

NEBRASKA

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DEPT. OF ADMINISTRATIVE SERVICES

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Presented By:

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Presented to:

**State of Nebraska Department
of Administrative Services,
Material Division, State
Purchasing Bureau**

**State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508**

**Attention: Annette Walton / Julie Schiltz,
Buyer(s)**

**In Response to:
Bid Number 6317 Z1**

August 13, 2020

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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**1 RFP SECTION II – TERMS AND CONDITIONS (EVALUATION
CRITERIA RFP PROPOSAL REQUIREMENTS, ITEM 2)**

Please find Columbus' RFP Section II – Terms and Conditions over the following pages.

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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:
JK			

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.

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B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JK <small>201908 20190815 20190815 20190815 20190815</small>			

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.

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G. CHANGE ORDERS OR SUBSTITUTIONS

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

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:
JK			

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:
JK			

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

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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:
JK <small>JK STATE DATE TIME PAGE NO.</small>			

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:
JK <small>JK STATE DATE TIME PAGE NO.</small>			

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:
JK <small>JK STATE DATE TIME PAGE NO.</small>			

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.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

M. INDEMNIFICATION

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

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.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

N. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JK <small>JK 10/27/20 10/27/20 10/27/20 10/27/20</small>			

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:
JK <small>JK 10/27/20 10/27/20 10/27/20 10/27/20</small>			

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:
JK <small>JK 10/27/20 10/27/20 10/27/20 10/27/20</small>			

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.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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:
JK			

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:
JK			

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:
JK			

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 (j)(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.

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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:
JK			

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

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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 Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

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

**QIO or QIO-Like Entity for the State of Nebraska
Medicaid HCBS and State Operated ICFs/DDs**

**2 RFP SECTION III – CONTRACTOR DUTIES (EVALUATION CRITERIA
RFP PROPOSAL REQUIREMENTS, ITEM 3)**

Please find Columbus' RFP Section III – Contractor Duties form over the following pages.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JK <small>Contracting Services, Inc. 1000 S. 10th St. Lincoln, NE 68502 402.441.1111</small>			

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.

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B. EMPLOYEE WORK ELIGIBILITY STATUS

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

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/material/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:
JK			

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

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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:
JK			

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:
JK			

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:
JK			

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.

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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 contractor's 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.

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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
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>		
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.matenelpurchaing@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.

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I. ANTITRUST

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

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:
JK			

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.

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L. SITE RULES AND REGULATIONS

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

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:
JK			

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:
JK			

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.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

P. DRUG POLICY

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

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:
JK			

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.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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:
JK			

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:
JK			

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:
JK			

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

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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:
JK			

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.

3 RFP SECTION IV – PAYMENT

Please find Columbus' RFP Section IV – Payment forms over the following pages.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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:
JK <small>102676 102676 102676 102676 102676</small>			

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D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
JK <small>102676 102676 102676 102676 102676</small>			

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:
JK <small>102676 102676 102676 102676 102676</small>			

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

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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:
JK <small>QIO/IA March 22, 2016 09:00 03/22/16 11 3/22/16</small>			

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.

4 TAB B: COLUMBUS' MINIMUM QUALIFICATIONS DOCUMENTATION (EVALUATION CRITERIA RFP PROPOSAL REQUIREMENTS, ITEM 3.B AND RFP SECTION VII, "MINIMUM QUALIFICATIONS")

Please see Columbus' Minimum Qualifications Documentation, RFP VII – Minimum Qualifications over the following pages. Columbus addresses the Minimum Qualifications criteria in the following sections:

- Section 4.1, "Request for Proposal for Contractual Services Form"
- Section 4.2, "Form A – Contract Proposal Point of Contact"
- Section 4.3, "Section VII: Minimum Qualifications Form"
 - Section 4.3.1, "Quality Improvement Organization (QIO) or QIO-Like Entity"
 - Section 4.3.2, "Medicaid-Eligible, Non-Excluded Provider"
 - Section 4.3.3, "Compliance with State and Federal Regulations"
 - Section 4.3.4, "Attachment C: Data Use Agreement"

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

4.1 REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

Please see Columbus' Request for Proposal for Contractual Services form over the following pages.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

DocuSign Envelope ID: 9CD1AD93-F2CF-48B8-90D5-CBF0686A4534

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:	Columbus Medical Services, LLC dba The Columbus Organization
COMPLETE ADDRESS:	500 E. Swedesford Road, Suite 100, Wayne PA 19087
TELEPHONE NUMBER:	(800) 229-5116
FAX NUMBER:	(888) 379-2524
DATE:	August 12, 2020
SIGNATURE:	<i>Jeff Klimaski</i> <small>DocuSigned by: Jeff Klimaski 34E75E1138723A4111</small>
TYPED NAME & TITLE OF SIGNER:	Jeff Klimaski, President & CEO

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

4.2 FORM A – CONTRACT PROPOSAL POINT OF CONTACT

Please see Columbus' Form A – Contract Proposal Point of Contact over the following pages.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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:	Columbus Medical Services, LLC dba The Columbus Organization
Bidder Address:	Corporate: 500 East Swedesford Road, Suite 100 Wayne, PA 19087
Contact Person & Title:	Lauren Comiskey, Bids & Contracts Manager
E-mail Address:	lpcomiskey@columbusorg.com
Telephone Number (Office):	(800) 229-5116
Telephone Number (Cellular):	(570) 236-1727
Fax Number:	(888) 379-2524

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:	Columbus Medical Services, LLC dba The Columbus Organization
Bidder Address:	Corporate: 500 East Swedesford Road, Suite 100 Wayne, PA 19087
Contact Person & Title:	Beth Reiniger, VP of Business Development
E-mail Address:	breiniger@columbusorg.com
Telephone Number (Office):	(800) 229-5116
Telephone Number (Cellular):	(610) 564-5431
Fax Number:	(888) 379-2524

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

4.3 SECTION VII MINIMUM QUALIFICATIONS FORM

Please see Columbus' Signed Section VII Minimum Qualifications Form over the following pages.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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:
JK <small>Digitally signed by JK Date: 2020.04.11 12:18:20-0500</small>	

- 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:
JK <small>Digitally signed by JK Date: 2020.04.11 12:18:20-0500</small>	

- 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.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

4.3.1 QUALITY IMPROVEMENT ORGANIZATION (QIO) OR QIO-LIKE ENTITY (RFP SECTION VII.A)

Columbus has been certified as a QIO-like entity by the Centers for Medicare and Medicaid Services (CMS), Center for Clinical Standards and Quality since 2014. Columbus was recently granted a renewal of our five-year certification. Working on behalf of the CMS, QIOs are an independent and objective force to help improve healthcare delivery, safety, and efficiency through a combination of collaborating with provider organizations, delivering targeted technical assistance, and providing direct intervention with Medicare beneficiaries and the healthcare community. QIOs work directly with healthcare providers to ensure the most current, clinically proven techniques and practices are being put in place to deliver the safest and highest quality care.

Through the CMS Federal match system, the QIO designation can be used with contracts for Project Director and Compliance Monitoring allowing for the availability of a seventy-five percent enhanced federal match for these activities when performed by a QIO. This financial savings can also be applied to add additional technical assistance or training to contracts which would provide significant financial advantages by working with Columbus.

Columbus' QIO-Like Entity Certification can be found over the following pages.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

APR 11 2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, Maryland 21244-1850



Jeff Klimaski
President and COO
The Columbus Organization
500 East Swedesford Road
Suite 100
Wayne, Pennsylvania 19087

Dear Mr. Klimaski:

We have reviewed your application of January 24, 2019 requesting that the Centers for Medicare & Medicaid Services certify The Columbus Organization as a Quality Improvement Organization (QIO)-like entity for the State of Pennsylvania. As a result of this review, we have determined that The Columbus Organization of Pennsylvania 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 The Columbus Organization of Pennsylvania as a QIO-like entity eligible to fully operate in Pennsylvania. The Columbus Organization of Pennsylvania 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.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

APR 1 / 2019

Page 2-Jeff Klimaski
The Columbus Organization

Your certification is granted for a period of 5 years and will expire on January 24, 2024.

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 The Columbus Organization of Pennsylvania 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 via Email-malinda.greene@cms.hhs.gov.

Sincerely,

Renee Dupree

Renee Dupree, Acting Director
Division of Program Management,
Communication, and Evaluation

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

4.3.2 MEDICAID-ELIGIBLE, NON-EXCLUDED PROVIDER (RFP SECTION VII.B)

Columbus is a Medicaid-eligible, non-excluded provider and affirms it is not on the following lists:

- Health and Human Services Office of the Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE)
- General Services Administration (GSA) System for Award Management (SAM)
- Nebraska Medicaid Excluded Providers (NMEP)

4.3.3 COMPLIANCE WITH STATE AND FEDERAL REGULATIONS (RFP SECTION VII.C)

Columbus affirms it will comply with State and Federal requirements, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and all associated regulations. If the awarded vendor, Columbus will comply with the Business Associate Agreement Provisions found in Attachment B of RFP Bid Number 6317 Z1.

4.3.4 ATTACHMENT C: DATA USE AGREEMENT (DUA) (RFP SECTION VII.D)

Columbus and our subcontractor have signed and provided Attachment C, Data Use Agreement, which is shown over the following pages.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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;

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- 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.

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- 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.

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- 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.

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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://nitsc.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](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.

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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;

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- 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.

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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.

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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.

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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 FOCUS (**Subcontractor name**) 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:



Name Jeff Klimaski
Title President & CEO
Contractor Name Columbus Medical Services, LLC
dba The Columbus Organization

DATE: 08/12/2020

FOR SUBCONTRACTOR:



Name John W. Tomme
Title Owner and Architect
Subcontractor name FOCUS Technologies, LLC

DATE: 08/12/2020

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5 TAB C: COLUMBUS' SCOPE OF WORK REQUIREMENTS (EVALUATION CRITERIA RFP PROPOSAL REQUIREMENTS, ITEM 3.C AND RFP SECTION VI, "SCOPE OF WORK REQUIREMENTS")

Columbus Medical Services, LLC dba The Columbus Organization (Columbus) is pleased to present responses to RFP Scope of Work for 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). As a QIO-Like entity, Columbus will provide key services in order to extend internal capacity, evaluate the provision of services, remediate problems with quality, design quality enhancement strategies and deliver and support continuous quality improvement.

In the Scope of Work sections that follow, Columbus outlines the seven key areas of the project as well as our approach to achieve key deliverables. Columbus recognizes the key areas include but are not limited to:

- Quality Improvement Data System (QIDS)
- Mortality Reporting and Review Process
- Critical Incident Process
- Enhancing and Improving Nebraska's Quality Management system (QMS)
- Building Capacity of the DHHS-DDD system
- Optional Expanded Services
- Special Projects

5.1 DEVELOPMENT AND IMPLEMENTATION OF A START-UP PLAN TO DO BUSINESS IN NEBRASKA (RFP SECTION VI.A.)

Columbus will create and implement a start-up plan at least 90 days after the start of the contract that includes the elements outlined below.

5.1.1 90-DAY START-UP PLAN (RFP SECTION VI.A.1)

Columbus has developed a draft workplan for the 90-day start-up. The workplan assumes inclusion of all four waivers (Comprehensive Developmental Disabilities, Developmental Disabilities Adult Waiver, Aging and Disability Waiver and Traumatic Brain Injury Waiver) and all key services for each waiver. The Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DDs) at the Beatrice State Developmental Center (BSDC) are included in key services sections on the Quality Information Data System (QIDS), Mortality Review and Reporting, and relevant sections of the Critical Incident Management Processes (CIMP) that are not waiver related. The workplan displays the tasks to be undertaken in the start-up period, the dates by which Columbus anticipates starting and finishing a task, and the person(s) on the Columbus team responsible for the activities.

Staffing Plan

Columbus' overall plan for staffing this project includes a full-time key project staff who will be supported by additional part-time subject matter experts as needed and have full access to the entire Columbus quality

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improvement and professional staff team along with our identified subcontractors. We will have one main office in Lincoln, Nebraska to support project staff who will work remotely if COVID-19 restrictions are in place, or if restrictions are lifted, who will be deployed to all locations of the state as needed. Additionally, staff will be outfitted with laptops and cell phones to make their time in the field efficient and effective.

In order to expedite project start-up, Columbus plans on utilizing a combination of our full-time Quality Improvement Services consultants and as many full-time Nebraska-residents as we are able to recruit. Key positions will start out utilizing members of our nationally known and respected consultant team. This will include the Project Director who will have overall responsibility for all aspects of the project and will be the Lead Consultant on Enhancing and Improving Nebraska's Quality Management System and Strategy and Building Capacity of the DHHS-DDD System. A Project Manager will have responsibility for supervision of all day to day project activities. and will be the Lead Consultant on Optional Expanded Services, if any, and Special Projects.

