), National Association of State Directors of Developmental Disabilities Services (NASDDDS) National Association of Medicaid Directors (NAMD), and administrators from 11 states and the National Quality Enterprise, CMS modified its quality assurance system requirements and released *Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers*[4]. The modified Quality Assurances are:

Assurance: Level of Care
The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care (LOC) consistent with care provided in a hospital, nursing facility, or Intermediate Care Facility (Individuals with Intellectual Disabilities).

Assurance: Service Planning
The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

Assurance: Qualified Providers
The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Assurance: Health and Welfare
The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Assurance: Financial Accountability
The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

Assurance: Administrative Authority
The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

Supporting States with HCBS Quality Framework
The six Quality Assurances and the HCBS Quality Framework[5] work in conjunction to ultimately achieve participant-centered desired outcomes including:

8. **Participant Access:** Individuals have access to home and community-based services and supports in their communities.

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[4] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf

[5] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf

9. **Participant-Centered Service Planning and Delivery:** Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences, and decisions concerning his/her life in the community.
10. **Provider Capacity and Capabilities:** There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.
11. **Participant Safeguards:** Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.
12. **Participant Rights and Responsibilities:** Participants receive support to exercise their rights and in accepting personal responsibilities.
13. **Participant Outcomes and Satisfaction:** Participants are satisfied with their services and achieve desired outcomes.
14. **System Performance:** The system supports participants efficiently and effectively and constantly strives to improve quality.

Both the CMS quality assurance system and the HCBS Quality Framework embrace a system that involves:

- **Program Design:** A system that addresses topics such as service standards, provider qualifications, assessment, service planning, monitoring participant health and welfare and critical safeguards.
- **Quality Management:**
  - **Discovery:** Collecting data and direct participant experiences in order to assess the ongoing implementation of the program, identifying strengths and opportunities for improvement.
  - **Remediation:** Taking action to remedy specific problems or concerns that arise.
  - **Continuous Improvement:** Utilizing data and quality information to engage in actions that lead to continuous improvement in the HCBS program.

The six Quality Assurances and Sub-assurances can serve as the foundation to the program design of an effective quality management program design. For the "Discovery" phase in the continuous quality assurance system, CMS requires states to conduct quality reviews of entities and stakeholders involved in the participant care to evaluate performance on the Quality Assurances, Sub-assurances, and individual measures. Leveraging the information gleaned from these quality assurance reviews, states must remediate any noncompliant findings, inform and implement continuous improvement efforts, and submit an evidentiary report on all performance measures (and any remediation taken for any identified noncompliance issues in their quality assurance system) for each HCBS waiver. This report is due approximately eighteen (18) months prior to waiver renewal dates

With our significant history and experience with HCBS Waivers, including several current ongoing projects, PCG is deeply familiar with HCBS federal and individual state laws, regulations, policies, procedures, and requirements governing waivers. Staying current, even at times anticipating changes, is crucial to our ability to support state efforts to manage waiver program compliance, quality, and overall operations. Because of changes in federal requirements, quality oversight and compliance can feel like an ever-evolving target. PCG eliminates that concern and uncertainty. Our operating model requires that we remain closely observant of federal requirements and participate in training and knowledge transfer opportunities. This ensures our clients that our waiver oversight programs are always situationally germane and can satisfy waiver quality oversight and management goals without sacrificing any necessary operational rigors.

Growing HCBS programs while maintaining quality and oversight, safeguarding health and safety, along with ensuring compliance with federal requirements, is a challenge. We have seen this firsthand in Indiana, North Carolina, Illinois, South Carolina, Ohio, New York, Mississippi, Wisconsin, California, and Michigan. That is why selecting the right vendor to assess NE's current status is so important. PCG understands this environment; we have successfully implemented and continue to manage a variety of programs to ensure compliance and quality in state HCBS waivers; and we can apply a multi-dimensional approach to meet the DHHS-DDD's scope of work requirements.

In the past five years, **PCG has conducted more than 125,000 quality reviews**, complaint and incident investigations, on-site visits, and post-payment reviews of HCBS waiver providers. Our intimate knowledge in this area is unparalleled as our team is recognized nationally as experts in this field. Specifically, members of this team have been responsible for much of our work in other states including completion of the following:

- Conducted 14,000+ in-person HCBS provider record reviews
- Visited and reviewed 25,000+ providers on-site
- Investigated 83,000+ HCBS violation health and safety incident reports
- Trained 2,000+ providers on HCBS service delivery in classroom setting
- Conducted 2,000+ long-term, full-scale post-payment desk reviews
- Conducted 5,000+ preliminary and 2,500+ full focused post payment investigations
- Conducted 1,000+ on-site assessments for compliance HCBS Final Rule
- Trained 40,000+ providers via PCG's online computer-based training module
- Processed 18,000+ HCBS provider enrollment applications

We perform a wide range of case reviews to guarantee provider compliance, ensure individuals are receiving quality of care, and enhance health outcomes. Our investigation and review capabilities include provider screening reviews, structural reviews, incident investigations, complaint reviews, pre-payment reviews, post-payment reviews and clinical on-site reviews. The nature of PCG's provider oversight work encompasses systemic transformation, operational assistance, and/or stakeholder engagement.

- ✓ *Quality Assurance Reviews.* Use PCG IT system to monitor waiver performance measures by conducting on-site quality assurance reviews to ensure the level of care assessments meet eligibility requirements, service plans appropriately address level of need, and individuals are satisfied with their care.
- ✓ *In-Person Provider Reviews.* Face-to-face meetings with identified providers held annually or biannually to review documentation and ensure providers deliver services in a manner that complies with the Medicaid Waiver, state plan, and regulatory requirements, as well as demonstrating progress with person-centered plans.
- ✓ *Health and Welfare Incident Management.* Investigation of tens of thousands of instances of abuse, neglect, exploitation, and unexplained death. We ensure prevention plans are put in place for the health and welfare of waiver individuals.
- ✓ *HCBS Settings Rule On-site Assessments.* Ensure residential and non-residential settings adhere to the Final Rule on settings and individuals are provided with the opportunity to receive services in the most integrated settings.
- ✓ *On-site Provider Pre-Enrollment and Post-Enrollment Screening Visits.* Monitor enrolling and revalidating providers to ensure they meet provider qualifications with the required licenses, certifications, and training. We ensure providers are compliant, knowledgeable, and operationally prepared to provide quality services.
- ✓ *Provider Enrollment and Training*. Processing of all HCBS Waiver applications, confirming their eligibility, enrolling providers, and educating them on program requirements to improve quality of services provided.
- ✓ *Prepayment and Post-Payment Reviews and Investigations.* Review for financial accountability and that claims are paid for services rendered appropriately and accordingly with the program rules, service authorizations, and individual service plans.

PCG currently conducts Inventory for Client and Agency Planning (ICAP) assessments in Indiana. In addition, our team has experience and is familiar with needs assessments and reviewing assessments for accurate scoring.

PCG is well versed on the National Core Indicators (NCI) survey indicators that are intended to measure both performance and outcomes. The indicators are divided into five domains: 1) Individual Outcomes; 2) Health, Welfare, and Rights; 3) System Performance; 4) Staff Stability; and 5) Family Indicators. Within each domain

are sub-domains that have targeted outcomes. The following list provides more detail on what each domain aims to address:

- *Individual Outcomes:* Addresses how well the system helps adults with ID/DD to sustain relationships, work, exercise choice, and participate in their communities. The Sub-domain indicators aim to understand how satisfied individuals are with the services and support the program provides them with.

- *Health, Welfare, and Rights:* Addresses health and wellness, safety and security, and the respect and protection of individual rights.

- *System Performance:* Addresses cultural competency, access to services, individual and family participation in provider decisions, service coordination, and the utilization of different types of services and support.

- *Staff Stability:* Addresses the stability and competency of the staff who has direct contact with the individual.

- *Family Indicators:* Addresses how well the system aids adults with ID/DD with family relationships, choice and control in decision-making, and participating in their communities. Sub-domain indicators assess how satisfied families are with the services and support they are given.

NCI collects its data primarily through the Adult Consumer Survey and the Family Surveys. The Adult Consumer Survey is a conducted face-to-face with the purpose of acquiring individual demographic, health, and service information. The survey directly gathers information on valued outcomes of life from adults with ID/DD. The Adult Consumer Survey collects data on approximately one-half of NCI's total outcome and performance indicators. The first section includes questions that can only be answered by the individual. The questions ask about personal experiences and opinions. The section allows for other respondents who know the individual well, such as a family member, to answer. Those questions consist of facts based on the individual's circumstances. Those who conduct the surveys have no personal connection with those being surveyed. The state collects data from a random sample consisting of at least 400 individuals.

The Family Surveys are surveys given to families who have a family member with ID/DD. These surveys are mailed and are intended to assess system responsiveness to family needs, overall satisfaction, and the quality of the services they receive. There are three types of Family Surveys: 1) The Adult Family Survey; 2) The Family Guardian Survey; and 3) The Child Family Survey. Any of these surveys may be given depending on each family's conditions. The surveys are mailed to the families and aim to receive at least 400 responses. With an average response rate of approximately 33%, it is advised to send out at least 1200 surveys to receive the number of responses needed, which aligns to the requirements of this RFP. PCG recently administered the 2019-2020 NCI Adult Family and Family Guardian surveys for Maryland, providing survey communication as well as mailing all surveys and entering the survey data into the NCI online platform.

In addition, NCI also oversees the National Core Indicators Aging and Disabilities (NCI-AD™) survey, targeted for older adults and adults with physical disabilities. NCI-AD™ surveys are administered in-person and includes adults accessing publicly funded services in skilled nursing facilities, Medicaid waivers, Medicaid state plan programs, and/or state-funded programs, as well as older adults served by Older Americans Act programs.

PCG has extensive experience in states including New York, South Carolina, Ohio, Indiana, Illinois, Wisconsin, and Massachusetts, interacting and conducting interviews with individuals with intellectual and developmental disabilities. PCG is a leader in innovative training methods to support staff. We have developed extensive training programs to effectively onboard new staff to conduct site visits, interact with individuals with intellectual disabilities, and properly use necessary technology platforms. **For example, to better support states, PCG has invested in becoming a Person-Centered Organization.** PCG staff who support states with HCBS Statewide Transition plans, and who are included in this project, have been trained in Person-Centered Thinking and Person-Centered Planning. The PCG training mirrors the CMS

requirements for states to incorporate these practices into HCBS services and the PCG training allows PCG to meet not just the letter of the Final Rule, but more importantly, the spirit of the rule.

PCG's vast experience with HCBS quality makes us the right choice to conduct the Comprehensive Assessment of HCBS QMS in NE.

Comprehensive Assessment of HCBS QMS

We will conduct a comprehensive assessment of HCBS QMS to provide a complete understanding of the current state in NE. This analysis will include a review of data, tools used to collect the data, processes, information systems, and existing metrics. We will employ a regimen of tools to explore, evaluate, and produce a final report that includes process maps, identification of existing strengths and weaknesses, and an assessment of the current state compared to requirements from CMS along with best and promising practices.

PCG's first priorities will be to assess the Mortality Review and Critical Incident Management processes. However, we believe that in order to obtain the most information and truly assess the current state in NE, additional processes must be included in the analysis. PCG's analysis will also include:

- HCBS Waiver Performance Measures/CMS Assurances;
- Internal quality practices such as ISP reviews, claims reviews, and ICAP reviews;
- Outcomes-based Provider Quality Management, including:
  - Provider quality reviews (both desk reviews and on-site)
  - HCBS Settings assessments
  - Provider technical assistance and training; and
  - Provider remediation and CAPs
- Participant Experience Surveys and National Core Indicator surveys; and
- Data analysis and trending for continuous improvement

Information Request

As we initiate a policy and process improvement effort, we will formulate an information request. This request is typically comprised of information that will clearly be helpful in developing the current state analysis. In such assessments, this typically includes data related to each of the identified areas of assessment. For example, our team will analyze the available data for Mortality Reviews, to include number of reviews each fiscal year, reasons for death, services received by the individuals, providers, etc. In addition, narrative documents such as statutes, regulations, policy documents, workflows, training materials, or other materials that provide background will be requested. This information can be essential in gaining a foundational understanding of the current state.

Data Gathering

In addition to the information request we will also employ various data gathering techniques, including:
- Interviews – Interviewing key process participants is important to gaining an in-depth understanding of the current state. Prior to interviews, we prepare a list of guiding questions and prepare a template for collecting responses. We prepare intensively by studying relevant information already available and conduct an internal review of questions in advance to help ensure completeness.
- Observation/Demonstration – During the assessment, we will observe and review staff conducting the current processes. In addition, we will see demonstrations of any current information systems used. This provides the opportunity to validate information already gathered and closes gaps in our understanding of the current state. Prior to any observations or demonstrations, we will develop a detailed agenda that includes a timeline of activities we expect to complete.
- Peer State Research – Peer state research will provide PCG with best and promising practices for HCBS quality. PCG will work with DHHS-DDD to select three-five peer states for research, based on agreed upon criteria.
- Process Mapping – Through the information request, interviews, observations, and demonstrations, we produce detailed process maps. These maps provide a valuable tool for learning about the processes and exposing its strengths and weaknesses.

As we gather data to inform the Comprehensive Assessment of HCBS QMS, PCG will keep in mind 1915(c) HCBS waiver federal requirements, of which we are very familiar. In addition, we will keep in mind NE statutory and regulatory requirements impacting HCBS waivers.

b. The Contractor will host a one-day QMS Strategic Planning session for up to twenty (20) internal and external stakeholders to seek feedback on the current and proposed system and discuss how to incorporate promising practices. Describe bidder's approach to meet this requirement.

Bidder Response:

PCG will plan, facilitate, and execute a one-day strategic planning session on the topic of Improving Nebraska's Quality Management System and Strategy within the first nine (9) months of the contract start date. Participants will include a combination of internal and external stakeholders with a maximum of twenty (20) participants. The specific list of invited stakeholders will be determined with the State upon award of the contract and as a part of the project kick-off meeting.

After the initial planning session, PCG will annually conduct a one-day session to review the Quality Management Strategy to determine if the plan needs to be amended or modified. In addition, and as requested in the RFP, every three (3) years, PCG will conduct a comprehensive review and make recommendations for changes.

The PCG team has decades of experience consulting and facilitating project activities among diverse groups of stakeholders in public-sector engagements. Our work routinely includes strategic planning, using data in planning, and team building through the design of the process. We use a facilitative leadership model for strategic planning, the leader of this process has been professionally trained in this approach.

In preparation for the strategic planning meeting PCG will familiarize themselves with the current plan and related materials for Quality Management System. We will also conduct interviews with key system stakeholders. It is our experience that a successful strategic planning meeting/process, whether it is conducted in one day or six months; starts with extensive/comprehensive preparation.

To effectively achieve the goals of the strategic planning meeting it is essential that we conduct up-front discussions with NE staff to make sure we clearly understand the desired systems change they would like to see as a result of this one-day meeting. Our team will interview staff and other stakeholders to achieve an understanding of the vision, values, and non-negotiables that are essential to the desired Quality Management System. PCG will also introduce promising practices that are being used in other states or that were mentioned as part of any stakeholder interviews. These interviews may include, if agreed to by the State, stakeholders that are not part of the 20 participants in the planning day but who represent points of view that the State would like to have presented as part of the planning meeting. A clear vision of the desired future is essential to the successful development of a meaningful Quality Management System. A clear statement of the values that undergird all aspects of the new Quality Management System is key to assuring that it is consistent with the value base, so that the State can ensure the people supported can live their best life and achieve their desired outcomes and goals and that the agency leadership, the Governor, Legislature, CMS, and other constituents are all assured that the mission is being accomplished and the funding is being used appropriately. Finally, clearly defining from the beginning if there are factors, (revenue neutral) changes or components that must or cannot be included in the Quality Management plan (non-negotiables) will serve as an important part of the decision-making framework.

We incorporate a strong stakeholder engagement process in all our client work. Our approach highlights how we work closely with our clients to approach all facilitated stakeholder interactions with a high degree of organization, thoughtfulness, and participant awareness that promote a transparent and productive process. In addition to regular communications with NE. PCG will work closely with project leadership to determine the best process for facilitated stakeholder engagement. We are skilled in facilitating meetings with project stakeholders. Our proven methods for conducting such meetings include:

- One-on-one interviews

- Small and large focus groups
- Interactive workshops
- Small- and large-scale trainings
- Phone and web-based surveys

In addition to our skills and experience facilitating group discussions, our team has extensive experience collecting and analyzing quantitative and qualitative data and synthesizing the information so that it is useful to policy makers, stakeholders, and program leaders. Our data collection and analysis work ranges from complex provider payment and rate setting projects to survey tool development and implementation and synthesis of data across systems. For example, we have developed and distributed:

- Provider self-assessment surveys for determining HCBS Settings Final Rule Compliance
- Provider surveys to collect documentation for determining HCBS Settings Final Rule Compliance
- Surveys to collect provider cost data

Many of our projects include a comprehensive data collection, analysis, and validation component that allows us to understand our clients' current state, identify gaps, and develop recommendations for future improvements. We will work with NE to develop a customized approach to collecting and analyzing relevant data that will include a draft of an analysis approach, specific data to be collected, instructions for analysis and verification, and a thorough description of our methodology. Our data and systems analysis methodologies also include application of specialized performance measures that will help NE identify baselines and benchmarks for achieving certain metrics in the future.

Required Outcome: Initial QMS Strategic Planning Session shall take place no later than nine (9) months after contract start date. In future years, the Contractor shall host this session annually to determine whether any amendments are needed to the Quality Management Strategy. Every three (3) years, the Contractor shall conduct a Comprehensive Review and make recommendations for changes, in addition to the annual QMS Strategic Planning Session. The comprehensive Assessment Report is due no later than twelve (12) months after start of the contract. See Sections VI.E and VI.F. for required outcomes related to the Mortality Review and Incidence Management Process.

2. **Task 2. Design: Comprehensive Roadmap for Enhancements**
   a. Recommend a Quality Management Strategy for DHHS-DDD. Develop a comprehensive roadmap for enhancements to the existing QMS, including discussion of best practices, based upon recommendations from CMS, and other State systems. Make recommendations for how to improve the existing system. The recommended strategy shall guide the organizational structure and operation of quality assurance and improvement activities; promote access to and quality of care and service in a timely, appropriate, and cost-effective manner; and improve individual personal outcomes. The first two priority components for the comprehensive roadmap and enhancements are the Mortality Review (See Section VI.E.) and the Critical Incident Management Process (See Section VI.F.). Describe how the bidder meets or exceeds this requirement.

Bidder Response:
In order to redesign a system, a program, or a process, creating a roadmap of how to get the end result is critical. PCG has vast experience in strategic planning and strategic visioning. We have worked with many states to create roadmaps for change.

PCG has worked with states to evaluate their current services offered, current populations served, utilization, and other factors for system design/redesign. As part of this work, PCG conducted visioning sessions with state agency leadership to identify the vision for the future. This included establishing goals and building a vision statement to formulate the foundation for the new system. State agency leadership participated in the sessions. The first session began with a review of the state agency's Mission Statement and Guiding Principles.

Our work includes a large span of services, including process engineering, organizational effectiveness, program design, change management, training, financial consulting, and outsourced operations. But no

matter the program area or service that we provide, **we rally around the common goals of evolving government and improving outcomes for the people it serves.**

Sustainable Change™ is PCG's approach to making meaningful and lasting change in government organizations. Sustainable Change™ is comprised of knowledge and tools that support growth, change, and revitalization of organizations. It is built upon experience, curiosity, imagination, and leading practices. Our approach helps organizations:

- focus on the right things

- set and execute strategy

- pivot amid change

- make great decisions

- build capacity

PCG was founded on the belief that government services should provide more value to the public. That notion resonates in our Sustainable Change**™** work, which is grounded in the following key principles:

- forward progress is paramount

- doing basic things well is key

- strategy and execution are inseparable

- sustainable change is our #1 indicator of success

To support our Sustainable Change™ approach, PCG has adapted leading practices and integrated them with our own tools and methods. For example, our process improvement methodology includes features of **Lean** that are tailored to provide more user-friendly work products. Our organizational assessment work is grounded in tools developed by the **American Public Human Services Association (APHSA)** and its Organizational Effectiveness Unit. Our work to maximize staff and stakeholder buy-in and help them through transitions required by organizational change are grounded in **Prosci, Inc.'s ADKAR methodology** (in which our proposed staff are certified). Our project management methodology is heavily influenced by the **Project Management Book of Knowledge** (PMBOK). We have taken the best parts of these methods and developed a hybrid approach focused on results and optimized for public health and human services. See more here: http://campaigns.pcgus.com/human-services/sustainable-change/

Our improvement cycle – **Dream, Explore, Shape, Implement, Nurture (DESIN)** – at the heart of Sustainable Change™ comes from more than 30 years of helping government transform. It provides a practical model for navigating and executing change, blending the human, organizational, and technical aspects of change.

OBJECTIVE		OUTCOME
Dream — Push the limits of reality, disrupt the status quo, articulate a vision, define a focus.		**Vision**
Explore — Understand the people, processes, technology, and structure of an organization.		**Understanding**
Shape — Design the future state and identify the resources required.		**Solutions**
Implement — Breathe life into innovations, lay the groundwork for sustainable change.		**Innovations**
Nurture — Focus on continuous improvement, and let ideas grow.		**Transformation**

Figure VI.C.2.1

b.   The recommended strategy shall meet the CMS assurances for the operation of the Medicaid HCBS waiver programs including process for developing, measuring and monitoring performance indicators for each assurance; the CMS Home and Community-Based Settings Rule; and Nebraska rules and regulations. The recommendations shall reflect the CMS required Design, Discovery, Remediation, Improvement continuous quality improvement cycle shown in Figure 4.

Figure 4
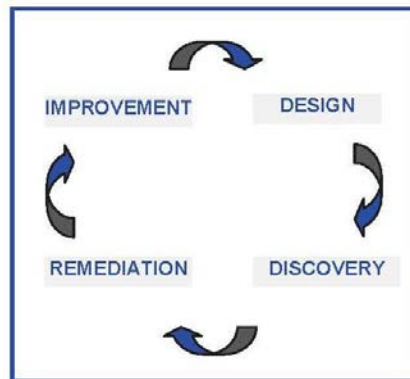
Describe bidder's understanding of this requirement.

Bidder Response:
The PCG team is highly experienced with HCBS waivers, including writing waivers, responding to Informal Requests for Additional Information (IRAI), implementing waivers, and developing the 372 reports as well as Evidentiary reports. Staff on the PCG team have also conducted quality improvement work, related to evaluating the state's compliance with the waiver assurances and sub assurances. Staff have trained entities within a state regarding quality improvement outcomes and worked with agencies for remediation.

The CMS continuous quality improvement (CQI) approach is based on the concept generally credited to W. Edwards Deming. CQI uses evidence to drive continuous, cyclical improvement. The CQI principles of Design, Discovery, Remediation, and Improvement have been the model used by CMS for HCBS waivers since the early 2000s. With HCBS waivers, CMS expects states follow a CQI process for each waiver program. The process requires that states continuously monitor the implementation of each waiver's sub-assurances, methods for remediation or addressing identified problems and areas of non-compliance, and processes for 1. Aggregating collected information on discovery and remediation activities, and 2. Prioritizing and addressing needed system changes regularly.

Design
Design is the state's plan for monitoring the waiver program and making improvements when systemic problems are discovered. The plan must be described in the waiver application, and include information on how the state will discover when assurances are not met; the plan for monitoring if problems are remediated; and how the state will engage the system to improve. The state must design its CQI around the waiver assurances of:
- Level of Care
- Service Plan
- Provider Qualifications
- Health and Welfare
- Financial Accountability
- Administrative Authority

Discovery
PCG understands that Discovery includes monitoring and data collection activities that identify if the state addresses compliance with the waiver assurances. Discovery activities can include record reviews, financial reviews, interviews with participants and providers, observation of program operations, as well as the compilation of data. Discovery activities that evaluate how well the state is performing relative to the waiver sub-assurances are the performance measures identified in the waiver agreement. If a state does not sample 100% of the universe, CMS suggests a confidence interval with at least a 95% confidence level and a +/- 5 percent margin of error. This approach provides a clear and concise evidence-based representation of a state's compliance with an assurance.

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Remediation

Remediation is critical as states must show compliance with CMS statutory assurances. CMS requires a remediation plan when system performance is less than 100%. Individually identified areas require correction in order to support compliance and quality improvement. Activities include:

- Remedial action to be taken
- Timeline for when remediation is effectuated
- Those responsible for addressing remedial activities
- Frequency with which performance is measured

CMS allows states to determine the types of information used to measure performance related to the assurances, but it must be sufficient to conclude compliance. Often, states will use more than one data source to evaluate performance.

States can measure performance against the assurances at different intervals, frequency rates, and with varying intensity. However, states should be able to verify to CMS and stakeholders that it has measured performance against the assurances no less than annually.

Improvement

Improvement occurs when a state adjusts the system and is larger than remediation's focus on individual problems. When a state is making improvements, it is adjusting the system's processes or procedures in an effort to prevent or decrease future individual problems. If the changes a state makes to the system are effective, a state should see improvement in the performance measures. If the changes are ineffective after a reasonable amount of a time, the state needs to figure out why the improvement did not work. Improvements may not work because the change did not occur as it was designed to, or the intervention was not the right intervention to address the problem.

States are also required to evaluate its CQI at least once during the approved waiver period. This process is described in Appendix H and must include how and when a state will conduct the self-review.

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c. The recommendations shall include Personal Outcomes, and a discussion of how these can be integrated throughout the proposed HCBS Quality Management Strategy, to help ensure that supports and services are integrated, person-centered and outcome-oriented. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

PCG understands the importance of ensuring that Personal Outcomes are an integral part of the Quality Management Strategy. The HCBS Settings Final Rule is focused on ensuring that supports and services are based on a person-centered plan that not only puts the person in the lead of this planning process but encompasses the person's goals, strengths, interests, and areas of need. The entire process starts with understanding what the person wants to accomplish (their vision), what are their life goals, and what resources do they have and do they need to achieve the goal. Three outcomes of importance are: 1. choice and decision making; 2. community participation; and 3. experience of care.

The PCG team members have extensive training and experience in and with person-centered thinking, planning, and processes. Support Development Associates (SDA) is one of our strategic partners and we have done extensive work with them in several states, to include statewide training regarding person-centered thinking, planning, and processes. In addition, SDA has worked with PCG on our journey to become a Person-Centered Organization. Also, since March of 2020, PCG has been a key collaborator with SDA on a bi-weekly world café (held via Zoom) that focuses on Person-Centered Thinking in a Time of Crisis.

Additionally, PCG has four staff who have been trained as Ambassadors for the Charting the Life Course (CtLC). The CtLC uses tools to work with people regardless of age or disability to achieve "their good life."

There are a multitude of surveys in use by various states, including: the Personal Outcome Measures© from the Council on Quality and Leadership; National Core Indicators; Participant Experience Survey; Money Follows the Person Quality of Life Survey; and the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS®). PCG is familiar with the surveys and information obtained related to personal

outcomes. This knowledge provides PCG the ability to assure that Personal Outcomes are at the forefront of any quality management strategy improvement and changes. PCG understands that the outcomes for individuals should be the driving force behind any change.

d. The report shall include a narrative with discussion of data collection tools, processes, metrics, including identification of existing system gaps, and recommendations on how to improve the current state around what should stay the same, what should be refined, what should be replaced, to achieve best practices. It shall include process maps to demonstrate recommended changes from current state as well as the proposed future state. Describe how the bidder meets or exceeds this requirement.

Bidder Response:
Because PCG has dedicated itself almost exclusively to the public sector for over 33 years, the firm has developed a deep understanding of the legal and regulatory requirements and fiscal constraints that often dictate a public agency's ability to meet the needs of the populations it serves. We are honored to have helped thousands of public-sector organizations maximize resources, make better management decisions using performance measurement techniques, improve business processes, achieve and maintain federal and state compliance, and, most importantly, improve client outcomes.

We have worked with these states to achieve a variety of objectives including:

- Improving provider performance and management – including trainings and support,
- Maintaining federal program and fiscal compliance,
- Planning and implementing new programs and services,
- Evaluating program models utilizing data collection methods,
- Conducting rate studies,
- Improving business processes and services, and
- Assessing and planning enterprise technology.

Our project team includes staff with direct experience in implementing HCBS waiver policies, as well as oversight of HCBS waiver performance measures and assurance compliance. Our team has developed new policy for HCBS waivers and worked closely with both CMS regional and central offices as well as stakeholders, including providers and service coordination agencies to improve quality and outcomes for individuals.

Our evaluation methods include both quantitative and qualitative processes to inform recommendations from both perspectives. We evaluate specific procedures, budgeting methodologies, programs, services, and casework tools. Data is collected through financial data collection, policy and procedure review, key staff interviews, focus groups, document reviews, site visits, surveys, and from a variety of management information systems. A key component of financial and process reviews also includes compliance. The compliance aspects of a typical engagement require our policy experts to assess against federal regulations and performance measures, as well as state specific laws and policies.

PCG's experience includes Business Process Reviews, where examinations of current processes and operations are conducted, including the organizational culture and program design, as well as interviews, focus groups, observation of on-site activities and other tasks. Through this work, PCG has identified root-cause challenges and submitted detailed reports of the findings and recommendations for improvements that would enhance the quality of programs. We have also worked with states to develop a multi-year strategic implementation plan with extensive staff and stakeholder input, which helps states to monitor and continuously improve year after year.

In California, currently, PCG is engaged in multiple phases of a strategic planning and implementation project to support the redesign of Workforce Investment Act (WIA) programs and the entire service delivery system under Workforce Innovation and Opportunity Act (WIOA) for Los Angeles County. Recent activities include the facilitation of executive management through a data-driven process to redesign the service delivery system under WIOA, taking into account local demographics, labor market needs, key industry sectors, and budget and infrastructure limitations, as well as opportunities for further partnerships and alignment across the system.

As PCG develops the report, information from the Comprehensive Assessment of HCBS QMS, the One Day Strategic Planning Session, and the road maps will contribute to the final report. PCG's final report will include, at minimum the following sections and information:

- Methodology and approach – data collection tools, processes, metrics
- Comprehensive Assessment of HCBS QMS – narrative
- Findings – gap analysis, best practice research
- Recommendations – process maps, narrative
- Conclusions and next steps

The draft report will be submitted to DHHS-DDD for feedback and edits. PCG may also schedule a meeting with DHHS-DDD to discuss the report. Once PCG receives the feedback from DHHS-DDD, PCG will revise the report and submit the final report for DHHS-DDD acceptance and approval.

Required Outcome: The initial Quality Management Strategy Design Report with accompanying process maps is due no later than fifteen (15) months after contract start date. See Sections VI.E and VI.F. for required outcomes related to the Mortality Review and Incidence Management System.

D. **QMS Building Competency**

1. The Contractor will develop a comprehensive train-the-trainer curriculum and program for the HCBS quality team and provider certification surveyors, using a module approach. This shall be done collaboratively with DHHS and result in a mix of competency-based in-person and web-based trainings on quality. The Contractor shall design the curriculum and competency-based assessments, for DHHS to implement. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

Approach

PCG has developed and disseminated comprehensive, statewide training supporting systems change by employing varied training methods including:

- **Statewide, regional, and classroom style face-to-face training**

- **Targeted, ongoing technical assistance**

- **Developing and delivering specific curriculum, online and face to face**

- **Developing and delivering web-based training series and webinars**

- **Developing, delivering, and maintaining online resource banks**

You will find that PCG is well positioned to assist moving the State forward. PCG has the knowledge and experience critical to understanding the strengths, needs, and challenges across the Nebraska landscape. While we know Nebraska well, we and our clients benefit from PCG's experience on the national stage. We're able to translate best practices and lessons learned from differing states across the country, to benefit DHHS-DDD.

PCG understands the critical nature of training programs to enhance the support and understanding of stakeholders throughout the quality process. The PCG team has extensive experience designing, developing, and executing training programs, including train-the trainer models. Our comprehensive training format spans from research to policy to practice. It is our belief that the value and effectiveness of quality oversight ties directly to the skills, knowledge, and abilities of staff, leadership, and providers. We are dedicated to the sustainability of the HCBS system and use a variety of methods to design and deliver training that fosters on-going continuous improvement at every level of the field across Nebraska.

For this scope, PCG will work collaboratively with DHHS-DDD to develop a comprehensive train-the-trainer curriculum and program for the HCBS quality team, and provider certification surveyors.

We will first work with DHHS-DDD to develop the Training Management Plan. This plan will include details for:

- Developing the appropriate curricula, training approach, and course evaluations;
- Describing development of the training program and corresponding materials;
- Describing State and PCG responsibilities;
- Describing how trainings will be communicated;
- Outlining timeframes / frequencies for which trainings should be conducted; and
- Describing a process for evaluating trainer effectiveness.

The Training Management Plan will include the following sections:

Introduction	Lists the objectives and scope of the Training Management plan and describes the plan organization
Approach to Training Management	Provides descriptions of the documents that will be used to deliver and manage training for the quality and provider certification teams
Target Audience	Documents the target audiences for the trainings
Types of Training	Documents the types of training that will be developed and the various modalities that will be used for delivery
Scheduling Training	Documents the process for scheduling training, both during implementation and in ongoing operations, due to updates and new releases
Curriculum	Describes the curriculum and training materials that will be used to support and reinforce learning
Approach to Training Evaluation	Describes and provides examples of how knowledge-gain and skill-attainment will be assessed, evaluated, reported, and how feedback will be incorporated into future trainings; also describes the expectations for trainers and how their effectiveness will be measured

The PCG team will use its established and consistent training methodology for developing the train-the-trainer curriculum and program for DHHS-DDD. The *Training Management Plan* provides an in-depth description of training services, and it will serve as the guide for how DHHS-DDD can successfully implement the methodology and the entire training process. The initial *Training Management Plan* will serve as a guide for delivering effective and consistent training to all quality and provider certification staff. The *Training Management Plan* provider can also be updated if new methodologies and enhancements are identified and implemented. This will allow the plan to be customized as requirements change (e.g. updated federal guidance) and grow as the project grows.

DHHS-DDD will benefit from our experience delivering systems training for these types of programs in a number of other states. This methodology is supported by the following:

- Modular baseline training materials
- *Training Management Plan*
- Understanding of Delivery Modalities and their effectiveness (web-based versus in-person)
- Evaluation templates that are customized during implementation and in place during operations

When developing training curricula and the program, PCG will begin with the end goals in mind. PCG understands the importance of trainers needing to teach to specific learning objectives that lead to accurate implementation of correct policy and procedure. To achieve this, PCG will develop a curriculum that engages learners through a gradual release of responsibility instructional model, transferring knowledge from the trainer to the learner.

The training templates and associated training tools described below will be used to support the standardization of the training design, delivery, implementation, and maintenance processes.

- Recommended training schedule
- Training materials
- Training report

All training program curriculum will be submitted to DHHS for review and approval in accordance with the established review process. For most training materials, electronic copies will be provided for review and feedback using standard track changes and comment features of the Microsoft suite.

The PCG team will follow its proven approach to Excellence in Professional Development, as shown in *Figure VI.D.1.1*: Continuous Quality Improvement Approach. This framework is built on a foundation of Continuous Quality Improvement (CQI) and provides a structured mechanism that will allow DHHS-DDD to continually evaluate training needs, update training strategies and materials as needed, conduct and assess training activities, and support the state trainers.

Figure VI.D.1.1: Continuous Quality Improvement Approach.

As part of the assessment of training needs, PCG will meet with DHHS-DDD, the state training lead, and with the state trainers to gather information, confirm learning and development needs, and understand the current environment. The PCG information gathering process includes some combination of reviewing content of previous training, reviewing practices and procedures, or interviews with stakeholders about the learners, their range of abilities, and their job functions and expected performance.

Tailoring Training for Working Professionals
The PCG team infuses all training curriculum with adult learning theory concepts, including strategies for ensuring transfer of knowledge and evaluation of performance compared to functional standards. For maximum impact, PCG designs the training and other learning experiences to be accessible and meet the needs of visual, auditory, and kinesthetic adult learners, as outlined in *Figure VI.D.1.2*: Adult Learning Styles.

Figure VI.D.1.2: Adult Learning Styles.

PCG further maximizes transfer of learning through materials that are interactive and that engage learners from multiple generations. To meet the learning needs of participants from different generations, PCG uses a variety of carefully chosen learning aids. These aids may include independent, small, and large group activities; hands-on casework; and videos and other technologies to reinforce learning.

Quality Control Specialists
For training quality control specialists in particular, PCG has experience providing robust training and resources to supervisors to effectively identify and address professionalism and any other potential performance issues. **PCG will develop comprehensive training and support for the quality control specialists**. Our training methods combine in-person, "classroom" review, online videos, staged role-playing, and shadowing before the reviewer steps foot on-site for a provider review. The training will focus on the HCBS quality review assessment tool(s) and interviewing skills for individual across all waiver types.

Interview Skills Training
Our interviewing skills training is informed by person-first language and person-centered thinking practices, but also addresses issues such as appropriateness of proxy responders (family, staff, etc.) and other lessons learned from common surveys of people receiving Medicaid waiver services (Participant Experience Surveys, National Core Indicators, etc.). Interview techniques include but are not limited to the following:

Training Interview Techniques:

- Prepping interviewees
- Supporting responses
- Pitfalls of leading questions
- Assessing & minimizing risk
- Open-ended questions vs. closed-ended questions
- Avoid disclosing personal info
- Active listening
- Avoiding forced choice questions
- Making promises you cannot keep

Training on the specific quality assurance review tools will also include understanding the foundations of the HCBS Quality Assurances, along with Final Rule in the Americans with Disabilities Act (ADA), the Olmstead Decision, and will focus on the specific observations and documentation necessary to answer each of the assessment questions. Our developed audit and monitoring processes will ensure that reviewers are trained, assessed, and re-trained as needed to ensure that on-site reviews are meeting or exceeding benchmark goals for efficient and valid assessments.

Training Modalities
The PCG team recognizes that various training modalities are required to effectively meet the training needs of the DHHS-DDD state users. Each of these training modalities, along with a brief description, is shown in *Figure VI.D.1.3*.

Type of Training	Process
Live Training	Live training includes conventional, instructor-led training (ILT) for users to understand the operations and tools. This may include the following types of training: • Procedural: Task of job-specific, end-user functionality. • Informational: Informative session for providing clarity on DHHS-DDD–specific operational processes.
Web Conference	Web conference presentations can be used to demonstrate the solution to state users who are unable to attend in person training.

Video-based Training	Self-paced training videos can be recorded and made available for trainers. These videos can provide refreshers or supplemental training for state users who are unable to attend trainings in person.

<p align="center">Figure VI.D.1.3: Training Modalities.</p>

Training Process

PCG, in collaboration with DHHS-DDD, will develop training agendas and course outlines and provide additional support material and reference guides as needed. The process for development of training materials is illustrated below. PCG follows this process when approaching the development of training curriculum and related materials including agendas, course outlines, reference materials, and other training-related materials.

Conduct Training Readiness

Meet with State Training Lead and confirm training goals/objectives.

Request current training materials.

Review current training materials.

Draft learning objectives.

Develop Training Outlines

Work with DHHS to develop training outlines. The outlines may inlcude but are not limited to:

Course/topic titles, outline, learning objectives, source content, materials needed for the course, indicators of success, and a plan for assessment of the training.

Revise and finalize incorporating feedback from review.

Develop Live Training Curriculum

Develop training materials for live trainings (participant guides, trainer guides, eLearning materials and virtual classroom materials) using approved training templates.

Confirm training meets adult learning styles.

Submit training materials to state for review.

Revise and finalize incorporating feedback from review.

Develop Supporting Training Materials

Develop supporting training materials (resource guides, desk guides, videos, etc.) using approved training templates, if applicable.

Confirm training meets adult learning styles.

Submit training materials to state for review.

Revise and finalize incorporating feedback from review.

As part of curriculum development, PCG will also include "knowledge-checks," or ways for DHHS-DDD trainers to ensure the staff being trained are not only learning the materials presented but prepared to conduct the activities in the field. PCG has used a variety of ways to evaluate competency as part of training, including pre- and post-tests. The trainings will also include evaluations of the training effectiveness. These evaluations will be designed to collect feedback on the extent to which the training or other learning experience met desired learning objectives and resulted in expected learning transfer. This feedback should be used to evaluate content and trainer effectiveness. This feedback should also drive updates to materials for follow-up training sessions not yet completed, and subsequent training planning.

To accomplish these tasks, PCG has brought together a team with significant training experience, coupled with their experience and expertise working specifically with agencies supporting individuals with intellectual and developmental disabilities.

PCG is a nationally accredited Continuing Education Provider through Approved Continuing Education (ACE). The rigorous training standards, technology-based requirements, and subject matter expertise required by

ACE build a sturdy foundation for PCG's training programs. PCG currently provides education and technical assistance to more than 5,100 providers that serve individuals in Ohio who utilize home and community-based services, which is an achievement no other vendor can claim. We have experience providing education at every contact and will bring our expertise to our collaboration with DHHS-DDD. PCG takes the approach of partnering with providers from the very beginning, creating buy-in, and setting a positive tone for future interactions regarding education. PCG evolves its provider education programs based on frequently asked questions, feedback from providers, and client needs, to ensure programs meet the needs of providers.

The following project summaries provide a brief description of PCG's prior experience and capacity in training, especially as it relates to the identified topic areas.

Ohio
In Ohio, PCG has designed, developed, and currently administers an education and training program that serves as a continual feedback loop with providers and is a critical part of PCG's current contract with the Ohio Department of Medicaid (ODM). Our strong collaboration with the State of Ohio on approach and execution ensures providers across the state are well versed in state rules and regulations, all aspects of client care, and assuring health and welfare. PCG would use and implement the same approach and practice with DHHS-DDD.

North Carolina
PCG has performed six overlapping and coordinated Medicaid Provider Oversight functions for North Carolina Medicaid going back over a decade. PCG has worked with multiple subdivisions of the Division of Health Benefits (previously the Division of Medical Assistance) to conduct over 30,000 pre- and post-enrollment site visits to high- and moderate-risk providers; conduct pre- and post-payment record reviews and focused investigations. We have developed and delivered online training to over 40,000 providers.

HCBS Final Rule training and best practices expertise
In addition to provider and QIO-specific training experience, what truly sets PCG apart from any other vendor is our experience supporting states' efforts to achieve compliance with the HCBS Final Rule. Since the rule became effective in 2014, PCG has been on the ground across the country providing subject matter expertise on planning, development, assessing, and training. Specifically, PCG has partnered with *Indiana, Pennsylvania, New York, South Carolina, Colorado, Wisconsin, Mississippi, California (Medicaid and DD agencies), and Ohio* to assist them in planning and executing their state-wide transition plan to satisfy the Final Rule. PCG has provided subject matter expertise in HCBS settings requirements and conducted thousands of site visit assessments to providers of both residential and non-residential services. As part of these engagements, PCG has developed and conducted a wide range of training, from understanding the foundations of the Final Rule to training our own assessors to conduct on-site reviews.

Mississippi
For the State of Mississippi, PCG developed and implemented a series of trainings directed at providers. These trainings not only helped providers under the tenets of the Final Rule, but how to translate these tenets into practice to truly improve the lives of individuals receiving services. Directed at all residential and non-residential providers, the series of trainings included: HCBS Final Rule Findings (data and results from the on-site assessments), Achieving Compliance (insights, guidance, and tips for completing remediation), Individual Rights, and Achieving Community Integration.

California
PCG began working with the Department of Developmental Services (DDS) in 2018 to create and disseminate information and education for key stakeholders regarding compliance with the Final Rule. This work includes the development and delivery of a series of trainings on the principles of HCBS, including person-centered planning and the assessment process. To date, PCG trained over 2,500 stakeholders in-person and online.

New York

Since the beginning of 2019, PCG has partnered with the New York Department of Health to conduct state-wide person-centered planning (PCP) training, including all recruitment, coordination, curriculum development, delivery, and reporting. The goal of this initiative is to providing training in Person-Centered practice, planning, and thinking as well as the development of the templates necessary to implement these practices across service systems.

Tasks include the development and implementation of:

<u>Learning Institutes:</u> PCG is conducting a total of 12 Learning Institutes throughout the contract period. This learning mechanism promotes change needed at the systems level and includes four days of in-person training as well as follow-up activities such as mentorship, development of sustainability plans, and action plans.

<u>Regional Trainings:</u> PCG has developed curricula and is delivering a total of 172 regional trainings and eight webinars throughout the contract period. The topics include "Person-Centered Practice for Managers," "Person-Centered Thinking Train-the-Champion," "Person-Centered Plan Development," and "Person-Centered Plan Implementation."

<u>Resource Library / Toolkit:</u> PCG is developing and delivering materials including a Person-Centered Planning template, resources to support the use of assistive technology, best practice examples, planning and practice tools, checklists, and recorded webinars.

2. The Contractor shall also propose and pilot a follow-along coaching strategy aimed at helping State staff move from awareness of best practices to habit. Describe how the bidder meets or exceeds requirement.

Bidder Response:

PCG understands barriers field staff can have in attending training and moving the training from a concept to practice. To provide hands-on training, with feedback to improve skills and outcomes, PCG will develop a model that encompasses a follow-along coaching strategy. Using a coaching model facilitates a feedback loop, so that learning doesn't stop at the doors of the classroom. The "learner" will have the opportunity to shadow the coach and observe a model in action. Subsequently, the coach will observe the learner in the field several times to allow for refinement of skills through a Plan-Do-Study-Act model. Multiple opportunities for feedback in the field will provide opportunities for learning and refinement of skills. Finally, the implementation of a coaching network allows for evaluation of training impact beyond evaluation forms and post-tests. PCG proposes the use of systematic coaching strategies, including data collection, to be used for evaluation of impact, as well as a feedback mechanism to both State staff as well as the learner and their respective supervisor. A perennial problem across the field is the difficulty in determining if the impact of training is on practice. Coaches will be able to measure growth, and DHHS-DDD will be able to determine the impact of training on practice in the field.

Coaches will employ standardized forms that facilitate constructive feedback, as well as document progress and next steps for learners. This evaluation will be shared with the learner and his/her supervisor with discrete next steps to continue learning and growing in the identified area of need. PCG will employ evaluation mechanisms for all face-to-face and online trainings to gather qualitative and quantitative feedback from learners as well as their supervisors to gauge the impact of training on progress and skills of staff. Additionally, PCG will engage stakeholders through attendance of stakeholder groups to maintain a pulse on current strengths and challenges.

Experience

Train-the-Trainer and Coaching Expertise
Kansas

Since 2015, PCG has been helping the Kansas Department for Children and Families (DCF), Rehabilitation Services (RS) implement a five-year $25M grant entitled "End-Dependence Kansas" (EDK) to implement

evidence-based practices (EBP) for individuals with disabilities. These EBPs include: Individual Placement and Support (IPS), Individualized Discovery/Customized Employment (ID/CE) and Vermont Progressive Employment (VTPE) for individuals with disabilities. PCG manages the training and technical assistance of evidence-based practices with 14 contracting agencies who are implementing the EBPs, and the KRS counselors who refer to them. Technical assistance and training occur on several different levels. PCG has hosted conferences and individualized summits for over 175 individuals including contractors, KRS staff, PCG staff, national consultants, and other Kansas leadership. PCG works with the State to provide customized training and technical assistance in a variety of forms to KRS staff and contractors, to meet the varying needs across the State. Additionally, PCG hosts an EDK website that provides pertinent information regarding the EBPs, policies, PCG staff, and the national consultants bios. To monitor progress and measure impact, PCG employs a data collection system as well as fidelity reviews to evaluate each provider's performance. These reviews and data inform topics and approach of technical assistance for each contractor.

Indiana
PCG provides a multi-tiered training approach for vocational rehabilitation vendors and staff to support state-wide systems change**.** PCG facilitated a train-the-trainer model for State staff. Our trainer delivered system training to the VR staff trainers and worked with them to develop content and resources to be delivered statewide. Additionally, PCG provided both webinars, resources and guides, and short vignettes to assist vendor staff in learning how to use the system, in easily digestible formats.

Pennsylvania
PCG was engaged by the **North Central Pennsylvania Workforce Development Board** (NCWDB) to develop and implement a Virtual Services Portal (VSP) to increase the efficiency with which NCWDB engages customers and provides services in a multi-county rural region. The team conducted a regional demographic analysis to identify factors impacting course design. Curriculum was designed for eight interactive eLearning Job Readiness workshops, complete with customized Incentive-based Recognition and Rewards Certificates. A Networking Forum complete with language filters, anti-spam tools, advanced security and customized registration process was designed to provide a community space for learners to interact and share experiences and advice. Performance measurement methodology was then crafted to quantify user input, satisfaction, customer engagement, and many other key performance indicators. A series of customized reports were designed to demonstrate system impact and ROI. A branded Landing Page was developed with a custom video library "PCG TV," and an Orientation video to acclimate customers to the virtual system. All VSP content was designed to be Section 508 compliant to support the needs of individuals with disabilities. PCG launched the virtual services platform at the end of November 2018.

California
PCG was contracted by the California Workforce Association (CWA) to support the California Workforce Development Board (CWDB) by facilitating statewide coordination in building the capacity and skill sets of workforce development staff and partners across the state of California. The team crafted and disseminated a unique state-wide survey for a skills gap analysis of workforce professionals to determine local Workforce Development Board (WDB) leadership and staff's workforce-related competencies and their progress in implementing the Workforce Innovation and Opportunity Act (WIOA). PCG examined these findings to conduct a gap analysis on workforce professionals' competencies and training needs, aimed at understanding the ability of staff to implement the WIOA goals and guidelines and acknowledging the level of WIOA-focused training provided to staff in recent years. PCG created an electronic survey to submit to WDB leaders across the state and assessed trends and nuances across staff training needs by level (e.g. leadership, management, or front-line staff). Currently, PCG is crafting a supplemental survey for WDB leaders to assess their WDB's implementation of the main priorities in CWDB's WIOA Plan (e.g. sector strategy development, partner integration, expansion of apprenticeship programs, etc.). The team is establishing the measures and metrics to include in the survey and populate into an engaging data dashboard for use by CWDB and local WDB leadership. The team will then analyze findings from both surveys to create an actionable plan to develop and deliver training to WDB staff across the state to fulfill training needs and support WIOA implementation in line with the state's goals.

Washington
The Washington State Health Care Authority (HCA) has contracted with PCG to provide expert-level technical assistance and training to improve implementation of services through the Foundational Community Supports

Protocol. The target audience for Cross System Collaboration includes staff from WA HCA, personnel and contractors of other Washington State agencies, Behavioral Health Organizations. Managed Care Organizations, Administrative Service Organizations, and community behavioral health agencies, as well as agencies that are interested in becoming potential providers. The training and technical assistance participants also include provider agency staff, including peers, supervisor, and leaderships. PCG provides the training through in-person sessions as well as WebEx sessions. For calendar year 2019 PCG will provide three in-person training events focused on fostering cross-system collaboration between Healthcare, Behavioral Health and DVR One-Stop systems. We will also provide seven supported employment webinars or learning community calls and complete monthly calls with the Supported Employment trainers for technical assistance.

West Virginia

PCG has partnered with Optum and the West Virginia Department of Health & Human Resources (DHHR) to develop a cross-program Integrated Eligibility System, which will replace three separate legacy systems that comprehensively support integrated eligibility, child welfare, child support, child-care subsidy, and child-care licensing functions. Optum subcontracted with PCG for: 1. Training development and implementation 2. Organizational Change Management (OCM) 3. Project management and Subject Matter Expert support.

PCG is developing all training materials, confirming that materials are appropriate for adult learners, and delivering all initial system training for about 3,500 end users. PCG is also providing train-the-trainer for DHHR staff for ongoing training over the 10-year project term. Users will have access to in-person trainings, web conferences, and eLearning courses using Storyline Articulate. All training materials and trainings are stored and tracked in the Optum Learning Community, Optum's Learning Management System.

PCG is also developing and delivering the User Acceptance Training, Pilot Training, and a two-week Train the Trainer boot camp for current State Trainers for each of the software releases. OCM tasks are combined with training readiness tasks and will assess the readiness of State Workers for a software change of this size. Using Prosci ADKAR concepts and methods integrated with PCG's proprietary Sustainable Change methodology, PCG will assess readiness for change is assessed and deploy change management strategies to assist in successful implementation. Lastly, PCG is providing key staff to act as "Line of Business Managers" overseeing the development and implementation of the integrated eligibility, child welfare and child-care modules, as well as further subject matter expertise in child welfare policy, practice, and technology.

Required Outcome: The QMS train-the-trainer curriculum and assessments shall be developed and piloted no later than eighteen (18) months after contract start date. The Contractor would annually review the curriculum and assessments, and amend as needed, to ensure that they continue to be relevant and reflect promising practices.

E.   **MORTALITY REPORTING AND REVIEW PROCESS**
The first priority of the QMS assessment is a review of the existing HCBS mortality review process to develop an effective process for mortality review of unexpected deaths and accompanying data trending, aimed at reducing preventable deaths and related incidents.

1.   The mortality reporting and review process recommended shall ensure, at a minimum, the following elements:

    a.   Timely reporting for all deaths per the HCBS waivers and applicable NAC regulations;
    b.   Triage/preliminary investigation of all deaths to determine whether the death was unusual, suspicious, sudden and unexpected, or apparently preventable, including all deaths alleged or suspected to be associated with neglect, abuse, or criminal acts. (DHHS-DDD current mortality review team has the expertise to conduct this preliminary review.);
    c.   Identification of cause of death;
    d.   Identification of circumstances surrounding and contributing to the death – immediate and up to twelve (12) months;
    e.   Investigation of, at a minimum, all deaths that are unusual, suspicious, sudden and unexpected, or apparently preventable, including all deaths alleged or suspected to be associated with neglect, abuse, or criminal acts;
    f.   Recommendations for corrective actions to minimize the reoccurrence of the immediate factors contributing to the death;

     g.   Data analysis for trends in deaths that warrant systemic responses to reduce avoidable risks of death and other adverse outcomes;

     h.   Monitoring to ensure timely implementation of corrective actions per the HCBS waivers and applicable NAC regulations;

     i.   Evaluation to determine whether corrective actions were effective;

     j.   Periodic reporting on number, causes, circumstances of death; and,

     k.   Recommendations for sanctions for non- or late reporting and for failure to timely (as defined in the HCBS waivers and applicable NAC regulations) implement corrective action.

2.   **Task 1. Review, Assessment, and Recommendations**

As a priority activity of the QMS assessment, the Contractor shall conduct a high-level review of the current state of HCBS Mortality Reporting and Review Process, including, but not limited to review of data availability, data collection tools, processes, information systems, and existing metrics. The Contractor shall assess the current state compared to CMS compliance requirements. This scope includes the HCBS waivers, as well as the State operated ICF/DDs at the BSDC.

     a.   Describe bidder's approach and process to meet this requirement.

Bidder Response:

Public Consulting Group, Inc. (PCG) is a leading public-sector solutions implementation and operations improvement firm that partners with health, education, and human services agencies to improve lives. Founded in 1986 and headquartered in Boston, Massachusetts, PCG has over 2,500 professionals in more than 60 offices worldwide—all committed to delivering solutions that change lives for the better.

Because PCG has dedicated itself almost exclusively to the public sector for over 33 years, the firm has developed a deep understanding of the legal and regulatory requirements and fiscal constraints that often dictate a public agency's ability to meet the needs of the populations it serves. We are honored to have helped thousands of public-sector organizations maximize resources, make better management decisions using performance measurement techniques, improve business processes, achieve and maintain federal and state compliance, and, most importantly, improve client outcomes.

We have worked with these states to achieve a variety of objectives including:

- Improving provider performance and management – including trainings and support,
- Maintaining federal program and fiscal compliance,
- Planning and implementing new programs and services,
- Evaluating program models utilizing data collection methods,
- Conducting rate studies,
- Improving business processes and services, and
- Assessing and planning enterprise technology.

Our project team includes staff with extensive experience working with individuals with intellectual and developmental disabilities (I/DD) and providers serving individuals with I/DD in both HCBS and ICF programs. In addition, our team has several years' experience in HCBS policy and implementation. Our team's experience encompasses holding leadership and policy positions, as well as serving as the provider of direct support to people with intellectual and developmental disabilities. Our team's contract work includes state level experience in reviewing current policies and processes as well as developing new policies and processes to comply with CMS requirements. This blend of state-level, direct-service, and consulting experience make for a highly qualified and insightful project team.

PCG has conducted many system reviews, provider service evaluations, training of state and provider staff, as well as stakeholders, and capacity building initiatives. This work included consideration of alternative service models, rates studies, performance measurement, capacity, and service availability reviews. Our evaluation methods include both quantitative and qualitative processes to inform recommendations from both perspectives. We evaluate specific procedures, budgeting methodologies, programs, services, and work tools. Data collection is done using a variety of project specific approaches including financial data collection, policy and procedure review, key staff interviews, focus groups, document reviews, site visits, surveys, process mapping and from a variety of management information systems. A key component of system reviews

also includes compliance. The compliance aspects of a typical engagement require our policy experts to assess against federal regulation and performance measures, as well as state specific laws and policies.

Current State Assessment

We will conduct a Current State Assessment to provide a complete understanding of the Mortality Review process under review. This analysis goes deeper than documenting the basic steps involved in a process: we incorporate performance measures, information systems, existing metrics, and other assessments as part of our review. Based on the project goals, timeframes, and other factors, we employ a regimen of tools to explore, evaluate, and document the processes under review.

Information Request

As we initiate a policy and process improvement effort, we will formulate an information request. This request is typically comprised of information that will clearly be helpful in developing the current state analysis. This process may include (but is not limited to) data related to mortality reviews, data collection tools, processes, information system, and federal requirements. In addition, organizations may have narrative documents, policy guides, workflows, or other materials that provide background or history of the process. This information can be essential in gaining a foundational understanding of a process before additional components of the current state review are initiated.

Data Gathering

In addition to the information request we will also employ various data gathering techniques including:

- Interviews – Interviewing key process participants, such as DHHS-DDD leadership, providers, and service coordinators; this is important in gaining an in-depth understanding of the current state. Prior to interviews, we prepare a list of guiding questions and prepare a template for collecting responses. We prepare intensively by studying relevant information already available and conduct an internal review of questions in advance of the interviews to ensure completeness.
- Observation – During the Current State Assessment, we will observe and review current processes. This provides the opportunity to validate information gathered to date and closes gaps in our understanding of the current state. Prior to the review, we will develop a detailed agenda that includes a timeline of activities we plan to complete.
- Process Mapping – Through surveys and observations we produce detailed process maps. These maps provide a valuable tool for learning about the process and exposing its strengths and areas for improvement.

As we gather data to inform the Current State Assessment, PCG will be keeping in mind federal requirements for HCBS and ICF. We are familiar with federal requirements for both as well as directives and reports from CMS. The Current State Assessment will include a matrix tying DHHS-DDD processes to CMS compliance and best practices. This matrix will provide information on where DHHS-DDD processes currently align with CMS requirements and best practices, and where current processes fall short. This matrix will help guide the roadmap and recommendations.

> Based upon the assessment, CMS compliance requirements and best and promising practices in Mortality Reporting and Review, the Contractor shall recommend revisions to the current Mortality Review process sufficient to achieve full compliance with CMS requirements.
>
> **b.** Describe bidder's knowledge of the CMS requirements to ensure recommendations achieve full compliance.

Bidder Response:
The PCG team is experienced and knowledgeable regarding CMS requirements for Mortality Reviews. Our team has worked as state employees to review the current processes and develop a plan for changes to meet CMS requirements. The team has also worked with Mortality Reviews in conjunction with critical incident reporting and management. This work includes contacting provider agencies and/or service coordination agencies for follow-up and remediation.

In January 2018 the U.S. Department of Health and Human Services, Office of Inspector General, Administration for Community Living, and Office for Civil Rights released a joint report, ***Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance***

Oversight (known as the Joint Report). The Joint Report provides model practices to CMS and states for compliance oversight of group homes. The Joint Report also provides suggestions for how CMS can assist states when serious health and safety issues arise.

The Joint Report, Appendix C included Model Practices for State Mortality Reviews. Within the appendix, intended outcomes for mortality reviews were identified, to include:

- Accountable and timely reporting of all service recipient deaths

- Identification of the causes of deaths

- Identification of the immediate and longer-term (up to 12 months before the death) circumstances and events that contributed to or were associated with deaths

- Identification of corrective actions that may eliminate or lessen the likelihood of circumstances and events that contribute to or are associated with the causes related to specific deaths

- Identification of trends and patterns in deaths that indicate needed systemic changes or reforms in community-based services that may reduce the risk of death and other adverse outcomes for service recipients

- Appropriate and timely implementation of identified corrective actions and systemic changes and reforms to reduce the risk of death and other adverse outcomes for service recipients

- Ongoing evaluation to ensure that implemented corrective actions and systemic changes or reforms have been effective in reducing the risk of death and other adverse outcomes for service recipients

- Periodic public reporting on the number, causes, and circumstances of deaths to ensure public transparency regarding the health, welfare, and safety of beneficiaries of community-based services

Appendix C also includes information regarding who are essential participants for mortality reviews and what essential activities are for these reviews. For example, the Mortality Review should include working with other State agencies and local authorities to establish protocols and procedures; the Mortality Review Committee should include a team of people, including people who are medically credentialed and other professionals (such as providers and advocates) who have knowledge of community-based services. The appendix ends with information regarding the Mortality Review database, including what data elements should be in the database and using the database to identify trends.

Following the release of the Joint Report, CMS released an Informational Bulletin dated June 28, 2018. The bulletin was a follow-up to the Joint Report recommendation for CMS to *encourage states to implement compliance oversight programs for group homes, such as the Model Practices, and regularly report to CMS.* In regard to Mortality Reviews, the bulletin documents CMS' agreement with the Model Practices from Appendix C of the Joint Report.

While the Joint Report and subsequent bulletin from CMS are specific to group homes, which primarily serve individuals with intellectual and developmental disabilities, the Model Practices can be applied to all HCBS waivers, especially those that provide Assisted Living/Alternative Care Facilities as a benefit. However, PCG believes states should implement the Model Practices across waivers when implementing or changing quality management.

This review, assessment, and recommendation report shall include specifics about how the QIO would implement the recommendations, including design of quality reviews and proposed roles for QIO and State staff for development and ongoing management of the proposed system, with respect to:

c.   Mortality reporting;

d.   Development or refinement of existing tools;

e.	Data collection system via the QIDS of interfaces with the QIDS;
f.	Development of metrics and performance standards;
g.	Formulation and Role of a Mortality Review Committee;
h.	Remediation with Providers;
i.	Data trending, analytics, and recommendations for system change;
j.	Education and outreach;
k.	Training and technical assistance to state staff and providers; and,
l.	Any additional recommended practices.

Describe bidder's approach with review assessment and recommendations of each of these components in other programs.

Bidder Response:

PCG will leverage the information gained from the Current State Assessment to develop recommendations for Mortality Review and Reporting. PCG understands that implementation of recommendations is dependent on DHHS-DDD's approval of recommendations. As such, the description of how each recommendation would be implemented is based on previous or current work in other states. Changes may be necessary pending the outcome from the Current State Assessment.

In the past six years, the PCG team has completed over 7,000 mortality investigations, demonstrating PCG's expertise with thoroughly conducting death investigations with a level of skill difficult to find elsewhere.

As a part of the Ohio HCBS Provider Oversight scope of work, PCG has an Incident Management and Investigation team that conducts health and welfare investigations. PCG's team of 50 investigators and supervisors provide in-dept knowledge and expertise specific to mortality reviews. The seasoned investigative team of clinicians apply their clinical knowledge and experience to answer all pertinent questions (who, what, when, where, and why) of mortality cases. PCG will use our experience within the Ohio HCBS Project to meet the needs of DHHS-DDD by identifying:

- The cause of the individual's death
- Contributing factors related to the individual's death
- Whether mortality committee review of the circumstances of the death is warranted
- Other individuals at risk

PCG will leverage our expertise in Ohio to implement the mortality review process for DHHS-DDD.

The Mortality Review Process

Receipt of Mortality Case. PCG's experience in the Mortality Review process is extensive. In other states, PCG will receive mortality cases from the submission of a Death of a Person (DOP) IR via the QIDS. Additionally, PCG will monitor incident reports, complaints, consumer change requests and ensure all deaths are reported correctly. PCG uses the QIDS portal to conduct an initial assessment of each death. We use the Joint Report's Model Practices and CMS requirements to determine which mortality review cases meet the criteria for review by the Mortality Review Committee. Our mortality review team designates those cases for review in PCG's QIDS portal and complete the following for each mortality case:

- Confirmation of participation in applicable programs
- Identification of all providers listed on the service plan
- Compile clinical history
- Compile all pertinent documentation and records
- Communicate with any parties as needed, using ASIST as needed to communicate with individuals who use languages other than English
- Conduct preliminary review of each case to determine if referral to MRC is needed

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- Determine if other individuals could be at risk (within 24 hours of receipt of DOP)

Documentation requested from the primary provider has a standardized due date of 30 days from IR submission. PCG applies long-established and effective tracking process to these due dates and takes measures to assure due diligence in obtaining the information requested in a timely manner. This includes two contact attempts of differing mediums within the timeframe. First contact is initiated with a phone call and followed up with a written request sent via fax or email. A reminder phone call or email is placed if the information is not received after the first attempt. PCG tracks and analyzes provider compliance and implements provider remediation as necessary.

Communication Mediums and Solutions

PCG uses phone, in person, and technology-based methods for conducting investigation interviews with individuals and other identified stakeholders. To accommodate language barriers experienced by some individuals and entities, PCG partners with ASIST Translation Services should the need arise. Translation is provided for those who communicate through languages other than English, such as Spanish or American Sign Language, for example. This may also include individuals experiencing communication barriers due to blindness or deafness. Because privacy is the utmost importance, PCG employs an interpreter confidentiality agreement with ASIST. Translation services are used for interviews and documentation transcription.

Development or Refinement of Existing Tools

Recommendations from the Current State Assessment may include the need to revise or develop new tools for mortality reviews. This may include changes in the QIDS to meet specific DHHS-DDD needs. PCG will provide recommendations for DHHS-DDD regarding all tools and indicate which should be revised and which are new. PCG will partner with DHHS-DDD to determine which recommendations for tools are approved.

Data Collection System via the QIDS of interfaces with the QIDS

PCG recommendations will continue to include federal requirements and Model Practices. As such, the data collection recommendation may include the following elements:

- Name, age, race or ethnicity, disability type, and sex of the individual who is deceased
- Date of the death
- HCBS waiver services received by the individual and name(s) of the provider(s)
- Narrative of the events leading up to the individual's death and the immediate circumstances of the death
- Location of the death
- Immediate and secondary causes of the death
- If the death was:
    o expected due to a known terminal illness;
    o associated with a known chronic illness;
    o a sudden, unexpected death;
    o due to unknown cause
    o due to an accident and, if so, the type of accident;
    o due to self-inflicted injury or illness (e.g., suicide, serious self-injurious behavior);
    o due to suspicious or unusual circumstances; and
    o due to suspected or alleged neglect, abuse, or criminal activity.
- Whether an autopsy was conducted and, if so, the findings
- Findings of the preliminary review of the death
- Incident reports from the last 6-12 months
- Most recent service plan
- Findings and recommended corrective actions of the MRC comprehensive review
- Tracking information related to the implementation of corrective actions

Development of Metrics and Performance Standards

The development of metrics and performance standards are necessary for quality management. Metrics and performance standards should exist system-wide, and include providers, service coordinators, the QIO, and the state agency. Metrics and performance standards recommended by PCG may include:

- Timeliness of reporting of deaths
- Timeliness of the preliminary review
- Causes of death
- Provider(s) reporting death
- Investigation outcomes

Dependent on DHHS-DDD's approval of recommended metrics, the mortality review may lead to corrective action for providers, regarding timeliness of reporting, cause of death, and investigation outcomes. Such metrics and performance standards could lead to the implementation of value-based payments as well. PCG will implement metrics and performance standards, using the QIDS to capture all relevant data points. The QIDS will provide reports and a frequency agreed to by PCG and DHHS-DDD.

Mortality Review Committee

Recommendations for the Mortality Review Committee (MRC) will assure compliance with CMS requirements and the Model Practices. In accordance with the Model Practices, and in other states, the MRC is responsible for conducting a comprehensive review of deaths identified as:

- Unexpected
- Sudden and unusual or unnatural
- Caused by suspicious circumstances
- Associated with suspected or alleged provider misconduct or abuse or neglect
- or Any combination of the above.

Once identified as needing MRC involvement, PCG completes a written summary of all pertinent information related to the individual's death. This summary serves as the referral for submission to the MRC and is discussed by all members at the MRC meeting as outlined below in Mortality Review Committee Meetings."

Mortality Review Committee Meetings

PCG has extensive practice over the past six years in the coordination of multi-disciplinary meetings, communications, and joint efforts through its work with other state entities. This experience has included the regular scheduling of meetings, the development of structured communication formats and documents, the execution of organized information sharing methods, the timely recording and provision of meeting minutes, and the clear identification of next steps with defined responsible persons and timelines. PCG will lend its expertise to the development of regular MRC meetings using key guiding principles proven to bolster the success of group work for PCG in this type of setting. They include the following:

- Pertinent details and facts will be presented without opinion, and in a nonjudgmental and nonpunitive manner
- The group will be multidisciplinary and meet Model Practices
- Emphasis will be placed on confidentiality of the proceedings in order to facilitate honest communication
- Input will be sought from all attendees, regardless of hierarchy
- Objective, comprehensive, and holistic assessments will be conducted with focus on causative factors and preventability

PCG pairs its successful use of this proven set of guiding principles with its demonstrated track record of the coordination of multidisciplinary meetings and efforts to conduct MRC. PCG is practiced in threading this needle from the beginning step of scheduling meetings all the way through to the dissemination of post-meeting information. PCG may facilitate the MRC process in the following manner and in accordance to the requests of DHHS-DDD:

- Meetings to be held regularly at an agreed upon date, time, and location. Recurring location for the meeting that is agreed upon by the group
- A standardized format will be used to present a summary of the cases to be reviewed and discussed at the MRC meeting and shared with the group in advance of the meeting. Information shall include reasoning for presentation to the MRC and corresponding observations/questions pertaining to the circumstances leading to the review
- Summaries of the cases will be reviewed during the meeting
- Minutes will be taken during the meeting and sent to the MRC members
- A mortality review closure letter will be distributed to the provider of record

Staff requirements for MRC

PCG will assure that staffing recommendations for the MRC comply with CMS requirements and Model Practices. For example, PCG will staff the following in order to support the MRC:

- PCG staff with medical credentials (e.g. M.D., R.N.)
- PCG staff with HCBS policy expertise
- Provider membership
- Advocate membership
- DHHS-DDD staff
- Other members (e.g. hospital community, forensic background, coroner's office)

Remediation with Providers

PCG has years of experience conducting remediation work for providers and system-wide remediation strategies for state entities. For example, following the development of our final report on the compliance issues identified across the Indiana site assessments, PCG created a presentation to stakeholders, which identified the common, systemic areas of concern for the HCBS settings. A component of this presentation was to develop recommended strategies for rectifying these areas of concern to be implemented by each provider. During the presentation, PCG developed a dialogue with the service providers, which formed the foundation for the remediation activities that are now required as part of transition planning. PCG has the experience to facilitate the same critical discussions with DHHS-DDD for quality improvement.

Successful remediation with providers calls for expert skills supporting and experience assisting providers with addressing quality issues. This type of work is central to all PCG's projects. PCG's ability to provide, program specific remediation advice and consultation at the provider level is second to none. Past examples of remedial actions to bring standards into compliance with the federal home and community-based service requirements include: Amending policy and procedure manuals. These strategies all have a few best practice components in common including the categorization of standards and the step-by-step remediation process through a Corrective Action Plan; developing timeframes and tracking Milestones for each step of the process. PCG stands ready to provide expert remediation services related to Mortality Reviews.

Data Trending, Analytics, and Recommendations for System Change

The PCG Team has extensive experience collecting, reviewing, and analyzing data from investigations and quality assurance reviews housed in the QIDS portal. Based on this experience and the Current State Assessment, recommendations may include:

Patterns and Trends

PCG has a dedicated approach to reviewing cases of mortality allowing for enhanced data tracking and analysis during and after the mortality review process. We would first align our system capabilities against the waiver requirements, CMS requirements, Model Practices, and accepted recommendations. This allows us to identify data shortcomings and provide clear expectations for PCG's role in reporting to the mortality review process. As a part of this assessment, PCG would examine the following:

Reporting Methodology

Nebraska's current review of death rates. For example, numbers of death per 1000 population, age-standardized mortality rates, etc.

Nebraska's established procedures and approved recommendations for monitoring deaths by cause of death, residential categories, current capabilities for examining patterns, review of mortality rates in the context of shifting residential settings, along with other related categories. We have the capacity to collect and report on several categories including, but not limited to:

- Legal name
- Date of birth
- Date of death
- Social security number
- Primary cause of death, if known
- Age at time of death
- Place and residence at time of death
- Residence type
- Whether death was referred for investigation
- Whether a Mortality Review form was received

Crude mortality rates can be calculated for the entire I/DD population and/or by subcategories (e.g., age groups, gender, waiver type, etc.). Death rates can also be reported by other segments including, but not limited to, age, region, and residence type.

Trends in mortality can be provided and are generally reported in table and graph forms as depicted in the example table below:

Year	No. Deaths	Mortality Rate (No. Deaths/1000)	Avg. Age at Death (in years)
2013	421	17.6	58.7
2014	406	16.6	61.5
2015	440	18.4	61.1
2016	438	19.2	62.5
2017	409	17.4	61.1
2018	412	16.6	60.9
2019	463	18.0	63.1

The PCG team data analysts ensure that the data are complete, valid, reliable, and comprehensive for analysis. The PCG team's primary software for conducting data analysis is R, a language and environment for statistical computing and graphics. R provides a wide variety of statistical (linear and nonlinear modelling, classical statistical tests, time-series analysis, classification, clustering, etc.) and graphical techniques to churn raw data collected from mortality reviews into insights and recommendations for improving provider performance and identifying provider training opportunities, isolating patterns for waiver program administration and improvement.

Education and Outreach

Outreach and education, as they relate to public-sector initiatives, are often misunderstood and may miss the mark or fall short of key project goals. It is easy to overlook the importance of effective outreach and education in driving stakeholder action. PCG knows that effective outreach and education are one of the best ways to ensure a program or initiative's success, and we have the expertise to help DHHS-DDD.

PCG is an expert in designing and implementing health and human services programs that produce highly effective communications for program stakeholders. PCG offers a unique combination of skills that you will not find anywhere else: 1) Extensive, proven experience working with health, human services, and education systems and programs, and 2) Real-world experience planning and implementing strategic marketing and communications for public-sector agencies.

While every project is different, we like to start with some basic guiding principles for our outreach efforts. Our recommendations will begin with these guiding principles and we will work with DHHS-DDD to adjust

these principles in a way that fits the needs of this project and your overall objectives:

- Rally around purpose. Outreach efforts must align with the underlying purpose of a program. Beyond completing a scope of work or checking items off of a task list, we will be playing a major role in a program that affects the lives of people with intellectual and development disabilities in Nebraska. The end goals of this project must always serve as beacon for decision-making in our work.

- Understand the audience. The more we understand about our target audience, the more effective we can make our words, messages, and methods of outreach. We need to be asking questions such as: What resonates with individuals, families, providers, other stakeholders? Where would the message get lost? What are the different groups to whom we should be tailoring our message?

- Sweat the details. Words matter, and so do perceptions. Picking the right points to communicate (and how to communicate them) makes a difference. It is incumbent upon us to be both creative and articulate in our communications efforts.

- Adapt continuously. A successful outreach and education approach will include pivots and adjustments along the way. Key assumptions can change overnight. Schedules and plans can shift. Discoveries and epiphanies can require a revisit of our strategy. We must be ready to analyze and act on changes—we must be responsive and flexible.

- Measure always. As partners in this effort, we need to continually be asking: "What is working, what is not working, and what could work better?" Answering these questions requires a relentless approach to measuring the outcomes of outreach efforts – and responding to those findings. This can be done through indicators gathered via performance measurement mechanisms.

- Innovate. In supporting this project, we must heed lessons learned from similar initiatives, both inside and outside Nebraska. Additionally, we should rely upon other sources—from the private sector, from research, and even from our everyday life—to help us think big.

At the outset, these principles will guide us to define an overall objective for the outreach and education effort, as well as specific goals to serve as our beacon. A clear objective and achievable goals will create a picture of the ultimate outcome and provide direction and a framework for our strategy. Establishing a clear objective and goals also allows for efficient evaluation during and after the communications effort.

Training and Technical Assistance to State Staff and Providers

The Current State Assessment as well as CMS requirements and Model Practices will guide the recommendations PCG puts forth regarding training and technical assistance. As the nationwide leader in HCBS Provider Oversight, we know that well-trained, competent providers are the most essential component in any successful HCBS program. A well-educated, well-trained provider community reduces risks to the health, welfare, and safety of all participants. The education and training curriculum must extend beyond mere restatement of applicable rules and regulations. Effective education addresses common pitfalls, evolving incident trends, and risks to quality of care. Additional curriculums can be further tailored to specific regions, provider organizations, and HCBS service types. Training topics can include but are not limited to the following:

- Aspiration
- Reporting Abuse and Neglect
- Identity Theft
- Dehydration
- When to Call 911
- Medication Management
- Advance Care Planning
- Flu and Pneumonia
- Heat Safety
- Phishing and Vishing (Online Safety)
- Pressure Injuries
- Emergency Preparedness

- Behavior Support Plan
- Bowel Impaction
- Choking: Risks, Causes, and What to Do
- Overlooked Signs of Cancer in Women
- Toxic Substances
- Warning Signs of Too Much Sun and Heat

With over 32 years of experience in the Medicaid industry, PCG knows full well the critical role education and training plays in the success of new or revamped program implementations. Our team will work closely with DHHS-DDD to provide initial, refresher, and ongoing training as we do now in other states to benefit the provider community and the individuals they serve. PCG staff take every opportunity to provide education when in contact with providers.