Consultants with experience and expertise in: incident management and investigations (Incident and Investigation Incident lead); mortality review and reporting (Mortality Review and Reporting lead); HCBS waiver enhancement of the quality of HCBS waiver services including, among others waiver assurances, HCBS Community Settings Rule and operation and management of HCBS programs at the state and provider levels; (HCBS lead) and; Columbus Trainers who have experience in training on topics included in this RFP will supplement the work of Lead Consultants with addition of other personnel as needed. Columbus will also retain the services of a consultant with expertise in start-up and implementation of major initiatives to support this project. (Senior Consultant). As the project progresses, Columbus will offer consultant staff the opportunity to relocate to Nebraska and we will continue to recruit Nebraskans for available positions.

Consultants have experience in development and management of a wide variety of services for individuals with Developmental Disabilities and their families. Consultants are experienced in operation of both state operated and provider operated services and have documented experience in the areas to which they are assigned. Qualifications include: ten (10) or more years of experience in working in the area to which they are assigned; knowledge of current and future relevant CMS requirements, NE rules and regulations and generally accepted practice standards; ability to assess and identify problems in the operation of specific functions and to make practical recommendations to address the problems identified; ability to change course and timelines based on DHHS-DDD need; ability to work collaboratively with the Quality Team, other DHHS-DDD staff, clients, families, providers and others and; ability to produce written reports, plans and other documents included in the RFP.

Columbus will likely increase staffing as it assumes responsibility and takes over the operation of services specified in the Scope of Work, such as Mortality Review and CIMP. Columbus will also increase staffing if DHHS-DDD determines that it wants Columbus to address work of any of the Expanded Services included in RFP Section VI.G, "Optional Expanded Services" of the Scope of Work.

All consultants have experience in development and management of a wide variety of services for individuals with Developmental Disabilities and their families. Columbus consultants are experienced in operation of both state-operated and provider-operated services.

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Using a combination of Nebraskans who are qualified to work on this project and Columbus consultants will ensure that the project gets off to a fast and effective start, putting processes in place that have been gleaned from years of experience in intellectual and developmental disabilities administration. A corporate project director will be recruited for and assigned upon contract award. Staffing requirements will increase if the Department of Health and Human Services Division of Developmental Disabilities (DHHS-DDD) determines that it will implement QIO/QIO-like services at any point during the contract. The entire team will be supported by our Vice President of Quality Improvement Services, corporate project management staff, and administrative support staff. Given COVID-19 restrictions, our current assumption is that the majority of work on this project will be done remotely. At such time as onsite work is permitted, full-time project staff will be put in place to establish a local presence. As the project progresses, and if we are able to work on-site, Columbus will offer current consultant staff the opportunity to relocate to Nebraska and/or we will recruit in Nebraska for positions and include DHHS-DDS in any final hiring decisions final decisions.

Columbus presents the following biographies for the proposed Columbus Project Management Team who will serve the State and work under the Project Management of Mr. Dan Howell.

Beth A. Reiniger, Vice President, Quality Improvement Services and Business Development

Ms. Reiniger is Columbus' Vice President of Quality Improvement Services and Business Development. She has been employed by Columbus since 1991 and holds a Bachelor of Science degree in Business Administration. Her almost three decades with Columbus has supported the company's development and continual growth through each industry related transformation. In her role as Vice President, Ms. Reiniger is responsible for oversight of Columbus' Quality Improvement division, including Columbus' team of full-time and part-time consultants in a variety of disciplines related to serving individuals with intellectual disabilities. Her responsibilities include oversight of all aspects of specific contracts including budget and work plan deliverables. As a member of Columbus' senior management team, she provides input on strategic and new business planning and the development of marketing strategies for sales representatives, direct client contact, oversight of the marketing budget, proposal development and contract negotiation.

Elin M. Howe, Senior Consultant

Ms. Howe has over 40 years of experience working with the intellectually and developmentally disabled. She obtained a Bachelor's Degree from Massachusetts State College at Salem in 1969 and her Master of Public Administration in 1970 from the State University of New York at Albany. Her background includes 4 years as state director of the agency serving individuals with intellectual and developmental disabilities in New York and 10 years in the same capacity in Massachusetts. While in both of these positions, Ms. Howe had responsibility for the Home and Community Based Services Waivers. New York's first application for the Waiver was developed under her leadership. After CMS approval of the waiver, she oversaw development, implementation, and quality assurance of waiver services. In Massachusetts, she worked on the redesign of the Waiver from a single Waiver to three Waivers. Each of these Waiver applications were approved by CMS. A fourth waiver that operated under her leadership was one that provided services for children with Autism. She was instrumental in obtaining support within state government for development of a fifth Waiver to address the needs of individuals with Autism who did not have intellectual disabilities that was approved by CMS. As in New York, she was responsible for design, development, and implementation of the four waivers. In Massachusetts, she was extensively involved with development and monitoring Waiver assurances and sub-assurances, mortality review, incident

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reporting and investigation and continuous quality improvement initiatives. Her Department also provided community residential services for individuals with Acquired Brain Injury under the state's Acquired Brain Injury Waiver.

Ms. Howe has worked at The Columbus Organization as a Sub-contractor, Project Director, Vice President of Consulting Services, and most recently, a Senior Consultant. She has had numerous responsibilities that have involved Waivers included improving Waiver performance at the Regional Center of the East Bay which had been placed on a moratorium by CMS due to significant problems with the health and welfare of individuals on the Waiver. Other projects in which she has been involved on Waiver issues include consulting projects in the states of Arkansas, California, Maryland, New Mexico, New Jersey, Utah, and Texas.

Matthew McCue, Project Director

Matthew McCue has over forty-six years of experience in intellectual/developmental disabilities and has served in administrative positions in Vermont, New Mexico, Arkansas, Texas, and Georgia. Since 1982, Mr. McCue has worked in multiple states and settings that required an understanding of the DD, Medically Fragile, and Self-Directed Medicaid Waiver regulations. Areas of attention included: input into State Plans, cost effectiveness calculations, directing and consulting with community programs, recruiting clinical professionals to become waiver approved providers and monitoring community programs for regulatory compliance. Mr. McCue received his BS degree in Management of Human Resources at State University of New York at Plattsburgh and his MA in Public Administration at the University of New Mexico. He holds a certificate in Rehabilitation Administration from the University of San Francisco.

Daniel L. Howell, Project Manager and Lead Consultant on the Quality Management System (QMS)

Mr. Daniel Howell has 33 years of senior leadership experience in health care and human service-related areas. He has effective governmental operational experience and has done extensive work to transform stagnant/challenged organizations into vibrant, thriving organizations. Mr. Howell worked with the Federal Department of Justice on settlement agreements. His organization leadership experience includes re-engineering ICD/ID infrastructures. He worked as a Director for Georgia's Division of Intellectual and Developmental Disabilities (DBHDD) to create, implement, and oversee the Home and Community Based Service (HCBS) process for the State. He was instrumental in the strategy development and creation and a member of the task force to create a new Quality Management System (QMS) for Georgia DBHDD. He also was a past Board Member and Government Committee Member of the North Dakota Healthcare Association and a Government Relations Committee Member of the North Carolina Long-term Care Association. Mr. Howell has assisted Columbus on contracts with the State of New Mexico and New Jersey Department of Developmental Disabilities, providing investigation, monitoring, and transition services for individuals with intellectual and developmental disabilities. He has also held the role as President of Howell Consulting, assisting State Developmental Disability agencies with system level improvements. He obtained his Bachelor of Arts in Hospital Administration from Concordia College, and his Master of Management at the University of Mary.

Janet M. Simons, Lead Consultant on Mortality Reporting and Review Process

Janet M. Simons, RN, BS, M.Ed., CDDN, has worked as a Senior Consultant for the Columbus Organization since December 2003. She has over thirty years of clinical and management experience in

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providing community and facility-based supports to individuals with intellectual and developmental disabilities. Ms. Simons has executive-level management experience, including compliance with Federal Court Lawsuits and enforcing Federal (CMS, HCBW, and ICF/ID) and state regulations. Her current licensure is with Massachusetts. Ms. Simons currently manages all of Columbus' mortality review/investigations contracts.

Carol N. Wilkin, Lead Consultant for Critical Incident Management Process

Ms. Carol Wilkin has thirty years' experience working with programs that provide protection, advocacy, and health and safety services for vulnerable people, including children and adults with intellectual and developmental disabilities. As the state director of Protection from Harm with Tennessee Department of Intellectual and Developmental Disabilities, Ms. Wilkin oversaw all aspects of the Critical Incident Management Processes. She has a great understanding of incident reporting, triaging incidents and ensuring that thorough investigations and follow up is completed at both the state and provider agency level. Her oversight included the Critical Incident and Investigation systems in both HCBS and ICF-IID programs. Ms. Wilkin also has experience with treatment plan development, evaluation, and implementation for persons with disabilities. She is knowledgeable in social role valorization (SRV) that assists the disadvantaged in positive social role enhancement. Ms. Wilkin earned her Bachelor of Science in Child and Family Studies from the University of Tennessee, and her Master of Science in Public Service Management from Cumberland University, in Lebanon TN.

John Tomme, Lead Consultant for QIDS

John Tomme, as owner and chief technologist of Focus Technologies, LLC, has been operating in the HCBS Pace since 2013. The Focus-CSS application (<https://focus-css.com>) is hosted as a software as a service (SAAS) product. The application helps HCBS providers maintain compliance through notifications and precise monitoring of uploaded and internally created forms and data. Mr. Tomme has designed and developed a variety of software applications including database, client-server, and web applications for clients in both the public and private sectors. Mr. Tomme has served as system architect and project lead for many projects – often mission critical applications – including the Kansas KCJIS Portal, the State of North Carolina Criminal History project, the Commonwealth of Kentucky Criminal History Integration project, Mobile Government Regulatory Inspections and Clinical Healthcare systems. He provides ongoing software engineering research and has extensive experience in object-oriented analysis and design, database design, data modeling, web technologies, and software engineering processes. As owner and architect of the Software Service Focus-Community Support Systems (Focus), Mr. Tomme has presided over an electronic record application built for compliance, collaboration, and workflow. Focus currently supports more than 500 users, 3,000 Waiver Participants, and more than 500,000 documents. The application boasts an annual uptime of 99.95%.

Louis James (Jimmy) Wilkin, Information Technology Specialist

Jimmy Wilkin has over twenty-five years' experience in the Information Technology industry. Thirteen years of this time was in Software Development, Business Re-Engineering, and Data Collection Supporting Centers for Medicare & Medicaid Services (CMS) for the State of Tennessee's Department of Children Services (Title IV-E Waiver) and Department of Intellectual and Developmental Disabilities (Home and Community Based Services, HCBS). He supervised State of Tennessee's development and reporting teams that supported the CMS data collection needed for waiver compliance. He also has evaluated various vendor

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COTS (canned off the shelf) data collection systems to determine compatibility based on the existing departmental workflow processes with federal CMS goals and guidelines. In these analyses, he made recommendations for process or business re-engineering that would support front line staff. Jimmy has been able to report trends from the data collection for process improvement to help meet many of the CMS regulations. Under his supervision, his teams have developed data collection applications and provided trend and data reports for both ICFs/IID as well as Home and Community Based Waiver programs. These application and enterprise technologies supported all aspects of individuals in care, such as provider services, case management, incident and investigations, medical treatments, individual service plans and their goals and outcomes.

He has participated in four different enterprise software application rollouts: CDI, Inc. at a global level with over 2,500 users; Tennessee’s Department of Intellectual and Developmental Disabilities at a state level with over 2,800 users; The Tennessee Department of Children Services at a state level with over 3,000 users; and Blue Ridge Mountain Sports, a national retail chain with over 100 users. He communicates effectively with executive and senior level management, front line users (stakeholders), development and dba staff, and project managers and project leaders (core team).

Organizational Chart

An organizational chart is shown in the figure below.

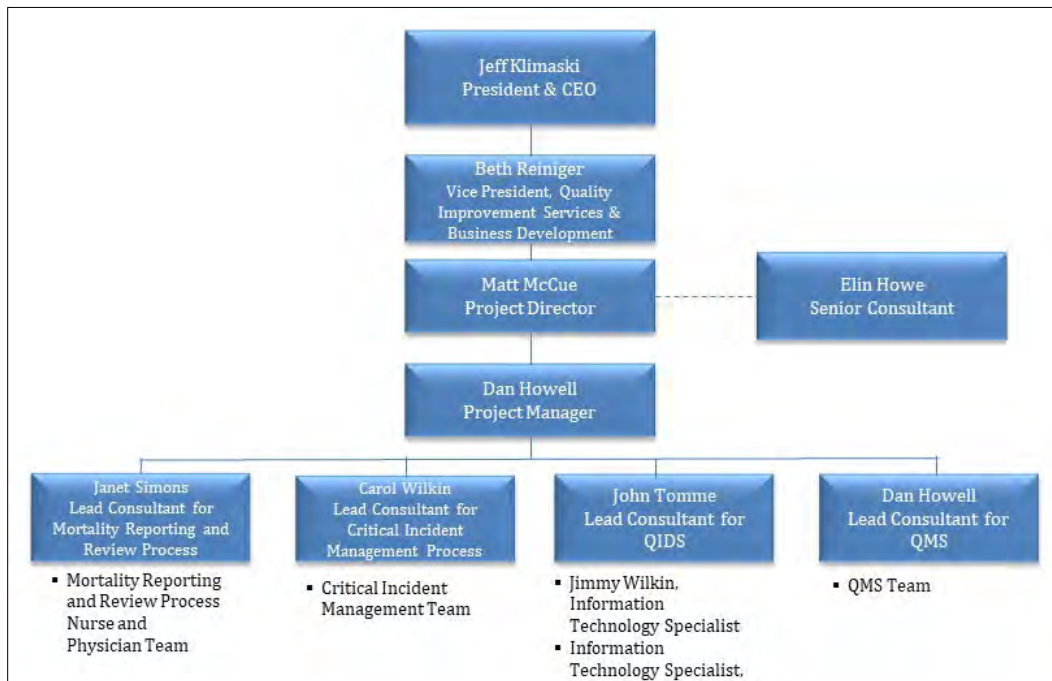


Figure 1. Staffing Plan Organizational Chart

Gantt Chart

Columbus’s Gantt Chart for the first 90 days can be found in Attachment A, “Columbus’ Gantt Chart,” of this proposal response.

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Columbus has extensive experience in working with state government employees and looks forward to the opportunity to work with the Nebraska DHHS-DDD Quality Team. Columbus has thoroughly reviewed RFP Section V, “Vision, Purpose, and Background” understands that its role is to “...enhance the program’s ability to collect, aggregate, measure, trend and improve quality and performance overall, and with the Center for Medicare and Medicaid Services (CMS) HCBS Waiver Assurances.” Another DHHS-DDD quality objective is to use the Office of Inspector General (OIG) Joint Report, “*Ensuring Beneficiary Health & Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight, January 2018* and the *CMS Informational Bulletin*” to assess “...its performance management system to improve the approach to Health and Welfare. Ensuring to identify, address, and prevent abuse, neglect, exploitation, and unexplained death on an ongoing basis.” Columbus will work collaboratively with DHHS-DDD “... extend internal capacity, evaluate the provision of services, remediate problems with quality, design quality enhancement strategies, and deliver and support quality improvement” in the following key areas: Quality Improvement Data System; Mortality Reporting and Review Process; Critical Incident Process; Enhancing and Improving Nebraska’s Quality Management System (QMS) and Strategy; Building Capacity of the DHHS-DDD system; Optional Expanded Services and Special Projects.

Meeting with the Nebraska Quality Team

The Columbus team proposes to meet in person or remotely, if necessary, with all members of the Quality Team as soon as possible after the contract award date. This will provide an opportunity for both the Columbus and the Nebraska Team to introduce themselves to each other and discuss their respective roles in relation to the key services identified in the proposal. At this or a subsequent meeting, the NE Quality Team could brief the Columbus team on the current status of each of the key areas, noting both positive accomplishments and areas of concern. This process will be helpful in providing the Columbus team updated information on work in the six key service areas of work. The next onboarding activity would include more in-depth peer to peer meetings on the key areas of work. The number of peer-to-peer meetings may vary depending on the amount of information to be shared. Based on this information sharing, the Columbus team may revise its work plan(s) to better reflect work to be done in a given key area or areas. Should DHHS-DDD choose to have Columbus work on Optional QMS Services, we would use this same process to onboard with the Quality Team on services identified by DHHS-DDD.

Prior to the initial meeting occurring between the teams, Columbus consultants will be responsible for:

- Reading all relevant quality information on the DHHS-DDD website
- All 4 waiver applications
- All reports submitted to CMS on HCBS waiver assurances
- Any correspondence from CMS to Nebraska in relation to the HCBS waiver assurances or related issues
- The HCBS Waiver Community Settings Rule Transition Plan, policies, procedures, protocols on critical incident reports, mortality review or relevant waiver requirements

The Project Director and Project Manager will conduct weekly meetings to review the status of work with the Columbus team. Both the Project Director and Project Manager will review the content and quality of all work prior to a work product being submitted to DHHS-DDD. They will be responsible for assuring that work is done consistent with the dates specified in the work plans. Columbus anticipates completing all work on time but, should there be unforeseen problems in meeting a date, the Project Director will be responsible for identifying this to the DHHS-DDD designated contract manager. The Project Director will

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identify the reason for the delay and how this issue is being resolved and will propose a revised date for completion of this work.

Columbus will meet with DHHS-DDD staff on a regularly scheduled basis as determined by the Department and on an ad hoc basis as needed.

The draft start-up plan will be reviewed and finalized after meetings with DHHS-DDD and include all components including 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 include key personnel titles and required qualifications and experience. The plan includes steps for onboarding with the Nebraska Quality team, as well as building familiarity with Nebraska’s current quality management system. The final start-up plan will be completed and submitted to the DHHS-DDD no later than 30 days after the start of the contract.

5.1.1.1 DRAFT START-UP PLAN (RFP SECTION VI.A.1.A)

Columbus’ initial work will focus on the Comprehensive Developmental Disabilities (CDD) Waiver with approximately 4,410 participants and the Developmental Disabilities Adult Day (DDAD) Waiver with approximately 900 participants who are 21 years of age and over. Columbus understands that the focus of the DDAD waiver is on day, employment, and support services for individuals and families. Columbus’ workplan assumes that all four waivers are part of this project, including Aged and Disability (AD) and Traumatic Brain Injury (TBI).

Workplan

Columbus’ workplan for the 90-day start-up of this project is shown below.

Table I. Columbus’ 90-Day Start-Up Workplan

Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
Conclude lease arrangements for office in Lincoln.	October 2020	October 2020	Project Manager
Meet with the DHHS-DDD contract manager to discuss contract start-up.	Within one week of the projected contract award of October 2, 2020.	Other meetings may be scheduled within 10 days after the initial meeting occurs or in a timeframe	Project Director

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
		established by DHHS-DDD.	
Finalize hiring of all consultants working on the key service areas included in the contract.	Immediately after the contract award date of October 2, 2020.	Within 2 weeks of the contract start date of October 14, 2020.	Vice President for Quality Improvement and Business Development
Consistent with Nebraska requirements, ensure that all Columbus team members complete background checks, fingerprinting, and submit to any other required reviews.	Schedule as soon as possible with organizations conducting background checks, fingerprinting, and any other required reviews.	As soon as organizations are able to complete the review and provide evidence of results.	Project Director
Obtain official DHHS-DDD identification badges or documents.	Schedule as soon as possible after contract start.	As soon as DHHS-DDD is able to complete the process.	Project Director
Ensure that Columbus team members are trained on abuse, neglect, and exploitation and other policies required by DHHS-DDD.	Schedule as soon as possible after contract start.	As soon as DHHS-DDD can schedule training. Or, if Columbus can provide training to their consultants, training will occur no later than two weeks after consultant hiring occurs.	Project Director
Schedule initial meeting between the Columbus team and the Nebraska Quality Team for introductions and	Within one week after the contract	Week one after the contract start date.	Project Director All Consultants

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
overview of the project and collaborative work relationships.	start date of October 14, 2020.		
Schedule subsequent meetings, if necessary, between the Columbus and the Quality Team.	Upon completion of the first meeting noted above.	TBD by DHHS- DDD.	Project Director All Consultants
Schedule meetings between Columbus and Nebraska peers working on each of the key services.	Upon completion of the larger group meetings noted above.	TBD by the peers and completed within 30 days after the contract start.	Project Manager and Consultants
Finalize draft Workplans for key services for the 90-day Start-up period after the contract start date.	Draft workplans will be finalized after meetings with DHHS-DDD noted above.	Thirty days after contract start date of October 14, 2020.	Project Director and Project Manager
Quality Information Data System (QIDS) for Medicaid HCBS			
<p>Initiate work on the development of the QIDS beginning with:</p> <p>Review of documents on: the Quality Management System; the current data system; reports on waiver assurances; Nebraska’s State Transition Plan for the HCBS Rule; all HCBS waiver applications approved by CMS; available information on the quality of assessment of services,</p>	On contract start date of October 14, 2020.	October 31, 2020.	Lead Consultant for QIDS Information Technology Specialists

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
supports and outcomes for HCBS waiver participants; review of CMS national best practices.			
Develop and finalize a QIDS training plan for submission to DHHS-DDD.	October 14, 2020	Within 30 days of contract award date.	Lead Consultant for QIDS Information Technology Specialists Project Director
Interview all pertinent, key DHHS-DDD personnel that are currently involved with the current management information system.	October 2020	November 2020	Lead Consultant for QIDS
Incorporate national best practices in development of QIDS.	November 2020	Ongoing throughout the 90-day start-up period and beyond.	Lead Consultant for QIDS Information Technology Specialists
Initiate work on software that addresses DHHS-DDD data needs for: monitoring HCBS waiver services; NE's Transition Plan for the HCBS Rule; quality assessments of services and; corrective action planning and monitoring functions and documentation of communication between parties responsible for corrective action.	November 2020	Ongoing through the end of the 90-day start-up period and beyond.	Lead Consultant for QIDS Information Technology Specialists

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
Assure that, in developing QIDS, the system has the capacity through quantitative and qualitative means to assess: the quality of services provide; ability of services to meet the participant’s needs; effect of the services to support or improve quality of the participant’s life and; the satisfaction of participants receiving services with the process of eligibility determination and service delivery.	November 2020	Ongoing through the 90 day start up period and beyond.	Lead Consultant for QIDS
Conduct work sessions with designated staff to gather information necessary to support the customization, testing, and implementation of the QIDS.	November 2020	Ongoing through the 90 day start up period and beyond.	Lead Consultant for QIDS
<p>Enhancing and Improving Nebraska’s Quality Management System (QMS) and Strategy</p> <p>This section has three parts including: 1) Comprehensive assessment of the QMS system; 2) Mortality Reporting and Review Process and 3) Critical Incident Management Processes.</p>			
<p>1) Comprehensive Assessment of the Quality Management System</p> <p>Initiate work on Assessment of the QMS beginning with:</p> <p>Review of all documents on: the Quality Management</p>		October 31, 2020	Project Manager (Lead Consultant on the Quality

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
<p>System; all HCBS waiver applications approved by CMS; data produced and existing data tools currently in use; a sample of provider reviews; HCBS Settings Transition Plan; a sample of HCBS Settings assessments; a sample of corrective action plans and documents supporting their completion; training and technical assistance offered to providers in the last year; the most current NCI data and documents showing how the DHHS-DDD uses the NCI data and; any trend data produced.</p>	<p>On contract start date of October 14, 2020.</p>		<p>Management System) and Project Director</p>
<p>Interview all pertinent, key DHHS-DDD personnel that are currently involved with the Quality Management System.</p>	<p>October 2020</p>	<p>November 2020</p>	<p>Project Manager (Lead Consultant on the Quality Management System) and Project Director</p>
<p>Initiate work on a comprehensive assessment of the HCBS Quality Management System, including a systemic infrastructure analysis of the current state of the system including: review of data availability; data collection tools; processes, information system, and existing metrics; provider quality reviews (both desk reviews</p>	<p>November 2020</p>	<p>Ongoing through the end of the 90-day start-up period and beyond.</p>	<p>Project Manager (Lead Consultant on the Quality Management System) and Project Director</p>

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
and on-site); HCBS Settings assessments; provider technical assistance and training and provider remediation and CAPs; Participant Experience Surveys and National Core Indicators surveys and; data analysis and trending for continuous improvement.			
Plan a one-day meeting including both internal and external stakeholders to gather feedback on the current and proposed QMS and determine how to include promising practices. Meeting will take place out of the 90-day start-up period, no later than nine months after the contract start date.	October 2020		Project Manager (Lead Consultant on the Quality Management System) and Project Director
<p>2) Mortality Reporting and Review Process</p> <p>Work within the 90-day start-up period includes: review of existing HCBS mortality review process, policies and procedures; review of a sample of completed mortality reviews; review of a sample of investigation reports conducted on deaths; review of notes/minutes of the</p>	On contract start date of October 14, 2020.	October 31, 2020.	Lead Consultant on Mortality Reporting and Review Process and Project Director

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
DHHS-DDD Mortality Review Committee			
Interviews of all pertinent DHHS-DDD personnel that are currently involved in the HCBS Mortality Reporting and Review Process.	October 2020	November 2020	Lead Consultant on Mortality Reporting and Review Process
Initiate work on a comprehensive assessment of the existing HCBS Mortality Reporting and Review Process including review of data availability; data collection tools; processes, information system and existing metrics. Columbus will assess how the current system compares to CMS requirements. In addition to HCBS Waivers, this review includes the ICF units at the Beatrice Developmental Center.	November 2020	Ongoing through the end of the 90-day start-up period.	Lead Consultant on Mortality Reporting and Review Process and Project Manager
Initiate development of a report that includes recommendations on revision of the current Mortality Review process based upon its assessment, comparison to CMS requirements and promising practices in Mortality Reporting and Review. The report will also include a description of how	November 2020	Ongoing through the end of the 90-day start-up period.	Lead Consultant on Mortality Reporting and Review Process and Project Manager