In current and past work, PCG provides a range of content, including user guides, FAQ documents, alert bulletins, and training videos accessible via web-portal. These training mediums introduce users to the new technology and processes while breaking the material down into small, manageable pieces.

PCG has had great success with delivering both in-person classroom and online training in a variety of formats, including PowerPoint, training videos, webinars, and animated presentations. We see the value in all types of training platforms, as each is applicable to a different learning style and situation. PCG has an aptitude for developing high-quality, web-based modules for healthcare staff.

We are eager to share best practices with the State to determine the best training method and delivery for all who will engage with our team on any facet of our operation. We understand that educating providers on unfamiliar polices and technology must be done in a mindful, precise manner, and our team is ready and able to provide this for Indiana providers.

As PCG develops the report, information from the Current State Assessment, CMS requirements, and Model Practices will contribute to the final report and recommendations. PCG's final report will include, at minimum the following sections and information:

- Methodology and approach – data collection tools, processes, metrics
- Current State Assessment – narrative
- Findings – gap analysis, best practice research
- Recommendations – roles and implementation
- Conclusions and next steps

The draft report will be submitted to DHHS-DDD for feedback and edits. PCG may also schedule a meeting with DHHS-DDD to discuss the report. Once PCG receives the feedback from DHHS-DDD, PCG will revise the report and submit the final report for DHHS-DDD acceptance and approval.

Additional Recommendations
PCG will use the Current State Assessment, CMS requirements, and Model Practices to provide any additional recommendations not covered in the above topics. Additional recommendations will include ways to implement and roles of PCG, as well as roles for DHHS-DDD staff, as provided in other recommendations.

Required Outcome: The Mortality Review and Reporting Review, Assessment, and Recommendations Report is due no later than three (3) months after the start of the contract.

3. **Task 2. Implementation**
    a.   For all recommendations accepted by DHHS from the Mortality Reporting and Review, the Contractor shall conduct a readiness review and develop and execute an implementation plan, including but not limited to:

        i.   Development of New Tools and/or Refinement of Existing Tools;
        ii.   Training for staff and providers;
        iii.   Development of a manual for the new program (Chapter for HCBS Quality Assurance and Improvement Manual);

iv.	Support DD-DHHS in Change Management Communications for providers and DHHS staff, including service coordinators;
v.	Assist in development of policy, procedures and guidance;
vi.	Provide recommendations for the development of process to ensure access to death certificates, Emergency Medical Services (EMS) records, medical examiner records and autopsy reports, and medical and hospital records; and,
vii.	Launch new process.

Describe bidder's approach to meet the above requirements.

Bidder Response:

PCG brings extensive and formal organizational change management experience to this engagement. Our OCM lead, Ryan White, has been certified in formal OCM practices under the Prosci ADKAR® model. Over the last several years, Mr. White has applied OCM strategies in his role over communications management for the New York Early Intervention State Fiscal Agent project, and he has also played a similar role as part of our Organizational Change Management team for the Arizona Department of Child Safety. Mr. White was part of PCG's OCM team in supporting the implementation of a new statewide mobile case tracking tool for 1,400 child safety caseworkers. The success of this project was recently recognized by receiving the 2018 ISM Award for Best Use of Technology for Operations, presented by the American Public Human Services Association (APHSA), and IT Solutions Management for Human Services (ISM). To support this project, PCG conducted an organizational readiness assessment and implemented an organizational change management plan.

Readiness Review

PCG uses a proven methodology for conducting readiness reviews. The components of the readiness review include:

- ***Interviews/surveys with key staff members.*** PCG will develop the questions to ask each staff member, record answers, and analyze the information. We will ask several types of questions:
  - Perceptions of previous change efforts, including successes and areas for improvement
  - Success of communication efforts from past change efforts, including ideas about the most effective way to communicate with staff, individuals, families, providers, and other stakeholders
  - Success of training from past changes, what went well, what could have been done better, and how
  - Ranking the changes that align with their vision for the Department. To have the ability to aggregate the data, some interview questions may include asking staff to "rank" their answers. We find having concrete data and displaying it using graphics can be powerful when making critical decisions about organizational change
- ***Review any recent assessments regarding systems and services.*** As part of this scope, PCG will conduct a comprehensive assessment of Mortality Reviews and Reporting. PCG will use this information and send a data request for any other information needed shortly after this phase of the project begins. PCG will analyze the information and use a matrix to document themes from the assessments which will ultimately lead to our recommendations around the readiness for change and how best to structure activities to enhance the success of the change effort.
- ***Gap Analysis.*** Because there have been assessments completed, PCG will take the themes from the existing assessments, and the analysis from staff interviews and we will produce a readiness review document. The document will include documenting the strengths of the Department related to change, and potential gaps we see for the Department to successfully carry out a change effort. For example, gaps may exist around communication, training, roles, and responsibilities of staff, or resource management. For any gap, PCG will provide recommendations on how to fill the gap that is both efficient and cost effective. Our gap analysis will work to build on the agency's strengths to fill any gaps identified.

PCG will provide the Readiness Review results to DHHS-DDD for feedback and discuss any potential roadblocks to implementing changes.

Implementation Plan

Once the readiness review is complete, PCG will complete development of and execute the implementation plan. The implementation plan will have key activities, a schedule for implementation, and plans to communicate and train those responsible for the changes. The implementation plan will have been developed throughout the process, so that once DHHS-DDD approves recommendations, the PCG team can begin. Implementation will begin upon DHHS-DDD approval, so that system changes can be completed within the timelines established by DHHS-DDD. PCG's implementation plan, at minimum, will include the following:

- *Development of New Tools and/or Refinement of Existing Tools;*
  PCG will work with DHHS-DDD to determine which recommendations are accepted related to development of new tools and/or refinement of existing tools. Once DHHS-DDD provides final approval, PCG will use information from the Mortality Review assessment, along with Model Practices from CMS and any other national best practices to develop tools and refine existing tools. All drafts developed will be submitted to DHHS-DDD for review and feedback, prior to finalizing.

- *Training for staff and providers;*
  Before implementing new processes, training of those impacted by the changes is imperative. PCG will begin by providing training to all providers, of which topics may include: the QIDS, mortality reviews, the review process, and the Mortality Review Committee. Training will begin with stating the purpose of the changes in the mortality review process. Assuring that the system understands the changes is critical to any system change. Once initial training is conducted, annual training will be provided for state staff and providers. PCG will also develop online training modules for new state and provider staff. Training for mortality reporting may include topics such as:
  - Overview of mortality reporting
  - Regulatory/statutory basis for the process
  - Explanation of the Mortality Review Committee
  - Timelines for reporting
  - Required information to be included in a report
  - Review of commonly made mistakes/omissions
  - Corrective action and remediation process
  - Other topics as determined by the Current State Assessment

  Required training attendees may include provider agencies, state staff, including service coordinators. The training could also be made available for stakeholders as well if this is something the DHHS-DDD desires. PCG may also develop a dedicated e-mail inbox for state staff and providers, should questions arise or assistance be needed regarding reporting or the remediation process.

- *Development of a manual for the new program (Chapter for HCBS Quality Assurance and Improvement Manual);*
  Upon DHHS-DDD approval of PCG's recommendations, PCG will develop a manual regarding Mortality Reviews that will become part of the HCBS Quality Assurance and Improvement Manual. The manual may include topics such as the role of PCG, the role of DHHS-DDD, the role of providers, and the role of service coordinators. Inclusion of the policies, procedures, and guidance that are developed as part of this scope would also be beneficial to include in the manual. In PCG's experience, when developing a manual and training, the same topics should be addressed in each to avoid contradictions and assure continuity. PCG will submit the draft manual to DHHS-DDD for feedback, and once feedback is received make required changes and finalize the manual. PCG will work with DHHS-DDD to determine the best method(s) for distributing the manual to the system.

- *Support DHHS-DDD in Change Management Communications for providers and DHHS staff, including service coordinators;*
  PCG will work with DHHS-DDD to develop a "change message" for the change. While a core message is important, how the message is delivered is just as important. We understand for adults, communication through multiple media is an important part of any strategy and should ultimately be the core component of any roadmap related to the change. PCG will work to identify the avenues for

communication that already exist in DHHS-DDD (e.g. e-mails, newsletters, intranet, web postings, etc.). PCG will also explore whether there are other communication strategies not currently in operation that could enhance the strategy for communicating the need for change. Change can be unsettling to people, but we understand communication and training are the core components to ease the transition from the "as is" to the "to be" state. PCG will work with DHHS-DDD to develop a roadmap with appropriate messages related to the changes, the manner in which the messages are delivered, and the timing.

- ***Assist in development of policy, procedures, and guidance;***
  PCG will work with DHHS-DDD to develop policies, procedures, and guidance. These documents may include topics such as the role of PCG, the role of DHHS-DDD, the role of providers, and the role of service coordinators. In addition, topics may include the submission of a mortality report, the process for providing follow-up, and the process for remediation. In PCG's experience, when developing such documents, the same topics should be addressed in the training to avoid contradictions and assure continuity. PCG will submit the draft documents to DHHS-DDD for feedback, and once feedback is received make required changes and finalize the documents for inclusion in the manual.

- ***Provide recommendations for the development of process to ensure access to death certificates, Emergency Medical Services (EMS) records, medical examiner records and autopsy reports, and medical and hospital records;***
  PCG will work with DHHS-DDD to identify the lead agencies across the state responsible for death certificates, Emergency Medical Services (EMS) records, medical examiner records and autopsy reports, and medical and hospital records. As part of this work, PCG will work with DHHS-DDD to identify any contacts already established at these agencies. Education and outreach are important in establishing relationships with these agencies. PCG will use information obtained from the Model Practices and national best practices to submit recommendations to DHHS-DDD for the development of a process.

- ***Launch new process.***
  Each phase of the implementation plan will include strict and specific timelines so that the new process launches within six months after the contract start date. The phases will include regular communication and checkpoints with DHHS-DDD. PCG will incorporate best practices from CMS and other states regarding the implementation of changes. Phases will occur concurrently, to keep the process moving. PCG will provide a monthly status report to DHHS-DDD regarding the process of implementation. The monthly report will include any developed documents, for DHHS-DDD review and feedback.

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

b.   All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinators; recommendations on policy, procedure, and guidance; recommendations on record collection; and the process going live are due no later than six (6) months after the start of the contract. Describe bidder's approach to meet the above requirements.

Bidder Response:
PCG understands that all work, including the Current State Assessment, the recommendations report, and implementation of approved recommendations will need to be completed within the first six months from contract award, with the Current State Assessment and Recommendations Report completed within the first three months. In order to meet this requirement, PCG will begin writing the Recommendations Report while conducting the Current State Assessment. The Current State Assessment will be completed within the first six weeks and the Recommendations Report within two weeks from that date. This will allow time for DHHS-DDD to provide feedback and edits regarding the report. In addition, PCG will maintain regular communications with DHHS-DDD to discuss findings from the Current State Assessment and potential recommendations. As PCG drafts recommendations, PCG will be able to highlight and develop new tools, training, and other materials, along with making revisions based on recommendations. PCG will continue to conduct outreach and education, with training occurring in the last month prior to implementation.

4. **Task 3 Operation of the Mortality Review and Reporting Process**
   a. The Contractor shall maintain ongoing operation of the mortality review and reporting process, including but not limited to the following elements:

   i. Receive mortality reports;
   ii. Triage/preliminary investigation of all deaths to determine whether the death was unusual, suspicious, sudden and unexpected, or apparently preventable, including all deaths alleged or suspected to be associated with neglect, abuse, or criminal acts;
   iii. Clinical safety checks, as needed, based upon initial review of death reports to ensure the health and safety, as well as recommendations for corrective action, if needed, and follow-through to ensure implementation;
   iv. Collecting all required materials for the mortality review;
   v. Identification of cause of death;
   vi. Identification of circumstances surrounding and contributing to the death – immediate and up to twelve (12) months;
   vii. Investigation of, in the first year, all deaths of participants receiving Medicaid HCBS waiver services, or services from BSDC, the State operated ICF/DDs. In the annual report, the Contractor will make recommendations to DHHS-DDD whether all deaths should continue to be reviewed in subsequent years, and if so, whether a tiered system regarding types of review ought to be put into place. This shall be a comprehensive death review, including the review of relevant records and documents associated with the death including provider and service coordinator documentation (PCP, notes), incident reports (6 – 12 months prior), death certificate, autopsy, medical examiner report, EMS reports, medical records (6 – 12 months prior), and any other existing death investigations.
   viii. Produce mortality review report and recommendations for corrective action by the provider and DHHS-DDD to minimize the reoccurrence of the immediate factors contributing to the death;
   ix. Develop and facilitate a Mortality Review Committee (MRC), chaired by the DHHS-DDD designee, to receive, review, and analyze reports and make recommendations for corrective action at the individual report level. The MRC shall review deaths identified as being unexpected, sudden and unusual or unnatural, caused by suspicious circumstances, associated with suspected or alleged provider misconduct or abuse or neglect, or any combination of these; and may review other deaths. Part of implementation includes recommendations for policies and procedures, including committee composition. Ongoing, this will include developing the meeting agenda, meeting materials, and recording meeting minutes;
   x. Distribution of DHHS-DDD accepted recommendations and tracking of status of corrective action implementation, including timeliness;
   xi. Monitoring to ensure timely implementation of corrective actions per the HCBS waivers and NAC regulations;
   xii. Evaluation to determine whether corrective actions were effective;
   xiii. Make recommendations to the DHHS-DDD Quality Administrator for corrective actions or sanctions, where there is data supporting non-compliance with the mortality reporting and review process, including but not limited to timely, complete and accurate reporting and timely implementation of corrective actions;
   xiv. Aggregate, analyze and report on data for trends in deaths that warrant systemic responses to reduce avoidable risks of death and other adverse outcomes;

xv.	Annually, evaluate tools to determine content validity and internal consistency and refine where appropriate;	
xvi.	Training and technical assistance for providers individually, based upon findings of mortality review;	
xvii.	Develop quarterly web-based training and transmittals for the provider network, based upon data trending. DHHS-DDD retains ownership of all training materials produced at the end of the contract with the Contractor and will give appropriate credit for development to the QIO/QIO-like entity; and,	
xviii.	Facilitate at least an annual Quality Assurance Committee (QAC) analysis and review of mortality data to inform process improvement and provide technical assistance for providers to implement preventative and/or curative measures to DD service providers.	

Bidder shall provide a plan that includes all of the above elements.

Bidder Response:

Mortality Report Reviews

In the past six years, the PCG team has completed over 7,000 mortality investigations, demonstrating PCG's expertise with thoroughly conducting death investigations with a level of skill difficult to find elsewhere. Our processes are based on the 2018 Joint Report, which has Model Practices for Mortality Reviews.

As a part of our Ohio HCBS Provider Oversight scope of work, PCG has an Incident Management and Investigation team that conducts health and welfare investigations. PCG's team of 50 investigators and supervisors provide in-depth knowledge and expertise specific to mortality reviews. The seasoned investigative team of licensed clinicians apply their clinical knowledge and experience to answer all pertinent questions (who, what, when, where, and why) of mortality cases. PCG will use our experience within the Ohio HCBS Project to meet the needs of DHHS-DDD.

Receiving Mortality Reports

PCG will receive mortality cases through our QUIC Mortality Review Portal. All supporting documentation and mortality report review documentation will be submitted, logged, and managed in this system. The QUIC system offers workflow management and reporting capabilities for tracking work and assessing program compliance, operational efficiency, and process improvement opportunities.

Triaging Mortality Reports

Within 24 business hours of receipt of an intake mortality report investigation, PCG will conduct an initial assessment of each mortality report received to ensure it meets the standards established for review. Here, the team will also ensure all initial actions have been completed, including determining if the death was reported according to HCBS Waiver Rules and NAC Regulations and if sufficient information was provided to determine the following:

- Can the suspected cause of death be determined or not?
- Was the death unusual, suspicious, sudden, and unexpected, or apparently preventable including all deaths alleged or suspected to be associated with abuse neglect, or criminal acts?
- Were clinical safety checks conducted to immediately ensure the health and safety of all other individuals?
- Were relevant parties notified, such as a guardian, Medical Examiner, Law Enforcement, etc.?

If the intake mortality report information received was not sufficient to determine the results of the aforementioned verifications, our team will work with the provider to ensure these tasks can be assessed immediately.

For mortality reports where the death has been determined to be unusual, suspicious, sudden and unexpected, or apparently preventable, including all deaths alleged or suspected to be associated with abuse neglect, or criminal acts, PCG will conduct a thorough review of the past immediate 12 months preceding the individual's death. The purpose of this review will be to determine the causal and contributing factors leading to the death and if any preventative or corrective measures need to be put in place to mitigate risk to other individuals.

Collecting Documentation for Mortality Reviews

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Following submission of a mortality review report, providers will be required to submit documentation within five business days. PCG will apply its established tracking process within QUIC to monitor these due dates and take measures to make certain that information is obtained in a timely manner.

If information is not provided within the required timeframe, we will contact the provider using multiple channels.

1. First contact will be initiated with a phone call and followed up with a written request sent via fax or e-mail.
2. Second, a reminder phone call or e-mail will be placed if the information is not received after the first attempt.

Using our QUIC system, the mortality review team will request all relevant documentation be submitted. Examples include:

- Physician Orders and Medication Administration Records
- Service plan documentation and progress notes
- All health monitoring records
- All medical and behavioral consultation records
- If ordered, DMH Non-Hospitalization DNR documentation or Alternative to CPR document
- Hospital, Emergency Room, and/or Emergency Response reports
- Coroner reports and/or autopsy reports
- Any other documents deemed relevant to the mortality review

PCG will track and analyze provider compliance and provide recommendations to the state for provider remediation.

Identifying Cause of Death & Contributing and Causal Circumstances
After the mortality team has received all information, they analyze and synthesize the findings to identify the cause of death. Here, the team also documents any circumstances surrounding and contributing to the death based on the documentation that is reviewed.

The mortality review team reviews the documentation listed above to determine if there is anything unusual or unexpected in the manner, timing, or circumstances surrounding the death. All mortality reports will also be evaluated for concerns of abuse, neglect, criminal activity, suicide, or sudden unexplained causes of death. A three-month review of documentation will be conducted to perform our investigation. This is standard. During the three-month review, if there are any indications that the death is unusual, suspicious, sudden and unexpected, or preventable, the review will be expanded to cover the immediate past 12 months before the individual's death.

In addition to this documentation review, interviews of relevant staff, family, friends, employers, and caretakers may be conducted. These interactions build a comprehensive understanding of the condition and care of the individual leading to their death. Finally, the mortality reviewers will determine if appropriate care and preventive action was planned and executed while caring for the individual.

Reporting & Recommendations
The QUIC system, described in this proposal, will offer extensive reporting capabilities. This includes tracking key metrics indicative of the health of the state's Medicaid HCBS waiver services, and the severity of individual mortality cases. Together, this data will help inform recommendations on how and when to conduct mortality reviews on an ongoing basis to ensure the safety of recipients. All review processes and a finalized report of the mortality will be available in the PCG QUIC system. PCG will recommend provider corrective action strategies to ensure other individuals served are safe from any identified causal or contributing factors.

Mortality Review Committee Meetings
After the clinical review of the mortality event, PCG will complete a written summary containing all pertinent information related to the individual's death and categorize the death as expected, suspicious, or unexpected.

Deaths that meet the state's established criteria, including deaths that are unexpected, sudden and unusual or unnatural, caused by suspicious circumstances, associated with suspected or alleged provider misconduct or abuse or neglect, or any combination of these, will be referred for the Mortality Review Committee for root cause analysis work and to establish necessary remediation and preventative measures.

Monthly Mortality Review Committee Meetings

Having worked with public-sector agencies in nearly all states on a diverse range of topics from health to education to technology consulting, we are in tune with how best to help facilitate multi-disciplinary teams. PCG is prepared to assist the DHHS-DDD designated lead of a Mortality Review Committee to ensure meetings are productive, insightful, and efficient. We will offer expertise in general meeting facilitation, scheduling mechanics (in-person or virtual platforms), structed communication formats and documents, and meeting minute best practices.

Our mortality review team looks forward to helping to envision the structure, cadence, and vision for these meetings. PCG will adhere to key guiding principles proven to bolster the success of group work in this setting. These guidelines include the following:

- Pertinent details and facts will be presented without opinion, and in a nonjudgmental and nonpunitive manner
- The group will be multidisciplinary to ensure adequate representation of key stakeholders.
- Emphasis will be placed on confidentiality of the proceedings in order to facilitate honest communication
- Input will be sought from all attendees, regardless of hierarchy
- Objective, comprehensive, and holistic assessments will be conducted with focus on causative factors and preventability
- Recommendations for remediation will align with established waiver and State policies and procedures and based on best practice industry standards
- Sufficient summary of provider follow-up activities to corrective action planning

Mortality Review Corrective Action Planning

PCG's corrective action planning approach is consistent across our entire spectrum of Medicaid and HCBS compliance programs. Programs are assessed according to a rubric of HCBS qualities and practices, as well as NAC regulations. Using this rubric, teams identify areas of non-compliance and prepare reports and recommendations to memorialize findings. This approach provides structure for formal or informal corrective action or remediation planning to minimize the reoccurrence of the immediate factors contributing to the death.

Corrective Action Guidance and Planning

PCG starts by educating providers, virtually or in-person, providing technical assistance. Team members work to explain the justification for any non-compliant findings based on the program rubric and State or waiver policies and regulations. If findings are noted during the mortality review investigation, PCG's reviewers will work with the provider to develop an acceptable plan of correction. The plan of correction identifies:

- Issues that need to be addressed
- Provider expectations during and after the corrective action plan period
- Step to take to educate providers on standards and practices for becoming compliant and better ensuring the health and safety of waiver or state plan recipients

Minor plans of correction can be approved during the mortality review investigation close-out process. More complex compliance issues necessitate providers submitting a correction plan. These providers work to establish specific and measurable corrective action plans to achieve compliance alongside PCG.

In many cases, providers are given 45 days to return a plan of correction or remediation plan addressing all issues identified. This timeframe is configurable depending on the severity of the remediation required. All plan of correction due dates are monitored through our QUIC system and tracked using the portal's reporting functions. As a value add and to increase compliance, PCG often places a reminder call to providers 10 days prior to their plan of correction due date. Since implementing this courtesy call, we have seen a marked increase in the timeliness of submissions of plans of correction process. This value add has also reduced the administrative burden on our state partners.

Review and Approval Process
These plans are then reviewed and approved by PCG. Once a plan of correction has been sent to the reviewer, the reviewer analyzes the responses to ensure that what the provider has indicated they will do to correct the issues will bring them into compliance with the rule requirement. If there are items that are not addressed, or need some revision, PCG reviewers work with providers to explain what else is needed. Then, PCG actively follows up with providers at determined time periods to monitor for compliance and ensure the successful implementation of all remediation strategies previously identified. When the provider has addressed all items sufficiently, the provider will receive an acceptable plan of correction letter noting that they are in full compliance based on the findings of the original investigation.

Data Analysis
The PCG Team has extensive experience collecting, reviewing, and analyzing data from mortality reviews and quality assurance reviews**.** Once mortality reviews are entered into QUIC, the collected data is tracked for retrieval, analysis, and reporting. Analysis may include, but is not limited to the following:

Patterns and Trends
PCG has a proven approach to reviewing cases of mortality, illustrated by enhanced data tracking and analysis during and after the mortality review process. At the beginning, we will align our system capabilities against the State's criteria and protocol for review. This allows us to identify any missing data fields to ensure our reporting aligns with state and waiver program standards. As a part of our reporting practices, PCG would employ a system to ensure we assess key patterns, including

- Deaths by cause of death
- Mortality rates per 1000 recipients served
- Mortality rates by provider
- Mortality rates by setting
- Mortality rates by timeframe
- Repeated instances of suspicious mortality review investigations
- Quantity of deaths referred for investigation

Our web portal allows for the collection of a vast array of data points, allowing our team to thoroughly review mortality report investigation findings to identify trends and patters. Crude mortality rates can be calculated for the entire population and/or by subcategories (e.g., age groups, gender, waiver type, etc.). Death rates can also be reported by other segments including, but not limited to, age, region, and residence type. Trends in mortality can be provided and are generally reported in table and graph forms.

These findings will be reviewed at an annual Quality Assurance Committee meeting. Using our data analytics and prepared reports, the team will help identify areas of strength and areas for improvement among provider types, as well as programmatic improvements that must be made to address trends observed across settings or mortality types, for example.

Reporting Categories
We have the capacity to collect and report on several categories including, but not limited to,
- Name, age, race or ethnicity, disability type, and sex of the individual who is deceased
- Waiver services received by the deceased individual and the name(s) of the provider(s)
- Narrative of the events leading up to the individual's death and the immediate circumstances of the death

- Location of the death
- Immediate and secondary causes of death
- If the death was:
  - Expected due to a known terminal illness
  - Associated with a known chronic illness
  - Sudden, unexpected
  - Due to unknown cause
  - Due to an accident and, if so, type of accident
  - Due to self-inflicted injury or illness
  - Due to suspicious our unusual circumstances
  - Due to suspected or alleged neglect, abuse, or criminal activity
- Whether an autopsy was conducted, and narrative of its findings
- Findings of the preliminary reviews of all deaths by the Mortality Review process
- Findings and recommended corrective actions of the comprehensive death reviews by the Mortality Review Committee of selected deaths as defined above
- Information related to the implementation of recommended corrective actions

For all these data points, descriptive statistics can be provided. Also, bivariate and multivariate analysis can be provided on an ad hoc and/or standardized reporting basis. We will work closely with the state to identify the types of analysis that need to be performed and reported on. Each year, we will assess the reporting abilities of our system to determine any needed modifications.

The PCG team's data analysts help ensure that our data is complete, valid, reliable, and comprehensive for analysis. Using this data, we can help identify areas to improve provider performance or assess systemic responses to reduce avoidable risks of death and other adverse outcomes. This data will then be used to identify training opportunities, either for a broad audience or for specific programs or providers.

Provider Training

Data trending and analysis will guide PCG in its approach and development of provider training to address specific deficiencies reveals from the mortality review data findings. As the nationwide leader in HCBS Provider Oversight, we know that well-trained, competent providers are the most essential component in any successful HCBS program. A well-educated, well-trained provider community reduces risks to the health, welfare, and safety of all participants. The education and training curriculum must extend beyond mere restatement of applicable rules and regulations. Effective education addresses common pitfalls, evolving incident trends, and risks to quality of care. Additional curriculums can be further tailored to specific regions, provider organizations, and HCBS service types. Training topics can include but are not limited to the following:

- Aspiration
- Reporting Abuse and Neglect
- Identity Theft
- Dehydration
- When to Call 911
- Medication Management
- Advance Care Planning
- Flu and Pneumonia
- Heat Safety
- Phishing and Vishing (Online Safety)
- Pressure Injuries
- Emergency Preparedness
- Behavior Support Plan
- Bowel Impaction
- Choking: Risks, Causes, and What to Do
- Overlooked Signs of Cancer in Women

- Toxic Substances
- Warning Signs of Too Much Sun and Heat

With over 32 years of experience in the Medicaid industry, PCG knows full well the critical role education and training plays in the success of new program implementations. Our team will work closely with Nebraska to provide initial, refresher, and ongoing training to benefit the provider community and the individuals they serve. PCG staff also take every opportunity to provide education when in contact with providers.

Quarterly Training Methods
PCG is prepared to provide a range of content to providers for quarterly training. Training could include user guides, FAQ documents, alert bulletins, and training videos accessible via web-portal. These training mediums will break content down into small, manageable pieces.

We will focus in-person training efforts on users who may be having a difficult time with any new policies and/or systems or those who are hesitant to adopt new policies and/or technology. We will use web portals to host and facilitate training, including some initial and ongoing refresher courses. We are eager to share best practices with the State to determine the best training method and delivery for all who will engage with our team on any facet of our operation. We understand that educating providers on unfamiliar polices and technology must be done in a mindful, precise manner, and our team is ready and able to provide this for Nebraska's providers.

Required Outcome: The new Mortality Review and Reporting process shall be in place no later than six (6) months after contract start date.

b. Once the process has been implemented and management services are in place, the Contractor shall provide the following reports an ongoing basis: (1) monthly mortality investigation report and recommendations due fifteen (15) calendar days following the last day of the month. Describe how the bidder meets or exceeds requirement.

Bidder Response:
PCG agrees to provide monthly mortality investigation reports, inclusive of recommendations within 15 calendar days of the end of the month. This is a standard operating procedure for our teams. Within 15 days of the close of a month, our investigation teams have time to finalize and close out reporting for the month. Within this period, team members also have time to aggregate and analyze data. This collaborative process leads to the development of program or provider-specific recommendations included on the report. These reports are in additional to individual mortality review investigation summaries the team will prepare.

Our team takes great pride in preparing these operational reports. We understand the vital role they play in assessing the wellbeing of the State and waiver program. We also understand the vital role these analyses provide to senior level leadership on the health of our business operations.

c. Two (2) monthly program reports with attachments such as: training materials and meeting agendas due fifteen (15) calendar days following the last day of the month. Describe how the bidder meets or exceeds this requirement.

Bidder Response:
PCG agrees to provide specific program reports at the stated schedule and frequency. In addition to reporting on mortality review investigation findings and trends, PCG will monitor the success of our program based on operational metrics, including the completeness and timeliness of remediation plan / corrective action planning and PCG follow-up efforts. Additionally, as we participate in Monthly Mortality Review Committee, prepare training materials for providers, and conduct quality assurance reviews, we will use these reports to provide comprehensive summaries of our program and the work we are developing.

d. Three (3) quarterly data reports including aggregation, trends, and recommendations, including on performance measures on waiver basic assurances related to mortality review and reporting due fifteen (15) calendar days following the last day of the quarter. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

PCG agrees to provide the requested quarterly reports within the required timeframe. With our significant history and experience with home and community-based services (HCBS) waivers, including several current ongoing projects, the PCG team is deeply familiar with HCBS federal (and individual state) laws, regulations, policies, procedures, and requirements governing waivers. Staying current, even preemptively anticipating changes, is crucial to our ability to support state efforts to manage waiver program compliance, quality, and overall operations. Because of changes in federal requirements, quality oversight and compliance can feel like an ever-evolving target. PCG eliminates that concern and uncertainty. Our operating model requires that we remain closely observant of federal requirements. This ensures that our waiver monitoring programs are always situationally germane and can satisfy waiver quality oversight and management goals without sacrificing any necessary operational rigors.

The PCG team recognizes that accurate, actionable reporting is vital to identify potential trends and patterns surrounding health and welfare of individuals being served on the HCBS waivers. PCG is extremely familiar with the basic assurances under the HCBS waiver and are confident in not only our own understanding, but in our ability to use this knowledge to develop recommendations for quality improvement initiatives. In addition, a crucial component of any data gathering activity is the ability to report the information as needed. PCG has developed robust reporting mechanisms and practices based on our tenure working with state agencies, leaving open the option to customize information based on stakeholder wishes. Our experience conducting HCBS quality reviews and incident investigations will allow us to focus on the most critical data and to provide beneficial reports to the State of Nebraska.

Continuous quality improvement is realized through careful planning and thorough, ongoing monitoring. This principle drives our proven Continuous Quality Improvement (CQI) program, which we have successfully implemented in dozens of public-sector engagements across the county. This CQI program will ensure that our reports are accurate, error-free, and submitted on time. PCG understands that effective quality oversight and monitoring tasks are critical to improving the quality of life, quality of care, and services delivered to all HCBS waiver participants. PCG's CQI program will include a fully developed protocol designed for each oversight activity included in the current operation.

Quality Planning	Quality Assurance	Continuous Quality Improvement
How the PCG Team plans to work with the client to define quality standards that are relevant to the project and how we will satisfy them. Quality measures, quality tools, and process improvements are all components of quality planning.	How the PCG Team plans to apply and monitor the quality activities to ensure that the overall project employs all processes that are needed to comply with the quality standards previously defined.	How the PCG Team will choose and use best practice quality tools and processes to maintain and improve quality throughout the project's life cycle.

PCG's CQI program will include a fully developed protocol designed for each oversight activity included in the current operation.

PCG will work with Nebraska to report on the identified assurances on a monthly basis. The report will be structured for easy sorting by waiver type and remediation timeline, as well as the additional fields outlined per sub-assurance

The PCG team will produce the required QA reports in the required timeframe by leveraging our robust system, PCG QUIC, and automating the reporting of certain data points using set timelines. This will ensure our reports are produced on time, with minimal errors.

    e.   Four (4) annual mortality report including number, types, cause of death, demographics of participants in the aggregate and with trending due fifteen (15) calendar days following the last day of the year. For the first year, the annual report shall also include recommendations regarding whether all deaths should continue to be investigated, and if so, whether there is a tiered system

that should be put into place (for example, how far to go back into the records, whether on-site investigation is required, etc.). Describe how the bidder meets or exceeds this requirement.

Bidder Response:
PCG agrees to provide annual mortality reports in line with the specifications and timeline requested. PCG has experience delivering many reports similar to the population groups in this RFP. For example:

- *HCBS Health Safety and Welfare Monitoring Report:* PCG manages health and safety incident investigation work for the Ohio managed care duals demonstration project (MyCare Ohio) and provides regular reports from our case tracking system that detail reported incidents, substantiation, and corrective actions.

- *HCBS Waiver Programs Performance Measures Analysis Report:* PCG currently conducts Quality Assurance work in Illinois for the HCBS Waiver population that provides performance measure reporting like Nebraska's reporting needs.

- *Administrative Claim Denial Report:* For the Commonwealth of Massachusetts in support of the EOHHS Program Integrity Unit, we assist in the implementation and execution of pre- and post-pay claim audits, producing reports that detail the efficiency of algorithms in identifying denials and recovery opportunities. This also includes audit and reporting on encounter claims as part of an Accountable Care Organization (ACO) workgroup.

- *Due Process Appeals and Mediation Monitoring:* In North Carolina, we measure all vendors as it relates to enrollee grievance and appeal processing procedures through reporting to the client on timelines, decisions, etc.

Quarterly reports developed for DHHS-DDD will cover performance measures on a monthly and compiled quarterly basis, along with year-to-date data for comparison. PCG's quarterly report will also include recommendations for additional quality improvement initiatives. The PCG team will compile Annual Reports to summarize work we have conducted over the previous year. This information is gathered from our monthly contractor performance reports. PCG understands that while each annual report will have consistent elements, the initial annual report will provide comprehensive recommendations based on 12 months' worth of data. This will help direct program operations moving forward.

      f.   The Contractor shall also have the capability to produce ad hoc reports no later than seven (7) calendar days after the request.

F.   **CRITICAL INCIDENT MANAGEMENT PROCESSES (CIMP)**
The second priority of the QMS assessment is a review of the existing HCBS DHHS-DDD CIMP to develop and implement reliable incident management and investigation processes, and audit protocols that ensure compliance with reporting, review, and response requirements.

      1.   The process shall enable DHHS at a minimum, but not limited to:

      a.   Provide immediate and effective responses to serious incidents to protect the involved participant's safety and well-being and to mitigate reoccurrence;
      b.   Triage and escalate serious incidents as needed to protect health and safety;
      c.   Ensure that the facts and circumstances of serious incidents are reviewed quickly and effectively and, as warranted, investigate;
      d.   Ensure that recommendations for corrective actions associated with serious incidents are timely and effectively implemented per the HCBS waivers and NAC regulations;
      e.   Ensure that trends and patterns regarding serious incidents are identified and addressed through timely implementation of effective corrective actions;
      f.   Ensure that appropriate governmental entities, provider and support coordination agencies receive timely notification of serious incidents;
      g.   Ensure public reporting regarding the overall safety and well-being of participants who receive supports through Medicaid HCBS waivers;

        h.   Utilize processes that assess for timely and appropriate incident reporting, investigation, and response and for implementation of timely and appropriate corrective actions to minimize reoccurrence;

        i.   Use assessments to determine if public agencies and providers are undertaking systemic reviews to identify and appropriately address incident trends or patterns; and,

        j.   Ensure that implemented corrective actions are effective in preventing or reducing the occurrence of serious incidents.

  2.   **Task 1. Assessment**

        a.   As an activity of the assessment of the QMS, conduct a comprehensive assessment of the current state of the HCBS CIMP. This assessment shall include a systematic infrastructure analysis of current state, including review of data availability, data collection tools, processes, information systems, and existing metrics. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

Assessment Experience

Over the years, clients have relied on PCG to help them with a vast array of HCBS service delivery, including health care reform and health benefits consulting, waiver design and development, eligibility verification services, provider and quality oversight, compliance, financial management and Critical Incident Management process. One component remains constant with these initiatives – we perform comprehensive assessments of these processes. These assessments drive the recommendations made and ultimately the implementation of quality improvement that have a lasting impact on HCBS programs.

As described in our proposal, many PCG projects involve several types of assessments which span the full range of Medicaid HCBS waivers. Our portfolio shows our experience with waiver assurances and in gathering data and reporting on assurances and sub-assurances (e.g., qualified provider, service plan, **health and welfare**, financial). We also bring our understanding of designing and implementing programs that align with the CMS Quality Framework and integrate person-centered practices.

Ohio

In the context of Critical Incident Management System Assessments, PCG has, more than any other vendor, a very strong understanding of Ohio's current incident management and tracking systems for the Ohio Home Care Waiver, Specialized Recovery Services Program, MyCare Ohio Waiver and HOME Choice Money Follows the Person Demonstration Projects. CMS' expectations of a robust incident Management System allows states to identify, track, trend, and mitigate preventable incidents. PCG has already has strong functioning systems built and deployed in the state of Ohio for MyCare, HOME Choice and the HOME Choice demonstration programs.

Our assessment, planning, implementation, and operations of Ohio's Critical Incident Management program allowed Ohio to streamline their investigation process and reporting capabilities for all waivers. Our goal was to implement best-in-class Incident Management processes and a Tracking System.

New York State Executive Chamber

PCG contracted with New York State to conduct an assessment to determine the viability of providing a single, cross-agency universal incident management system (UIMS) for the State. The initiative was sponsored by the NYS Executive Chamber. The project includes eliciting and documenting detailed business requirements, conducting a fit/gap analysis, and delivering an implementation plan.

Detailed Business Requirements

PCG developed and documented comprehensive detailed business requirements for the complete life cycle of incident management across all stakeholder agencies. The scope of the universal incident management system includes a centralized location for incident management, including, but not limited to:

- Incident data
- Incident assessment
- Incident jurisdiction
- Quality assurance activities

- Incident patterns and trends
- Various reports and notifications

The effort spanned across seven State stakeholder agencies – Office of Alcoholism and Substance Abuse Services (OASAS), Office of Children and Family Services (OCFS), State Education Department (SED), Department of Health (DOH), NYS Justice Center, Office of Mental Health (OMH), and Office for People with Developmental Disabilities (OPWDD) – and included facilitation of business workgroup sessions and validation of requirements with subject matter experts from each of the impacted agencies. In this phase, PCG is also collected and reviewed process and system documentation for each of the agencies.

Fit/Gap Analysis
Following the elicitation and validation of detailed business requirements, PCG performed a fit/gap analysis of existing agency systems to determine if any system can meet the desired business requirements and to document any gaps that exist. Additionally, PCG assessed the potential fit/gaps of any available vendor/commercial off the shelf (COTS) solutions.

Cost Assessment
PCG also conducted an assessment to capture and estimate Implementation and Maintenance/ Operations (M&O) costs associated with current NYS Incident Management Systems as well as viable COTS solutions, which were used to inform the final recommendation.

Implementation Roadmap
The results of the three deliverables above were considered as PCG developed an implementation roadmap. The roadmap provided recommendations for the State, including deployment options and important constraints and considerations, to move forward to realize a UIMS.

Assessment Process
Incident management involves providing immediate and effective responses to serious incidents to protect the involved beneficiary's safety and well-being and to mitigate reoccurrence. It also involves ensuring that the facts and circumstances of serious incidents are reviewed quickly and effectively and, as warranted, investigated. Any assessment of a CIMP should ensure that trends and patterns regarding serious incidents are identified and addressed through timely implementation of effective corrective actions (e.g., additional provider and staff training focused on both quality assurance and improvement, necessary changes and reforms to specific protocols in service delivery, and enhancements to standard operating policies). It involves ensuring that appropriate governmental entities and provider and support coordination agencies receive timely notification of serious incidents, and it includes public reporting regarding the overall safety and well-being of Medicaid beneficiaries.

Assessment Goals
PCG will work with DHHS-DDD to assess its Critical Incident Management Processes (CIMP) and provide a plan to align it with CMS' guidance and model practices. An assessment of DHHS-DDS CIMP will contain the following goals:

Goal 1
Understand the current "As-Is" business process for each stakeholder agency, as it will be essential in determining where improvements can be made

Goal 2
Gain agreement from the stakeholder agencies on a "To-Be" incident management process that will meet their core agency needs

Goal 3
Elicit the full scope of business requirements from all stakeholders, working closely with DHHS-DDD to ensure that the requirements are validated

Goal 4

Consider viable potential solutions within the Fit/Gap analysis, including existing systems, available and proprietary solutions developed by PCG.

Goal 5

For solutions considered, conduct a cost assessment to estimate one-time design, development and implementation (DDI) costs (non-recurring costs), and ongoing maintenance and operations costs (recurring costs) for the potential solutions, and compare costs across solutions

Goal 6

Produce and deliver a recommendation and implementation plan that clearly defines recommendations for a comprehensive system for incident management, quality assurance, and quality improvement

Requirement Gathering

To meet these business goals, a comprehensive assessment of the Nebraska's current CIMP will identify the business requirements and options to establish a universal incident management system for DHHS-DDD. There will be three major deliverables which will help determine a viable solution, of which the Detailed Business and Non-Functional Requirements are the first.

Detailed Business Requirements

PCG has developed and documented comprehensive detailed business requirements (also referred to as "functional requirements" in this document) for the scope of the CIMP assessment, which is intended to provide a centralized system for incident management, including, but not limited to:

- Incident data
- Incident assessment (e.g. abuse, neglect, or significant incident)
- Incident jurisdiction (e.g. State agency, or Provider)
- Incident investigation
- Investigative findings
- Quality assurance activities
- Various reports and notifications

PCG will also developed and documented non-functional requirements related to an improved CIMP. These include, but are not limited to:

- Role-based Security and Hierarchy
- System Security
- Privacy
- Performance
- Data Migration
- Data Retention
- Usability and Accessibility

This effort will span across all state stakeholder agencies as well as the Office for IT Services. DHHS-DDD departments and staff will be asked to actively participate in this process, as their complete input is essential for success. PCG will collect and review process and system documentation for each stakeholder to ensure that all requirements gathering sessions are as productive as possible.

Gap Analysis

As part of the next steps in the assessment phase, PCG will continue our work with the CIMP and complete a Fit/Gap Analysis for the following areas as described in this RFP:

- Review of data availability;
- data collection tools;
- processes;
- information systems; and,
- existing metrics
-

Assumptions

As part of a draft assessment plan, PCG will be working from several assumptions and dependencies, detailed below. During the requirements gather phase, the project team will either validate or invalidate these assumptions and dependencies as part of the assessment.

1. There is significant value and interest in a system that can provide consistent, reliable, and relatable information regarding the full scope of incident management in Nebraska
2. Stakeholders and agencies have commonalities, yet each has unique needs and requirements related to their incident management responsibilities
3. Stakeholders and agencies either do not have an internal incident management system, or have a legacy incident management system that has been customized to meet their evolving business needs
4. Lack of universal incident management requires stakeholders to understand and use multiple systems and databases for incident reporting and management
5. Lack of a universal incident management system and use of multiple systems, or tools, to manage incidents has resulted in a lack of standardization of data elements, practices, and inconsistent and unreliable information and reports, all of which require additional staff efforts to troubleshoot and reconcile
6. Interoperability and integration of the systems across DHHS agencies varies significantly because of agency-specific needs and inconsistent practices, procedures, and guidance
7. Lack of appropriate and direct access to a universal incident management system by agency personnel and their related providers has resulted in increased work burden, duplication of effort, and inability to access essential information and data, as well as having an impact on timeliness and business operations
8. Lack of universal incident management requires stakeholders to understand and use multiple systems, which can translate to additional costs for user training, system maintenance, etc.

Dependences – Constraints and Limitations

PCG, with the assistance of the stakeholder agencies, will identify business constraints and /or limitations that may limit the agencies' business operations or the State's solution options to an improved, more robust CIMP. These dependencies will be detailed and documented by PCG during the gap analysis and should be reviewed and considered by DHHS prior to moving forward with a roadmap and implementation. In past assessments conducted by PCG these constraints were categories as such:

1. Changing Environment
2. Agency Missions and Responsibilities
3. Scope and Complexity of Responsibility
4. Lack of Guidance
5. Information and Data Structures

Tools for the Assessment Process

Stakeholder List

PCG will develop and update a list that identifies the stakeholders and/or agencies involved in the CIMP assessment project, including their leadership and designated point of contact (POC) for the project. These stakeholders will play an integral role in completing the business requirements and associated content. Below is an example of a stakeholder list used in the New York Universal Incent Management Systems Assessment.
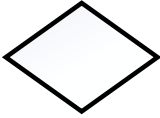
Agency	Commissioner	Point of Contact (POC)
New York State Executive Chamber	Peter France, Deputy Secretary for Health and Human Services	Danielle Duck, UIMS Project Director
Office of Alcoholism and Substance Abuse Services (OASAS)	Arlene González	Chuck Monsoon Clark Kent

Office of Children and Family Services (OCFS)	Sheila J Smith (Acting)	Emilie Brack
State Education Department (SED)	Mary Beth Elia	Adam Mueller
Department of Health (DOH)	Howard C. Tucker, M.D., J.D.	Vickie Deetz Thomas Shay

Flow Diagrams

These diagrams will provide a high-level view of the incident management process, tools, systematic infrastructure analysis of current state, data collection tools, processes, information systems, and existing metrics and serve as a base for the business requirements. The diagrams will be developed following integrated sessions and an iterative feedback process with all stakeholders. The diagrams follow the key included below:

Process Flow Diagram Key

Shape/Symbol	Meaning
(rounded rectangle)	Indicates the start of the process
(rectangle)	Indicates a step in the process
(diamond)	Indicates a decision point in the process
(pentagon/home plate)	Indicates the end of a phase of the business process and a transition to the next phase of the business process (e.g. incident report transition to investigation)
✳	Indicates that a notification (as defined in the glossary) is required at this point in the process
∞	Indicates that there must be an ability to request additional information at this stage in the process (may involve more than one request)

Below is an example of a process flow chart created to document the workflow for New York State's Incident report form process. These process flow charts will help determine and guide the recommendations made once the assessment process has been completed.

Incident Report
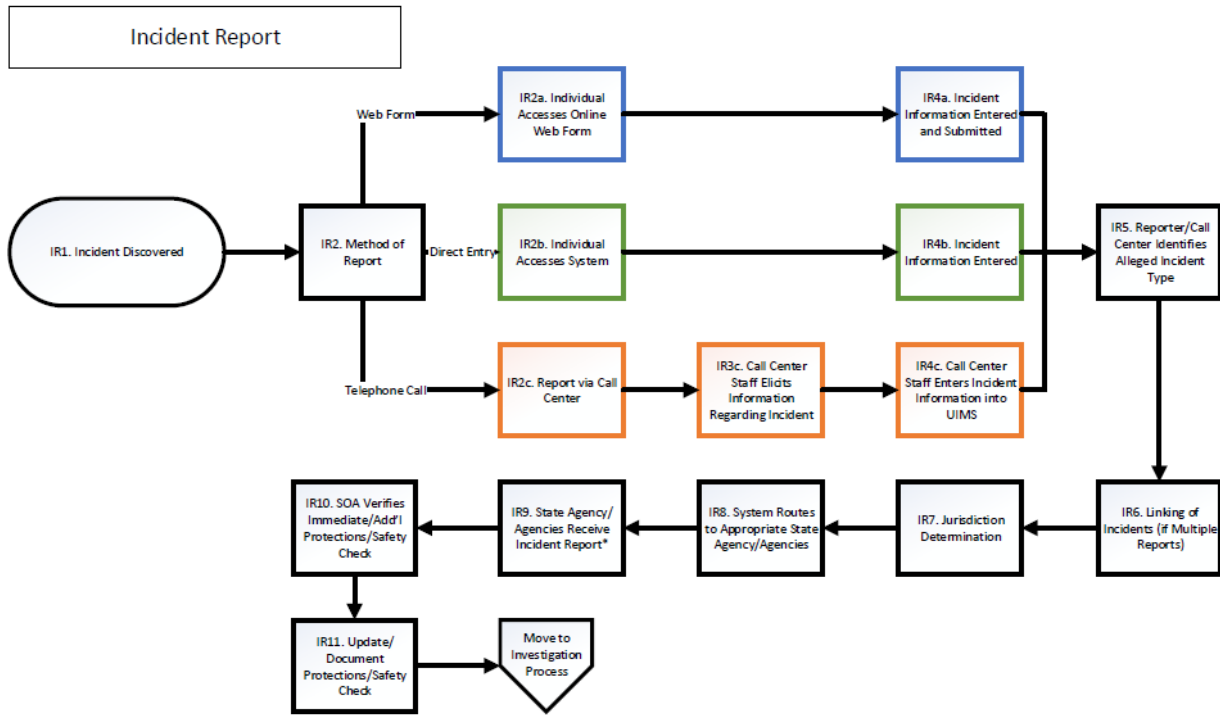
Legend

* = indicates notifications, alerts and/or communications are required at this point in the process
∞ = Ability to request additional information at this stage in the process is required. This may involve more than one request.

Orange Boxes = Call Center Path
Green Boxes = Direct Entry to UIMS Path
Blue Boxes = Web Form Path
Red Diamonds = Decision Points

Requirements Traceability Matrix (RTM)

PCG will work with stakeholder agency and/or staff to develop a Requirements Traceability Matrix (RTM) based on common understanding of the goals and objectives of the requirements and project. Doing so will confirmed agreement on the content and will provided a vehicle for clear presentation of information within the deliverable. Below is an example of an RTM that was used during an assessment of New York State's Critical incident management system

ID	High Level IN Requirements	Investigation Process Flow Diagram Steps			Detailed Business Requirements			
	Number	JC PFD Step #	SOA PFD Step #	Provider PFD Step #	Category	Title	Description	Examples of Data Fields
0001	N/A				Function	Forbearance Indicator	A JC authorized user shall have a means to indicate that a forbearance has been placed on a case. (Note: In this context, forbearance indicates that the Justice Center has jurisdiction and is conducting an investigation, and that the SOA with oversight and the provider should not commence investigatory activities until the forbearance has been lifted. Forbearance may either be lifted manually by a JC authorized user, or lifted automatically when the investigation is marked as "Complete").	
0002	N/A				Function	Forbearance Letter	When an authorized user indicates that a forbearance has been placed on a case, the system shall have a means to automatically generate a letter to the investigating entity informing of forbearance. The authorized user shall have a means to print and send, or electronically transmit this letter to the investigating entity. Upon lifting of forbearance, the system shall have the means to send an alert to the SOA with jurisdiction over the incident, based on functionality as described in the General requirements.	

b. Produce a report that includes a detailed narrative, current state process map(s), identification of existing strengths and weaknesses, and assessment of current state compared to CMS compliance requirements and best and promising practices. It shall include process maps for the current state of the CIMP. Describe how the bidder meets or exceeds this requirement.

Bidder Response:

Assessment Experience

PCG has a strong grasp of the work needed to assess and provide unrivaled expertise regarding state operated CIMPs. In New York State, the Universal Incident Management System (UIMS) project was a comprehensive initiative, sponsored by the NYS Executive Chamber, to determine the viability of providing a single, cross-agency incident management system for the State of New York. Public Consulting Group was awarded a contract for Stage One of the initiative. The project encompassed multiple phases. The first phase includes developing business requirements for a UIMS as well as conducting a Fit/Gap analysis, completing a cost assessment, and developing an implementation plan.

One of the main deliverables for this project was a comprehensive report that included a strengths and weaknesses assessment, a Business Requirements Document (BRD), and process maps outlining New York's current state. The report also produced a Requirements Traceability Matrix (RTM) that used CMS compliance requirements to guide New York from its current state" to a "Future" state regarding their CIMP and incorporated promising practices and cutting-edge technologies to improve and build capacity for critical incident management for the entire state.

PCG is well poised to produce a valid and comprehensive assessment, strong recommendations and a similar well-designed report based on its assessment work in New York, and its long-standing operational efforts in Ohio, where we conduct critical incident investigations statewide.

Report Format

Below is a draft outline PCG proposes to use for the creation of a CIMP Assessment Report. It aligns with DHHS' requirements listed in the RFP and, in several cases, exceeds the listed requirements per the RFP. PCG will collaborate on all the requirements and format of the report to produce a document that serves the needs of DHHS in all possible regards.

*NOTE: This proposed report format should be considered a **draft** proposal of how we will report our CIMP assessment findings as well as a foundation to work from in collaboration with DHHS-DDD in order to meet the requirement to submit a full final within 6 months of the operational start date. As such, the information provided is informational and may change based on several factors, not limited to DHHS-DDD approval of the final report format.*

Report Sections and Format
Introduction
Narrative of Document Overview
Glossary of Terms

Business Requirements Summary
  Problem Statement
  Business Goals
  Scope
    Business Assumptions and Dependencies
    Business Constraints
    Business Requirements Limitations
  Stakeholders Involved

Overview of Incident Management Business Processes
  Business Functionality Summary
    Strengths and Weaknesses
  Process Flow Maps – "Current State" Diagrams
  Business Requirements List
    CMS Compliance Requirements
    Best and Promising Practices
  Recommendation: Business Functions Not Included in CIMP
  Process Flow Maps – "Future State" Diagrams
  Exceptions and Alternatives
  Use Cases
    Incident Report
    Investigations
    Findings
    Oversight and Monitoring
  Business Rules
  Potential Data Integration Points

Appendices
  Session Summaries
    Consolidated Requirements Traceability Matrix (RTM)

The strongest example to demonstrate our abilities to meet these requirements is to provide an example. Please see the ***New York State Universal Incident Management System Business Requirements Report*** located in the appendix.

Required Outcome: The Assessment Report with accompanying process maps is due no later than six (6) months after contract start date.

3. **Task 2. Design: Comprehensive Roadmap for Enhancements**
   a. Develop a comprehensive roadmap for enhancements to the existing CIMP, including identification of best practices in Critical Incident Management, based upon recommendations from OIG, CMS, and other state QMS's. Include recommendations for how to improve the current process to achieve full compliance with CMS requirements with respect to reporting and notification, incident review, incident investigation, CAPs and implementation, and quality monitoring and trend analysis. Include recommendations for working with both agency and independent providers, and how the QIO/QIO-like entity would achieve efficiencies with the independent provider population, for example, using web-based training models.

   The report shall include a narrative with discussion of data collection tools, processes, metrics, including existing system gaps, and recommendations on how to improve the current state around what should stay the same, what should be refined, what should be replaced, to achieve best practices. It shall include process maps to demonstrate recommended changes from current state as well as the proposed future state.

   Describe approach to developing comprehensive roadmaps for enhancements to existing CIMP for other programs.

Bidder Response:

Roadmap Process

PCG was awarded a contract with the State of New York to determine the viability of providing a single, cross-agency incident management system for the State of New York. The initiative will encompass multiple phases. The first phase includes developing business requirements for a UIMS, as well as conducting a Fit/Gap Analysis, completing a Cost Assessment, and developing an Implementation Roadmap.

The UIMS Project began in October 2014 and concluded in May 2016. The project goals and objectives as defined in the Charter were as follows:

Goal 1: Elicit the full scope of business requirements from each stakeholder agency, working closely with agencies to ensure that each requirement is validated

Goal 2: Consider ALL potential solutions within the Fit/Gap Analysis, including existing systems, available commercial-off-the-shelf (COTS) solutions, and proprietary solutions

Goal 3: Produce and deliver an implementation plan that clearly defines recommendations for a comprehensive system for incident management, quality assurance, and quality improvement that incorporates best and promising practices from CMS and OIG.

At the inception of the project, PCG will assess and become aware of status quo environmental issues. For our work in New York, these included the following:

- Lack of incident management systems at some agencies

- Multiple systems/databases for incident reporting and management

- Inconsistent data elements across multiple agency systems

- Lack of standardized reporting

- Lack of standardized provider information across agencies

- Data inconsistencies which may occur between VPCR and other agency systems which integrate with the VPCR

- Staff effort of SOAs to update incidents and investigations within the VPCR because local, licensed providers do not have access to the VPCR

- Limited data collected within the VPCR compared to those agencies with existing incident management systems

- Staff effort, both business and technical, required to troubleshoot and reconcile transactions flowing between VPCR and agency systems

PCG performed a variety of activities which revealed the complexity and severity of the environmental issues listed above. Business requirements gathering, stakeholder engagement, and research into the existing environment, unfortunately, revealed that those issues outlined in the RFP were merely symptoms of much deeper, more critical issues. PCG identified issues that touch and cut across all the stakeholder agencies with varying levels of impact. The challenges are due in part to the fact there were multiple agencies, each has their own business requirements, several have their own systems (that integrate/interoperate with other systems and databases directly to support their business needs), along with trying to manage the interconnected and interdependent business relationship and related activities with the other stakeholders.

PCG's approach to developing the roadmap identified challenges and impact to the state's ability to pursue, implement, and maintain an enterprise approach and solution. These challenges included:

- Discrepancies around the definition of a "universal" system (e.g. a single system used by each agency individually, or a system that can intelligently function across agencies to support shared and unique business needs).

- Agencies having differing needs and functions required to manage the lifecycle of an incident to support their quality assurance and quality improvement needs.

- Differences and conflicts in agency mission, purpose, needs, and requirements.

  - Broader than incident management; includes prevention, ensuring safety, quality assurance, and business improvement

  - Different business functions/roles (e.g., law enforcement, prosecution, compliance, inspections/surveys, investigations)

- Varying levels of maturity of related polices, practices, and procedures and technology systems.

- The current practices and processes directly impacted and largely driven by the needs of a single agency.

- No standardization in business policies, procedures, or processes (where appropriate for shared or related business functions) across agencies to support a universal system:

  - it was necessary to define how a high-level business process flow could work for a select subset of business functions – identified as the core model. The model and the corresponding business requirements, however, did not address the business requirements that were unique to each of the stakeholder agencies.

  - Lack of consistency in practices, processes, and decision making.

  - Significant differences in data structure/hierarchy, needs, and methods of capture across agencies that is not conducive to establishing cross-agency business practices and data sharing.

- Lack of a governance structure for shared, interrelated, inter-dependent processes, practices, and decisions, which are the foundation to support the business requirements needed for a shared enterprise or integrated technology solution.

  - A lack of holistic inclusion in the planning and implementation of business process changes and system changes. Similarly, systems changes are designed and developed to support specific agency needs, but impact multiple agencies, thus requiring changes to their systems to maintain interoperability.

  - There was a lack of communication between agencies when there are business process and/or systems changes that had direct impacts on other agencies

- Data Issues:

  - Agencies had access to data within their own systems, but there is a lack of transparency and access to data across agencies. This lack of access inhibits an agency's view of critical information and data inclusive of the full incident management lifecycle.

  - Differing hierarchy and management of data across agencies. This was particularly problematic in how the data is incorporated and ultimately used to make critical decisions about the management of incidents, how the data is interpreted by users of the systems, and how consumers use the data more broadly to support their business needs.

  - An overall assertion that there are data quality problems. There are a variety of reasons for how this has occurred including the data management issues, changing regulations and processes, differing interpretations of incident classifications, and interoperability in data transmissions between systems.

PCG will completed (but not limited to) the following key activities and work products:

- **Business Requirements, key activities:**
  - "As-Is State"
    - Conduct agency sessions to obtain information about the current state of incident management and how it supports the businesses. As a follow-up to each session, PCG documented the current incident management processes for each of the seven stakeholder agencies including; agency specific reporting classifications, Justice Center processes, investigations processes, corrective action plans, determinations, closure processes, notifications, and oversight and monitoring.
    - Along with the incident management business processes, PCG will also document Challenges/Issues, Implications, Impacts, and Dependencies related to agency mission, funding, resources, regulations, procedures, and technology.
  - "To-Be State"
    - In collaboration with agency stakeholders, PCG will conducted joint cross-agency and stakeholder design sessions and developed an overview of the problem statement, unified business goals, scope of the requirements and definition of stakeholders.
    - From the joint sessions, PCG will designed Process Flow Diagrams for select core functions including reporting and notification, incident review, incident investigation, CAPs and implementation, and quality monitoring and trend analysis.
    - Working closely with the agencies, the Process Flow Diagrams will further illustrate detailed Business Requirements (Functional and Non-Functional Business Requirements for core functions and select exceptions).
    - PCG will develop Use Cases for the defined core incident management lifecycle functions.
    - We will document key Business Rules related to policies, regulations, system functions, and business processes that were relevant to the incident management lifecycle.
    - Document potential Data Integration Points that must be considered when designing a solution to support the incident management lifecycle and related necessary business functions.

- **Fit/Gap Analysis, key activities:**
  - In collaboration with participating stakeholders and agencies, PCG will developed a two-step evaluation approach and criteria that would be used to evaluate functionality.
  - Facilitate informational system demonstrations for stakeholder agencies to see the breadth of available functionality that could potentially support incident management needs.
  - Analyzed system gaps against requirements utilizing a scoring tool and algorithm that considered ability to meet the requirement and the weight of the requirement against the business priorities as identified by the stakeholders and agencies.
  - Documented all findings, scores, and available information into a formal deliverable submission.

- **Cost Assessment, key activities:**

- o With input from DHHS PCG can developed a data collection instrument that aligned with NYS cost categories to capture data related to the recurring and non-recurring costs of existing state systems.

- o Using the tool, State agencies can capture cost data and provide that information to PCG to serve as input into the analysis activities.

- o PCG will reviewed the data to ensure accuracy and consistency across agencies and product vendors, and within the scope of each system. Where necessary, additional information or clarification will be obtained.

- o PCG has and can develop a formula to estimate the development effort to resolve the gaps for proposed solutions that included a scale and complexity variable that computed a currency output for determining a final cost projection.

- o These findings, assumptions, and limitations will be documented in a formal deliverable submission.

- **Implementation Roadmap, key activities:**

  - o Based upon all aforementioned activities, observations from the project engagement, and using PCGs expertise, our team will develop formal recommendation and roadmaps for DHHS.

  - o Based upon the recommendation, PCG will identify the workstreams that would be required to achieve the recommendation

  - o PCG created an implementation roadmap that provides a relative calendar timeline that visually depicts the timeframe and dependencies upon which the work could be implemented to achieve the recommendation.

  - o PCG also developed a Risk and Mitigation framework to serve as foundational input for risk planning activities for implementing the recommendation.

  - o These activities and findings were documented in a formal deliverable submission.

Through these activities, PCG successfully assessed the viability of a Universal Incident Management System for New York State. The findings and our recommendations were presented as a way forward for the state to begin solving the outlined challenges and better serving the needs of the State's most vulnerable persons and those who care for them. Following an extensive fact-finding and consultative engagement, PCG confidently proposed a path forward for the participating New York State agencies who so eagerly engaged in this journey.

PCG will following a similar structured path to develop an implementation road map that works for DHHS.

Roadmap

PCG will help implement Roadmap tools, as depicted below, that provides a high-level visual depiction of relative calendar months/years that represents the path and dependencies of Essential Work as follows:
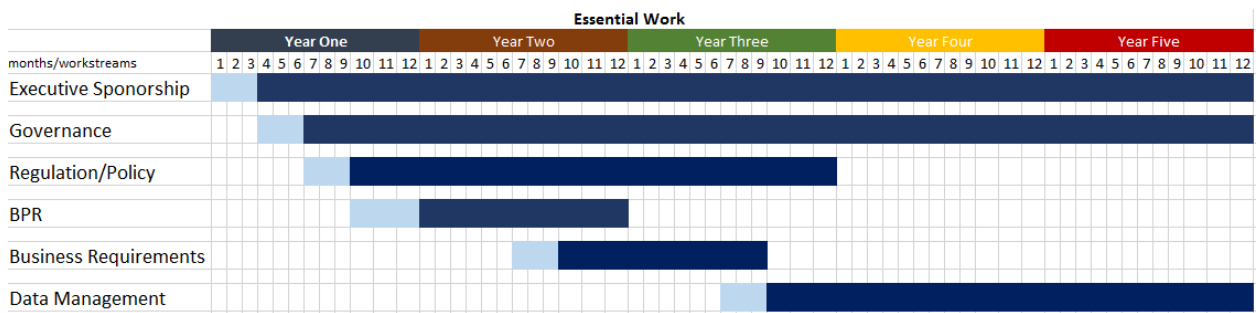
Planning   Implementation

The Essential Work Roadmap is best case scenario and is highly dependent upon the following assumptions:

- Completion of planning activities within in a three-month period for each workstream.

- Availability of the right resources at the right time to manage and support the workstreams. This includes agencies, providers (where appropriate), and the neutral entity identified to oversee and manage the governance of the initiatives.

- Funding to support the initiatives

- The number and complexity of Business Process Redesign topic areas will affect the calendar. As recommended, PCG can assist in prioritizing the BPR topics and focus on the most important topics first.

An example of a The UIMS Roadmap, presented in New York State, is as follows:
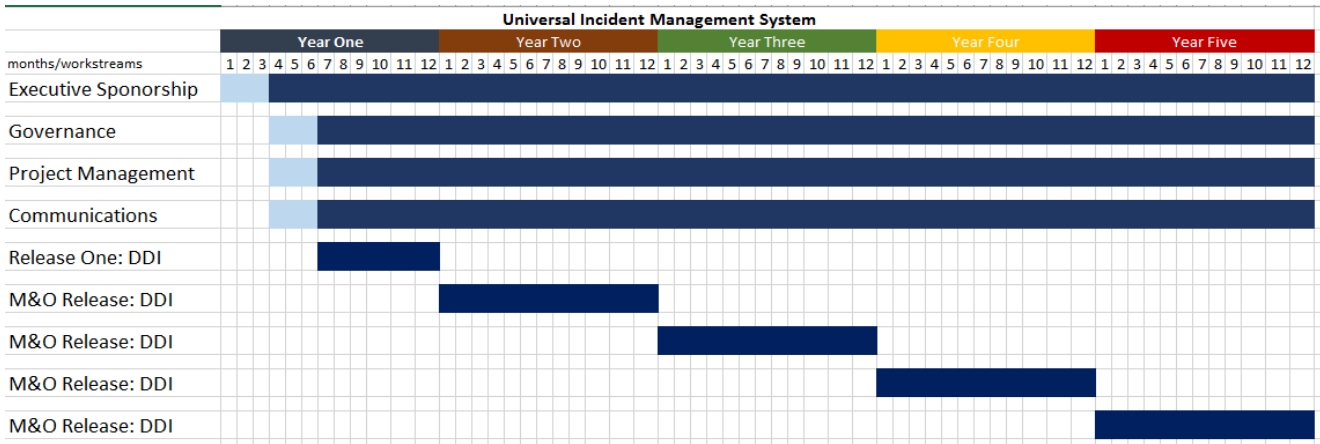
Planning   Implementation

The UIMS Roadmap is best case scenario and is highly dependent upon the following assumptions:

- BPR and detailed business requirements have been completed

- Waterfall methodology

- One year for initial development and implementation

- Maintenance and operations for years two through five

- Annual releases for enhancements

Ultimately, PCG will partner with DHHS-DDD to identify the best roadmap strategy for Nebraska. Assessing factors such as risks, initial costs, operating expenses, ROI, and impact on productivity, and considering how an approach may affect business operations. Completion of these critical workstreams will position Nebraska to pursue a solution that will achieve the vision of implementing a CIMP that supports the agencies missions, requirements, and business needs to manage incidents, quality assurance, quality improvement, prevention, and risk reduction.

For additional information on PCG's Roadmap approach, please see the full report entitled, New York State Universal Incident Management System Implementation Roadmap, in the Appendix.

Required Outcome: The Design Report with accompanying process maps is due no later than eight (8) months after start of the contract.

4.   **Task 3. Development: Blueprint for Implementation of Accepted Recommendations**
   a.   Develop a blueprint for implementation of DHHS accepted recommendations from the Design Report. This shall include a narrative with specifics about how the Contractor would implement the recommendations to achieve full compliance with CMS requirements with respect to reporting and notification, incident review, incident investigation, CAPs and implementation, and quality monitoring and trend analysis. The report shall include the proposed process for design of quality reviews and roles for the Contractor and State staff including but not limited to:

   Describe bidder's approach to development or refinement of existing tools;

Bidder Response:

Tool Development

To transform the vision of a best in class CIMP into reality, DHHS-DDD needs a partner that can develop the concept/solution and make it operational. PCG has extensive experience designing and implementing CIMP *tools* and *processes* for oversight of HCBS waiver services for individuals with I/DD that apply person-centered principles. We have collaborated with the Council on Quality and Leadership (CQL) to develop **person-centered tools and systems** to measure quality and strengthen provider capacity in multiple states. Our tools are built on the foundation of national best practices, gleaned from National Core Indicators (NCI), National Association of State Directors of Developmental Disabilities Services (NASDDDS), and the Human Services Research Institute (HSRI). The National Quality Forum (NQF), and others.

We have a track record of working alongside state agencies to develop, improve, and implement quality initiatives. PCG delivers a statewide quality review program for the State of Illinois that has required the development of unique quality measures and tools, provider audits, person-centered surveys, incident management, risk management, mortality reviews, statistically-driven sampling methods, information systems, and web-based data analysis and reporting. PCG developed or updated review instruments to align with the related basic waiver assurances outlined within their state-specific Medicaid waiver applications. This enabled PCG to gather evidence of compliance while performing reviews and documenting quality improvement activities.

Our efforts in Illinois has helped them to achieve 100% compliance with CMS waiver expectations. In cases where deficiencies were noted, we worked with providers to develop corrective action plans and verified implementation as support of their quality improvement efforts.

PCG will deliver and implement CIMP tools that are both thorough and efficient. From of our deep understanding of federal quality assurances and sub assurances, and our experience conducting thousands of site visits, we understand what to ask and how to ask it in a way that collects all of the needed information without wasting the time of providers, beneficiaries, or investigators. Our investigation tools will ensure participants' needs are effectively met and the participants' health, safety and welfare are continuously and appropriately monitored.

We recognize that ongoing quality monitoring and quality improvement is not an isolated event, and we will work diligently with DHHS to develop and/or redesign tools that ensure compliance to State and Federal standards.

   b.   Describe bidder's approach to determining recommendations for use of real-time claims data and historical claims data;

Bidder Response:

Data Analytics in HCBS

Over the past few years, Office of Inspector General (OIG) work has uncovered widespread problems in providing safe, high-quality care and reporting problems when they occur. Much of this work has focused on abuse and neglect of Medicaid beneficiaries in HCBS settings. This work has shown that HCBS Medicaid waiver beneficiaries are being treated for injuries in hospital emergency rooms that may be the result of abuse or neglect, and these events are not always reported as required. It has also shown that **claims data can be used to identify critical incidents involving Medicaid beneficiaries** in HCBS settings. The OIG's efforts have also demonstrated that health insurance claims submitted to Medicaid programs can be used to identify thousands of beneficiaries who are the victims of abuse or neglect.

Critical Incident Data Analytics for HCBS Waiver Programs
PCG would highly recommend deployment of data analytics software to help improve the health and wellbeing of HCBS waiver recipients under the state's care. Specifically, the ability to ingested and fuse healthcare claims, enrollment, eligibility, provider incident reports and agency case management data into a single platform for analysis. Working with a revised definition of a Critical Incident PCG can assist in the development of algorithms and tools that continually run in the software platform and surface findings to DHHS-DDD.

This information provides insight to state case workers, analysts, clinicians, investigators, policy managers and quality assurance managers who are responsible for overseeing the quality of Wavier providers and the individual's services. The information offers full stories about individuals and the placement facilities: when and how waiver recipients experienced a critical incident (CI), whether that CI was reported by the provider or not. Claims data analysis can illustrate what happened before the CI in terms of medical history, care, or provider activity; and what happened after the CI in terms of reporting, treatment or care management, as well as patterns and trends occurring across residents, whether by individual attributes, geography, placement facility type, or other metrics.

Approach
PCG can assist in the implementation of key tasks to help identify unreported Incidents of abuse or neglect. Using a methodology developed by OIG, DHHS-DDD could leverage claims data to perform the following tasks:

1. Identify Risk Areas
Identify a risk area such as individuals with developmental disabilities.

2. Determine Reporting Requirements for Risk Areas
Example: HCBS Waiver Providers must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown sources and misappropriation of resident property, are reported in accordance with Federal and State law through established procedures

3. Determine Diagnosis Codes or Procedure Codes That Correspond to Risk Areas
Physical abuse is reportable; therefore, medical diagnosis code "Z0471, encounter for examination and observation following alleged adult physical abuse" was included in our data analytic techniques.

4. Determine Data Available for Use During Data Analysis
Example: The OIG used the claims contained in the Alaska State Medicaid Management
Information System for the group home review.

5. Identify Claims Using Analytic Techniques Data That Contains Identifying Markers Such as Specific Diagnosis Codes
Example: Match all Medicaid beneficiaries receiving services through Medicaid waiver programs to all Medicaid hospital ER claims containing specific diagnosis codes that were submitted to identify those Medicare beneficiaries who received a hospital ER service while receiving services from an HCBS waiver provider.

6. Investigate, Audit, or Review Resulting Data
Example: Obtain medical records or investigative records that describe the identified incident and determine if the incident was reported.

7. Address the Identified Problem
Example: PCG could assist DHHS-DDD in performing analytical procedures, such as data matches, on Medicaid claims data to identify potential critical incidents that have not been reported and investigate as needed to protect the health, safety, and rights of program beneficiaries.

PCG is committed to supporting public and private sector partners in their efforts to curtail this ongoing problem. PCG would collaborate and involve partners include State Medicaid Fraud Control Units, Survey Agencies, Adult and Child Protective Service Agencies, as well as compliance and risk management officials working at group homes. This approach would allow DHHS-DDD to develop their own unique processes for analyzing claims data to help identify and prevent:

- Unreported instances of abuse or neglect
- Beneficiaries who may require immediate intervention to ensure their safety
- Providers exhibiting patterns of abuse or neglect, and
- Instances in which providers did not comply with mandatory-reporting requirements

c.   Describe bidder's approach to development of metrics and performance standards;

Bidder Response:

PCG Knowledge of Performance Measure and Metric Development

In order for your QIO Contractor to comprehensively integrate the monitoring of basic assurances and quality enhancement with all continuous quality improvement activities, the selected vendor must truly understand these assurances, their history and their purpose. PCG is extremely familiar with the basic assurances under the HSBS waiver. We are very confident in not only our own understanding, but we are confident in our ability to use this knowledge to influence DHHS-DDD's quality improvement program – specifically in the redesign of Nebraska's CIMP.

The Centers for Medicare and Medicaid Services (CMS) requires states to design a quality assurance system for its 1915(c) Home and Community-Based Waiver programs to ensure the health and welfare of beneficiaries. The state's quality assurance system must address six overarching Quality Assurances, along with associated Sub-assurances, by developing and reporting on performance measures for each. In 2014, in collaboration with The National Association of States United in Aging and Disability (NASUAD), National Association of State Directors of Developmental Disabilities Services (NASDDDS) National Association of Medicaid Directors (NAMD), and administrators from eleven states and the National Quality Enterprise, CMS modified its quality assurance system requirements and released *Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers*.

PCG has several programmatic and policy experts with years of experience overseeing the development and rewriting of policy and waiver performance measures, as well as development of metrics for both quality assurance and productivity.

d.   Describe bidder's approach to the formulation and Role of an Incident Management Committee;

Bidder Response:

Nebraska State Incident Review Committee

PCG will direct the establishment of a State Incident Management Review Committee (IMRC) during this project. This committee will perform the following tasks as approved by DHHS-DDD. PCG will work closely with DHHS to refine the roles, development and responsibilities of the IMRC over the course of the contract to ensure appropriate authority and oversight, and guidance is provided.

Responsibilities

PCG would recommend the IMRC be granted the following responsibilities:

1. Reach out to, and work collaboratively with adult protective services, protection and advocacy entities, and other partners that can provide data on the number and types of incidences reported in group homes and technical assistance and subject matter expertise to the committee's deliberations
2. Review particularly serious incidents (including substantiated reports of abuse and neglect and apparently preventable deaths);
3. Review the adequacy of State and provider investigations of serious incidents in accordance with the standards specific in Section C, Investigations, below;

4. Identify and review trends and patterns in reported incidents and the findings, conclusions, and recommendations in State investigations;
5. Review annual reports of the trends and patterns in reported incidents and State investigations;
6. Identify and respond to State, regional, and other identified trends and patterns in incidents and State investigations; and
7. Discuss potential systems-wide corrective actions for improving quality assurance (including but not limited to additional training of providers and State personnel; necessary changes and reforms to specific protocols in service delivery, incidence reporting, and management; and enhancements to specific policies and provider requirements).

Additional Recommendations

The State Incident Management Review Committee should meet regularly to ensure its review responsibilities are carried out in timely manner. Service providers and State Incident Management Review Committees should maintain appropriate minutes of their meetings, meeting attendees, their deliberations regarding incidents, and recommendations for corrective actions.

PCG will assist in, as directed, DHHS-DDD ensuring comprehensive oversight of the operation of the State's Incident Management and Investigation Program, including but not limited to periodic State-conducted reviews of the incident management and investigation activities of provider and support coordination agencies, State investigators, and the State's Incident Management Review Committee.

DHHS-DDD should make reasonable efforts to ensure that State investigators and State investigation reviewers **(including members of the State Incident Management Review Committee**) have access to death certificates, autopsy reports, and medical and hospital records pertinent to the investigation of unusual, suspicious, sudden, or apparently preventable deaths.

Capture findings and recommendation of the State Incident Management Review Committee in DHHS-DDD's Incident and Investigation Database Systems (QIDS).

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e. Describe bidder's approach to remediation with Providers;

Bidder Response:

Experience

As the agency responsible for providing Medicaid-funded Home and Community Based Services (HCBS) in the State of New York, the Department of Health (DOH) contracted with PCG to provide assistance with its implementation of the HCBS Waiver Final Rule through its Statewide Transition Plan.

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

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

The state's validation process included monitoring methods that review the integrity of the systemic change and process over time. An effective process includes a comprehensive evaluation tool, results tracking, training, and ongoing technical assistance provided to staff completing the reviews. It also involves, in an ongoing manner, the stakeholders (i.e. people receiving services, families, advocacy groups, providers and other interested parties).

For this engagement, PCG aided with the following items related to the development and implementation of the HCBS Statewide Transition Plan:

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

Monitoring Provider Compliance and Non-Compliance

PCG has been monitoring and managing compliance of home and community-based services for decades. PCG's methodology is proven to be highly effective, and our track record speaks for itself. In the past five years, PCG has worked with at least ten other states to monitor compliance and noncompliance of their HCBS providers. Some of these engagements, such as Mississippi, South Carolina, and California, have focused on providers' compliance with the new HCBS Community Settings Rule. Other states, such as North Carolina and Colorado, have focused on record reviews and overpayment identification. Others still, such as Illinois and Michigan have more of a quality focus. With this extensive experience and range of perspectives in HCBS compliance monitoring, PCG is poised to continue to advance our successful partnership with DHHS-DDD.

PCG's monitoring methodology ensures that individuals are receiving high-quality care and that providers feel supported and have access to ample education in their role as caregivers. PCG's goal is to create a partnership with providers, use an educational approach to our reviews, and provide the best customer service to all involved. PCG reviewers focus on education regarding compliance issues detected and only issue findings on repeat or egregious compliance concerns. Good HCBS providers are a scarce resource. We need to build them up with education and support. This approach allows PCG to foster open an honest communication with providers.

> **f.** Describe bidder's approach to data trending, analytics, and providing recommendations for system change;

Bidder Response:
Data Analytics and Trending

Over the past few years, Office of Inspector General (OIG) work has uncovered widespread problems in providing safe, high-quality care and reporting problems when they occur. Much of this work has focused on abuse and neglect of Medicaid beneficiaries in HCBS settings. This work has shown that HCBS Medicaid waiver beneficiaries are being treated for injuries in hospital emergency rooms that may be the result of abuse or neglect, and these events are not always reported as required. It has also shown that **claims data can be used to identify critical incidents involving Medicaid beneficiaries** in HCBS settings. The OIG's efforts have also demonstrated that health insurance claims submitted to Medicaid programs can be used to identify thousands of beneficiaries who are the victims of abuse or neglect.

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analysis. Working with a revised definition of a Critical Incident PCG can assist in the development of algorithms and tools that continually run in the software platform and surface findings to DHHS-DDD.

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Approach
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- Beneficiaries who may require immediate intervention to ensure their safety

- Providers exhibiting patterns of abuse or neglect, and
- Instances in which providers did not comply with mandatory-reporting requirements

g. Describe bidder's approach to education and outreach;

Bidder Response:

The PCG Approach To Provider Education

Effective training programs should involve a messaging continuum where ideas and concepts are introduced, reestablished in a variety of formats, and then reinforced at specified time intervals based on the audience and the complexity of the issues being discussed. When it comes to providing for initial, refresher, and ongoing support to system users, PCG can design and manage the following activities:

| Web-based, HD video training hosted on a Learning Management System (LMS) | 60-minute, video trainings comprised of topic-specific modules | Provider-specific courses tailored to the unique needs of LTSS provider groups | Supplemental training materials (e.g. FAQs, training quick reference guides) | Engagement and training comprehension reporting to track course effectiveness |
| Provider portal containing refresher training materials and resource aides | Distribution of professionally-produced process and procedure documents | Monthly communication to providers highlighting policy changes, common concerns, and resources | Toll-free telephone line to support providers with questions and concerns | Quarterly, in-person forums during implementation period to complement on-line trainings and resources |

Figure VI.F.4.1: PCG's Best Practice Set. PCG has developed best practices to guide initial, refresher, and ongoing system training in support of large-scale transitions to new processes, programs and technology systems.

While consistent customer support functions and training must be available throughout the contract, there are basic tenets which should characterize and differentiate the activities taking place in each phase of the project. The figure below outlines the ways in which PCG will differentiate the education and outreach activities between initial, refresher, and ongoing training.

Initial Training and Outreach

- Execution of multiple in-person training events
- Deployment of interactive, self-paced web-based training courses specific to roles
- Communication of implementation goals, progress and timelines
- Communication of policy changes
- Development of routine messaging highlighting resources and available customer support

Refresher Training and Outreach

- Posting of frequently asked questions with corresponding responses
- Execution of quarterly in-person training sessions
- Creation and deployment of 5 to 10-minute web-based training modules reviewing most common questions
- Outreach to providers who experience consistent user errors (e.g. consistently flagged submissions, exceeding allotment of manual entries)
- Perform individualized training sessions for admin "power users"

Ongoing Training and Outreach

- Deployment of role-based training available on the PCG web portal
- Provision of customer support provided during normal business hours
- Hosting of toll-free phone line for after-hours questions
- Creation of quick reference guides on system use
- Communication of system use and policy changes
- Facilitation of quarterly in-person forums for stakeholder groups

Figure VI.F.4.2: Differences in Training Phases. PCG understands the ways in which training activities should differ between initial, refresher, and ongoing trainings to be the most effective.

PCG is prepared to provide a range of content, including user guides, FAQ documents, and training videos accessible via web-portal. These training mediums will introduce users to the new technology while breaking the material down into small, manageable pieces.

PCG has had great success with delivering both in-person classroom and online training in a variety of formats, including PowerPoint, training videos, webinars, and animated presentations. We see the value in all types of training platforms, as each is applicable to a different learning style and situation. PCG has an aptitude for developing high-quality web-based modules for healthcare staff.

We will focus in-person training efforts on users who may be having a difficult time with any new policies and/or systems or those who are hesitant to adopt new policies and/or technology. We will use web portals to host and facilitate training, including some initial and ongoing refresher courses. We are eager to share best practices with the State to determine the best training method and delivery for all who will engage with our team on any facet of our operation. **We understand that educating providers on unfamiliar polices and technology must be done in a mindful, precise manner.**

HCBS Training Experience

PCG has designed, developed and currently administers an education and training program that serves as a continual feedback loop with providers and is a critical part of PCG's current contract with the State of Ohio. Our strong collaboration with Ohio on approach and execution ensures providers across the state are well versed in state rules and regulations, all aspects of client care, and assuring health and welfare. As mentioned elsewhere in our proposal, **PCG is a nationally accredited Continuing Education Provider through Approved Continuing Education (ACE).** The rigorous training standards, technology-based requirements, and subject matter expertise required by ACE builds a foundation for PCG's Ohio Provider Training Program.

PCG currently provides education and technical assistance to **more than 5,100 providers** that serve individuals in Ohio who utilize home and community-based services, which an achievement no other vendor can claim. During the provider enrollment process, PCG tailors the education depending on the provider type. We provide education on the training documentation requirements needed to complete the enrollment process. Once enrolled, we let the provider know they need to be listed on the PCSP (Person Centered Service Plan) before services can start and the provider may not bill for any services provided prior to being authorized. We also initially educate the provider about completing the background check for the application. PCG takes the approach of partnering with providers from the very beginning and this helps sets a positive tone for future interactions regarding education. PCG has evolved its provider education during the enrollment process based on frequently asked questions.

Education is provided in person, online, and through the provider enrollment, incident investigation and structural review processes and includes specifically:

- Providing HCBS waiver providers with education necessary to understand and operate in compliance with all relevant rules and regulations in the Ohio Administrative Code

- Conducting face-to-face and online trainings

- Creating, uploading and maintaining online video trainings on PCG's website

- Creating educational materials and tools based on analysis of trends and patterns noted in provider questions and citations

- Providing notifications about new rules and/or modifications to existing rules

- Preparing plans of correction, responding to notices of deficiency issued, and reporting of individual incidents

PCG has experience using multiple training methods, ranging from conventional instructor led sessions to web-based training provided through webinar or simulation software which allows the trainee to interact via web in real time. Our training approach is guided by proven best practices and principles of adult learning and instructional design. **PCG has deep experience training clinicians serving persons with disabilities and understands the importance of incorporating person-centered language within the training curriculum and all our written materials.** PCG has developed, managed, and implemented training programs that support highly dynamic and complex work that has a direct impact on services provided to special populations.

PCG currently works with Ohio to design the specific content of the trainings needed for this project. As the needs and wants of the client change, PCG will develop the most appropriate models of training and assessment. We are adept with recording both in-person and web-based trainings for future use. PCG uses its experience as an extensive provider training expert to develop quizzes and scenarios to ensure providers demonstrate competency on all requisite topics. Additionally, skilled reviewers and investigators have daily contact with providers and can suggest to a state client if training updates are warranted.

HCBS Training Offerings

Monthly In-Person Classroom Trainings

PCG delivers monthly in-person classroom style training sessions at multiple locations throughout the state. This training is on the Ohio Home Care Waiver Requirements and trainings are designed based on the challenges that we see providers facing during our oversight work, as well as providing key updates on changes or emerging issues. Below are the objectives and topics of the in-person training.

Training Objectives
- Providers will understand the Ohio Administrative Code (OAC) rules regulating the Ohio Home Care Waiver (OHCW) Program.
- Providers will be knowledgeable of the required documentation within their waiver roles.
- Providers will be able to identify any issues or events that cause or could reasonably cause harm to a waiver individual and know the required reporting responsibilities to ensure the health and safety of the individuals we serve.

Training Topics

- Criminal Records, Background Checks
- Provider Conditions of Participation
- Provider- Type-Specific Requirement
- Developing your Clinical Records
- Person Centered Service Plans & Provider Billing
- Structural Review
- Includes preparing plans of correction
- Incident Management and Reporting

Provider Feedback

At the conclusion of every in-person provider training, providers are asked to fill out an evaluation form about the training and the presenters. PCG values the feedback of all providers to ensure the presenters are communicating clearly and showing a depth of knowledge in all training topics.

Below are actual statements from providers regarding the in-person training they attended:

"It exceeded my expectations. I am very new and did not know what to expect. I now have a good understanding."

"Really useful information. Very well presented." "Questions answered by speakers were very helpful." "Very professional and informative for new providers." "Great presentation and great detail of information."

Online Training Modules and Materials

While classroom trainings provide an individual touch, PCG also makes training available anywhere at any time via a robust set of training modules on our Ohio HCBS website that have been developed and curated over many years. This is a combination of trainings developed and delivered by the state or its partners, as well as training modules developed by PCG. We will describe the variety of trainings that are currently available on the website at the time of this proposal submission.

PCG's Ohio HCBS Online Training Modules

PCG has developed, produced, and hosts a one-of-kind online Ohio Home Care Online Provider Training. Two hosts lead this 90-minute video course which contains 35 pop-up questions, seven quizzes, and a final exam. This course is hosted on PCG's preferred Learning Management System and has been completed by over 1,600 providers since launching in October of 2017.

The training is comprised of seven modules:

1. Criminal Record Background Checks

2. Provider Conditions of Participation

3. Provider-type Specific Requirements

4. Developing Clinical Records

5. Provider Billing

6. Structural Reviews
7. Incident Management and Reporting

Figure VI.F.4.3 PCG's Custom Ohio HCBS Online Training (Module Incident Management and Reporting).

PCG also offers a companion **Quick Reference Guide** and has been designed to serve as a long-term training resource for course participants. The reference guide identifies the intended outcome, Administrative Code References, and key takeaways for each module.

On the PCG Ohio HCBS website, we host a wide range of on-line training to providers on the following topics:

Online Training Topics
Electronic Visit Verification (EVV) New Agency Training
New Structural Review and Provider Conditions Rules
All Services Plan Training (Now called Person Centered Service Plan
Provider Education/Orientation
Incident Management Training Video
Ohio Home Care Waiver Provider Training Course
Nurse and Aide Rate Modernization Materials
PDN Acuity Scale Video
Ohio Benefits Long-Term Services and Supports (OBLTSS) Training
Each training below is its own module:
▪ ShareFile Training
▪ Resources and Referrals
▪ Medicaid Overview
▪ Medicaid Eligibility for Single Entry Points (SEPs)
▪ Website Training
▪ Support Navigation Training
▪ Questionnaire LTSSQ Training
▪ Services for Older Americans Training
▪ Ohio Benefits Long-Term Services and Supports FAQ
HCBS Settings Evaluation Tool Training Modules
Each training below is its own module:
Online Training Topics

▪ Module 1: CMS Regulation Overview
▪ Module 2: Qualities for all Settings
▪ Module 3: Additional Conditions for Provider-Owned or Controlled Settings
▪ Module 4: HCBS Settings Verification Checklist Training for Recovery Managers
Case Manager Training
▪ CSIS SRSP Webinar Training
▪ Disability Determination Redesign: QIT for Case Managers Training
▪ Protection from Harm: Prevention Planning Training – January 14, 2016

h. Describe bidder's approach to training and technical assistance to state staff and providers;

Bidder Response:

Training and Technical Assistance

As described above in previous sections and throughout this proposal, PCG has a depth of experience in working closely with multiple state customers to discuss, plan, execute and evaluate systematic plans for delivering technical assistance, training, education and resources for providers, participants, clients and other stakeholders across a broad service delivery system. We have well-developed capacities for organizing and delivering technical assistance and education, and can propose many good ideas that can be practically applied, but success will require close collaboration with the DHHS-DDD and stakeholders to:

1. prioritize the areas that should be targeted first, and,
2. maximize the impact of the initiatives by reaching the highest number of people with the most optimal delivery of trainings and resources

Educating and Providing Technical Assistance

PCG provides education and technical assistance to more than 5,500 providers serving individuals who utilize home and community-based waivers. Education is provided in person, online, and through the provider enrollment, incident investigation and structural review processes. Provider education includes:

✓ Providing HCBS waiver providers with the education necessary to operate in compliance with all relevant rules and regulations in the Ohio Administrative Code and Revised Code;

✓ Conducting face to face and online trainings, as well as webinars;

✓ Creating, uploading and maintaining online video trainings on PCG's website;

✓ Creating educational materials and tools based on client direction and analysis of trends and patterns noted in provider questions and citations; and

✓ Providing notifications about new rules and/or modifications to existing rules.

Meeting with the Providers and State Staff

PCG conducts face-to-face structural review utilizing our qualified and experienced review staff. This face-to-face meeting focuses on provider education and technical assistance. These meetings also allow us to form partnerships with providers, so they have a resource to utilize throughout the year if questions arise. The same applies to our state clients; as we develop a new QIDS system and implement a re-design of the CIMP and mortality review programs, PCG will be ready to offer a comprehensive and efficient training program to all stakeholders.

i. Describe any other accepted recommendations provided to other programs that have proved very successful for the program.

Bidder Response:

In 2018, PCG approached the state of North Carolina regarding a preliminary assessment of their CIMP; specifically, a rigorous data analysis of the current critical incident management system to use claims data to identify and report deficiencies and gaps. Secondly, PCG would provide a robust and pragmatic set of recommendations along with solutions for improvement to the state reporting system. Listed below is the blueprint and plan for this project.

The North Carolina Division of Medical Assistance (DMA) owns an extraordinary responsibility: to assure the health, safety, and welfare of the elderly and those with disabilities served under Medicaid Waivers, in a financially responsible manner. These programs are seen as an appropriate alternative to costlier institutional care, but *the State assumes a crucial obligation* to ensure that waiver participants receive the same service quality at home as in a facility.

Objective

DMA has identified appropriate Critical Incident Management as a priority to reduce incidents of abuse, neglect, exploitation (ANE) and improve the health and safety of Medicaid Recipients. Public Consulting Group, Inc. (PCG) will partner with DMA in improving North Carolina's Medicaid Home and Community Based (HCBS) Waiver programs by determining whether North Carolina complied with Federal waiver and State requirements for reporting and monitoring critical incidents involving Medicaid beneficiaries with residing in in three specific HCBS settings from January 2016 through June 2017 (assessment period).

This initial assessment is two-fold: first, through a rigorous data analysis of the current critical incident management system PCG will identify and report deficiencies. Second, based on findings from the analysis, PCG will deliver robust and pragmatic recommendations **along with** solutions for improvement to the reporting system.

Assessment Team

PCG has gained extensive experience engaging waiver participants, their families, providers, and stakeholder agencies in the development of tools, programs, and services that support integration in the community. Having spent decades developing and administering consumer/ self-directed programs in more than 30 states across the nation, PCG has developed a robust team of project managers, data analyst, consultants and business support professional that focuses on the needs of the individuals served by our state agency clientele. Many of our consultants have direct care experience for individuals with IID/DD across a wide array of service delivery models.

PCG Knows HCBS

PCG has a strong history of provider services to states related to critical incident management services. The State of Ohio identified an urgent need to separate the role of Medicaid Provider Oversight and Investigation from Case Management to eliminate conflict of interest, increase transparency, and improve overall quality of oversight and investigations. Within weeks of being awarded the role, Public Consulting Group (PCG) was up and running, performing investigations and oversight with unprecedented swiftness and quality.

PCG investigates all incidents for individuals and providers on the Ohio Home Care Waiver, Home Care Carve-Out Waiver, MyCare Ohio, and the HOME Choice program. Each month, PCG investigates more than 1,200 reported incidents under the categories Provider Occurrence, Protection from Harm, and Provider Billing Violations. PCG Stands ready to provide a strong evaluation of North Carolina's system and to assist in improvements along the way.

No firm is more familiar than PCG with the challenges Medicaid agencies face in administering the often high-risk (and often high reward) arena of HCBS. **While many health and human services consulting firms devote much of their interest, expertise and billable hours to acute care provided by hospitals and physicians, PCG has a lengthy history of focusing on HCBS, long-term care, and community-based providers.** PCG's experience in the HCBS landscape places us shoulder-to-shoulder with Medicaid agencies and their sister agencies serving specialized populations; the elderly, and disabled; regional, county, and municipal agencies; providers; advocates; and other stakeholders. We understand fully the individual perspectives of all these groups, and the sophisticated orchestration required to work effectively with each group to satisfy and benefit from the federal regulations governing quality assurances and management of HCBS Waivers.

Scope of Work

The State agency provided services to 2,640 Medicaid beneficiaries with community-based providers from January 2016 through June 2017. During this period, the State agency received critical incident reports involving these beneficiaries from community-based providers and other mandated reporters. PCG will assess claims that OIG defined as indicative of being a critical incident. We will also review critical incident reports contained disparate database systems to determine if the State agency follows Federal and State requirements regarding critical incident reporting.

The scope of this work is designed to be executed in waterfall phases, initiating with a planning phase and building into subsequent analysis and reporting phases.

Phase 1 *Planning*

PCG will conduct the following activities as part of the planning phases:

Requirements Gathering - Scope

The PCG team will commence this assessment by reviewing all applicable Federal waiver and State requirements as set forth in the approved North Carolina State Waiver applications. The requirements gathering process will also include any CMS rules and policies that govern the reporting of critical incidents in North Carolina and PCG will ensure that all essential requirements are gathered in a timely fashion to perform the requisite analysis.

Requirements Gathering – Controls and Constraints

PCG understands how important requirements gathering is to the overall success of the assessment. PCG will hold conduct meetings with all applicable state officials to gain an understanding of waiver requirements, data access capabilities, data processes and involved stakeholders for each of the HCBS Waivers included in the scope of this assessment:

01 The CAP-C Waiver;

02 The CAP-DA Waiver; and

03 The NC Innovations Waiver

The PCG assessment team will gain a full understanding of state policies and controls as they relate to the mandatory reporting of potential abuse / neglect / exploitation prior to the data analysis and reporting phases

outlined later in this Work Plan. Additionally, PCG will work with DMA and all other state agencies to understand and process flow the systems and processes used to report Critical incidents by program area. This will include North Carolina's E-CAP system.

Claims Validation
PCG will validate claims file from DMA of information on all applicable Medicaid individuals for the approved time frame of this assessment, from January 1, 2016, through June 30, 2017.

Critical Incident Files
PCG will work closely with DMA to obtain the necessary critical incident files needed to complete the assessment. These files will consist of critical incident report files from DMA and/or other stakeholder agencies for the approved timeframe of January 1, 2016, through June 30, 2017.

Deliverables Acceptance - Phase 1
PCG will successfully deliver expected project deliverables for phase 1 in a specified period, within budget and within scope. The assessment team will coordinate and lead a formal meeting with DMA near the end of Phase 1 and seek formal approval of all deliverables associated with this phase. This process ensures that DMA is kept up to speed on the progress of the project and if there are issues, they can be resolved while still working in the phase for which formal acceptance is requested.

Phase 2   *Data Analysis*

Data Preparation - Claims
PCG will conduct an analysis with a methodology that is sound and the data results valid. The NC MMIS claims data will be organized and reconciled against North Carolina Medicaid eligibility records to ensure the analysis only includes current and active Medicaid waiver participants during the assessment time period. Claims for Emergency Room visits will be evaluated to determine the diagnosis codes that indicated an increased risk of abuse or neglect, as defined by the Office of Inspector General (OIG). These conditions were indicative of high risk because they are associated with diagnosis codes that indicate an increased risk of abuse or neglect, such as codes for head injuries, bodily injuries, certain medical services, and safety issues. OIG used diagnosis codes identified in a 2012 report by the Connecticut Office of Protection and Advocacy (OPA) that reviewed the deaths of individuals with developmental disabilities in that State. Although the OPA report analyzed only deaths in Connecticut, the diagnosis codes used provide reliable indications of high-risk conditions that could have resulted from abuse or neglect. We relied on these diagnosis codes as indicators because both OIG and OPA have experience investigating allegations of abuse or neglect.

To determine whether mandated reporters reported these critical incidents to the State agency, PCG will also review emergency room record samples of the beneficiaries who were diagnosed with at least one condition determined to be indicative of high risk for suspected abuse or neglect.

The table below is an aggregated preliminary analysis of emergency room visit claims (by waiver program) already completed by PCG.

Category Type	# of Unique Diagnosis Codes Related to the Category Type	Number of Emergency Room Admissions	Number of Beneficiaries
CAP/DA WAIVER			
Head Injuries	17	246	192
Bodily Injuries	34	88	77
Medical Injuries	6	383	276
Accidents Injuries	7	27	24
Safety Injuries	9	195	159
SUBTOTAL	73	939	728
CAP/C WAIVER			
Head Injuries	22	296	246
Bodily Injuries	40	122	94
Medical Injuries	6	532	408
Accidents Injuries	9	45	33
Safety Injuries	9	217	189
SUBTOTAL	86	1212	970
INNOVATIONS WAIVER			
Head Injuries	35	550	447
Bodily Injuries	40	125	108
Medical Injuries	5	454	364
Accidents Injuries	10	100	82
Safety Injuries	21	484	368
SUBTOTAL	111	1713	1369
TOTALS	270	3,864	3,067

PCG will then review and analyze the Medicaid claims that contained at least 1 diagnosis codes for the Medicaid beneficiaries in North Carolina and who had an Emergency Room visits visit during the assessment time period. Findings for this review will result in the request and review of medical records for the Emergency Room visits as needed.

Data Preparation – Critical incidents
PCG must obtain from state agency officials, a list(s) of all reported critical incident of Medicaid beneficiaries during the assessment period to compare this list to the MMIS claims data to determine which Emergency Room visits were not reported through the E-CAP system.

Analysis
PCG will identify and account for unreported Emergency Room visits to determine whether the visits should have been reported through the critical incident reporting system. A comparative analysis of claims data and critical incident records will be completed to determine claims that met the threshold as a reportable incident but did not have an associated critical incident report associated to it. Additionally, PCG will identify the critical incident reports that did not have an associated claim match and a summary of the related medical

records to DMA officials to determine whether care was appropriately provided.

Evaluation

PCG will review a judgmental sample of critical incident reports that were obtained and determined whether the action steps identified in the incident reports appropriately addressed the prevention of similar critical incidents as indicated in both Federal and States waiver rules.

Deliverables Acceptance - Phase 2

PCG will successfully deliver expected project deliverables for phase 2 in a specified period, within budget and within scope. The assessment team will coordinate and lead a formal meeting with DMA near the end of Phase 2 and seek formal approval of all deliverables associated with this phase. This process ensures that DMA is kept up to speed on the progress of the project and, if there are issues, they can be resolved while still working in the phase for which formal acceptance is requested.

Phase 3 *Provider Training and Reporting*

Provider Training

PCG provides education and technical assistance to more than 5,500 providers serving individuals who utilize home and community-based waivers. Education is provided in person, online, and through the provider enrollment, incident investigation and structural review processes. Provider education includes:

- Providing HCBS waiver providers with the education necessary to operate in compliance with all relevant rules and regulations in the Ohio Administrative Code and Revised Code;

- Conducting face to face and online trainings, as well as webinars;

- Creating, uploading and maintaining online video trainings on PCG's website;

- Creating educational materials and tools based on client direction and analysis of trends and patterns noted in provider questions and citations; and

- Providing notifications about new rules and/or modifications to existing rules.

PCG will identify areas for improvement and with guidance and approval from DMA will provide needed education for any number of issues present. These can be tailored to meet the needs of a few select providers or the vast number of providers needing remediation.

PCG is a nationally accredited Continuing Education Provider through Approved Continuing Education, (ACE). ACE is the only non-profit organization dedicated to social work regulation; most licensing boards accepts ACE continuing education credits if the content of the training is relevant to the profession.

Through ACE, PCG can offer both in-person and distance learning to HCBS Providers throughout the state of

North Carolina. ACE maintains high-quality standards that PCG can deliver. PCG offers a broad range of CEU trainings, including Ethical Decision Making, Ethics in Social Media, Ethical Decision-Making Models, Generalized Overview of Differentiating Psychosis and Dementia, Compassion Fatigue, Domestic Violence, Interviewing Techniques, and Interpersonal Effectiveness. We can develop educational trainings that meet the needs of North Carolina's

PCG's Education and Training Director, in conjunction with the education committee, works to develop trainings in line with contract needs and goals that adhere to the rigorous ACE standards.

> **PCG has the capability to offer both in-person and distance learning to HCBS Providers throughout the state of North Carolina.**

Reporting
PCG knows a key area of project communication management is reporting and PCG will clearly and effectively communicate the results of the assessment with DMA and other state agency officials as deemed appropriate.

The final report will provide information on the methodology and findings. In Addition, and based on overarching findings, the report will provide actionable recommendations and/or operational support for quality improvement initiatives and on-going monitoring and IM system support.

We will offer solutions and pending approval by DMA provide the expertise and support needed to implement the best course of action moving forward that best serves HCBS waiver participants **and** North Carolina.

Deliverables Acceptance - Phase 3
PCG will successfully deliver expected project deliverables for phase 3 in a specified period, within budget and within scope. The assessment team will coordinate and lead a formal meeting with DMA near the end of Phase 3 and seek formal approval of all deliverables associated with this phase. This process ensures that DMA is kept informed of the progress. If there are issues, they can be resolved while still working in the phase for which formal acceptance is requested.

Required Outcome: The Development Blueprint Report is due no later than nine (9) months after contract start date.

5.   **Task 4. Implementation: Putting the Blueprint into Action**
For all recommendations accepted by DHHS from the Critical Incident Development Blueprint Report, the Contractor shall conduct a readiness review and develop and execute an implementation plan, including but not limited to:

a.   Describe bidder's approach to implementing New Tools and/ or Refinement of Existing Tools;

Bidder Response:

Implementing New Tools or Refinement to Tools
To effectively manage the implementation of new tools and processes efforts, PCG has learned it is important to help stakeholders understand what the change will be and the reasons behind the change. The more detailed the communication about the vision for the change, the better employees understand the need, and the less resistant organizations and stakeholders will be about using new tools and processes. PCG uses 7 steps for implementing change into a system:

1. Management Support for new/revised tools
2. Making/Communicating Case for new tools
3. Employee Involvement
4. Communicating the Change

5. Implementation
6. Follow-up
7. Removing Barriers

Operational Analysis

To obtain a solid understanding of operational functionality, PCG will perform a series of tasks intended to determine alignment with the new/revised tools and the associated goals and objectives. This requires a thorough understanding of the intended operational outcomes followed by a process of "reverse mapping" metrics, policies and procedures, and organizational practices. General steps include:

- Define the scope of the analysis (e.g., examine intended outcomes, identify and define deliverables);
- Review and document the current state and results to determine areas of misalignment with intended outcomes and vision (i.e., gap analysis that occurs as part of a discovery period);
- Describe and document the desired state or results (that align with the vision, goals and objectives, and intended outcomes);
- Identify gaps between desired and current state;
- Document differences;
- Determine and document steps to close each gap.

To successfully achieve operational analyses to determine gaps between desired and current state, PCG leverages subject matter experts in the target area. When conducting an analysis of a quality improvement system, our team has operationalized the following actions for discovery.

Discovery
- Assess the strengths and gaps in the current tools, in terms of services, outcomes, and effectiveness;
- Measure the competency of staff and the delivery of current tool processes;
- Evaluate available quality and utilization data regarding outcomes, quality, satisfaction, risk management, etc. Does data measure what it is intended to measure? Is it meaningful and actionable? Is data aligned with policies, objectives, and desired outcomes?
- Evaluate tools currently used to collect data in terms of practical efficiency and effectiveness. Does each tool accurately measure what it is intended to measure? Is the tool reliable and valid?
- Evaluate policies and procedures currently followed to collect data, monitor performance, and deliver intervention when needed;
- Evaluate existing information systems and database capacity for collecting aggregate data;

Depending on the needs of our clients, PCG's team is prepared to support tool redesign based on the results of each operational analysis. Following the Discovery Phase, this includes moving forward to Design, and Development.

Design
- Determine tools that can be used as they currently exist, noting areas where improvement has been made;
- Determine tools that require adjustments, with the intent of continuing their use in an updated form;
- Identify gaps in the current information being collected;
  - o Establish targets for tool development to augment existing measures
  - o Consider ready-to-use tools from PCG's experience that can perform the function as is, or with minimum modification
- Develop blueprint for DHHS-DDD's tool quality oversight and delivery system.
  - o Include efforts around the design and purpose

Development
- Lead the development of new tools, or updates to existing tools;

- Augment tools with user guidance (such as criteria, examples, probes, indicators) that strengthen reliability and validity of ratings and scoring;
- Assist in creating a User Guide that includes processes for completing reviews, collecting data, obtaining remediation, and reporting outcomes in all required areas outlined in regulations (e.g., IAC Article 6 and 7) and Division policies and procedures;
- Develop a provider review profile and participant/family friendly version in the form of a provider report card;
- Update feedback and make revisions as needed;
- Following implementation of the instruments and collection of an adequate amount of data, we would then evaluate the psychometric properties of each tool to determine the internal consistency as well as content validity. We will then work with the Division as needed to enhance the tool properties where needed.

Process Maps

To ensure alignment between practice and policy, PCG works with both subject matter experts and business analysts to create process maps that define the steps and criteria governing the tool procedure. For example, we have created process maps for critical incident reviews tools, quality of care investigations, provider certification reviews, complaint investigations, Process maps provide a practical roadmap that can be posted and easily shared with stakeholders during training sessions to ensure consistent practice that aligns with the expectations.

b. Describe bidder's approach to implementing training for staff and providers;

Bidder Response:
Provider and Staff Training Plan

PCG has a depth of experience in working closely with multiple state customers to discuss, plan, execute and evaluate systematic plans for delivering technical assistance, training, education and resources for providers, consumers, and other stakeholders across a broad HCBS service delivery system. We have well-developed capacities for organizing and delivering technical assistance and education, and can propose many good ideas that can be practically applied, but success will require close collaboration with DHHS-DDD to prioritize the areas that should be targeted first and maximize the impact of the initiatives by reaching the most providers with the most optimal delivery of trainings and resources.

Provider Training Consultation
One of our foremost responsibilities will be the provision of technical assistance and training to providers as a follow-up to the results of a comprehensive on-site review. Depending on the identified areas of weakness and opportunities for improvement, PCG will provide targeted guidance to help the provider to achieve compliance with the standards and maintain an appropriate level of quality in the provision of supports and services. A provider will be designated for consultation for any of the following reasons:

- consecutive or multiple critical incidents
- Identification of health/safety or rights issues
- New providers who have not yet been accredited, or;
- frequent or recurring complaints about a specific issue
- at the special request of DHHS-DDD

Depending on the type of training that is required, the technical assistance may be conducted on-site, via phone, or via web. Thus, for example, we may assist one provider with on-site staff training (pending COVID-19 safety precautions) in the implementation of new Critical incident definitions; or we might email a sample best practices policy to create a needed new policy and procedure for another provider; or we might provide specific risk management tools for improving health and safety for another.

Multiple modalities for training and education
At the same time, PCG will use multiple modalities for delivering training and resources, including the following:

- Technical assistance with individual providers via telephone and face-to-face consultations;
- Statewide in-person training events (to include a minimum of 12 statewide training events);
- Regional in-person training events (to include one HCBS training in each of the seven BDDS districts);
- Webinar training events;
- Videoconference meetings;
- Online video library/archived webinars;
- Website resource library;
- Informational pieces for mailing, dissemination, and website downloads.

PCG's Internal Expertise

A specialized education team coordinates PCG's continuing education program. The Education and Training Director is **Rachel Steffan, LSW.** The Education and Training advisors are **Sally Raterman, M.S., Ed, LSW,** and **Angelene Willetts-Carvi**. This team works to develop trainings in line with contract needs and goals that adhere to rigorous continuing education provider standards. PCG is a continuing education provider for the **Ohio Counselor, Social Worker, and Marriage and Family Therapist Board** and nationally recognized **Approved Continuing Education (ACE).**

    c.   Describe bidder's approach to development of a manual for the new process (Chapter for DHHS-DDD Quality Assurance and Improvement Manual);

Bidder Response:

Manual Development

PCG's partnership with our customers expands beyond HCBS Provider Oversight. For example, we have worked with clients to conduct a review of the ODM CMS-64 and Cost Allocation Plan (used to claim indirect and administrative costs), and in preparing a **procedure manual for the cost allocation plan**. PCG has also recently worked with numerous states and Departments in the development of Policy and procure manual regarding HCBS onsite final rule compliance. We look forward to building and strengthening the PCG-Nebraska partnership in years to come.

To determine functionality, we pilot procedures and practices. Our Project Director and Project Manager will have extensive experience and knowledge in the areas of measurement and methodology. Throughout the development process, we will share updated and new policies and procedures with state officials who have administrative jurisdiction over the approval. As an example, we have excerpted the table of contents for a Policy and Procedure Manual we developed for a QIO project tin the state of Illinois where we perform provider quality reviews which entail on-site monitoring and member interviews.

SAMPLE: Policy and Procedure Manual - Table of Contents

PCG develops detailed procedural guides for each of the activities that we perform, combining these into our overall Policy and Procedure Manual. While standard and custom forms include instructions for their completion, our guides provide more detailed instructions and interpretive guidelines to increase clarity and consistency across our reviewers. We provide the table of contents from our II HCBS Quality Review Services Project as a Guide for what we plan to develop in support of our efforts in Nebraska.

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d. Describe bidder's approach to support DD-DHHS in Change Management Communications for providers and DHHS staff, including service coordinators;

Bidder Response:

Change Management Communications

PCG knows a change management plan can support a smooth transition and ensure your stakeholders are guided through the change journey. Approximately 70 percent of change initiatives fail due to negative attitudes and unproductive management behavior. PCG uses six key steps to effective organizational change management.

1. Clearly define the change and align it to business goals

2. Determine impacts and those affected

3. Develop a communication strategy

4. Provide effective training

5. Implement a support structure

6. Measure the change process

PCG brings extensive and formal organizational change management experience to this engagement. Our OCM lead, Ryan White, has been certified in formal OCM practices under the Prosci ADKAR® model. Over the last several years, Mr. White has applied OCM strategies in his role over communications management for the New York Early Intervention State Fiscal Agent project, and he has also played a similar role as part of our Organizational Change Management team for the Arizona Department of Child Safety. Mr. White was part of PCG's OCM team in supporting the implementation of a new statewide mobile case tracking tool for 1,400 child safety caseworkers. The success of this project was recently recognized by receiving the 2018 ISM Award for Best Use of Technology for Operations, presented by the American Public Human Services Association (APHSA), and IT Solutions Management for Human Services (ISM). To support this project, PCG conducted an organizational readiness assessment and implemented an organizational change management plan.

e. Describe bidder's approach to assist in development of policy, procedures and guidance;

Bidder Response:

Policy and Procedure Development

PCG's partnership with our customers expands beyond HCBS Provider Oversight. For example, we have worked with clients to conduct a review of the ODM CMS-64 and Cost Allocation Plan (used to claim indirect and administrative costs), and in preparing a **procedure manual for the cost allocation plan**. PCG has also recently worked with numerous states and Departments in the development of Policy and procure manual regarding HCBS onsite final rule compliance. We look forward to building and strengthening the PCG-Nebraska partnership in years to come.

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    f.   Describe bidder's approach to providing recommendations for the development of process to ensure access to EMS, medical and hospital records;

Bidder Response:

Collaboration with MMIS Vendors

The Medicaid Management Information System (MMIS) is an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objectives. For Title XIX purposes, "systems mechanization" and "mechanized claims processing and information retrieval systems" is identified in section 1903(a)(3) of the

Act and defined in regulation at 42 CFR 433.111. The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to recipients, providers, and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.

PCG will work closely with DHHS-DDD to develop a plan that will allow access to up-to-date records and claims data.

g. Describe bidder's approach to implementing a new process.

Bidder Response:

Managing Change

PCG uses tools as displayed below to helps us to analyze the relative ease or difficulty that will be encountered in introducing a specific change. The key to managing change is to use the rewards and punishments analysis in to develop a strategy for easing the problems of implementation. The strategy is to increase the forces toward change (rewards of change and punishments in status quo) and to decrease the force maintaining the status quo (punishments of change and rewards of status quo). In this way we increase the motivational force towards change.

To illustrate this model, let us consider the case of a manager who wants to implement more formal project planning using CPM/PERT (critical path methods). He will first think through the rewards and punishments as perceived by his organization. From Figure 2 we can see that the motivational forces toward the status quo seem much stronger than toward change. The manager needs to increase the motivational forces towards change by increasing the punishments in the status quo and the rewards of change and reducing the punishments of change and the rewards of the status quo.

One of the potential punishments of the change to CPM is the worry that formal plans on paper will be used to "catch" the staff in delays and mistakes. This might be avoided by telling the staff that the plans are for their use and copies will not be sent to headquarters. Some of the rewards of change revolve around the satisfaction of having done a better job of planning. One strategy of implementation would be to involve the staff in a CPM training program so they will start to see the benefits of more formalized planning.

| Existing Situation | | | | | Change | | | | Proposed Situation | | |
| | | | | | Individual Perceptions | | | | | | |

Motivation Towards Status Quo	← Rewards	Punishments →	Motivation Towards Change	Motivation Towards Status Quo	← Punishments	Rewards →	Motivation Towards Change
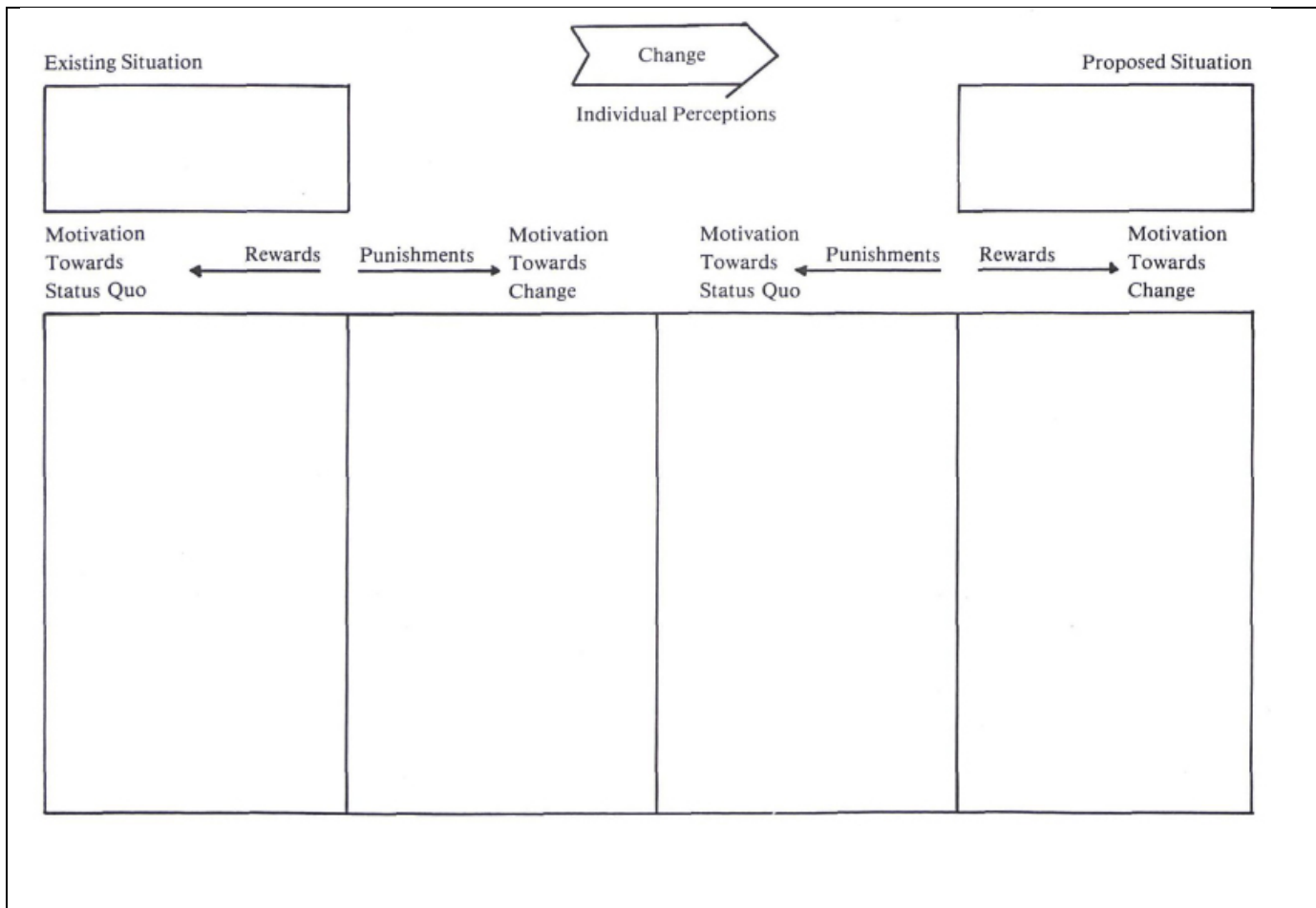
h. Describe bidder's approach to reporting and Notification:

Bidder Response:

Reporting

States must provide certain assurances to CMS to receive approval for HCBS waivers, including that necessary safeguards have been taken to protect the health and welfare of the beneficiaries receiving services (42 CFR § 441.302). A State must provide specific information regarding its plan or process related to beneficiary safeguards, which includes whether the State operates a critical event or incident reporting system (see HCBS waiver, Appendix G-1, Participant Safeguards: Response to Critical Events or Incidents). In its waiver, a State agency generally reports that it has a critical event or incident reporting system that relies on the policies and procedures of the State Department of Developmental Services (DDS) (or a similar State agency).

PCG will provide resources required to support the CIMP reporting redesign and implementation statewide requirements. To support the analytical and ad hoc reporting requirements, PCG has experienced analytics staff to meet all reporting requirements. PCG's supporting resources, in conjunction with clinical review and administrative staff, will ensure that all necessary activities are performed by qualified staff.

PCG will develop a gap analysis on reporting and notification for the State CIMP and crosswalk it with CMS standards and promising practices. This includes ensuring that appropriate governmental entities and provider and support coordination agencies receive timely notification of serious incidents, and it includes public reporting regarding the overall safety and well-being of Medicaid beneficiaries.

i. Critical Incident Definitions

Bidder should recommend a list of reportable incidents and categorize those by level of severity based upon seriousness of harm or potential harm to participants receiving Medicaid HCBS, including proposed definitions. The list shall include at least the following reportable incident types:

a) Deaths;
b) Allegations of physical, psychological, or financial exploitation;
c) Allegations of physical or psychological neglect;
d) Allegations of physical or psychological abuse;
e) Allegations of sexual abuse;
f) Events involving the inappropriate restraint or seclusion of participants receiving Medicaid HCBS;
g) Events that lead to adverse consequences or outcomes to participants receiving Medicaid HCBS because of staff misconduct or error;
h) Events that result in injury or illness to a participants receiving Medicaid HCBS that requires medical treatment beyond first aid;
i) Choking;
j) Hospital emergency room visits where the injury or the medical condition could indicate abuse or neglect;
k) Unplanned hospitalizations;
l) Missing persons (elopements whereby the participant is removed from staff supervision or is placed at risk of serious harm);
m) Behavioral incidents that result in:
n) Employee physical intervention, including restraint;
o) Serious risk of harm to the participant, other participants receiving services, employees, or community citizens; or
p) Property damage valued at more than $150;
q) Emergency situations, including fires, flooding, and serious property damage, that result in harm or risk of harm to participants receiving Medicaid HCBS;
r) Financial exploitation or theft of a property or funds of $25 or greater;
s) Incidents that may involve criminal conduct by participants receiving Medicaid HCBS or employees;
t) Incidents involving law enforcement personnel;
u) Near drowning; and,
v) Any additional QIO recommendations.

Bidder Response:

Definitions

PCG will encourage DHHS-DDD and conduct audits of their incident management systems to ensure that information on all occurrences meeting the state's definition of a critical incident are reported appropriately and lead to investigations to determine the need for any corrective actions. This is consistent with the instructions for administrative oversight in the section 1915(c) Instructions, Technical Guide and Review Criteria. The information contained in Appendix B of the Joint Report, titled "Model Practices for Incident Management Audits," provides a good resource for how these audits could be conducted. While the OIG audits focused on incidents that led to hospital emergency department visits, CMS recognizes that not all emergency department utilization is due to abuse, neglect, or exploitation; likewise, not all incidents of abuse, neglect, or exploitation result in emergency department visits. PCG will implement an auditing protocol that captures all incidents that are relevant to the state's definitions of critical incidents, and reflects all locations in which those incidents could occur. PCG will work collaboratively with DHHS to rank order the level of severity for the reportable incidents listed above as well as make additional recommendations consideration.

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ii. The report shall also include recommended definitions for:

a) Critical incidents definition (general);
b) Unexplained/unexpected death;
c) Unsubstantiated definition; and,
d) Any additional QIO recommendations.

iii. Describe bidder's approach to developing recommendations for Incident Reporting and Notification Processes.

Bidder Response:

Process for Recommendations

PCG will produce and deliver recommendations and an implementation plan that clearly defines recommendations for a comprehensive system for incident management, quality assurance, and quality improvement.

To meet the business goals, PCG will seeks to identify the business requirements and options to establish a an improved CIMP. There will be three major deliverables which will help determine a viable solution, of which the Detailed Business and Non-Functional Requirements are the first.

Detailed Business Requirements: PCG has developed and documented comprehensive detailed business requirements (also referred to as "functional requirements" in this document) for the scope of the Universal Incident Management System, which is intended to provide a centralized system for incident management, including, but not limited to:

- Incident data
- Incident assessment (e.g. abuse, neglect, or significant incident)
- Incident jurisdiction (e.g. Justice Center, State agency, or Provider)
- Incident investigation
- Investigative findings
- Quality assurance activities
- Various reports and notifications

Non-Functional Requirements: PCG has developed and documented non-functional requirements related to a UIMS. These include, but are not limited to:

- Role-based Security and Hierarchy
- System Security
- Privacy
- Performance
- Data Migration
- Data Retention
- Usability and Accessibility

This effort spans across the state stakeholder agencies as well as the Office for Information Technology Services (ITS). Agencies were required to actively participate in this process, as their complete input is essential for success. PCG will collect and review process and system documentation for each of the agencies to ensure that all sessions are as productive as possible.

iv. Create processes and assist in the development of policies, procedures for incident reporting and notification, including responsibility of initiating reports for providers, service coordinators (including for provider delayed reporting), and State and regional reporting; a timeline and method for reporting; ensuring reporters are free from retaliation, and recommending sanctions for late or non-reporting by providers.

v. Develop templates and forms for incident reporting, maximizing information gathered in data fields that support data aggregation and analysis and minimize text narratives.

vi. Develop and offer education, training and outreach on incident reporting for participants who receive services, their families, service coordinators, and providers.

vii. Any additional accepted QIO recommendations from the Development Blueprint Report.

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinator; recommendations on policy, procedure, and guidance; and the implementation of the new processes are due no later than fifteen (15) months after contract start date.

6. Task 5 Incident Review & Investigation

    a. Create processes and assist in the development of policies, procedures for incident review, with consistent follow up procedures commensurate with the severity of the event, including guidelines to identify which reports merit state-level investigation. This shall include categorizing and triaging of incidents; requirements for provider action, beyond reporting, once an incident is discovered; and a process for informing family, substitute decision-maker, service coordinators and partner agencies about the incident as soon as possible after discovery and no later than seventy-two (72) hours after discovery. Describe how the bidder meets or exceeds these requirements.

Bidder Response:
PCG will create processes and assist in the development of policies, procedures for incident review, with consistent follow up procedures commensurate with the severity of the event, including guidelines to identify which reports merit state-level investigation. This shall include categorizing and triaging of incidents; requirements for provider action, beyond reporting, once an incident is discovered; and a process for informing family, substitute decision-maker, service coordinators and partner agencies about the incident as soon as possible after discovery and no later than seventy-two (72) hours after discovery.

    b. Develop templates and forms for incident investigation, maximizing information gathered in data fields that support data aggregation and analysis and minimize text narratives. At a minimum this shall include findings and observations associated with all completed investigative activities, the investigation's conclusions, and the investigation's recommended corrective actions. Describe bidders understanding of these requirements.

Bidder Response:
PCG has years of experience working with states to develop usable and effective forms. PCG will develop templates and forms for incident investigation, maximizing information gathered in data fields that support data aggregation and analysis and minimize text narratives. At a minimum this will include findings and observations associated with all completed investigative activities, the investigation's conclusions, and the investigation's recommended corrective actions.

    c. Develop timelines for investigation, including for a State extension process if warranted. Describe bidders understanding of these requirements.

Bidder Response:
Appropriate timeframes for reporting critical incident is a vital part of an improved CIMP. PCG will work with DHHS to develop best in class reporting trim frames that meet the requirements laid out by CMS and the OIG promising practices.

    d. Develop competency-based provider incident investigation performance standards, including but not limited to review of the ISP; review of other reported incidents once per year; review of circumstances leading up to and following the incident; interviews with witnesses, the family, and others such as the service coordinator, provider supervisor, health care professional(s); provider and service coordinator documents, medical records, and law enforcement reports; and Protection and Advocacy (P&A) reports, where applicable. Describe how the bidder meets or exceeds these requirements.

Bidder Response:
The Centers for Medicare and Medicaid Services (CMS) requires states to design a quality assurance system for its 1915(c) Home and Community-Based Waiver programs to ensure the health and welfare of beneficiaries. The state's quality assurance system must address six overarching Quality Assurances, along with associated Sub-assurances, by developing and reporting on performance measures for each. In 2014, in collaboration with The National Association of States United in Aging and Disability (NASUAD), National Association of State Directors of Developmental Disabilities Services (NASDDDS) National Association of Medicaid Directors (NAMD), and administrators from eleven states and the National Quality Enterprise, CMS modified its quality assurance system requirements and released *Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers.*

PCG has several programmatic and policy experts with years of experience overseeing the development and rewriting of policy and waiver performance measures, as well as development of metrics for both quality assurance and productivity.

    e. Develop process to review completed investigations to ensure compliance with performance standards and appropriateness of findings, conclusions and recommendations. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

Incident Management and Investigation

No other firm in the nation has a capacity to perform HCBS Incident Management and Investigations at a level of PCG. PCG has a highly experienced, well-trained team of clinical investigators. The average tenure of our investigators is three years conducting OH HCBS investigations. We currently conduct investigations in MyCare, Home Care HOME Choice, and the Specialized Recovery Services Program. Each program has different rules to adhere to and different definitions for investigations to investigate. We currently investigate anywhere from 600-1200 incidents per month within 45 days. Our employees are cross trained in multiple investigation programs to meet the varying numbers of incidents received per month, and as such, our responsive and flexible staffing model provides capacity to handle more volume – either if for short-term volume spikes or long-term growth.

f. Provide recommendations for the development of processes to ensure investigator access to EMS, medical, and hospital records. Describe bidders understanding of these requirements.

Bidder Response:

Collaboration with MMIS Vendors

The Medicaid Management Information System (MMIS) is an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objectives. For Title XIX purposes, "systems mechanization" and "mechanized claims processing and information retrieval systems" is identified in section 1903(a)(3) of the Act and defined in regulation at 42 CFR 433.111. The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to recipients, providers, and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.

PCG will work closely with DHHS-DDD to develop a plan and recommendations that will allow access to up-to-date records and claims data.

g. Develop process for dissemination of investigation findings, conclusions and recommendations to: providers, service coordination, participants and his or her family and/or guardian. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

Using Technology when Communicating with Providers

In every engagement we take on with our clients, we always seek out opportunities to apply and leverage state-of-the art technology to improve the quality of our services while increasing accuracy and efficiency.

PCG will use technologies such as secure email, FTP, and a secure, web-based provider account system to communicate with providers. PCG understands the importance of precise, accessible communication tools and is prepared to develop an efficient web portal that is easy for PCG staff and providers alike to navigate.

The PCG Ohio Provider Oversight and Incident Management Website

PCG maintains and update an easily accessible and user-friendly website to support the Ohio HCBS programs. The website provides a wealth of information and resources for providers, case managers, individuals receiving waiver services, family members, and other key stakeholders.

Latest News

PCG keeps our website up-to-date with all the latest news that all the key HCBS stakeholders need, including all training notifications and updates, EVV implementation news, program eligibility and reporting requirements, policy changes, billing updates, and updates and changes to the waiver.

h. Assist in the development of policies, procedures and processes for a DHHS-DDD Incident Management Committee, including recommendations for whether this should be a subcommittee or otherwise incorporated into the existing QIC. This should include committee membership, duties, meeting cadence, etc. Recommend requirements for DHHS-DDD Provider Incident Management Committees. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

Responsibilities

PCG would recommend the IMRC be granted the following responsibilities:

1. Reach out to, and work collaboratively with adult protective services, protection and advocacy entities, and other partners that can provide data on the number and types of incidences reported in group homes and technical assistance and subject matter expertise to the committee's deliberations
2. Review particularly serious incidents (including substantiated reports of abuse and neglect and apparently preventable deaths);
3. Review the adequacy of State and provider investigations of serious incidents in accordance with the standards specific in Section C, Investigations, below;
4. Identify and review trends and patterns in reported incidents and the findings, conclusions, and recommendations in State investigations;
5. Review annual reports of the trends and patterns in reported incidents and State investigations;
6. Identify and respond to State, regional, and other identified trends and patterns in incidents and State investigations; and
7. Discuss potential systems-wide corrective actions for improving quality assurance (including but not limited to additional training of providers and State personnel; necessary changes and reforms to specific protocols in service delivery, incidence reporting, and management; and enhancements to specific policies and provider requirements).

Additional Recommendations

The State Incident Management Review Committee should meet regularly to ensure its review responsibilities are carried out in timely manner. Service providers and State Incident Management Review Committees should maintain appropriate minutes of their meetings, meeting attendees, their deliberations regarding incidents, and recommendations for corrective actions.

PCG will assist in, as directed, DHHS-DDD ensuring comprehensive oversight of the operation of the State's Incident Management and Investigation Program, including but not limited to periodic State-conducted reviews of the incident management and investigation activities of provider and support coordination agencies, State investigators, and the State's Incident Management Review Committee.

DHHS-DDD should make reasonable efforts to ensure that State investigators and State investigation reviewers **(including members of the State Incident Management Review Committee**) have access to death certificates, autopsy reports, and medical and hospital records pertinent to the investigation of unusual, suspicious, sudden, or apparently preventable deaths.
Capture Findings and recommendation of the State Incident Management Review Committee in DHHS-DDD's Incident and Investigation Database Systems (QIDS).

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i. Develop process to identify and review trends and patterns in reported incidents and the findings, conclusions, and recommendations including development of corrective actions for improving quality assurance. Describe how the bidder meets or exceeds these requirements.

Bidder Response:
Data Analytics and Trending
Over the past few years, Office of Inspector General (OIG) work has uncovered widespread problems in providing safe, high-quality care and reporting problems when they occur. Much of this work has focused on abuse and neglect of Medicaid beneficiaries in HCBS settings. This work has shown
that HCBS Medicaid waiver beneficiaries are being treated for injuries in hospital emergency rooms that may be the result of abuse or neglect, and these events are not always reported as required. It has also shown
that **claims data can be used to identify critical incidents involving Medicaid beneficiaries** in HCBS settings. The OIG's efforts have also demonstrated that health insurance claims submitted to Medicaid programs can be used to identify thousands of beneficiaries who are the victims of abuse or neglect.

Critical Incident Data Analytics for HCBS Waiver Programs
PCG would highly recommend deployment of data analytics software to help improve the health and wellbeing of HCBS waiver recipients under the state's care. Specifically, the ability to ingested and fuse healthcare claims, enrollment, eligibility, provider incident reports and agency case management data into a single platform for analysis. Working with a revised definition of a Critical Incident PCG can assist in the development of algorithms and tools that continually run in the software platform and surface findings to DHHS-DDD.

This information provides insight to state case workers, analysts, clinicians, investigators, policy managers and quality assurance managers who are responsible for overseeing the quality of Wavier providers and the individual's services. The information offers full stories about individuals and the placement facilities: when and how waiver recipients experienced a critical incident (CI), whether that CI was reported by the provider or not. Claims data analysis can illustrate what happened before the CI in terms of medical history, care, or provider activity; and what happened after the CI in terms of reporting, treatment or care management, as well as patterns and trends occurring across residents, whether by individual attributes, geography, placement facility type, or other metrics.

Approach

PCG can assist in the implementation of key tasks to help identify unreported Incidents of abuse or neglect. Using a methodology developed by OIG, DHHS-DDD could leverage claims data to perform the following tasks:

1. Identify Risk Areas
Identify a risk area such as individuals with developmental disabilities

2. Determine Reporting Requirements for Risk Areas
Example: HCBS Waiver Providers must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown sources and misappropriation of resident property, are reported in accordance with Federal and State law through established procedures

3. Determine Diagnosis Codes or Procedure Codes That Correspond to Risk Areas
Physical abuse is reportable; therefore, medical diagnosis code "Z0471, encounter for examination and observation following alleged adult physical abuse" was included in our data analytic techniques

4. Determine Data Available for Use During Data Analysis
Example: The OIG used the claims contained in the Alaska State Medicaid Management Information System for the group home review

5. Identify Claims Using Analytic Techniques Data That Contains Identifying Markers Such as Specific Diagnosis Codes
Example: Match all Medicaid beneficiaries receiving services through Medicaid waiver programs to all Medicaid hospital ER claims containing specific diagnosis codes that were submitted to identify those Medicare beneficiaries who received a hospital ER service while receiving services from an HCBS waiver provider

6. Investigate, Audit, or Review Resulting Data
Example: Obtain medical records or investigative records that describe the identified incident and determine if the incident was reported

7. Address the Identified Problem
Example: PCG could assist DHHS-DDD in performing analytical procedures, such as data matches, on Medicaid claims data to identify potential critical incidents that have not been reported and investigate as needed to protect the health, safety, and rights of program beneficiaries

PCG is committed to supporting public and private sector partners in their efforts to curtail this ongoing problem. PCG would collaborate and involve partners include State Medicaid Fraud Control Units, Survey Agencies, Adult and Child Protective Service Agencies, as well as compliance and risk management officials working at group homes. This approach would allow DHHS-DDD to develop their own unique processes for analyzing claims data to help identify and prevent:

- Unreported instances of abuse or neglect
- Beneficiaries who may require immediate intervention to ensure their safety
- Providers exhibiting patterns of abuse or neglect, and
- Instances in which providers did not comply with mandatory-reporting requirements

j. Develop and offer training for DHHS-DDD providers on how to manage critical incidents, including investigations. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

Additional Information on Provider Oversight, Site Visits, and Incident Investigations

The PCG website includes information for all components of our oversight functions, and we are continually seeking out opportunities to enhance our website by providing additional resources and information as needed.

Online Training Modules and Materials

PCG hosts a robust set of training modules on our Ohio HCBS website that have been developed and curated over many years. This is a combination of trainings developed and delivered by the state or its partners, as well as training modules developed by PCG.

Below is a list of trainings that are currently available on the website at the time of this proposal submission:

Provider Training
- Electronic Visit Verification (EVV) New Agency Training
- Electronic Visit Verification (EVV) New Non Agency Training
- New Structural Review and Provider Conditions Rules (1 hour, 15 minutes)
- All Services Plan Training (Now called Person Centered Service Plan) (1 hour)
- Provider Education/Orientation (30 minutes)
- Incident Management Training Video (30 minutes)
- Ohio Home Care Waiver Provider Training Course
- Nurse and Aide Rate Modernization Materials (30 minutes)
- PDN Acuity Scale Video (1 hour)

Ohio Benefits Long-Term Services and Supports (OBLTSS) Training
- ShareFile Training
- Resources and Referrals

- Medicaid Overview
- Medicaid Eligibility for Single Entry Points (SEPs)
- Website Training
- Support Navigation Training
- Questionnaire LTSSQ Training
- Services for Older Americans Training
- Ohio Benefits Long-Term Services and Supports FAQ

HCBS Settings Evaluation Tool Training Modules
- Module 1: CMS Regulation Overview
- Module 2: Qualities for all Settings
- Module 3: Additional Conditions for Provider-Owned or Controlled Settings
- Module 4: HCBS Settings Verification Checklist Training for Recovery Managers

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Case Manager Training
• CSIS SRSP Webinar Training (1 hour)
• Disability Determination Redesign: QIT for Case Managers Training (5 minutes)
• Protection from Harm: Prevention Planning Training – January 14, 2016 (1 hour)

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinator; recommendations on policy, procedure, and guidance; and the system going live are due no later than fifteen (15) months after start of the contract.

7. **Task 6 CAPs and Implementation**

    a. Create processes and assist in the development of policies, procedures for making recommendations to DHHS for corrective action; informing providers of corrective actions and the requirements for remediation; ensuring timely action to implement corrective actions; monitoring corrective actions; identifying and recommending for sanctions providers who have a pattern of non-compliance with corrective actions; and any additional accepted QIO recommendations from the Development Blueprint Report. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

    b. The Contractor will also conduct an at least annual review of corrective action tracking to evaluate performance and effectiveness, develop a report and recommendations, and facilitate a discussion with the QIC. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinator; recommendations on policy, procedure, and guidance; and the process going live are due no later than fifteen (15) months after start of contract.

8. **Task 7: Quality Monitoring and Trend Analysis**

    a. Develop and implement a process, including recommended metrics, quantitative and qualitative analysis, stakeholder input, and reporting aimed at continuously evolving DHHS-DDD's performance to improve the health and safety of participants receiving supports through a Medicaid HCBS waiver and prevent or reduce similar incidents in the future. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

    b. Create processes and assist in the development of policies, procedures for incident aggregation, tracking, trending, reporting, and systemic corrective action. The process shall include review of incident reporting by service providers and service coordinators; use historical claims data at least for hospitalization and emergency room visits to measure effectiveness of reporting; cross-references certification findings, grievance/complaint reports and a sampling of progress notes; and include recommendations for frequency of trend analysis. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

c. Reports shall trend aggregate critical incident data at State, District and County levels and identify incident types that would benefit from systemic intervention. The Contractor will facilitate a QAC review of trended data to secure additional recommendations for systems level remediation and reduction of future incident occurrences. Describe bidders understanding of these requirements.

Bidder Response:

d. Develop requirements for providers to have a continuous quality assurance and enhancement process for incidents, including monitoring, tracking, and use and/or review of provider's own performance data. This also includes requirements for provider reporting on trends, including plans for corrective actions at the provider systems level and tracking of implementation. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

e. While the QIO is doing the bulk of the critical incident functions, the QIO will also engage in quality assurance of key functions of critical incident management that the QIO does not perform, for example provider investigations and service coordinator follow-up with the participant and their family or guardians. This includes the development of a review process and performance measures for all key elements of the incident management system to assure that providers and service coordinators report critical incidents; reported critical incidents are properly recorded; providers report critical incidents at the correct severity level; data on critical incidents is collected and reviewed at provider and State level; the State Incident Management Review Committee is meeting its function; and reasonable suspicions of abuse or neglect are properly reported. Describe how the bidder meets or exceeds these requirements.

Bidder Response:

Required Outcome: Monthly program report on status of implementation, with attachments including any tools developed, training agendas, etc.

All tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinator; recommendations on policy, procedure, and guidance; and the system going live are due no later than fifteen (15) months after start of contract.

9.   Task 8: Operation of the Critical Incident Processes

a. The bidder should submit a draft plan for ongoing operation of the CIMP, including but not limited to reporting and notification, incident triage, review, and investigation, corrective action recommendations and implementation, and quality monitoring and trend analysis. The plan must be submitted to DHHS for review and approval no later than thirty (30) calendar days after successful implementation of the CIMP. The QIO is responsible for all steps in the CIMP, including but not limited to: triage and any resulting safety check, incident investigation of high level (serious) critical incidents, managing the Incident Management Committee, recommendations for corrective action, assuring implementation of corrective actions, any training and technical assistance required, and all data reporting. The exception is notification to participants and families, which will remain the responsibility of the participant's provider and/or service coordinator. Note that there are currently around 10,000 high level (serious) critical incidents reported annually, or around 800 per month. DHHS-DDD expects that this number may increase with increased awareness through training and through potentially revised critical incident definitions and reporting requirements.

Bidder Response: In 2013, the state of Ohio identified a crucial need for improved oversight of its HCBS providers and made a pivotal decision to ensure focus and conflict-free work responsibilities. Where incident management and investigation responsibilities previously rested with the case management agency, the state of Ohio developed a new HCBS Provider Oversight contract and scope of work specifically separated from case management. **PCG was awarded this work, and quickly went to work in building, staffing, and implementing an independent Incident Management and Investigation team**, which has set out to accomplish everything that the state has asked, and more. In this time, we have effectively and efficiently

assisted the State in ensuring the health and welfare of the individuals receiving services via HCBS waiver and state plan programs. Today, PCG has a **well-organized Incident Management unit** led by seasoned leadership and management, comprising of more than 50 investigators and supervisors. We have developed and maintain extensive staff training and follow robust operational protocols. We have extensive quality assurance procedures and re advancing our efforts to use technology and data analysis. As ODM's provider oversight contractor, **PCG's main priority is assuring the health and welfare of waiver individuals.**

To date, PCG has completed 90,000+ health and welfare and service delivery investigations. PCG will scale the clinical team as dictated by the programmatic needs of the contract to address volume and quality. In accordance with OAC rule and the Provider Oversight Guide, PCG has developed an investigation management process which ensures thorough provider oversight, timely responses, appropriate reporting in response to any reported or observed incident, and provider education. The PCG investigation management program encompasses Ohio Home Care, MyCare, and Specialized Recovery Services.

PCG, ODM, the Case Management Contractors, recovery management contractors, and managed care plans are all responsible for assuring the health and welfare of individuals. PCG understands the scope of this responsibility, our role in the spectrum of ODM responsibilities, and has the expertise and the experience to conduct investigations to the State's specifications.

The Investigation Process

Incidents are either submitted by ODM, the case management entity or by our investigative teams. At times while conducting investigations, our team will identify events that qualify as incidents and submit additional incident reports. Our highly trained investigators understand when to add violations to a current incident report or when it is necessary to create a new incident report if it is a separate qualifying event. This important step links violations when necessary, but at the same time focuses the team on new investigations to ensure nothing falls through the cracks.

PCG uses a highly-developed incident management process for assigning submitted incidents and initiating the investigation process within one business day.

During the assigning process, PCG verifies that the immediate health and welfare of the individual has been assured by partnering with the case management entities to:

- ✓ **Verify** if the individual is safe and whereabouts are known
- ✓ **Communicate** with emergency contacts and/or providers or request welfare check by case manager or local law enforcement if the individual is deemed unsafe or whereabouts not known
- ✓ **Confirm** an immediate plan to assure health and welfare while the investigation is occurring
- ✓ **Refer** if warranted to appropriate authorities, such as the Ohio Department of Health, Child Protective Services, Adult Protective Services, Department of Developmental Disabilities, or the Ohio Board of Nursing

During the investigative process, PCG investigators answer the questions *who, what, where, when,* **and** *why.* Investigators read the incident report and identify an initial list of people to interview.

He or she then reviews the clinical file and identifies:

- ✓ **Any history** in the individual's record which may have bearing on the incident.
- ✓ **Any additional interviewees** who may have information to contribute to the investigation.
- ✓ **Questions** to ask during the interviews.

Interviews may occur by phone, in person, or by using technology-based systems. Interviewees may include, but are not limited to, the individual, gratis caregivers, and providers. Because **safety is our priority**, if interviewing an individual or witness could place the individual at risk, we do not conduct the interview. When we cannot complete any investigative necessary function, our team thoroughly documents the reason in our investigation notes. PCG recognizes that some people have language barriers and therefore our investigators partner with ASIST Translation Services should the need arise. Because privacy is the utmost importance, PCG employs an interpreter confidentiality agreement with ASIST. **Translation services** are used for interviews and documentation transcription.

PCG investigators conduct joint investigations with Child Protection Services, Department of Development Disabilities, ODM or other authoritative entities when warranted. Joint investigations enable PCG to exchange information with organizations who may be investigating an event without placing the individual under additional stress of multiple interviews and repetitive lines of questioning.

PCG investigators rely on several resources made available by ODM to assist with gaining a thorough understanding and context related to both the provider and the individual served.

The review of these resources is critical to establishing a background for the investigation and include:

- **Step 1: Review Clinical File,** including diagnoses, support system, home environment, physical abilities, person-centered services plans, incident history, case manager notes

- **Step 2: Conduct Key Stakeholder Interviews** by phone, in-person or through technology-based systems with the individual, gratis care providers, waiver providers, non-waiver providers, other investigative entities, witnesses, and/or guardian

- **Step 3: Review Provider Incident History,** including past investigations included in the Incident Management System.

- **Step 4: Review Past and Current Provider Billing** found within the Medicaid Information Technology System (MITS)

- **Step 5: Review Provider Documentation,** including nurse/aide notes, nurse/aide timesheets, physician's plan of care and any witness statements.

- **Step 6: Review Documentation from Other Resources,** including death certificates, coroner reports, police reports and hospital records.

PCG uses this information to ensure we capture a complete picture of each circumstance surrounding each of our unique investigations. We don't make assumptions but we do make important decisions based on the facts presented by the artifacts found within ODM. Without this information, the investigation would be less thorough than otherwise it is using the information available.

The Investigation Conclusion

Upon completion of all answered investigative questions (who, what, when, where, and why), the investigator summarizes the gathered information. The information contains causal and contributing factors (why the incident occurred) that will assist in developing prevention plans. Causal and contributing factors fall into the following categories, but are not limited to:

- Progression of individual's existing disease process
- New diagnosis or medical finding
- Human Factors
- Environmental

- Equipment

PCG understands that **prevention planning is a fundamental outcome of conducting investigations**. Identified causal and contributing factors are forwarded to case management entities in order that person-centered prevention planning is developed and the risk of future reoccurrence of similar incidents is mitigated

    b. As part of the ongoing management plan, the bidder should provide a draft training, education and outreach plan to ensure that the CIMP continues to function as designed. This shall include training for providers and State staff about: (1) the critical incident system; and (2) training related to preventing future occurrences of abuse, neglect, and exploitation and other harm. It shall also include ongoing education and outreach for participants who receive services and their families and guardians to encourage reporting. Training shall occur on at least a quarterly basis and shall be competency based.

Bidder Response:

As the agency responsible for providing Medicaid-funded Home and Community Based Services (HCBS) in the State of New York, the Department of Health (DOH) has contracted with PCG to provide assistance with its implementation of the HCBS Waiver Final Rule through its Statewide Transition Plan.

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

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

The state's validation process must include monitoring methods that review the integrity of the systemic change and process over time. An effective process includes a comprehensive evaluation tool, results tracking, training, and ongoing technical assistance provided to staff completing the reviews. It also involves, in an ongoing manner, the stakeholders (i.e. people receiving services, families, advocacy groups, providers and other interested parties).

KEY ACHIEVEMENTS

For this engagement, PCG is providing assistance with the following items related to the development and implementation of the HCBS Statewide Transition Plan:

- Development of two site assessment tools: one for residential settings and one for non-residential settings;

- Development of a menu of remediation strategies for providers to use to come into compliance with the Final Rule;

- Development of tools to assess remediation progress;

- Creation of a training plan for providers to understand HCBS Final Rule

    c.   The Contractor shall provide the following reports an ongoing basis:

        i.   Monthly program reports with attachments such as: training materials and meeting agendas; monthly incident that tracks and trends incidents by participant, by provider, by service coordinator, by District, by Region, and by critical incident type due fifteen (15) calendar days following the last day of the month;

        ii.   Quarterly reports that at a minimum relate to performance measures on waiver basic assurances related to critical incident and mortality review and reporting; and provider compliance with the incident management system's requirements, including aggregate findings of provider compliance audits by region and for the State as well as trending due fifteen (15) calendar days following the last day of the quarter;

        iii.   Annual incident report including aggregate data and a summary of patterns and trends, quarterly and cumulative, with analysis due fifteen (15) calendar days following the last day of the year. It shall also include an evaluation of tools to determine content validity and internal consistency and refinement.; and,

        iv.   The Contractor shall have capability to produce ad hoc reports no later than seven (7) calendar days after request.

Required Outcome: Ongoing management of the CIMP; all reports discussed above; at least quarterly training and ongoing education/outreach events.

G.   **OPTIONAL QMS EXPANDED SERVICES: DEVELOPMENT, IMPLEMENTATION & MANAGEMENT**
Pending State need and availability of funds, DHHS-DDD may implement the following types of expanded QIO/QIO-like services at any point during the contract. The State shall not expend more than fifty percent (50%) of the total cost of the contract for QIO services on optional expanded services.

    1.   For this section, no work plan is required. Instead, the bidder must explain the approach to expanded services to ensure compliance with all CMS requirements, where applicable, and achieve best practices; and provide a sample project timeline for Expanded Services: Development, Implementation, and first year of Management services. Bidders must also describe all experience providing these types of services.

Examples of additional QIO/QIO-like services that DHHS-DDD may implement at a later time include, but are not limited to:

    i.   Individual Services and Outcomes:

        a)   Level of Care: Administering the initial, periodic and annual level of care to participants applying for and receiving HCBS waiver services;
        b)   Utilization Review of HCBS waiver services;
        c)   Prior authorization of HCBS waiver residential services;
        d)   Prior authorization of HCBS waiver day services;
        e)   Prior authorization of HCBS waiver clinically-based services;
        f)   Post Payment Review of HCBS waiver services;
        g)   Initial and Ongoing Exception Funding (for participants whose initial budget is not sufficient to meet their needs);
        h)   Monitoring of basic waiver assurances;
        i)   Review of State Plan Targeted Case Management services;
        j)   Audit person-centered plans;
        k)   Assess Personal Outcomes;
        l)   Developing Quality Based Criteria / Outcomes for Values Based Payment Contracts;
        m)   Review and Approval of use of Restrictive Controls and Behavior Support Plans;
        n)   Assessment of safety plans;
        o)   Clinical assessments and recommendations;
        p)   Grievance and complaint system;
        q)   Develop and run a Human Legal Rights Committee (HLRC);
        r)   Inventory for Client and Agency Planning (ICAP) assessments; and,
        s)   Other Recommendations that can be performed with enhanced funding.

    ii.   Provider Oversight and Monitoring:

           a)   Initial and Ongoing Provider Certification Review;
           b)   Provider Oversight and Monitoring: compliance reviews and audits, beyond what is required for certification;
           c)   Provider Report Cards;
           d)   Monitoring development and implementation of Provider Improvement Plans;
           e)   Monitoring of basic waiver assurances;
           f)   Monitor the monitoring; and,
           g)   Other Recommendations that can be performed with enhanced funding.

    iii.   Training & Technical Assistance:

           a)   Provider technical assistance and training to build capacity;
           b)   Staff technical assistance and training to build capacity, including onboarding of quality team staff;
           c)   Building inter-related reliability amongst monitors;
           d)   Technical assistance and capacity building for Behavioral Support Plans (BSPs); and,
           e)   Other Recommendations that can be performed with enhanced funding.

Bidder Response:

During the development and finalization of the comprehensive roadmap for QMS enhancements recommendations and integration into the proposed Quality Management Strategy, PCG will partner with DHHS-DD on the priority improvements in QIO services that ensure supports and services are integrated, person-centered and outcome-oriented.

PCG Experience with Expanded Quality Management Services

PCG is the ideal partner for DHHS-DDD having both the knowledge and experience successfully executing the development, implementation, and ongoing management of quality management services. Medicaid agencies can face any number of challenges working with contracted agencies, providers, and participants in administering home and community-based services. **PCG knows that managing these services requires more than an astute understanding of the federal quality and management requirements for HCBS waivers; it requires a partner who actually has experience applying that knowledge to the benefit of the state.**

Expanded quality management system is critical. Real quality transformation and management support are produced when a partner like PCG uses its experience to understand and appreciate the individuals served by HCBS waivers, those who administer the waivers, and the stakeholders involved in the care of the beneficiaries.

For PCG, our brand of awareness yields an innovative mindset essential for architecting, implementing, and managing compliance, quality, and continuous improvement programs that have a positive impact. We bring years of experience related to waiver quality monitoring to partner with DHHS-DDD on the expansion of this scope of work. **Successful HCBS Waiver programs find a way to successfully integrate the three constituencies around whom waivers operate. PCG has more experience working with each of these constituencies than any other vendor in the HCBS space.**

1   **The fortunate participant whose life circumstances are enhanced by successful HCBS Waiver programs**: PCG evaluates and improves the effectiveness of waiver programs and services by continually engaging with waiver participants.

2   **The hard-working providers whose care models are constantly evolving to address the needs of waiver populations**: PCG deploys program integrity and provider oversight programs to identify fraud, waste and abuse, and maintain stakeholder and taxpayer confidence in these programs.