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
Columbus would implement the recommendations, including the design of quality reviews and proposed roles for Columbus and state staff in development and ongoing management of the proposed system including all elements required in RFP Section VI.E.2.b, Task 1. Review, Assessment and Recommendations.			
Produce a report on The Mortality Review and Reporting Review, Assessment and Recommendations for DHHS-DDD review no later than three months after the start of the contract.	December 2020 – January 2021	Three months after the contract start date of October 14, 2020.	Lead Consultant on Mortality Reporting and Review Process and Project Manager
Provide monthly reports on the status of implementation including but not limited to attachments on tools; training developed and provided; manual; model communications for providers and DHS staff including service coordinator; policy and procedure revisions, etc.	October 2020	Fifteen days after the end of each month beginning with the October 2020 report.	Lead Consultant on Mortality Reporting and Review Process and Project Manager
Initiate preparation of the first quarterly data reports with aggregation, trends, and recommendations.	December 2020 – January 2021	Fifteen calendar days following the last day of the quarter.	Lead Consultant on Mortality Reporting and Review Process and Project Manager

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
Produce ad hoc reports no later than seven days after the DDD-DHS request.	When requested by DHHS-DDD.	No more than seven days after the DHHS-DDD request.	Lead Consultant on Mortality Reporting and Review Process and Project Manager
<p>3) Critical Incident Management Processes (CIMP) Work within the 90-day start-up period includes:</p> <p>Review of: existing CIMP process, policies and procedures; a sample of incident reports including a review of all elements in the incident reports; a sample of investigation reports including all elements in the investigations; notes/minutes of the DHHS-DDD Incident Review Committee meetings in the last 6 months;</p> <p>Chapters in the Manual on Incident Management; any available trend data.</p>	On contract start date of October 14, 2020.	October 31, 2020	Lead Consultant on Critical Incident Management Processes, Project Manager and Project Director
Interview all pertinent DHHS-DDD personnel that are currently involved in the HCBS Critical Incident Management Processes.	October 2020	November 2020	Lead Consultant on Critical Incident Management Processes
Initiate work on the comprehensive assessment of the current state of	October 2020	Ongoing through the end of the 90-	Lead Consultant on Critical Incident Management

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
Nebraska’s Critical Incident Management Processes (CIMP) including: a systemic infrastructure analysis including review of data availability; data collection tools; processes, information system and existing metrics. In addition to HCBS Waivers, this review includes the ICF units at the Beatrice Developmental Center.		day start-up period and beyond.	Processes and Project Director
Produce a monthly program report on status of implementation with attachments including any tools developed, training agendas, etc.	October 2020	Fifteen days after the end of each month beginning with the October 2020 report.	Lead Consultant on Critical Incident Management Processes and Project Director
Optional QMS Expanded Services: Development, Implementation and Management			
Should DHHS-DDD determine that it will implement the types of QIO/QIO-like services listed in RFP Section VI.G., “Optional QMS Services: Development, Implementation & Management” subsections 1. i. and /or ii. and/or iii., Columbus will develop a workplan for each service and initiate work on the service.	At such time as DHHS-DDD makes a request to Columbus to expand services.	To be determined by DHHS-DDD and Columbus.	Project Director and consultants with experience on the particular service type DHHS-DDD identifies for expansion

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Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
Special Projects			
<p>Columbus would be pleased to engage with DHHS-DDD in special consulting projects related to quality assurance, improvement, and enhancement. Columbus understands that the projects 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.</p>	<p>Initiate work no later than 10 days of the date of DHHS-DDD request.</p>		<p>Project Director and consultants with experience</p>
<p>Provide workplan(s) for any special projects DHHS-identifies.</p>	<p>Develop workplan(s) within five days of DHHS-DDD request.</p>	<p>Completion date to be determined by DHHS-DDD.</p>	<p>Project Director and consultants on the particular service DHHS-DDD identifies for a special project</p>
<p>Develop final workplan for the project</p>	<p>October 2020</p>	<p>30 days after contract start.</p>	<p>Project Director and Project Manager</p>
Other:			
<p>All materials developed will be shared with staff designated by DHHS-DDD for their review prior to implementation.</p>	<p>As materials are developed.</p>	<p>Ongoing throughout the 90-day review period and beyond.</p>	<p>Project Director and Project Manager</p>

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Actions to Meet Contract Deliverables	Timeframes for Projected Start Date	Timeframes for Projected Completion Date	Responsible Party
Conduct internal review on the status of activities contained in the workplans at least weekly.	One week after work begins on the key services.	Ongoing throughout the contract period.	Project Director and Project Manager
Provide verbal briefings on the status of work to DHHS-DDD staff.	Intervals to be established by DHHS-DDD or on an as-needed basis.	Ongoing throughout the contract period.	Project Director and consultants, if needed

5.1.2 PARTICIPATION (RFP SECTION VI.A.2)

Columbus will maintain, throughout the duration of the contract, the designation of a QIO-like entity which qualifies us to work with the DHHS-DDD to seek an enhanced Federal Fund Participation match from the Centers for Medicare and Medicaid (CMS). It is understood that the enhanced match is above the States F-map, or Federal Medicaid Assist Percentage. Columbus will work with DHHS-DDD to develop the application to CMS for activities within the scope of work that is eligible for the enhanced match. Columbus will assign the Project Manager as the lead on this particular activity. He/she will be the dedicated point person for all QIO/CMS questions and working toward required reporting to insure the enhanced federal match. Columbus’s current QIO-like certification can be found in Attachment D, “Columbus’ QIO-like Entity Certification.”

5.2 PROCUREMENT FOR A QUALITY INFORMATION DATA SYSTEM FOR MEDICAID HCBS (RFP SECTION VI.B)

5.2.1 PROJECT OVERVIEW (RFP SECTION VI.B.1)

Columbus has assembled a highly qualified team for the Quality Information Data System (QIDS) component of the project, consisting of Mr. Jimmy Wilkin, Columbus’ Information Technology Specialist, and our subcontractor Focus Technologies, LLC led by owner and architect Mr. John Tomme. The Columbus and Focus team for QIDS have extensive combined experience in developing and integrating software, services, and data management systems for compliance Centers for Medicare and Medicaid Services (CMS) and Home and Community Based Services (HCBS) waiver requirements. In the sections that follow, Columbus and Focus outline the experience and the deliverables for the QIDS system to ensure documentation of compliance with CMS HCBS waiver requirements, CMS HCBS Final Rule State

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Transition Plan, quality assessments of services, supports and outcomes for participants in Medicaid HCBS programs, and ongoing quality management.

Focus Technologies

For this project, Columbus is partnering with Focus Technologies, LLC of Lexington, KY, led by Mr. John Tomme to develop the QIDS. Mr. Tomme, as owner and chief technologist of Focus Technologies, LLC, has been operating in the HCBS space since 2013. The Focus-CSS application (<https://focus-css.com>) is a hosted SAAS (software as a service) product. The app helps HCBS providers maintain compliance through notifications and precise monitoring of uploaded and internally created forms and data. Mr. Tomme has presided over an electronic record application built for accuracy, collaboration, and workflow. Focus-CSS currently supports more than 1500 users, 3000 Waiver Participants, and more than 500,000 documents. The app boasts an annual uptime of 99.95%.

Focus Technologies, LLC began as a result of a Case Manager wanting to make her business paperless. She reached out to her colleague, Mr. Tomme, looking for a waiver services software solution after being unable to find something that suited her need. She was looking for a solution that was: HIPAA Compliant, Secure, Mobile, Easy to Use, Collaborative, Person-Centered, and provided At-a-Glance Quality Assurance. The goal was to allow users to focus on people, not record keeping. Her vision came to fruition through a collaboration with Focus and a team of clinicians with over 100 years of experience in healthcare, case management, and waiver service industries. The application proved beneficial for all waiver service providers. The flexibility of Focus has providers to use the software new and useful ways.

Focus has also implemented Agency Partnering Integrations in Kentucky. As a vendor for the Kentucky State Police, Focus was responsible for Data Sharing applications between The Cabinet for Family and Health Services, Automated Fingerprint Identification System (AFIS), Administrative Office of the Courts, and Computerized Criminal History. These Data Integrations consist of millions of transactions per year.

Mr. Tomme is a seasoned architect with over 25 years of application development and integration experience. He has designed and developed various software applications, including database, client-server, and web applications for clients in both the public and private sectors. Mr. Tomme has served as system architect and project lead for many projects on a large scale – often mission-critical applications – including the Kansas KCJIS Portal, the State of North Carolina Criminal History project, the Commonwealth of Kentucky Criminal History Integration project, Mobile Government Regulatory Inspections and Clinical Healthcare systems. He provides ongoing software engineering research and has extensive experience in object-oriented analysis and design, database design, data modeling, web technologies, and software engineering processes.

Table II. Mr. John Tomme’s Technical Skills

Architecture:	SOA, GRA, .NET 4.7,.NET Core ,MSMQ, COM+, MTS, Microsoft Entity Framework, nu-get package manager, Queued Components, ADO, Design Patterns, MVC, DevOps, Microsoft Active Directory, ADFS, ADLDS
----------------------	--

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Enterprise Solutions:	Microsoft BizTalk Server 2016, Microsoft Office Share Point Server 2016, PowerBI
Languages/Development Tools:	C#, XML, XSLT, ASP.NET, VB.NET, JavaScript, Microsoft Visual Studio .Net 2017, WinForms, Windows Communication Foundation (WCF), Windows Presentation Foundation (WPF), Web API, PowerShell, Unix Scripting, Vagrant, Ansible, Ursula, Nagios, Grafana, Apache, nGinX, AngularJS, JQuery, XML, Json
Databases:	Microsoft SQL Server 2016, , MySQL Microsoft Access, Oracle
Infrastructure:	Windows Server 2016, Windows 10, MS Hyper-V Server 2012R2, VMWare, KVM, VirtualBox, Linux
Project Management and Design:	Team Foundation Server, Microsoft Project, Microsoft Solutions Framework, MVC4, Visio, UML, Use Cases, Scrum, Agile

5.2.2 PROJECT ENVIRONMENT (RFP SECTION VI.B.2)

Columbus and Focus Technologies, LLC will work with DHHS offices statewide to provide a web-based statewide system that both DHHS and Columbus personnel will access. The sections that follow describe the mandatory modules that will be completed no later than six months after the start of the contract.

5.2.3 BUSINESS REQUIREMENTS (RFP SECTION VI.B.3)

5.2.3.1 QIDS EXPERIENCE (RFP SECTION VI.B.3.A)

For this project, the Columbus Information Technology Team combines the skill of a an innovative private sector firm, Focus Technologies, LLC with the extensive knowledge of a former state employee Kentucky who has more than 13 years of experience working on Home and Community Based Service Waivers and Title IV-E waivers for children. He is fully knowledgeable about all CMS HCBS waiver assurances requirements, data collection for compliance and for trend analysis. and current CMS best practices. Columbus' Information Technology Team includes Mr. Jimmy Wilkin and Mr. John Tomme. Their experience providing QIDS for HCBS Waivers is shown below.

Jimmy Wilkin's Experience:

Jimmy Wilkin has over twenty-five years' experience in the Information Technology industry. Thirteen years of this time was in Software Development, Business Re-Engineering, and Data Collection Supporting Centers for Medicare & Medicaid Services (CMS) for the State of Tennessee's Department of Children Services (Title IV-E Waiver) and Department of Intellectual and Developmental Disabilities (Home and Community Based Services, HCBS). He supervised State of Tennessee's development and reporting teams that supported the CMS data collection needed for waiver compliance. He also has evaluated various vendor COTS (canned off the shelf) data collection systems to determine compatibility based on the existing

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departmental workflow processes with federal CMS goals and guidelines. In these analyses, he made recommendations for process or business re-engineering that would support front line staff. Jimmy has been able to report trends from the data collection for process improvement to help meet many of the CMS regulations. Under his supervision, his teams have developed data collection applications and provided trend and data reports for both ICFs/IID as well as Home and Community Based Waiver programs. These application and enterprise technologies supported all aspects of individuals in care, such as provider services, case management, incident and investigations, medical treatments, individual service plans and their goals and outcomes.

He has participated in four different enterprise software application rollouts: CDI, Inc. at a global level with over 2,500 users; Tennessee's Department of Intellectual and Developmental Disabilities at a state level with over 2,800 users; The Tennessee Department of Children Services at a state level with over 3,000 users; and Blue Ridge Mountain Sports, a national retail chain with over 100 users. He communicates effectively with executive and senior level management, front line users (stakeholders), development and dba staff, and project managers and project leaders (core team).

John Tomme's Experience:

Focus Technologies has been providing its Waiver Services Document Management Software since 2013. During that same period, Focus has provided custom software to the Kentucky State Police, managing statewide communication and integration between the Kentucky Cabinet for Health and Family Services Kares System, Computerized Criminal History, Administrative Office of the Courts, and Automated Fingerprint Identity System. Integrations between disparate systems have been a strong suit for Focus Owner John Tomme for more than two decades. The ability to broker complex integrations between different entities has been consistently successful. Targeting the secure environments of Healthcare and Law Enforcement has enabled Mr. Tomme and Focus to maintain a high level of customer satisfaction and an ability to solve issues others have not. The long history of relationships with the Focus Software consumers indicates a desire to be there to support software for the duration.