3   **The dedicated state agency staff whose efforts to design and win approval for these programs**: PCG helps states adhere with numerous state and federal regulations to assure compliance in their HCBS programs.

Sample Project Timeline

Below, we illustrate a sample project timeline for one optional service within Provider Oversight and Monitoring. The timeline provides a high-level overview of the development, implementation and first year activities and milestones. We have an extensive history with delivery of all optional QMS services and understand the level of project planning necessary to execute each task within scope and on time. If the Department chooses to amend the contract to expand QMS services, PCG is immediately positioned to be the ideal partner. No matter which QMS expanded services the Department would select, a similar timeline approach would be followed.

Coupled with the QMS enhancements roadmap developed with this scope of work and DHHS-DD quality management strategy and improvement plans to promote and monitor quality of services and lives for participants, PCG and the Department's priority may indicate an increase in quality assurance mechanisms within initial and ongoing Provider Certification Reviews that encompasses a site visit screening. PCG proudly offers a complete and proven end-to-end solution to provide HCBS Provider Oversight and Monitoring, to include provider screening, enrollment, and re-validation

Screening, Enrollment and Revalidation

A strong and supportive HCBS program begins with the front door: One central point of contact to which providers can go to enroll as a provider and receive all the support they need throughout the process. As a national leader in HCBS Provider Oversight, PCG understands the importance of this provider-facing role, and we are best positioned to serve in this role. PCG is well-versed in applying eligibility requirements in the screening of provider applications for enrollment to provide waiver program services, including background check documents, liability insurance, licensing requirements and training documentation.

Providing effective screening, enrollment, and revalidation, PCG will partner with DHHS-DDD to review provider certification requirements to include provider enrollment manuals, training, and Nebraska Medicaid Provider Data Management System. We have the flexibility to configure our operations and systems to respond to new and changing requirements. Every aspect of this work - whether it be fingerprinting, establishing systems interfaces, or verifying credentials from multiple credentialing sources across many states - is known to us and is part of the core functionality of this work. Project development and implementation would include these core quality services:

- **Evaluation** of provider applications to verify required documentation for both enrolling and re-enrolling providers;
- **Checking** applicable databases and ensuring automatic checks complete appropriately;
- Conducting site visits for moderate to high-risk providers to complete the additional enrollment screening;
- **Educating** providers regarding program requirements to improve quality of services provided to individuals;
- **Fielding** provider questions through a central location to always assure compliance with standard response

At PCG, we fully understand the requirements regarding validation, revalidating and verifying provider eligibility to deliver service, and we will bring our experience within timely completion of reviews and recommendations for Provider Certification Review to this engagement. *Figure VI.G.1.1* provides a sample timeline, from development through first year of managing services.
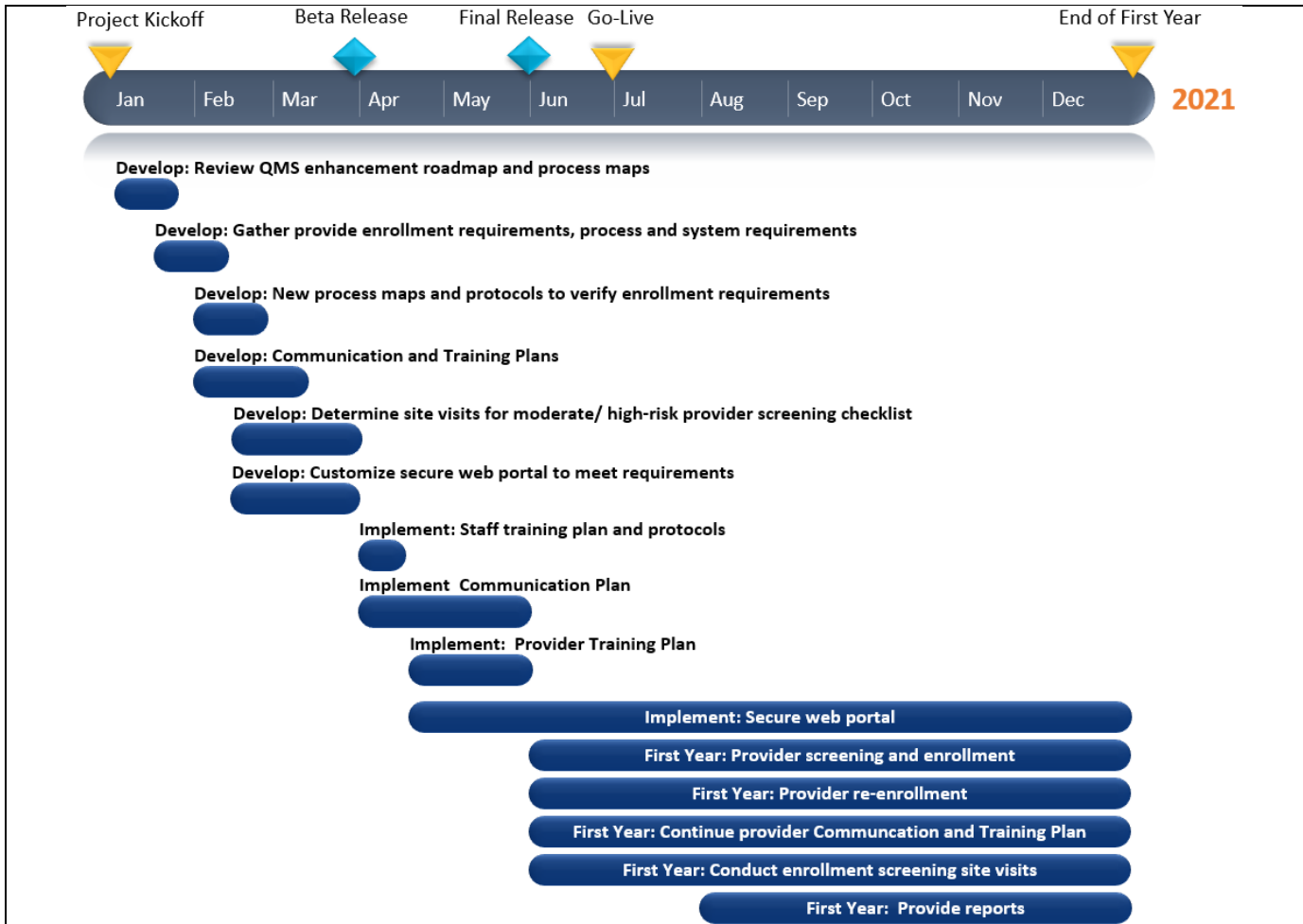
Figure VI.G.1.1: Sample Timeline Provider Certification Review. PCG's approach to implement a provider enrollment and validation certification screening program is based on years of experience in executing in partnership with state agencies.

Utilization Review of HCBS Waiver Services

PCG has a long history of conducting provider audits to ensure that Medicaid and waiver funding is appropriately being utilized from both a quality of care to the individual and proper payment perspectives. To approach Utilization Review, PCG will build on our strong, unique, and relevant history in this exact area. Effective utilization management begins with comprehensive policies and process which is standardized allowing all stakeholders understanding into the criteria and frequency of reviews with a balance of responsibility both externally and internally. The review process is necessary to ensure participant's health and safety, living a quality life in the most appropriate setting possible. We will complete a comprehensive assessment of current reviews scope, scale and effectiveness and work with DHHS-DD to build on current utilization review activities and implement additional audits necessary to meet those assurances.

Our extensive experience with conducting both remote and targeted onsite reviews combined with our expertise in Home and Community Based Services and Developmental Disabilities programs, sets us apart as the preferred Contractor for this Scope of Work. As evidence to our expertise and capabilities in utilization reviews, we present the following relevant projects:

- *North Carolina* – Since 2008, PCG has leveraged utilization data and reporting to conduct Pre-Pay Reviews and Post-Pay Reviews, Provider Training, and Full Onsite Reviews of *more than 1,700 Medicaid providers.* To date, this work has resulted in $350M in validated overpayments, $165M in calculated cost savings, over $10 Million in recoveries, and 90% of findings upheld post-appeal and a 95% inter-rater reliability.

- *Ohio* - The State of Ohio identified an urgent need to separate the role of Provider Oversight and Investigation from Case Management to eliminate interest, increase transparency, and improve overall quality of HCBS and investigations. Within weeks of being awarded the role, PCG was up running, performing investigations and oversight with unprecedented and quality. As a part of this role, PCG regularly completes structural reviews in which PCG staff meets face-to-face with identified providers annually/biannually to review documentation and ensure providers deliver services in a manner that complies with the requirements of Ohio Medicaid. Since the project's inception, PCG staff have completed more than **15,000 structural reviews**.

- *Massachusetts* – PCG works with the Program Integrity Unit (PIU) and other stakeholders to perform service area payment policy research and assist in the development and implementation of important utilization analyses, which evaluate Mass Health claims, in both real-time and as part of retrospective reviews. These efforts help identify suspect utilization patterns, leading to provider outreach and education, as well as potential fraud, waste, and abuse (FWA). PCG also works with PIU and other agency stakeholders to obtain and leverage agency and non-agency data sources that can be used to help identify potential utilization issues. Lastly, we also work with MA to develop and run reports to help identify service utilization anomalies and report out on important program integrity metrics. This work helped the Program Integrity Unit (PIU) team save over $15M in claim denials for undelivered services in Fiscal Year 2018.

- *Oklahoma* – PCG conducted medical and financial records review of providers that received reimbursement from the Trauma Fund for services. Upon completion of the audits, PCG identified 10 percent of reviewed 2009 uncompensated trauma care claims, 6.3 percent of reviewed 2010 uncompensated trauma care claims, 6.3 percent of reviewed 2011 uncompensated trauma care claims, 9.1 percent of reviewed 2012 uncompensated trauma care claims, and 4.3 percent of reviewed 2013 uncompensated trauma care claims submitted by hospitals, physicians, and EMS providers that were not in compliance with the Trauma Fund's eligibility criteria.

Our experience directly applies to requesting, reviewing, and enacting quality enhancement actions in large operational projects, serving millions of beneficiaries, and overseeing thousands of providers. Through these engagements, PCG is bringing established best practices that will benefit DHHS-DD in implementing a smooth audit process that is thorough and comprehensive.

Prior Authorization of HCBS Waiver

PCG has assisted our state agency partners to ensure that all needs assessments and prior authorizations are completed consistently and compliantly. Much of our quality reviews and audits focus on determining if services were authorized within program and assessment limitations and that the services rendered meet the authorization definition without duplication. Our approach will consist of similar elements as conducting quality reviews with particular focus to the service limitations and assessment of needs.

In addition to quality authorization audits, PCG will assist throughout any complaint, appeal, or other reconsideration process. To manage the prior authorization related to due process, PCG will conduct a series of assessments based on Nebraska HCBS program rules, current due process and mediation policy, and quality review of appeal summaries. Through these assessments, PCG will develop a systematic approach to manage the entire process to include mediation, reconsideration reviews, production of appeal summaries, and defending findings. Through preparation, consistent application of Medicaid program rule and detailed documentation, PCG's findings have been upheld at the appeals level 90% of the time in our past experience.

Since 2008, PCG has assisted North Carolina with the prior authorization component of their process. To be authorized for services, recipients undergo a level of care assessment, and are authorized for certain levels of care and a set number of units. If individuals already receiving services have their service levels reduced or denied, or new applicants are denied, all are entitled to appeal the adverse service level decision. PCG has assisted North Carolina in managing service levels and prior authorization decisions in the following way:

- Processed over 1.1 million adverse service levels and prior authorization determinations;
- Significantly decreased processing times for appeals from 151 days to 54 days;
- Created fully customized online appeals system that allows all parties to view and exchange documentation and information;
- Conducted over 2,000 appeals hearings while also eliminating a severe backlog; and,
- Achieved cost avoidance exceeding $90 million

Post Payment Review of HCBS Waiver Services

Post Payment Reviews is a critical component to monitoring the quality of services and ensure the provider payment was accurate. Our first step in approach will consist of claims data analysis. During our claim's analysis, we utilize specific methodologies to flag high-risk claims and providers based on prior claim patterns. We will create a risk model, a generate risk profiles of each provider as compared to their peer providers, for targeted provider post payment reviews. These targeted reviews focus on chang ing provider behavior quickly to not only recover overpayments but also provides significant cost avoidance to the State of Nebraska. We will conduct full-scale audits using claims data analytics designed to uncover extensive information, clinical reviews of all medical records and recoup large overpayments where payback is likely, and the provider is prepared and qualified to continue to deliver services.

At PCG, we have conducted thousands of post payment desk reviews in North Carolina and Colorado in which we have reviewed documentation inclusive of staff credentials, qualifications, and trainings, as well as service authorizations, plans of care, service, and supervision notes. We have a deep understanding of what to look for, and how to ensure the proper level of care was delivered by the appropriate staff.

Initial and Ongoing Exception Funding

Multiple states use assessments not only to determine a person's needs, but also to equate those needs to the amount of services a person receives through an HCBS waiver. In the majority of states, the amount of services equals a total dollar amount available to purchase or pay for services a person can receive in one service plan year. While valid assessment tools, such as the Inventory for Client and Agency Planning (ICAP), can identify needs as they are presented, one assessment does not exist that can capture 100% of a person's needs 100% of the time. As such, states often implement a process by which additional funding can be requested. Not only is the PCG team skilled in administering the ICAP, the team also has expertise in exception funding requests and processes.

PCG recently completed work for the Wyoming Department of Health, Healthcare Financing Division, Developmental Disabilities Section regarding their process for requests for increased funding. The work included a review of the current process and peer state research and ended with a recommendations report on how to improve the process. Recommendations ranged from short-term easy to implement to more long-term, overall system changes.

Review Process

PCG will implement an Exceptions Funding Review process. At least one person will be dedicated to the review of requests for exceptions funding. The PCG staff will be the key point of contact and review all initial and ongoing requests for exceptions funding. This staff member will have expertise in the ICAP as well as working with people with intellectual or developmental disabilities. This expertise will allow the PCG staff to review requests and determine if a new ICAP should be completed prior to approving or denying a request for exceptions funding. When a request is received, the PCG staff member will review and determine if the request meets the criteria outlined in the waiver and any regulations specific to DHHS-DDD programs. This review will also consider the current Individual Budget Amount (IBA), the amount of services authorized, and the amount of services utilized to date. This information is critical prior to approving a request. For example, if a request is received for additional funding, but the amount of services authorized and/or utilized to date is far below the approved IBA, PCG staff will ask for additional information prior to approving a request. Requests such as these, may lead to the Service Coordinator and participant reviewing and revising the service plan to reflect the participant's needs more accurately.

For those requests that meet the criteria, the PCG staff member will approve the request and provide notice to the participant and the Service Coordinator.

Requests will be approved for no longer than the current service plan end date. Some requests may be approved for a shorter time, depending on the reason for the request. PCG will implement a tracking system, so that communication can be sent to the Service Coordinator at least 45 days prior to the increased funding ending, so that the Service Coordinator and participant have time to complete another request should one be warranted.

For those requests that do not clearly meet the criteria, the PCG staff member will consult with additional PCG staff, such as the Level of Care evaluators, to decide.

All requests will be reviewed, and a determination made within 10 business days. All documentation will be maintained in the specified DHHS-DDD system. In addition, PCG will trend and analyze data related to exception funding requests, which will be provided to DHHS-DDD.

Upon contract award, PCG will review this process with DHHS-DDD for necessary revisions and approval for implementation.

Data Analysis

PCG will implement a tracking system regarding all requests received. Points of data will include, but are not limited to:

- Name of participant
- Date of request
- Date of most recent ICAP
- Current IBA
- Reason for request
- IBA requested
- Service plan period
- Service authorization amount
- Service utilization to date
- Decision outcome
- Date of decision

Data will be analyzed monthly with quarterly reports provided to DHHS-DDD. Tracking and analyzing such data will provide information to DHHS-DDD necessary to implement policy or system changes. Having concrete data that is tracked and analyzed over years will provide DHHS-DDD information necessary to present to stakeholders, legislators, Department leadership, and others to gain support for policy decisions.

Upon contract award, PCG will review the process and data collection points with DHHS-DDD for necessary revisions and approval for implementation.

Monitoring of Basic Waiver Assurances

PCG has successfully achieved multiple state Medicaid agency's goal of ensuring waiver-eligible individuals are receiving quality person-centered supports and services. We ensure our team has a strong understanding of the waiver programs and the associated Quality Assurances. The Centers for Medicare and Medicaid Services (CMS) requires states to design a quality assurance system for its 1915(c) Home and Community-Based Waiver programs to ensure the health and welfare of individuals. The state's quality assurance system must address six overarching Quality Assurances, along with associated Sub-assurances, by developing and reporting on performance measures for each. In 2014, in collaboration with state Medicaid agencies and stakeholder groups, CMS modified its quality assurance system requirements and released Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers. The modified Quality Assurances and Sub-assurances are outlined below.

Assurance: Level of Care

- The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care (LOC) consistent with care provided in a hospital, nursing facility, or Intermediate Care Facility (Intellectual Disabilities/ Developmental Disabilities).

Assurance: Service Planning

- The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

Assurance: Qualified Providers

- The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Assurance: Health and Welfare

- The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

Assurance: Financial Accountability

- The state must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

Assurance: Administrative Authority

- The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

Figure VI.G.1.2: Modified Quality Assurances and Sub-assurances

At the core of compliance reviews is ensuring the satisfaction, health, and welfare of individuals. PCG reviewers will interview individuals, family members, and/or guardians to further corroborate provider compliance from the perspectives of those receiving services. PCG reviewers would request information from the following:

- ***Individuals in services***
  - ➢ E.g. Do you receive services and support when you need them?
- ***Family members/guardians and others involved in the lives of the selected individuals***
  - ➢ E.g. Were you invited to and able to participate in the service planning meetings for the individual?

PCG has conducted thousands of personal interviews, from our incident investigations in Ohio to our Community Settings Final Rule Transition assessments in South Carolina, Mississippi, Wisconsin, California, and elsewhere. PCG staff are deeply experienced in engaging with individuals with intellectual and developmental disabilities, and many are licensed social workers and nurses. PCG reviewers – already highly qualified with extensive hands-on experience - receive extensive interview skills training prior to engaging with both providers and individuals.

Audit Person-Centered Plans

PCG has strived to become a person-centered organization, having received training from Michael Smull of Support Development Associates. On behalf of HCBS state agencies, PCG has provided orientation training on Person-Centered Thinking and Planning practices.

In Ohio, our project team has conducted more than 14,000 record reviews where we review provider qualifications and compliance with and progress towards individuals' person-centered service plans. PCG even holds a certificate of person-centered services planning, enabling PCG to properly guide the quality of service planning for individuals.

Our team knows that while providers are often the majority of agencies responsible and audited for person-centered plans, the development of that person-centered plan is just as important as its implementation and development begins with the service coordinator. The knowledge and experience our team have is not only in auditing providers but in providing case management and managing a statewide system of case management agencies for multiple target populations.

Audit Process

Leveraging available participant case records, PCG's team will complete an audit of person-centered plans. PCG's Quality Assurance Record Review tool is purposefully designed to align with the CMS quality assurance system as well as the HCBS quality framework. Not only does our Record Review tool satisfy Federal and quality standards and outcomes, but it will also be fully tailored to Nebraska's waivers, specifically its Quality Assurance performance standards related to *Appendix D* and Service Planning.

PCG will employ a statewide random sampling methodology using RAT-STATs. PCG has years of experience using RAT-STATS. The sample size will be projected at the beginning of the DHHS-DDD's fiscal year based on the total population size and adjusted by an estimated change in population. PCG will oversample and create an alternate list to compensate for errors made in estimation as well as any participant unavailability in reviews.

PCG's Record Review tool begins with the Participant Intake Form that collects basic demographic information of participants including participant name and a unique identifier. PCG fully understands the need for comprehensive information collection and document management for any future remediation of noncompliance findings or issues that arise as part of the audit.

Individual Record Review tool questions will be derived from the related performance measures within the waivers, any regulatory requirements, training provided, and other information provided by DHHS-DDD. PCG will provide compliance reports to DHHS-DDD at a frequency agreed upon by DHHS-DDD and PCG. In addition, PCG will trend and analyze audit outcomes, which will be provided to DHHS-DDD.

Upon contract award, PCG will review this process with DHHS-DDD for necessary revisions and approval for implementation.

Assess Personal Outcomes

PCG is aware that Nebraska participates in the National Core Indicators (NCI) survey process. PCG is well-versed on NCI indicators that are intended to measure both performance and outcomes. The indicators are divided into five domains: 1) Individual Outcomes; 2) Health, Welfare, and Rights; 3) System Performance; 4) Staff Stability; and 5) Family Indicators. Within each domain, there are sub-domains which have targeted outcomes. The individual outcomes domain is of key importance when assessing personal outcomes. This domain addresses how well the system helps adults with I/DD to sustain relationships, work, exercise choice, and participate in their communities. The sub-domain indictors aim to understand how satisfied individuals are with the services and support the program provides them with.

PCG recently assumed the survey role for Maryland, to include mailing and entering the Adult Family and Family Guardian Surveys and will embark on the Adult Surveys this year. PCG has been in communication with Human Services Research Institute (HSRI) regarding the NCI Adult Surveys and is working with Maryland to develop a process for these surveys to be conducted virtually, given the current health pandemic. PCG proposes the continued use of the NCI surveys to assess personal outcomes.

Staff Training

PCG has extensive experience in states where we have interacted and conducted interviews with individuals with intellectual and developmental disabilities. We have experience in New York, South Carolina, Ohio, Indiana, Illinois, Wisconsin, and Massachusetts. PCG is a leader in innovative training methods to support staff. We have developed extensive training programs to effectively onboard new staff to conduct site visits, interact with individuals with intellectual disabilities, and properly use necessary technology platforms. **For example, to better support states, PCG has invested in becoming a Person-Centered Organization.** PCG staff who support states with HCBS Statewide Transition plans, and who are included in this project, have been trained in Person-Centered Thinking and Person-Centered Planning. The PCG training mirrors the CMS requirements for states to incorporate these practices into HCBS services and the PCG training allows PCG to meet not just the letter of the Final Rule, but more importantly, the spirit of the rule. The HCBS Final Rule compliance involves systemic transformation, and PCG is uniquely positioned to assist states in these important endeavors.

All site visit staff first undergo an orientation process. Staff conducting the site visits are trained on topics, including, but not limited to, the following:

- Site visit and interview protocols
- Person-centered thinking
- Person first language
- Active listening skills
- Individuals' rights
- Requirements and expectations of the HCBS Final Rule
- Training specific to the site assessment tool

Many of the above topics are centered on equipping our staff to be most successful within the unique characteristics of the HCBS environment. For example, conducting surveys with participants requires that the interviewers be well-trained and understand the importance of respectful communication strategies in all interactions. Respectful communication strategies include establishing a rapport with the individual before starting the interview, not interrupting, allowing time for the individual to speak, focusing and maintaining eye contact with the person, regardless of whether someone else is communicating for them, paraphrasing back what is heard, and asking questions in plain, easily understood language.

PCG will also leverage commonly understood industry best practices for interviewing people with intellectual disabilities, such as the interview guidelines contained in the National Core Indicators and Participant Experience Our training methods combine in-person "classroom" review, online videos, staged role- playing, and shadowing. The main objectives of our training curriculum are to provide staff with knowledge of the state's HCBS landscape and to equip them with the skills to competently and comfortably hone the technical and communication skills required to successfully conduct meaningful and consistent conversations/interviews with the target populations.

In addition to the trainings PCG requires of staff, PCG staff will also obtain appropriate training from the HSRI Project Team to properly conduct the NCI face-to-face surveys and interviews. PCG survey staff shall complete all PCG and HSRI required trainings, including training on the ODESA system, prior to conducting any face-to-face surveys.

NCI Adult Consumer Face to Face Survey

PCG will conduct the NCI Adult Consumer Face to Face Surveys using the standard NCI survey instrument that meets NCI requirements. We will obtain information directly from adults with intellectual and developmental disabilities who are receiving services through the DHHS-DDD to ensure the services they are receiving are resulting in desired outcomes and meet their individual needs and goals. PCG staff will ensure a minimum of 400 face to face surveys are completed and entered into the Online Data Entry Survey Application (ODESA) database by June 30th of each year.

Through our extensive experience in surveying adults with intellectual and developmental disabilities for varying HCBS waiver programs, we have learned that the interviewing process requires attention and customization to the individual consumers we are engaging with from scheduling through to the execution of the survey. PCG will develop procedures with DDA for conducting consumer interviews that will address all points within the interviewing process including, but not limited to, scheduling, notification of interview schedules, protocols for interviews and gathering collateral information, and dissemination of findings.

For example, once survey staff have completed the appropriate training ensuring their content, cultural and communication competency, staff will start to schedule appointments for surveys. PCG will work with DHHS-DDD to identify the methodology to contact interviewees and the minimum number of contact attempts that have to be made for scheduling. All attempts and correspondence will be logged including the minimum number of contact attempts has been made, that each interviewee is their own respondent and that communication to the interviewee includes information that participation is voluntary and a toll-free telephone number for any questions or concerns regarding the interview.

Once we are able to contact the individual, the interviews will be scheduled for a time and location that is convenient to the interviewee. We will then send out a notification confirming the interview date and time along with the procedures for consumer interviews to both the Consumers and relevant PCG staff at least ten (10) Business Days prior to a scheduled interview. PCG interviewer information will also be sent to the Consumers so they are aware of who they will be meeting with.

In preparing for each interview, PCG staff will collect the interviewees' background information from their records that will be prepopulated within our survey tool to ensure the interviewers are equipped with the necessary background information prior to arrival at the interview date and location. Information such as person's identifying information, emergency contact person, name of individual's next of kin, individual's physician, current diagnosis, and Individual Plan for services may be collected. Such information is important for our staff to review prior to the interview to ensure interview communication is structured appropriately. Further, in the case of any emergency situations during an interview, our staff must have emergency contact person and physician contact information readily available. At any time PCG staff is concerned with medical or behavioral issues encountered during the interview as well as any knowledge of potential abuse, neglect, misappropriation, and serious health and welfare concerns, PCG staff will be trained on our procedures to immediately notify the Contract Monitor.

> **PCG maintains a calendar, updated in real time, that will include all interviews we have scheduled. DHHS-DDD will have access to this calendar at all times.**

In the State of Illinois, PCG conducts both on-site record reviews and in- person interviews for individuals with intellectual and developmental disabilities participating in the State's HCBS waiver program. For this project, PCG provides our client with direct access to a live calendar that outlines each day's scheduled interviews. Any changes to the calendar are available to the client in real time. We will offer the same transparency to DHHS-DDD.

PCG will work with DHHS-DDD should the NCI Adult Consumer Survey process change due to the current health pandemic. As more direction comes from HSRI, PCG will provide updated proposal/recommendation for conducting the Adult Consumer Survey.

NCI Mail Surveys
PCG will conduct an annual mail survey using the NCI Adult Family Survey and the Family Guardian survey to all families or guardians of persons receiving services through the DHHS-DDD. To ensure quality and completeness of at least 400 of each survey, PCG will provide a random sampling from the approximate 4,800 families or guardians of no less than one third (1/3) of the assessments administered to ensure inter-rater reliability. Further, PCG will complete all mail in surveys and data entry of results into the NCI database ODESA by June 30th of every year.

PCG's procedures for conducting the Adult Family and Family Guardian surveys will begin with sample verification. Prior to mailing the surveys, PCG will review the individuals, guardians, and families of the adults with intellectual

disabilities within the sample to verify that their information is up-to-date and ensure the most accurate survey results. For the Adult Family Survey, checks on the families will include validating that an adult family member with an intellectual disability currently lives within their family's home, and that the participant with intellectual disabilities receives at least one service from the DHHS-DDD, along with case management. For the Family/Guardian Survey, PCG will make sure that those who receive the survey are the family members or guardians of an adult with intellectual disabilities who lives outside of the family home and is currently receiving one service from the State, along with case management.

Within our procedures and communications with families and guardians, PCG will clearly indicate that participation by Consumers and families is entirely voluntary and provide a toll-free telephone number to assist Consumers in contacting us to address any concerns or questions regarding the survey.

Developing Quality Based Criteria/Outcomes for Value Based Payment Contracts

Value Based Payment (VBP) or pay-for-performance arrangements are designed to increase the quality, efficiency, and overall value of health care. The Centers for Medicare and Medicaid Services (CMS) have recently begun to embrace VBP for HCBS providers in an effort to provide incentives to providers to improve and achieve quality outcomes for participants.

With VBP, providers may be paid a fee schedule rate, but may also be eligible to receive incentive payments based on criteria established by the state. Criteria may include, but is not limited to:

- Milestones
- Outcomes
- Quality-related performance measures
- Other criteria determined by the state

Development Process

CMS information suggests a four-step process to develop VBP:

- Step 1: Identify the state's need
- Step 2: Design goals and incentives to address the need
- Step 3: Implement the incentive plan
- Step 4: Realign goals based on stakeholder feedback

Identify the State's Need

PCG will use information obtained from the Comprehensive Assessment of QMS HCBS and work with DHHS-DDD to identify the needs in NE. Additional information may be obtained by surveying participants and their families, reviewing claims and provider enrollment data, and reviewing cost reports. This information will identify what needs the state has in regard to HCBS and quality.

Design Goals and Incentives

Once the needs have been identified, PCG will work with DHHS-DDD to develop the goals of VBP. PCG will work with DHHS-DDD to design goals that are: achievable for providers; of interest to participants and providers; and are clear and measurable. In addition, PCG will assure the goals meet Federal guidelines and standards. After the goals are decided on, PCG will provide recommendations on what the incentives could be to motivate providers. Recommendations may include dis-incentivizing, based on the identified needs and goals. Once the goals and incentives are designed, PCG will conduct stakeholder engagement with participants, families, advocates, providers, and others for feedback regarding the goals and incentive designed. Concluding the stakeholder engagement, PCG will work with DHHS-DDD to revise the goals and incentives.

Review and Approval of Use of Restrictive Controls and Behavior Support Plans

PCG understands the importance of ensuring participant rights are protected. Proper oversight of providers while ultimately ensuring participant rights is critical to improving quality in an HCBS system. The PCG team has extensive experience working with providers, knowing, and understanding participant rights, and oversight and implementation of the 2014 Final Rule. This knowledge positions PCG as a leader in participant rights as well as restrictive controls and behavior support plans.

Review and Approval Process

PCG will utilize the Human Legal Rights Committee developed to review and approve the use of restrictive controls and behavior support plans. In an effort to assure continuity and consistency, PCG strongly believes using the same committee to review and initially approve is most beneficial to participants, the providers, DHHS-DDD, and the system overall. The use of the same people for this work will help assure follow-through on any recommendations as well.

PCG understands the importance of timely reviews and approvals when the receipt of a participant's services is on the line. As such, PCG will review all restrictive controls and behavior support plans within 5 business days from the date and time of receipt. Follow-up questions will be provided within this time if an approval cannot be supported by the information submitted. PCG's review will ensure compliance with the Federally approved waiver agreements. In addition, PCG will trend and analyze use of restrictive controls and behavior support plans, which will be provided to DHHS-DDD.

Upon contract award, PCG will review this process with DHHS-DDD for necessary revisions and approval for implementation.

Assessment of Safety Plans

PCG understands the importance of ensuring participant rights are protected. Proper oversight of providers while ultimately ensuring participant rights is critical to improving quality in an HCBS system. The PCG team has extensive experience working with providers, knowing, and understanding participant rights, and oversight and implementation of the 2014 Final Rule. This knowledge positions PCG as a leader in participant rights as well as restrictive controls and behavior support plans.

Assessment Process

PCG will utilize the Human Legal Rights Committee developed to safety plans. In an effort to assure continuity and consistency, PCG strongly believes using the same committee to assess safety plans is most beneficial to participants, the providers, DHHS-DDD, and the system overall. The use of the same people for this work will help assure follow-through on any recommendations as well.

PCG understands the importance of timely assessment of safety plans when the receipt of a participant's services is on the line. As such, PCG will assess safety plans within 24 hours from the date and time of receipt. Follow-up questions will be provided within this time if there are concerns with the information submitted. PCG's assessment will ensure compliance with the federally approved waiver agreements. In addition, PCG will trend and analyze data related to the assessment of safety plans, which will be provided to DHHS-DDD.

Upon contract award, PCG will review this process with DHHS-DDD for necessary revisions and approval for implementation.

Clinical Assessments and Recommendations

PCG has completed multiple clinical assessments to monitor quality within individual services as described in this section and throughout our proposal. Once assessment results undergo PCG's quality assurance check, PCG clinicians enter evaluation findings and identified deficiencies into the identified data system. PCG produces outcome reports to provide transparency into the review process and follow up recommendations for all identified stakeholders (providers, case management and/ or DHHS-DD). PCG understands that there must be discretion in the level of information shared with different stakeholders. As such, PCG brings years of experience in flexibility in recommended components incorporated into individualized reports. A quality clinical assessment and recommendation report will include:

- Results of the review, including:
  - Individual Sample List,
  - Entrance and Exit Interview Attendance List,
  - Interview responses,
  - Areas of noncompliance, and
  - Identification of unmet indicators or needs, medical necessity or quality of care issues;
- Conclusion of findings addressing areas of deficiencies and opportunities for quality improvement in services and supports provided to individuals;
- Working papers and/or actual findings from reviews provided only to DHHS-DDD.

Grievance and Complaint System

Similar to our work within Prior Authorization in HCBS services, PCG has assisted our state agency partners countless times to manage the grievance process and evaluate the system to ensure escalations received from all stakeholders are prioritized appropriately and given specific criteria for review to ensure the participant's health and safety. PCG will approach evaluating, conducting, and managing the grievance and complaint system similarly as we proposed utilization review and prior authorization reviews.

PCG will first assessment the current grievance and complaint process accessibility, transparency, opportunity, and resolution. PCG will assist the State of Nebraska to ensure the waiver's application response to CMS regarding the system is appropriately recording problems and issues participants have with services they receive, action and investigation is taking within the expected timeframes, and documented resolution and follow-up.

Develop and Run a Human Legal Rights Committee

PCG understands the importance of ensuring participant rights are protected. Proper oversight of providers while ultimately ensuring participant rights is critical to improving quality in an HCBS system. The PCG team has extensive experience working with providers, knowing and understanding participant rights, and oversight and implementation of the 2014 Final Rule. This knowledge positions PCG as a leader in participant rights.

Establishing a Human Legal Rights Committee

PCG will establish a statewide Human Legal Rights Committee (HLRC). This committee will be comprised of PCG staff who have knowledge and experience working with individuals with I/DD and other target populations along with knowledge and experience of HCBS waivers, person-centered planning, HCBS settings requirements, and participant rights. PCG also understands that the HCBS person-centered planning and settings rules are not specific to individuals with I/DD but are applicable to all HCBS waivers. As such, should DHHS-DDD desire, a process will be established that can be applied to all waivers.

HLRC Review

The HLRC will review any rights restrictions implemented by a provider (including the use of psychotropic medication) review, and approval of use of restrictive controls and behavior support plans and assessment of safety plans. The HLRC review will consist of a review of the service plan for compliance with Federal regulations regarding person-centered planning and the settings. Any provider who implements a rights restriction, uses restrictive controls, behavior support plans, and has safety plans, must submit all documentation to the HLRC. The HLRC will

meet twice each month to review rights restrictions and the use of psychotropic medications (please see review and approval of restrictive controls and behavior support plans and assessment of safety plans for timeframes associated with those reviews). PCG's review will assure that:

- Restrictions are only used to address genuine and immediate risk of the participant or others, or risk that the participant may commit a violation of federal, state, or local laws or ordinances.
- Rights are not treated as privileges.
- Rights are not limited without due process
- Restrictions are not used as punishment, for the convenience of staff, due to shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan (BSP)
- Restrictive interventions are used as the least restrictive and intrusive intervention
- There is a goal of reducing or eliminating the restriction
- There is habilitation or supports to reduce the need for restrictions
- There is documented evidence that less restrictive methods have been applied
- The restriction is safe for the participant
- That the service plan team agrees with the restriction and it is documented in the service plan

Review for the use of psychotropic medications will also include a review of the names of medications, dosages of medications, date of last review by the prescribing physician, a summary of a service plan team review.

The HLRC review will ensure compliance with federal and state laws and regulations, along with DHHS-DDD's approved waiver agreements with CMS.

Upon review, the HLRC will notify the provider and service coordinator of the outcome and any recommendations of the HLRC. All reviews will be conducted in accordance with NE requirements, including the frequency established in any statutes, regulations, and/or the waiver.

Inventory for Client and Agency Planning Assessments
We have hands on experience in performing interviews with individuals with I/DD, family members in many states, including Indiana, South Carolina, Massachusetts, and New York. This work includes administering the Inventory for Client and Agency Planning (ICAP) assessments in Indiana.

Methodologies and Training for Assessors
PCG will leverage the proven ICAP training modules and quality assurance methodology, along with adding content from PCG's person-first and person-centered planning training program. PCG's interviewers are thoroughly trained and understand the importance of respectful and person-first language in all communication. Respectful communication strategies include establishing a rapport with the individual before starting the interview, not interrupting, allowing time for the individual to speak, paraphrasing back what is heard, and asking questions in plain, easily understood language. PCG will also leverage commonly understood industry best practices for interviewing people with intellectual disabilities, such as the interview guidelines contained in the National Core Indicators and Participant Experience Survey tool kits.

We understand the importance of interview staff who are trained and prepared to answer questions that may arise during interviews, to put the key informants being interviewed at ease during the interview and to handle challenges that may arise during the interview. Our goal is to ensure our interviewers are well trained and can consistently obtain clear and accurate information.

ICAP Administration
When PCG receives a request to complete an initial ICAP assessment, PCG will assign and begin contacting key informants within 3 business hours of receiving a request. PCG staff will utilize the information provided by DHHS-DDD to contact the key informants. PCG will attempt to make contact via telephone. If immediate contact cannot be made via telephone and other contact information is given, such as an email address, PCG assessors will utilize

those means until contact is made. If contact is made via email, PCG assessors will schedule the assessment to ensure it is completed telephonically. Upon reaching the key informants, PCG assessors will complete the ICAP assessment, including. PCG assessors will attempt to contact all key informants until contact is made. If no contact can be made within 5 days of the order date, PCG will immediately notify DHHS-DDD to determine next steps.

We expect that, without unforeseen complications, the expected ICAP turn-around time will be within 10 business days for all ICAP assessments. Upon reaching a contact, the assessor conducts an interview immediately or schedules one for the following day. If a contact is unavailable, the ICAP specialist will leave a message indicating that an interview must take place within the next two days. Once all interviews are complete, then the ICAP specialist will have 1 day to complete the ICAP and send to the proper entity.

PCG will implement a tracking system so that ICAP assessments are completed every two years. PCG will begin to contact key informants no less than 60 days before the two-year mark. This will provide PCG time to reach all key informants and schedule assessment/interview times.

For ICAP assessments that need to be completed before the two-year mark, PCG will assign and begin contacting key informants within 1 business hour of receiving the request. PCG staff will utilize the information provide to contact the key informants. PCG will attempt to make contact via telephone. If immediate contact cannot be made via telephone and other contact information is given, such as an email address, PCG assessors will utilize those means until contact is made. If contact is made via email, PCG assessors will schedule the assessment to ensure it is completed telephonically. Upon reaching key informants, PCG assessors will complete the ICAP assessment. PCG assessors will attempt to contact all key informants until contact is made. If no contact can be made within 48 hours of the received date, PCG will notify DHHS-DDD to determine next steps.

Quality reviews will be conducted weekly at the start of the contract for the first month, and once quality benchmarks are achieved, quality reviews will be conducted on a quarterly basis. Failure to meet the standards would require a corrective action plan to assure compliance. Training would be provided to the ICAP assessors related to the data collection and standards that must be met.

Provider Oversight and Monitoring

PCG provides a comprehensive provider oversight management solution, touching on every point of the service delivery continuum. Each year, hundreds of millions of Medicaid dollars go to personal care services, home health, non-medical transportation, adult day services and other in-home care services. Managing these individual services- and their providers- requires a unique and innovative approach that is not traditionally available. *Figure VI.G.1.3* summarizes PCG HCBS oversight and monitoring services, general utilization review of waiver services and monitoring of basic waiver assurances.

Provider Enrollment
▶ Provider Background and Database Checks
▶ Onsite Provider Screenings

Service Authorization
▶ Assessment, Authorization
▶ Due Process, Compliance Monitoring

Service Delivery
▶ Routine Reviews
▶ Investigation
▶ Electronic Visit Verification (EVV)
▶ Critical Incidents

Payment
▶ Pre-payment Review
▶ Post-payment Reviews

Provider Training · Policy Updates · Data Analytics · Monitoring & Reporting · Quality & Outcomes

Figure VI.G.1.3: Provider Management Solution. PCG's approach and experience to provider oversight and monitoring specifically designed for the Medicaid HCBS provider population.

The breadth and depth of PCG's project inventory, examples of which are cited in this section and throughout the proposal, provides DHHS-DDD with a view into our well-rounded, yet focused, approach towards quality. **In our projects we emphasize compliance, proven methodologies, and a commitment to continuous improvement.**

Initial and Ongoing Provider Certification Review

PCG has an extensive and proven methodolgy to assist DHHS-DD with initial and ongoing provider enrollment and certification reviews. As detailed below, we provide an example project timeline to execute the given approach to expand the service and ensure compliance with all CMS and State requirements.

As a part of the initial and onging provider certification and enrollment review process in North Carolina's Provider Screening and Training project and Ohio's Provider Enrollment and Onsite Visits projects, PCG ensures the proper criminal and background checks have been completed, as well as the additional database checks for excluded providers. In addition, PCG's onsite visits for all high- and moderate-risk providers ensure providers are qualified and operationally compliant.

One of the key reasons providers are denied Medicaid enrollment is for failure to consult the OIG excluded provider list when hiring staff. Our experience will provide Nebraska the reassurance and capacity needed to implement new provider certification requirements and innovative process initiatives.

Provider Oversight and Monitoring – Compliance Reviews and Audits

As our significant history and experience with HCBS waivers demonstrates PCG is deeply familiar and experienced with compliance reviews and audits by developing compliance review tools, survey questionnaires, protocols, and procedures mapped to HCBS federal and individual state laws, regulations, and requirements governing waivers.

Routine reviews verify proper staffing, plans of care, level of services, and detect fraud, waste, and abuse to ensure compliance with policy and code. We focus on education, cost avoidance and prevention planning.

PCG has conducted thousands of payment reviews in North Carolina's Program Integrity project, Ohio's HCBS Provider Record Reviews project, Ohio's Structural Reviews project and Colorado's Waiver Claims Post Payment Review project where we produced a significant return on investment due to PCG's uniquely focused approach to changing provider behavior in billing patterns.

In North Carolina, PCG completed over 1,800 payment reviews and investigations, resulting in:

- $185 million in annual cost avoidance by providers reducing their billings by as much as $60,000 per year following a PCG audit. This also factors in 150+ non-compliant providers who ceased billing Medicaid altogether.
- 95% of findings upheld at appeal upon a final review over 700+ hearings, validating more than $84 million in withheld overpayments.
- $27 million in annual billings referred to the Attorney General's office for fraud investigation.
- Over $8 million in recoveries

Provider Report Cards

PCG has helped several other State Medicaid agencies such as *the Commonwealth of Massachusetts and North Carolina* with the development of provider report cards. PCG utilizes Medicaid compliance reviews and claims data to generate risk profiles of each provider as compared to their peer providers. Providers are then scored and ranked based on their risk score for continued oversight and potential investigation. See *Figure VI.G.1.4* for a sample analysis that PCG has conducted to develop provider report cards for another client.

Service Provider ID	NPI	Total Paid Score	Paid Per Recip Score	QA Review Score	Total Score	Standardized Score
███████	███████	13.08	0.98	5.35	7.13	9.27
███████	███████	8.99	0.62	-0.17	3.73	4.85

		1.36	0.22	4.23	1.88	2.45
		3.49	0.61	2.96	2.47	3.21
		11.36	16.29	10.37	12.54	16.29
		5.79	0.43	1.42	2.87	3.73
		13.62	0.51	3.93	6.78	8.81
		4.86	0.83	0.26	2.27	2.95
		5.51	-0.01	-0.22	2.14	2.77

Figure VI.G.1.4: Sample Analysis for Provider Scorecards

PCG works with state Medicaid agencies to determine compliance and risk level thresholds as well as the required follow up actions to develop report card ranges. Based on the Provider Report Card and established rate range, PCG will follow up with the providers accordingly.

Provider Standardized Score (z)	Percentile	Risk Level	Follow Up Action
$z < 2.32$	< 99%	Low	Monitor
$2.32 \geq z > 2.57$	99% – 99.5%	Medium	Investigate and CAP
$z \geq 2.57$	> 99.5%	High	Investigate, CAP, Training

Figure VI.G.1.5: Sample Provider Score Rate Range

Monitoring Development and Implementation of Provider Improvement Plans

At PCG, we know that to truly improve compliance and quality as a result of a review and/or site visit, the follow-up review of the provider improvement plan is imperative. This has proven true in many of our engagements, one of them being the remediation work we have completed with Mississippi, Indiana and South Carolina with providers to ensure compliance with the HCBS Settings Rule. After completing our initial onsite assessment, we identified deficiencies, laid out an action plan, and we are now collaborating with these providers to ensure they are making the necessary changes identified as a result of our site visits

Another key focus in completing provider reviews and oversight is confirming that the staff delivering the service had the proper training, qualifications, and credentials. **Unqualified staff is one of our key findings, for which we identify overpayments and implement Provider Improvement Plans.**

In Ohio's HCBS Incident Investigation and Management and Provider Training projects, PCG's team of seasoned clinicians, including nurses and social workers, investigate **more than 1,000 reported incidents each month**. During the course of the investigation, investigators speak with providers, case managers, caregivers, family members, and individuals to substantiate the report and identify other risks to health and welfare. Key to this process is PCG **ensuring that a prevention plan is developed and implemented to prevent the incident from re-occuring.**

PCG's health and welfare methodology includes:
- Initial verification of an individual's health and welfare within one business day;
- A full investigation to (un)substantiate incident violations within 45 days;
- Approval of case management-created prevention plans to mitigate risk of incident reoccurrence;
- Referrals to other regulatory agencies such as the Department of Health and Board of Nursing;
- Collaboration with law enforcement, the Attorney General's Office and other investigatory entities;
- Production of analytical reports that identify issues, trends and patterns, and educational needs (of both providers and case managers).

Monitoring of Basic Waiver Assurances

Monitoring basic waiver assurances within in "Provider Oversight" will consist of compliance reviews, report cards and implementing and monitoring provider improvement plans. PCG will map a comprehensive quality performance

measures matrix and determine additional monitoring measures need to include developing assessment instruments and tools, and additional compliance process for provider compliance with service delivery requirements as identified in Nebraska's waiver applications and amendments.

In Illinois' Quality Reviews project, PCG conducts montioring and reporting of basic waiver assurancances through three (3) broad types of quality reviews: On-site Record Reviews, Comprehensive Provider Reviews, and remediations verification reviews. All reviews are conducted on-site at case management and agency offices across the state of Illinois.

Monitor the Monitoring

PCG recognizes that continuous quality improvement is realized through careful planning and thorough, ongoing monitoring. This principle drives our proven Continuous Quality Improvement (CQI) program, which we have successfully implemented in dozens of public sectors serving operations across the country. We are eager for the opportunity to leverage our expertise in all activities in the Nebraska DHHS-DDD quality management programs. PCG understands that effective quality assurance and performance improvement programs are critical to improving the quality of life and quality of care and services delivered to all HCBS waiver participants. As such, PCG's CQI program will include a fully developed protocol designed for each Waiver service.

The PCG Team has experience conducting quality assurance reviews, developing quality monitoring processes, and implementing quality review tools to ensure that all provider oversight and monitoring activities as well as monitoring the basic waiver assurances are both technically and clinically accurate. Our licensed and registered reviewers are equipped with detailed protocols to ensure that all quality assurance reviews are consistent, valid, timely, and in-line with State regulations. PCG's methodical approach to quality assurance monitoring includes sample size determination, corrective actions, as well as additional internal QA measures, definitions, and resources. PCG's approach to CQI will be modified and tailored to DHHS-DD requirements as needed depending on type of review being completed, type of documentation available for review, and whether a State web-based electronic case management system can be accessed before and after the provider oversight and monitoring activities has been completed.

Provider Technical Assistance and Education

As the nationwide leader in HCBS Provider Oversight, PCG knows that well-trained, competent providers are the most essential component in any successful HCBS program. A well-educated provider community reduces risks to the health, welfare, and safety of all participants. The education and training curriculum must extend beyond mere restatement of applicable rules and regulations. Effective education addresses common pitfalls, evolving quality assurance findings and trends, and risks to individuals' quality of care. Additional curriculums can be further tailored to specific regions, provider organizations, and HCBS service types, including the needs and goals of DHHS.

PCG pulls training experience from dozens of active projects across the country, which involve HCBS providers and individuals. From the beginning, PCG staff engage providers and stakeholders to build buy-in and partnership. We know that a critical variable affecting the adoption of new policies and/or technology is a provider's understanding of the needs and concerns of the stakeholders and the resources required to address such needs. We strive first to understand the unique needs of each stakeholder and develop a comprehensive outreach and education plan to coincide with the needs of these groups.

With over 32 years of experience, PCG knows full-well the critical role education and training plays in the success of new program implementations. Our team will work closely with DHHS to provide initial, refresher and ongoing training to benefit the provider community and the members they serve. PCG staff take every opportunity to provide education when in contact with providers. PCG will work with DHHS to provide and collaborate on an in-depth training plan 30 days prior to the operational start of the project. This plan will be evaluated and refined annually to ensure all expectations and goals are being exceeded.

Please see below *Figure VI.G.1.6* for a small sampling of the many projects where we have provided the type of education and training required by this RFP's scope of work.

State	Project Title	Start Date	End Date	No. of Providers
North Carolina Division of Medicaid	Medicaid Provider Training	2012	Current	40,000
Ohio Department of Medicaid	HCBS Provider Oversight	2013	Current	5,100
Massachusetts Department of Medicaid	OneCare LTSS Provider Training	2014	Current	42,000

Figure VI.G.1.6: Training Experience. PCG brings extensive experience relative to the initial development and ongoing management of system training and support for new program and technology implementations.

Based on the experience illustrated in the chart above, and countless other engagements working directly with state officials, support coordinators, individual providers/caregivers, recipients and other providers, PCG has developed and refined a set of best practices to share with each of our clients.

PCG will build on our existing knowledge of policy, programs, and rules and take our already proven technical assistance and education experience to aid DHHS in improving provider services.

The PCG Approach to Provider Training

Effective training programs should involve a messaging continuum where ideas and concepts are introduced, reestablished in a variety of formats, and then reinforced at specified time intervals based on the audience and the complexity of the issues being discussed. When it comes to providing for initial, refresher, and ongoing support to system users, PCG can design and manage multiple activities detailed in the figure below (*Figure VI.G.1.7*).

Figure VI.G.1.7: PCG's Best Practice Set. PCG has developed best practices to guide initial, refresher, and ongoing system training in support of large-scale transitions to new processes, programs and technology systems.

While consistent customer support functions and training must be available throughout the contract, there are basic tenets which should characterize and differentiate the activities taking place in each phase of the project. The *figure* below outlines the ways in which PCG will differentiate the education and outreach activities between initial, refresher, and ongoing training.

Initial Training and Outreach

- Execution of multiple in-person training events
- Deployment of interactive, self-paced web-based training courses specific to roles
- Communication of implementation goals, progress and timelines
- Communication of policy changes
- Development of routine messaging highlighting resources and available customer support

Refresher Training and Outreach

- Posting of frequently asked questions with corresponding responses
- Execution of quarterly in-person training sessions
- Creation and deployment of 5 to 10-minute web-based training modules reviewing most common questions
- Outreach to providers who experience consistent user errors (e.g. consistently flagged submissions, exceeding allotment of manual entries)
- Perform individualized training sessions for admin "power users"

Ongoing Training and Outreach

- Deployment of role-based training available on the PCG web portal
- Provision of customer support provided during normal business hours
- Hosting of toll-free phone line for after-hours questions
- Creation of quick reference guides on system use
- Communication of system use and policy changes
- Facilitation of quarterly in-person forums for stakeholder groups

Figure VI.G.1.8: Differences in Training Phases. PCG understands the ways in which training activities should differ between initial, refresher, and ongoing trainings to be the most effective

PCG is prepared to provide a range of content, including user guides, FAQ documents, and training videos accessible via web-portal. These training mediums will introduce users to the new technology, including the PCG QUIC system and other implemented technology changes, while breaking the material down into small, manageable pieces.

PCG has had great success with delivering both in-person classroom and online training in a variety of formats, including PowerPoint, training videos, webinars, and animated presentations. We see the value in all types of training platforms, as each is applicable to a different learning style and situation. PCG has an aptitude for developing high-quality web-based modules for HCBS staff. Additionally, PCG has experience supporting states navigate the need to ensure ongoing communication and training with providers in light of the pandemic. PCG has easily adapted both training content and delivery to ensure consistent messaging and ensuring the quality of service delivery is maintained.

We will focus in-person training efforts on providers who may be having a difficult time with any new policies and/or systems or those who are hesitant to adopt new policies and/or technology. We will use web portals to host and facilitate training, including some initial and ongoing refresher courses. We are eager to share best practices with the State to determine the best training method and delivery for all who will engage with our team on any facet of our operation.

Throughout both refresher and ongoing training, PCG will collect data and feedback. The purpose of this process is twofold. First, PCG uses data to evaluate if employed training methods are effective. Second, PCG shares data with the state to inform the systems change process. For both processes, data is used to make decisions. When data verifies effective mechanisms, we continue. If data indicates either training or process is not working as intended, PCG collaborates with the client to adjust the process. We understand that educating providers on unfamiliar polices and technology must be done in a mindful, precise manner, and our team is ready and able to begin this for DHHS.

Direct Experience in HCBS Training

In Ohio, PCG has designed, developed, and currently administers an education and training program that serves as a continual feedback loop with providers and is a critical part of PCG's current contract with the Ohio Department of Medicaid (ODM). Our strong collaboration with the state of Ohio on approach and execution ensures providers across the state are well versed in state rules and regulations, all aspects of client care, and assuring health and welfare. PCG would use and implement the same approach and practice with DHHS.

PCG is a nationally accredited Continuing Education Provider through Approved Continuing Education (ACE). The rigorous training standards, technology-based requirements, and subject matter expertise required by ACE build a sturdy foundation for PCG's DHHS Training Programs.

PCG currently provides education and technical assistance to more than 5,100 providers that serve individuals in Ohio who utilize home and community-based services, which is an achievement no other vendor can claim. We provide education at every contact with providers and will bring our expertise to our collaboration with DHHS. PCG takes the approach of partnering with providers from the very beginning, creating buy-in and setting a positive tone for future interactions regarding education. PCG evolves its provider education programs based on frequently asked questions, feedback from providers, and client needs, to ensure programs meet the needs of providers.

PCG is qualified and has the needed experience and expertise to provide training on HCBS requirements, DHHS rules and regulations, national trends and guidelines, performance standards, compliance, and CMS waiver assurances. PCG has experience using multiple training methods, ranging from conventional instructor led sessions to web-based training provided through webinar or simulation software which allows the trainee to interact via web in real time. Our training approach is guided by proven best practices and principles of adult learning and instructional design. PCG has in depth experience training providers serving individuals with I/DD and understands the importance of incorporating person- centered language within the training curriculum and all our written materials. PCG has developed, managed, and implemented training programs on behalf of many state departments and other entities that support highly dynamic and complex work that has a direct impact on services provided to special populations.

PCG will work with DHHS to design the specific content of the trainings needed for their project. Below is a sample of what trainings PCG has created and implements in conjunction with the Ohio Department of Medicaid. Including but not limited to:

- Providing HCBS waiver providers with education necessary to understand and operate incompliance with all relevant rules and regulations in the Ohio Administrative Code
- Conducting face-to-face and online trainings
- Creating, uploading, and maintaining online video trainings on PCG's website
- Creating educational materials and tools based on analysis of trends and patterns noted in provider questions and citations
- Providing notifications about new rules and/or modifications to existing rules
- Preparing plans of correction, responding to notices of deficiency issued by ODM, and reporting of individual incidents

Also, as the needs of DHHS and the programs change, PCG will develop the most appropriate models of training and assessment. We are adept with recording both in-person and web-based trainings for future use. PCG uses its experience as an extensive provider training expertise to develop quizzes and scenarios to ensure providers demonstrate competency on all requisite topics. Additionally, skilled reviewers and investigators have daily contact with providers, and we will be able to recommend to DHHS when training updates are warranted. In addition to our daily contact with providers, PCG will work incorporate date trends and analysis to identify needed areas of training.

PCG will be able to educate providers on compliance and regulatory requirements, performance standards, and DHHS guidelines. PCG has experience with writing, implementing, and monitoring individuals' person-centered service plans. PCG understands provider specifications and how to apply this to services needed by individuals with I/DD.

PCG is well-equipped with personnel, including program managers, business analysts, and licensed clinicians to

implement a system to assist DHHS waiver providers with the process of Follow Up with Technical Assistance Consultation (FUTAC). PCG knows the value of follow up with providers and the impact that quality and consistent follow up has on the services provided to individuals. PCG has experience is identifying, writing, and implementing plans of correction, prevention plans, and contributing factors for compliance issues. We understand these things directly impact the health and welfare of those being served. PCG will be able to do work with providers who have failed to demonstrate the compliance in the following areas:

- Within ninety (90) days of the completion of a Quality On-Site Provider Review;
- Consecutive or multiple critical incidents;
- Certain complaints received;
- Health/safety or rights issues; or
- New providers who have not yet been accredited.

PCG will have investigators and reviewers who can also provide education and offer technical assistance to providers. At the conclusion of PCG's on-site visit with the provider, the reviewer will discuss preliminary findings during the educational exit conference. This discussion will consist of any areas of noncompliance, observations, areas of strength, and recommendations to improve practices. Subsequently, PCG will issue a written report electronically through our web-based system to the provider outlining any issues noted during the review. Each issue identified contains the rule requirement and recommendations to improve provider education and knowledge. These written findings reports will be sent to the provider no later than 30 calendar days from the date of the review. PCG would then be able to track areas of noncompliance to better enhance other aspects and forms of our provider training.

Provider Training

PCG understands DHHS's goals, including improving supports and services provided to individuals with I/DD, improving program oversight, and complying with any new waiver rules and interpretations offered up by CMS. Our team has had the pleasure of conducting many successful large-scale training and outreach programs on behalf of our state clients over the last several years, which have been specifically directed at HCBS providers. From these engagements, we know how to create robust and measurable training programs that enhance compliance and awareness. Upon contract award, PCG will submit its implementation plan, which will describe the timeframe under which we will continue to provide initial, refresher, and ongoing program support. This plan will guide the activities of the initial contract year and be refined and updated in successive contract years to reflect the changing needs of DHHS.

In other states, PCG currently provides email communication and notices to providers through email blasts that go out to all enrolled providers. PCG can use this method to provide alerts, updates, and general information to all providers. PCG also has the capability to put this information on a provider website for Nebraska providers. Regular updates can be added to this website at the request of DHHS. Should additional training be desired, PCG is fully capable of creating additional in- person or web-based trainings to ensure providers are properly instructed on all aspects of the DHHS project.

HCBS Training Offerings

Monthly Classroom Trainings

PCG has extensive experience in delivering monthly in-person classroom style training sessions at multiple locations throughout different states. PCG has also successfully adapted all training materials and facilitation into virtual formats, allowing for the same level of quality delivery trainees would experience in person. We have a training team ready to begin developing training materials, topics, and agendas for DHHS and their needs. Trainings are designed based on the challenges that we see providers facing during our oversight work, as well as providing key updates on changes or emerging issues from the client. Below are the objectives and topics of the trainings we have previously presented.

Training Objectives
- Providers will understand the Administrative Code rules regulating the HCBS Waiver Program.
- Providers will be knowledgeable of the required documentation within their waiver roles.
- Providers will be able to identify any issues or events that cause or could reasonably cause harm to

a waiver individual and know the required reporting responsibilities to ensure the health and safety of the individuals we serve.

Training Topics

- Criminal Records, Background Checks
- Provider Conditions of Participation
- Provider-Type-Specific Requirement
- Developing your Clinical Records
- Person Centered Service Plans & Provider Billing
- Structural Reviews
- Includes preparing plans of correction
- Incident Management and Reporting

Provider Feedback

At the conclusion of every in-person provider training, providers are asked to complete an evaluation form about the training and the presenters. PCG values the feedback of all providers to ensure the presenters are communicating clearly and showing a depth of knowledge in all training topics.

These are actual statements from providers regarding the in-person PCG HCBS training they attended in Ohio:

"It exceeded my expectations. I am very new and did not know what to expect. I now have a good

understanding."

"Really useful information. Very well presented."

"Questions answered by speakers were very helpful."

"Very professional and informative for new providers."

"Great presentation and great detail of information."

Online Training Modules and Materials

While classroom trainings provide an individual touch, PCG can also make training available anywhere at any time via a robust set of training modules we can customize for DHHS and place on a website that have been developed and curated. This can be a combination of trainings developed and delivered by the state or its partners, as well as training modules developed by PCG. We will describe the variety of trainings that are currently available on the PCG's website for Ohio and North Carolina.

PCG's Ohio HCBS Online Training Modules

PCG has developed, produced, and hosts an online Ohio Home Care Online Provider Training. Two hosts lead this 90-minute video course which contains 35 pop-up questions, seven quizzes, and a final exam. This course is hosted on PCG's preferred Learning Management System and has been completed by over 1,600 providers since launching in October of 2017.

The training is comprised of seven modules:
1. Criminal Record Background Checks
2. Provider Conditions of Participation
3. Provider-type Specific Requirements
4. Developing Clinical Records
5. Provider Billing
6. Structural Reviews
7. Incident Management and Reporting

PCG also offers a companion Waiver Provider Training Course, which can be found in ***Attachment 1 Section 2.4.6 - Waiver Provider Training Course*** of this response and has been designed to serve as a long-term training

resource for course participants. The reference guide identifies the Intended Outcome, OAC References, and Key Takeaways for each module.

On the PCG Ohio HCBS website, we host a wide range of on-line training to providers on the following topics:
- Electronic Visit Verification (EVV) New Agency Training
- New Structural Review and Provider Conditions Rules
- All Services Plan Training (Now called Person Centered Service Plan
- Provider Education/Orientation
- Incident Management Training Video
- Ohio Home Care Waiver Provider Training Course
- Nurse and Aide Rate Modernization Materials
- PDN Acuity Scale Video
- Ohio Benefits Long-Term Services and Supports (OBLTSS) Training

In addition to the above, PCG has trainings that cover the following topics which could be incorporated or configured specifically for the needs of the DHHS's provider network:
- Medicaid Overview
- Medicaid Eligibility
- Services for Older Americans Training
- Long-Term Services and Supports FAQ
- CMS Regulation Overview
- HCBS Settings Verification/Evaluation Checklist Training
- Protection from Harm: Prevention Planning Training

PCG places specific focus on training in incident reporting due to the direct impact the training has on the health and welfare of individuals receiving services. Because this is a prominent component of the scope of work as well as an important topic for providers, PCG commits to requiring all PCG staff working on this project to complete the training we develop for providers.

2. Special Projects

DHHS-DDD may request the Contractor, subject to mutual agreement by both parties, to engage in special consulting projects related to quality assurance, improvement and enhancement.

The Bidder shall provide the hourly rate for each Staff position used to complete special consulting projects on the State Cost Proposal. Identify any additional Staff titles and rates, which Bidder believes may be used to complete said projects.

A change order request may be submitted to the Contractor, and a project plan will be prepared by the Contractor for each project, which may include, but is not limited to, project identification number, project statement, deliverables, milestones, due date(s), and projected hours.

Should DHHS-DDD and the Contractor agree to changes in the project plan, the original hours may be adjusted during the execution of the project. The amount paid to Contractor will be based on the lower of the actual billed hours or the hours specified in Contractor's most recently approved project plan, multiplied by the applicable hourly billable rate(s), as submitted.

Special Project activities may include but are not limited to: training and technical assistance regarding quality management; recommendations for policy and procedure development; assessment and development of tools; assessment and development of metrics; and more.

VII. MINIMUM QUALIFICATIONS

The Bidder shall provide proof with bidder's Proposal that the following Minimum Qualifications have been met:

A. **QUALITY IMPROVEMENT ORGANIZATION (QIO) OR QIO-LIKE ENTITY**
The bidder shall provide an attestation stating it is a Quality Improvement Organization (QIO) or QIO-like entity, under contract with the CMS or as designated by CMS. Specifically, the bidder shall meet the requirements of Section 1152 of the Social Security Act (i.e., "QIO-like entity"), thereby enabling the State to qualify for the 75% federal financial participation as established in Section 1903(a)(3)(C) of the Social Security Act.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/HowtoBecomeaQIO.html

B. **MEDICAID-ELIGIBLE, NON-EXCLUDED PROVIDER**
The bidder, as well as individuals or entities that own five percent (5%) or more interest in the bidder's organization, and bidders managing employees must be eligible to receive Medicaid funds and not on the following exclusion lists. A bidder shall not be on the Health and Human Services (HHS) Office of the Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), or the General Services Administration (GSA) System for Award Management (SAM). Or the Nebraska Medicaid Excluded Providers (NMEP) list. Links to the LEIE, SAM, and NMEP lists are as follows
- LEIE: Go here: https://oig.hhs.gov/exclusions/exclusions_list.asp
- SAM: Go here: https://www.sam.gov/SAM/
- NMEP: Go here: http://dhhs.ne.gov/Pages/Program-Integrity-Sanctioned-Providers.aspx

The bidder shall provide an attestation stating it meets this requirement.

Acknowledging (Initial)	Notes / Comments:

C. The solution must comply with State and Federal requirements, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and all associated regulations. In addition, if the clients are covered by Medicaid the Medicaid-specific, above-and-beyond-HIPAA privacy protections found at 42 CFR Part 431, Subpart F will apply as well. DHHS is a covered entity under HIPAA and the selected Contractor will be a Business Associate. See Business Associate Agreement (BAA) Provision, Attachment B

The Bidder shall provide an attestation stating it meets this requirement.

Acknowledging (Initial)	Notes / Comments:

D. Contractor must sign and abide by Attachment C - Data Use Agreement (DUA) before any confidential information or protected health information (as defined herein, including in the DUA) may be provided to Contractor, and before any billable work is started. Contractor must ensure all subcontractors sign a substantively equivalent DUA before any work is subcontracted under this contract.

VIII. PROPOSAL INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Technical, Corporate Overview, and Cost Proposal. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in the proposal; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Proposals are due by the date and time shown in the Schedule of Events. Content requirements for the Technical, Corporate Overview, and Cost Proposal are presented separately in the following subdivisions, format, and order:

A. TECHNICAL PROPOSAL
Note: No pricing information is to be included in the Technical Proposal. Pricing information is to be included only in the Cost Proposal.

Responses in the Bidder's Technical Proposal should reference the organization and numbering of Sections in the RFP (for example, IV.A.1). This Proposal organization will allow State officials and the Evaluation Committee to "map" Bidder responses directly to RFP requirements by Section number and will aid in the evaluation process.

The Technical Proposal should include the following documents and information in the order specified as follows. Each section of the Technical Proposal should be separated by a TAB as detailed below:

1. TITLE PAGE AND TABLE OF CONTENTS (TAB A)
The Technical Proposal should begin with a Title Page bearing the name and address of the Bidder and the name and number of this RFP.

A Table of Contents should follow the Title Page for the Technical Proposal, organized by section, subsection, and page number.

2. MINIMUM QUALIFICATIONS DOCUMENTATION (TAB B)
The bidder should submit Request for Proposal for Contractual Services Form and Form A: Contract Proposal Point of Contact.

The bidder should submit any Minimum Qualifications documentation that may be required, as set forth in RFP Section VII, "Minimum Qualifications."

3. SCOPE OF WORK REQUIREMENTS (TAB C)
The bidder should respond to all bidder response boxes in each Scope of Work requirement (RFP Section VI) in bidder's Technical Proposal. .

4. QIDS TECHNICAL REQUIREMENTS TRACEABILITY MATRIX
The Bidder should provide responses to the questions provided in Attachment A – QIDS Technical Requirements Traceability Matrix.

B. CORPORATE OVERVIEW
The Corporate Overview section should consist of the following subdivisions:

1. CONTRACTOR IDENTIFICATION AND INFORMATION
The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, or 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.

2. 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.

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.

3.   **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 contractor(s) will require notification to the State.

4.   **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. Specify where the bidder's office location responsible for performance pursuant to the award of this contract would be located. Space should be within a sixty (60) mile radius of Lincoln, Nebraska and sufficient to support staff to work on-site in Lincoln, with ability to travel throughout the state, as needed.

The office space shall be available and ready for Contractor staff to begin work no later than ninety (90) days after the start of the contract.

5.   **RELATIONSHIPS WITH THE STATE**
The bidder should describe any dealings with the State over the previous five (5) years. If the organization, 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.

6.   **CONTRACTOR'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 six (6) 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.

7.   **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 bidder to be in default.

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

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.

8.   **SUMMARY OF CONTRACTOR'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**
The bidder should present a detailed description of bidder's proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description

of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the contractor 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 should only be implemented after written approval from the State.

The bidder should provide an Organizational Chart for each Scope of Work outlining personnel and related duties. The bidder should include job titles and the percentage of time each individual will spend on his/her assigned tasks. Bidders using job titles other than those commonly used by industry standards should provide a crosswalk reference document.

The Contractor shall begin hiring staff to work on-site in Nebraska consistent with Contractor's Proposed Personnel/Management Approach, described in this section and, at a minimum, have initial key personnel in place within ninety (90) days of the start of the contract; with additional personnel in place within sixty (60) days of contract start date.

Required Outcome: Initial key personnel (staff and subcontractors), necessary for the QIO to begin work shall be in place no later than ninety (90) days after the start of the contract. Additional personnel shall be in place no later than two (2) months after contract start date.

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

   a.   name, address, and telephone number of the subcontractor(s);
   b.   specific tasks for each subcontractor(s);
   c.   percentage of performance hours intended for each subcontract; and
   d.   **total percentage of subcontractor(s) performance hours.**

Tab D: QIDS Technical Requirements Traceability Matrix
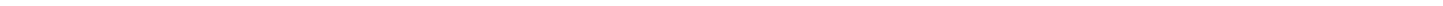
Corporate Overview

1. Contractor Identification and Information

CORPORATE OVERVIEW

VIII. B. 1 Corporate Overview: Contractor Identification and Information

I. R. 1 Corporate Overview should include but is not limited to:

a. the ability, capacity, and skill of the bidder to deliver and implement the system or project that meets the requirements of the solicitation;

b. the character, integrity, reputation, judgment, experience, and efficiency of the bidder;

c. whether the bidder can perform the contract within the specified time frame;

d. the quality of vendor performance on prior contracts;

e. such other information that may be secured and that has a bearing on the decision to award the contract

VIII. B. 1. The Corporate Overview section should consist of the following subdivisions:

CONTRACTOR IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, or 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.

It is with great excitement that Public Consulting Group, Inc. (PCG) submits our proposal to Nebraska Department of Health and Human Services, Division of Developmental Disabilities (DHHS-DDD). DHHS-DDD is looking to accomplish a major enhancement to its services and quality management systems for individuals with intellectual and developmental disabilities (I/DD) and other home and community based services waivers. The multiple quality developments within this RFP scope of work is key to the Department's mission "helping people live better lives" and woven with the principles of person-centeredness. At PCG, we appreciate the significant value that this quality management initiative, strategy, and services has on the community and individuals served, as well as the state.

PCG's National Experience

Founded in 1986, PCG helps primarily public-sector health, education, and human services organizations make measurable improvements to their performance and processes so that they may provide the best possible services to others. PCG is a national, government consulting company with a proven track record of achieving desired results for clients. Throughout each section of our proposal, you will see that commitment to the people you support come alive alongside our dedication to innovative service delivery, and a person-centered approach to systems and training.

We will show how PCG exceeds the minimum qualifications listed in the RFP. At PCG, we are passionate about inclusion and enhancing quality measures for individuals to live the lives they desire, because we know that in the public sector, good results mean healthy, empowered, and successful individuals, families, and communities. PCG's mission and commitment to the public sector dates to our founding, and we strive to **deliver meaningful quality assurance strategies for continuous improvement that is critical to all facets of the I/DD service delivery systems.**

PCG has extensive experience in evaluating the provision of services, remediating problems, designing quality enhancement strategies, and delivering continuous quality improvement to further the mission. We have been assisting health and human service agencies to manage long-term services and supports

programs reforming quality initiatives, compliance and oversight for individuals with intellectual and developmental disabilities for **over 30 years.**

In fact, PCG's first engagement in its history dates back to 1986, when our founder and current President, William S. Mosakowski, performed an on-site audit of a public hospital just outside Boston, Massachusetts. It was Mr. Mosakowski's vision to build PCG with character and integrity through every project engagement, just as he had been working in the field to ensure service quality and compliance. Today, PCG has the corporate structure to ensure all project teams have the support, experience, and open communication lines needed to continue and enhance PCG's reputation as an efficient and accountable partner to state agencies. We employ over 2,000 professionals in over 60 offices across the U.S., Canada, England and Poland. Our seasoned professionals work closely with agency leaders in 50 states for more than 3,000 active contracts to achieve more effective and efficient business, human, and systematic processes by analyzing and assessing service needs; evaluating and designing programs, services, and systems; increasing program revenue; and improving compliance with state and federal regulations (see *Figure VIII.B.1*).
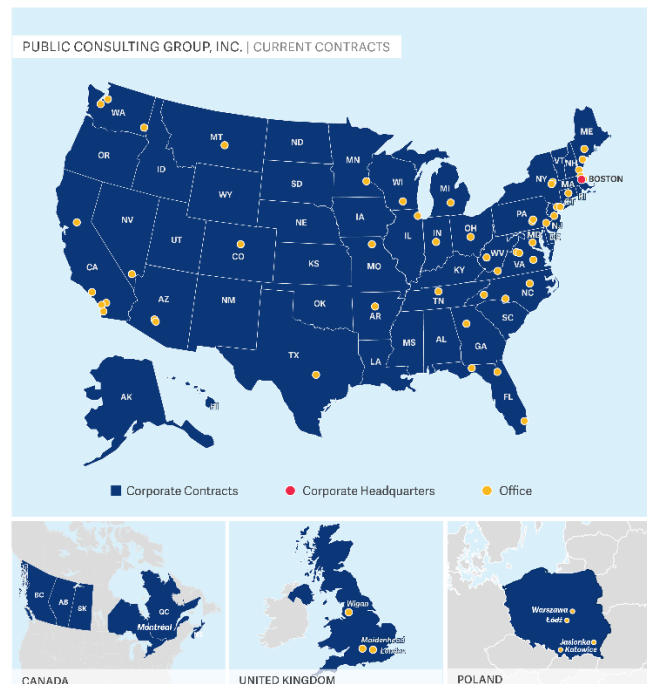
Figure VIII.B.1: PCG's Depth of Experience. We serve clients and have offices throughout the United States, Canada, England, and Poland.

PCG's Knowledge of Quality Management Systems

Since our firm's beginnings, PCG has helped numerous public-sector clients address quality assurance and provider oversight needs. **Our approach begins with an unparalleled understanding of state and federal law, rule, and administrative code governing the programs with which we work.** We add a working knowledge of the nuances that can impact good-faith compliance—matters that are not always readily understood or written clearly into a rule or law. The result has led to volumes of existing operational protocols that ensure efficiency, quality, and even-handedness throughout reviews.

With our significant history and experience with HCBS Waivers, including several current ongoing projects, PCG is deeply familiar with HCBS federal and individual state laws, regulations, policies, procedures, and requirements governing waivers. Staying current, even at times anticipating changes, is crucial to our ability

to support state efforts to manage waiver program compliance, quality, and overall operations. Because of changes in federal requirements, quality oversight and compliance can feel like an ever-evolving target. PCG eliminates that concern and uncertainty. Our operating model requires that we remain closely observant of federal requirements. This ensures our clients that our waiver oversight programs are always situationally germane and can satisfy waiver quality oversight and management goals without sacrificing any necessary operational rigors.

Growing HCBS programs while safeguarding health and safety and maintaining quality and oversight, along with ensuring compliance with federal requirements, is a challenge. We have seen this firsthand, as *Figure VIII.B.2* illustrates, in many of our projects including Ohio, North Carolina, Illinois, South Carolina, Indiana, New York, Mississippi, Wisconsin, Colorado, California, and Michigan. That is why selecting the right QIO/ QIO-like vendor supporting, assessing, and implementing quality management systems is so important. PCG understands this environment; we have successfully implemented and continue to manage a variety of programs to ensure compliance and quality in state service options; and, we can apply a multi-dimensional approach, as described elsewhere in this proposal, to meet DHHS-DDD's scope of work requirements.

Function by State:

Case Record Reviews: OH, NC, IL, MI, CO

Complaint Processing: NC, OH

Incident Reporting and Management: OH

Quality Onsite Provider Reviews: IL, OH, MD*

Mortality Reviews: OH

HCBS Systems: OH, NC, PA, IL, CA, CO, MS, NC, WI

HCBS Community Settings: IN, NY, SC, MS, WI, CA, CO

*Awarded
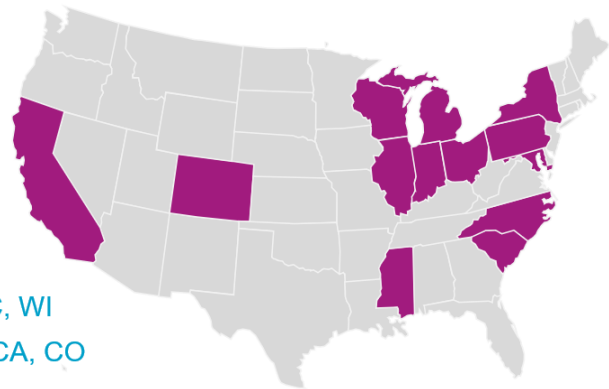
Figure VIII.B.2: PCG's Quality Management Nationwide Experience. PCG is the nationwide leader in HCBS and LTSS compliance and quality oversight

PCG's operational capabilities are wide, expanding, and evolving over time from conducting pre-payment reviews beginning in 2008, to post-payment reviews since 2010, to on-site pre- and post-network enrollment reviews in 2011, to incident investigations in 2013, Community Settings "Final Rule" Assessments in 2015, and obtaining QIO-like certification in 2017 – a testament to our work performing case reviews and quality improvement initiatives for the past three decades. We employ over 150 reviewers and investigators, many with a strong clinical background.

> **PCG has conducted more than 125,000 HCBS record reviews, on-site visits, and investigations in the past five years.**

In the past five years, PCG has conducted more than 125,000 on-site visits, investigations, and post-payment reviews of HCBS waiver providers. We have conducted the following:

HCBS activities in the past 5 years:

Figure VIII.B.3: PCG's HCBS activities in the past five years.

In our work, PCG has helped these states realize the same goals Nebraska is aiming for **– to ensure members receive appropriate care driven by their goals, strengths, and abilities, promote member and provider satisfaction, scale program efficiencies, and ensure the integrity of Medicaid funds.** PCG can and will customize solutions to address the unique nature and challenges specific to Nebraska Medicaid.

PCG Values

At PCG, we take pride in our team and company's character, integrity, judgement, and reputation. We know our clients and their constituents count on a vendor with a stellar reputation with strong business ethics and company values that match the incredible work and services provided day in and day out to individuals with intellectual and developmental disabilities. Deeply embedded within PCG culture and employee engagement are our core values and beliefs. Our values guide our work, our interactions with clients and individuals, and our commitments. **We persist and do what we promise; we strive to be diverse and inclusive; we are excited about the work we do; and we apply our diverse expertise in ways others don't**. These values define how we pursue our mission and together, we live and grow our body of work and reputation on them.

PCG company culture and executive leadership promotes the compact between employer and employees, where each add value to each other. The compact is the first message new staff receive even prior to their first day on the job and is discussed throughout their tenure. Our tenets are visible and accessible, and feedback is not just accepted but requested. We encourage every employee to be a citizen to the firm and our clients, to build on our business ethics and go further, courageously, to be part of the solution.

We have a strong internal code of conduct that reflects PCG's high ethical expectations of how our business is conducted. All staff receive ethics and confidentiality training at hire and continuously every year after. Our judgements internally are robust and consistent due to the firm's continuous modular training delivered through a Learning Management System and desktop training exercises.

We also work on projects with highly critical and impactful missions. During our vast project engagements within scopes of work related to oversight, compliance, and quality, we are working side by side with state agencies to ensure our most vulnerable citizens are receiving services with the utmost integrity, character, and judgement. Our experience, as described extensively in this proposal, will demonstrate our passion to combat fraud, waste, and abuse, to ensure systems are person-first, person-centered, and community

integrated, and that quality management strategy isn't a secondary activity but integrated and integral to program success.

PCG in Nebraska

PCG was selected in 2019 to provide a broad range of consulting services and assist with establishing and managing multiple transformational initiatives for the Department. We have supported several initiatives to date to include Heritage Health Adult Medicaid Expansion, Electronic Visit Verification, and the Decision Management and Analytics project. Our projects follow the entire project life cycle – from planning through implementation and certification, providing continuous support along the way, and navigating through external dependencies.

Support Consumer Self-Direction Project

One of the five high-priority areas identified by the DHHS Long-Term Care Redesign Project *is Establishing the Infrastructure to Support Consumer Self-Direction, Personal Assistance Services (PAS), and Independent Providers*. During our work with DHHS on transformational initiatives, we partnered with agency staff to assess and evaluate current opportunities in self-direction in Nebraska HCBS. The project design included four phases:

> **Phase One:** Review current services with Nebraska Medicaid programs and Social Services for Aged and Disabled Adults (SSAD) program by gathering policies, procedures, and other program material and conducting semi-structured interviews.

> **Phase Two:** Review Medicaid programs in four comparison states to collect information on self-directed design features, models, and costs. Promising practices are identified, and gap analysis begins.

> **Phase Three:** Summary of results of all phase activities including policy research, comparison analysis, best practices, and key targeted interviews into an assessment report and recommendations for expanding self-direction in Nebraska.

> **Phase Four:** Present assessment report and recommended project timeline to DHHS for review and answer questions on implementation of recommendations for basic design considering CMS rule and guidance, and state fiscal impact while enhancing consumer service selection.

PCG is currently working with DHHS to answer questions while the Self-Direction report is vetted through the agency.

Service Needs Assessment, Planning, and Case Management Project

During our collaborative conversations regarding the report, DHHS staff identified an opportunity for PCG to assist in an additional scope of work related to transformational initiatives. Our proposed scope of work will focus specifically on the service needs assessment (SNA) process used in the PAS and SSAD programs. The project entitled *Service Needs Assessment, Planning, and Case Management in Personal Assistance Services and the Social Services Aging and Disabled Programs* will focus on PAS and SSAD programs but will also include the Aging and Disabilities Waiver (ADW) program for comparison and an examination of NFOCUS data from the ADW program and the Developmental Disabilities Waiver (DDW) programs to prevent overlap and duplication. We approach to the scope of work contains three phases to compete 1) process mapping and data analytics, 2) recommended improvements, and 3) field test improvements selected by DHHS.

Member Eligibility and Asset Verification Services

Since 2018 as a subcontractor to New England States Consortium Systems Organization (NESCSO), PCG has managed the design, implementation, and operation of an eligibility verification web application linking Medicaid applicants and recipients with the financial resources they own to enhance DHHS's ability to make resource-based eligibility determinations and redeterminations.

Throughout these contracts, PCG understands the landscape of Nebraska's Department of Health and Human Services priority initiatives and service delivery systems. We have worked with the Department on evaluation assessments, gap analysis, and enhanced strategies through our collaborative partnership and building on our complementary missions.

PCG and Project Management

PCG has a proven approach to development, implementation, and operating quality management systems as demonstrated through our prior project experience. PCG offers the State of Nebraska a meticulous approach to ensure we perform the contract in the specified timeframe, supported by proven human, technical, and operational resources. One reason, among others, for PCG's strong track record with successful client engagements is our use of project management methodologies derived from industry best practices and the Project Management Institute's (PMI®) Project Management Body of Knowledge® (PMBOK®). Within our proposal, we will demonstrate how we leverage standard project management best practices to ensure the Department is expertly supported during all phases of this engagement, much like we did in our prior engagements in Nebraska.

PCG's project management activities are characterized by:

High-integrity stewardship of public resources and trust through the application of best practices and the adoption of proven project management tools and methods. PCG grounds our management of project scope, timeline, and budget in the Project Management Institute's tried and tested PMBOK tools and methods, which flex the project management specifics to the unique needs and requirements of each engagement.

A grounding in evidence-based, best-in-class practices, tools, and methods. PCG stays connected to cutting-edge research across a wide range of fields of study, conducts action research in partnership with our customers, analyzes best-in-class practices, tools, and methods in state government, and crafts government solutions that draw on the full range of insights from both external scanning and proprietary research and development.

A commitment to helping our customers achieve sustainable change. PCG wants our customers to move from where they are now to where they want to be, in ways that maximize the likelihood that those changes will "stick" over the long-term. Our asset verification recommendations will always reflect this commitment to sustainable change.

A customer-focused quality management strategy. PCG works closely with our agency customers to understand their specific challenges, opportunities, and requirements in order to customize all aspects of each engagement to reflect the agency's specific context, rather than applying a standard services "template" to each engagement.

PCG's approach to any agency engagement is simple: "Plan the Work and Work the Plan." Our project managers live by this day in and day out and our commitment to the State of Nebraska is that we will do the same for you. We have executed tens of thousands of tasks while managing thousands of projects over the last three decades. The method of performance that we will employ under this engagement has been tested, refined, and proven successful on behalf of health and social services agencies in the states of
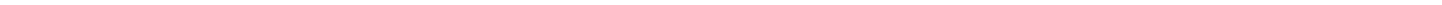
Colorado, Illinois, Indiana, Massachusetts, Maryland, Minnesota, Mississippi, North Carolina, New York, Ohio, South Dakota, Pennsylvania, South Carolina, and Wisconsin

PCG has provided a point-by-point response to the corporate overview requirements listed in the subsection *VIII.B.1* below.

Bidder Identification and Information	
Full Company Name	Public Consulting Group, Inc.
Headquarter Address	148 State Street Boston, MA 02109-2510
Entity Organization	S-Corporation
Incorporated State	Massachusetts
Year Organized	1986
Name and Form Change	Not Applicable

2. Financial Statements

CORPORATE OVERVIEW

VIII. B. 2 Corporate Overview: 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.

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.

Financial Capability of PCG

Through stringent internal controls, well-maintained procedures and proven methodologies, PCG consistently meets its contract obligations. A large part of PCG's continued success is the company's ability to provide cost-effective, high-quality services along with the flexibility required to meet the ever-changing needs of our customers. Since our founding, PCG has sustained dynamic growth through sound financial management and astute contract administration.

PCG has consistently maintained a strong and stable financial position while experiencing steady growth, even in challenging economic environments. For the fiscal years ended 2019 and 2018, PCG's Revenue exceeded $510 million and $460 million, respectively. In addition, PCG has achieved double digit growth rates nearly every year for over three decades and expects to continue that growth in fiscal year 2019. PCG has also remained profitable throughout its history and expects to remain profitable in fiscal year 2020.

PCG has a very strong balance sheet as evidenced by its low debt (approximately $65 million), $50 million revolving line of credit with a major regional bank, over $60 million of cash on hand and in excess of $130 million in trade receivables. As a professional services company, a significant portion of PCG's asset value relates to accounts receivable from client invoicing. Based on the reliable nature of PCG's client base (primarily government clients), only a very small percentage of receivables become uncollectible. As a result, management is confident that PCG has the resources and capacity to fund both near term operations and future growth.

PCG adheres to the highest standards of fiscal integrity and financial accountability. The company's financial management system complies with generally accepted accounting principles (GAAP) as prescribed by the Financial Accounting Standards Board. PCG undergoes annual Financial Statement and Yellow Book audits. During PCG's history, those audits have resulted in no "going concern" statements nor qualified opinions.

Although as a privately held corporation PCG is not required under the RFP to submit the reports and statements required of a publicly held corporation, in light of the fact that PCG has submitted a description of itself that demonstrated the organizations stability and financial strength, PCG will produce additional financial statements for review upon request from the State.

On the following page, please find a copy of our banking reference letter.

June 6, 2019

Reference
Public Consulting Group, Inc.
148 State Street
Boston, MA 02109

To Whom It May Concern:

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

We act as administrative agent for a syndicated term loan currently in the amount of $57,750,000 and a
$50 Million line of credit. PCG and PPL are co-borrowers for both credit facilities. The line of credit is
unused at this time.

Overall, PCG and PPL are excellent customers of the Bank and we value the relationship.

Should you have any further questions regarding PCG or PPL, please do not hesitate to call me at 617-
725-5754

Very truly yours,

Robert Anastasio
SVP

4

3. Change of Ownership

CORPORATE OVERVIEW

VIII. B. 3 Corporate Overview: 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 contractor(s) will require notification to the State.

PCG does not anticipate any change of ownership in the next 12 months and understands that any change of ownership to an awarded contractor will require notification to the State.

4. Office Location

CORPORATE OVERVIEW

VIII. B. 4 Corporate Overview: 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. Specify where the bidder's office location responsible for performance pursuant to the award of this contract would be located. Space should be within a sixty (60) mile radius of Lincoln, Nebraska and sufficient to support staff to work on-site in Lincoln, with ability to travel throughout the state, as needed.

The office space shall be available and ready for Contractor staff to begin work no later than ninety (90) days after the start of the contract.

If awarded this contract, Public Consulting Group, Inc. (PCG) will open a new office within a sixty (60) mile radius of Lincoln, Nebraska that is sufficient to support staff to work on-site in Lincoln with ability to travel throughout the state as needed. Additionally, our office space shall be available and ready for our staff to begin work no later than ninety (90) days after the start of the contract.

5. Relationships with the State

CORPORATE OVERVIEW

VIII. B. 5 Corporate Overview: Relationships with the State

The bidder should describe any dealings with the State over the previous five (5) years. If the organization, 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.

PCG has engaged with the State of Nebraska under several contracts in the previous five years. These dealings are listed and described in *Figure VIII.B.5.1* below.

Project	Contract Number	Contract Dates	Services Offered	Agency
Modernizing Systems Consulting Services	87262 O4	8/1/2019-7/31/2022	PCG is providing consulting services to DHHS in support of the Department's technology transformational projects and initiatives meant to advance the agency in modernizing systems and processes.	Department of Health and Human Services
Asset Verification Services	00021410	09/25/2018 – 12/31/2023	PCG is currently engaged in a Nebraska project of Asset verification via NESCSO procurement vehicle.	Department of Health and Human Services
Family Support Network Pyramid Hosting Project	00019782	05/01/2019 – 06/30/2020	PCG provides secure website hosting, data management, report modifications, help desk assistance, and software modifications to the Family Support Network.	Nebraska Family Support Network
Title IV-E Education Tuition Assistance Program	00013285	03/15/2016 – 07/01/2016	PCG developed a process for identifying, reporting, and claiming Title IV-E costs at each college and university interested in participating in the Title IV-E Education Tuition Assistance Program.	Department of Health and Human Services, Division of Children and Family Services
Title IV-E Consulting	00011105	09/01/2015 – 03/01/2016	PCG provided the Division assistance with their Title IV-E waiver, technical assistance with the Administration of Children and Families, and training no Nebraska specific information regarding Title IV-E during a CFO transition in the Division.	Department of Health and Human Services, Division of Children and Family Services

Figure VIII.B.5.1: PCG'S Current and Previous Nebraska Engagements. This table presents several engagements in Nebraska within the last five years.

6. Contractor's Employee Relations to State

CORPORATE OVERVIEW

VIII. B. 6 Corporate Overview: Contractor'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 six (6) 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.

No party proposed in PCG's response is or was an employee of the State of Nebraska within the past six (6) months.

7. Contract Performance
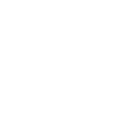
CORPORATE OVERVIEW

VIII. B. 7 Corporate Overview: 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 bidder to be in default.*
>
> *It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the contractor's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.*
>
> *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.*

PCG has not had a contract terminated for default in the past five (5) years.

8. Summary of Contractor's Proposed Personnel/Management Approach

CORPORATE OVERVIEW

VIII. B. 8 Corporate Overview: Summary of Contractor's Proposed Personnel/Management Approach

The bidder should present a detailed description of bidder's proposed approach to the management of the project. The bidder should identify the specific professionals who will work on the State's project. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the contractor 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 should only be implemented after written approval from the State.

The bidder should provide an Organizational Chart for each Scope of Work outlining personnel and related duties. The bidder should include job titles and the percentage of time each individual will spend on his/her assigned tasks. Bidders using job titles other than those commonly used by industry standards should provide a crosswalk reference document.

The Contractor shall begin hiring staff to work on-site in Nebraska consistent with Contractor's Proposed Personnel/Management Approach, described in this section and, at a minimum, have initial key personnel in place within ninety (90) days of the start of the contract; with additional personnel in place within sixty (60) days of contract start date.

Required Outcome: Initial key personnel (staff and subcontractors), necessary for the QIO to begin work shall be in place no later than ninety (90) days after the start of the contract. Additional personnel shall be in place no later than two (2) months after contract start date.

As the national leader in home and community-based services (HCBS) quality management monitoring and oversight, Public Consulting Group, Inc. (PCG) offers a deep bench of strategic, operational and subject matter expertise who are poised to successfully recruit, train, onboard, and manage a team of highly qualified personnel.

Personnel/ Management Approach

Public Consulting Group, Inc.'s (PCG's) proposed team will be comprised of the following positions:

- ✓ Program Manager
- ✓ Project Manager
- ✓ QIDS Manager
- ✓ Mortality Review Manager
- ✓ Critical Incident Manager
- ✓ Building Competency Manager
- ✓ QMS Strategy Manager
- ✓ System and Product Development Personnel

- ✓ Clinical Personnel

- ✓ Review Staff

- ✓ Quality Assurance Personnel

- ✓ Training Staff

- ✓ Strategy Personnel

- ✓ Subject Matter Experts

- ✓ Policy Advisors

To fill these roles, we propose individuals who will prove highly reliable, dependable, and knowledgeable in all areas of this scope of work. Each person proposed herein has worked face-to-face with these populations and providers for years. Please refer to *Figure XX* for a visual depiction of how our proposed key project management personnel will be structured in our organizational chart.

PCG's proposed staff will be a part of two overlapping groups. To ensure that the PCG team is prepared to begin delivering the highest quality services to Nebraska on Day 1 of this engagement, we will designate these proposed individuals as part of the **Implementation Team** or part of both the Implementation Team and the ongoing **Operations Team**. The Implementation Team will be responsible for ensuring a smooth start-up period until we reach steady-state operations of this contract. Many members of the Implementation Team will seamlessly transition into the Operations Team. The Operations Team will be responsible for daily operations of contractual functions and maintaining smooth operations as the contract progresses.

Over time, some members of our Implementation Team will seamlessly transition to Nebraska-based individuals who will permanently fill these roles. This transition will only occur once we reach agreement with DHHS-DDD that the project is operating consistently and smoothly and, of course, ***only after DHHS-DDD agrees to the transition.*** Implementation Team members will be highly involved during the implementation phase of the project, leveraging their lessons learned from prior engagements, to ensure that the key services ramp up quickly and efficiently. Their expertise and insight will be immensely valuable to DHHS-DDD in the beginning phases of the project. Implementation Team members will often be integral in choosing the replacement individuals for their positions and continue to serve as on-call subject matter experts, ready to contribute and offer support on an as-needed basis.

By utilizing current PCG team members to guide the implementation, we can ensure a clean transition and mitigate the risk of staff onboarding and ramp up time as critical of a juncture as the project's launch. We have built this model based on our experience implementing very similar work in states like Ohio, South Carolina, and Illinois, to name a few. **Nebraska can rest assured that it will be receiving the best of the best in terms of subject matter expertise at arguably the most critical stage of the project.**

In addition to management personnel, PCG proposes a **pool of Health and Human Services Subject Matter Experts** to enhance the project team. Subject Matter Experts strengthen the overall team by offering targeted advice and insight when it is needed. This pool brings extensive expertise from past engagements and diverse professional backgrounds that relate to this scope of work. Subject Matter Experts will be available throughout the project to answer questions from the project team and offer guidance and direction.

PCG's staffing approach sets us apart from other vendors by offering additional guidance beyond the project management team and guaranteeing a strong overall team at all stages of the project.

Figure XX: PCG's Organizational Chart. This visual depicts our proposed management structure for this engagement and reflects each of the scope of work listed within the RFP.

PCG's proposed staff's experience and qualifications directly relate to the specific responsibilities as detailed in the Work Plan. Below, we have introduced our proposed key personnel. For each, we have included brief biographies, along with the duties and time allotment of each role listed in the RFP. Please find further detailed resumes for each individual in *Appendix B: Resumes* of the response.

Project Management Team

Kevin Hutchinson – Program Director
100% time allotted – Public Consulting Group, Inc

For over a decade, Mr. Hutchinson has focused on quality assurance and provider oversight LTSS and HCBS programs. He has extensive knowledge of Personal Care Attendant Services, Home Health, hospice, and community-based behavioral health, intellectual and developmental disabilities (DD) programs. He has worked with multiple state plan services, 1915(c) Waiver programs, Money Follows the Person, and Duals Demonstration programs, under both fee-for-service and managed-care environments**.** He has designed and implemented improvement models, through which Medicaid programs can better manage the delivery of LTSS, BH, and DD services. More broadly, Mr. Hutchinson has 20 years of experience in Medicaid, state government, and management consulting. His leadership and subject matter expertise in Medicaid programs and policies enable him to efficiently and successfully manage complicated projects, such as this Scope of Work, which is why he is designated as the Program Director

Jamin Barber, MS, PMP – Project Manager
100% time allotted – Public Consulting Group, Inc

Mr. Barber is a Senior Consultant at PCG. With over 19 years of experience in healthcare and social administration, Mr. Barber excels at implementing and managing quality assurance and improvement projects for both acute care and long-term care support services. He is seasoned in developing strong working relationships with project stakeholders. Mr. Barber's background, skillsets, expertise, and experience make him an excellent addition to the Advisory Team. As Chief Operations Officer for a Community Behavioral Health Organization, Mr. Barber reduced overhead and administration costs optimizing $2 million annual budget by delivering an organizational restructure project, expanded partnership with a prominent psychiatric hospital, and increasing bed occupancy by 28% over six months. He led a successful social marketing and SEO campaign and increased web traffic by 30% and grew a strong 40+ clinical team including physicians, psychologists, mental health professionals, and nurses through a revamped employee development program. In Texas, Mr. Barber led a statewide quality assurance program from 2013 through 2016. Through this effort, he improved oversight and operations leadership for an HCBS and behavioral health provider, resulting in revenues of $1.3 million. In this role, he also succeeded in delivering project goals and objectives ahead of schedule with focus on cost and quality constraints. Mr. Barber will be responsible for implementation of the project and will aid as needed throughout operations.

Sora Shin, PMP – QIDS Implementation Manager
100% time allotted – Public Consulting Group, Inc

Ms. Shin supported the implementation of the DD waiver quality assurance (QA) review processes and QIDS for Illinois and Maryland. Ms. Shin led the research and development process of the assessment tools for case record reviews, onsite provider reviews, environmental safety check, and interviews of individuals with I/DD, case managers, Qualified Intellectual Disabilities Professionals (QIDPs), and service providers. Ms. Shin collaborates with PCG software developers to configure PCG's QIDS to address state-specific requirements and needs. As a certified Project Management Professional (PMP), Ms. Shin will be responsible for the implementation of the PCG QIDS System tools and reporting needs for this project.

Brittani Trujillo – Mortality Review Implementation Manager
100% time allotted – Public Consulting Group, Inc

Ms. Trujillo is a Senior Consultant and works on projects related to HCBS waivers, with focus on quality and compliance. Ms. Trujillo has over 16 years of experience with HCBS waivers and other long-term services and supports programs, serving individuals of all ages and abilities. Ms. Trujillo's experience includes strategic planning and program redesign; developing a new process for mortality reviews to comply with CMS requirements and Model Practices; writing and amending waivers, including performance measures for waiver assurances; policy development; stakeholder engagement; training; and quality oversight. Ms. Trujillo also has experience managing the Entry Point and Case Management system and agencies in CO, overseeing more than 47 agencies statewide, providing services to more than 60,000 people. Ms. Trujillo has been trained in Person-Centered Thinking and is a Charting the LifeCourse Ambassador. She will be responsible for the implementation of the Mortality Reviews.

Amanda Alvey – Building Competency Manager
100% time allotted – Public Consulting Group, Inc

Ms. Alvey has over 10 years' experience in state and local government. She has assisted numerous states work toward compliance with the HCBS Settings Final Rule. Ms. Alvey has provided research and consultation surrounding their home and community-based services Statewide Transition Plan (STP) which includes developing and conducting stakeholder trainings, facilitating stakeholder workgroups and supporting Statewide Transition Plan updates. Prior to joining PCG, Ms. Alvey served as the Director of Policy and Program Development for Indiana Medicaid. In this role, she was responsible for the research, evaluation and implementation of the policy and program changes for all Indiana Health Coverage Programs which included the development and implementation of 1115 waivers and the implementation of the state's Medicaid expansion program, the Healthy Indiana Plan (HIP) 2.0. She will be responsible for building competency within this RFP.

Cathy Anderson – QMS Strategy Manager
100% time allotted – Public Consulting Group, Inc

Ms. Anderson has more than 30 years of experience (government and consulting). She has held leadership roles in state agencies supporting people with intellectual and developmental disabilities and was responsible for the organization and management of statewide service systems. She is the former I/DD director of Nebraska, and the District of Columbia, in Iowa she served as the Chief Deputy Director for the Department of Human Services where she supervised the divisions of Medicaid, Mental Health, Child Welfare, Economic Assistance, Developmental Disabilities and Policy. She is also a past President of NASDDDS Board of Directors. Ms. Anderson has extensive experience in designing, visioning, revising and monitoring waiver programs both as a state employee and as a consultant. Her work with waivers began when she was part of the design team for Nebraska's first HCBS waiver for people with intellectual disabilities, and has continued throughout her career by designing, revising, and implementing numerous HCBS waivers. She will be responsible for managing the QMS Strategy

Jennifer Martinez, MBA – CIMP Implementation Manager
100% time allotted – Public Consulting Group, Inc

Ms. Martinez has served as part of the PCG senior management team in implementing and overseeing several health and human services contracts. She has worked in all sectors of business (non-profit, public and private) with over 17 years' experience in the Health and Human Services field with particular focus on large scale programs, self-directed services management, quality management and outcomes, consumer engagement, case management, and provider oversight and investigations related to fraud, waste and abuse. She has knowledge in the application, administration, and policy oversight of Medicaid Home and Community Based Services waivers and other long-term services and supports for all waiver populations. Ms. Martinez will be responsible for the implementation of the project's critical incident management scope of work.

Brandy Dickman – Quality Assurance Manager
100% time allotted – Public Consulting Group, Inc
Ms. Brandy Dickman has over 11 years of combined experience in Home and Community Based Services (HCBS) and Provider Oversight, with over 5 years' experience in Quality Assurance, Quality Improvement and Risk Management. Ms. Dickman currently oversees PCG's Quality Assurance team for the HCBS Provider Oversight project including the development and management of Quality Assurance, risk management processes.

Technical Advisors

Angelene Willetts-Carvi – Program Manager
As Needed – Public Consulting Group, Inc.
Ms. Willetts-Carvi has over 19 years of HCBS experience with Individuals with Intellectual and Developmental Disabilities (I/DD), starting as a direct support professional, and cumulating as the director of a large supported living program. As the director, she implemented operational efficiencies that cut expenses in the $7 million operation by 20%. With nearly five years of experience at PCG, Ms. Carvi oversees the HCBS Quality Oversight Operations in Ohio, Michigan, and Illinois. Ms. Carvi has dedicated her career to HCBS and has over 20 years of management experience. Ms. Carvi has expertise in quality assurance, ensuring health and welfare, advocacy and self-determination, crisis prevention, education, and complex medical needs. Ms. Carvi currently oversees a team of over 100 professionals dedicated to quality oversight operations.

Nathan Grossman – Program Advisor
As Needed – Public Consulting Group, Inc.
Nathan Grossman, a Manager, has over the past 20+ years worked with health and human services agencies in over two dozen states to provide a range of consulting on disability programs, aging, early childhhood, child welfare, and income maintenance programs, including information technology, program administration, training and technical assistance, and financial and program analysis. Since the CMS HCBS Final Setting Rule was promulagated in 2014, he has also assisted state disability and Medicaid agencies assess and improve community integration of programs in California, Indiana, Mississippi, New York, Pennsylvania, South Carolina, and Wisconsin. He also manages long-term technical assistance and training programs for the Kansas Rehabilitative Services agency and the Washington Department of Social and Health Services related to supported employment. He also has managed long-term IT planning and support projects for state disability agencies in New York and Pennsylvania to improve a wide-range of case management and incident management functionality. Other examples of his work within the last five years include a project with the Massachusetts Executive Office of Health and Human Services, Rehabilitation Commission (MRC), Commission for the Blind (MCB), and Commission for the Deaf and Hard of Hearing (MCDHH) to conduct a business process redesign review for the potential consolidation of the commissions administration and finance units. Mr. Grossman also worked with MRC in its Aquired Brain Injury (ABI) Needs Assessment. Recently, he managed PCG's work with the Massachusetts Department of Disability Services (DDS) in a Business Process Review project to establish a new its Program Integrity unit. Mr. Grossman received Prosci Organizational Change Management Practitioner certification in 2018 and Project Management Professional (PMP) certification in 2008.

Sarah Salisbury – Program Advisor
As Needed – Public Consulting Group, Inc
Ms. Salisbury has over 14 years of experience in a vast array of health and human services programs with specific focus on aging and disability services, early childhood programming, rate setting, and cost reporting. She has managed rate studies and fiscal analysis for Early Intervention (EI), Vocational Rehabilitation (VR), and Home and Community Based Services (HCBS) programs in numerous states. Ms. Salisbury also assists states with Federally required HCBS Statewide Transition Plan (STP) activities, including provision of person-centered planning trainings and compliance site assessments.

Dr. Ross Davis, MD (Toney HealthCare Consulting) – Clinical Mortality Review Physician As Needed

Toney HealthCare Consulting (THCC) is a clinically oriented consulting firm providing services in strategy, compliance, management and clinical operations for healthcare organizations nationwide. With a multidisciplinary team of seasoned health plan executives and operators, THCC supports all health plan models including Commercial, Medicaid, Medicare and dual-eligible individuals. THCC provides services in which a ready-made clinical and non-clinical THCC team(s) assumes responsibility for a specific healthcare service for a Line of Business (LOB) or projects with a defined population. THCC's customizable approach ensures leadership and operational continuity with a team of over 250 consultants, including nationally recognized subject matter experts across the spectrum of the health care industry. THCC has built a world class consortium of clinical and administrative professionals including: *Certified Coders, Compliance Experts, Health Plan Executives, Hospital Administrators, Health Information Technology Professionals, Nurses, Pharmacists, Physicians, Psychologists, Licensed Psychotherapists, and Quality Improvement Experts.*

PCG's Hiring Approach

Highly qualified human resources are an essential component of every QIO/ QIO-like vendor of strategy and oversight operation, which obligates any vendor to staff this project with a high-quality team to protect the health and welfare of the vulnerable population that it serves. As such, PCG places the utmost priority on four key components of our human resource capacity development and maintenance:

1. ***Management Team*** – Forming and maintaining a highly motivated and diverse team of experts and managers to lead the effort and to provide insight and oversight as needs arise.

2. ***Staff Recruiting and Hiring*** – Recruiting and hiring highly qualified staff ensures the highest quality execution and outcomes.

3. ***Staff Training and Retention*** – Providing organized, clear, and thorough training at the outset of the initiative ensures all staff can perform from Day 1 of the assigned operation.

4. ***Continual Quality Improvement*** – Delivering continual training throughout the lifecycle of the project ensures new hires are highly trained and experienced hires are up-to-date with all current policies and practices.

PCG has demonstrated a notable ability to recruit, train, and retain a highly skilled team of professional staff delivering outstanding results without exception. With hundreds of health and human service projects around the nation, our team partners with state clients to bring projects to a go-live status and maintain operations throughout the course of the engagement.

Within each scope of work outlined in this RFP, we will dedicate lead personnel to work with the key project management staff to focus on Nebraska's key deliverables within the project plan schedule. Due to the current COVID-19 pandemic, PCG will work with DHHS-DD staff to conduct our project engagement remotely, to include future on-site work in Nebraska. We have successfully launched awarded projects during this pandemic utilizing virtual tools to facilitate meetings, deliverables and other commitments.

PCG will begin hiring key staff to work on-site in Nebraska within 90 days of the start of the contract. We have been able to effectively and successfully recruit, hire and train staff locally within the state of award during the current COVID-19 pandemic. It is highly likely PCG will need to deploy the same remote and virtual process in Nebraska until such time the nation's relief efforts have lifted restrictions.

9. Subcontractors
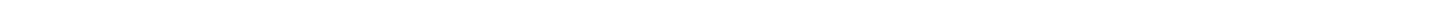
CORPORATE OVERVIEW

VIII. B. 9 Corporate Overview: Subcontractors

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

a. name, address, and telephone number of the subcontractor(s);

b. specific tasks for each subcontractor(s);

c. percentage of performance hours intended for each subcontract; and

d. total percentage of subcontractor(s) performance hours.

PCG does not propose any subcontractor for any part of its performance, as set forth in this response.

II. Terms and Conditions

III. Contractor Duties

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

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

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:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. 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;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. 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.

B. **EMPLOYEE WORK ELIGIBILITY STATUS**

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

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:

1. 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

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

3. 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.

4. 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.

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.

D. **COOPERATION WITH OTHER CONTRACTORS**

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

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.

E. **DISCOUNTS**
Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) calendar days will not be considered as part of the proposal. Cash discount periods will be computed from the date of receipt of a

properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

F. PERMITS, REGULATIONS, LAWS

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

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.

G. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

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

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.

H. INSURANCE REQUIREMENTS

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

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:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. 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,
3. 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.

1. **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 contactors' 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.

2. **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	
COMMERCIAL GENERAL LIABILITY	
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
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
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
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$5,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"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."	

3. **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:

As.materielpurchaing@nebraska.gov

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.

4. **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. Damage to Rented Premises (Fire) and Cyber Liability may be subject to limited negotiation if the QIDS solution is cloud based.

I. ANTITRUST

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

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.

J. CONFLICT OF INTEREST

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

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.

K. STATE PROPERTY

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

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.

L.   SITE RULES AND REGULATIONS

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

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.

M.   ADVERTISING

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

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.

N.   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.

O.   DISASTER RECOVERY/BACK UP PLAN

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

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request 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.

P. **DRUG POLICY**

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

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.

Q. **WARRANTY**

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

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, the 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.

IV. Payment

IV. PAYMENT

A.   PROHIBITION AGAINST ADVANCE 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."

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

C.   INVOICES

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

Monthly invoices for payments shall be submitted by the Contractor to DHHS-DDD, 301 Centennial Mall S, P.O. Box 98947, Lincoln, NE 68509-8947 with sufficient detail to support payment. 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.

D.   INSPECTION AND APPROVAL

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

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

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E.   PAYMENT (Statutory)

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

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

Appendices

Angelene Willetts-Carvi is an Associate Solutions Manager in Health Payer Services at Public Consulting Group. She is responsible for the assessment, development, and delivery of Quality Oversight Services. Ms. Willetts-Carvi oversees Quality Oversight operations in Illinois, Maryland, Michigan, and Ohio, conducting critical incident and health and welfare investigations, provider compliance reviews, on-site visits, case record reviews, provider enrollment, and provider training. She is a subject matter expert on waiver services, state plan services, incident investigations, compliance, self-determination, compliance, billing, and fraud. Ms. Willetts-Carvi has received her bachelor's degree from Capital University in Psychology and is obtaining her MBA with a focus on healthcare administration from Clark University.

RELEVANT PROJECT EXPERIENCE
Department of Medicaid, State of Ohio
Provider Oversight (April 2016 – Present): Project Manager
Ms. Willetts-Carvi: Effectively operates project of 95+ staff members conducting investigations, provider reviews, onsite screenings, enrollment, and training. Conduct 1,200+ investigations, 250+ reviews, 400+ enrolled providers, and 50+ onsite screenings each month. Submit 15+ fraud referrals monthly to Attorney General for criminal investigation of providers. Develops and oversees work committees for staff training, quality assurance, team building, fraud, understanding Ohio Administrative Codes, and provider training.

Department of Medicaid, State of Ohio
Home Care Waiver & HOME Choice Incident Investigations (March 2015 – April 2016): Project Manager
Ms. Willetts-Carvi: Effectively manages a team of 30+ investigators and supervisors to complete 950+ incident investigations per month for Ohio Department of Medicaid (ODM), Long Term Services and Supports. Oversight of quarterly provider training throughout state. Maintain protocol for investigations according to direction from ODM, develop and maintain protocol for supervisors. Updated quality assurance tool and lead dispute process. Developed new quarterly bonus structure that became model for all other business lines in the project.

Department of Healthcare and Family Services, State of Illinois
IL HCBS Waiver Assurances (April 2018- Present): Support Manager
Ms. Willetts-Carvi: Assisted with implementation of oversight operations including setting up review tool and hiring and training RN reviewers. Ms. Willetts-Carvi currently oversees the team of reviewers and ensures all quality and reporting requirements are met.

Department of Health and Human Services, State of Michigan
Home Help Program (April 2019-Present): Operations Director
Ms. Willetts-Carvi: Oversaw implementation and current operations of case record reviews for the Home Help Program. She oversees the team of reviewers and ensures all quality and reporting requirements are met. She also oversees development and delivery of Adult Services Workers training modules.

Department of Health, State of Maryland
Developmental Disabilities Association (January 2020 – Present): Operations Director
Ms. Willetts-Carvi: Oversees implementation and operations of Quality Improvement Oversight of waiver programs including provider quality enhancement reviews, individual and family surveys, utilization reviews, and provider quality certifications.

PROFESSIONAL BACKGROUND
Public Consulting Group, *Columbus, OH*
Goodwill Columbus, *Columbus, OH (April 2000-December 2014)*
Director, Supported Living
Ms. Willetts-Carvi: Provided oversight of Home and Community Based Waiver Services and Supported Recreation and Educational Services. Provided residential services to 125+ individuals with varying disabilities in their homes with 225+ staff. Secretary of Franklin County Provider Council, and active member

of Ohio Provider Resource Association. Worked within organization to develop compliance plan for HCBS settings rule. Implemented successful right-sizing of the business to reduce loss by $250K+ annually.
Quality Assurance Administrator
Ms. Willetts-Carvi: Designed, developed, implemented, and coordinated quality investigation and oversight program for supported living department. Ensured compliance with federal, state, and county entities. Maintained and updated Major and Unusual Incident investigations, reporting, data collection, and prevention planning. Chair of Departmental Behavior Support Committee

Supported Living Manager
Ms. Willetts-Carvi: Provided case management of supported living services for 20+ individuals receiving HCBS in Franklin County and supervision of 50+ staff providing direct care services. Designed, developed, and implemented Behavior Support and Crisis Intervention Orientation for new hires.

EDUCATION
Capital University, *Columbus, OH*
Bachelor of Arts and Science in Psychology, 1997
Clark University, *Worcester, MA*
Master of Business Administration, currently enrolled

CERTIFICATION
Therapeutic Assault Prevention Training Instructor
Previous First Aid and CPR with AED Instructor

Ms. Brandy Dickman has over 11 years of combined experience in Home and Community Based Services (HCBS) and Provider Oversight, with over 5 years' experience in Quality Assurance, Quality Improvement and Risk Management. Ms. Dickman currently oversees PCG's Quality Assurance team for the HCBS Provider Oversight project including the development and management of Quality Assurance, risk management processes.

RELEVANT PROJECT EXPERIENCE

Ohio Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight (July 2016 – Present): Quality Assurance Supervisor

> *Ms. Dickman as Quality Assurance Supervisor, leads a team of 6 and oversees all Quality Assurance related activities. Ms. Dickman has developed all tools utilized within the quality assurance department as well as assisted in the development of a tracking system which houses all QA reviews from which we can have a more data driven and focused internal staff education and trainings. Ms. Dickman manages and coordinates all alleged frauds to be referred to the Ohio Department of Medicaid and presents such referrals to the Attorney General's office. Ms. Dickman has also assisted in the development of the Ohio Provider Oversight System for Structural Reviews.*

Ohio Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight (January 2014 – June 2016): Quality Assurance Specialist

> *Ms. Dickman as a quality assurance specialist conducts quality assurance reviews for HCBS Provider Oversight project to ensure accuracy and consistency statewide. Quality assurance findings are summarized and reported to the team. Ms. Dickman provides coordination and quality assurance oversight for all fraud referrals to be referred to the Ohio Department of Medicaid and presents such referrals to the Attorney General's office.*

Ohio Department of Medicaid, State of Ohio

Home and Community Based Services Provider Oversight (September 2013 – January 2014): Compliance Review Specialist

> *Ms. Dickman as a Compliance Review Specialist conducts structural reviews annually for the HCBS oversight project and completed Investigations of allegations reported pertaining to individuals on the HCBS waiver while coordinating with law enforcement, adult protective services, county boards of developmental disabilities, children services, and other entities as needed.*

PROFESSIONAL BACKGROUND

Public Consulting Group, *Columbus, OH*	September 2013 – Present
CareStar, Inc., *Columbus, OH*	July 2007 – September 2013
Area Office on Aging/Passport, *Toledo, OH*	September 2006 – July 2007
Unison Behavioral Health, *Toledo, OH*	August 2005 – September 2006

EDUCATION
Bowling Green State University, *Bowling Green, OH*
Bachelor of Science in Social Work, 2005

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
Licensed Social Worker

REFERENCES
Name: Mi'Chael Hoca
Position: Healthcare Fraud Investigator/United States Attorney's Office
Phone: 419-360-0630
Email: mhoca1757@gmail.com
Relationship: Former Coworker

Name: Jamie Milem-Oettinger
Position: Social Work Case Manager/Anthem
Phone: 614-596-3271
Email: tjoettinger@columbus.rr.com
Relationship: Former Coworker

AMANDA ALVEY
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Ms. Alvey has over 10 years' experience in state and local government. Ms. Alvey began working within PCG's Aging and Disability Center of Excellence in 2016. Ms. Alvey serves as a Subject Matter Expert and training lead for supporting states' efforts to achieve compliance with the HCBS Settings Final Rule. Ms. Alvey has provided research, consultation, developing and facilitating training to state agencies, providers and other stakeholders across the country to support Statewide Transition Plan efforts. Prior to joining PCG, Ms. Alvey was the Director of Policy and Program Development for Indiana Medicaid.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of Wyoming
HCBS DD Waiver Initiatives (July 2020 – Present): Training and Subject Matter Expert
> Oversight and development and training related to the HCBS Settings Final Rule. Trainings will be targeted at various key stakeholders including providers and case management agencies.

Department of Development Services, State of California
Home and Community-Based Services Settings Assessments (July 2020 – Present): Compliance and Training Manager
> Provide oversight of the settings assessment process, including development of assessment tools. Provide training and technical assistance to state staff and the assessment review team, from conducting reviews through the drafting of assessment reports, as well as producing settings-level recommendations of compliance.

Department of Health Care Services, State of California
Home and Community-Based Services Statewide Transition Plan Activities (March 2020 – Present): Project Manager and Subject Matter Expert
> Project management, training and ongoing technical assitance to state staff and providers. Activities include development remediation and heightened scrutiny tools to support compliance, as well as provide training and technical assistance throughout each step of the compliance process. Activities also include facilitating strategic planning sessions with DHCS leadership, and facilitating and overseeing the STP workgroup.

Department of Health Care Policy and Financing, State of Colorado
Home and Community-Based Services Settings Compliance Activities (July 2019 – Present): Subject Matter Expert
> Provide consultation and assistance for compliance-related activities with the HCBS Settings Final Rule. Activities include facilitation of stakeholder workgroup meetings, development of heightened scrutiny packets, and updating the communication plan within the STP.

Department of Development Services, State of California
Home and Community-Based Services STP Activities (October 2018 – Present): Training and Subject Matter Expert
> Project management for conducting activities to assist with demonstrating compliance with the HCBS Settings Final Rule. Activities include the provision of information and education for key stakeholders within California including, but not limited to, regional centers, service providers, individuals receiving services and their families.

Department of Health Care Services, State of California
Home and Community-Based Services STP Compliance Activities (August 2018 – Present): Project Manager and Subject Matter Expert
> Provide consultation and assistance for demonstrating compliance with the HCBS Settings Final Rule. Activities include completion of a site assessment tool, site assessments, compliance determinations and follow up reporting for all residential facilities, including Residential Care

Facilities for the Elderly, Adult Residential Facilities, and Congregate Living Health Facilities. Other activities include providing stakeholder training and technical support to providers through the remediation and heightened scrutiny processes.

Department of Mental Health, State of Mississippi
Home and Community-Based Services CMS Compliance Monitoring (July 2018 – Present): Project Manager, Training and Subject Matter Expert
> Assist with determining ID/DD Waiver and IDD Community Support Program provider compliance with the HCBS Settings Final Rule. Includes reviewing and revising site assessment and interview tools, conducting training for state staff and provider agencies, scheduling and conducting site assessments and interviews with individuals receiving services. Provide ongoing technical assistance to providers determined to be heightened scrutiny, work with providers to complete compliance reports and provide support throughout the remediation process.

Division of Disability and Rehabilitative Services, State of Indiana
Inventory for Client Agency Planning Assessments (September 2017 – Present): Project Advisor
> Oversee the performance of ICAP assessment services to determine the appropriate level of support for individuals who may be served on the Community Integration and Habilitation Waiver as referred by the Division.

Department on Aging, State of Illinois
Rate Studies for the Community Care Program (January 2018 – March 2020): Project Manager and Subject Matter Expert
> Project management for the analysis of rate methodologies for the state's 1915(c) Elderly waiver services, including Emergency Home Response services, Adult Day services, Adult Day Transportation, and In-home services. Includes an analysis of the states' current methodology and determination of whether the current rates are efficient, cost effective, and allow for the purchase of services at the lowest rate that will ensure access to quality waiver services.

Department of Health Services, State of Wisconsin
Certification and Compliance of Home and Community-Based Settings (April 2018 – December 2019): Project Manager and Subject Matter Expert
> Project management for the oversight of certifications and compliance with the HCBS Settings Final Rule of all 1-2 bed Adult Family Homes (AFH). Includes site assessments to ensure compliance with the HCBS Settings Final Rule for all non-residential home and community-based settings.

Office of Developmental Programs, State of Pennsylvania
HCBS Final Rule Provider Monitoring (April 2017 – August 2018): Consultation and Support
> Assist with research and development of provider self-assessment tools for non-residential and residential settings to determine initial level of compliance with HCBS Settings Final Rule. Work with HCBS Work Group. Provide recommendations for provider self-assessment validation. Assist with development of communications plan, presentations and training materials.

Department of Health, State of New York
Home and Community-Based Services Statewide Transition Plan Activities (April 2017 – December 2017): Consultation and Support
> Assist with the research and assessment of the HCBS Statewide Transition Plan. Activities include research of development of provider self-assessment tools and residential and non-residential site assessment tools. Develop tools to assess remediation progress. Develop, schedule and conduct a series of web-based and in-person training sessions for HCBS providers and state staff. Develop tools and evidentiary packets for heightened scrutiny process.

Department of Health and Human Services, State of South Carolina
Home and Community-Based Services Settings Assessments (December 2016 – June 2017): Quality Assurance

> Provided support to Medicaid and the Department of Disabilities and Special Needs to conduct over 1,000 site visits of residential and non-residential settings located throughout the State of South Carolina. Conduct quality assurance tasks for site assessment reports. Assist with training and ongoing technical assistance to onsite assessors.

Division of Disability and Rehabilitative Services, State of Indiana
Home and Community-Based Services Statewide Transition Plan Activities (August 2016 – January 2018): Consultation and Support

> Assist with the research and assessment of the HCBS Statewide Transition Plan. Analyze provider self-assessment responses and make initial compliance determinations. Request and review provider documentation. Develop site assessment plan, schedule and conduct site assessments to make final determinations of compliance. Provide ongoing project management and consultation support.

Family and Social Services Administration, State of Indiana
Home and Community-Based Services Waiver Transitions (August 2016 – January 2017): Consultation and Support

> Provide direction and subject matter expertise to FSSA Divisions in development and implementation of Statewide Transition Plan. Provide project management support and ensure all FSSA divisions progress with key tasks and deliverables in a timely manner to ensure project objectives are met according to the Statewide Transition Plan. Track key activities, schedule meetings with internal and external stakeholders to support successful implementation of the Statewide Transition Plan. Assist with research of CMS regulations and provide technical assistance/guidance. PCG is providing an assessment of services related to the development of new waiver service definitions under Indiana's Community Integration and Habilitation waiver, to be submitted as an amendment to the Centers for Medicare and Medicaid Services.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Indianapolis, IN*	August 2016 - Present
State of Indiana, Family and Social Services Administration	
Office of Medicaid Policy and Planning, *Indianapolis, IN*	February 2012 – July 2016
State of Indiana, Indiana Criminal Justice Institute, *Indianapolis, IN*	August 2008 – January 2012
Ivy Tech Community College*, Franklin, IN*	December 2012 – December 2017

EDUCATION

Indiana University – Purdue University Indianapolis, *Indianapolis, IN*
Master of Public Affairs, 2010

Indiana University – Purdue University Indianapolis, *Indianapolis, IN*
Bachelor of Science, Criminal Justice, 2005

EKTA GUPTA
MANAGER, SOFTWARE ENGINEERING

Ms. Gupta brings over 15 years of experience in the field of healthcare software development with a keen understanding of implementing technology solutions to meet business needs. Ms. Gupta has an excellent and proven track record in architecting, building and delivering highly reliable web and mobile systems. She leads a team of developers that overlooks and maintains different software products. These products cover everything from Provider Screening Applications, Electronic Visit Verification (EVV), Financial Executor, Random Moment Time Studies (RMTS) to a Health Cap Claims System.

Ms. Gupta's strength lies in her ability to develop strong working relationships between Business and Product Managers, Delivery Managers and the Development Team to coordinate design, development, testing and production rollout of software. Her technical acumen lies in designing large scale applications, providing technical leadership and ensuring that the deployed products meets the stakeholders needs and expectations.

RELEVANT PROJECT EXPERIENCE

Blue Cross Blue Shield of Massachusetts (BCBS), Massachusetts
(April 2016 – September 2016)

> Lead/Software Architect Consultant managing multiple projects working with Business Stakeholders, Quality Analysts and software engineers to gather, design and implement code to maintain an insurance claims system, data integration and transformation management, and incident tracking. In addition to Ms. Gupta's technical knowledge she was instrumental in taking the development team to the next level in coding standards. Her role spanned not just in providing technical guidance but also included working with various internal departments and teams to ensure the product met all infrastructure and security aspects of the organization.

Center for Health Information and Analysis (CHIA), State of Massachusetts
(June 2013 – June 2016)

> Lead Consultant working on multiple projects with 100+ providers in understanding and designing a process for Medical and Pharmacy Claims Versioning and creating an All Payer Claims Database. This database is used by Health plans, researchers and others to analyze and report on population health management, quality outcomes, costs and pricing variations across the State of MA. The process entails working with internal Analysts in profiling existing data patterns and reviewing the same with providers and come up with a model that ensures data is accurately interpreted and represented in the State databases. Ms. Gupta's work also involved regular interactions with internal and external leadership and handle all inquiries around the data.

Executive Office of Health and Human Services, State of Massachusetts
(May 2007 – June 2011)

> Senior Consultant involved in design, development, and delivery of multiple healthcare related projects ranging from HCF Enterprise Reports Control Manager (HERCM), Patient Centered Medical Home Initiative (PCMHI), APCD Variance, Community Health Center (CHC) application, Health Safety Net Organization (HSNO), Health Safety Net FreeRider System to name a few. The purpose of the division is to handle and process incoming Medicaid claims from over 100 providers. Ms. Gupta was involved in the Requirements, Design, Development and Deployment of web applications as well as ad-hoc data analysis requirements by various departments.

PROFESSIONAL BACKGROUND

Public Consulting Group, *MA*	October 2016 – Current
Blue Cross Blue Shield of Massachusetts (BCBS), *MA*	April 2016 – September 2016
Center for Health Information and Analysis (CHIA), *MA*	June 2013 – June 2016
Institute for Healthcare Improvement, *MA*	March 2012 – March 2016
GE Intelligent Platforms (GEIP), *MA*	June 2011 – March 2012
Executive Office of Health and Human Services, *MA*	May 2007 – June 2011

EDUCATION

Bachelor of Science, Osmania University, India 1994
Graduate Degree in Computer Science, India 1996

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

- Microsoft Certified Solutions Developer (MCSD) with certifications in
  SQL server Design and Implementation
  Developing and Implementing Web Applications using Visual Studio.NET
  Developing Applications using VC++
  Windows Architecture I
  Windows Architecture II
- Six Sigma training, GE Capital International Services
- Human Resource Recruiting, GE Capital International Services
- Managing Successful Teams, NIIT Ltd

REFERENCES

Betty Harney
Data Curator, Center for Health Information and Analysis
501 Boylston St, Boston, MA 02116
(617) 701-8288

Kathy Hines
Senior Director of Partner Operations and Data Compliance, Center for Health Information and Analysis
501 Boylston St, Boston, MA 02116
(617) 701-8275

Diantha Meagher
Operations Manager, Blue Cross Blue Shield
25 Technology Pl, Hingham, MA 02043
(617) 246-9567

PROFESSIONAL BACKGROUND

Public Consulting Group, *Columbus, OH:* Quality Assurance Specialist   July 2016 – Present
- Responsible for activities involving quality assurance and compliance with applicable regulatory requirements.
- Validates and completes monthly reports that measure quality standards and project objectives.
- Ensures that quality control procedures for operational processes are performed.
- Analyzes data for identification of areas of process improvement, educational needs and error trends.
- Conducts audits to ensure compliance with federal, state, county and protocol requirements.
- Works within a team to accomplish duties on project to meet necessary deadlines.

Public Consulting Group, *Columbus, OH:* Incident Investigator   November 2013 – July 2016
- Conducts investigations to determine outcomes of incidents submitted under the Ohio Home Care Waiver and MyCare Programs in accordance with Ohio Administrative Code Rules.
- Assisted with the development of investigator training for the process of Requests of Notice of Operational Deficiency and Overpayment referrals.
- Collaborates with program case managers for the development of prevention plans and approves prevention plans as part of the investigative process.
- Submits referrals to regulatory agencies including Ohio Board of Nursing, Ohio Department of Health, JCAHO and ACHC.
- Submits Medicaid fraud referrals, Overpayment referrals and requests for Notice of Operational Deficiency referrals to the Ohio Department of Medicaid.
- Provides education to providers on Ohio Administrative Rule requirements for Ohio Home Care Waiver Investigations.

CareStar, *Cincinnati, OH*: Quality Improvement Supervisor   June 2013 – October 2013
- Oversaw Quality Improvement activities in assigned area of the State, including data collection, monitoring and reporting QI functions.
- Participated in committees associated with continuous quality improvement, staff education and consumer health and safety issues.
- Collaborated with program directors to design and conduct reviews of select processes and areas of operation to measure performance on quality and compliance indicators. Assimilated data from these reviews and provided recommendations for improvement to senior management.
- Developed and implemented quality improvement related processes including chart audits, consumer satisfaction surveys, focused reviews and ongoing data monitoring mechanisms.

Maxim Health Care Services, *Cincinnati, OH*: Health Care Administrator   January 2006 – June 2012
- Coordinated and directed care of over 100 pediatric patients, while increasing office growth with new admissions. Assisted in patient assessments for care planning and prior authorization process for new admissions.
- Increased overall office net income, annually meeting and exceeding budgeted goals.
- Internal clinical audit scores exceeding KPI scores each year.
- Oversaw and maintained office compliance as Administrator with State, Federal and Accrediting Agencies Regulations.
- Led Governing Body Meetings, Professional Advisory Board Meetings and conducted Annual Program Evaluations.
- Established and implemented educational programs for staff development.
- Directed staff of 180; overseeing hiring process, staff retention, discipline and reporting.
- Extensive marketing of homecare services at local hospitals and community resources.
- Developed office wide performance improvement plans based on identified areas of deficit.

- Conducted quarterly office audits, directed quality assurance, grievance and incident reporting, follow-up and assisted with legal and compliance investigations.

Maxim Health Care Services, *Cincinnati, OH*: Registered Nurse   February 2005 – December 2005
- Direct Patient care of patient with seizure disorder, tracheostomy and gastrostomy.
- Provide supervision to LPN staff and develop patient care plan and treatment plan
- Coordinate patient medical care with physicians and therapists.

Registered Nurse and Independent Medicaid Provider (Self-Eployed) *Cincinnati, OH*: Director of Professional Services   October 1999 – December 2005
- Specializing in home healthcare with emphasis in pediatric nursing.
- Develop and implement care plans for pediatric clients.
- Administer skilled nursing care: G-tube, Central line IV, Trach, CPAP, IPV Treatments.
- Provide Airway Management and tracheal suctioning education.
- Coordinate team planning for medical care and educational goals of clients.

Comprehensive Health Care, *Cincinnati, OH*: Medicaid Case Manager May 1999 – October 1999
- Supervised case load of up to 120 clients.
- Developed care plans, conducted chart reviews, and trained employees.
- Established new cases, introduced clients to program, and assessed care needs.

Jean Byers Care Center, *Cincinnati, OH*: Assistant Director of Nursing   February 1998 – May 1999
- Direct Patient care of patient with seizure disorder, tracheostomy and gastrostomy.
- Provide supervision to LPN staff and develop patient care plan and treatment plan.
- Coordinate patient medical care with physicians and therapists.

EDUCATION
Xavier University, *Cincinnati, OH*
Bachelor of Science in Nursing, 1997

Xavier University, *Cincinnati, OH*
Associate Degree in Nursing, 1995

JON RILEY, MPA, PMP
CONSULTANT, PUBLIC CONSULTING GROUP, INC.

Since joining PCG in 2014, Mr. Riley has been able to leverage his public sector health and human services experiences in North Carolina for PCG in the arenas of IT Implementation, as well as provider oversight and monitoring as a dedicated consultant and project manager. His management experience and skill set specializes in information technology implementation, prior authorization appeals, federal compliance, managing case and clinical reviews, and operational project management. He is a certified Project Management Professional (PMP) from the Project Management Institute (PMI).

RELEVANT PROJECT EXPERIENCE

Division of Development Disabilities/Division of Aging and Adult Services/Adult Protective Services, State of Arizona

Medical Consultative Reviews – Eligibility Determination Review, Substantiation of Abuse, Neglect and Exploitation, and Appeal Resolution

(August 2019 – Present): Project Manager

> *Project:* Assist the State to review appeals as well as provide medical determinations from individuals, families, and other partners when eligibility for developmental disability services has been denied by the Division. Additionally, PCG reviews medical determinations related to allegations of abuse, neglect, or exploitation of vulnerable adults and render expert opinion and expert testimony for adult protective services cases. DDD and DAAS/APS utilizes our clinical resources as well as appeals subject matter expertise for this engagement.

Department of Healthcare and Family Services, State of Illinois

HCBS Waiver Reviews

(February 2018 – Present): Implementation Project Manager

> *Project:* Assist the State to provide Home and Community-Based Services (HCBS) Waiver quality assurance reviews and recommendations for systemic quality improvement; conduct special projects, and provide a secure web-based platform for exchange of quality assurance information to ensure oversight of the HCBS Waivers. The HCBS Waiver reviews will include the following: Elderly Waiver, HIV/AIDS Waiver, Persons with Brain Injury Waiver, Persons with Disabilities Waiver, and Adults with Developmental Disabilities Waiver

> Mr. Riley works closely with HFS staff on current project implementation activities such as project management, staffing, contract management, and software development.

Division of Health Benefits and Office of Administrative Hearings, State of North Carolina

Prior Authorization Due Process Monitoring and Reporting

(October 2015 – Present): Project Manager

> *Project:* Assist the State with maintenance of the secure, online clearinghouse that serves as the central point for all documents pertaining to a recipient appeal. PCG staff monitor authorizations and adverse decisions for all service types that require prior authorization. This monitoring is done through the Medicaid Prior Authorization reporting system to ensure that vendors are following the mandated appeals process and thereby ensuring that recipients are receiving the appeals process that they are entitled.

> Mr. Riley works closely with DMA staff to design and improve workflow relevant to the recipient appeals process. Mr. Riley also supervises the project staff, website developers and administrative staff that work on this project to ensure operational efficiency.

Department of Health and Human Services, State of North Carolina
IMD Exclusion Compliance Onsite Audits and Case Management System
(November 2015 – Present): Project Manager

> *Project:* Mr. Riley serves as project manager for on-site audits of supervised living facility providers. Mr. Riley currently operates a Web-based Clinical Review Management System (CRMS). The CRMS directs task workflow, increases operational transparency, manages collected documentation, captures clinical review data, guides onsite review scheduling, generates notification letters, and facilitates required reporting. DMA leverages the CRMS to manage implementation of a streamlined process and to minimize the burden on DMA staff resources via extensive automated functionality.

Department of Health and Human Services, State of North Carolina
Provider Investigation and Oversight
(May 2016 – Present): Consultant

> *Project:* PCG provides oversight of Medicaid providers through the investigation of provider complaints and data analytic initiatives. Mr. Riley assists with the development and quality assurance activities with internal and external performance reporting.

Department of Medicaid, State of Ohio
Home and Community Based Services Provider Oversight
(October 2015): Business Analyst

> *Project:* Serving as a business analyst, Mr. Riley assisted with user acceptance test scripts, quality assurance checks, system documentation, and other system related needs to assist with building an integrated waiver eligibility Case Management system.

PROFESSIONAL BACKGROUND

North Carolina Department of Health and Human Services	*Raleigh, NC*
Office of Rural Health and Community Care	September 2013 – June 2014

North Carolina Department of Health and Human Services	*Raleigh, NC*
Division of Social Services	February 2013 – September 2013

CERTIFICATIONS

Project Management Institute (PMI)	
Project Management Professional (PMP)	License # 2114572

EDUCATION

North Carolina State University, School of Public and International Affairs, *Raleigh, NC*
Master of Public Administration, 2014

Appalachian State University, *Boone, NC*
Bachelor of Science, Community and Regional Planning, 2011

JUDY KITSON
LEAD QUALITY ASSURANCE SPECIALIST AT PUBLIC CONSULTING GROUP, INC.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Columbus, OH*   September 2013 – Present
- Complete comprehensive investigative reports for the Ohio Home Care Waiver and MyCare Ohio Programs
- Conduct and Develop Interdisciplinary Team Care Coordination
- Develop Home Based Consumer Care, Planning and Facilitation
- Staff and Provider Education and Training
- Coordination of Quality Improvement standards and regulatory compliance
- Conducts data analysis to assure operational and program integrity

CareStar, *Columbus, OH*: Provider Occurrence Investigator   June 1997 – August 2013
- Review and investigate provider occurrence, billing, and Medicaid Fraud allegations
- Complete comprehensive investigative reports for BLTCSS and AG Office
- Review and conduct Provider Structural Reviews
- Home Modification and DME Assessment, Review and Implementation
- Conduct and Develop Interdisciplinary Team Care Coordination
- Develop Home Based Consumer Care, Planning and Facilitation
- Prepare and Conduct Consumer State Hearing Appeals
- Staff and OHC Provider Education and Training
- Monitor and Troubleshoot Medicaid Billing
- Quality Assurance Reviews

Taylor Consultants, *Huntsville, OH*: Executive Director of Consulting Services December 1995 – November 1996
- Evaluate, Develop and Coordinate Care Strategies for Hospital and Community Based Skilled, Sub Acute, Intermediate/ICF MR Care Facilities
- Assess Facility compliance with State and Federal Regulations
- Devise Facility Policies and Clinical Care methodologies
- Perform Quality Assurance Reviews and Provide Interdisciplinary Management Solutions to enhance staff performance and client care
- Multi-discipline Staff Education and Clinical Training
- Provide Interim Management Services and Operational Direction
- Review and Optimize Medicaid Billing and Reimbursement through coordination of the MDS

Shawnee Manor, *Lima, OH*: Director of Professional Services   December 1993 – December 1995
- Evaluate, Develop and Coordinate Care Strategies for Skilled/Intermediate Care Facility
- Implement Interdisciplinary Management Solutions for a broad base client population such as Geriatric, Pediatric, MRDD/MI, Short Term Rehabilitative and Alzheimer's Care
- Oversee Nursing Services and staff development to enhance care provision
- Assess and coordinate Facility compliance with State and Federal Regulations
- Perform Quality Assurance Assessments
- Multi-discipline Staff Education and Training
- Review MDS Data and Evaluate Care Trends throughout Ohio
- Review and Optimize Medicaid Billing and Reimbursement
- Coordinate Hospital, Nursing Home and Community Discharge Planning
- Overseeing surveys and inspections by government agencies

Harborside Health Care, *Boston, MA*: Midwest Regional Quality Assurance Director April 1992 – November 1993
- Evaluate, Develop and Coordinate Care Strategies for Skilled/Intermediate Care Facility
- Implement Interdisciplinary Management Solutions for a broad base client population including Geriatric, Pediatric, MRDD/MI, Short Term Rehabilitative and Alzheimer's Care
- Oversee Nursing Services and staff development to enhance care provision
- Assess and coordinate Facility compliance with State and Federal Regulations
- Perform Quality Assurance Assessments
- Multi-discipline Staff Education and Training
- Review MDS Data and Evaluate Care Trends throughout Ohio and Indiana
- Review and Optimize Medicaid Billing and Reimbursement
- Overseeing surveys and inspections by government agencies
- Corporate/Regional Financial Review , Risk Management, and Client Care Data Collection

Ohio Department of Health Community Health Care Facilities and Services, *Columbus, OH*: Health Care Facilities Supervisor April 1987 – April 1992
- Assessed Facility compliance based upon State and Federal Regulations
- Evaluated and Analyzed client care practices care deficiencies and clinical data for a broad base client group. (Geriatric, Pediatric, MRDD, Mental Health, Medical Surgical, End Stage Renal Dialysis, and Intense Rehabilitative Care)
- Headed Interdisciplinary Facility Team Entrance and Exit Conferences
- Overviewed Facility Plan of Correction Action Plans
- Managed/coordinated multi-disciplinary Survey Teams
- Participated in Federal Surveys

Hardin Memorial Hospital *Kenton, OH*: Staff Nurse April 1985 – April 1987
> Provided clinical services to children and their families in residential and home settings. Provided treatment planning, diagnosing, daily and monthly progress notes, group work on various subjects, crisis intervention, strategic intervention planning, and supervising a group of eight to ten therapists.

EDUCATION
St. Joseph's College, *Standish, ME*
Health Care Administration, 1996

Lima Tech College, *Lima, OH*
Associate Degree in Nursing, 1984

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
Fed MS Training in Health Care Financing Administration, 1991
Ohio Department of Health ESRD Training, 1990
Ohio Department of Health DRG-Excluded, 1989
Health Care Financing Administration Basic Health Facility Surveyor Training, 1988
Critical Care Training (Intensive Care) 1986

MAKANA DUMLAO
TECHNICAL PRODUCT MANAGER AT PUBLIC CONSULTING GROUP, INC.

Mr. Dumlao is a Technical Product Manager specializing in product design and development. Mr. Dumlao's experience as Product Owner for PCG's QUIC product will make him a knowledgeable contributor during the design, configuration, and implementation phases of this project.

RELEVANT PROJECT EXPERIENCE
Public Consulting Group, Asheville, North Carolina
Provider Screening (March 2020 – Present): Product Owner

> Mr. Dumlao is product owner for PCG's provider screening and case management product: QUIC. As a product owner he is responsible for defining, designing, and delivering product requirements. Mr. Dumlao works with various PCG business teams and the health software development group to help guiding product development and product implementations.

Public Consulting Group, Asheville, North Carolina
Electronic Visit Verification (February 2018 – Present): Product Owner

> Mr. Dumlao is responsible for defining, designing, and delivering PCG's electronic visit verification product: Careify. As an EVV subject matter expert within PCG, he works with PCG's health software development group to define technical requirements for numerous clients. He oversees various stages of development and works with the delivery teams to prioritize product features.

Dept. Health and Human Services, State of Arkansas
Electronic Visit Verification (November 2018 – December 2019): Technical Product Manager

> Mr. Dumlao is responsible for requirements gathering and technical communication with the client. He worked closely with PCG's project manager to insure the implementation of Careify.

Careify, Inc., Raleigh, North Carolina
Careify, Inc. (July 2015 – February 2018): Founder and CEO

> Mr. Dumlao was responsible for the creation, foundation, and leadership of Careify, Inc. – a company that built modern visit verification technology for the home care industry. He has experience performing market research and industry analysis as well as structuring the company and securing angel funding. As the founder, he created technical specifications and led a team of developers for the visit verification technology.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Asheville, NC*	February 2018- Present
Carify, Inc., *Raleigh, NC*	July 2015- February 2018
Bridgera, *Raleigh, NC*	February 2016- June 2015
The North Face, *Raleigh, NC*	December 2010- September 2012
Apple, Inc., *Raleigh, NC*	August 2009- April 2011

EDUCATION
North Carolina State University, *Raleigh, NC*
Graduate Studies, Industrial Design, 2014

Western Carolina University, *Cullowhee, NC*
Bachelor of Science and Bachelor of Art, Entrepreneurship, Magna Cum Laude, December 2008

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
Certified SCRUM Product Owner (CSPO) – CPrime

JENNIFER MARTINEZ, MBA
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC

Ms. Martinez has served as part of the senior management team in implementing and overseeing several health and human services contracts. She has worked in all sectors of business (non-profit, public and private) with over 17 years' experience in the Health and Human Services field with particular focus on managing large scale programs and projects, training, quality management and outcomes, and consumer engagement. She has knowledge in the application, administration and policy oversight of Medicaid Home and Community Based Services waivers and other long-term services and supports. She has successfully managed multi-million dollar contracts providing services to the state's most vulnerable populations as a self-direct services' fiscal intermediary and HCBS provider oversight vendor.

RELEVANT PROJECT EXPERIENCE
Department of Health, State of New Jersey
COVID-19 Contact Tracing (July 2020 – Present): Quality Management and Productivity Lead
> PCG is currently working with NJ DOH to recruit, hire and employ, ultimately 1300 tracers, supervisors, social support and quality assurance staff. Managed the development and implementation of all quality management policy, quality control audit scorecards, quality improvement activities and remediation. Developed performance standards, goals and metrics/ KPI. Managed the quality management and productivity project plan, milestones, scope and resources.

Department of Health, State of New York
COVID-19 Contact Tracing (May 2020 – Present): Staff Training Lead
> PCG is currently working with NY DOH to recruit, hire, and employ, ultimately between 6,000 and 17,000 tracers, supervisors, and community support specialists. Oversaw and managed all new hire training including onboarding system navigation and workflows for all PCG contact tracing staff in New York State. This included all training concepts from design and development to execution of the training plan and schedule for all staff. Coordinated with NYDOH and NYDOH business partners to identify critical training needs within system and process workflows and configuration of the learning management systems (LMS). Managed the training project plan, milestones and team tasks to include incorporating sustainable feedback loops for continued training or communication enhancements.

Department of Health Care Policy and Financing, State of Colorado
Home and Community Based Services Post Payment Review (September 2019 – June 2020): Senior Consultant
> Developed and implemented the HCBS provider post payment review operation through an aggressive timeline for start-up. Effectively implemented and operationalized the project to conduct provider demographic verification, claims review, notices of overpayment, informal reconsiderations, appeals, and customer service center. Oversaw the writing and rewriting of operating protocols for each function and implemented new quality assurance management. Developed standardized and streamlined reports and dashboards for case tracking and operations. Completed onboarding and training of staff to be proficient in Colorado regulations. Managed contract deliverables to a high standard of quality. Facilitated weekly status meetings and monthly executive meetings with stakeholders. Conduct reviews on approximately 4000 claim lines and $900,000 overpayments.

Department of Health Care Policy and Financing, State of Colorado
Financial Management Services (July 2017 – August 2019): Senior Program Manager/ Account Manager
(July 2015 – June 2017): Program Manager

Managed the fiscal agent contract for Consumer Directed Attendant Support Services within the HCBS waivers that services individuals with a physical disability, an intellectual/ developmental disability, a brain injury, a spinal cord injury, a behavioral/ mental health diagnosis and the elderly. Provided consultation to the design of the service option, fostering continuous process improvement and service level agreement targets. Manages contract deliverables and operational activities, including payroll, accounts payable, management reporting, customer service call center, billing/ claiming and compliance. Managed the development and delivery of the program training curriculum, enrollment activities and complaint and incident management. Provided community outreach and enhance relationships to Case Management Agencies. Serving approximately 3200 Members and 7000 attendants.

Department of Mental Health, State of Missouri
Financial Management Services (January 2018 – August 2019): Senior Program Manager/ Account Manager

Managed the fiscal agent contract for Self-Directed Services within the HCBS waivers that services individuals with a physical disability and/ or an intellectual/ developmental disability. Provided consultation to the design of the service option, fostering continuous process improvement and service level agreement targets. Managed contract deliverables and operational activities, including payroll, accounts payable, employee credentialing, management reporting, customer service call center, billing/ claiming and compliance. Managed the development and delivery of the program training curriculum, enrollment activities and complaint and incident management. Serving approximately 2100 Individuals and 3600 employees.

Division of Economic Security, Department of Developmental Disabilities, State of Arizona
Financial Management Services (January 2019 – August 2019): Senior Program Manager/ Account Manager

Served as the oversight Senior Manager to the Independent Provider Program. Oversaw Program Management staff performance. Managed contract deliverables and operational standards.

Department of Health Care Policy and Financing, State of Colorado
Financial Management Services (July 2013 – June 2017); Manager of Program Support Operations

Established and managed field operations for participant orientation and program training. Managed a network of Program Support Specialists and Peer Trainers. Developed and managed staff training targets and utilized survey outcomes to improve delivery and content. Managed complaint, grievance and dispute resolution between participants and their attendants. Managed new participant and attendant enrollment and established customer service standards. Developed and provided leadership in quality assurance management.

PROFESSIONAL BACKGROUND
Public Consulting Group, *Denver, CO* July 2013 – Present

Jefferson County Department of Human Services, Colorado, *Golden, CO* March 2003 – June 2013

Member, Board of Directors, Adult Care Management, Inc, *Lafayette, CO* August 2013 – January 2016

EDUCATION
Clark University*,* Master of Business Administration, 2017

Colorado College, Bachelor of Arts, Psychology, 2000

BRETT WOOTEN
TRAINING AND CURRICULUM SPECIALIST 2

Mr. Wooten is a training and curriculum specialist, leading the development and delivery of various tools and systems training. Mr. Wooten currently lends his expertise to the West Virginia Department of Health and Human Services, leading training initiatives on the Integrated Eligibility System. Mr. Wooten has participated in projects, developed and delivered training, and rolled out initiatives with the overarching goal of improving program services and their delivery. In his current role with WV, Mr. Wooten has partnered with bureau leadership, staff, and other bureaus, to identify ways to improve reporting of Federal performance measures and improve data analysis capabilities using IBM Cognos business intelligence software.

RELEVANT PROJECT EXPERIENCE
Department of Developmental Services, State of California
Web-based Tool Development (July 2020 – Present)
> Develop web-based site assessment tool to collect, report and analyze information related to settings' compliance with the Home and Community-Based Services (HCBS) Final Rule. Develop reporting solutions for disseminating key information to all relevant stakeholders.

Department of Health Care Services, State of California
Training and Tool Development (March 2020 – Present)
> Develop web-based solution to collect, report and analyze information related to remediation strategies to ensure settings' compliance with the Home and Community-Based Services (HCBS) Final Rule. Develop and deliver web-based training content and solutions.

Department of Health and Human Resources, State of West Virginia
Training and Curriculum Specialist (June 2018 – Present): Trainer
> Serve as a Trainer for the West Virginia Department of Health and Human Services Integrated Eligibility Solution (WV IES). The IES is a public portal and case management system that promotes collaboration, data sharing, and efficiency across the West Virginia Department of Health and Human Resources. Key project activities include, development and delivery of systems training for the WV IES.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Charleston, WV*   July 2018 - Present

State of West Virginia, Department of
Health and Human Services, *Charleston, WV*   October 2004 – June 2018

EDUCATION
West Virginia State University, *Institute, WV*
Bachelor of Arts, History, 2000

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
CLD277x: Microsoft Service Adoption Specialist   December 2019

Ms. Trujillo is Senior Consultant and works on projects related to HCBS waivers, with focus on quality and compliance. Ms. Trujillo has over 16 years of experience with HCBS waivers and other long-term services and supports programs, serving individuals of all ages and abilities. Ms. Trujillo's experience includes strategic planning and program redesign, to include redesign of the entry point and case management system; developing a new process for mortality reviews to comply with CMS requirements and Model Practices; writing and amending waivers, including performance measures for waiver assurances; policy development, including regulations for case management; development of a new assessment and service plan process and tools; stakeholder engagement; training; and quality oversight. Ms. Trujillo also has experience managing the Entry Point and Case Management system and agencies in CO, overseeing more than 47 agencies statewide, providing services to more than 60,000 people. Ms. Trujillo has been trained in Person-Centered Thinking and is a Charting the LifeCourse Ambassador.

RELEVANT PROJECT EXPERIENCE
Department of Health, State of Wyoming
Home and Community Based Services Waiver Support (March 2020 – Present): Project Manager
> *Project:* Develop materials for case management agencies and case managers to support the changes made in the amended waiver, to include a handbook for participants and training for case managers. Provide recommendations for changes to the review of requests for increased funding and supports for individuals with intellectual and developmental disabilities. Develop materials for Participant Direction, to include materials for participants and case managers. Develop training materials for the HCBS Settings Final Rule for providers and case managers.

Developmental Disabilities Administration, State of Maryland
National Core Indicators Survey (January 2020 - Present): Project Manager
> *Project:* Oversight and administration of the National Core Indicators survey for individuals, families, and guardians. Develop a work plan for the administration of the in-person surveys. Develop communication for families, guardians, providers, and other stakeholders.

Department of Health Care Services, State of California
Home and Community Based Services Settings Statewide Transition Plan (January 2020 – Present): Subject Matter Expert
> *Project:* Develop and manage the public comment period for the Statewide Transition Plan. Analyze public comment and draft responses for review and approval. Assist in the development of a final Statewide Transition

Department of Developmental Services, State of California
Home and Community Based Settings Site Assessments (January 2020 – Present): Quality Assurance Lead
> *Project:* Work with internal team on site assessment tool development, as well as work with stakeholders. Develop quality assurance metrics for site assessors and quality assurance staff. Provider oversight and direction for quality assurance of site assessment reports.

Department of Health Care Policy and Financing, State of Colorado
Entry Point and Case Management: Section Manager
> *Project:* Responsible for daily operations, cost control, and leadership functions for more than 60,000 children, adults, and families seeking or receiving long term services and supports programs. Identify areas of improvement and develop policy for the delivery of LTSS entry point and HCBS case management to ensure quality and cost-effectiveness, as well as compliance with federal and statement requirements. Plan, direct, and implement the programs, policies, and strategic direction of the Entry Point and Case Management Section. Develop and manage relationships with a variety of stakeholders representing diverse interests. Develop policy to ensure compliance with federal Person-Centered Service Plan requirements, to include the development of a new level of care tool, needs assessment modules, and Service Plan document. Redesign the

Entry Point and Case Management system in CO to ensure federal compliance with Home and Community Based Services Person-Centered Planning. Developed a No Wrong Door implementation plan and implemented pilot sites across CO. Developed a new eligibility, assessment, and Support Plan process to ensure compliance with federal regulations.