5.2.3.2 QIDS CONFIGURATION (RFP SECTION VI.B.3.B)

Columbus will ensure that the QIDS will be configured to meet the specific needs of Medicaid HCBS Waivers with QIDS for the components listed below.

5.2.3.2.1 FILE REVIEW MODULE (RFP SECTION VI.B.3.B.I)

Focus has a sophisticated File Review Module that reviews the participant files for health, safety, and service planning. Focus' File Review Module includes the capacity to audit Critical Incident and Mortality Review processes. Once integration of existing data sources feed the Focus Software, users will have the ability to view complex and historical information for Participants. Focus is designed for Case Managers to find what they need quickly. For example, in Kentucky, the State reviewers are merely provided a login to Focus for the Companies that are under review.

A short list of features available within the Focus application are listed below.

Person-Centered Features include:

- DD/ID Participants Data Storage
- Demographics

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- Guardians
- Assigned Caregivers
- Highly Configurable Lookup Lists
- Documents Folders per Participant
- Hierarchy
- Chart Audit Report

The images below depict these Person-Centered Features.

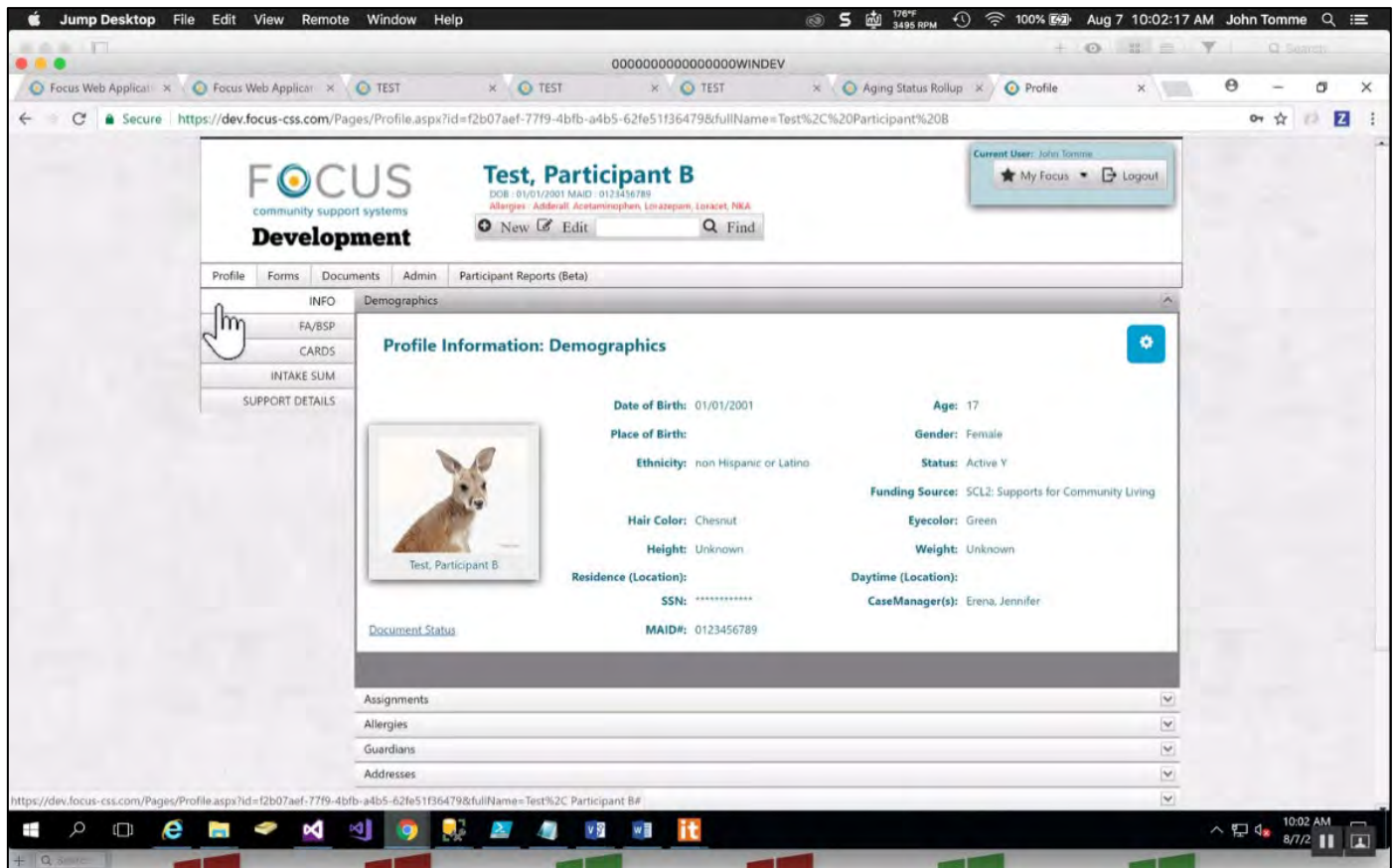


Figure 2: Demographics

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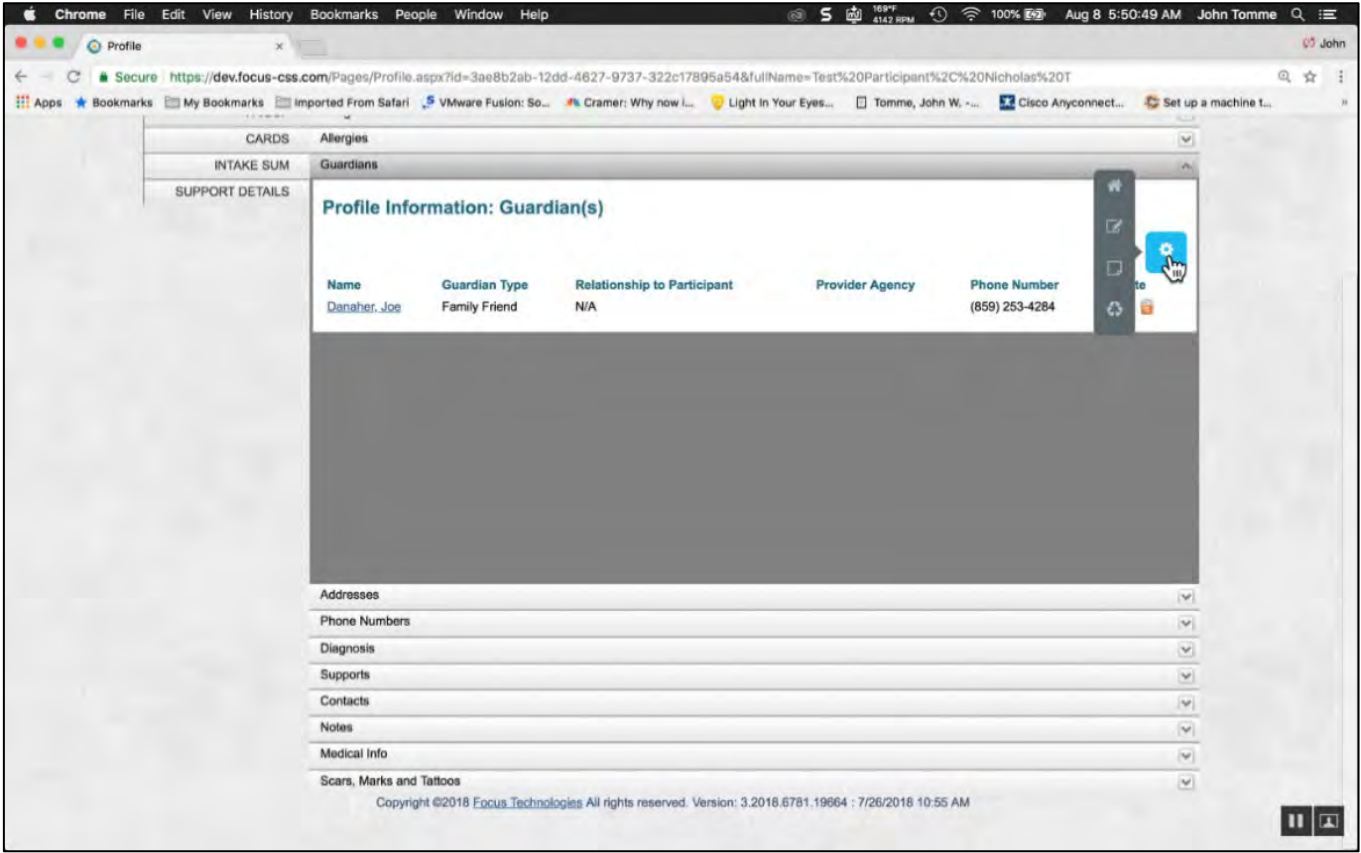


Figure 3: Guardians (1 of 2)

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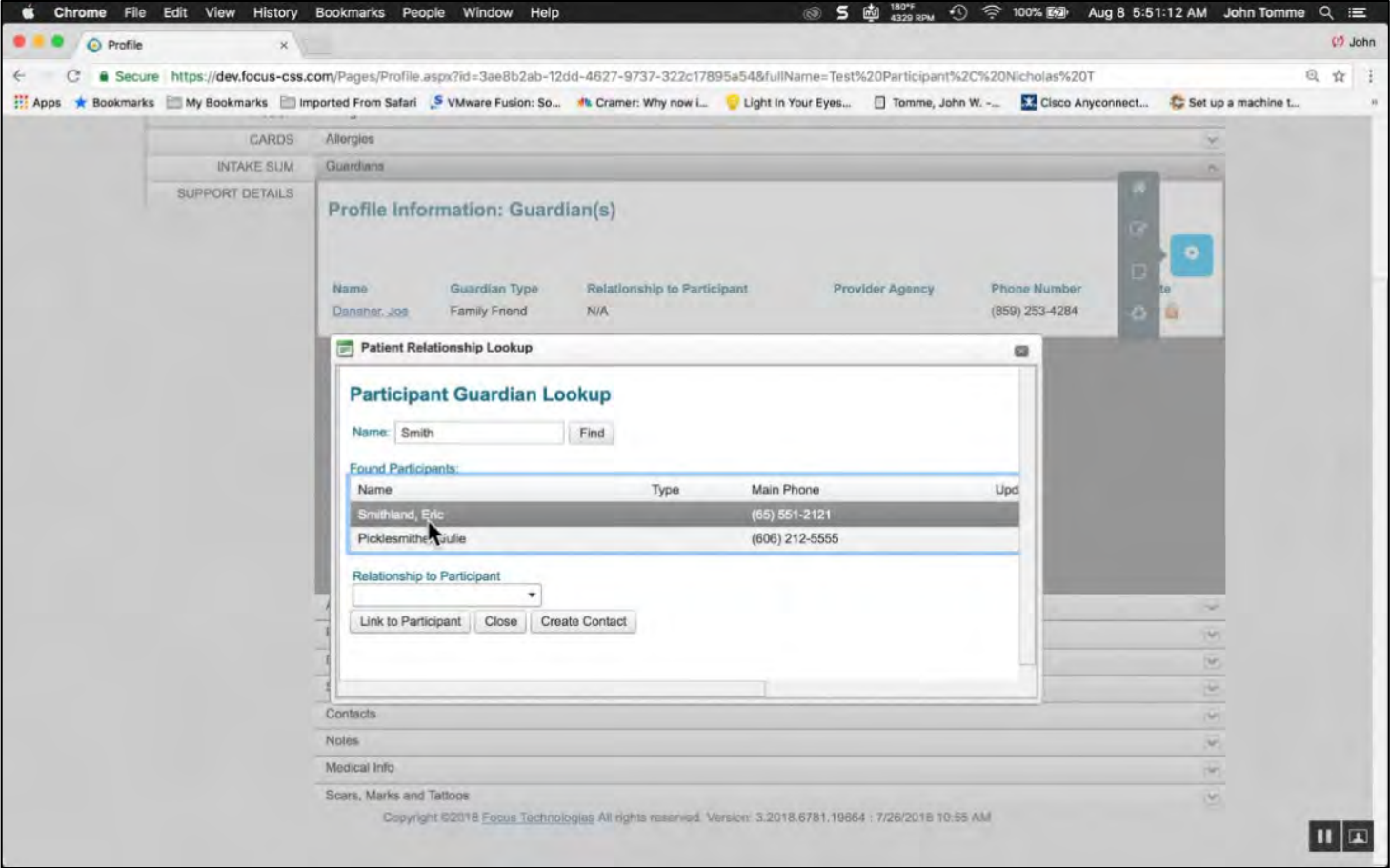



Figure 4: Guardians (2 of 2)

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FOCUS
community support systems
Development

Test Participant, Nicholas T

DOB : 02/07/1991 MAID : 0987654321
Allergies : Wellbutrin, Acetaminophen, Barbiturates, Abilify Test, Adderall, Bac...