Jefferson County Department of Human Services, State of Colorado
Case Manager Supervisor
  Project: Supervised case managers and administrative support staff totaling 12 staff. Recruited, interviewed, hired, supported, coached, and trained all staff. Conducted budget planning, management, and monitoring related to the case management unit responsible for providing eligibility determination and case management for HCBS waivers, Home Care Allowance, as well as eligibility determination for Nursing Facility admissions and the Program of All-Inclusive Care for the Elderly. Created and monitoring monthly quality assurance reports to ensure compliance with state and federal requirements regarding LTSS programs. Coordinated and collaborated with other county departments, Single Entry Point agencies, and state departments to develop and implement outcomes for service delivery. Audited case manager activities to ensure compliance with federal and state requirements.

PROFESSIONAL BACKGROUND
Public Consulting Group, *Denver, CO*   January 2020 – Present

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

Jefferson County Department of Human Services, *Golden, CO*   January 2009 – November 2013

EDUCATION
University of Colorado, *Denver*
Master of Business Administration, Concentration in Change Management

University of Northern Colorado
Master of Arts in Community Counseling

Metropolitan State College of Denver
Bachelor of Arts in Psychology

BRITTANI TRUJILLO
SENIOR CONSULTANT
Ms. Trujillo is Senior Consultant and works on projects related to HCBS waivers, with focus on quality and compliance. Ms. Trujillo has over 16 years of experience with HCBS waivers and other long-term services and supports programs, serving individuals of all ages and abilities. Ms. Trujillo's experience includes strategic planning and program redesign, to include redesign of the entry point and case management system; developing a new process for mortality reviews to comply with CMS requirements and Model Practices; writing and amending waivers, including performance measures for waiver assurances; policy development, including regulations for case management; development of a new assessment and service plan process and tools; stakeholder engagement; training; and quality oversight. Ms. Trujillo also has experience managing the Entry Point and Case Management system and agencies in CO, overseeing more than 47 agencies statewide, providing services to more than 60,000 people. Ms. Trujillo has been trained in Person-Centered Thinking and is a Charting the LifeCourse Ambassador.

RELEVANT PCG PROJECT EXPERIENCE
Department of Health, State of Wyoming
Home and Community Based Services Waiver Support (March 2020 – Present): Project Manager

Project: Develop materials for case management agencies and case managers to support the changes made in the amended waiver, to include a handbook for participants and training for case managers. Provide recommendations for changes to the review of requests for increased funding and supports for individuals with intellectual and developmental disabilities. Develop materials for Participant Direction, to include materials for participants and case managers. Develop training materials for the HCBS Settings Final Rule for providers and case managers.

Developmental Disabilities Administration, State of Maryland
National Core Indicators Survey (January 2020 – June 2020): Project Manager
>*Project:* Oversight and administration of the National Core Indicators survey for individuals, families, and guardians. Develop a work plan for the administration of the in-person surveys. Develop communication for families, guardians, providers, and other stakeholders.

Department of Health Care Services, State of California
Home and Community Based Services Settings Statewide Transition Plan (January 2020 – Present): Subject Matter Expert
>*Project:* Develop and manage the public comment period for the Statewide Transition Plan. Analyze public comment and draft responses for review and approval. Assist in the development of a final Statewide Transition

Department of Developmental Services, State of California
Home and Community Based Settings Site Assessments (January 2020 – Present): Quality Assurance Lead
>*Project:* Work with internal team on site assessment tool development, as well as work with stakeholders. Develop quality assurance metrics for site assessors and quality assurance staff. Provider oversight and direction for quality assurance of site assessment reports.

PRIOR EXPERIENCE
Department of Health Care Policy and Financing, State of Colorado
Entry Point and Case Management: Section Manager
>Responsible for daily operations, cost control, and leadership functions for more than 60,000 children, adults, and families seeking or receiving long term services and supports programs. Identify areas of improvement and develop policy for the delivery of LTSS entry point and HCBS case management to ensure quality and cost-effectiveness, as well as compliance with federal and statement requirements. Plan, direct, and implement the programs, policies, and strategic direction of the Entry Point and Case Management Section. Develop and manage relationships with a variety of stakeholders representing diverse interests. Develop policy to ensure compliance with federal Person-Centered Service Plan requirements, to include the development of a new level of care tool, needs assessment modules, and Service Plan document. Redesign the Entry Point and Case Management system in CO to ensure federal compliance with Home and Community Based Services Person-Centered Planning. Developed a No Wrong Door implementation plan and implemented pilot sites across CO. Developed a new eligibility, assessment, and Support Plan process to ensure compliance with federal regulations.

Jefferson County Department of Human Services, State of Colorado
Case Manager Supervisor
>Supervised case managers and administrative support staff totaling 12 staff. Recruited, interviewed, hired, supported, coached, and trained all staff. Conducted budget planning, management, and monitoring related to the case management unit responsible for providing eligibility determination and case management for HCBS waivers, Home Care Allowance, as well as eligibility determination for Nursing Facility admissions and the Program of All-Inclusive Care for the Elderly. Created and monitoring monthly quality assurance reports to ensure compliance with state and federal requirements regarding LTSS programs. Coordinated and collaborated with other county departments, Single Entry Point agencies, and state departments to develop and implement

CATHY ANDERSON
SENIOR ADVISER

Ms. Anderson has more than 30 years of experience in government and consulting. She has held leadership roles in state agencies supporting people with intellectual and developmental disabilities and was responsible for the organization and management of statewide service systems. She is the Former I/DD director of Nebraska, and the District of Columbia, and in Iowa served as the Chief Deputy Director for the Department of Human Services, supervising the divisions of Medicaid, Mental Health, Child Welfare, Economic Assistance, Developmental Disabilities and Policy. Her work with waivers began when she was part of the design team for Nebraska's first HCBS waiver for people with intellectual disabilities, and has continued throughout her career by designing, revising, and implementing numerous HCBS waivers.

RELEVANT PROJECT EXPERIENCE

Department of Developmental Services, State of California
Home and Community Based Services Settings Assessment and Person-Centered Planning (September 2018 to Present): Engagement Manager
> Work with all stakeholders, including consumers, families, Regional Centers, service providers, other stakeholders and the state departments to promote understanding of the principles of HCBS and person-centered planning practices.

Department of Developmental Services, State of California
Settings Assessment for Compliance with the HCBS Settings Final Rule (June 2020 to Present): Compliance and Training Manager
> Conduct onsite and/or virtual site assessments to determine compliance with the HCBS Settings Final Rule. Interview providers and individuals receiving services. Provide written information necessary to develop Acton Plans to address areas of non-compliance.

Department of Health Care Services, State of California
Remediation of Settings Assessments and Statewide Transition Plan (February 2020 to Present): Subject Matter Expert
> Collaborate with the internal team on site assessment reports and CAPs, as well as work with providers to ensure Federal compliance. Develop an outline and assist with implementation of a remediation process. Assist with implementation of a heightened scrutiny process. Develop provider communications and guidance. Develop and administer provider trainings related to achieving compliance with the Final Rule.

Department of Health, State of Wyoming
Increased Funding, CC Waiver Implementation and Training (March 2020 to Present): Subject Matter Expert
> Provide subject matter knowledge and expertise on case management, including development of waiver language, training, needs assessment, resource allocation, federal compliance, and the redesign of a case management system. Scope of work also includes recommendations on implementation of participant direction and revisions/recommendations to improve the process for review of requests for additional funding and development and delivery of training modules.

Department of HealthCare Policy, State of Colorado
HCBS Settings Compliance (March 2020 to Present): Technical Advisor
> Provide technical advice on various topics including rights restrictions, informed consent and other areas as requested. Also review provider plans of correction for accuracy.

Department of Health-Developmental Disabilities Supports Division, State of New Mexico
HCBS Rate Study (September 2018 to June 2019): HCBS Settings Expert
> Work with the state agency and an advisory committee to assess current rates, complete a rate study for HCBS waiver services, ensure that recommended rates are fair and efficient. Conduct research and provide information and recommendations on best practice from peer states.

Department of Mental Health
Division of Home and Community-Based Services, State of Mississippi
IDD/DD Waiver and IDD Community Support Program Compliance (August 2018 to Present): Subject Matter Expert

> PCG assessments of all day and residential settings funded through the ID/DD Waiver and IDD Community Support Program to determine compliance with all requirements of the Final Rule. Provision of training and technical assistance via a series of webinar sessions. Review and provide technical assistance to providers to remediate issues found as part of the onsite assessments.

Department of Health Services, State of Wisconsin
Provider Training (April 2018 to Present): Subject Matter Expert

> Provide training and quality oversight for PCG community assessment reviewers who complete onsite assessment, certification, and/or recertification of waiver settings.

Family and Social Services Administration Bureau of Developmental Disabilities Services, State of Indiana
E-Learning Courses and Professional Development and Curriculum Resources (March 2016 to Present): Subject Matter Expert

> The BDDS contracted with PCG to design and develop a comprehensive series of e-learning courses and supporting professional development curriculum and resources. The project is designed to support the training needs of BDDS staff, specifically focusing on the BDDS Service Coordinators located in reginal offices across the state. PCG is responsible for conducting a needs assessment of staff training, development of online core training modules, development and delivery of an annual conference and preparation and publication of a quarterly newsletter.

Technical Assistance to FSSA's DDRS Waiver Service (February 2017- December 2017): Subject Matter Expert

> PCG provides technical assistance to FSSA's DDRS waiver service providers for completion of activities related to compliance with the HCBS Settings Rule. This includes developing and administering assessment tools and materials, reviewing provider documentation and scheduling and conducting site visits.

FSSA HCBS Transition Plan (February 2015-2017): Project Manager

> Project management services for the implementation of the FSSA's Home and Community-Based Settings Rule Transition Plan. Provided project management to ensure the timely and effective implementation of the transition plan for the Divisions of Aging, Disability and Rehabilitation Services, and Mental Health and Addition.

Office of Developmental Programs, Commonwealth of Pennsylvania
Consultation and Development of Provider Assessment Tools (2017 to July 2018)

> Assist with research and development of provider self-assessment tools for non-residential and residential settings. Work with HCBS Work Group. Provide recommendations for provider self-assessment validation. Assist with development of communications plan, presentations and training materials.

The U. S. Mentor Network
January 2015-Present: Technical Advisor

> Provision of consultation on aging and disability services on compliance with the CMS HCBS settings final rule and other special projects and systemic issues.

Department of Health and Human Services Medicaid; Department of Disabilities and Special Needs, State of South Carolina
DHHS and DDSN Site Visits (December 2016 to November 2017): Project Manager

PCG worked with SC DHHS Medicaid and the SC DDSN to conduct over 1000 site visits of residential and non-residential settings located throughout the State of South Carolina. PCG's responsibilities included the creation of evaluation tools for conducting residential and non-residential setting assessments; use of a web-based tool to collect assessment information; development of processes to schedule all site visits, development of provider communication materials.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA*   2014-Present, and 2002-2006

Navigant Consulting, INC., *Chicago, IL*   2006-2010

EDUCATION

University of Nebraska, *Omaha, NE*
Masters in Public Administration, 20 hours of coursework completed

University of Nebraska, *Lincoln, NE*
Bachelor of Arts in Social Work-1976

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

WHITE PAPERS

Opportunities at the Intersection of the HCBS Settings Regulation and WIOA, Cathy Anderson-December 2014

Plotting a Roadmap for those with complex needs, Jenny Pescod and Cathy Anderson, The MJ (United Kingdom), June 4, 2015

PRESENTATIONS

Change Happens at the Rate of Trust-A Panel Presentation on the Incorporation of LifeCourse and Person-Centered Practices in Service Planning-2018 HCBS Waiver Conference, Baltimore, MD-August 2018

The Journey to Becoming a Person-Centered Organization, Navigating Change Symposium-Illinois Department on Aging, Peoria, Illinois-June 2018

HCBS Settings Final Rule: Person-Centered Assessments and Goal Setting, Navigating Change Symposium, Illinois Department on Aging, Peoria, Illinois- June 2018

Change Happens at the Rate of Trust, Charting the LifeCourse Showcase, Kansas City, Missouri-April 2018

AAIDD Delegation to Iceland and Ireland--HCBS Funding and Policy-Ireland's Health Service Executive, Dublin Ireland-October 2017

Triumphs and Challenges: HCBS Final Rule-2017, HCBS Waiver Conference, Baltimore, MD-August 2017

CERTIFICATIONS

Charting the LifeCourse-University of Missouri-Kansas City
Certified Ambassador

Support Development Associates
Person-Centered Planning Certification

Mr. Horvath has over 35 years of experience in disability services, including leadership positions in state government, non-profit, university, and private sectors. His expertise includes disability policy, self-direction in home and community-based services, employment and tax law, quality management, and statewide systems change. David has over 12 years of experience providing administrative oversight of information and assistance and financial management services for self-direction in Medicaid programs in 10 states. David has authored numerous publications, received multiple awards, and is a frequent speaker at state and national conferences.

RELEVANT PROJECT EXPERIENCE
Department of Health and Human Services, State of Nebraska
Service Needs Assessment, Planning, and Case Management in Personal Assistance Services and the Social Services Aging and Disabled Programs*:* Lead Consultant and Project Manager
> *Project:* PCG is reviewing the service needs assessment and planning tools and processes in PAS and SSAD to identify opportunities for operational improvements, avoid duplication, and maximize federal revenue.

Establishing the Infrastructure to Support Consumer Self-Direction: Lead Consultant, Primary Author, and Project Manager
> *Project:* PCG reviewed opportunities for self-direction within five HCBS programs administered across three divisions of DHHS and submitted recommendations for improvement based on comparison with other states, national best practices, and CMS guidelines.

Department of Health, State of Wyoming
Materials Development and Training for Participant Direction: Served as key contributor and team member incorporating national best practices based on experience in other states.
> *Project:* Development and revision of individual budgeting tools, spending plans, employer handbook, and training materials for three Medicaid waiver programs.

Department of Health and Human Services, State of New Jersey
Third Party Administration and Fiscal/Employer Agent: Contract Manager
> *Project:* Financial management services and information and assistance for over 20,000 Medicaid and state-funded self-directed participants across three divisions of state government.
> *R*esponsible for all aspects of design, delivery and implementation, including bi-weekly payroll, customer service, and staff of over 200 social workers.

Department of Health and Human Resources, State of West Virginia
Fiscal/Employer Agent & Resource Consulting: Contract Manager
> *Project:* Financial management services and information and assistance for over 5,000 Medicaid waiver participants in three different programs. Responsible for all aspects of design, delivery and implementation, including bi-weekly payroll, customer service, and staff of over 40 social workers.

Department of Health, State of Ohio
Third Party Administration: Contract Manager
> *Project:* Third-party administration of Ryan White HIV/AIDS Part B Program processing disbursement requests from case managers and making payments to direct service providers.
> *R*esponsible for all aspects of design, delivery, and implementation, including development of custom web portal and accounting systems.

Department of Health and Mental Hygiene, State of Maryland

<u>Fiscal Management Services:</u> Contract Manager
> *Project:* Fiscal management services for over 1,400 Medicaid participants enrolled in self-directed home and community-based services, including nursing home transition services. *R*esponsible for all aspects of design, delivery, and implementation.

PROFESSIONAL BACKGROUND

Public Consulting Group, Boston, MA   2019-Present

Public Partnerships LLC, Boston MA   2006-2019

West Virginia University, Morgantown WV   2003-2006

Greene Arc, Inc., Waynesburg, PA   1997-2002

Department of Rehabilitative Services, Richmond, VA   1986-1997

EDUCATION

West Virginia University, Morgantown, WV
Completion of Doctoral Program in Educational Leadership & Policy Studies with an emphasis in Disability Studies, ABD 2010

West Virginia University, Morgantown, WV
Master of Science in Rehabilitation Counseling & Vocational Evaluation, 1985

West Virginia University, Morgantown, WV
Bachelor of Science in Recreation & Parks Management with Emphasis in Therapeutic Recreation, 1984

CERTIFICATIONS / SPECIAL SKILLS

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

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

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

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

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

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

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

PUBLICATIONS

Public Consulting Group (2020) **Self-Direction in Medicaid Home and Community-Based Programs Serving Participants Requiring Nursing Facility Level of Care** Boston, MA.
Horvath, D.R. and Crisp, S. (2020) **Establishing the Infrastructure to Support Consumer Self-Direction.** Boston, MA: Public Consulting Group, Inc.

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

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

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

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

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

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

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

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

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

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

JAYMI COHEN
CONSULTANT

Ms. Jaymi Cohen manages and supports numerous projects in human services agencies across the U.S. predominately in field research, data analysis, and stakeholder engagement. Ms. Cohen has experience analyzing complex data sets to understand cost, usage, and rates for Medicaid HCBS Waiver services and Vocational Rehabilitation services. She also has experience facilitating individual interviews and stakeholder groups to elicit feedback to inform policies, procedures, services, and strategic planning processes

RELEVANT PROJECT EXPERIENCE

Department of Developmental Services, State of California
HCBS Site Assessments (April 2020 – June 2021): Project Manager
> *Project:* Develop a virtual site assessment process of a statistically valid sample of providers of residential group supported employment, work activity and day-type services. Manage and conduct 1,200 site assessments and compile data on compliance levels. Provide recommendations on compliance determinations and develop corrective action plans and final site reports for each assessed setting.

Department of Developmental Services, State of California
HCBS Assessment Plan (April 2019 – June 2020): Project Manager
> *Project:* Develop in-person and web-based trainings for stakeholders, including, but not limited to regional centers, service providers, consumers, family members, and state departments on the requirement for the HCBS final rule and person-centered planning. Coordinate with stakeholders, service providers, consumers, family members, and state departments to ensure system wide guidance is provided in meeting federal requirements. Final report for the Department will consist of recommendations for the State's assessment process for compliance with the HCBS settings requirements.

Department of Developmental Services, State of California
Person-Centered Planning (June 2019 – June 2021): Project Manager
> *Project:* Assess state statute, policy, and guidance applicable to person-centered thinking, practices, and service planning. Recommend strategies to implement person-centered thinking, practices, and planning throughout the regional center service delivery system. Develop a work plan for conducting a series of informational/educational activities statewide on the principles of person-centered planning and thinking.

Department of Health Developmental Disabilities Supports Division, State of New Mexico
HCBS Rate Study (September 2019 – June 2019): Analyst
> *Project:* Conduct rate analysis and rate setting through research and business analysis to recommend reimbursement rates for the provision of services for individuals with intellectual and developmental disabilities receiving services through the Developmental Disabilities, Mi Via, and Medically Fragile waiver programs in accordance with CMS guiding rules for rate setting methodology for 1915 (c) waivers. Project activities include development of methodology and tools to conduct a time study and collect cost information from over one hundred providers and provision of training and ongoing stakeholder engagement. Final report included recommendations for new rates and rate structures to accurately reflect the cost of providing the services under the three waivers in New Mexico.

U.S. Mentor Network, State of Oregon
Site Assessments and Remediation (July 2019 – December 2019): Analyst
> *Project:* Conduct site visits for group homes in Portland, Oregon. Conduct interviews and observations in the homes with a tool developed to assess five domains including community integration, individual choice/residence options, individual rights and autonomy and independence, physical setting/accessibility, and health and well-being. Review all policies, procedures, and

documents to asses compliance. Final report will consist of findings and recommendations for each home and domain.

U.S. Mentor Network, State of Oregon
Remote Monitoring and Technology Environmental Scan (June 2020 – August 2020): Analyst
> *Project:* Perform scan of the remote monitoring and technology regulatory and funding environments for 10 states. Develop report to include target population for service, service definition of remote technology, individual eligibility requirement for remote technology, provider qualifications, provider manuals, MCO coverage, response time requirements in the event of an incident, vendor limitations, monthly/annual/lifetime dollar caps, funding mechanism and process, service utilization, qualitative acceptance of state's use of technology, and source and location of regulations for future reference.

Rehabilitation Services, State of Michigan
Vocational Rehabilitation Rate Setting (August 2019 – Present): Analyst
> *Project:* Conduct rate analysis and rate setting through research and business analysis to recommend reimbursement rates for vocational rehabilitation services. Project activities include development of methodology and tools to conduct a time study and collect cost information from providers and provision of training and ongoing stakeholder engagement. Final report will include recommendations for new rates and rate structures to accurately reflect the cost of providing vocational rehabilitation services in Michigan.

Department of Health Care Policy and Financing, State of Colorado
Home and Community Based Services Settings Rule Communications and Outreach Plan (June 2020): Analyst
> *Project:* Develop a communication strategic plan which identifies and organizes the several tools and tactics used to assure that providers are aware of the HCBS Final Rule and the State's process to come into compliance. Communication strategies included leveraging meetings, conferences and presentations; stakeholder workgroups; trainings; and technical assistance and guidance. The communications strategic plan will be rolled into the Department's Statewide Transition Plan.

Department of Mental Health, State of Massachusetts
Analysis of Certification System (March 2019 – June 2019): Analyst
> *Project:* Conducted national, peer state, and Massachusetts stakeholder research on behavioral health certification and training systems. Options analysis included an analysis of infrastructure, such as staff, contracted vendors, resources, partnerships, and technology, needed to operate a certification system for family partners and therapeutic mentors. Final report consisted of cost projections and an assessment of candidates who will seek certification.

Department of Developmental Services, State of Massachusetts
Internal Controls and Program Integrity (April 2018 – June 2018): Analyst
> *Project:* Developed a business plan for Program Integrity and Internal Controls Bureau. Project activities included assisting team with risk assessment of grocery purchasing through SNAP benefits, gas purchasing, and staff payroll and overtime in the DDS-operated group homes. The final report consisted of recommendations to help DDS strengthen the program integrity of and internal controls for the group homes that it directly operates.

Department of Mental Health, State of Mississippi
Consultation for HCBS Compliance Monitoring (September 2018 – June 2019): Analyst
> *Project:* Assessed ID/DD Waiver and IDD Community Support Program provider compliance with the HCBS Settings Final Rule. Included review and revision of site assessments and interview tools, training facilitation for state staff and provider agencies, and site assessments and interviews with individuals receiving services. Additional activities included providing technical assistance and statewide trainings to all HCBS providers.

Cristo Rey Boston High School, State of Massachusetts
Strategic Planning (July 2018 – November 2018): Analyst
> *Project:* Analyzed the current state and five-year vision for Cristo Rey Boston High School through a strategic planning process. Analyzed school, network, state, and national data. Conducted focus groups to engage students, parents, faculty, staff, and other key stakeholders. Facilitated activities to identify problem statements, create goals, and develop an implementation roadmap with action steps to actualize the strategic plan. Final report consisted of the five-year strategic plan and action plan,

PROFESSIONAL BACKGROUND
Public Consulting Group, *Boston, MA*

City of Boston Mayor's Commission for Persons with Disabilities, *Boston, MA*

The Rennie Center for Education Research and Policy, *Boston, MA*

EDUCATION
Harvard Graduate School of Education, *Cambridge, MA*
Masters in Education, Child Advocacy, 2017

Tufts University, *Medford, MA*
Bachelors of Science in Spanish and Psychology, 2016

MARGOT R. JONES, PMP
CONSULTANT AT PUBLIC CONSULTING GROUP, INC. (PCG)

Margot Jones has served in project management and training development leadership roles for more than a decade. Her experience spans many arenas, from Medicaid provider enrollment, to provider training, HCBS compliance, EVV implementation, software development, business operations, and public outreach and communications. As a certified Lean Six Sigma Green Belt and PMP, Margot Jones excels in the areas of project management, process design, and stakeholder management. These tactical skills allow her to develop programs on diverse subjects with efficiency and effectiveness.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of Arkansas

Arkansas Contact Tracer Initiative (July 2020 – Present): Onboarding Lead

> Ms. Jones serves as the lead for onboarding on the Arkansas Contact Tracing Initiative. In this role, she is responsible for devising processes and procedures to ensure efficient onboarding of 150+ contact tracers. In this work, she collaborates with IT and HR units to ensure system access and training completion. She is also responsible for collaborating with partner firm, GDIT, to onboard employees and help ensure a successful training and orientation period. Jones is also engaged in various efforts to implement and operationalize this program.

Department of Health, State of New York

New York State Contact Tracer Initiative (May 2020 – Present): Candidate Support Services Team Lead

> Ms. Jones serves as a lead on public communications for the New York Tracer Initiative. In this role, she was responsible for envisioning and standing up an operation to ingest and respond to email inquiries about the NYS initiative from over 65K applicants and the general public. In this role, she developed an extensive cross-functional workflow illustrating hand-offs between internal and external project partners which provided the basis for her development of processes and procedures to manage the intake, triage, and response of emails. This work, to support the daily ingest of over 550 emails was executed in four days' time. Jones is responsible for managing a team of 13 staff who support this initiative, providing managerial support and training, and serving as the lead on quality assurance on the team. Through this work, Margot coordinates with internal and external partners to facilitate candidates through the hiring process to ensure quality customer support and satisfaction.

Department of Health Care Services, State of California

HCBS Compliance and State Transition Plan Remediation (March 2020 – Present): STP Remediation Support Lead

> Ms. Jones is responsible for coordinating with DHCS, as well as their sister agencies, to help bring the State Transition Plan into compliance with CMS regulations and requirements. In this role, she coordinates with agencies on editing work and timelines to satisfy project goals and timelines.

Department of Health Care Policy and Finance, State of Colorado

HCBS Final Rule Support Project (January 2020 – Present): Project Manager

> *Ms. Jones:* Serving as project manager to the State of Colorado in support of its efforts to comply with the federal HCBS Final Rule. Responsible for ensuring timely, within scope and on budget completion of all project deliverables. Responsible for coordinating and

executing outreach activities associated with the project's deliverables.

Department of Human Services, State of Arkansas
Electronic Visit Verification Pilot Implementation (February 2019 – December 2019): Manager, Education, and Outreach Team

> *Ms. Jones:* Managed the strategy, development and exaction of provider outreach and education activities during the EVV pilot. Responsible for developing communication cadence and messaging strategy, managing the development of training materials, and providing public relations expertise. This role focused on ensuring appropriate, tactful and complete messaging on implementation progress and system roll-out procedures.

Department of Health and Human Services, State of Michigan
Home Help Case Read Monitoring Program (January 2019 – Present): Project Manager,
> *Ms. Jones serves* as project manager for implementation and ongoing engagement manager on a three-year program intended to provide oversight over the State's Home Help program, which serves the home and community-based services population. Responsible for ensuring on-time delivery of quality deliverables, while serving as a key contributor on project implementation strategies and processes. Responsible for developing training development process to ensure on-time, within-scope delivery of training. Executes development of training curriculum to satisfy client needs.

Department of Medicaid, State of Ohio
Ohio Home Care Waiver Provider Training Redesign (December 2016 – December 2018): Training Manager
> *Ms. Jones:* Selected to lead and execute the transition of the Ohio Home Care Waiver Provider Training course from PowerPoint to HD-video modules, which are now housed on a Learning Management System. Primarily responsible for an in-depth analysis of current content and the composition of the audio training script to accompany the video. Also, responsible for the identification of core competencies and design of the visual elements that will accompany the course. Oversaw a team of four to complete this project but contributed primarily to the development of the training course.

Health Division, Public Consulting Group, Inc.
Electronic Visit Verification Product Development Team (September 2015 – November 2018): Consultant
> *Ms. Jones:* Key team contributor regarding development of PCG's Electronic Visit Verification system. Most recently, serving as co-project manager to oversee the ongoing development and refinement of the firm's EVV technology. Responsible for assisting with identification of system functionality in response to ongoing assessment of state needs and managing the EVV business development team, inclusive of business solutions SMEs and technology architects. Served as main contributor to firm's EVV language library and related marketing content to introduce PCG's EVV system into the market. Involvement spanned EVV development in two of the firm's divisions, Health and Public Partnerships.

Health Division, Public Consulting Group, Inc.
Electronic Visit Verification and Monitoring (EVVM) System Pilot (October 2015 – December 2015): Consultant
> *Ms. Jones:* Managed the launch and ongoing operations of EVV system pilot. Responsible for coordination between development team and pilot team, routine reporting on pilot progress, and making recommendations of additional enhancement to the system

technology.

Department of Health and Human Services, Division of Medical Assistance, State of North Carolina
North Carolina Medicaid and Health Choice Provider Training Project (August 2015 – November 2018: Training Manager
> *Ms. Jones:* Managed the redevelopment of North Carolina's only required training course for newly enrolling and revalidating Medicaid and Health Choice providers, completed by over 8,000 medical professionals annually. Solely responsible for analyzing prior versions of the course, determining course objectives and outcomes, rewriting the training content, and overseeing the material's transition from an Articulate Storyline format to HD, motion-graphic video modules. Work resulted in the development of a 55-minute-long online training course, consisting of 7 modules. Project also required customization of the firm's preferred Learning Management System (LMS), DigitalChalk, to include engagement checkpoints, custom quizzes and exams, which are embedded in the training course, as well as an external education portal that houses helpful resources for providers. Data shows over a 40% reduction in the time to complete the course, and a 93% course satisfaction rating.

Office of the Associate Vice President for Campus Services, University of Notre Dame
Division and Programs Communications (July 2013 – April 2015)
> *Ms. Jones:* Responsible for leading the development and execution of division-level communications, as well as those of Campus Services' nine distinct departments, highlighting division and department services and initiatives. Single-handedly composed all written and electronic content and oversaw the delivery of a range of items, including technical instructions for software trainings, marketing materials for Division programs, standard operating procedures for new facility opening, and press releases and news articles for internal employee newspaper and community news outlets. Communications targeted varying populations of the University's 5,000+ hourly and executive employees, as well as local community members and the University's Board of Trustees.

PROFESSIONAL BACKGROUND
Public Consulting Group, *Asheville, NC*   2015 – Present

University of Notre Dame, *South Bend, IN*   2011 – 2015

EDUCATION
Georgetown University, Washington, D.C.
Master of Professional Studies Candidate, Public Relations and Corporate Communications

University of Notre Dame, *South Bend, IN*
Bachelor of Arts, American Studies and Computer Applications, 2011

CERTIFICATIONS / SPECIAL SKILLS
Project Management Professional (PMP) Certification – 2018

Green Belt Certified (Lean Six Sigma) – 2014

ROBIN O'BRIEN
SENIOR ADVISOR

Robin O'Brien helps state and local public health and human services client organizations drive positive, sustainable change. Mr. O'Brien has more than 20 years of experience managing projects, programs, and organizational change for a wide range of nonprofit, public, and corporate organizations. Since joining PCG in 2013, he has led and contributed to public sector organizational change projects in family homelessness, workforce development, economic assistance, vocational rehabilitation, administration and finance, child welfare, juvenile justice, child support, early education and care, Medicaid, and home and community-based services. Mr. O'Brien co-developed PCG's Human Services Sustainable Change and Coaching frameworks and has trained welfare-to-work/TANF/VR/Child Care Subsidy and Child Welfare Senior Managers, Supervisors, and Frontline Caseworkers in coaching and change management skills and tools. Prior to joining PCG, Mr. O'Brien led organizational change efforts for more than 25 state and local public health and human services agencies while an Organizational Effectiveness Consultant at the American Public Human Services Association (APHSA).

RELEVANT PROJECT EXPERIENCE

Department of Human Services, State of Hawaii
Coaching Culture Implementation

> Trained 162 welfare-to-work and childcare subsidy managers, supervisors, and caseworkers in coaching skills. Helped create five monthly Coaching Tips and Coaching Circles to reinforce learning and maximize sustainability. Administered pre- and post-learning coaching mindset survey to identify impact on participant mindset of participation in training and reinforcement supports. Coaching agency staff development team in preparing to reinforce learning for current cohorts going forward and deliver training and reinforcement supports to future cohorts.

Montgomery County Department of Health and Human Services, State of Pennsylvania
Strategic Plan Development and Implementation Launch

> Developing three-year strategic plan for recently integrated agency serving health and human services needs of 800,000+ county residents. Conducted visioning session followed by 1:1 interviews with 15-person Health and Human Service Cabinet. Conducted in-person focus groups with frontline staff, supervisors, and external stakeholders (private providers, advocates, public agency partners, and program participants/clients). Preparing to facilitate HHS Cabinet in two one-day facilitated planning sessions, present and to and gather feedback from staff and stakeholders once a draft plan is in place, and support implementation launch (e.g., chartering, convening, and launching initiative taskforces) once a fully vetted plan is finalized.

Department of Public Health, State of Massachusetts
Business and Communication Planning for Office of Problem Gambling Services (OPGS)

> Developing multi-year Business and Communication Plans for statewide office preparing for rapid growth. OPGS administers a legislatively mandated public fund expected to grow exponentially in coming years resulting from levies on the revenues of new casinos recently opened across the state. Through a series of "white boarding" sessions, brought clarity to current service array, organizational structure, and networks of strategic relationships. Defined functions and capabilities. Brought consistency and structure to strategic communications collateral. Identified key messages, audiences, and channels/methods in a Communications Plan.

Department of Health and Human Resources, State of West Virginia
Organizational Change Management (OCM) for HHS Integrated Data System ("PATH")

> Providing OCM services in support of development and deployment of a statewide, enterprise IT system integrating data and case, payment, and work management functionality across Child Support, Child Welfare, Adult Protective Services, Youth Services, Family/Economic Assistance (TANF, SNAP, child care subsidy, etc.), Early Childhood, and Medicaid. Provide subject matter expertise and help develop deliverables related to end user training, communication, staff engagement, and project sponsorship. Conducting sponsor interviews and onsite end user focus

groups and job shadowing. Developing and executing OCM plans to maximize organizational readiness for change and end user adoption of the new system.

Department of Child Services, State of Indiana
Driving Sustainable Change to Implement Family First and Prepare for Life After the IV-E Waiver
Facilitating and providing staff support to an ongoing effort to address imminent Title IV-E changes in ways that make meaningful, lasting change for DCS. The project is a response to recent passage of Federal Family First legislation as well as upcoming conclusion of Indiana's IV-E Waiver. Facilitated visioning, assessment, root cause analysis working sessions. Preparing to facilitate roadmap development and implementation planning. Helped develop project vision and gap analysis deliverables.

Bertlesmann Foundation North America and National Association of Workforce Boards, Multiple States
Future of Work Dialogues – Orlando, FL; Las Vegas, NV; Riverside, CA
Planned and facilitated a series of future of work dialogues in Orlando, Las Vegas, and Riverside. The goal was to identify how technology and automation are impacting workers, businesses, labor markets, industries, and the community at large. Facilitated 15-25 person dialogues including business and labor leaders, elected officials, and representatives from secondary education, higher education, economic development, and workforce training service providers. Created summary reports detailing major strengths, concerns, trends, and other key themes.

Department of Developmental Services, State of Massachusetts
Program Integrity and Internal Controls
Project managed assessment of financial risks in state-run group homes for individuals with significant development disabilities, triggered by reports to the state Office of the Inspector General (OIG). Conducted document reviews, regional and group home onsite visits, and state office stakeholder interviews. Developed business plan for new, enterprise-wide Bureau of Program Integrity, including capabilities, staffing, operational and work management routines, IT and data analysis tools, and phased launch plan. Upon project conclusion, the OIG commended the Department for its progress and Department leaders reported a shift in its Program Integrity operations from crisis response to proactive intervention and prevention.

Department of Children and Families, State of Louisiana
Supervisor and Manager Training
Trained 50 frontline child welfare supervisors and 20 child welfare managers in performance management and coaching skills and techniques. Customized evidence-supported coaching curriculum materials and developed new performance management curriculum materials, crafting content into two three-hour sessions for 20-25 participants per session. Delivered interactive, dynamic training sessions with strong participant and executive sponsor feedback.

Worksource Montgomery, State of Maryland
Strategic Planning
Facilitated development of a three-year strategic plan for a leading-edge workforce development not-for-profit organization chartered by the Montgomery County, MD government to manage its WIOA operations and serve as the hub and catalyst for all workforce development activities in the county. Facilitated 10-person joint Executive Committee of two boards (Workforce Development Board and Worksource Montgomery organizational board) in identifying high level goals and future state vision. Preparing to facilitate 45 business, not-for-profit, education, and government leaders in a one-day working session to identify major strategic plan content, including, service and capacity building goals and objectives, barriers and ways to overcome them, and resources needed for successful plan implementation.

Health and Human Services Commission, State of Texas
Organizational Transformation

Project Manager and Communication and Change Management co-lead for a multi-year, multi-million-dollar effort to help the Texas Health and Human Services Commission (HHSC) transform its organization, with a primary focus on Medicaid and Economic Assistance programs. Prepared for strategic communications to key stakeholders, including the Transformation Legislative Oversight Committee; and, project manage logistics for departmental transfer and, in some cases, physical relocation of and impact on 20,000+ state employees.

Intergovernmental Council on Housing and Homelessness, Executive Office of Health and Human Services, Executive Office of Housing and Community Development, Commonwealth of Massachusetts
Review of State Family Homelessness System
Participated in comprehensive review of the Massachusetts system to help families facing the risk or reality of homelessness. Reviewed written documentation and interviewed families, state staff/leaders, private provider staff/leaders, advocates, and other key stakeholders. Observed frontline and organizational practice, including client intake, coordinated care state-provider working sessions, and family placement in/assignment to shelter and hotels. Helped formulate short and longer-term recommendations for innovation of the system, including shift to a system with increased local ownership and direction setting.

Office of Early Childhood, State of Connecticut
Organizational Assessment
Led change management and facilitative components of organizational scanning and improvement work to internal management, staffing, training, communication, decision making, and organizational structure for new agency focused on children birth to 8 years old. Drafted rapid action communication plan, facilitated decision making analysis and decision charting, provided expert consulting to organizational redesign, led readiness assessment, facilitated key informant interviews. Contributed to analysis of the fiscal structure and agency resources, workflow processes, services, activities, and mandates, and analysis of human resources, policies and practices. Led multi-year roadmap development effort.

Departments of Human Services and Health Care Policy and Financing, State of Colorado
Behavioral Health and HCBS Waiver Assessment
Co-led effort to help public and private stakeholders strengthen Colorado's Medicaid-supported behavioral health service provision (supports for individuals and families struggling with mental health, substance use disorder, and intellectual and developmental disabilities). Conducted a written materials review and focus groups and key informant interviews in four representative counties and Denver; administered a statewide electronic survey; developed a report with findings, recommendations, and a proposed three-phase, two-year roadmap for implementation.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA*   February 2013 - Present

American Public Human Services Association, *Washington, DC*   2005 - 2013

Brown Brothers Harriman, *Boston, MA*   2001 – 2005

EDUCATION
City University of New York, Baruch College,
Masters in Industrial-Organizational Psychology

Johns Hopkins University
Graduate coursework in International Relations and Economics

University of Maryland at College Park
Bachelor of Arts, Government & Politics, Bachelor of Arts in History

SARAH SALISBURY
ASSOCIATE MANAGER

Ms. Salisbury has over 14 years of experience in a vast array of health and human services programs with specific focus on aging and disability services, early childhood programming, rate setting, and cost reporting. She has managed rate studies and fiscal analysis for Early Intervention (EI), Vocational Rehabilitation (VR), and Home and Community Based Services (HCBS) programs in numerous states. Ms. Salisbury also assists states with Federally required HCBS Statewide Transition Plan (STP) activities, including provision of person-centered planning trainings and compliance site assessments.

RELEVANT PROJECT EXPERIENCE
Office for People with Developmental Disabilities, State of New York
Study to Design a Mobility Management Program, Project Manager
> Project Manager for an assessment of the current transportation system and how it meets, or fails to meet, the needs of individuals with disabilities. The primary goal of the project was to identify promising practices or models that utilize natural supports, shared-ride and /or other resources to address the transportation needs (and especially the employment-related and community inclusion transportation needs) of individuals with developmental, mental or physical disabilities. The work included facilitation of stakeholder interviews and focus groups, needs assessment/ gap analysis, best practice research and final report including recommendations for a pilot program.

Governor's Executive Chamber, State of New York
Universal Incident Management System, Deputy Project Manager
> Deputy Project Manager for a review of the need for a new universal incident management system spanning 7 state agencies, including disability, mental health, education and juvenile justice. The work includes development of detailed business requirements and a fit/ gap analysis.

Department of Health, State of New York
Person-Centered Planning Comprehensive System Transformation Statewide Training Initiative, Project Manager
> Project Manager for a Statewide person-centered planning (PCP) training initiative, including all recruitment, coordination, curriculum development, delivery and reporting. The goal of this initiative is to providing training in Person-Centered practice, planning and thinking as well as the development of the templates necessary to implement these practices across service systems. Over the 2-year contract, 12 Learning Institutes, 172 Regional Trainings, and 8 webinars will be conducted along with development of a comprehensive Resource Library/ Toolkit.

HCBS Final Rule Statewide Implementation Plan Support (Month Year – Month Year): Project Manager
> Acted as Project Manager and assisted the state in developing provider self-assessment, site assessment, remediation plans and heightened scrutiny processes, and trainings across its HCBS waivers to achieve compliance with the HCBS Final Rule.

State Fiscal Agent Business Process Redesign team member
> Business Process Redesign team member for a 5-year term contract to manage all provider payments for a $700M early intervention program by accessing federal Medicaid, private insurance, state and local reimbursement and funds. Specific work included development of an operational plan for IT development transition, review and documentation of system user interface, coordination of User Acceptance Testing, troubleshooting provider concerns and securing stakeholder input through development of a targeted survey and structured interview sessions.

Early Intervention Provider Cost Report, Project Manager
> Served as the project manager to support the efforts of the Department, in completing an analysis of provider costs, development of a Medicaid state plan amendment and determining potential long-term strategies for collecting cost data. The outcome of this project was to recommend possible alternative cost reporting methodologies that meet the Department's objective to provide efficient and economical early intervention services.

Administration for Children's Services, New York City
Comprehensive Review of Early Care and Education Division
> Reviewed the approach to childcare subsidy/ early learn programs to offer best practices and opportunities for improvement/ streamlined services. Specific areas of focus included, but were not limited to, fraud and program integrity and childcare for child welfare referrals.

Developmental Disabilities Support Division, State of New Mexico
Family Infant Toddler (FIT) Rate Study, Project Manager
> Served as the Project Manager for a project focusing on the study and development of rates for agencies providing early intervention services. This project involved dissemination and analysis of a comprehensive cost reporting and time study tool to FIT providers, and providing rate recommendations, including alternative rate structures.

Home and Community Based Settings (HCBS) Rate Study, Project Manager
> Serve as the Project Manager for a project focusing on the study and development of rates for agencies providing HCBS services. This project involved dissemination and analysis of a comprehensive cost reporting and time study tool to providers, research peer state best practices, and providing rate recommendations, including alternative rate structures.

Office of Early Childhood, State of Connecticut
Organizational Assessment Universal Incident Management System
> Conducted an organizational assessment for a newly created early childhood agency utilizing continuous improvement methodologies and tools. Specific areas of focus include reviewing agency priorities, funding sources and uses, staffing, programmatic functions and providing recommendations/ options.

Department of Mental Health, State of Mississippi
Consultation for HCBS Compliance Monitoring
> Assist with determining ID/DD Waiver and IDD Community Support Program provider compliance with the HCBS Settings Final Rule. Includes review and revision of site assessments and interview tools, and site assessments and interviews with individuals receiving services.

Division of Disability and Rehabilitative Services (DDRS), State of Indiana
First Steps Fiscal Analysis and Rate Study, Project Manager
> Serve as the Project Manager for a project focusing on a fiscal analysis and rate study for the early intervention program. This project involved dissemination and analysis of a comprehensive cost reporting and time study tool to First Steps providers, and providing rate recommendations, including alternative rate structures along with a comprehensive fiscal review and recommendations of the current program structure

Department of Early Education and Care, State of Massachusetts
Workforce Business Process Reengineering, Project Manager
> Serve as the Project Manager in a review of childcare workforce business processes. This project includes a current state assessment, options analysis, BPR recommendations, including high-level business requirements, development of integrated Learning Management System (LMS) RFP, review of RFP responses, and facilitation of internal agency workgroup to discuss integration needs.

Transportation Study, Project Manager
> *Project:* Serve as the Project Manager in a broad review and assessment of childcare transportation services, including a report on findings and recommendations.

Office of the Child Advocate, State of Massachusetts
Residential Schools Approval and Licensing Data and Systems Review

Conducted a review of the data currently collected for residential schools including review of data currently not shared electronically or analyzed across agencies. The review produced a data taxonomy and crosswalk, including a documented process for how to create a residential school ID, and development of a Go Forward Recommendation based on the data and IT findings.

Opportunities for Ohioans with Disabilities, State of Ohio
Statewide Vocational Rehabilitation Fee Structure, Project Manager

Served as the Project Manager for a project focusing on development of a cost based statewide fee structure for agencies providing vocational rehabilitation (VR) services. This project involved dissemination and analysis of a comprehensive cost reporting tool to VR providers, conducting community forums to discuss recommended changes, as well as gathering and analyzing best-practice standards in regard to job coaching and job development training, education and experience.

Governor's Executive Chamber, State of New York
Universal Incident Management System, Deputy Project Manager

Deputy Project Manager for a review of the need for a new universal incident management system spanning 7 state agencies, including disability, mental health, education and juvenile justice. The work includes development of detailed business requirements and a fit/ gap analysis.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Charlotte, NC*   December 2013 - Present

New York State Division of the Budget, *Albany, NY*   August 2009 – December 2013

EDUCATION

Rutgers University
Master of Public Administration, Concentration in International Public Service and Development

Cornell University. School of Industrial and Labor Relations
Certificate in Management Development

Nyack College
Bachelor of Arts in Social Science

SUZANNE CRISP
SENIOR ADVISOR PUBLIC PARTNERSHIPS

Ms. Suzanne Crisp has over 30 years analyzing and interpreting federal, state, and local laws and regulations related to Medicaid. She guides senior management in strategic planning and development of policies, procedures, and activities related home and community-based services on the state and national levels. Contributing to home and community-based service literature through policy briefs, white papers, blogs, and related publications and activities, she has published many public reports. She assists with the implementation of new programs across all Medicaid waiver authorities. Quality Assurance and Improvement and has been a long-standing area of proficiency for Suzanne. Work includes the analysis of the existing managed care environment with a focus on quality assurance and improvement. Suzanne was an active member of the National Quality Enterprise, which was a CMS-sponsored group developed to guide states on quality assurance and improvement strategies. She is former distinguished member of the HCBS Quality Forum. This group created quality performance measures for Medicaid waivers and demonstrations.

RELEVANT PROJECT EXPERIENCE
Public Partnerships LLC/Public Consulting Group
September 2016 – present: Senior Advisor
> *Project:* Suzanne serves as a national expert on implementing and managing programs that offer individuals flexible home and community-based services to meet their assessed needs. Providing technical assistance to State Medicaid Agencies, she issues recommendations on program design features to create practical, value-added, and cost-effective programs. Most recently, has aided Medicaid executives in Nebraska, Ohio, Wyoming, Virginia, New Jersey, and Massachusetts.

National Resource Center for Participant-Directed Services (NRCPDS)
September 2008 – September 2016: Director of Program Design and Implementation
> *Project:* Suzanne is considered a national expert with over 30 years' experience with Long-Term Services and Supports (LTSS) having unique knowledge quality in home and community-based services. She drafted the quality framework that is still used for the Veterans Administration Home Care System. She is proficient in developing new Medicaid Waivers and Demonstrations, including, the Home Care Setting Rule requiring states to fully integrate their systems. She assessed existing state quality strategies in state programs to determine compliance and efficiency through a contract with CMS. Performing diagnostic program reviews to determine areas of improvement, she issues recommendations for state programs across all disability populations.
>
> She has provided detailed expert advice and training to one nationally recognized Managed Care Entity and developed a comprehensive training curriculum for health plan service coordinators. In the past, she served as a technical assistance provider for self-directed programs under the Money Follows the Person initiative. Served as the co-coordinator between NRCPDS and the Administration for Community Living (ACL) and provided technical assistance to the Veteran's Administration Home and Community Based Services (VD-HCBS) initiative

Thomson Reuters, Cambridge, MA (Remote Office – Kingwood, TX)
Chronic Care, and Disability (April 2002 – September 2008): Senior Research Leader
> *Project:* Provided extensive technical assistance to State Medicaid programs on all facets of implementing, monitoring, and evaluating self-direction within their home and community-based programs at the direction of CMS and under contract with Acumen. Served as a State Liaison Mentor for the Cash & Counseling Replication Initiative to twelve states. Performed readiness reviews for self-directed case management systems and person-centered planning training for state programs. She assists programs in developing self-directed quality performance measures and reviews state quality management plans with a focus on self-direction. Under a contract with the Administration on Aging, provided individual and group technical assistance, research on implementation strategies, program assessments, and evaluations of the Nursing Home Diversion grantees on self-direction. Collaborated with other Thomson Reuters staff to evaluate the Commonwealth of Virginia's System Transformation Grant. At the request of individual state

programs, provided general and topic-specific technical assistance on self-directed design, implementation and management approach.

Centers for Medicare & Medicaid Services, Woodlawn, MD
April 2000 – April 2002: Director of Integrated Services
> *Project:* Assigned to the Federal government to advance national policy as related to the President's New Freedom Initiative. The focus was on participant direction and increasing the choices and control of persons with disabilities receiving Medicaid services. Assisted with the creation and operationalization of Financial Management Services. Reviewed and issued recommendations on new state submissions involving participant direction. Provided technical assistance to states and represented CMS at national conferences, legislative briefings and other meetings with initiatives related to participant direction.

Division of Aging and Adult Services, Little Rock, AR
August 1993 – April 2000: Assistant Director
> *Project:* Managed the Community & Consumer Services Section. Directed 85 professional staff, a $2 million administrative budget, and $65 million program budget. Developed and operated three Medicaid Home and Community-Based Waiver Programs providing services to over 8,000 Arkansans. Developed and implemented the Money Follows the Person grant. Developed, implemented, and managed two Robert Wood Johnson Foundation grants entitled Cash & Counseling and Coming Home, an Administration on Aging grant and a nursing home transition grant. Supervised the Adult Protective Services and the State Ombudsman Program. Oversaw all the Older Americans Act programs

PROFESSIONAL BACKGROUND

Public Consulting Group, *City, ST*   Month Year – Month Year

Company/Agency Name, *City, ST*   Month Year – Month Year

Company/Agency Name, *City, ST*   Month Year – Month Year

EDUCATION
Arkansas State University
Bachelor of Arts

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
Crisp, Suzanne. (2019) Authored the Quality and Information and Assistance Chapters and co-authored the Individual Budget Authority and Managed Care Chapter of the Self-Direction Handbook, published by the US Department of Human Services. Due for release in September 2020.

Crisp, Suzanne and Sciegaj, Mark. (2014). Selected Provisions from Integrated Care RFPs and Contracts: Participant Direction. Published by the Integrated Care Resource Center.

Crisp, Suzanne and Sciegaj, Mark. (2014). Five State Case Study: How Participant Direction is Faring in a Managed Care Environment. Published by Mathmatica.

Murphy, Mollie; Selkow, Issac; and Crisp, Suzanne. (2012). Agency with Choice. Key Components for Practical Implementation while Maintaining Participant Choice and Control. Published by the National Resource Center for Participant-Directed Services.

Crisp, Suzanne and Galantowicz, Sara. (2009) Safe at Home: Developing Effective Criminal Background Checks for Home Care Workers. Published for the AARP.

Crisp, Suzanne and Rowe, June. (2006). Individual Providers: A Guide to Employing Individual Providers under Participant Direction. Published for the Centers for Medicare & Medicaid Services.

Crisp, Suzanne and Nadash, Pamela. (2005). Best Practices in Consumer Direction. Published for the Centers for Medicare & Medicaid Services.

Crisp, Suzanne and Reinhard, Susan. (2005). Person-Centered Planning and Individual Budgeting. Published for the Centers for Medicare & Medicaid Services.

NATHAN GROSSMAN
MANAGER AT PUBLIC CONSULTING GROUP, INC.

For the past 20 years, Mr. Grossman has led various financial and programmatic evaluations for aging and disability programs, foster care, childcare, behavioral health, vocational rehabilitation, adult protective services, and early intervention. He has worked with health and human services agencies in more than a dozen states to provide a range of consulting on disability programs, and also has expertise in information technology system planning, and implementation for public agencies and in federal revenue management in multiple areas of federal funding (Titles II, IV-D, IV-E, XIX, XXI and IDEA Parts B & C, SSI/SSA, CCDF, TANF and SNAP).

RELEVANT PROJECT EXPERIENCE

Commonwealth of Massachusetts – *Rehabilitation Commission*
Acquired Brain Injury (ABI) Needs Assessment Study

> Served as engagement manager to identify the specific needs of individuals with acquired brain injury (ABI) in the Commonwealth. The assessment also explored best practices with a strong focus on the following service models: post-acute rehabilitation, transition from rehabilitation to day/community or residential programs, skills training, case management, social/recreation needs, transportation, respite care, behavioral health needs, employment, and community supports. Using literature review, nationwide best practices research, and consumer focus groups throughout the state, PCG developed recommendations for aimed at improving quality outcomes.

State of South Carolina – *Department of Health and Human Services*

HCBS Final Rule Site Assessment

> Served as engagement manager to complete over 1,000 HCBS Final Rule onsite assessments for residential and non-residential sites statewide. The purpose of the assessment was to determine how waiver participants experience HCBS services and to determine if they are fully integrated into the community to the extent they desire, have full access to the greater community, and receive quality services. Interviews are conducted with waiver participants, family, service coordinators, and provider agency staff.

State of Illinois – *Department on Aging*

HCBS 1915(c) Waiver Community Care Program Rate Study

> Served as engagement manager to complete independent rates studies for the following four Community Care Program services as part of complying with the renewal of their Medicaid Home and Community-Based Services (HCBS) waiver program: Emergency Home Response Services (EHRS); Adult Day; Adult Day Transportation; In-Home Care Services.

Adult Protective Services Rate Study

> Served as engagement manager to complete a comprehensive time and rate study of the APS program to make recommendations regarding a fair rate of reimbursement for provider agencies and administrative agencies. PCG gathered cost, activity, and other information from 42 contracted service providers through multiple data collection tools. A cost report collected essential personnel and operating expenses, as well as APS revenue. PCG captured time and activity by administering a time study, which involved site visits to numerous providers around the state.

State of New York – *Office for People with Developmental Disabilities*

<u>Study to Design a Mobility Management Program</u>
> Served as engagement manager for a multi-agency independent assessment of the mobility and transportation needs of persons with disabilities and other special populations, resulting in a report to the NYS Governor, Senate and Assembly. The overall goal of the project is to develop a plan that will improve self-direction, community inclusion and competitive employment through mobility management transportation options for New Yorkers with disabilities.

State of New York – *Governor's Executive Chamber*

<u>Universal Incident Management System</u>
> Engagement Manager for a two year review of the need for a new universal incident management system spanning 7 state agencies, including aging, disability, mental health, education and child welfare.

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

<u>Technical Assistance, Training, Evaluation and Technology Services</u>
> Support the five-year Kansas End-Dependence Initiative, to employ 2,000 Kansans with disabilities through implementation of new evidenced-based vocational rehabilitation services.

<u>Program Evaluation, Analysis and Quality Assurance</u>
> Served as the Engagement Manager for a comprehensive program evaluation of eight vocational rehabilitation services offered by Rehabilitation Services (RS). PCG created, distributed, collected, and analyzed a number of evaluation tools aimed at capturing information regarding service delivery, length of services, as well as staff composition of contracted providers. PCG also executed a three week time study in order to quantify time spent on activities related to providing RS services, including direct client time, travel time, and time spent on administrative activities.

State of New York – *Department of Health*

<u>HCBS Final Rule Statewide Implementation Plan Support</u>
> Assist the state develop provider self-assessment, site assessment, remediation plans and heightened scrutiny processes across its HCBS waivers to achieve compliance with the HCBS Final Rule.

State of Indiana – *Family and Social Services Administration*

<u>Inventory for Client and Agency Planning (ICAP) Assessment</u>
> For the Indiana Division of Disability and Rehabilitative Services (DDRS), acted as Engagement Manager in conducting needs assessments for about 900 individuals with developmental disabilities annually.

<u>Medicaid HCBS Waiver Design and Transition Planning</u>
> Acted as Engagement Manager on a three-year project to support the State's Transition Plan resulting from HCBS Final Rule, mandating integrated community settings. (42 CFR 441.301(c)(4)-(5), and Section 441.710(a)(1)(2)). The changes impacted 8 different Medicaid 1915(c) Waivers administered by the Division of Aging, Division of Disability and Rehabilitative Services, and the

Division of Mental Health and Addiction. Through three additional scopes of work, also assisted the state revise and resubmit its Community Integration and Habilitation (CIH) Waiver for CMS approval and assisted the Division of Aging and the Division of Disability and Rehabilitative Services coordinate provider self-assessments and conduct initial site visits to determine compliance with the HCBS Final Rule.

Vocational Rehabilitation Evaluation and Payment Processing

On two separate multi-year contracts, acted as Engagement Manager to support Indiana's Vocational Rehabilitation program. The first contract is to produce quarterly employment outcome evaluation reports, which includes designing and developing a new data warehouse. The second contract is to implement a new IT system to manage all vocational rehabilitation provider payments statewide, including payment authorization, funds management, and banking functions.

RELEVANT PROFESSIONAL EXPERIENCE

Public Consulting Group, *Boston, MA*   April 2000 – Present

Deloitte Consulting, *Boston, MA*   January 1999 – February 2000

EDUCATION

Clark University, *Boston, MA*
Master of Business Administration

Bucknell University, *Lewisburg, PA*
Bachelor of Arts in Economics and English

ADDITIONAL TRAINING

Organizational Change Management
Prosci ADKAR Change Practitioner Certification, 2018

Person-Centered Training
Michael Smull of Support Development Associates, 2016

Project Management Institute
Project Management Professional Certificate, 2007

RACHEL J. STEFFAN
LEAD SUPERVISOR OF HEALTHCARE COMPLIANCE INVESTIGATIONS AT PUBLIC CONSULTING GROUP, INC.

Ms. Rachel Steffan has worked as a Licensed Social Worker for 17 years. During this time, Ms. Steffan has always had a roll with providing services to special populations. She worked for 11 years for an independent provider company who provided residential services for developmentally delayed individuals. While at this company, she was able to expand her management role and work in compliance and educational positions.

Ms. Steffan facilitates the Ohio Home Care Waiver provider trainings monthly. The trainings consist of an overview of the Ohio Administrative Codes that outline the provider's requirements and specifications for their delivery of Ohio Home Care Waiver services. Ms. Steffan travels across the State to provide in-person provider training to Ohio Homecare Waiver Providers.

Ms. Steffan also has an active role in staff training and education within Public Consulting Group.

RELEVANT PROJECT EXPERIENCE
Public Consulting Group, Inc., State of Ohio
Ohio Home and Community Based Services Waiver Programs Provider Oversight (January 2016 – Current): Healthcare Compliance Investigation Lead Supervisor

> Ms. Steffan is the Lead Supervisor of the MyCare team. She leads a 5-person team of investigators and also a supervisor and her team, monitoring the team's progress to ensure contact requirements are met. She provides continual support to the team through data analysis, education, and reviewing the investigator's work output. Duties include assuring investigations comply with contract deadlines and quality standards.

Public Consulting Group, Inc., State of Ohio
Ohio Home and Community Based Services Waiver Programs Provider Oversight (March 2014 – December 2015): Provider Management Supervisor

> In this role, Ms. Steffan created and maintained training materials for structural review staff; conducted initial and ongoing training and education for review staff; and served as a resource for review teams. She supervised a team who performed compliance reviews and helped to address provider issues. Ms. Steffan assured that reviews complied with contract timelines and that proper referrals were made to external investigatory entities, as required. She also assisted in data analysis and reporting. Ms. Steffan also has experience supervising on-site reviewers

Ohio Department of Medicaid, State of Ohio
Home and Community Based Services Provider Oversight (August, 2013 – March, 2014): Compliance Review Specialist

> Performed face-to-face structural reviews with Ohio Home Care Waiver providers with a focus on educating providers on roles and responsibilities.

PROFESSIONAL BACKGROUND
Ohio, Innovative Support Services – July 2002 - May 2013

Incident Coordinator

Ms. Steffan worked with County Boards to develop prevention plans, and ensured all state rules and regulations were met and followed. She kept a monthly log of all Unusual Incidents, and wrote monthly, quarterly, semiannual, and annual reviews of data collected.

Quality Assurance
In this role, Ms. Steffan acted as an Internal Auditor for the agency. She assisted in developing the Innovative Support Services compliance review tool. She also gained experience in conducting audits of medications, homemaker personal care documentation sheets, transportation sheets, timesheets, individual service plans, living environments, and other information and paperwork pertinent to providing services to consumers.

Organizational Development
Ms. Steffan provided training on various topics, including: Consumer Rights, Confidentiality, MUI/UIs, and Gentle Teaching.

Regional Director
Ms. Steffan supervised over 15 direct care staff, analyzed company and individual's budgets, as well as utilization of services provided. She was responsible for the hiring of new employees and conducted employee evaluations.

Support Manager
As a Support Manager, Ms. Steffan supervised direct care managers in residential settings. She worked closely with County Boards of Developmental Disabilities and guardians to ensure all the needs of individuals were met, and that their health and welfare was guaranteed. She also provided direct care to individuals in their homes.

Ohio, Calvary Manor Nursing Home - 1996 - 2002

Activity Aid
Ms. Steffan organized and assisted nursing home residents in recreational and leisure activities.

EDUCATION
Defiance College, *Defiance, Ohio*
Bachelor's degree of Arts, Social Work, Bachelor's in Social Work, 2002

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
Licensed Social Worker in the State of Ohio, 2002

BARBARA RAMSEY
HCBS SUBJECT MATTER EXPERT, CONTRACTOR FOR PUBLIC CONSULTING GROUP, INC.

Ms. Ramsey is a subcontractor for PCG who has over 30 years of experience with HCBS waivers and all long-term services and supports programs. Ms. Ramsey provides essential guidance with policy development and strategic program design for individuals of all ages and abilities. Ms. Ramsey's experience includes implementing National Core Indicators for individuals with intellectual and developmental disabilities; writing and amending waivers, including performance measures for waiver assurances; oversight of training development for providers and case managers; ensuring statutory and regulatory compliance; stakeholder engagement; and successful partnerships with multiple advocacy organizations.

RELEVANT PROJECT EXPERIENCE
Department of Health, State of Wyoming
Home and Community Based Services Waiver Support (March 2020 – Present): Project Advisor
> *Project:* Develop materials for case management agencies and case managers to support the changes made in the amended waiver, to include a handbook for participants and training for case managers. Provide recommendations for changes to the review of requests for increased funding and supports for individuals with intellectual and developmental disabilities. Develop materials for Participant Direction, to include materials for participants and case managers. Develop training materials for the HCBS Settings Final Rule for providers and case managers.

Department of Health, Developmental Disabilities Supports Division
Home and Community-Based Services Rate Study (July 2018 – June 2019): Project Advisor
> Conduct rate analysis and rate setting through research and business analysis to recommend reimbursement rates for the provision of services for individuals with intellectual and developmental disabilities receiving services through the Developmental Disabilities, Mi Via, and Medically Fragile waiver programs in accordance with CMS guiding rules for rate setting methodology for 1915 (c) waivers. Project activities include development of methodology and tools to conduct a time study and collect cost information from over one hundred providers and provision of training and ongoing stakeholder engagement. Final report will include recommendations for new rates and rate structures to accurately reflect the cost of providing the services under the three waivers in New Mexico.

PROFESSIONAL BACKGROUND
State of Colorado, Department of Health Care
Policy and Financing, *Denver, CO*   January 2011 – October 2017

State of Colorado, Department of Human Services, *Denver, CO*   April 2007 – July 2013

State of Colorado, Department of Health Care
Policy and Financing, *Denver, CO*   1997 - 2007

EDUCATION
Montana State University, *Billings, MT*
Bachelor of Science, Vocational Rehabilitation and Related Services

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

University of Delaware – *Newark, DE*
Leadership Institute, Certification – National Leadership on Developmental Disabilities

Brandeis University – *Waltham, MA*
The Heller School for Social Policy and Management, Certificate – Federal Fiscal Management

DANIEL CAHALAN
Senior Delivery Manager – Public Consulting Group, Inc.

Dan Cahalan, located in our Boston, MA office, is a Senior Delivery Manager for the Health practice area at PCG and will serve as the Delivery Manager for this project. Since joining PCG, Mr. Cahalan' s primary responsibilities are as a Delivery Manager, gathering and updating project materials, completing budgeting, resource planning and forecasting, project documentation, business flows, and lessons learned documents. In addition to his planning work for new projects, Mr. Cahalan is also responsible for all scrum cycle ceremonies including Sprint Backlog Refinement, Sprint Planning, Daily Stand Ups, Sprint Reviews and Sprint Retrospectives.

RELEVANT PROJECT EXPERIENCE
Quality Improvement Organization, State of MD
MD QIO (March 2020 – Present): Senior Delivery Manager
Design and develop a system to measure and improve performance in the CMS Quality Framework for Home and Community-based Services. Also provide strategies and structures that aid the DDA to enhance the quality of life and to help ensure health and wellbeing for folks with intellectual and developmental disabilities who receive services from State of Maryland.

Mr. Cahalan manages the project ceremonies, produces and monitors budgets, schedules, communications and works closely with development team members and consultants to ensure that project progress remains on target while maintaining high quality deliverables

Ohio Home and Community Services/State of Ohio
Ohio Structured Review (January 2019 – May 2019): Senior Delivery Manager
Design and develop a provider oversight structured review case management system for tracking and measuring the quality of agency services provided to the enrolled people in home and community-based programs for the state of Ohio

Mr. Cahalan provided overall project management, strategy and oversight to the project. Led the development team to design, code, test and deploy this new application for optimum user experience and functionality

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA*	December 2013 – Present
Delta Dental, *Charleston, MA*	May 2013 – October 2013
Kurzweil Technologies*, Wellesley, MA*	January 2011 – May 2013
Beacon Health Strategies, *Boston, MA*	November 2009 – 2011

EDUCATION
Boston University, *Boston, MA*
MS, Software Engineering, Boston University, Masters Software Engineering, Candidate

University of Massachusetts, *Boston, MA*
BS, Business Administration, 1979

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

PMP Certification / Project Management Professional since 2009
CSM Certification / Certified Scrum Master since 2010

Proficient in MS Project, MS Teams, JIRA, MS Team Foundation, SharePoint, MS PowerPoint, Visio
Proficient in Java, .NET, MS Access, MS SQL, Crystal Reports

SALLY RATERMAN
PROVIDER OVERSIGHT SENIOR MANAGER AT PUBLIC CONSULTING GROUP, INC.

Ms. Raterman has 30 years of experience in education and social services in the public and private sectors. She has a comprehensive, working knowledge of the rules and laws that govern the Ohio HCBS. She is a licensed social worker with many years of clinical practice experience in state facilities, private hospitals and mental health agencies with a focus on dual, mental health diagnoses with substance use disorder. Ms. Raterman began her career at PCG as Incident Management Supervisor and was quickly promoted to Operations Manager.

RELEVANT PROJECT EXPERIENCE

Department of Medicaid, State of Ohio

HCBS Provider Oversight (March 2016 – Present): Senior Manager

> *Ms. Raterman:* Oversees all teams in Ohio that investigate incidents for individuals on HCBS Home Care Waiver, Specialized Recovery Services, MyCare, and HOME Choice demonstration programs.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Columbus, OH*   March 2016 – Present

Ohio Hospital for Psychiatry, *Columbus, OH*: Therapist

> Provided individual therapy as well as intensive outpatient and partial hospitalization services in a group setting, to include patients with dual diagnoses in mental health and substance use disorder treatment modalities. Responsible for daily operations, intake, and business development in the outpatient setting.

Ohio Hospital for Psychiatry, *Columbus, OH*: Director of Business Development

> Served as Director of Business Development for the main hospital. Managed a team of clinical liaisons and traveled the state of Ohio securing business leads, educating clients and providers, and mitigating risk associated to customer service issues. Served as the lead on the accreditation team and chaired staff file review of all documentation needed for state and federal regulations.

State of Ohio Department of Education, *Columbus, OH*: Consultant

> Provided consultative services to the Office of Exceptional Children. Developed and executed focused monitoring directives for eight state-operated juvenile correction facilities. Provided oversight for compliance review and corrective action planning. Analyzed and documented trends of non-compliance throughout the State of Ohio. Ensured Federal and State Mandates were being followed to protect educational rights of students with disabilities. Worked in collaboration with the Ohio Department of Youth Services.

Educational Service Center of Franklin County, *Columbus, OH*: Consultant

> Educational advocate for foster care students in public school setting. Served at risk population for Reynoldsburg School District and provided individual and group services to mitigate risk of non-completion. Interfaced extensively with Child Protection Service Agencies. Provided clinical and community-based services for students and their families. Operational oversight funded by a grant, renewed annually.

State of Ohio Department of Youth Services, *Columbus, OH*: Deputy Superintendent

Developed, implemented, and managed institutional policies and procedures. Managed 10 department heads and over 100 staff. Trained 88 juvenile county court systems for new implementation on Reception Center and intake facility. Team lead on ACA (American Correction Association) accreditation process. First youth correctional facility to become accredited in the State of Ohio. Union contract negotiations with three unions. Pre-disciplinary hearing officer. Managed all internal investigations in conjunction with the Ohio State Patrol. Provided clinical expertise and supervision to social work, education, psychology and medical departments and their staff. Worked closely with University of Cincinnati to research and develop the Juvenile Automated Substance Abuse Evaluation (JASAE) to assess and triage substance use related treatment needs of all youth adjudicated in the State of Ohio.

Hannah Neil Center for Children, *Columbus, OH*: Home Based Therapist, Case Manager, Team Lead

Provided clinical services to children and their families in residential and home settings. Provided treatment planning, diagnosing, daily and monthly progress notes, group work on various subjects, crisis intervention, strategic intervention planning, and supervising a group of eight to ten therapists.

EDUCATION

University of Dayton, *Dayton, OH*
Master of Science, Educational Counseling, 1995

Ohio State University, *Columbus, OH*
Bachelor of Science, Family Relations and Human Development, 1988

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Licensed Social Worker, Ohio, 1995

Ms. Sora Shin supported the implementation of the DD waiver quality assurance (QA) review processes and QIDS for Illinois and Maryland. Ms. Shin led the research and development process of the assessment tools for case record reviews, onsite provider reviews, environmental safety check, and interviews of individuals with I/DD, case managers, Qualified Intellectual Disabilities Professionals (QIDPs), and service providers. Ms. Shin collaborates with PCG software developers to configure PCG's QIDS to address state-specific requirements and needs. As a certified Project Management Professional (PMP), Ms. Shin will be responsible for the development of PCG QIDS System tools and reporting needs for this project.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of Maryland

Quality Improvement Organization (QIO) Services

> *Project:* PCG conducted implementation activities for QIO services on behalf of the Department of Health including: improve quality of care for individuals; protect the integrity of public funds; and increase the overall individual's satisfaction. QIO functions involve monitoring of Basic Waiver Assurances, Utilization Reviews, Execution of National Core Indicator Surveys, Council for Quality Leadership Accreditation of the State System, and Data System for tracking of reviews and provider performance.
>
> *Ms. Shin:* Serve as project manager on the implementation of Basic Waiver Assurances Monitoring and Utilization Reviews including research on best practices, study of current policies and procedures, development of assessment tools, systems, policies and procedures, and training for Basic Waiver Assurances and Utilization Reviews.

Department of Healthcare and Family Services, State of Illinois

Quality Assurance Investigations (February 2018 – Present):

> *Project:* On behalf of Department of Healthcare and Family Services, PCG conducts quality assurance investigations of their five Home and Community-Based Services (HCBS) Waivers to ensure the Participants' health, safety, and welfare are protected.
>
> *Ms. Shin:* Create assessment tools for quality assurance investigations of Illinois' HCBS Waivers. Work with IT Platform developers as the HCBS subject matter expert to launch electronic administration of reviews. Conduct training for Registered Nurse (RN) assessors on quality assurance review tools, HCBS waivers, and PCG's IT Platform. Develop quarterly and annual reports for submission to CMS on behalf of the State.

Division of Medical Assistance, State of North Carolina

Provider Investigation and Oversight (June 2016 – Present): Consultant

> *Project:* Working for the Division of Medical Assistance's Office of Program Integrity, PCG provides oversight of Medicaid providers and ensures the integrity of Medicaid funds by conducting investigations of provider complaints and data analytics initiatives.
>
> *Ms. Shin:* Analyze claims and other relevant data to develop audit strategies to support the data analytics work groups composed of PCG and Program Integrity staff designed to advance change management goals of the project.

Division of Medical Assistance and Office of Administrative Hearings, State of North Carolina

Prior Authorization Due Process Monitoring and Reporting (June 2016 – Present): Consultant

> *Project:* Assist the State with maintenance of the secure, online clearinghouse that serves as the central point for all documents pertaining to a recipient appeal. PCG staff monitor authorizations

and adverse decisions for all service types that require prior authorization. This monitoring is done through the Medicaid Prior Authorization reporting system to ensure that vendors are following the mandated appeals process and thereby ensuring that recipients are receiving the appeals process that they are entitled.

Ms. Shin: Support the business process analysis of the recipient appeals process to improve workflow and achieve cost reductions and cost avoidance.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Raleigh, NC*   June 2016 – Present

NC New Schools*, Research Triangle Park, NC*   December 2013 – May 2016

AXA Equitable*, Charlotte, NC*   June 2013 – November 2013

EDUCATION

University of North Carolina at Chapel Hill, *Chapel Hill, NC*
Bachelor of Arts, Economics, 2012

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

COVID-19 Contact Tracing Certificate – Johns Hopkins University & Coursera

Project Management Institute – Project Management Professional (PMP)

University of California – Irvine Extension – Data Science Certificate

REFERENCES

Tracy Anderson
IL Department of Healthcare and Family Services
201 S. Grand Ave. E., 2nd floor
Springfield, IL 62704
217-557-1718

Carla Wright
IL Department of Healthcare and Family Services
201 S. Grand Ave. E., 2nd floor
Springfield, IL 62704
217-557-1867

Fredrica Nash
Center for Education Services at RTI International
3040 E Cornwallis Rd
Durham, NC 27709
919-423-0611

Mr. Van Cranford is a Lead Business Operations Analyst in PCG's Raleigh, NC office. Mr. Cranford specializes in data analysis and performance reporting. Mr. Cranford has been with the firm since May, 2013 but has been analyzing data on a professional level since 2011. Mr. Cranford holds Bachelor's and Master's Degrees from North Carolina State University, a Bachelor's Degree from Dakota State University and is working towards a Master of Science in Computer Science from Georgia Institute of Technology.

Mr. Cranford's experience will allow him to play a significant role in this endeavor, especially in the areas of data analytics and reporting. He currently performs and has performed the same or similar role in New York, Massachusetts, North Carolina and Michigan.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of New York
COVID-19 Contact Tracing (May 2020-Present): Lead Data Analyst
PCG provided significant staffing resources to the State of New York to combat COVID-19 spread. Staff worked as contact tracers to communicate with known and potentially infected individuals, determining their level of infection as well as others they have been in contact with. Was chiefly responsible for creating a holistic reporting suite, utilizing 8 disparate data sources to provide client and project management with near real-time performance measures. Also performed a variety of client-ready reporting, including daily hiring reports, Equal Employment Opportunity Commission reporting, target zip code reporting as well as tri-weekly new user uploads.

Department of Medicaid, State of Ohio
Home and Community Based Services Provider Oversight (July 2013-Present): Lead Data and Financial Analyst
PCG provided oversight of Medicaid waiver providers through provider enrollment, incident investigation, structural reviews, and onsite visits. Performed a variety of data and financial analytics functions that revolved around financial health performance management. Produced monthly presentations, reports, and invoices demonstrating PCG production.

Executive Office of Health and Human Services, Commonwealth of Massachusetts
Predictive Modeling Managed Support Services (January 2017-Present): Lead Data Analyst
PCG provides predictive modeling service through and with its subcontractor BAE. Chiefly responsible for all data and financial analysis aspects of the project from PCG's perspective, including policy research management, financial analysis management and coding, and analytic deliverables. Most recently, Mr. Cranford has undertaken an Opioid utilization analysis, identifying members and prescribers that take or prescribe Opioids at much higher levels than their peers.

Department of Health and Human Services, State of North Carolina
Provider Investigation and Oversight (July 2014-Present): Lead Data Analyst
PCG provides oversight of Medicaid providers through the investigation of provider complaints and data analytic initiatives. Chiefly responsible for all data and financial analysis aspects of the project, including database creation, financial health tracking and management and internal and external performance reporting.

Department of Health Care Finance, Washington, DC
Program Integrity Assessment (November 2014-February 2014): Data Analytics and Data Mining Team Lead
PCG assessed all functions of Program Integrity at the Department of Health Care Finance, including: policies and procedures, staffing, workflow, and data analytics. Responsible for evaluating the current state of data analytics and data mining of Program Integrity at the Department of Health Care Finance.

Evaluation included an appraisal of both personnel and systems. Identified current problems and proposed solutions to address these problems.

Department of Health and Human Services, State of North Carolina
Post Payment Review (June 2013-September 2014): Data Analyst
PCG assisted the state in recovering Medicaid overpayments through the use of notifications and extrapolation. Assisted with the conversion from Hewlett Packard to Computer Science Corporation data files. Ensured quality of files by referencing data points from both files against each other.

United Autoworkers Retiree Medical Benefits Trust
Low Income Subsidy Enrollment (July 2014-Present): Lead Data Analyst
PCG facilitates the process of enrolling United Autoworkers retirees into the Medicare Extra Help program. Provided this enrollment on behalf of the United Autoworkers Retiree Medical Benefits Trust. Responsible for all data reporting on both a weekly and monthly basis. Create batch files to submit directly to the Social Security Administration for enrollment.

PROFESSIONAL BACKGROUND

HAVEN HOUSE SERVICES
Quality Assurance Specialist
Was responsible for the implementation of the agency's annual performance and quality improvement plan. Researched measurement indicators, collected data, analyzed and aggregated data, and presented data for senior management and the board of directors. Previous areas of quality improvement include: human resources, client satisfaction, risk management, and client rights.

NORTH CAROLINA MUSEUM OF ART

Membership Associate
Increased agency donor base that already consisted of 20,000 members. Explained benefits of being a museum member to prospective donors. Practiced interpersonal communication by answering membership related questions. Performed member research through the use of Donor 2 database.