★ My Focus Logout

+ New Edit Find

Profile Forms Documents Admin Participant Reports (Beta)

INFO Demographics

FA/BSP Assignments

CARDS

INTAKE SUM

SUPPORT DETAILS

Profile Information: Assignments

Full Name	Person Type	Agency	System User	Supervisor	Phone Number	Delete
Director, FOCUS	Executive Director	Integrity IT	Yes		(859) 963-2677	
Tomme, John W	Administrative Support Test	Integrity IT	Yes	Jennifer Erena		
Miller, Phil	Administrative Support Test	None	Yes	John Tomme	(859) 253-4284	

Allergies

Guardians

Addresses

Phone Numbers

Figure 5: Assigned Caregivers

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The lookup lists are highly configurable to the Community or Department. Focus comes preloaded with the most common options. Since the Microsoft SQL Server is in the background, the configuration of a Focus Instance is completely scriptable and “DevOps” ready.

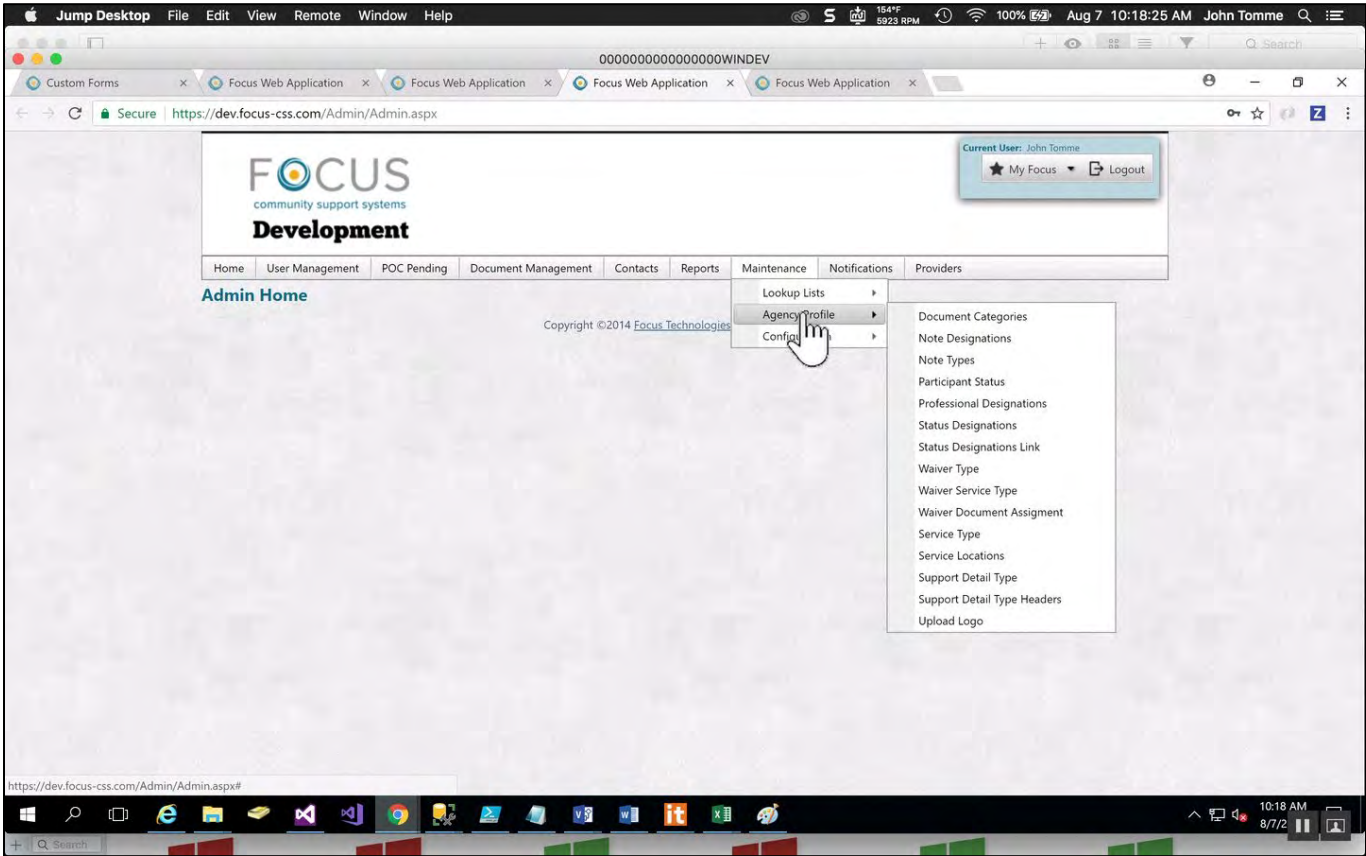


Figure 6: Lookup Lists (1 of 3)

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Figure 7: Lookup Lists (2 of 3)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

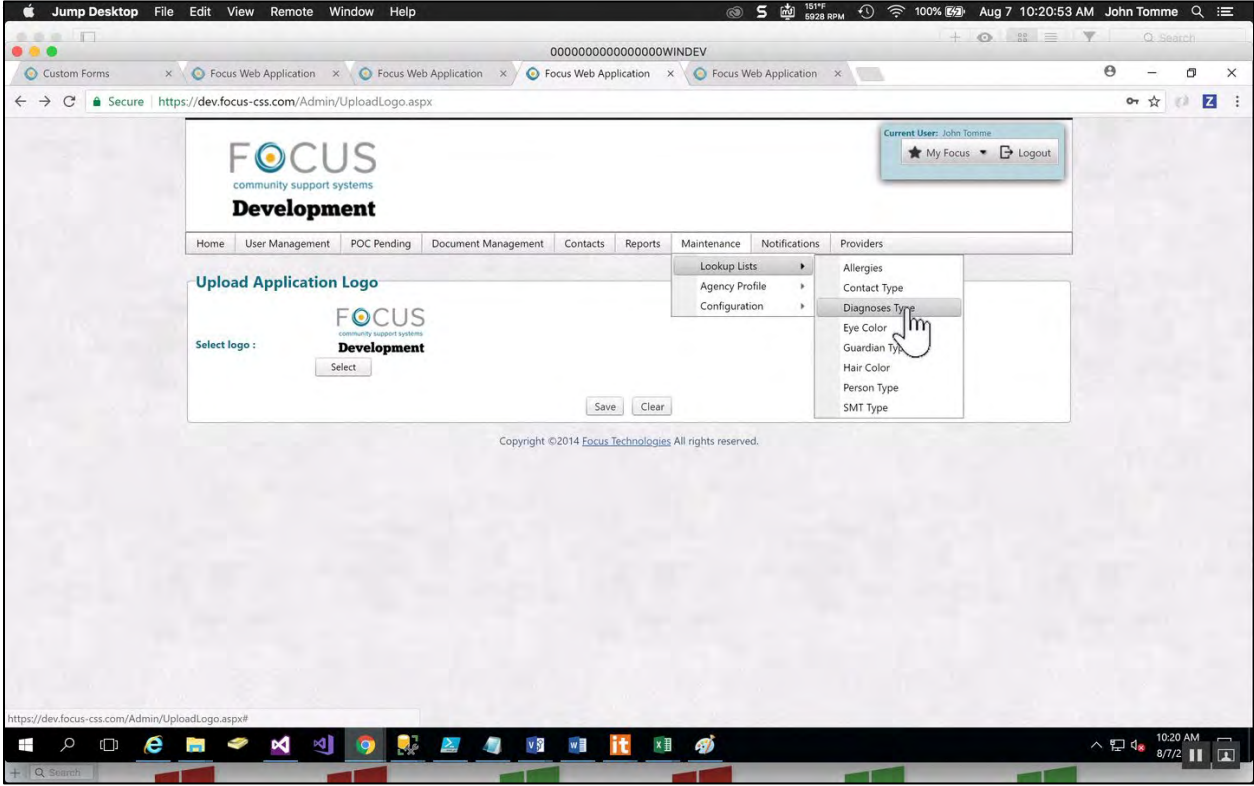


Figure 8: Lookup Lists (3 of 3)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

The following images demonstrate how the folders for storing relevant documents may be configured.

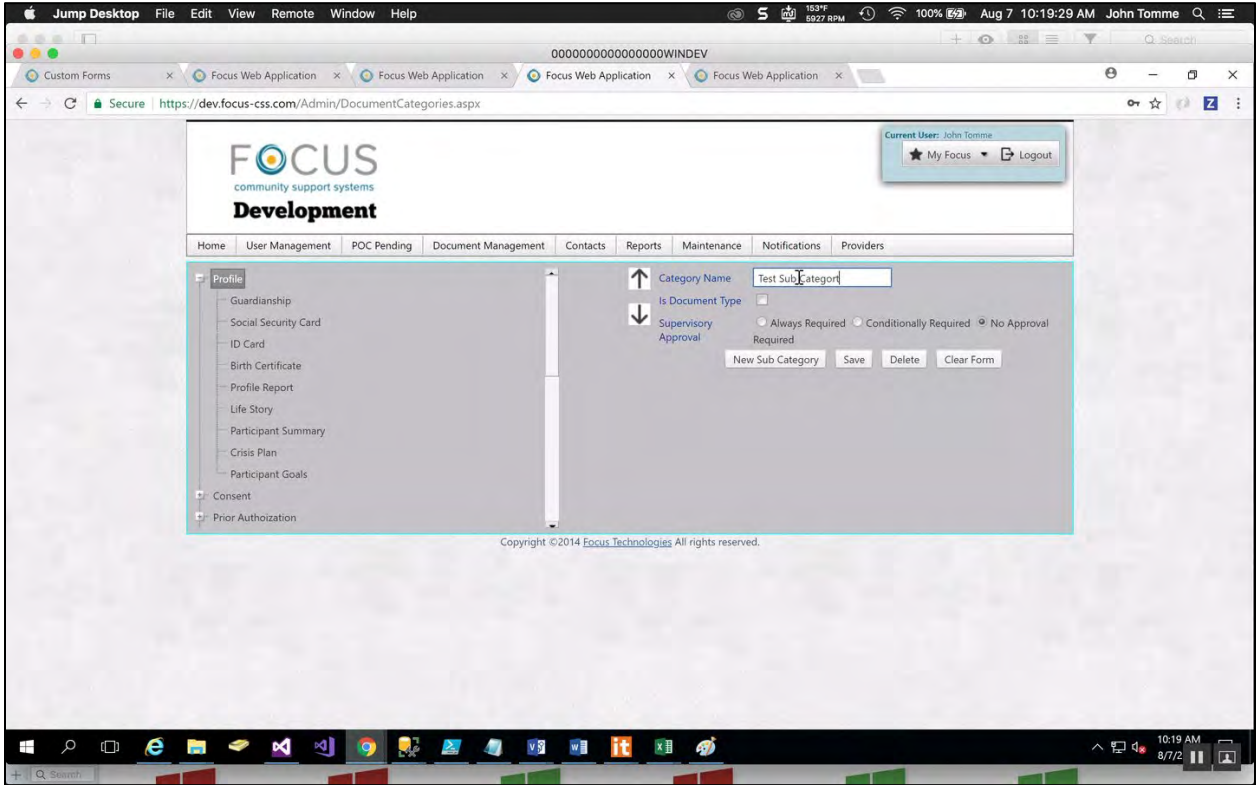


Figure 9: Document Folders Per Participant

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

In the admin section, the document hierarchy is displayed.

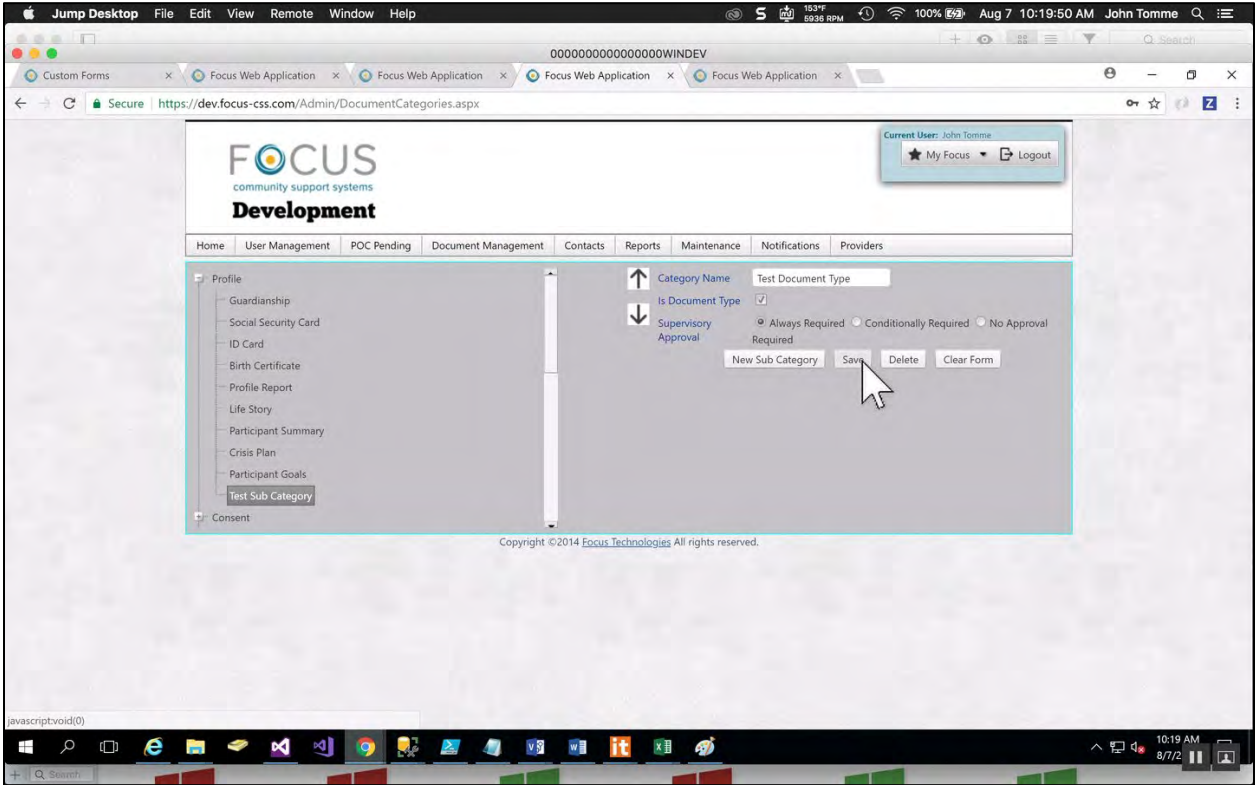


Figure 10: Hierarchy (1 of 2)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