EDUCATION

Georgia Institute of Technology, *Atlanta, GA*
Master of Science in Computer Science, 2023 (expected)

North Carolina State University, *Raleigh, NC*
Masters of Public Administration, 2012

Dakota State University, *Madison, SD*
Bachelors of Science, Computer Science, 2019

North Carolina State University, *Raleigh, NC*
Bachelors of Science, Business Administration, 2010

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

SQL, Access, Excel, SAS Visual Analytics, Tableau, C, C++, C#, Assembly, UML, Visual Basic, R, RStudio, SAS, LISP, PROLOG, SAS Enterprise Guide, SPSS, Project, Wrike, Visio, Eclipse, Linux

REFERENCES

Brendan Crosby-Leonard
Massachusetts Executive Office of Health and Human Services

Joint Report

U.S. Department of Health and Human Services
Office of Inspector General,
Administration for Community Living, and
Office for Civil Rights

Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight

January 2018

The Department of Health and Human Services (HHS), Office of Inspector General (OIG), provides independent and objective oversight that promotes economy, efficiency, and effectiveness in HHS programs and operations. OIG's program integrity and oversight activities are shaped by legislative and budgetary requirements and adhere to professional standards established by the Government Accountability Office (GAO), the Department of Justice (DOJ), and the Inspectors General community. OIG carries out its mission to protect the integrity of HHS programs and the health and welfare of the people served by those programs through a nation-wide network of audits, investigations, and evaluations.

The Administration for Community Living (ACL) serves as the Federal agency responsible for increasing access to community supports while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan. ACL's mission is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. By funding services and supports provided by networks of community-based organizations and with investments in research and innovation, ACL helps make this principle a reality for millions of Americans.

The HHS Office for Civil Rights (OCR) is the Department's civil rights, conscience and religious freedom, and health privacy rights law enforcement agency. OCR's disability nondiscrimination enforcement authorities include Section 504 of the Rehabilitation Act, Title II of the Americans with Disabilities Act, and Section 1557 of the Affordable Care Act.

Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight

Group Home Beneficiaries Are at Risk of Serious Harm

- OIG found that health and safety policies and procedures were not being followed. Failure to comply with these policies and procedures left group home beneficiaries at risk of serious harm.

- These are not isolated incidents but a systemic problem – 49 States had media reports of health and safety problems in group homes.

A Roadmap for States – Compliance Oversight Model Practices

A toolbox for better health and safety outcomes in group homes

Model Practices for State Incident Management and Investigation

➢ Reporting and notification
➢ Incident review
➢ Investigation
➢ Corrective action and implementation
➢ Trend analysis

Model Practices for State Incident Management Audits

➢ Assess incident reporting
➢ Assess response and review of incidents
➢ Assess investigations
➢ Assess corrective actions
➢ Assess identification and response to incident trends

Model Practices for State Mortality Reviews

➢ Identify cause and circumstances of beneficiary death
➢ Where warranted, take corrective action
➢ Identify mortality trends
➢ Systemic responses and evaluation of their efficacy
➢ Reporting

Model Practices for State Quality Assurance

➢ Oversight of service planning and delivery
➢ Periodic assessment of performance
➢ Review network capacity and accessibility
➢ Compliance monitoring of requirements and outcomes

OIG Group Home Health and Safety Work

- ➢ **Objective:** To determine if group homes complied with Federal and State requirements for reporting, recording, and detecting critical incidents in group homes
- ➢ **Where we did the work:** Connecticut, Massachusetts, and Maine
- ➢ **Finding:** OIG found serious lapses in basic health and safety practices in group homes.
- ➢ **Recommendations:** Connecticut, Massachusetts, and Maine should provide additional training, update policies and procedures, and provide access to Medicaid claims data.
- ➢ **Referrals:** OIG made multiple referrals to local law enforcement to address specific incidents of harm.

Critical Incidents **Not Reported** to Investigators

	CT	MA	ME
	99%	58%	95%
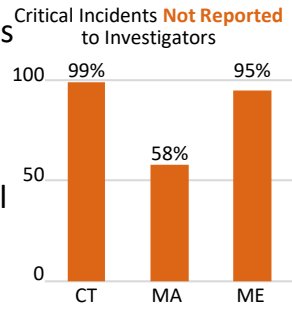
Examples

Connecticut did not report to investigators three separate critical incidents. A resident suffered from repeated head injuries that required treatment at a local hospital's emergency room. An immediate protective service order was issued for the beneficiary based on information OIG provided.

Massachusetts did not report to investigators two separate critical incidents. A resident suffered head lacerations while being restrained by the group home's aides. The resident required treatment at a local hospital's emergency room. Investigations were opened for both incidents based on information OIG provided.

OIG Reports on Group Home Health and Safety

- ➢ *Connecticut Did Not Comply With Federal and State Requirements for Critical Incidents Involving Developmentally Disabled Medicaid Beneficiaries (May 2016 – A-01-14-00002)*
- ➢ *Massachusetts Did Not Comply With Federal and State Requirements for Critical Incidents Involving Developmentally Disabled Medicaid Beneficiaries (July 2016 – A-01-14-00008)*
- ➢ *Maine Did Not Comply With Federal and State Requirements for Critical Incidents Involving Medicaid Beneficiaries With Developmental Disabilities (August 2017 – A-01-16-00001)*

Government Partnership – OIG, ACL, and OCR

- ➢ **Depth of expertise** and **multiple perspectives**
- ➢ Developing a set of **Model Practices that provide States with a roadmap** for how to implement better health and safety practices, many of which are already required
- ➢ **Coordination with: DOJ, CMS, State stakeholders**

Joint Report Suggestions to CMS:

CMS Guidance

Encourage States to implement compliance oversight programs for group homes, such as the Model Practices, and regularly report to CMS

CMS "SWAT" Team

Form a "SWAT" team to address systemic problems in State implementation and compliance with health and safety oversight

CMS Take Action

Take immediate action in response to serious health and safety findings in group homes, using authorities under 42 CFR § 441.304(g)

TABLE OF CONTENTS

I.   EXECUTIVE SUMMARY

This joint report is issued by the U.S. Department of Health and Human Services, Office of Inspector General (OIG); Administration for Community Living (ACL); and Office for Civil Rights (OCR) to help improve the health, safety, and respect for the civil rights of individuals living in group homes. The joint report provides suggested model practices to the Centers for Medicare & Medicaid Services (CMS) and States for comprehensive compliance oversight of group homes to help ensure better health and safety outcomes. In addition, the Joint Report provides suggestions for how CMS can assist States when serious health and safety issues arise that require immediate attention.

In recent decades, the United States has seen a shift from institutional care settings to more community-based services and supports. This change is attributable to multiple factors, including a growing desire of individuals, including individuals with disabilities, to live and participate in typical communities; the increased flexibility and use of Medicaid funding for community-based, long-term services and supports; and the implementation of the Supreme Court's *Olmstead* decision.[1] In addition, community-based settings, such as group homes, provide many individuals with greater independence, the choice to live in the community, and access to other opportunities.

Access to services that support community living is a key part of this transformation. Group homes and other residential settings that meet the requirements for home and community-based service provision as defined by the U.S. Department of Health and Human Services (HHS), CMS, are part of the spectrum of integrated options. However, individuals with developmental disabilities are at higher risk of abuse and neglect, particularly where they live (irrespective of residential setting type), and may have little or no access to police, support services, or external advocates.[2]

In response to a congressional request concerning the number of deaths and cases of abuse of individuals with developmental disabilities residing in group homes, OIG performed reviews in four States. The congressional request arose in part because of a 2012

> 82 of the 1,361 deaths of individuals with developmental disabilities in Connecticut involved suspected abuse or neglect.
>
> – CT OPA Report (2012)

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[1] In *Olmstead* v. *L.C.*, 527 U.S. 581 (1999), the U.S. Supreme Court established that unjustified isolation is a form of discrimination under the Americans with Disabilities Act.

[2] Christy J. Carroll, Efthalia Esser, and Tracey L. Abbott. *State of the States on Abuse and Neglect of Individuals with Developmental Disabilities*. North Dakota Center for Persons with Disabilities, Minot State University, 2010. Available at http://www.ndcpd.org/assets/abuse--neglect-state-of-the-state-paper.pdf. Accessed on October 18, 2017. See also OIG, *Early Alert: The Centers for Medicare & Medicaid Services Has Inadequate Procedures To Ensure That Incidents of Potential Abuse or Neglect at Skilled Nursing Facilities Are Identified and Reported in Accordance With Applicable Requirements* (A-01-17-00504). Available at https://oig.hhs.gov/newsroom/media-materials/2017/2017-snf.asp. Accessed on November 8, 2017. OIG identified 134 Medicare beneficiaries whose injuries may have been the result of potential abuse or neglect that occurred from January 1, 2015, through December 31, 2016. OIG also found that a significant percentage of these incidents may not have been reported to law enforcement.

report issued by the Connecticut Office of Protection and Advocacy for Persons with Disabilities (OPA) that found that 82 of the 1,361 deaths state-wide of individuals with developmental disabilities from January 2004 through December 2010 involved suspected abuse or neglect. OPA investigated 81 of those deaths. The deaths involved individuals with injuries such as broken bones; safety issues such as choking incidents and burns associated with scalding; car accidents involving unlicensed drivers; and inadequate medical services at private and public group homes, State training schools, regional centers, skilled nursing facilities, and hospitals. Investigators cited abuse, neglect, and medical errors as contributing factors in these deaths.

OIG's objective in its reviews was to identify instances in which the State agencies that administer the State Medicaid program did not comply with Federal waiver and State requirements for reporting and monitoring critical incidents involving Medicaid beneficiaries with developmental disabilities who reside in group homes.

In OIG's audits of Connecticut, Massachusetts, and Maine, the State agencies did not comply with Federal waiver and State requirements for reporting and monitoring critical incidents involving Medicaid beneficiaries with developmental disabilities. These audits found that these State agencies:

> ## An Example of a Group Home's Unreported Critical Incident
>
> A group home did not report a critical incident involving a resident with developmental disabilities. This resident suffered a second-degree burn on his right shoulder that required treatment at a local hospital's emergency room. The group home's aide, while assisting the resident in taking a shower, noticed the injury. The resident's medical records noted the aide stated that the cause of the injury was unknown and the resident could not describe how he received the injury. Because the injury met the definition of a "critical incident," the group home should have reported it.

- failed to ensure that group homes reported all critical incidents,

- failed to ensure that all critical incidents reported by group homes were properly recorded,

- failed to ensure that group homes always reported incidents at the correct severity level,

- failed to ensure that all data on critical incidents were collected and reviewed, and

- failed to ensure that reasonable suspicions of abuse or neglect were properly reported.

As a result of these and similar findings, OIG began meeting regularly with colleagues in the Administration for Community Living and the HHS Office for Civil Rights. The goal was to combine these Federal stakeholders' knowledge and resources to develop comprehensive suggestions for CMS and States that would improve the health and safety of group home beneficiaries while helping maintain their independence.[3] In addition, the Department of

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[3] See Appendix E for related HHS reports and activities.

Joint Report: Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight

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Justice (DOJ), Civil Rights Division, provided technical assistance based on its experience with incident management and quality assurance processes that help qualified individuals with disabilities live successfully in community-based settings. We also sought input from CMS and State stakeholders when developing these comprehensive compliance oversight suggested practices.

OIG, ACL, and OCR recognize there are limitations on the ability of a broad set of compliance oversight practices to fully encompass the varying and diverse legal, cultural, and regional differences of every State in the country. Accordingly, we seek to assist CMS in empowering State government partners to bring about the highest level of health and safety possible for group home beneficiaries. Our suggestions for CMS are focused on State compliance oversight practices, as well as, actions CMS can take to support States and beneficiaries when systemic and serious health and safety issues arise.

Our suggestions for ensuring group-home beneficiary health and safety involve four key compliance oversight components:

1. reliable incident management and investigation processes;

2. audit protocols that ensure compliance with reporting, review, and response requirements;

3. effective mortality reviews of unexpected deaths; and

4. quality assurance mechanisms that ensure the delivery and fiscal integrity of appropriate community-based services.

Accordingly, we developed four sets of Model Practices that address each of these key components and align with the requirements currently contained in the CMS Home and Community-Based Services (HCBS) Waiver (see HCBS waiver, Appendix G-1, Participant Safeguards: Response to Critical Events or Incidents[4]). The four Model Practices are:

Model Practices for State Incident Management and Investigation (Appendix A)

Model Practices for Incident Management Audits (Appendix B)

Model Practices for State Mortality Reviews (Appendix C)

Model Practices for State Quality Assurance (Appendix D)

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[4] Available at https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/hcbs-waivers-application.pdf. Accessed on November 8, 2017.

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Collectively implementing these four suggested compliance oversight components should help substantially to ensure the protection of beneficiaries' health, safety, and civil rights; the accountability of provider and service agencies; and the delivery of public services compatible with funding expectations and commitments. These elements are explained more fully in the appendices. We believe that these Model Practices provide a roadmap for States that will help them to ensure the health and safety of group home beneficiaries. States may adopt these Model Practices in whole or in part, depending on the needs of their particular State and population. Although these Model Practices focus specifically on the group home setting, many elements may apply to other noninstitutional care settings as well.

II. BACKGROUND

HHS OIG performed reviews in four States in response to a congressional request concerning the number of deaths and cases of abuse of individuals with developmental disabilities residing in group homes. The congressional request arose in part because of a 2012 report issued by the Connecticut OPA, which found that 82 of the 1,361 deaths state-wide of people with developmental disabilities, from January 2004 through December 2010, involved suspected abuse or neglect. OPA investigated 81 of those deaths. The deaths involved individuals with injuries such as broken bones; safety issues such as choking incidents and burns associated with scalding; car accidents involving unlicensed drivers; and inadequate medical services at private and public group homes, State training schools, regional centers, skilled nursing facilities, and hospitals. Investigators cited abuse, neglect, and medical errors as contributing factors in these deaths.

> OIG's objective was to identify instances in which State agencies did not comply with Federal waiver and State requirements for reporting and monitoring critical incidents involving Medicaid beneficiaries with developmental disabilities residing in group homes.

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Medicaid Program

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, CMS administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has

considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

Medicaid Home and Community-Based Services Waiver

The Social Security Act (the Act) authorizes the Medicaid Home and Community-Based Services Waiver (HCBS waiver) program (the Act § 1915(c)). The program permits a State to furnish home and community-based services that assist Medicaid beneficiaries and make it possible for them to live in the community and avoid institutionalization. There are a number of community-based residential options through which individuals with developmental disabilities can receive Medicaid-funded HCBS, depending on what is offered in a particular State's waiver.[5] Waiver services complement or supplement the services that are available to participants through the Medicaid State plan and other Federal, State, and local public programs and the support that families and communities provide.

> Medicaid permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries and make it possible for them to live in the community and avoid institutionalization.

Each State has broad discretion to design its waiver program to address the needs of specific populations targeted by the State under its HCBS waiver authority.

State agencies may administer the HCBS waivers and implement portions of the waivers through interdepartmental service agreements with other units of State government. The HCBS waiver program supports individuals who require comprehensive support services. These individuals reside either in an out-of-home setting, such as a group home, with 24-hour support or in their family or own home with additional in-home support and supervision.

States must provide certain assurances to CMS to receive approval for HCBS waivers, including that necessary safeguards have been taken to protect the health and welfare of the beneficiaries receiving services (42 CFR § 441.302). A State must provide specific information regarding its plan or process related to beneficiary safeguards, which includes whether the State operates a critical event or incident reporting system (see HCBS waiver, Appendix G-1, Participant Safeguards: Response to Critical Events or Incidents). In its waiver, a State agency generally reports that it has a critical event or incident reporting system that relies on the policies and procedures of the State Department of Developmental Services (DDS) (or a similar State agency).

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[5] Medicaid beneficiaries eligible for waiver services can receive HCBS in group homes, host homes or adult foster care arrangements, supported living options in apartments or homes with roommates of their choosing, family homes, or privately owned individual homes owned or rented by the beneficiary. The audit conducted by OIG was confined solely to a review of reporting and monitoring actions involving individuals with developmental disabilities living in group homes.

Critical Incident Reporting for Group Homes

The classification of critical incidents in HCBS waivers varies across States and the specific population served by the waiver. The HCBS waiver may classify critical incidents as requiring either a minor or major level of review. Critical incidents requiring a major level of review generally include deaths, physical and sexual assaults, suicide attempts, unplanned hospitalizations, near drowning, missing persons, and serious injuries. Critical incidents requiring a minor level of review generally include suspected verbal or emotional abuse, theft, and property damage. For critical incidents that involve suspected abuse or neglect, the HCBS waiver and State regulations also require mandated reporting.

Critical Incidents

- Deaths
- Physical/sexual assault
- Suicide attempts
- Unplanned hospitalizations
- Near drowning
- Missing persons
- Serious Injuries

How OIG Conducted Its Reviews

OIG reviewed Federal waiver and State requirements for reporting and monitoring critical incidents involving Medicaid beneficiaries with developmental disabilities residing in group homes at selected State agencies. OIG conducted these reviews in Connecticut, Massachusetts, New York, and Maine using Medicaid claims data. OIG's audit period for this series of reviews was from 2012 to 2015. OIG's audit reports on these reviews made recommendations to the State agencies regarding improving policies and procedures.

OIG conducted these performance audits in accordance with generally accepted government auditing standards. Those standards require that audits be planned and performed to obtain sufficient, appropriate evidence to provide a reasonable basis for findings and conclusions based on audit objectives. OIG believes that the evidence obtained provides a reasonable basis for its findings and conclusions based on its audit objectives. OIG's work in this area is continuing in additional States and settings such as skilled nursing facilities. OIG will be issuing a report to CMS that consolidates findings from the individual States. The report will contain specific recommendations to CMS to help improve the program.

OIG's Findings

In OIG's audits of Connecticut, Massachusetts, and Maine, the State agencies did not comply with Federal waiver and State requirements for reporting and monitoring critical incidents involving Medicaid beneficiaries with developmental disabilities. Summaries of five of OIG's findings follow.

1. State Agencies Did Not Ensure That Group Homes Reported All Critical Incidents

Group homes in Connecticut and Massachusetts and community-based providers in Maine are required to report critical incidents to the State DDS (for Connecticut and Massachusetts) or to the State agency for Maine. OIG found that group homes and community-based providers did not report all critical incidents involving Medicaid beneficiaries with developmental disabilities. In Connecticut, of the 310 emergency room visits by 245 of these Medicaid beneficiaries, 176 visits met DDS's definition at the time of a critical incident because they included a severe injury. However, group homes did not report 24 (14 percent) of the critical incidents to DDS. In Massachusetts, group homes reported 499 (85 percent) of the 587 critical incidents treated in hospital emergency rooms. However, group homes did not report to DDS 88 (15 percent) of the critical incidents. In Maine, community-based providers reported 1,474 (66 percent) of the 2,243 critical incidents treated in hospital emergency rooms. However, community-based providers did not report to the State agency 769 (34 percent) of the critical incidents.

An Example of a Group Home's Unreported Critical Incident

A group home did not report to DDS a critical incident involving a resident with Down syndrome and dementia. The resident was encouraged to wear a helmet for protection during seizures and a gait belt when he transferred positions. The resident required one-on-one supervision while walking during a number of specified activities within the group home. The resident had an unwitnessed fall in the group home's kitchen, which was followed by a period of unconsciousness. Hospital emergency room staff evaluated the resident for a trauma to the right side of his head and face with computerized axial tomography. Because these injuries met the DDS definitions of a "critical incident" and a "severe injury," the group home should have reported the incident immediately.

An Example of a Group Home's Unreported Critical Incident

A group home did not report to DDS a critical incident involving a resident with developmental disabilities. This resident suffered a second-degree burn on his right shoulder that required treatment at a local hospital's emergency room. The injury was noticed by one of the group home's aides who was helping the resident take a shower. The aide stated that the cause of the injury was unknown and that the resident could not describe how he received the injury. Because the injury met the DDS definition of a "critical incident," the group home should have reported the incident.

An Example of a Critical Incident Not Reported by the Community-Based Provider

A community-based provider did not report to the State agency a critical incident involving a beneficiary with developmental disabilities. This beneficiary suffered a laceration of unknown origin to her left ear that required treatment at a local hospital's emergency room. The injury was a jagged laceration that required suturing to close the wound. The community-based provider's staff stated the cause of the injury was unknown and that the beneficiary could not

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provide a history of the injury. Because the injury met the State agency's definition of a "critical incident," the community-based provider should have reported the incident.

2. State Agencies Did Not Ensure That All Critical Incidents Reported by Group Homes Were Properly Recorded

In Connecticut, OIG found that DDS did not record all critical incidents reported by group homes. Specifically, group homes reported 152 critical incidents to DDS, but DDS did not record 34 (22 percent) of these incidents into its incident reporting system. Because DDS did not record these incidents, the DDS Division of Investigations and OPA never received notice that these incidents occurred and, therefore, could not determine whether abuse or neglect contributed to these injuries. DDS did not enter all critical incidents into its incident reporting system because it did not always follow procedures. Furthermore, these unrecorded critical incidents were not detected because DDS did not have a way to coordinate with the State agency to detect unrecorded and unreported critical incidents.

An Example of a Critical Incident Not Recorded by DDS

A group home reported to DDS a critical incident involving a resident with developmental disabilities who used a wheelchair and had cerebral palsy and pulmonary disease. The group home's staff reported the resident was dropped while being transferred. This resident suffered a displaced fractured clavicle that required treatment at a local hospital's emergency room. Hospital staff used x-rays in their evaluation of him. Because the group home reported this incident to DDS, DDS should have entered the incident into its incident reporting system within 5 days. DDS, however, did not record the incident.

3. State Agencies Did Not Ensure That Group Homes Always Reported Incidents at the Correct Severity Level

In Connecticut, OIG found that group homes did not always correctly report to DDS emergency room visits related to severe injuries, which DDS would have treated as critical incidents. Instead, the group homes frequently reported to DDS emergency room visits as involving either minor or moderate injuries. Even though emergency room visits involving minor and moderate injuries are reportable, DDS did not treat them as critical incidents. DDS reviewed the 176 emergency room records supplied by OIG and determined that 86 (49 percent) emergency room visits originally classified by the group homes as involving either minor or moderate injuries actually involved severe injuries and would have therefore met Connecticut's definition of critical incidents. Accordingly, State agencies could not investigate these 86 critical incidents for potential abuse or neglect.

An Example of a Group Home Reporting the Incorrect Severity Level of an Injury

A group home reported injuries involving a resident with developmental disabilities, scoliosis, and spastic paralysis of all four limbs at an incorrect severity level. This resident suffered a lacerated upper lip, facial contusions, an acute cervical strain, and a fractured tooth; these injuries required treatment at a local hospital's emergency room. During the resident's

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treatment, hospital staff evaluated him for additional spine and skull injuries using computerized axial tomography. The group home's staff reported that the resident was injured when he fell from a shower chair, but they also reported that they did not witness his fall. The group home reported these injuries to DDS, but it reported the severity level of the injuries as only "moderate" instead of "severe." As a result, this critical incident was not investigated by either DDS or OPA for potential abuse or neglect.

4. State Agencies Did Not Ensure That All Data on Critical Incidents Were Collected and Reviewed

In Connecticut and Massachusetts, OIG found that DDS did not review and analyze all data on critical incidents. In Connecticut, DDS reviewed medication errors quarterly, but it reviewed internal critical incident data only annually. DDS did not have a way to obtain all data regarding critical events and incidents from the State agency. Accordingly, DDS could not review relevant Medicaid claims data for injuries that required emergency room treatment or hospital admission—key elements in determining whether beneficiaries were involved with critical incidents and whether those incidents were reported and investigated within required timeframes. If DDS had access to relevant Medicaid claims data as contained in the Connecticut Medicaid Management Information System (MMIS), it could have performed a data match similar to the one OIG performed. Because it could not, DDS was unable to detect the 24 critical incidents that group homes did not report or the 34 critical incidents that group homes reported but DDS did not enter into its incident reporting system.

In Massachusetts, DDS reviewed and analyzed only the incidents that were reported by the group homes. DDS did not have a way to obtain and analyze all data regarding critical incidents from the State agency. Accordingly, DDS could not analyze relevant Medicaid claims data for injuries that required emergency room visits or hospital admissions—key elements in determining whether beneficiaries were involved with critical incidents and whether those incidents were reported and investigated within required timeframes. If DDS had access to the relevant Medicaid claims data as contained in the Massachusetts MMIS, it could have performed a data match similar to the one OIG performed. Because it could not, DDS was unable to detect the 88 critical incidents that group homes did not report.

5. State Agencies Did Not Ensure That Reasonable Suspicions of Abuse or Neglect Were Properly Reported

In Connecticut, Massachusetts, and Maine, OIG found that they did not always report reasonable suspicions of abuse or neglect.

Although Connecticut group homes reported 152 critical incidents to DDS during the period of our audit, DDS did not report 151 of the 152 to OPA as potential incidents of abuse or neglect involving Medicaid beneficiaries who had developmental disabilities. OIG reported to OPA the 176 critical incidents it identified during its audit (the 152 critical incidents that DDS did not

report and 24 critical incidents that group homes failed to report). OPA stated that DDS should have reported all 176 as incidents with a reasonable suspicion of abuse or neglect. OPA then opened 24 new investigations and updated 9 ongoing investigations—33 critical incidents involving potential abuse or neglect. *OPA also issued 8 immediate protective service orders involving 14 critical incidents to protect group home residents with developmental disabilities from potential harm.*
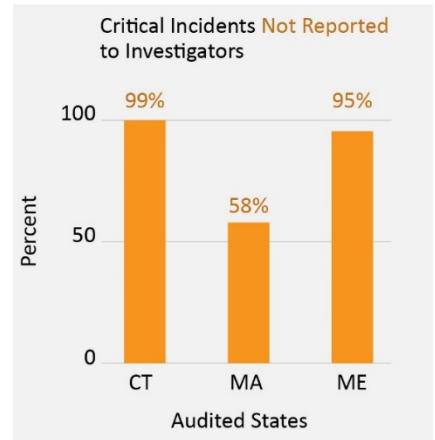
In Massachusetts, of the 587 critical incidents involving Medicaid beneficiaries with developmental disabilities that occurred during the period of our review, 73 (12 percent) were reported to the Disabled Persons Protection Commission (DPPC) as potential incidents of abuse or neglect. However, the remaining 514 (88 percent) were not reported to DPPC. OIG reported to DPPC the 514 unreported critical incidents it identified. DPPC officials stated that they believed that 102 of the unreported incidents (20 percent) should have been reported as incidents with reasonable suspicion of abuse or neglect. DPPC officials stated that 240 incidents (47 percent) did not have to be reported and that they did not have enough information to determine whether the remaining 172 incidents (33 percent) should have been reported. Therefore, OIG determined that staff of DDS and group homes did not report as required 58 percent of the 175 incidents (73 critical incidents reported to DPPC plus 102 additional critical incidents that should have been reported) that met the State's "reasonable cause to believe" threshold regarding whether a suspicion of abuse or neglect exists.

In Maine, the State agency must also immediately report the suspected abuse, neglect, or exploitation of an incapacitated or dependent adult to the appropriate district attorney's office. The State agency did not report all suspected incidents of abuse, neglect, or exploitation to the appropriate district attorney's office. During the audit period, the State agency received 15,939 critical incident reports for 15,897 individual critical incidents related to potential abuse or neglect involving 1,886 beneficiaries from community-based providers. There were no records demonstrating that the State agency reported 15,130 (95 percent) of the 15,897 critical incidents.[6]

An Example of DDS Not Reporting a Critical Incident That Had Reasonable Suspicion of Abuse or Neglect

Connecticut DDS did not report to OPA any of the three separate critical incidents that occurred in 2012 and 2013 involving a nonverbal group home resident with cerebral palsy and a history of self-injury. This resident suffered from repeated head injuries that required treatment at a local

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[6] Maine State agency staff review critical incident reports submitted to the State agency and determine if the reports should be sent to an Adult Protective Services Unit supervisor for further assessment. A State agency supervisor reviews the reports and decides whether or not the State agency will accept the reports for investigation. The "Not Accepted for Investigation" category includes critical incidents for which the State agency (1) completed an assessment but did not accept for investigation and (2) did not complete an assessment for investigation. We did not determine how many critical incidents were not assessed for investigation.

hospital's emergency room. These injuries included contusions with bruising and swelling of the head and face. This resident was evaluated with x-rays and computerized axial tomography. Because these injuries met the DDS definition of a "critical incident" and there was reasonable evidence to suspect abuse or neglect, DDS should have reported the incidents immediately to OPA. *On the basis of the information OIG provided, OPA issued an immediate protective service order for this beneficiary.*

An Example of DDS Not Reporting a Critical Incident That Had Reasonable Suspicion of Abuse or Neglect

Staff of the Massachusetts DDS and the group home did not report to DPPC either of two separate critical incidents that occurred in December 2013 and April 2014 involving a resident with oppositional defiance disorder and seizures. This resident suffered head lacerations that required treatment at a local hospital's emergency room. The medical records noted that the resident was injured while being restrained by the group home's aides. The resident cut her head on a bed headboard during the first incident and on a chair during the second incident. In each case, the group home submitted an incident report to DDS, but neither DDS staff nor group home staff filed a report with DPPC. Because these injuries met the DDS definition of a "critical incident" and DPPC officials stated that there was reasonable evidence to suspect abuse or neglect, DDS should have reported the incidents immediately to DPPC. *On the basis of the information OIG provided, DPPC opened investigations of both incidents.*

The Formation of an Interagency Group To Examine Group Home Health and Safety

As a result of these and similar findings, OIG contacted stakeholders across Government that shared our interest and concerns in the area of group-home health and safety. OIG's Federal partners shared a concern about the systemic failures identified in critical incident reporting and monitoring of incident management within group homes. The group also realized that strong incident reporting and management systems constitute a critical element of enhanced quality assurance for community-based settings. OIG began meeting regularly with its colleagues in the Administration for Community Living and the HHS Office for Civil Rights. We hoped to combine our knowledge and resources to develop comprehensive suggestions for CMS and States that would improve the health and safety of group home beneficiaries across the country. In addition, we received technical assistance from DOJ, Civil Rights Division, and sought input from CMS and State stakeholders. While this approach is unusual, we believe the magnitude of the danger for beneficiaries has warranted this effort and the joint report that has come from it.

> While this approach is unusual, we believe the magnitude of the danger for beneficiaries has warranted this effort and the joint report that has come from it.

This interagency group began meeting in August 2016 to discuss and examine how to ensure the systemic health and safety of group home beneficiaries. The group developed three suggestions for CMS. First, we developed a model for comprehensive compliance oversight through four Model Practices that address the key components of ensuring beneficiary health and safety and that align with the requirements currently contained in the 1915(c) HCBS waiver (Appendix G-1, Participant Safeguards: Response to Critical Events or Incidents). The four Model Practices are:

> ### Model Practices for State Incident Management and Investigation (Appendix A)
>
> ### Model Practices for Incident Management Audits (Appendix B)
>
> ### Model Practices for State Mortality Reviews (Appendix C)
>
> ### Model Practices for State Quality Assurance (Appendix D)

We believe that these Model Practices provide a roadmap for States that will empower them to ensure the health and safety of group home beneficiaries. States may adopt these Model Practices in whole or in part depending on the needs of their particular State and population. Although these Model Practices are specifically focused on the group home setting, many elements may apply to other noninstitutional care settings as well.

Second and third, we developed suggestions for actions CMS can take to support States and beneficiaries when systemic and serious health and safety problems arise in group homes. Where there is evidence of a systemic failure to implement compliance oversight for group homes, CMS should form a "SWAT" team to assist the State in addressing the problem effectively. Where there are serious health and safety findings, CMS should take immediate action, using its authorities under 42 CFR § 441.304(g) for group homes, to ensure that beneficiaries are safe.

III. KEY COMPONENTS OF HEALTH AND SAFETY COMPLIANCE OVERSIGHT

Generally, assurance of program beneficiary health and safety involves four critical components:

1. reliable incident management and investigation processes;

2. audit protocols that ensure compliance with reporting, review, and response requirements;

3. effective mortality reviews of unexpected deaths; and

4. quality assurance mechanisms that ensure the delivery and fiscal integrity of appropriate community-based services.

In turn, each of these four components of health and safety assurances must embody certain critical elements to be effective and reliable. These elements are delineated in the Model Practices presented in Appendices A through D. As noted, these practices align with existing requirements contained in the HCBS waiver (Appendix G-1, Participant Safeguards: Response to Critical Events or Incidents).

Collectively, these four compliance oversight components help ensure that beneficiary health, safety, and civil rights are adequately protected, that provider and service agencies operate under appropriate accountability mechanisms, and that public services are delivered consistent with funding expectations.

1. Reliable Incident Management and Investigation Processes

Incident management involves providing immediate and effective responses to serious incidents to protect the involved beneficiary's safety and well-being and to mitigate reoccurrence. It also involves ensuring that the facts and circumstances of serious incidents are reviewed quickly and effectively and, as warranted, investigated. It includes ensuring that trends and patterns regarding serious incidents are identified and addressed through timely implementation of effective corrective actions (e.g., additional provider and staff training focused on both quality assurance and improvement, necessary changes and reforms to specific protocols in service delivery, and enhancements to standard operating policies). It involves ensuring that appropriate governmental entities and provider and support coordination agencies receive timely notification of serious incidents, and it includes public reporting regarding the overall safety and well-being of Medicaid beneficiaries.

2. Audit Protocols That Ensure Compliance With Reporting, Review, and Response Requirements

An effective audit system of public agency and provider incident management activities involves processes to assess for timely and appropriate incident reporting, investigation, and response and for implementation of timely and appropriate corrective actions to minimize reoccurrence. It also involves assessments to determine if public agencies and providers are undertaking systemic reviews to identify and appropriately address incident trends or patterns.

3. Effective Mortality Reviews of Unexpected Deaths

An effective mortality review protocol involves timely reporting of all beneficiary deaths, including identification of the cause of death and the circumstances contributing to or associated with the death. It includes, where warranted, identification and implementation of corrective actions likely to minimize the reoccurrence of the immediate factors contributing to the death. It also includes identification of mortality trends and patterns that warrant systemic responses to reduce avoidable risks of death and other adverse outcomes. It includes the timely implementation of systemic responses and ongoing evaluation of their efficacy. And it includes periodic reporting of mortality trends and responses to ensure public reporting regarding the health, welfare, and safety of program beneficiaries.

4. Quality Assurance Mechanisms That Ensure the Delivery and Fiscal Integrity of Appropriate Community-Based Services

A comprehensive quality assurance system of community-based services includes the incident management, audit, and mortality review components discussed above and certain other elements of quality assurance. The quality assurance system includes the oversight of individualized service planning and delivery; the enhanced oversight of, and support for, high-risk beneficiaries; the assessment of the inclusion of service beneficiaries into their community; initial certification reviews of all new service providers and support coordination agencies; periodic assessments of the performance of service providers and support coordination agencies; audits of provider workforce assurances and background checks; reviews of the provider network's capacity, stability, and accessibility; assessments of the fiscal integrity of service billing and reimbursement; and compliance monitoring related to Federal fiscal and programmatic requirements.

Collectively, these four compliance oversight components help ensure that beneficiary health, safety, and civil rights are adequately protected, that provider and service agencies operate under appropriate accountability mechanisms, and that public services are delivered consistent with funding expectations and commitments. Additionally, we hope adoption and implementation of the suggested Model Practices across the four critical element areas will ultimately inform larger quality improvement efforts related to delivery of home and community-based services and the experience of beneficiaries receiving these supports to realize community-living goals.

IV. CONCLUSION

OIG's audit work in this area is continuing in additional States. Media coverage and disturbing trends identified by advocacy organizations and protection and advocacy entities throughout the country continue to uncover terrible examples of abuse and neglect of Medicaid beneficiaries in group homes, nursing facilities, and hospitals.

OIG, ACL, and OCR make the following suggestions to help maintain independence, human dignity, choice, and self-determination for Medicaid beneficiaries; improve compliance with *Olmstead*; and ensure safety and a high quality of care for beneficiaries.

Based on OIG's audit work and work with the interagency group, OIG, ACL, and OCR suggest that CMS:

> encourage States to implement comprehensive compliance oversight systems for group homes, such as the Model Practices, and regularly report their findings to CMS;

> form a "SWAT" team to address, in a timely manner, systemic problems in State implementation of and compliance with health and safety oversight systems for group homes; and

> take immediate action in response to serious health and safety findings, for group homes using the authority under 42 CFR § 441.304(g).

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APPENDIX A
Model Practices for State Incident Management and Investigation

This appendix sets forth the Model Practices for State Incident Management and Investigation. As detailed below, incident management and investigation involve providing immediate and effective responses to serious incidents to protect the involved beneficiary's safety and well-being and to mitigate reoccurrence.

I. Intended Outcomes of Incident Management and Investigation

A. To ensure responses to serious incidents in community-based service systems that timely and effectively resolve the immediate event/situation (i.e., protecting the safety and well-being of the individuals involved and preventing a reoccurrence);

B. To ensure that the facts and circumstances of serious incidents are timely and effectively reviewed and investigated as required;

C. To ensure that trends and patterns regarding serious incidents are identified and addressed with appropriate recommendations for corrective actions (including but not limited to additional provider and staff training focused on both quality assurance and improvement, necessary changes and reforms to specific protocols in service delivery, and enhancements to standard operating policies);

D. To ensure that recommendations for corrective actions associated with serious incidents are timely and effectively implemented;

E. To ensure that implemented corrective actions are effective in preventing or reducing the occurrence of serious incidents;

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F. To ensure that Government officials (Federal and State), provider and support coordination agencies, and designated protection and advocacy entities receive timely and effective notification of serious incidents; and

G. To ensure public reporting related to the overall safety and well-being of individuals supported by community-based service systems and support for the quality assurance of community-living options for individuals.

II. Participants in State Incident Management and Investigation

A. This model for State Incident Management and Investigation focuses on two main participants: service provider agencies and State officials.

B. Other primary reporters of incidents include service recipients, family members, and friends of service recipients, as well as support coordinators and advocates. Support coordinators and support coordination agencies also have primary roles in the immediate review of reported incidents and timely responses to health and safety issues for involved service recipients. On occasion, service providers may invite these participants to contribute to discussions of particular incidents at meetings of the provider's Incident Management Review Committee. These participants can provide valuable information in many incident investigations.

C. The Federal Government also has statutory roles of ensuring that States' incident management and investigation programs actually work as designed to ensure the accountable reporting, investigation, resolution, and prevention of serious events and situations that do or could jeopardize the health and welfare of service recipients. Additionally, the Federal Government should have the capacity to undertake independent incident investigations and audits of States' Incident Management and Investigation processes in response to State quality assurance reports, citizen complaints, and concerns that may surface in Medicaid or Medicare data. The Federal Government also has the unique capacity to identify and respond to trends in incidents and incident investigation findings across States and to use its observations to frame ongoing, needed quality improvements in the Federal regulatory framework for States' community-based service systems.

III. Essential Components of State Incident Management and Investigation

A. Reporting and Notification

B. Incident Review

C. Investigation

D. Corrective Action Recommendations and Implementation

E. Trend Analysis

IV.   Detailed Elements of the Essential Components

A.   REPORTING AND NOTIFICATIONS

1.   Service Providers

    i.   Service providers should ensure that all incidents are reported as soon as possible after discovery.

2.   Support Coordinators and Support Coordination Agencies

    i.   Support coordinators and support coordination agencies should be required to report to designated State officials any instances of failed incident reporting or failed external notifications of incidents.

3.   Service Providers and the State

    i.   Service providers and the State should ensure that individuals (including service recipients, staff, and family members) are free from retaliation or adverse consequences because they reported incidents or allegations of abuse, neglect, exploitation, or other staff misconduct or errors.

         Service providers should ensure that failed incident reporting and delays in incident reporting result in appropriate employee discipline, including employee suspension or termination.

    ii.   The State should take assertive steps to identify patterns of failed incident reporting and delays in incident reporting by service providers. The steps should include reviews of incident reporting by service providers and support coordination agencies. These reviews should rely on cross-reference assessments of a variety of data sources (e.g., hospitalization and emergency room billing records, licensure or certification findings, grievance and complaint reports, and daily note documentation).

         The State should also ensure that it imposes appropriate sanctions against such providers, including fines, suspension of permission to enroll new participants, waiver contract termination, and decertification.

4.   Service Providers, Support Coordination Agencies, and the State

    i.   The State, service providers, and support coordination agencies should ensure safeguards are in place to protect the confidentiality

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of incident reports and any databases containing incident report information.

5.   The State

   i.   The State should disseminate and ensure appropriate training of service providers and support coordinators regarding what events, situations, and circumstances constitute reportable incidents. Reportable incidents should include:

   a.   deaths;

   b.   allegations of physical, psychological, or financial exploitation;

   c.   allegations of physical or psychological neglect;

   d.   allegations of physical or psychological abuse;

   e.   allegations of sexual abuse;

   f.   incidents involving the inappropriate restraint or seclusion of service recipients;

   g.   events that lead to adverse consequences or outcomes to service recipients because of staff misconduct or error;

   h.   events that result in injury or illness to a service recipient requiring medical treatment beyond first aid;

   i.   choking incidents;

   j.   hospital emergency room visits where the injury or the medical condition could indicate abuse or neglect, as well as unplanned hospitalizations of service recipients;

   k.   service recipient elopements whereby the individual is removed from staff supervision or the individual is placed at risk of serious harm;

   l.   behavioral incidents of a service recipient that result in (a) employee physical intervention with the service recipient including restraint, (b) serious risk of harm to the individual, other service recipients, employees, or community citizens, or (c) property damage valued at more than $150;

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m.   emergency situations, including fires, flooding, and serious property damage, that result in harm or risk of harm to service recipients;

n.   financial exploitation or theft of a service recipient's property or funds of $25 or greater;

o.   incidents that may involve criminal conduct by service recipients or employees; and

p.   incidents involving law enforcement personnel.

ii.   The State should identify criteria for ranking incidents by seriousness of harm or potential harm to service recipients.

iii.   The State should implement policies requiring service providers to inform families or guardians and support coordinators about reported incidents as soon as possible after discovery and in all cases within 72 hours.

iv.   The State should ensure that clarification is sent to service providers of any required external incident report notifications to other State officials or agencies (including law enforcement as applicable) for certain serious incidents, including deaths, allegations of abuse and neglect, and possible criminal acts.

v.   The State should take assertive steps to identify patterns of failed or delayed external notifications of incidents by service providers and to ensure that it takes appropriate actions against such providers, including fines, suspension of permission to enroll new participants, waiver contract termination, and decertification.

6. Federal Government

i.   In the context of its overall role in protecting waiver service recipients from harm, the Federal Government should ensure reviews of accountable incident reporting by States. Such reviews include Federal oversight to ensure that States are conducting credible assessments of accountable incident reporting, as well as periodic federally directed assessments of incident reporting by service providers.

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B.   INCIDENT REVIEWS

1.   States should set objective criteria to ensure that for those incidents that result in significant injury, service providers ensure a preliminary review by senior management and an immediate response to all incidents within 24 hours of their discovery.

2.   Service providers should establish Incident Management Review Committees to ensure a comprehensive review of incidents and investigation findings. Every Incident Management Review Committee should:

   i.   identify the facts surrounding incidents, including any contributing factors;

   ii.   review investigations of reported incidents;

   iii.   identify needed corrective actions or remedies to prevent or reduce the likelihood of future similar incidents;

   iv.   review and either accept or reject the recommended corrective actions from investigations and mortality reviews of incidents;

   v.   document in its official minutes all accepted recommendations and rationales for any rejected recommendations;

   vi.   ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner; and

   vii.   evaluate the outcomes of instituted corrective actions or remedies.

3.   Service providers' Incident Management Review Committees should meet on a regularly scheduled basis (e.g., biweekly), except when none of the above-listed review activities are pending.

4.   The State should establish a State Incident Management Review Committee, which should:

   i.   reach out to adult protective services, protection and advocacy entities, and other partners that can provide data on the number and types of incidences reported in group homes and technical assistance and subject matter expertise to the committee's deliberations;

   ii.   review particularly serious incidents (including substantiated reports of abuse and neglect and apparently preventable deaths);

iii. review the adequacy of State and provider investigations of serious incidents in accordance with the standards specific in Section C, Investigations, below;

iv. identify and review trends and patterns in reported incidents and the findings, conclusions, and recommendations in State investigations;

v. review annual reports of the trends and patterns in reported incidents and State investigations;

vi. identify and respond to State, regional, and other identified trends and patterns in incidents and State investigations; and

vii. discuss potential systems-wide corrective actions for improving quality assurance (including but not limited to additional training of providers and State personnel; necessary changes and reforms to specific protocols in service delivery, incidence reporting, and management; and enhancements to specific policies and provider requirements).

5. The State Incident Management Review Committee should meet regularly to ensure its review responsibilities are carried out in timely manner. Service providers and State Incident Management Review Committees should maintain appropriate minutes of their meetings, meeting attendees, their deliberations regarding incidents, and recommendations for corrective actions.

6. The State should ensure comprehensive oversight of the operation of the State's Incident Management and Investigation Program, including but not limited to periodic State-conducted reviews of the incident management and investigation activities of provider and support coordination agencies, State investigators, and the State's Incident Management Review Committee.

C. INVESTIGATIONS

1. The State should ensure independent State investigations of:

i. allegations of physical or emotional abuse and neglect that result in serious or repeated harm to service recipients;

ii. allegations of sexual abuse;

iii. allegations of financial exploitation in which the goods stolen are valued at more than $250 or thefts of lesser value occurring repeatedly;

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iv.   deaths that occurred unexpectedly or that appear or are alleged to be due to provider or support coordinator misconduct, abuse, or neglect;

v.   incidents that result in potentially life-threatening or serious injury or illness that appear or are alleged to be due to provider or support coordinator misconduct, abuse, or neglect or that occurred under suspicious circumstances (e.g., repetitive ER visits, multiple uses of physical restraints per day);

vi.   incidents that result in potentially life-threatening or serious injury that were due to environmental hazards (e.g., fires, drownings, serious automobile accidents, weather emergencies); and

vii.   incidents that result in criminal charges or incarceration of service recipients or employees.

2.   For serious incidents not described above, the State may (at its discretion) delegate the conduct of the investigations to provider or support coordination agencies or another authorized entity.

3.   Regardless of whether incident investigations are conducted by State investigators or a delegated agency or entity, incident investigations involving allegations of physical abuse and neglect that result in death or potentially life-threatening or serious injury or illness should be completed within 14 days. When the 14-day timeframe cannot be met, the State should ensure that a designated senior State official reviews and approves timeframe extensions.

All other incident investigations should be completed within 30 days. When the 30-day timeframe cannot be met, the State should ensure that a designated senior State official reviews and approves timeframe extensions.

4.   Regardless of whether incident investigations are conducted by State investigators or a delegated agency or entity, the State should ensure that all investigators have successfully completed a competency-based training program that meets generally accepted professional standards.

5.   Regardless of whether incident investigations are conducted by State investigators or a delegated agency or entity, the State should develop and ensure compliance with performance standards for conducting incident investigations. Such standards should include:

i.   a review of the person-centered service plan of the service recipient and other reported incidents in the past year;

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ii. a review of the circumstances leading up to and following the incident;

iii. interviews with all witnesses to the incident (employees, service recipients, and community citizens);

iv. interviews with family members or guardians of the service recipient;

v. interviews with other relevant parties, including provider agency supervisory, management, and health care personnel and the assigned support coordinator for the service recipient;

vi. reports of the State protection and advocacy entity related to investigations of incidences that have occurred in group home settings;

vii. reviews of relevant documents and medical records maintained by the service provider, support coordinator, or external health care entities, including hospitals and outpatient medical providers; and

viii. reviews of law enforcement reports, death certificates, and autopsy reports (as available).

6. Regardless of whether incident investigations are conducted by State investigators or a delegated agency or entity, the State should develop a standard template for incident investigation reports that includes sections related to:

i. findings and observations associated with all completed investigative activities,

ii. the investigation's conclusions, and

iii. the investigation's recommended corrective actions.

7. Regardless of whether incident investigations are conducted by State investigators or a delegated agency or entity, the State should ensure appropriate reviews and approval of completed investigations by trained State personnel. Such reviews should include:

i. the investigation's compliance with the above investigation performance and format requirements and

ii. the appropriateness of the investigation's findings, conclusions, and recommendations.

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8.   The State should make reasonable efforts to ensure that State investigators and State investigation reviewers (including members of the State Incident Management Review Committee) have access to death certificates, autopsy reports, and medical and hospital records pertinent to the investigation of unusual, suspicious, sudden, or apparently preventable deaths.

9.   The State should assure that administrative or legislative efforts, or both, will be made to ensure that autopsies are requested and conducted for deaths in which abuse or neglect is suspected or alleged or the circumstances of the death are unusual, suspicious, sudden, or apparently preventable.

10.   The State should ensure the dissemination of appropriate summaries[7] of investigation findings, conclusions, and recommendations for corrective action to:

   i.   relevant service provider personnel including employees directly associated with the incident,

   ii.   the service recipient's support coordinator and support coordination agency, and

   iii.   the service recipient and his or her family or friends (with consent of the individual service recipient or their legal guardian or legal representative if the service recipient is unable to provide consent).

D.   CORRECTIVE ACTION RECOMMENDATIONS AND IMPLEMENTATION

1.   The State should conduct a trend analysis of incidents and identify the specific incident types that would benefit from a systemic intervention.

2.   The State should inform providers, support coordinators, and other stakeholders of recommendations for corrective actions, including any systemic interventions required as the result of trend analysis, and their responsibility to address such recommendations in a timely manner by implementing them or substantiating that they are unnecessary.

3.   Providers and the State should maintain accountable tracking systems for all recommendations for corrective actions emanating from incident reviews and investigations. Such tracking systems should include accepted and rejected recommended corrective actions and ongoing status

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[7] Summaries should be informative but protect the confidentiality of service recipients and individuals interviewed in the course of the investigation.

reporting of the implementation and date of accepted recommended corrective actions.

4. Providers, support coordination agencies, and the State should ensure that accepted recommended corrective actions are implemented within the required timeframes, and they should provide written documentation to the State justifying any implementation delay of more than 30 days.

5. The State should ensure ongoing monitoring of the implementation of accepted recommended corrective actions (via its tracking system) by service providers and the State.

6. Service providers identified as having recurring deficiencies in the timely implementation of accepted recommended corrected actions should be subject to State actions, including fines, suspension of permission to enroll new participants, waiver contract termination, and decertification.

7. Service providers and the State should periodically, at least annually, review their corrective action tracking systems to evaluate:

    i. the systems' overall performance in ensuring the timely implementation of accepted recommended corrective actions and

    ii. the effectiveness of implemented corrective actions to achieve the intended outcomes.

E. TREND ANALYSIS

1. Service providers and the State should ensure timely entry of data into the Incident and Investigation Database Systems. Those data should include:

    i. incident reports;

    ii. findings and recommendations of their Incident Management Review Committees;

    iii. findings and recommendations of State incident investigations; and

    iv. the status of corrective actions. (See Attachment A for specific recommended data elements to be included in Incident and Investigation Database Systems.)

2. Using their Incident and Investigation Database Systems, service providers are responsible for identifying trends and patterns in filed incidents and the findings and recommendations of their Incident Management Review Committees and State investigations involving their service recipients.

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3.   Service providers should ensure on a quarterly basis that identified trends and patterns are shared with their Incident Management Review Committees. Service providers should provide to the State an annual report of identified trends and patterns in their incidents, incident review findings and recommendations, and State incident investigations.

4.   Using their ongoing and annual trend analysis activities, service providers are responsible for identifying needed additional corrective actions (including systemic actions) and for ensuring that they are implemented in a timely manner.

5.   The State is responsible for ensuring that service providers comply with the above trend analysis requirements, including their obligation to identify and implement needed additional corrective actions to address adverse trends and patterns in service recipient protection and safety.

6.   Using the State Incident and Investigation Database System, as well as providers' annual trend analysis reports, the State should at least biennially conduct its own trend analysis of reported incidents, the findings and recommendations of the State's Incident Management Review Committee, and the findings and recommendations of State investigations. Reports of these analyses, after the deletion of any personally identifiable information, should be available to the public to ensure the transparency of the State's Incident Management and Investigation program. Based on this analysis, the State should identify and implement any additional corrective actions that are needed. Such additional recommendations may address:

   i.   needed state-wide remedies,

   ii.   needed regional remedies, and

   iii.   needed remedies for select groups of service recipients and providers.

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Attachment A

Suggested Data Elements for Incident and Investigation Database Systems

- Name (or identification number) of individual involved

- Incident report identification number

- Date the incident occurred

- Provider agency

- Region (administrative waiver region)

- Location of incident (e.g., residential home, own home with family, day program site, community location)

- Age of the individual involved

- Sex of the individual involved

- Race or ethnicity of the individual involved

- Type of disability

- Type of incident (use a standardized list with definitions)

- Level of harm or injury to the individual: (i) none, (ii) injury or harm requiring treatment up to and including first aid, (iii) injury or harm requiring medical treatment beyond first aid, injury or harm requiring hospitalization, and (iv) injury or harm resulting in death

- Narrative description of the incident (fairly detailed narrative description of up to 150 words)

- Service provider or service provider's Incident Management Review Committee investigative findings and recommendations

- Incident referred for State investigation (yes/no)

- Date of the State Incident Management Review (if applicable)

- Findings and recommendation of the State Incident Management Review Committee (narrative field of up to 150 words) (if applicable)

- Date of State investigation (if applicable)

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- State investigation substantiated physical abuse (yes/no)

- State investigation substantiated neglect (yes/no)

- State investigation substantiated sexual abuse (yes/no)

- State investigation substantiated exploitation (yes/no)

- State investigation substantiated psychological or verbal abuse, or both (yes/no)

- State investigation substantiated other form of staff misconduct not associated with abuse, neglect, or exploitation (yes/no)

- Incident is identified in trending analysis (yes/no)

- Narrative description of State investigation findings, recommendations, and corrective actions (narrative field of up to 150 words) (if applicable)

- Narrative fields that track recommendation implementation and corrective action relevant to State Incident Management Review Committee and State investigation recommendations and corrective actions (optional)

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APPENDIX B
Model Practices for Incident Management Audits

This appendix sets forth the Model Practices for Incident Management Audits. As detailed below, effective incident management auditing involves processes to assess timely and appropriate incident reporting, investigation, and response and for implementation of timely and appropriate corrective actions to minimize reoccurrence.

I. Major Components

The Incident Management Audit process has two components designed to assess, each from different perspectives, the basic expectations and performance measures of a State's Incident Management and Investigation activities.

    A.   The Incident Documentation Audit is an audit of a sample of incident reports, incident investigations, and other documents (i.e., protection and advocacy complaint data) and documentation associated with incidents for all service recipients in currently approved and operational CMS-funded community programs. The Incident Documentation Audit can be conducted at the Federal or State levels as part of waiver applications or renewals. In response to complaints or other concerns, CMS or States can conduct selected elements of an Incident Documentation Audit. This type of audit focuses on the State's actions to incidents that were reported.

    B.   The Medicaid Data Correlation Audit is an audit of Medicaid service claim data to determine if (as appropriate) incident reports were filed, incident investigations and reviews were conducted, and appropriate corrective actions were recommended and implemented in a timely manner in response to serious

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incidents requiring health care services at a hospital emergency room or in other areas of the hospital. This audit evaluates whether serious incidents associated with hospital emergency room visits and unplanned hospitalizations were reported.

II.   Audit Expectations

Incident Management Audits address five major expectations of a State's Incident Management and Investigation activities:

1. Accountable incident reporting and external notifications of serious incidents

2. Timely and appropriate response and review of individual incidents

3. Timely, comprehensive, and nonpartial investigations of individual incidents

4. Timely implementation of appropriate corrective actions in response to individual incidents

5. Informative systemic review of incidents to identify, address, and respond to trends and patterns in incidents

III.   Audit Performance Measures

A.   ACCOUNTABLE INCIDENT REPORTING AND EXTERNAL NOTIFICATIONS OF SERIOUS INCIDENTS

1. Documentation shows that service providers and support coordination agencies have an appropriate understanding of what events and situations should be reported as incidents.

2. Incident reports for incidents resulting in significant injuries are filed as soon as possible, but in all cases within 24 hours.

3. Incident reports provide a clear, complete, and legible description of the incidents.

4. Incident reports (or associated documentation) provide a description of the provider's immediate response to the incidents.

5. The documented providers' immediate responses to incidents ensure service recipients' safety and well-being.

6. Incident reports (or associated documentation) show that law enforcement was notified of incidents that may be associated with possible criminal acts as soon as possible.

7. Incident reports (or associated documentation) show that in accordance with State rules and regulations other external parties (including but not limited to family, conservators, guardians, the State's Medicaid agency, and the State's protection and advocacy entity) or other appropriate parties were notified of incidents in a timely manner.

8. Documentation shows that the State identifies and imposes appropriate sanctions against service providers, support coordination agencies, and others that are identified as having a pattern of *not* complying with the above performance measures related to incident reporting and notifications.

B. INDIVIDUAL INCIDENT REVIEW

1. Incident reports (or associated documentation) show that providers ensure a timely review of all incidents by senior management or the provider's Incident Management Committee or both.

2. The meeting minutes from a service provider's Incident Management Committee show that the committee reviews all incidents in accordance with CMS expectations as described in the State's approved HCBS waiver application and the State's regulatory and policy requirements.

3. The meeting minutes from a service provider's Incident Management Committee show that the committee meets as frequently as needed to ensure the timely review of incidents.

4. The meeting minutes from a service provider's Incident Management Committee show that the Committee is composed of appropriate members consistent with CMS expectations as described in the State's approved HCBS waiver application and the State's regulatory and policy requirements.

5. The meeting minutes from a service provider's Incident Management Committee show that the committee thoroughly reviews incidents and associated investigations such that the committee:

   i. identifies the facts surrounding incidents as well as the contributing factors associated with incidents;

   ii. reviews incident investigation reports and discusses their findings and recommendations;

   iii. considers additionally needed corrective actions and remedies to prevent or reduce the likelihood of future similar incidents;

   iv. explicitly accepts or rejects the recommended corrective actions in investigations; and

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v. tracks accepted recommended corrective actions to ensure that they are carried out in a timely manner.

6. The meeting minutes from a service provider's Incident Management Committee provide a listing of all incidents reviewed and an adequate summary of the committee's findings and recommendations and other activities of the committee.

7. Documentation shows that the State identifies and imposes appropriate sanctions against service providers that are identified as having a pattern of *not* complying with the above performance measures related to incident reviews and Incident Management Committees.

C. INCIDENT INVESTIGATIONS

1. Documentation indicates that independent investigations are ensured for all incidents associated with unexpected deaths; allegations of physical, emotional, and sexual abuse; allegations of neglect; allegations of financial exploitation (> $250); and other serious incidents as required by State rules and regulations.

2. Documentation indicates that investigations are completed within 30 days of the date the incident report was filed, except in instances when supplemental documentation indicates a justifiable rationale for the delay in the completion of the investigation.

    Examples of a justifiable rationale include delays because of an ongoing law enforcement investigation or the unavailability of an important witness because of serious illness or injury.

3. Documentation indicates that investigations are conducted by investigators who have completed a certified investigator training program approved by CMS as described in the State's approved HCBS waiver application, the State, or both.

4. Documentation indicates that investigations include basic required investigative activities, including:

    i. a review of the person-centered service plan of the service recipient and other reported incidents in the past year;

    ii. a review of the circumstances leading up to and following the incident;

    iii. interviews with all witnesses to the incident (employees, service recipients, and other individuals in the community);

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  iv. interviews with family members or guardians of the service recipient (with the consent of the service recipient or his or her legal guardian or legal representative if the recipient is unable to provide consent)

  v. interviews with other relevant parties, including provider agency supervisory, management, and health care personnel and the assigned support coordinator for the service recipient;

  vi. reviews of relevant documents and medical records maintained by the service provider, support coordinator, protection and advocacy entities, or external health care entities, including hospitals and outpatient medical providers; and

  vii. reviews of law enforcement reports, death certificates, and autopsy reports (as available).

5. Investigation reports are prepared using a standard format complying with any standards established by CMS that ensures discrete narratives related to (i) a listing of the investigative activities, (ii) findings and observations associated with all completed investigative activities, and (iii) the investigation's conclusions and recommendations.

6. Investigation reports indicate that investigators have access to and review death certificates, autopsy reports, and medical and hospital records pertinent to incidents being investigated.

7. Investigation reports indicate that autopsies are requested and conducted for deaths where abuse or neglect is suspected or alleged and other deaths caused by suspected provider or support coordinator misconduct.

8. Appropriate summaries of investigation findings, conclusions, and recommendations for corrective action are prepared and made available to:

  i. relevant service provider personnel, including employees directly associated with the incident;

  ii. the service recipient's support coordinator and support coordination agency;

  iii. the service recipient and his or her family and friends (with the consent of the service recipient or his or her legal guardian or legal representative if the service recipient is unable to provide consent); and

  iv. the State protection and advocacy entity.

9. Documentation indicates that the service recipient or their legal guardian or legal representative have had the opportunity to review the investigation findings, conclusions, and recommendations and have had the opportunity to respond to any investigation findings through a predetermined grievance process under the State HCBS waiver authority.

10. Documentation indicates that the State identifies and imposes appropriate sanctions against service providers that are identified as having a pattern of *not* complying with the above performance measures related to incident investigations.

D. IMPLEMENTATION AND EFFECTIVENESS OF CORRECTIVE ACTIONS

1. Documentation indicates that service providers, support coordination agencies, and other pertinent individuals or entities take timely and effective actions to implement recommendations for corrective actions related to individual incidents.

   Timely is defined as "as soon as possible" and within 30 days in all cases except where a written reasonable justification for the delayed implementation is available.

2. Documentation indicates that the State maintains an accountable tracking system to monitor the implementation of recommendations for corrective actions emanating from incident reviews and investigations.

3. Documentation indicates that the State ensures appropriate methods to verify (on a sample basis) that the recommendations for corrective actions from the reports of service providers, support coordination agencies, and others were in fact implemented.

4. Documentation indicates that the State identifies and imposes appropriate sanctions against service providers, support coordination agencies, and others that are identified as having a pattern of *not* responding to recommended corrective actions in a timely and effective manner.

E. SYSTEMIC INCIDENT REVIEW FOR TRENDS AND PATTERNS

1. Meeting minutes from a service provider's Incident Management Committee or other documentation and reports indicate that the service provider periodically, at least annually, reviews incident data, including investigative findings and recommended corrective actions. The review is to identify trends and patterns in filed incidents as well as noncompliance issues related to the State's regulatory and policy requirements for incident management.

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2. Meeting minutes from a service provider's Incident Management Committee or other documentation and reports indicate that identified trends and patterns (as referenced above) are addressed in a timely and appropriate manner.

3. Meeting minutes from a service provider's Incident Management Committee or other service provider documentation and reports indicate that the service provider periodically evaluates actions taken in response to identified trends and patterns to ensure that they have been effective in addressing identified problems and concerns.

4. State documentation or reports indicate that the State regularly reviews trend and pattern analyses reports prepared by service providers and takes appropriate actions to respond to issues and concerns affecting the health and welfare of service recipients.

5. State documentation or reports indicate that the State periodically conducts state-wide incident studies to identify trends and patterns in reported incidents and investigation findings and that it takes appropriate actions to respond to identified issues and concerns affecting the health and welfare of service recipients.

IV. Incident Documentation Audits

A. AUDIT SAMPLE

1. The Incident Documentation Audit is based on the review of a sample of incident reports filed in the first quarter of the 12-month period before the date of the State's submittal of a new waiver application or a renewal waiver application.[8] These samples include:

    i.   all unexpected deaths;

    ii.   all allegations of physical or sexual abuse;

    iii. all allegations of financial exploitation for amounts greater than $250;

    iv.   a statistically significant random sample of allegations of neglect;

    v.   a statistically significant random sample of other "serious" incidents (not included above); and

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[8] Multiple Incident Documentation Audits are not necessary for States that submit multiple new waiver applications or waiver renewal applications within a 3-year period.

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vi.   a statistically significant random sample of "nonserious" incidents.

B.   AUDIT REPORTING, COMPLIANCE SCORING, AND CORRECTIVE ACTIONS

1.   States should report to CMS Incident Documentation Audit findings in aggregate across all of the above samples as well as separately for each of the above samples.

2.   States should also report their Incident Documentation Audit findings by Medicaid regional administration units. Additionally, as applicable, findings should identify service providers that demonstrate an increase in incidences or a pattern of noncompliance with incident reporting and other expectations of Incident Management Programs.

3.   States should report their Incident Documentation Audit findings to CMS at least 90 days before the date it submits its new or renewal waiver application.

4.   Findings reports should be presented to CMS to provide discrete compliance scores for each of the performance measures of Incident Management processes detailed above.

5.   For all performance measures (detailed above), an 86-percent compliance score is expected. States should develop and implement plans of correction for all performance measure scores of less than 86 percent before CMS's approval of new or renewal waiver applications.

6.   Failure to implement appropriate corrective actions for substandard compliance scores may result in CMS sanctions, including but not limited to adverse decisions on new or renewal waiver applications.

7.   At its discretion, CMS may impose immediate sanctions against States whose Incident Documentation Audits result in poor compliance scores or selected negative results that indicate that its waiver service recipients may be at risk of imminent harm.

C.   AUDIT METHODS

1.   States should rely on their electronic Incident and Investigation Database to select the required audit samples.[9] The sample selection methods will be explicitly presented in reports of the audit findings.

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[9] The audit protocol assumes that all States have an electronic Incident Database.

2.   Once incident samples are selected, the State (with the assistance of service providers and support coordinators) will gather required documents and documentation for the audit.

       Such documents and documentation should include:

       i.   reports of the incidents and any associated investigations;

       ii.   copies of any associated daily service notes or other documentation associated with the incident report;

       iii.   any meeting minutes from service providers' Incident Management Committees that are associated with the sample incidents;

       iv.   other documentation maintained by service providers associated with the sample incidents, including their responses, reviews, and corrective actions;

       v.   documentation and reports of service providers associated with the sample incidents related to their periodic reviews of incidents and investigations to identify trends and patterns;

       vi.   documentation of the State verifying its ongoing review of service providers' reports related to the providers' reported trends and patterns in incidents and investigations; and

       vii.   State documentation and reports associated with its periodic reviews of incidents state-wide to identify trends and patterns.

3.   This documentation should be sorted and reviewed in accordance with the performance measures listed earlier, and findings should be documented on a standardized audit tool developed and approved by CMS as described in the State's approved HCBS waiver application.

4.   In addition to the above documentation, States should collect and review any documentation associated with its ongoing monitoring of the compliance of service providers and support coordination agencies with the major expectations and performance measures for Incident Management processes.

       Such documentation should include sanctions taken against service providers and support coordination agencies that demonstrate patterns of noncompliance.

5.   To ensure the integrity of Medicaid Data Correlation Audits, CMS and States should maintain copies (paper or electronic) of all documentation collected and audit tools for at least 5 years.

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6. States should ensure that the audit team is composed of professionals knowledgeable about incident management systems and their expectations and performance measures. These professionals should also be independent of State personnel charged with the direct implementation or management of the State's Incident Management processes.[10]

   In concert with the above requirements, States should maintain current curriculum vitae of all professionals on their audit teams.

7. To preserve nonbiased audit findings and conclusions, States should ensure the explicit tracking of any alterations or substantive edits of draft reports of Incident Documentation Audits.

8. To ensure the timeliness and the relevance of their findings and conclusions, Incident Documentation Audits should be completed within 90 days of their initiation.

V.   Medicaid Data Correlation Audits

A.   SAMPLE REQUIREMENTS

1. Medicaid Data Correlation Audits should rely on samples of Medicaid service data related to waiver recipients.

   The audit team should review these data to identify service reports that would appear to have warranted the filing of an incident report.

2. Medicaid Data Correlation Audits may be directed by CMS or States (either voluntarily or as required by CMS).

3. Medicaid Data Correlation Audits should focus on waiver service recipients whose care and supports are largely the responsibility of paid service providers, not family members or friends. These recipients should include:

   i.   individuals in residential services,

   ii.   individuals who receive in-home paid staff supports at least 40 hours a week, and

   iii. individuals who receive day services at least 20 hours a week.[11]

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[10] States may at their discretion contract out Incident Documentation Audits to independent consultants or consultant organizations that meet the above-listed requirements.

[11] This restriction is included because States do not usually require the reporting of incidents involving service recipients while in the care of family or friends.

4. Medicaid services data to be screened should include services associated with:

   i. Allegations of abuse, neglect and/or exploitation;

   ii. hospital emergency room visits;

   iii. unplanned hospitalizations;

   iv. ambulance services; and

   v. urgent care center visits caused by accidental injuries.[12]

5. The time period for the data collected may vary based on the size of the applicable waiver service recipient sample population, but at a minimum it should include Medicaid services data for at least one quarter of a calendar year.

B. **AUDIT REPORTING, COMPLIANCE SCORING, AND CORRECTIVE ACTIONS**

1. Findings of Medicaid Data Correlation Audits should include state-wide findings as well as findings by Medicaid regional administration units (within the State).

   Additionally, as applicable, findings should identify service providers that demonstrate a pattern of noncompliance with incident reporting and other expectations of Incident Management processes.

2. Finding reports should provide discrete compliance scores for each of the performance measures of Incident Management processes detailed above.

3. For all performance measures, CMS should establish an 86-percent compliance score. CMS should require States to develop and implement plans of correction for all performance measure scores of less than 86 percent before CMS approves any new or renewal waiver applications.

4. Failure to implement appropriate corrective actions for substandard compliance scores may result in CMS sanctions, including but not limited to adverse decisions on new or renewal waiver applications.

5. At its discretion, CMS may impose immediate sanctions against States whose Medicaid Data Correlation Audits result in poor compliance scores

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[12] CMS may also wish to include service reports for individual waiver service recipients who have exceptionally high State Medicaid billings, exclusive of billings for State plan nursing, health aide, and clinical therapy or behavior support services.

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or selected negative results that indicate that its waiver service recipients may be at risk of imminent harm.

C. AUDIT METHODS[13]

1. CMS and States should rely on States' state-wide Medicaid databases to draw the samples of Medicaid services data. The sample selection methods should be explicitly presented in the report of the audit findings.

2. Once the Medicaid services data are retrieved, CMS or the States should organize the data by service recipient and check the state-wide Incident and Investigation Database to determine which services have a corresponding incident report.

3. *For services data that have a corresponding incident report*, CMS or the States *should* request the provider agencies filing the report to submit documentation related to the incident and the provider(s)'s response to the incident.

   Such documentation should include:

   i.   a copy of the incident report and any associated investigations;

   ii. a copy of any associated daily service notes or other documentation (including internal provider staff shift communication notes) associated with the incident/Medicaid service report;

   iii. meeting minutes from service providers' Incident Management Review Committee that are associated with the sample incidents;

   iv. other documentation maintained by service providers associated with the sample incidents, including the providers' responses, reviews, and any corrective actions; and

   v.   documentation and reports of service providers associated with the sample incidents related to the providers' periodic reviews of incidents and investigations to identify trends and patterns.

4. This documentation should be sorted and reviewed in accordance with the above-stated performance measures. The findings should be documented on a standardized audit tool developed and approved by CMS.

5. *For services data that do not have a corresponding incident report*, CMS or the States should request explanations for the lack of a report from the

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[13] As referenced above, CMS may itself conduct Medicaid Data Correlation Audits. Alternately, States may conduct their own Medicaid Data Correlation Audits, either voluntarily or as required by CMS.

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State, provider agencies, or service providers, as well as any other available documentation indicating that the incident received an appropriate response.

6.   To assure the integrity of Medicaid Data Correlation Audits, CMS and the States should maintain copies of all documentation collected and audit tools for at least 3 years.

7.   CMS or the States should ensure that the audit team is composed of professionals knowledgeable about incident management systems and their expectations and performance measures.

8.   When States conduct their own Medicaid Data Correlation Audits, States should ensure that members of the audit team are independent of State personnel charged with the direct implementation or management of the State's Incident Management processes.[14]

In concert with the above requirements, States should be required to maintain current curriculum vitae of all professionals on the audit teams.

9.   In addition, if States are conducting their own Medicaid Data Correlation Audits to preserve the nonbiased audit findings and conclusions, States should ensure the explicit tracking of any alterations or substantive edits of initially prepared draft reports of Incident Documentation Audits.

10.   To ensure the timeliness and relevance of their findings and conclusions, Medicaid Data Correlation Audits should be completed and made publicly available within 120 days of their initiation.

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[14] States may at their discretion contract out Incident Documentation Audits to independent consultants or consultant organizations that meet the above-listed requirements.

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APPENDIX C
Model Practices for State Mortality Reviews

This appendix sets forth the Model Practices for State Mortality Reviews. As detailed below, effective mortality reviews involve timely reporting of all beneficiary deaths, including identification of the cause of death and the circumstances contributing to or associated with the death.

    I.   Intended Outcomes of State Mortality Reviews
   II.   Essential Participants and Activities for State Mortality Reviews
 III.   The State Mortality Review Database

I.   Intended Outcomes of State Mortality Reviews

A.   Accountable and timely reporting of all service recipient deaths

B.   Identification of the causes of deaths

C.   Identification of the immediate and longer term (up to 12 months before the death) circumstances and events that contributed to or were associated with deaths

D.   Identification of corrective actions that may eliminate or lessen the likelihood of circumstances and events that contribute to or are associated with the causes related to specific deaths

E.   Identification of trends and patterns in deaths that indicate needed systemic changes or reforms in community-based services that may reduce the risk of death and other adverse outcomes for service recipients

F.   Appropriate and timely implementation of identified corrective actions and systemic changes and reforms to reduce the risk of death and other adverse outcomes for service recipients

G.   Ongoing evaluation to ensure that implemented corrective actions and systemic changes or reforms have been effective in reducing the risk of death and other adverse outcomes for service recipients

H.   Periodic public reporting on the number, causes, and circumstances of deaths to ensure public transparency regarding the health, welfare, and safety of beneficiaries of community-based services

II.   Essential Participants and Activities for State Mortality Reviews

A.   State Mortality Review processes should ensure the accountable and timely reporting of deaths, including checks on service provider and support coordination agencies' death reporting practices.

Service provider and support coordination agencies identified as having a pattern of delayed or failed death reporting or of filing reports that are misleading or incomplete should be subject to State sanctions, including fines, suspension of permission to enroll new participants, waiver contract termination, and decertification.

B.   State Mortality Review processes should ensure a preliminary review of the cause and circumstances of *all* reported deaths and identify the deaths warranting further State investigation and review. Such preliminary death reviews should be completed within 1 week of the date the death was reported.

As necessary, preliminary death reviews will include followup contact with the service provider(s) and support coordinator for additional information. Generally, preliminary death reviews will often occur before the State's receipt of the death certificate. Preliminary death reviews should not be officially closed until the death certificate has been received and reviewed.[15]

C.   State Mortality Review processes should ensure State investigations of deaths that are determined upon preliminary review to be unusual, suspicious, sudden and unexpected, or apparently preventable, including all deaths alleged or suspected to be associated with neglect, abuse, or criminal acts.

State death investigators should have a professional medical background (e.g., registered nurse, certified nurse practitioner, physician assistant, and physician) and have completed a nationally certified training program for conducting critical incident (including death) investigations.

D.   State Mortality Review processes should include a State Mortality Review Committee that has responsibility for comprehensive review of deaths identified as being unexpected, sudden and unusual or unnatural, caused by suspicious circumstances, associated with suspected or alleged provider misconduct or abuse or neglect, or any combination of these.

E.   State Mortality Review processes should ensure that their comprehensive death reviews include the review of relevant records and documents associated with the death, including:

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[15] Death certificates are often not available from State health departments until 90 days after the death, and autopsy reports are often not available until 120 to 180 days after the death.

1.   service provider and support coordinator documentation, including (a) the person-centered service plan for the individual who is deceased, (b) notes related to service delivery (by both waiver and nonwaiver providers), and (c) any other service provider or State reviews or investigations of the death;

2.   incident reports related to the deceased in the 6 to 12 months before death;

3.   death certificates;

4.   autopsy and medical examiner or coroner reports;

5.   emergency medical personnel reports and documentation;

6.   medical records including physicians, specialists, hospital, and emergency room records related to the individual who is deceased in the 6 to 12 months before death;

7.   records and documentation of medical professionals who treated the individual who is deceased within 6 months of his or her death; and

8.   as available, any State or other agency investigation of the death.

F.   State Mortality Review processes should include working with other State and local authorities to establish protocols and procedures (including guardian or family caregiver consent) to ensure that the above-listed documents are made available in a timely manner.[16]

G.   State Mortality Review processes should ensure that autopsies are requested and performed for all deaths deemed to be unusual or suspicious or without a known cause of death, including all deaths whose circumstances suggest possible neglect, abuse, or criminal conduct.[17]

H.   State Mortality Review processes should ensure that State Mortality Review Committees establish appropriate procedures and practices to ensure that:

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[16] It is typically neither effective nor efficient to require service providers and support coordination agencies to gather death certificates, autopsies, and other medical records essential for the completion of comprehensive death reviews, as most often State officials have (or can obtain more readily) authorization to obtain these documents.

[17] Uniformly ensuring autopsies as referenced above is frequently challenging. Families often do not wish to have autopsies performed. Medical examiners and coroners often refuse to perform autopsies of "natural" deaths regardless of the circumstances or the lack of a clear cause of death. And autopsies are costly and most States do not have a mechanism for reimbursing localities for these costs. Thus, State Mortality Review processes should make extra efforts in working with other State and local authorities to promote the conduct of autopsies of deaths that meet the above criteria.

1. the committee's membership includes an interdisciplinary group of medically credentialed and other professionals (including providers and advocates) who are knowledgeable of community-based services;

2. the committee relies on explicit criteria to identify deaths that should be afforded comprehensive reviews by the committee;

3. the committee meets sufficiently frequently to guarantee the timely and comprehensive reviews of all required deaths; and

4. the committee members have timely access to all necessary documents and reports to assure comprehensive review of all required deaths.

I. State Mortality Review processes should track service provider and support coordination agencies' implementation of recommendations for corrective actions emanating from the State's Mortality Review Committee.