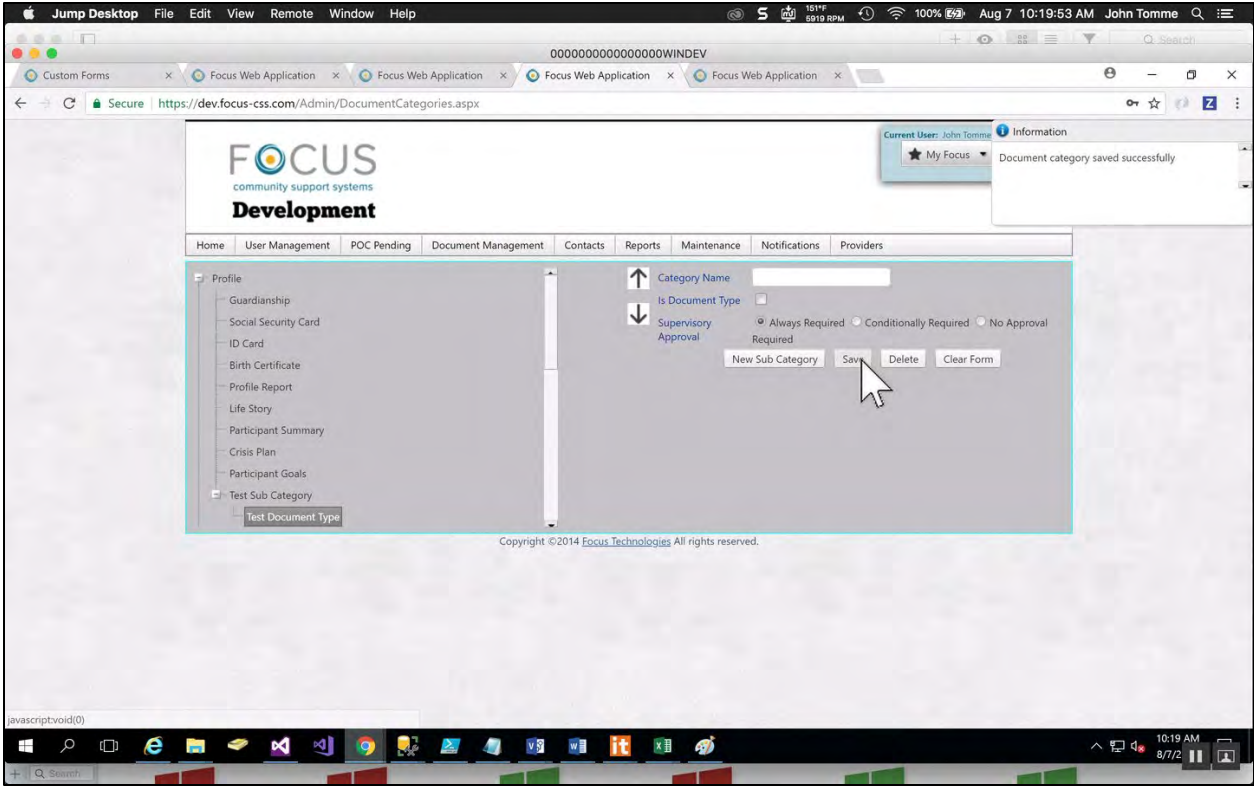


Figure 11: Hierarchy (2 of 2)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

A new subfolder and document type are added.

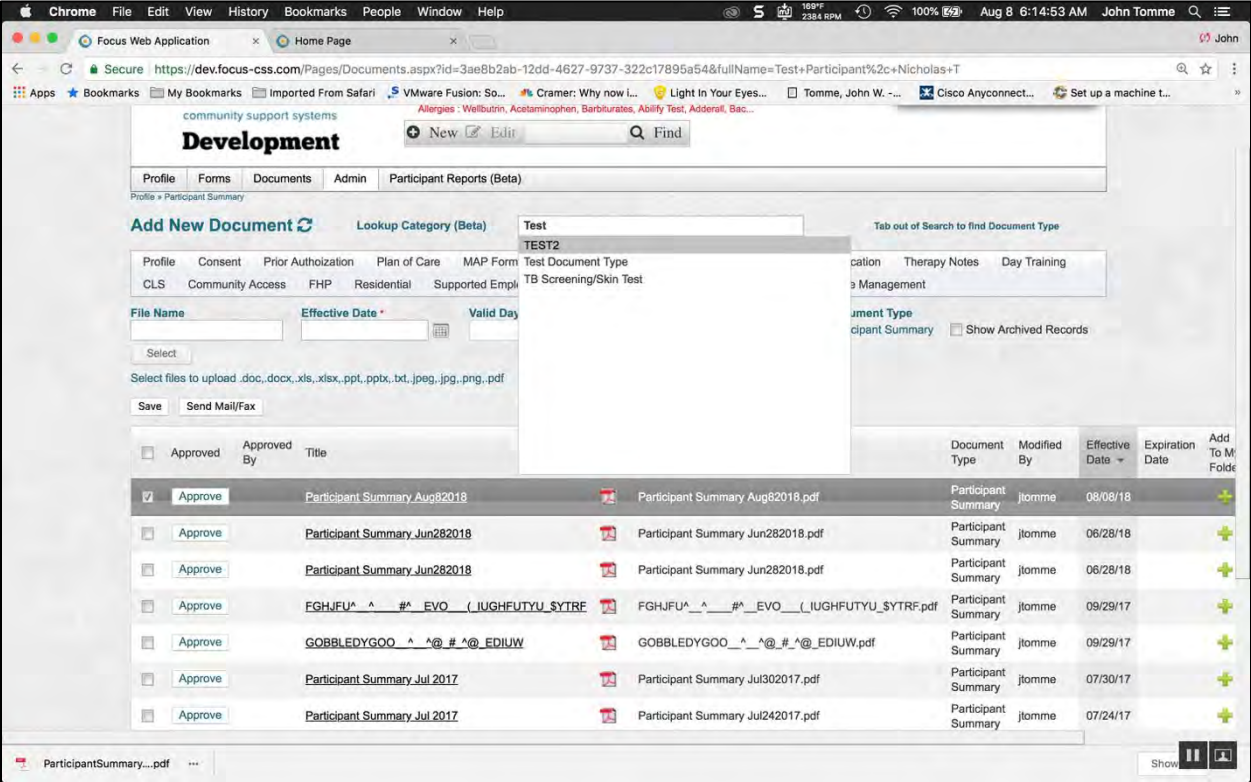


Figure 12: Subfolder and Document Type Added

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Going back to the Participant record, you can search for that folder. This is very handy because every Focus Instance (per community or department) may have a completely different folder structure.

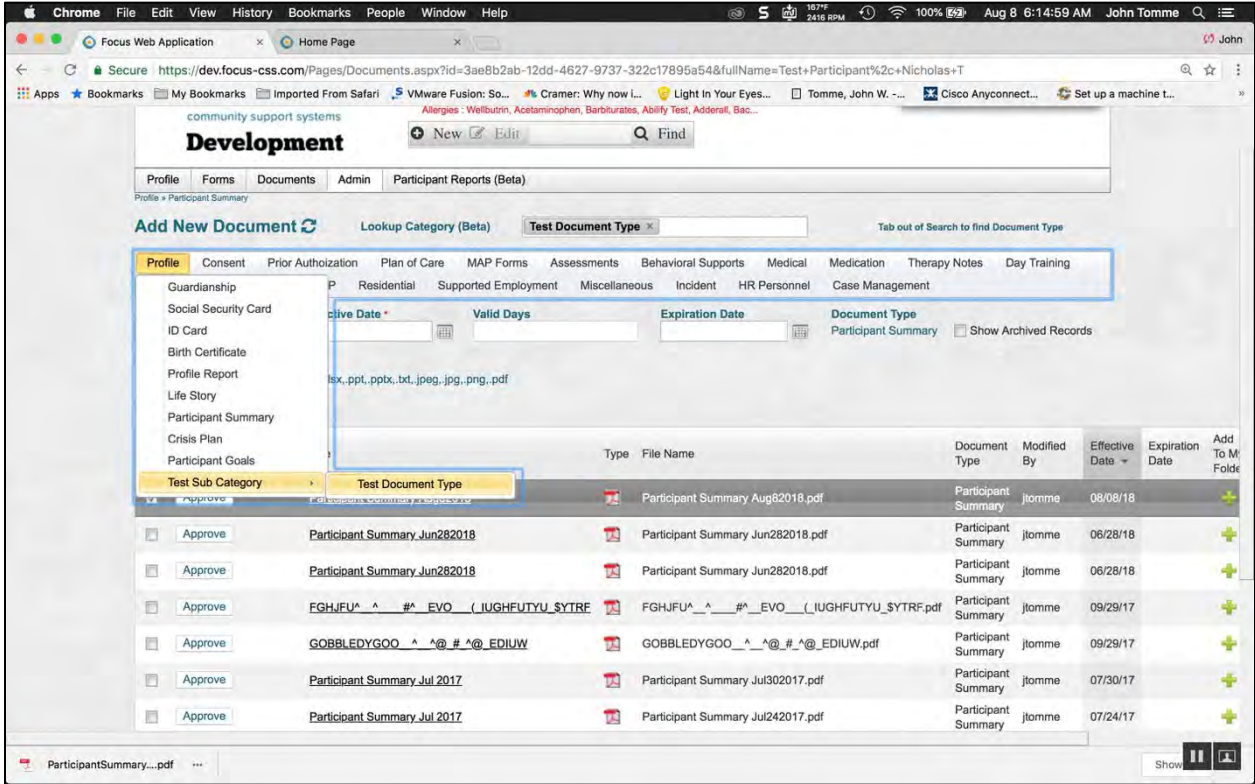
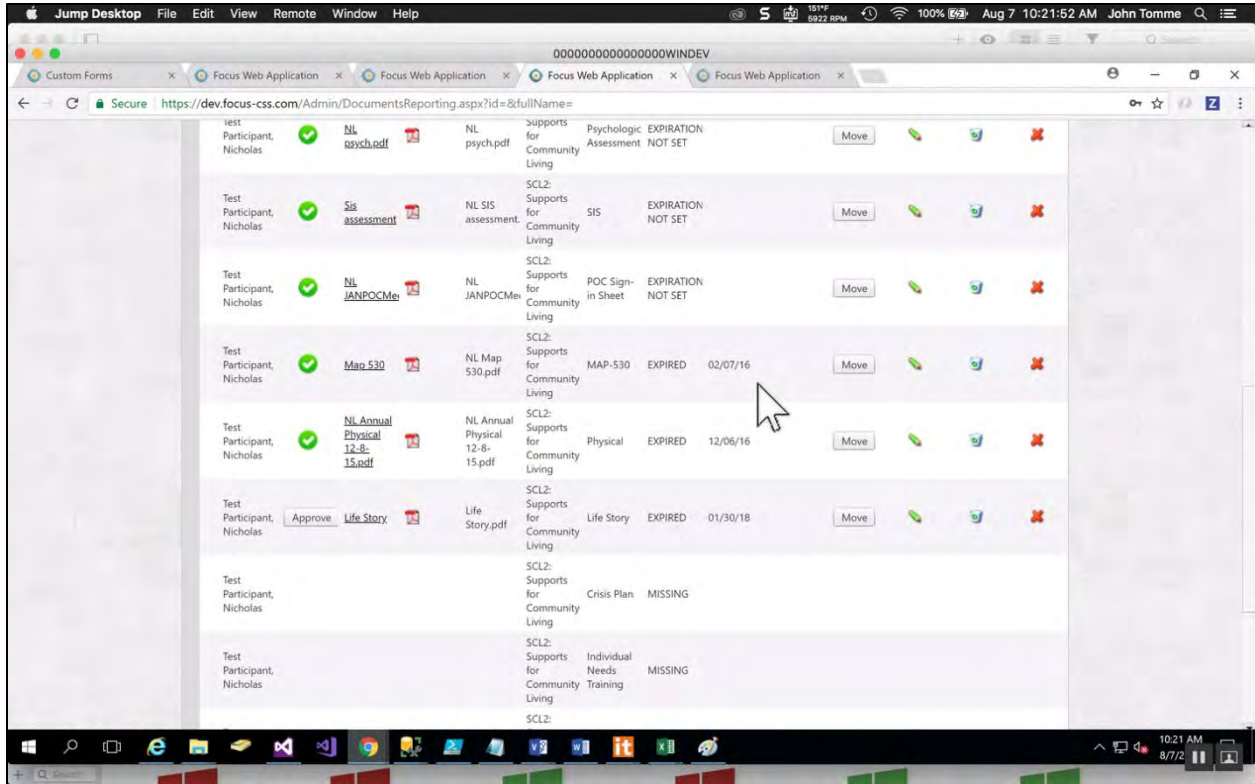


Figure 13: Folder Creation

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The figure below shows an example of a Chart Audit Report. This can be used for discovering outdated and missing documentation. In this particular instance, a Participant has been selected from the advanced search criteria. The status shows as “Expired and Missing.” There are also status listings available for items expiring in 30, 60, and 90 days.