  Although such tracking systems may rely primarily on service provider and support coordination agencies' written reports of corrective actions taken, State Mortality Review processes should also require periodic onsite reviews to ensure that reported corrective actions have been appropriately implemented.

J. State Mortality Review processes should ensure that appropriate actions (including fines, suspension of permission to enroll new participants, and waiver contract termination and decertification) are imposed against service providers and support coordination agencies found to have patterns of delayed or failed implementation recommendations issued by the State Mortality Review Committee.

K. State Mortality Review processes should periodically, but at least biennially, evaluate the effectiveness of implemented recommendations for corrective actions to reduce the death rate (total, by cause, by provider) or to achieve other positive outcomes for service recipients or the service system (e.g., reduced emergency room visits, hospitalizations, and critical incidents).

L. State Mortality Review processes should periodically, but at least biennially, do a trend analysis of deaths and issue any systemic interventions to ameliorate the conditions that resulted in the trend.

M. State Mortality Review processes should provide at least biennial public reporting on the number, causes, and circumstances of deaths of individuals receiving community-based services, including the trends and patterns identified by the State Mortality Review process.

III. The State Mortality Review Database

A. State Mortality Review processes should establish a State Mortality Review Database that, at a minimum, includes the following data elements:

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1. name, age, race or ethnicity, disability type, and sex of the individual who is deceased;

2. community-based (waiver) services received by the deceased individual and the name(s) of the service provider(s);

3. narrative of the events leading up to the individual's death and the immediate circumstances of the death;

4. location of the death (e.g., individual's home, established day program, community setting, hospital emergency room, hospital, and hospice facility);

5. immediate and secondary causes of death;

6. if the death was . . .

    i.   expected due to a known terminal illness;

    ii. associated with a known chronic illness;

    iii. a sudden, unexpected death;

    iv. due to unknown cause

    v.   due to an accident and, if so, the type of accident;

    vi. due to self-inflicted injury or illness (e.g., suicide, serious self-injurious behavior);

    vii. due to suspicious or unusual circumstances; and

    viii. due to suspected or alleged neglect, abuse, or criminal activity.

7. whether an autopsy was conducted and, if so, a narrative of its findings;

8. findings of the *preliminary* reviews of all deaths by the State Mortality Review process;

9. findings and recommended corrective actions of the *comprehensive* death reviews by the State Mortality Review Committee of selected deaths as defined above; and

10. tracking information related to the implementation of recommended corrective actions issued by the State Mortality Review Committee.

B. State Mortality Review processes should make use of the State Mortality Review Database to identify trends and patterns in:

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1. the demographics of the deceased individuals, their community (waiver) services, and their providers;

2. causes of death;

3. total death rates and death rates by cause of death, geographic region, and service provider per total number of service recipients with the same demographics;

4. a comparison of death rates with national mortality statistics and available mortality statistics for comparable community-based services in other States;

5. circumstances of death;

6. findings and recommendations of the State Mortality Review Committee; and

7. the appropriate implementation of recommendations issued by State Mortality Review Committees by service providers, support coordination agencies, and the State (as applicable).

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APPENDIX D
Model Practices for State Quality Assurance

This appendix sets forth the Model Practices for State Quality Assurance. As detailed below, comprehensive quality assurance of community-based services includes the incident management, audit, and mortality review components discussed above and certain other elements of quality assurance.

I.   Essential Components of State Community-Based Services Quality Assurance
II. Quality Assurance Participants
III. Basic Operational Tasks of Quality Assurance
IV. Surveillance Capacities

I.   Essential Components of State Community-Based Services Quality Assurance

A. A critical incident management and investigation process

   1. Is ongoing

B. Mortality reviews

   1. Are ongoing

   2. Are conducted by State committees or external contractors

C. Oversight of individualized service planning and delivery

   1. Emphasizes person-centered planning

   2. Emphasizes individualized and relevant goals

   3. Emphasizes appropriate service recommendations

   4. Emphasizes practical action steps or interventions

   5. Includes random onsite service recipient audits annually that cover either 10 percent of waiver enrollees or a statistically significant sample (whichever is larger) of waiver enrollees

D. Identification and timely intervention for high-risk service recipients

   1. Includes ongoing clinical crisis management and prevention services

E. Assessment of community inclusion outcomes for service recipients

   1. Periodic onsite audits of community day services and employment services

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F. Initial certification reviews of all new service providers and support coordination agencies

    1. Mandated initial reviews that must be passed before the start of waiver service delivery

G. Assessment of service provider and support coordination agency performance

    1. Are consistent with regulatory and professional standards

    2. Are periodic, at least biennial, audits of providers of:

        i. residential services,

        ii. day services,

        iii. employment, and

        iv. personal care, nursing, behavioral support, and support coordination[18]

H. Audits of workforce safeguard assurances by providers

    1. Include assessments of pre-employment screening and background checks

    2. Include assessments of staff training

    3. Include assessments of performance evaluation

    4. Are periodic, at least biennial, audits of providers of:

        i. residential services,

        ii. day services,

        iii. employment, and

        iv. personal care, nursing, behavioral support, and support coordination[19]

I. Reviews of a provider's network adequacy in terms of capacity, stability, and service accessibility

    1. Are annual State assessments, including service gap analyses

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[18] Some States allow providers and support coordination agencies that have least 2 years of operation within the waiver program and strong performance records to conduct these audits triannually.

[19] Workforce safeguard audits may be incorporated in service provider and support coordination audits. They are listed separately because it is often more efficient to conduct these audits with teams of specialized auditors.

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2. Have stakeholder participation

J. Assessment of the fiscal integrity of service billing and reimbursement

1. Includes ongoing State desk audits

2. Includes periodic onsite audits of select service providers and support coordination agencies

K. Compliance monitoring related to Federal fiscal and programmatic requirements

1. Includes State desk audits of mandated reporting by service providers and support coordination agencies,

2. Includes ongoing onsite audits of select service providers and support coordination agencies

L. Reports or reviews issued by any local or State protection and advocacy entity related to complaints about abuse and neglect of individuals residing in group homes

II. Quality Assurance Participants

A. Service recipients, family members, friends, legal conservators, or guardians

B. Advocates

C. Protection and advocacy entities

D. State Councils on Developmental Disabilities

E. University Centers for Excellence in Developmental Disabilities

F. Service providers

G. Case Management or Support coordination providers

H. State government administrators of the Community-Based Service System

I. Federal Government administrators of the Community-Based Service System

J. Typically these participants work together in developing and implementing a State's quality assurance process, but each participant group also has certain primary roles in the process:

1. Service recipients, families, and friends offer primary data regarding their personal experiences and satisfaction with the Community-Based Service System. They may also provide information to other participants in the quality assurance process in structuring and evaluating their quality

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assurance activities. They also give information to the State through the grievance and appeal process and satisfaction surveys of how the Community-Based Service System affects the individual (e.g., adequacy of provider network, availability of services, choice of provider and services).

2. Advocates, including Disability Rights organizations, local or state-wide advocacy groups, protection and advocacy entities, State councils on developmental disabilities, and consumer advocacy associations, offer independent advice related to their views of emerging and ongoing quality assurance issues in the Community-Based Service System.

3. Universities, including University Centers for Excellence in Developmental Disabilities, can be a source for training and technical assistance to providers that will increase their capacity. Universities can also serve as a resource for establishing incident reporting systems and for establishing processes for analyzing information to identify trends.

4. Service providers and support coordination providers have an obligation to institute internal quality assurance auditing activities to evaluate their performance (including service recipient and family satisfaction) relative to regulatory and professional standards.

    Robust and accountable internal quality assurance auditing programs developed and implemented by providers are the critical and often undervalued foundation of an accountable and effective quality assurance process for State's Community-Based Service System.

5. State government administrators have the overall quality assurance oversight obligation for:

    i.   service recipient health, well-being, and safety and

    ii.   the service system's performance in meeting Federal and State regulatory requirements and complying with professional standards for services.

    Inherent in these responsibilities is the States' obligations to:

    i.   attend to the satisfaction of service recipients, families, and friends with the service system and

    ii.   ensure that service providers and support coordination agencies design and implement accountable and responsive internal quality assurance processes.

    The State Medicaid agency is ultimately responsible for administration of the waiver, including oversight of the performance of waiver functions by

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other State and local or regional non-State agencies and contracted entities. State government administrators should ensure that their own quality assurance auditing activities provide a reliable and valid evaluation of the performance of its Community-Based Service System consistent with Federal and State regulatory requirements and professional standards. These State-directed quality assurance auditing activities also provide a validation check for providers' internal quality assurance audit processes.

State-directed quality assurance activities typically include:

i.   initial and recurring licensing or certification evaluations of providers;

ii.   service recipient satisfaction surveys;

iii.   critical incident monitoring and investigations;

iv.   mortality reviews;

v.   overall assessments of the adequacy, accessibility, and nondiscrimination of the service provider and support coordination agency networks; and

vi.   certain administrative audits to ensure that the Community-Based Service System is compliant with State and Federal programmatic and fiscal requirements.

State-directed quality assurance audits and assessments also include assurance related to fundamental principles and values of community-based services waiver programs, including nondiscrimination, community inclusion, individualization of service planning, respect for the rights of individuals with disabilities to make their own decisions, and risk management. These assessments are often incorporated in ongoing, person-centered service assessments and service providers' and support coordinators' service delivery, consistent with the requirements of the State's approved waiver.

In addition, State quality assurance activities should include the capacity to identify and respond to trends in providers' internal quality assurance audits, as well as its own State-directed audits. Responding to these trends allows States to ensure timely corrective actions and, where necessary, regulatory reforms to respond to weaknesses in the Community-Based Service Systems before problems become more serious.

6.   The Federal Government's role in quality assurance for States' Community-Based Service Systems depends substantially on data and reports of the States' own quality assurance activities.

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Specifically, the Federal Government first and foremost should ensure that States' quality assurance processes, including mandates for provider-directed internal quality assurance procedures, operate effectively and efficiently to identify concerns and ensure needed remedial actions in response to their observations and conclusions.

Additionally, the Federal Government should have the capacity to undertake independent quality assurance investigations and audits in response to State quality assurance reports, citizen complaints, and concerns that may surface in Medicaid and Medicare data.

The Federal Government also has the unique capacity to identify and respond to trends in the quality assurance data among States and to use these observations to affect ongoing needed quality improvements in the Federal regulatory framework for State Community-Based Service Systems.

III.   Basic Operational Tasks of Quality Assurance

A.   Quality assurance processes, whether in industry, education, or health care, have eight basic operational tasks:

1.   data collection,

2.   data analysis,

3.   evaluating the effectiveness of the overall systems,

4.   determining findings and conclusions,

5.   identifying trends that need to be addressed,

6.   identifying corrective actions or remedies (as needed),

7.   implementing corrective actions or remedies, and

8.   evaluating the effectiveness of implemented corrective actions or remedies.

B.   Historically, State quality assurance processes for their Community-Based Services System have invested most of their time and resources on Task 1, data collection. Less time and fewer resources have been spent on Task 2, data review and analysis, and still less time on Task 4, determining findings and conclusions.

States may find they need to allocate more resources to Tasks 5 through 8, the identification, implementation, and evaluation of needed corrective actions that are essential to ensuring positive outcomes of their quality assurance efforts.

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C.   This allocation of resources is inevitable in view of the disproportionate resources required to collect and analyze quality assurance data relative to other tasks. However, it is critical that the model for States' Community-Based Services Systems ensures that States allocate sufficient time and resources to ensuring the success of the State's quality system and addressing any intended corrective action outcomes of these programs. Without this allocation, quality assurance systems may generate impressive "processes" and reports but minimal positive outcomes.

Thus, the model should ensure that, for each component of the quality assurance process, States develop effective and practical action steps that address all eight tasks with sufficient attention to checks and balances on appropriate and effective corrective action outcomes.

IV.   Surveillance Capacities

Surveillance capacities refer to a quality assurance program's "action" capabilities to ensure that it is able to collect reliable and valid data related to the quality assessments undertaken.

A.   State quality assurance processes rely on a number of different surveillance capacities that can be generally categorized in five types:

1.   external reporting by service recipients, peers, families and friends, service providers and support coordinators (voluntary and mandatory), and protection and advocacy entities;

2.   desk/paper audits of service planning and service provision documentation;

3.   onsite data collection activities, including routine reviews, inspections, and investigations of service locations, service recipients, and allegations of abuse and neglect or other misconduct;

4.   reviews of provider and support coordinator reporting related to mandated reporting and service provision; and

5.   State-directed systemic reviews of the service system (often done to assess the overall provider network's stability, accessibility, and fiscal integrity of service billing and reimbursement).

B.   Specific data collection activities of quality assurance processes related to these surveillance capacities include (among others):

1.   service recipient, peer, family, and friend reporting of concerns and complaints (e.g., informal and formal complaint and grievance systems);

2.   satisfaction surveys of service recipients and family and friends;

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3.   mandated reporting of critical incidents, deaths, and abuse and neglect;

4.   mandated provider reporting on the status of high-risk service recipients;

5.   mandated provider reporting of weather, fire, and other emergency situations; infection control concerns; involvement of law enforcement; disenrollment of service recipients; and others; and

6.   desk audits of service provider and support coordinator documentation, including:

         i.   person-centered service plans (PCSPs),

         ii.   service billings,

         iii.   internal quality assurance audit findings, and

         iv.   pre-employment screening and training for staff members.

C.   Person-centered quality reviews to ensure assessment and documentation of the individual's needs and documentation that substantiates services were rendered in the amount, frequency, duration, and scope required:

1.   onsite inspections of community homes and other service provision locations (e.g., day programs and crisis and respite homes) to assess performance compliance with regulatory and professional standards (i.e., initial certification reviews and ongoing licensure reviews);

2.   onsite investigations of critical incidents and other allegations or concerns of performance deficiencies;

3.   mortality reviews (independent or State directed) including or in addition to trend analysis of unexpected or unanticipated deaths and trend analysis of deaths that were the result of abuse or neglect;

4.   onsite evaluations of service providers' and support coordinators' reporting of critical incidents, implemented corrective actions, PCSP development, service delivery, and billings; and

5.   meetings with advocates to identify emerging issues and trends in complaints and rights violations in conjunction with a review of the State's own complaint and appeal systems.

Appendix E
Related HHS Reports and Activities

OIG Office of Audit Services Related Reports

Report Title	Report Number	Date Issued
Maine Did Not Comply With Federal and State Requirements for Critical Incidents Involving Medicaid Beneficiaries With Developmental Disabilities	A-01-16-00001	August 2017
Early Alert: The Centers for Medicare & Medicaid Services Has Inadequate Procedures To Ensure That Incidents of Potential Abuse or Neglect at Skilled Nursing Facilities Are Identified and Reported in Accordance With Applicable Requirements	A-01-17-00504	August 2017
Massachusetts Did Not Comply With Federal and State Requirements for Critical Incidents Involving Developmentally Disabled Medicaid Beneficiaries	A-01-14-00008	July 2016
Connecticut Did Not Comply With Federal and State Requirements for Critical Incidents Involving Developmentally Disabled Medicaid Beneficiaries	A-01-14-00002	May 2016
Review of Intermediate Care Facilities in New York with High Rates of Emergency Room Visits by Intellectually Disabled Medicaid Beneficiaries	A-02-14-01011	September 2015
Oversight of Quality of Care in Medicaid Home and Community-Based Services Waiver Programs	OEI-02-08-00170	June 2012

Administration for Community Living Related Activities

Living Well: Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of Home and Community-Based Services for Individuals with Developmental Disabilities	*https://www.grants.gov/web/grants/view-opportunity.html?oppId=292514*

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State Protection & Advocacy Systems	*https://www.acl.gov/programs/aging-and-disability-networks/state-protection-advocacy-systems*
State Councils on Developmental Disabilities	*https://www.acl.gov/programs/aging-and-disability-networks/state-councils-developmental-disabilities*
National Network of University Centers for Excellence in Developmental Disabilities Education, Research & Service	*https://www.acl.gov/programs/aging-and-disability-networks/national-network-university*
Self-Advocacy Resource and Technical Assistance Center (SARTAC)	*http://selfadvocacyinfo.org/*

REDACTION JUSTIFICATION

The development of PCG's QUIC System, along with its functionality and capabilities, is commercial information of a proprietary nature as well as a trade secret belonging to PCG which should be withheld from public disclosure.

Section 84-712.05 of the Nebraska Public Records Law precludes from disclosure any proprietary or commercial information which if released would give advantage to business competitors and serve no public purpose. In addition, the same statutory section also allows the withholding of information that constitutes a "trade secret" as defined in Nebraska Statute, which if released would give advantage to business competitors and serve no public purpose.

In turn, the Nebraska Trade Secrets Act, Neb. Rev. Stat. §87-502(4), defines a trade secret as information, including, but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that: (a) Derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

PCG's redactions of the functionalities and capabilities of the PCG QUIC System in the Technical Proposal meet all these criteria and should be withheld from public disclosure. It is the intellectual property which PCG developed by expending a significant amount of time, human, financial and commercial resources, and the disclosure of such would cause PCG significant competitive harm in the marketplace. Moreover, PCG safeguards such information from being disclosed externally through internal policies as well as seeking confidential treatment for it in proposals such as this one.

In addition, consistent with the definition of "trade secret" under the Nebraska Trade Secrets Act, PCG considers this information to be sufficiently secret to derive economic value from not being generally known to other persons who could obtain economic value from its disclosure or use and information which PCG has exerted reasonable efforts to maintain its secrecy and confidentiality, as described above.

Finally, redacted sections of the PCG Technical Proposal were to be disclosed, PCG's competitors would have access to PCG's proprietary and confidential commercial information and be able to use that information to gain an unfair competitive advantage over PCG, which is consistent with the exception to disclosure enumerated in the Nebraska Public Records Law.

For these reasons, PCG believes that the redacted sections in its proposal should remain redacted and withheld from public disclosure pursuant to the Nebraska Public Records Law.

ATTACHMENT C
DATA USE AGREEMENT (DUA) PROVISIONS
RFP 6317 Z1

1. **PURPOSE; APPLICABILITY; ORDER OF PRECEDENCE**
   1.1. The purpose of this DUA is to facilitate access to, creation, receipt, maintenance, use, disclosure or transmission of Confidential Information with Contractor, and set forth Contractor's rights and obligations with respect to the Confidential Information and the limited purposes for which the Contractor may create, receive, maintain, use, disclose or have access to Confidential Information. This DUA includes, but is not limited to, taking any Confidential Information outside of any DHHS systems provided for data use, as well as the creation of any new data being used outside those systems. This DUA also describes DHHS's remedies in the event of Contractor's noncompliance with its obligations under this DUA. This DUA applies to both DHHS business associates, with "business associate" defined in the Health Insurance Portability and Accountability Act (HIPAA) (see Business Associate Provisions, Request for Proposal – Attachment A), as well as Contractors who are not business associates, who create, receive, maintain, use, disclose or have access to Confidential Information on behalf of DHHS, its programs or clients as described in the Contract. As a best practice, DHHS requires its contractors to comply with the terms of this DUA to safeguard all types of Confidential Information.
   1.2. If any provision of the Contract conflicts with this DUA, this DUA controls.

2. **DEFINITIONS**
   For the purposes of this DUA, capitalized terms have the following meanings:
   2.1. "Authorized Purpose" means the specific purpose or purposes described in the Contract for Contractor to fulfill its obligations under the Contract, or any other purpose expressly authorized by DHHS, in writing, in advance.
   2.2. "Authorized User" means a person:
      2.2.1. Who is authorized to create, receive, maintain, access, process, view, handle, examine, interpret, or analyze Confidential Information pursuant to this DUA;
      2.2.2. Who has a demonstrable need to create, receive, maintain, use, disclose or have access to the Confidential Information; and
      2.2.3. Who has agreed in writing to be bound by the disclosure and use limitations pertaining to the Confidential Information as required by this DUA.
   2.3. "Breach" means an impermissible use or disclosure of electronic or non-electronic sensitive personal information by an unauthorized person or for an unauthorized purpose that compromises the security or privacy of Confidential Information such that the use or disclosure poses a risk of reputational harm, theft of financial information, identity theft, or medical identity theft. Any acquisition, access, use, disclosure or loss of Confidential Information other than as permitted by this DUA shall be presumed to be a Breach unless Contractor demonstrates, based on a risk assessment, that there is a low probability that the Confidential Information has been compromised.
   2.4. "Confidential Information" means any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided to or made available to Contractor or that Contractor may create, receive, maintain, use, disclose or have access to on behalf of DHHS in connection with the Contract, which consists of or includes any or all of the following:
      2.4.1. Education records as defined in the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g; 34 C.F.R. Part 99
      2.4.2. Federal Tax Information as defined in Internal Revenue Code § 6103 and Internal Revenue Service Publication 1075;

2.4.3. Protected Health Information (PHI) in any form including without limitation, Electronic Protected Health Information or Unsecured Protected Health Information as defined in 45 C.F.R. §160.103;

2.4.4. Personally Identifiable Information (PII) means information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual.

2.4.5. Social Security Administration Data, including, without limitation, Medicaid information means disclosures of information made by the Social Security Administration or the Centers for Medicare and Medicaid Services from a federal system of records for administration of federally funded benefit programs under the Social Security Act, 42 U.S.C., Chapter 7;

2.4.6. Medicaid Client refers to:
- A Medicaid applicant;
- A Medicaid member;
- A person who is conditionally eligible for Medicaid; or
- A person whose income or assets are considered in determining eligibility for an applicant or member

2.4.7. Personal Information as defined by Neb. Rev. Stat. § 87-802;

2.4.8. Information or records contained in Neb. Rev. Stat. § 84-712.05;

2.4.9. All privileged work product;

2.4.10.   All other information designated as confidential under the constitution and laws of the State of Nebraska and of the United States

2.5. "Contract" includes, collectively, the Request for Proposal (or Request for Qualifications, as applicable), the Contractor's proposal, as well as any addenda, appendices, and attachments;

2.6. "Destroy" or "Destruction", for Confidential Information, means:

2.6.1. Paper, film, or other hard copy media have been shredded or destroyed such that the Confidential Information cannot be read or otherwise reconstructed. Redaction is specifically excluded as a means of data destruction.

2.6.2. Electronic media have been cleared, purged, or destroyed consistent with National Institute of Standards and Technology (NIST) Special Publication 800-88, "Guidelines for Media Sanitization," such that the Confidential Information cannot be retrieved.

2.7. "Discover" or "Discovery" means the first day on which a Breach becomes known to Contractor, or, by exercising reasonable diligence would have been known to Contractor.

2.8. "Legally Authorized Representative" of an individual means any individual as defined in 42 CFR 435.923 (authorized representative), or any individual legally authorized to act on behalf of another individual under Nebraska law;

2.9. "Required by Law" means a mandate contained in law that compels an entity to use or disclose Confidential Information that is enforceable in a court of law and is consistent with 42 CFR Part 431, Subpart F, including court orders, warrants, subpoenas or investigative demands.

2.10. "Subcontractor" means a person who contracts with a prime contractor to work, to supply commodities, or to contribute toward completing work for a governmental entity.

2.11. "Workforce" means employees, volunteers, trainees or other persons whose performance of work is under the direct control of a party, whether they are paid by that party.

3. CONTRACTOR'S DUTIES REGARDING CONFIDENTIAL INFORMATION

3.1. *With respect to **PHI**, Contractor shall*:

3.1.1. Make PHI available if requested by DHHS, if Contractor maintains PHI, as defined in HIPAA.

3.1.2. Provide to DHHS data aggregation services related to the healthcare operations Contractor performs for DHHS pursuant to the Contract, if requested by DHHS, if Contractor provides data aggregation services as defined in HIPAA.

3.1.3. Provide access to PHI to an individual who is requesting his or her own PHI, or such individual's Legally Authorized Representative, in compliance with the requirements of HIPAA.

3.1.4. Make PHI available to DHHS for amendment, and incorporate any amendments to PHI that DHHS directs, in compliance with HIPAA.

3.1.5. Document and make available to DHHS, an accounting of use and disclosures in compliance with the requirements of HIPAA.

3.1.6. If Contractor receives a request for access, amendment or accounting of PHI by any individual, promptly forward the request to DHHS or, if forwarding the request would violate HIPAA, promptly notify DHHS of the request and of Contractor's response. DHHS will respond to all such requests, unless Contractor is Required by Law to respond or DHHS has given prior written consent for Contractor to respond to and account for all such requests.

3.2. *With respect to **ALL Confidential Information**, Contractor shall*:

3.2.1. Exercise reasonable care and no less than the same degree of care Contractor uses to protect its own confidential, proprietary and trade secret information to prevent Confidential Information from being used in a manner that is not expressly an Authorized Purpose or as Required by Law. Contractor must access, create, maintain, receive, use, disclose, transmit or Destroy Confidential Information in a secure fashion that protects against any reasonably anticipated threats or hazards to the security or integrity of such information or unauthorized uses.

3.2.2. Establish, implement and maintain appropriate procedural, administrative, physical and technical safeguards (for the purpose of this paragraph, "Safeguards") to preserve and maintain the confidentiality, integrity, and availability of the Confidential Information, in accordance with applicable laws or regulations relating to Confidential Information, to prevent any unauthorized use or disclosure of Confidential Information as long as Contractor has such Confidential Information in its actual or constructive possession. DHHS must review and approve said Safeguards before actual or constructive possession of any Confidential Information. Contractor must also allow DHHS, or a third party designated by DHHS, to review the Safeguards, in the sole discretion of DHHS.

3.2.3. Implement, update as necessary, and document privacy, security and Breach notice policies and procedures and an incident response plan to address a Breach, to comply with the privacy, security and breach notice requirements of this DUA prior to conducting work under the Contract. Contractor shall produce, within three business days of a request by DHHS, copies of its policies and procedures and records relating to the use or disclosure of Confidential Information.

3.2.4. Obtain DHHS's prior written consent to disclose or allow access to any portion of the Confidential Information to any person, other than Authorized Users, Workforce or Subcontractors of Contractor, provided said Authorized Users, Workforce or Subcontractors have completed DHHS-specified training in confidentiality, privacy, security, and on the importance of promptly reporting any Breach to Contractor's management and as permitted in Section 3.1.3, above. All Authorized Users, Workforce or Subcontractors must execute, individually, an acknowledgement noting their obligations as regards Confidential Information, and referencing this DUA. Additional requirements set forth below pertaining to Subcontractors dictate further requirements before disclosure.

3.2.5. Establish, implement and maintain appropriate sanctions against any member of its Workforce or Subcontractor who fails to comply with this DUA, the Contract or applicable law. Contractor must maintain evidence of sanctions and produce it to DHHS upon request.

3.2.6. Obtain prior written approval of DHHS, to disclose or provide access to any Confidential Information on the basis that such act is Required by Law, so that DHHS may have the opportunity to object to the disclosure or access and seek appropriate relief.

3.2.7. Certify that its Authorized Users each have a demonstrated need to know and have access to Confidential Information solely to the minimum extent necessary to accomplish the Authorized Purpose and that each has agreed in writing to be bound by the disclosure and use limitations pertaining to the Confidential Information contained in this DUA. Contractor and any previously authorized Subcontractors shall maintain at all times an updated, complete, accurate list of Authorized Users and supply it to DHHS upon request.

3.2.8. Provide, and require Subcontractors and agents to provide, to DHHS periodic written confirmation of compliance with controls and the terms of this DUA.

3.2.9. Return to DHHS or Destroy, at DHHS's election and at Contractor's expense, all Confidential Information received from DHHS or created or maintained by Contractor or any of Contractor's agents or Subcontractors on DHHS's behalf upon the termination or expiration of this DUA, if reasonably feasible and permitted by law. Contractor shall certify in writing to DHHS that all such Confidential Information has been Destroyed or returned to DHHS, and that Contractor and its agents and Subcontractors have retained no copies thereof. Notwithstanding the foregoing, Contractor acknowledges and agrees that it may not Destroy any Confidential Information if federal or state law, or DHHS record retention policy or a litigation hold notice prohibits such Destruction. If such return or Destruction is not reasonably feasible, or is impermissible by law, Contractor shall immediately notify DHHS of the reasons such return or Destruction is not feasible, and agree to extend the protections of this DUA to the Confidential Information for as long as Contractor maintains such Confidential Information.

3.2.10. Comply with the current DHHS Acceptable Use Policy (AUP), and require each Subcontractor and Workforce member who has direct access to DHHS Information Resources, as defined in the AUP, to execute a DHHS Acceptable Use Agreement. See Section 3.2.14 bullet point labeled "DHHS Information Security Policies."

3.2.11. Only conduct secure transmissions of Confidential Information whether in paper, oral or electronic form. DHHS must approve the method of secure transmission before any Confidential Information is transmitted by Contractor. A secure transmission of electronic Confidential Information in motion includes secure File Transfer Protocol (SFTP) or encryption at an appropriate level as required by rule, regulation or law. Confidential Information at rest requires encryption unless there is adequate administrative, technical, and physical security as required by rule, regulation or law. All electronic data transfer and communications of Confidential Information shall be through secure systems. Contractor shall provide proof of system, media or device security and/or encryption to DHHS no later than 48 hours after DHHS's written request in response to a compliance investigation, audit, or the Discovery of a Breach. DHHS may also request production of proof of security at other times as necessary to satisfy state and federal monitoring requirements. De-identification of Confidential Information in accordance with HIPAA de-identification standards is deemed secure.

3.2.12. Designate and identify a person or persons, as Privacy Official and Information Security Official, each of whom is authorized to act on behalf of Contractor and is responsible for the development and implementation of the privacy and security requirements in this DUA. Contractor shall provide name and current address, phone number and e-mail address for such designated officials to DHHS upon execution of this DUA and prior to any change. Upon written notice from DHHS, Contractor shall promptly remove and replace such official(s) if such official(s) is/are not performing the required functions.

3.2.13. Make available to DHHS any information DHHS requires to fulfill DHHS's obligations to provide access to, or copies of, Confidential Information in accordance with applicable laws, regulations or demands of a regulatory authority relating to Confidential Information. Contractor shall provide such information in a time and manner reasonably agreed upon or as designated by the applicable law or regulatory authority.

3.2.14. Comply with the following laws and standards if applicable to the type of Confidential Information and Contractor's Authorized Purpose:
- The Privacy Act of 1974 (USC 552a);
- OMB Memorandum 17-12;
- 42 CFR Part 431, Subpart F;
- The Federal Information Security Management Act of 2002 (FISMA);
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA);
- Internal Revenue Publication 1075 – Tax Information Security Guidelines for Federal, State and Local Agencies;
- NIST Special Publication 800-66 Revision 1 - An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule;
- NIST Special Publications 800-53 and 800-53A – Recommended Security Controls for Federal Information Systems and Organizations, as currently revised;
- NIST Special Publication 800-47 – Security Guide for Interconnecting Information Technology Systems;
- NIST Special Publication 800-88, Guidelines for Media Sanitization;
- NIST Special Publication 800-111, Guide to Storage of Encryption Technologies for End User Devices containing PHI;
- Nebraska Information Technology Commission, Chapter 8 – Information Security Policy, available at: https://nitc.nebraska.gov/standards/index.html;
- DHHS IT Policies available at the following link: http://dhhs.ne.gov/Documents/Information%20Technology%20(IT)%20Security%20Policies%20and%20Standards.pdf
- Family Educational Rights and Privacy Act; and
- Any other state or federal law, regulation, or administrative rule relating to the specific DHHS program area that Contractor supports on behalf of DHHS.

3.2.15. Be permitted to use or disclose Confidential Information, except Confidential Information about Medicaid Clients, for the proper management and administration of Contractor roles and responsibilities or to carry out Contractor's legal responsibilities, except as otherwise limited by this DUA, the Contract, or law applicable to the Confidential Information, if: (1) Disclosure is Required by Law; or (2) Contractor obtains reasonable assurances from the person to whom the information is disclose that the person shall:
- Maintain the confidentiality of the Confidential Information in accordance with this DUA;
- Use or further disclose the information only as Required by Law or for the Authorized Purpose for which it was disclosed to the person; and
- Notify Contractor in accordance with Section 4 of a Breach of Confidential Information that the person Discovers or should have Discovered with the exercise of reasonable diligence.

3.2.16. For Confidential Information about Medicaid Clients, DHHS must provide prior written approval to the Contractor before Contractor is permitted to use such information for the uses described immediately above.

3.3. *With respect to **ALL Confidential Information**, Contractor shall **NOT***:

3.3.1. Attempt to re-identify or further identify Confidential Information that has been de-identified, or attempt to contact any persons whose records are contained in the Confidential Information, except for an Authorized Purpose, without express written authorization from DHHS.

3.3.2. Engage in marketing or sale of Confidential Information.

3.3.3. Permit, or enter into any agreement with a Subcontractor to, create, receive, maintain, use, disclose, have access to or transmit Confidential Information, on behalf of DHHS without requiring that Subcontractor first gain approval from DHHS and execute the Form Subcontractor Agreement, Appendix 1. Contractor is directly responsible for its Subcontractors' compliance with, and enforcement of, this DUA. If Subcontractor requires Medicaid Client information access, the Contractor shall specifically identify as such in its request to DHHS.

4. BREACH NOTICE, REPORTING AND CORRECTION REQUIREMENTS

4.1. *Cooperation and Financial Responsibility*

4.1.1. Contractor shall, at Contractor's expense, cooperate fully with DHHS in investigating, mitigating to the extent practicable, and issuing notifications as directed by DHHS, for any Breach of Confidential Information.

4.1.2. Contractor shall make Confidential Information in Contractor's possession available pursuant to the requirements of HIPAA or other applicable law upon a determination of a Breach.

4.1.3. Contractor's obligation begins at the Discovery of a Breach and continues as long as related activity continues, until all effects of the Breach are mitigated to DHHS's satisfaction (the "incident response period").

4.2. *Initial Breach Notice*

4.2.1. For federal information obtained from a federal system of records, including Federal Tax Information and Social Security Administration Data (which includes Medicaid and other governmental benefit program Confidential Information), Contractor shall notify DHHS of the Breach within the first hour of Discovery. The Contract shall specify whether Confidential Information is obtained from a federal system of records. For all other types of Confidential Information, Contractor shall also notify DHHS of the Breach within the first hour of Discovery, or in a timeframe otherwise approved by DHHS in writing. Contractor shall initially report to DHHS's Privacy and Security Officers via email at:

- DHHS.InformationSecurityOffice@nebraska.gov;   and
- DHHS.PrivacyOfficer@nebraska.gov.

Notification shall also be provided via email to the DHHS Contract Manager.

4.2.2. Contractor shall report all information reasonably available to Contractor about the Breach. This shall include, but not necessarily be limited to:

- Date and time of the incident;
- Date and time the incident was discovered;
- Description of the incident and the data involved, including specific data elements, if known;
- Potential number of records involved; if unknown, provide an estimated range;
- Address where the incident occurred;
- Information technology involved (e.g., laptop, server, mainframe etc.)

4.2.3. Contractor shall provide contact information to DHHS for Contractor's single point of contact who will communicate with DHHS both on and off business hours during the incident response period.

4.3. *Third Business Day*. No later than 5 p.m. on the third business day after Discovery, or a time within which Discovery reasonably should have been made by Contractor of a Breach of Confidential Information, Contractor shall provide written notification to DHHS of all reasonably available information about the Breach, and Contractor's investigation, including, to the extent known to Contractor:

4.3.1. The date the Breach occurred;

4.3.2. The date of Contractor's and, if applicable, Subcontractor's Discovery;

4.3.3. A brief description of the Breach, including how it occurred and who is responsible (or hypotheses, if not yet determined);

4.3.4. A brief description of Contractor's investigation and the status of the investigation;

4.3.5. A description of the types and amount of Confidential Information involved;

4.3.6. Identification of and number of all individuals reasonably believed to be affected, including first and last name of the individual(s) and if applicable, the Legally Authorized Representative, last known address, age, telephone number, and email address if it is a preferred contact method;

4.3.7. Contractor's initial risk assessment of the Breach, demonstrating whether individual or other notices are required by applicable law or this DUA for DHHS approval, including an analysis of whether there is a low probability of compromise of the Confidential Information or whether any legal exceptions to notification apply;

4.3.8. Contractor's recommendation for DHHS's approval as to the steps individuals and/or Contractor on behalf of individuals, should take to protect the individuals from potential harm, including Contractor's provision of notifications, credit protection, claims monitoring, and any specific protections for a Legally Authorized Representative to take on behalf of an individual with special capacity or circumstances;

4.3.9. The steps Contractor has taken to mitigate the harm or potential harm caused (including without limitation the provision of sufficient resources to mitigate);

4.3.10. The steps Contractor has taken, or will take, to prevent or reduce the likelihood of recurrence of a similar Breach;

4.3.11. Identify, describe or estimate of the persons, Workforce, Subcontractor, or individuals and any law enforcement that may be involved in the Breach;

4.3.12. A reasonable schedule for Contractor to provide regular updates regarding response to the Breach, but no less than every three (3) business days, or as otherwise directed by DHHS in writing, including information about risk estimations, reporting, notification, if any, mitigation, corrective action, root cause analysis and when such activities are expected to be completed; and

4.3.13. Any reasonably available, pertinent information, documents or reports related to a Breach that DHHS requests following Discovery.

4.4. *Breach Notification to Individuals and Reporting to Authorities.*

4.4.1. DHHS may direct Contractor to provide Breach notification to individuals, regulators or third-parties, as specified by DHHS following a Breach.

4.4.2. Contractor must comply with all applicable legal and regulatory requirements, including but not limited to those contained in the Financial Data Protection and Consumer Notification of Data Security Breach Act of 2006, Neb. Rev. Stat. §§ 87-801 et seq., in the time, manner and content of any notification to individuals, regulators or third-parties, or any notice required by other state or federal authorities. Notice letters will be in Contractor's name and on Contractor's letterhead, unless otherwise directed by DHHS, and will contain contact information, including the name and title of Contractor's representative, an email address and a toll-free telephone number, for the individual to obtain additional information.

4.4.3. Contractor shall provide DHHS with draft notifications for DHHS approval prior to distribution and copies of distributed and approved communications.

4.4.4. Contractor shall have the burden of demonstrating to the satisfaction of DHHS that any required notification was timely made. If there are delays outside of Contractor's control, Contractor shall provide written documentation to DHHS of the reasons for the delay.

4.4.5. If DHHS directs Contractor to provide notifications, DHHS shall, in the time and manner reasonably requested by Contractor, cooperate and assist with Contractor's information requests in order to make such notifications.

5. GENERAL PROVISIONS

5.1. *Ownership of Confidential Information*

5.1.1. Notwithstanding any other provision in the Contract, all data collected as a result of this project (including but not limited to all Confidential Information) shall be the property of DHHS.

5.2. *DHHS Commitment and Obligations*

5.2.1. DHHS will not request Contractor to create, maintain, transmit, use or disclose PII/PHI in any manner that would not be permissible under applicable law if done by DHHS.

5.3. *DHHS Right to Inspection*

5.3.1. At any time, upon reasonable notice to Contractor, or if DHHS determines that Contractor has violated this DUA, DHHS, directly or through its agent, will have the right to inspect the facilities, systems, books and records of Contractor to monitor compliance with this DUA. For purposes of this subsection, DHHS's agent(s) include, without limitation, the Office of Public Counsel, the Nebraska Attorney General's Office, the Nebraska Auditor of Public Accounts, outside consultants, legal counsel, or other designee.

5.4. *Term; Termination of DUA; Survival*

5.4.1. This DUA will be effective on the date on which it was signed, and will terminate upon termination of the Contract and as set forth herein. If the Contract is extended, this DUA is extended to run concurrent with the Contract.

5.4.2. If DHHS determines that Contractor has violated a material term of this DUA, DHHS may, in its sole discretion:

- Exercise any of its rights, including but not limited to reports, access and inspection under this DUA and/or the Contract; or
- Require Contractor to submit to a corrective action plan, including a plan for monitoring and plan for reporting as DHHS may determine necessary to maintain compliance with this DUA; or
- Provide Contractor with a reasonable period to cure the violation as determined by DHHS; or
- Terminate the DUA and Contract immediately, and, if DHHS further determines, seek relief in a court of competent jurisdiction.
- Before exercising any of these options, DHHS will provide written notice to Contractor describing the violation and the action it intends to take.

5.4.3. If neither termination nor cure is feasible, DHHS shall report the violation to the applicable regulatory authorities.

5.4.4. The duties of Contractor or its Subcontractor under this DUA survive the expiration or termination of this DUA until all the Confidential Information is Destroyed or returned to DHHS, as required by this DUA.

5.5. *Injunctive Relief*

5.5.1. Contractor acknowledges and agrees that DHHS may suffer irreparable injury if Contractor or its Subcontractor fails to comply with any of the terms of this DUA with respect to the Confidential Information or a provision of HIPAA or other laws or regulations applicable to Confidential Information.

5.5.2. Contractor further agrees that monetary damages may be inadequate to compensate DHHS for Contractor's or its Subcontractor's failure to comply. Accordingly, Contractor agrees that DHHS will, in addition to any other remedies available to it at law or in equity, be entitled to seek injunctive relief without posting a bond and without the necessity of demonstrating actual damages, to enforce the terms of this DUA.

5.6. *Indemnification*

5.6.1. All of Contractor's duties and obligations regarding indemnification otherwise contained herein apply to the provisions contained in this DUA.

5.7. Automatic Amendment and Interpretation

    5.7.1. Upon the effective date of any amendment or issuance of additional regulations to any law applicable to Confidential Information, this DUA will automatically be amended so that the obligations imposed on DHHS and/or Contractor remain in compliance with such requirements. Any ambiguity in this DUA will be resolved in favor of a meaning that permits DHHS and Contractor to comply with laws applicable to Confidential Information.

5.8. Notices; Requests for Approval

    5.8.1. All notices and requests for approval related to this DUA must be directed to the DHHS Contract Manager.

APPENDIX 1. SUBCONTRACTOR AGREEMENT FORM

RFP XXXX Z1

The DUA between DHHS and Contractor establishes the permitted and required uses and disclosures of Confidential Information by Contractor. Contractor has received permissions by DHHS for operations purposes for Authorized Use, and has subcontracted with _____ (<mark>Subcontractor name</mark>) for performance of duties on behalf of Contractor, which are subject to the DUA. Subcontractor acknowledges, understands and agrees to be bound by the same terms and conditions applicable to Contractor under the DUA, incorporated by reference in this Agreement, with respect to DHHS Confidential Information. Contractor and Subcontractor agree that DHHS is a third-party beneficiary to applicable provisions of the subcontract.

DHHS has the right, but not the obligation, to review or approve the terms and conditions of the subcontract by virtue of this Subcontractor Agreement Form.

Contractor and Subcontractor assure DHHS that any Breach as defined by the DUA that Subcontractor Discovers shall be reported to DHHS by Contractor in the time, manner and content required by the DUA.

If Contractor knows or should have known in the exercise of reasonable diligence of a pattern of activity or practice by Subcontractor that constitutes a material breach or violation of the DUA or the Subcontractor's obligations, Contractor shall:

1. Take reasonable steps to cure the violation or end the violation, as applicable;
2. If the steps are unsuccessful, terminate the contract or arrangement with Subcontractor, if feasible;
3. Notify DHHS immediately upon Discovery of the pattern of activity or practice of Subcontractor that constitutes a material breach or violation of the DUA and keep DHHS reasonably and regularly informed about steps Contractor is taking to cure or end the violation or terminate Subcontractor's contract or arrangement.

This Subcontractor Agreement Form is executed by the parties in their capacities indicated below.

FOR CONTRACTOR: FOR SUBCONTRACTOR:

William S. Mosakowski   Name
President & CEO   Title
Public Consulting Group, Inc.   <mark>Subcontractor name</mark>

DATE: _____8/4/2020_____   DATE: _____

Milestone - Final Training Plan Approval From DHHS staff
Oct 29

Milestone - Master Schedule of Development Efforts
Nov 11

Milestone - Client Test Environment Configured
Nov 26

Milestone - QUIC System Production Approval
Jan 20

Milestone - Launch Pilot Group
Feb 14

Milestone - System Go-Live
Mar 22

Milestone - UAT Deployment
Oct 9

Milestone - CIMP Operations Go live
Mar 30

Sep   Nov   2021   Mar   May   Jul   Sep   Nov   2022   Mar

Sep 2 Project Kick-Off Dec 26

Oct 2 QIDS Data System Development Mar 23

Sep 2 Enhancing & Improving Nebraska's Quality Management System (QMS) & Strategy Nov 30

Sep 2 Competency Building Feb 28

Sep 2 Mortality Review and Reporting Feb 28

Sep 29 CIMP Mar 30

Technical Advisors

Program Advisors
Nathan Grossman
Sarah Salisbury
Angelene Willetts-Carvi

Optional Services Advisors
David Horvath
Suzanne Crisp

Mortality Reviews
Dr. Ross Davis, MD

IT Advisors
Kevin Carlson
Josh Smith

Program Director
Kevin Hutchinson

Project Manager
Jamin Barber

Data Analytics Lead
Van Cranford

Management

Team Lead

Team Members

QIDS Implementation Manager
Sora Shin

QIDS Development Manager
Ekta Gupta

Development Team
Developers
Quality Assurance
To Be Hired

Delivery Manager
Dan Cahalan

Product Manager
Makana Dumlao

UAT Lead
Jon Riley

Mortality Review Implementation Manager
Brittani Trujillo

Operations Lead
Rachel Steffan

Review Team
Rachel Steffan

Building Competency Manager
Amanda Alvey

Training Implementation Lead
Margot Jones

Training Operations Lead
Brett Wooten

QMS Strategy Manager
Cathy Anderson

Strategy, Communications, Change Management Team
Robin O'Brien
Ryan White

Policy Assessment Team
Barbara Ramsey
Jaymi Cohen
Sara Gilbert

CIMP Implementation Manager
Jennifer Martinez

Operation Lead
Sally Raterman

Investigation Team
To Be Hired

Quality Assurance Manager
Brandy Dickman

Mortality Review QA Lead
Judy Kitson

Mortality Reviews QA Specialists
To Be Hired

Critical Incidents QA Lead
Jennifer Bruggeman

Critical Incidents QA Specialists
To Be Hired

ADDENDUM ONE
CHANGE IN SCOPE

Date: July 14, 2020

To: All Bidders

From: Annette Walton / Julie Schiltz, Buyers
             AS Materiel State Purchasing Bureau (SPB)

RE: Addendum for Request for Proposal Number 6317 Z1 to be opened July 30, 2020
             at 2:00 p.m. Central

Scope of Addendum

VIII.B.10. SUMMARY OF CONTRACTOR'S CORPORATE EXPERIENCE

The contractor should provide a summary matrix listing the contractor'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 contractor during its evaluation of the proposal.

The contractor should address the following:

i. Provide narrative descriptions to highlight the similarities between the contractor's experience and this solicitation. These descriptions should include:

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

ii. Contractor and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as Subcontractor projects.

iii. If the work was performed as a Subcontractor, the narrative description should identify the same information as requested for the Contractors above. In addition, Subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.

This Addendum will become part of the Request for Proposal and should be acknowledged with the Request for Proposal response.

ADDENDUM TWO
CHANGE IN SCOPE

Date: July 21, 2020

To: All Bidders

From: Annette Walton / Julie Schiltz, Buyers
            AS Materiel State Purchasing Bureau (SPB)

RE: Addendum for Request for Proposal Number 6317 Z1 to be opened July 30, 2020
            at 2:00 p.m. Central

Scope of Addendum

Sections VI.G.1.i.a and VI.G.1.i.i. are deleted from this Request for Proposal.

This Addendum will become part of the Request for Proposal and should be acknowledged with the Request for Proposal response.

ADDENDUM THREE
REVISED SCHEDULE OF EVENTS

Date: July 21, 2020

To: All Bidders

From: Annette Walton / Julie Schiltz, Buyers
             AS Materiel State Purchasing Bureau (SPB)

RE: Addendum for Request for Proposal 6317 Z1 to be opened August 13, 2020 at 2:00 p.m.
             Central

Schedule of Events

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change. It is the Bidder's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

	ACTIVITY	DATE/TIME
1.	State responds to written questions through Solicitation "Addendum" and/or "Amendment" to be posted to the Internet at: http://das.nebraska.gov/materiel/purchasing.html	July 23, 2020 ~~July 21, 2020~~

2.	Proposal Opening
	
	Location: State Purchasing Bureau
	                    1526 K Street, Suite 130
	                    Lincoln, NE 68508
		August 13, 2020 ~~July 30, 2020~~ 2:00 PM Central Time

3.	Review for conformance to solicitation requirements.	August 17, 2020 ~~August 4, 2020~~
4.	Evaluation period.	August 17, 2020 ~~August 4, 2020~~ Through August 31, 2020 ~~August 17, 2020~~
5.	"Oral Interviews/Presentations and/or Demonstrations" (if required)	TBD
6.	Post "Notification of Intent to Award" to Internet at: http://das.nebraska.gov/materiel/purchasing.html	September 2, 2020 ~~August 19, 2020~~
7.	Contract finalization period.	September 2, 2020 ~~August 19,2020~~ Through September 30, 2020 ~~September 18, 2020~~
8.	Contract award.	October 2, 2020 ~~September 21, 2020~~
9.	Contractor start date.	October 14, 2020 ~~September 30, 2020~~

This Addendum will become part of the proposal and should be acknowledged with the Request for Proposal.

ADDENDUM FOUR QUESTIONS and ANSWERS

Date: July 23, 2020

To: All Bidders

From: Annette Walton/Julie Schiltz, Buyers
                 AS Materiel State Purchasing Bureau (SPB)

RE: Addendum for Request for Proposal Number 6317 Z1 to be opened August 13, 2020 2:00 P.M. Central Time

Following are the questions submitted and answers provided for the above mentioned Request for Proposal. The questions and answers are to be considered as part of the Request for Proposal. It is the Bidder's responsibility to check the SPB website for all Addenda or Amendments.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
1	C. Schedule of Events	2	Please confirm that the date and time of Proposal Opening also represent the date and time that proposal submissions are due.	Yes. Bids must be submitted by 2:00 pm Central Time. Bid opening may begin after 2:00 pm Central Time. Response due date and time are the same as the opening date and time.
2.	E. Prices	2	Please confirm that a separate 2% price increase would be considered (if requested) during each of the two (2) renewal periods.	The second paragraph of Section I.E PRICES is amended to the following: Prices submitted on the cost proposal form shall remain fixed for the initial five (5) year term of the contract. Any request for a price increase subsequent to the initial five (5) year term of the contract shall not exceed two percent (2%) of the previous Contract period for each renewal period. Increases will be cumulative across the remaining periods of the contract. Requests for an increase shall be submitted in writing to the State Purchasing Bureau a minimum of one hundred twenty (120) days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.
3.	II. Terms and Conditions III. Contractor Duties IV. Payment	9	The RFP states that "Bidders should complete Sections II through IV as part of their proposal" but responses to these sections are not included among the Proposal Instructions in Section VIII. Should responses to Sections II through IV follow item B. Corporate Overview in proposal responses?	Responses to Sections II through IV should be included before the Technical Proposal or after the Corporate Overview.

4.	II. Terms and Conditions III. Contractor Duties IV. Payment VI. Scope of Work Requirements	9	Sections of the RPF include a series of tables for Bidders to confirm their acceptance of RFP terms and requirements (Sections II through IV) or to respond to scope of work requirements (Section VI). Please confirm that Bidders may replicate these questions and tables in their proposal responses, as the RFP is a non-modifiable format (PDF).	The RFP is also posted in Word format, which allows for a working document during negotiation of terms and conditions. Please keep formatting and language as written in these sections and use the boxes for response.
5.	IV.E. Payment	26	Please confirm that the nature of the invoicing and the structure and frequency of payment for services delivered under this contract will be determined during the "Contract Finalization Period." Otherwise, please provide clarification about the nature and frequency of payments for this contract.	Per Section IV.C, invoices shall be submitted monthly.
6.	V.B.1. Quality Improvement Data System (QIDS)	28	There is reference to the state taking over operations of the data system upon contractual separation with the QIO/QIO-like Contractor. Please confirm that this includes both the initial five (5) year contract term as well as any subsequent renewal periods.	This reference is applicable to when the contract ends either at the end of the initial five (5) year term, any subsequent renewal period, or contract termination.
7.	V. Vision, Purpose, and Background C. Background E. Mortality	29	Each of these sections discuss the Beatrice State Development Center. Does the State expect that the QIDS will be configurable to this service setting as	Yes, the State requires that the QIDS will be configurable to BSDC.

If not, please confirm where these items should be included.

	Reporting and Review Process		well?	
8.	V. Vision, Purpose, and Background C.2.	30	Pending need and available funds, the State may seek a Provider Review module within the QIDS. As described on Page 30, one provider type is Independent Providers. Does the State plan to include this provider type within the Provider Review module or will the module be for review of Agency Providers?	The provider review module would include both independent and agency providers.
9.	V.C.2. People Supported & Provider Network	30	Please provide the number of Agency and Independent Providers (developmental disabilities providers).	As of March 2020, there were 266 providers enrolled for the DD Day Services Waiver, and 932 enrolled for the CDD Waiver.
10.	V.C.3. Data Availability	31	Are all required critical incidents currently reported through Therap? Please confirm if the selected contractor is expected to receive data (including incident reports) from Therap in order to import into the QIDS to perform the Critical Incident Process. Please confirm whether modifications will be made to Therap based on the comprehensive assessment of HCBS QMS and specifically the assessment, roadmap, and recommendations to	All incidents for the (2) DD Waivers are currently entered through Therap. For the AD and TBI Waivers, incidents are reported through DHHS's CONNECT system. The bidder's technical solution should identify if the solution proposed will provide the ability for direct entry of incident reports or will collect them via interface from Therap and CONNECT. This is outside the scope of this RFP. The Contractor will not be responsible for any modification costs.

			capture additional information. Please confirm that any cost associated with these modifications will not be the responsibility of the selected QIO contractor.	
11.	V.C.4. Expanded Services	31	It is stated that DHHS-DDD intends to start work with the selected QIO/QIO-like Entity on the two (2) Medicaid HCBS DD waivers discussed in the preceding section. However, this section then goes on to state that this RFP seeks bids to provide services across all waivers, with responses, including pricing, provided for all four (4) waivers (includes the AD and TBI waivers). Please confirm or clarify the following: • The QIDS should be designed and configured to accommodate all four (4) waivers as part of the mandatory (not optional) components of this bid. Please confirm that the proposed cost of the QIDS as captured within tab VI.B. QIDS of the Cost Proposal should include the cost of configuring this system for all four (4) waivers, within the five (5) year period bidders	The QIDS must be designed and configured for all four (4) waivers. The Mortality Reporting and Review Process must be designed and configured for all four (4) waivers. The Critical Incident Process must be designed and configured for all four (4) waivers.

			will be evaluated on.	
			• The Mortality Reporting and Review Process should be designed and configured to perform mortality reviews of individuals who receive/received services from all four (4) waivers. If this is the case, please provide an estimate of the total number of deaths by waiver over the past two (2) calendar years.	See response to question #10. In calendar year 2018, there were 266 incidents received for the AD waiver and 1 for the TBI waiver for a total of 267. In calendar year 2019, there were 589 incidents received for the AD waiver and 7 for the TBI waiver for a total of 596.
			• The Critical Incident Process should be designed and configured to perform a review of critical incidents associated with individuals receiving services from all four (4) waivers. If this is the case, please provide information about the location of the reported incidents for those on the AD and TBI waivers.	
			• Will the selected vendor be able to receive additional data from these systems or is it the expectation of the Department that incidents for these waivers will be submitted directly into the QIDS?	

			• Please provide the average annual number of high-level critical incidents reported for those on the AD and TBI waivers over the past two (2) calendar years.	
12.	V. Vision, Purpose, and Background 4. Expanded Services	31	The RFP indicates work will begin on two Medicaid waivers with the intent to utilize the QIDS within two additional Medicaid waivers. Are the two additional waivers dependent on need and funding availability at a later date? Does the budget for the RFP currently include funding for all four Medicaid waivers?	Please see response to #11. Please provide your solution to meet all the requirements of the RFP and the Cost associated to accomplish that.
13.	V.C.4. Expanded Services	31	Please provide the number of providers of services under the AD and TBI waivers.	As of March 2020 there were 3,305 enrolled providers for the AD Waiver, and 1 provider for the TBI Waiver.
14.	VI.B.3.c. Business Requirements	32	It is stated that QIDS shall also be configured to include a number of expanded components (e.g., Provider Review, Claims, Level of Care, Peer Review), to be initiated at a later time based on needs and funds availability. Please confirm that the submitted price presented on tab VI.B. QIDS of the Cost Proposal should not include the price of adding these expanded components.	See Cost Proposal Revision One – QIDS tab to provide pricing for optional modules.
15.	VI. Scope of Work Requirements	33	Can the State clarify their expectations for a Peer Review Module?	The purpose of this module is to allow a second review by another reviewer to ensure adherence to

				protocols and inter-rater consistency. Bidders should provide a response identifying how the proposed solution meets the requirements of the RFP.
	3. c. iii. Peer Review Module			
16.	VI. Scope of Work Requirements 5. c. and 5 s.	33 and 35	Is the expectation that the QIDS will directly interface with other systems? If the proposed solution is able to complete a data interchange from a prescribed format/table is this acceptable?	The solution must have the ability to import existing/historical data from DHHS systems. The bidder should propose whether they will utilize direct data entry, a system interface, or both, for ongoing data collection.
17.	VI.B.5.e. Required Functionality	34	It is stated that the QIDS will allow for data storage of participants' surveys. This appears to be consistent with a "Client Satisfaction (interview) module" as listed within the expanded components, to be initiated at a later time based on needs and funds availability. Please confirm that the QIDS ability to capture and store participants' surveys is a mandatory requirement and not an expanded component. If surveys are not mandatory, please confirm that the cost associated with this functionality should not be included within tab VI.B. QIDS.	The solution must have the ability to capture surveys currently being used and is a requirement. Surveys are a requirement.
18.	VI.B.5.f. Required Functionality	34	It is stated that the QIDS will allow for data storage of monitoring tools for both DHHS staff and providers of services. This appears to be consistent with a "Provider Review module" as listed within the expanded	The solution must have the ability to allow for data storage of monitoring tools for both DHHS staff and providers of services and is a requirement.

			components, to be initiated at a later time based upon needs and funds availability. Please confirm that the QIDS ability to capture and store monitoring tools for both DHHS staff and providers is a mandatory requirement and not an expanded component. If this module is not mandatory, please confirm that the cost associated with this functionality should not be included within tab VI.B. QIDS.	Data storage of monitoring tools is a requirement.
19.	VI. Scope of Work Requirements 5. e. and 5 f.	34	These sections state the QIDS will allow for data storage. Will the State clarify their definition of data in these requirements?	Documents are currently collected as paper copies. Bidders should provide a response as to how the solution meets the requirement, including but not limited to the ability to upload scanned copies and direct entry into the QIDS system.
20.	VI.B.5.j. Required Functionality	34	It is understood that the solution must include ongoing maintenance for one (1) year past contract expiration or termination and that any cost associated with this maintenance must be included on the Cost Proposal. Please provide direction on where this information should be included within tab VI.B. QIDS for Renewal Two, Year 3.	Bidders should include the cost of ongoing maintenance for one (1) year past contract expiration or termination after the initial term, after Renewal One, and after Renewal Two. See Revised Cost Proposal.
21.	VI. Scope of Work Requirements 5. g.	34	How will OSEP be involved with the QIDS?	Please see VII.C. of the RFP.

			What requirements/regulations would be monitored through the QIDS for OSEP?	
22.	VI. Scope of Work Requirements 5. h.	34	The RFP indicates the need for a case review system for all four Medicaid waivers based upon the State's needs and funds availability. If funds are not available to implement the QIDS across all four Medicaid waivers at the inception of the contract does the State have a prioritization of waivers and which waivers the QIDS would be configured for first?	See response to #11.
23.	VI.B.5.o. Required Functionality	35	Please confirm that the information provided for modules associated with the enhanced components listed on page 33 of the RFP is for review and scoring of the bidder's technical approach to delivering these services and that the cost of these modules should not be included within tab VI.B. QIDS. If they are required to be included within the QIDS (i.e., not optional enhancements, but core functions), please clarify the discrepancy between this section and that on page 33 in reference to expanded components.	See response to #14.
24.	VI.B.5.p. Required Functionality	35	It is stated that the QIDS shall be a solution that will function at the contract start date. Consistent	Section VI.B.5.p is amended with the following: The QIDS shall be a solution that will function no later

			with the Required Outcome listed on page 37, please confirm that the QIDS must be completed for the mandatory modules no later than six (6) months after the start of the contract.	than six (6) months after contract start date and support data gathering and management to meet assurances in the Medicaid HCBS waiver application (http://dhhs.ne.gov/Pages/DD-Regulations-and-Waivers.aspx) and in state developed sub-assurances. Section VI.B.5.q is amended with the following: Describe how the QIDS would function for DHHS no later than six (6) months after contract start date.
25.	VI.B.5.p. Required Functionality	35	It is expected that the work performed by the QIO/QIO-like contractor (e.g., performing a comprehensive assessment and developing a blueprint for implementation of accepted recommendations, and then taking action to implement this blueprint) will need to be completed in order to properly configure the QIDS for the performance of Critical Incident Management Processes (CIMP). Please confirm that the CIMP module of the QIDS will not be required to be completed within six (6) months after the start of the contract in order to accommodate this.	The QIDS solution must be functional for current processes no later than six (6) months after contract start date. The QIDS solution must be configurable in order to take into consideration the recommendations of the blueprint thereafter.
26.	VI.B.5.q. Required Functionality	35	With regard to QIDS functioning, please clarify the date for "immediately."	See response to #24
27.	VI.B.5.t. Required	35	Please clarify whether the QIDS ability to	Yes, VI.B.5.t. is a requirement of the RFP.

			accept data from completed certifications of agency providers is a mandatory QIDS module or if this is an expanded component (e.g., Provider Review module). Please clarify whether the information included within the cost proposal, tab VI.B. QIDS should include the cost of this functionality and whether it will be included as part of the evaluation of bidders' costs.	Yes, pricing must be included in the QIDS tab of the cost proposal.
28.	VI.B.8. Project Planning and Management	36	It is stated that a written design and implementation plan will be submitted by the contractor to the DHHS Project Manager and receive DHHS approval, prior to initiating the remainder of the work within the scope of this project. This requirement is included within the QIDS section of this RFP Scope of Work Requirements. Please confirm that this does not prevent the contractor from performing assessment and design work specific to Enhancing and Improving Nebraska's Quality Management System (QMS) and Strategy.	This requirement does not prevent the Contractor from performing assessment and design work specific to Enhancing and Improving Nebraska's Quality Management System (QMS) and Strategy.
29.	VI. Scope of Work Requirements 6. Training	36	The RFP requests a draft plan for training throughout the life of the contract with the training being onsite. Will the State consider other training options	Section VI.6. Training has been amended to the following: The bidder shall provide a draft plan with bidder's proposal for training

| | | | by the contractor such as webinars?

Is it the intent for the contractor to conduct ongoing training on the QIDS for staff new to the State or Service Providers? | throughout the life of the contract for the following:
a. DHHS Staff;
b. Service Providers;
c. QIO; and
d. Other Stakeholders (as specified by DDD).

The Contractor will be required to provide DHHS staff, stakeholders and providers training with application software and any associated tools (i.e. reporting tools, etc.). Final training plan must be approved by DHHS within 30 days of contract award.

Yes, the intent is for the Contractor to conduct ongoing training on the QIDS for staff new to the State and Service Providers |
|---|---|---|---|---|
| 30. | VI. Scope of Work Requirements

10. a. | 37 | If all source code is provided to the State, does this mitigate the need for escrow? | The State may, during contract finalization, waive the requirement for software escrow if the source code is to be provided at no cost to the State. All Bidders must separately identify the cost associated with access to the source code in its Cost Proposal. See Revised Cost Proposal. |
| 31. | VI.E. Mortality Reporting and Review Process | 39 | It is stated that the contractor will work with the Department to develop an effective process for mortality review of <u>unexpected</u> deaths. Please confirm that the contractor will complete an investigation of all deaths of participants receiving services referenced in vii. on Page 42 and not just unexpected deaths | The requirement, as stated in vii on page 42, is that all deaths will be investigated during the first year of operation of the mortality review process, with a recommendation to DHHS for subsequent years.

Review of unexpected deaths will be required |

			during the first year of the contract.	regardless of recommendations.
			Further, please confirm that the contractor will then make recommendations to DHHS-DDD whether all deaths should continue to be reviewed in subsequent years.	
32.	IV.F.9. Critical Incident Management Processes (CIMP)	49	Please confirm whether this number (i.e., 10,000 high-level critical incidents reported annually) is specific to the two (2) DHHS-DDD waivers or all four (4) HCBS waivers to include the AD and TBI. Please confirm whether the contractor should be prepared for the operation of the critical incident processes for the two (2) DHHS-DDD waivers or all four (4) HCBS waivers to include the AD and TBI.	The estimate of 10,000 is specific to the (2) DD Waivers. Please see the response to #11 for the number of AD and TBI Waiver incidents and which waivers are included.
33.	G.1.i Optional QMS Expanded Services	50	Please clarify whether the response should describe the bidder's approach to the expanded services for the two (2) DHHS-DDD waivers or all four (4) HCBS waivers to include the AD and TBI.	See response to #11
34.	G.1.i.a Optional QMS Expanded Services	50	Please name the current Level of Care instruments used for each of the four (4) HCBS waiver programs. Please include an estimate of the number of initial, periodic, and annual level of care	See Addendum 2, which removes Section VI.G.1.a.

			assessments to be completed.	
35.	G.1.i.c-e. Optional QMS Expanded Services	50	Please estimate the number of annual requests for prior authorization by each of the following categories: (c) waiver residential services, (d) waiver day services, and (e) clinically based services.	The numbers for State Fiscal Year 2020 are: Residential 22,459, Day Services 32,560, Clinical 1,164. Please note that these numbers are higher than the actual number for which the Contractor would be required to do prior-authorizations due to expected policy changes.
36.	G.1.i.g. Optional QMS Expanded Services	50	Please estimate the number of Initial and Ongoing Exception Funding Requests that will occur over a 12-month period.	There were 511 exception requests in calendar year 2019. DHHS is currently revising our Objective Assessment Process, which should reduce this number in the upcoming years.
37.	G.1.i.m. Optional QMS Expanded Services	50	Please estimate the number of participants who have behavioral support plans. Please also report the number of participants that have restrictions within their behavioral support plans.	DHHS does not individually track the number of participants who have behavioral support plans in the case management system and is not able to provide an estimate.
38.	G.1.i.q. Optional QMS Expanded Services	50	Please estimate the number of participants who would be reviewed through a Human Legal Rights Committee (HLRC).	DHHS is not able to estimate this, as HLRC reviews are currently done by providers.
39.	G.1.i.r. Optional QMS Expanded Services	50	Please estimate the number of ICAP assessments to be performed over a 12-month period.	The average annual number of ICAPs for the past 4 years is 1,352.
40.	VIII.B.8. Summary of Contractor's Proposed Personnel / Management Approach	55	Bidders will not be able to make formal offers and potential personnel will not be willing to commit to a position until the contract with DHHS is executed. Please confirm that resumes of candidates for proposed personnel will be acceptable.	Yes, resumes of candidates for proposed personnel will be acceptable. If proposed personnel is not on actual team, Contractor must replace individual with someone with equal or greater experience.

41.	VIII.B.8. Summary of Contractor's Proposed Personnel / Management Approach	55	Without the guarantee of a job (which cannot be offered until a contract award is executed), candidates may be uncomfortable listing references who can attest to their competence and skill level. Please remove the requirement for three references to be included with resumes. If unable to remove this requirement, can the Department confirm that these references will not be contacted until after a contract award and further discussion with the selected bidder?	Section VIII.B.8, 5th paragraph is amended to the following: Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, and understanding of the process. Any changes in proposed personnel will only be allowed after written approval from the State.
42.	VIII.B.8. Summary of Contractor's Proposed Personnel / Management Approach	55	It is typical that key personnel (e.g., director, managers) are onboarded in advance of additional personnel (e.g., reviewers). However, within this section of the RFP, it states that additional personnel must be onboarded within two (2) months – a full month before key personnel must begin (90 days). Would the Department allow the selected contractor to onboard additional personnel at a date that falls after the onboarding of key personnel?	Section VIII.B.8. is amended to add: The selected Contractor may onboard additional personnel at a date that falls after the onboarding of key personnel.
43.	VIII.B.8. Summary of Contractor's Proposed Personnel / Management Approach	55	If the bidder includes a full organizational chart that includes all proposed positions and required information (e.g., reporting relationships, interface, and support functions),	Yes, this is acceptable. Section VIII.B.8 is amended to add: The bidder should provide resumes for all personnel proposed by the contractor to work on the project. The State will consider the resumes as a

			would the Department consider the following? • Require resumes of candidates for <u>only</u> key positions; and • Require <u>only</u> job descriptions for additional positions to include qualifications (e.g., education, knowledge, and skill) and duties.	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.
44.	VIII.B.9.c-d. Subcontractors	55	Instead of percent of performance hours, would the Department allow bidders to report the percent of contract dollars, if no dollar amount is included?	No, Bidders must report the percent of performance hours.
45.	QIO Cost Proposal	VI.G.1. Optional Services Tab	Without further discovery and details specific to each of the Optional QMS Expanded Services, the costs included will only be estimates based on information available. Please confirm that the selected contractor will be able to collaborate with the Department on the project statement, deliverables, milestones, due date(s), and actual cost in advance of optional services being added to any existing contract.	Yes, an amendment will be required to define the Scope of Work, deliverables, and due date(s) and to revise the cost provided on the Cost Proposal, if necessary.
46.	QIO Cost Proposal	VI.G.1. Optional Services Tab	Please clarify whether the Department is would like bidders to include estimated development, implementation, and management costs for the two (2) DHHS-DDD waivers or all four (4)	See response to question #11.

			HCBS waivers to include the AD and TBI (where applicable).	
47.	QIO Cost Proposal	VI.G.2. Special Projects	Please clarify whether the hourly rates provided should include all personnel-related expenses (e.g., wages, taxes, benefits) as well as non-personnel related expenses (e.g., equipment, travel, overhead).	Yes, the hourly rates must be inclusive of all expenses.
48.	V.B. Purpose	28	Is there a current vendor conducting the functions in the RFP?	No.
49.	V.B. Purpose	28	Is there a current Quality Improvement Data System in use by DHHS-DDD? If so, are there other systems the QIDS interfaces with and what are they?	No.
50.	V.B. Purpose	28	Given the current pandemic, is there an expectation that some of the work is conducted in-person? Are there on-site requirements for key staff?	In-person work will be determined based on the current Directed Health Measures and State of Emergency at the time the work is needed.
51.	V.B. Purpose	28	Is technical assistance to be provided on-site/in-person, via phone contact, the development of FAQs or other materials, or all of the above?	As determined by DHHS and current Directed Health Measures at the time the work is needed.
52.	V.C.3	31	Does DHHS exclusivly use Therap for incident reporting or is there a legacy system as well?	See response #10
53.	V.C.3	31	Will the proposed QIDS system need to interface/connect with Therap's case management system?	See response #10

54.	VI. B.1	32	Would DHHS consider a SaaS arrangment for the QIDS data system?	The State of Nebraska will consider all systems that meet the requirements of the RFP.
55.	VI. B.1	32	As part of taking over the operations of the system, Does DHHS expect to have exlcusive rights to the code or rather, just have access to it?	DHHS must have access to the code.
56.	VI. B.1	32	Would the awarded vendor be allowed to keep the code and data operational on the vendors server after DHHS takes over the operations of the system?	Access to the code and data only one year after contract termination.
57.	VI. B 5 G	34	Are there tools or guidance the State requires of the vendor for proof of compliance?	There are not any required tools. The bidder should describe how the system is in compliance with HIPPA, FERPA, OSEP, etc.
58.	VI. B 5 I	34	What is the desired format of this data extract?	1) DHHS defined pre-built reports that can be exported to Excel by the user. 2) Preference is for an ad-hoc reporting platform with graphical user interface, allowing for the querying of any data collected on all available data elements.
59.	VI. B 5 I	34	How does the State plan to use these data extracts?	Ad hoc reporting for responding to inquiries from CMS, State legislators, program/agency administration, and other stakeholders. Planned reporting on waiver performance measures.
60.	VI. B 5 K	34	Is there a desired method and/or format the State would request for real time access to system data?	No, there is no desired method or format. Bidders should provide a response as to how the solution meets the requirement.
61.	VI. B 5 N	35	Could the State provide a few use cases for how they expect to use the real time data functionality?	Bidders should provide a response as to how the solution meets the requirement.

For example, DHHS must pull data when it receives a request from the Legislature |

				or a stakeholder. DHHS can then run a custom report in response to the request.
62.	VI. B 5 T	35	What is the expected input method of these completed certifications? (For example: manual entry, bulk upload, or other method.)	DHHS currently uses manual entry to put certification information into the certification tracking system. DHHS prefers that the QIDS solution loads the certification information (date issues, expiration date, type/length of certification, name of certified entity) into the certification tracking system.
63.	VI. B 5 U	35	How are complaints currently logged and tracked?	DHHS currently does not have a system to log complaints.
64.	VI.C.1.a	38	Has DHHS-DDD already incorporated questions related to compliance with the HCBS Final Rule into the Quality Management System or would that need to be added?	The QMS solution must incorporate the HCBS Final Rule.
65.	VI.D.1	39	Will the vendor need to develop the training materials along with the curriculum, or use a training already in place and make updates to content? What training is currently in place and/or has been conducted in the past?	The vendor will need to develop the training materials along with the curriculum. There is no training at this time or in the past.
66.	VI.G.1.	50	Is the intent that functionality for the optional enhanced services is built into the QIDS and that DHHS-DDD staff conduct the work? Or would the vendor be responsible for the operations of the optional enhanced services?	It is unknown at this time if DHHS staff or the Contractor would conduct the work, as it depends on how DHHS decides to implement optional services.
67.	VI.G.1.i.a	50	Does DHHS-DDD want the vendor to develop a new Level of Care	See response to #34

			process or a new tool to determine Level of Care?	See response to #34
			Does DHHS-DDD also want vendor to provide training regarding Level of Care and review assessments for compliance?	See response to #34
			Does DHHS-DDD expect vendor to conduct Level of Care assessments?	
68.	VI.G.1.i.b	50	Does DHHS-DDD want vendor to conduct a review to determine if services were used within the limits/authorization of the benefits and service plan or is vendor expected to include trends and review of policies along with recommendations?	Yes, DHHS-DDD requires the vendor to conduct a review to determine if services were used within the limits/authorization of the benefits and service plan and the vendor is expected to include trends and review of policies along with recommendations
69.	VI.G.1.i.c-e	50	Are the prior authorization reviews of HCBS to determine if services were authorized within limitations of the service; that the authorization meets the definition of the service; that a prior authorization is conducted; that the service doesn't duplicate other services?	Yes, the prior authorization reviews of HCBS are to determine if services were authorized within limitations of the service; that the authorization meets the definition of the service; that a prior authorization is conducted; and that the service doesn't duplicate other services.
			Or something else?	No, nothing else.
70.	VI.G.1.i.g	50	Is the vendor expected to review requests for exception funding or to recommend a process? Or both?	The Contractor is required to review requests for exception funding and to recommend a process.
			Where can the current exceptions process be found?	Current exceptions will be provided to awarded bidder.
71.	VI.G.1.i.i	50	Is the review of Targeted Case Management (TCM) services to determine compliance with the four components of TCM, that billing falls	See Addendum 2, which removes Section VI.G.1.i.

			within the requirements, or that providers meet the qualifications?	
72.	VI.G.1.i.j	50	Is the review of person-centered plans to determine if they are individualized, meet the requirements of the person-centered planning rules, or something different?	Yes, the review is to determine if they are individualized and meet the requirements of the person-centered planning rules.
73.	VI.G.1.i.k	50	Please clarify what is meant by Personal Outcomes. Is this in reference to the Council on Quality and Leadership Personal Outcome Measures or some other survey used in NE?	Personal Outcomes are to be determined and will be a set of State-determined performance measures. Personal Outcomes are not in reference to the Council on Quality and Leadership Personal Outcome Measures.
74.	VI.G.1.i.m-n	50	Are the assessments and review more clinical or to determine if the requirements of person-centered planning and the settings were met?	Clinical.
75.	VI.G.1.i.q	50	Is there a Human Legal Rights Committee already in place? If so, who currently oversees it/conducts the work?	No. Currently the HLR committees are maintained by the agency providers.
76.	VI.G.1.i.r	50	Does DHHS-DDD require review of additional documentation along with the ICAP? If so, how is the additional documentation collected? Or is there an expectation that the QIDS have this functionality?	DHHS will require review of 5 risk screens in addition to the ICAP. The 5 risk screens are currently collected via paper/hard copy. Yes, the QIDS solution must have this functionality.
77.	VI.G	50	Is the cost for optional enhanced services to be included in the total bid amount or is the cost just for QIO services with the understanding that the	The cost for optional enhanced services is not included in the total bid amount. It is on the cost sheet, but is not evaluated for award.

			budget for any optional enhanced services would not exceed 50% of the QIO?	
78.	Cost Proposal Template	N/A	The total cost summary tab does not have a line for the optional services, is this intentional? On the optional services tab, there is no aggregated total, is this intentional?	Yes, this is intentional. The summary page tabulates only the core services of the initial term, which will be used to calculate the score for cost. Yes, this is intentional. Optional services are not used to calculate the score for cost.
79.	I.C – Schedule of Events	2	Due to the extensive nature of the scope of work and quick turnaround time for the response, would it be possible to have a two week extension for the deadline date of July 30th? If not, would it be possible to have any type of extension and if so, how long?	See Revised Schedule of Events.
80.	Addendum 1	N/A	Addendum 1 requests narrative descriptions of three (3) similar programs and states that descriptions should include a) the time period of the project; and b) the scheduled and actual completion dates. Assuming the three similar programs are ongoing, should bidders include the scheduled and actual program start dates? Please clarify.	Yes. If a similar program is ongoing, bidders may include the scheduled and actual program start dates.

This Addendum will become part of the RFP and should be acknowledged with the Request for Proposal.