Document Name	Status	Expiration Date	Actions
NL psych.pdf	Psychologic Assessment	EXPIRATION NOT SET	Move, Refresh, Delete
Sis assessment	SIS	EXPIRATION NOT SET	Move, Refresh, Delete
NL JANPOCMe	POC Sign-in Sheet	EXPIRATION NOT SET	Move, Refresh, Delete
Map 530	MAP-530	EXPIRED 02/07/16	Move, Refresh, Delete
NL Annual Physical 12-8-15.pdf	Physical	EXPIRED 12/06/16	Move, Refresh, Delete
Life Story	Life Story	EXPIRED 01/30/18	Move, Refresh, Delete
	Crisis Plan	MISSING	
	Individual Needs Training	MISSING	

Figure 14: Chart Audit Report

5.2.3.2.2 REPORTING MODULE (RFP SECTION VI.B.3.B.II)

In order to generate corrective action plans (CAPs) based on reviews, Focus has a reporting module function. Report Genie presents the ability to quickly define and deploy reports based on FocusQueryScripting and standard SQL Server Queries. Accessing remote data stores can be achieved through replication, ETL processes CSV, JSON Data or direct access when databases are in the same instance. All reports can be exported to excel for further data analysis.

The Focus Report Genie is a tool for Rapid Development and Deployment of simple tabular reports based on simple to complex data sources. The data need not be Focus-stored data. The following examples are from a customer who used the Genie Engine to report on Help Desk tickets from their IT department. Most Focus data entities are stored in a temporal manner. This means the data is stored over time, not merely changed, therefore trending reports are entirely feasible.

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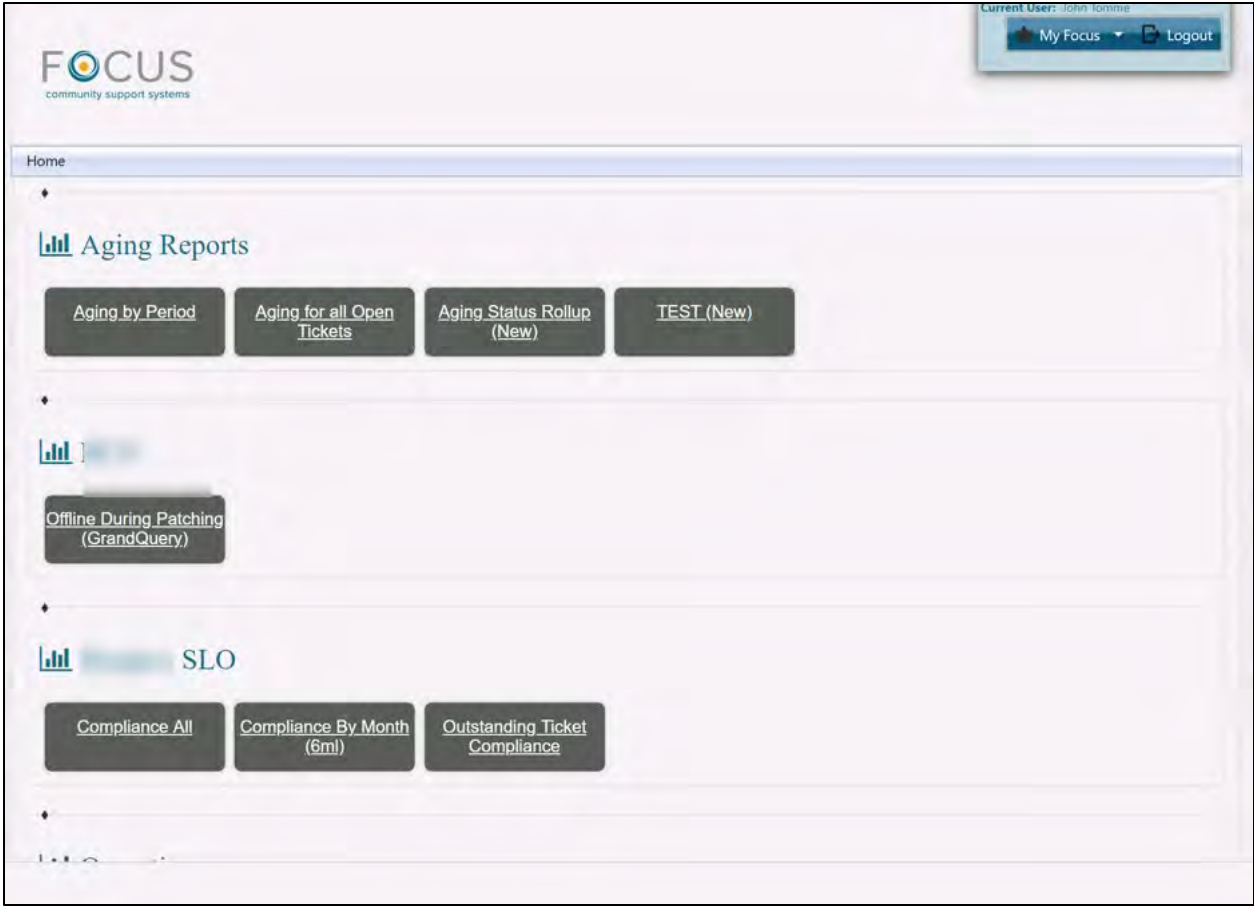


Figure 15: Report Genie (1 of 8)

Reports are not user editable. The creation of reports requires a SQL Server developer; however, they can be created using available tools and uploaded for use in Focus. Highly complex queries may be stored in Focus very quickly. As part of this endeavor, Business Intelligence (BI) professionals will create the reports tracking aggregates and trends over time. Reports can then be rendered by Admin users for viewing, filtering, and exporting to Excel for further data analysis.

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Edit	Category	Data View Name	Data View Script
	<input type="text" value="Aging Reports"/>	<input type="text" value="Aging by Period"/>	<pre> ServiceSubTypeItem,Location, Summary, --Detail_Description, Status, CW_Status, ContactName, TE_Notes,DetailNotes,ResourceList) as (Select s.Board_Name,s.AgingPeriodName,s.BusDaysAge, WorkBegins as AgingStartedDate,DateName(dw.WorkBegins) as AgingStartedDay, s.Date_Entered as DateOpened,dbo.PrettyTime(s.Date_Entered,'AM-PM'),DateName(dw.date_entered), Convert(Date.s.Date_Closed) as DateClosed, s.TicketNbr as TicketNumber, s.TicketType, s.ServiceType,ServiceSubType,ServiceSubTypeItem, Site_Name,Summary, Status_Description,CW_Status,contact_name as ContactName,TE_Notes,Detail_Notes,ResourceList from ServiceData99 s --and (s.Date_Closed is null or s.Date_Closed > @end) where s.Date_Closed is null and s.IsChild = 0 and (board_name in (@dynamicData1) --board_name in ('Hospice') and s.AgingPeriodName in (@dynamicData2) --board_name in (@serviceBoard1,@serviceBoard2,@serviceBoard3,@serviceBoard4,@serviceBoard5,@serviceBoard6) or @AllServiceBoards = 1)) , total(totalcount) as (Select Count(*) as cnt from ticketaginglist) --Select * from periodlist </pre>

Figure 16: Report Genie (2 of 8)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

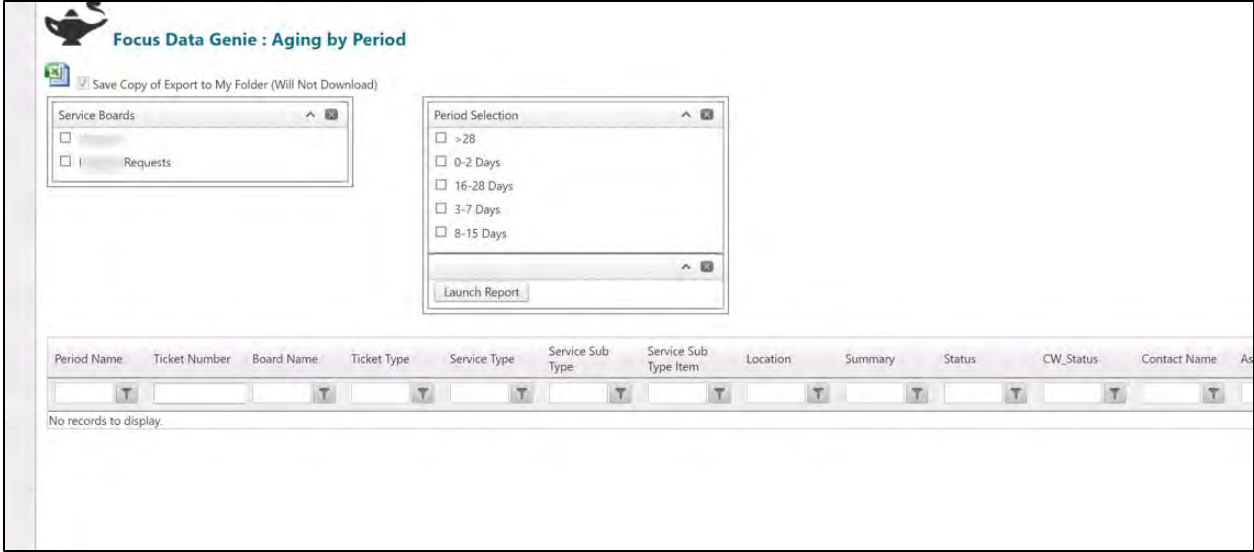


Figure 17: Report Genie (3 of 8)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

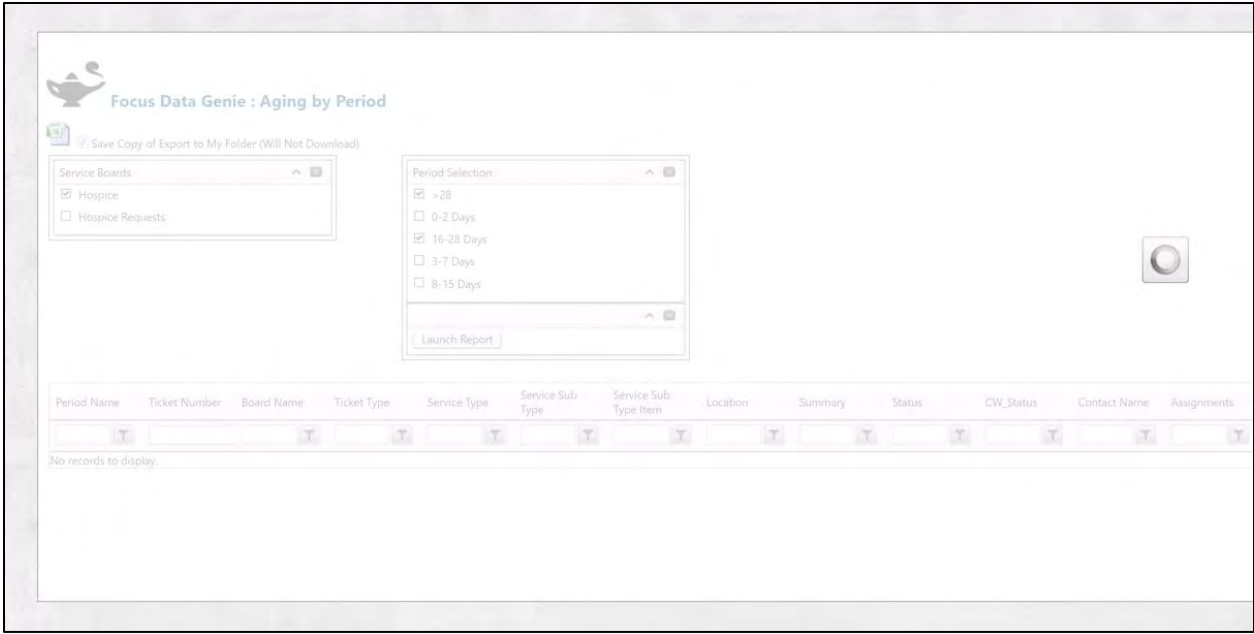


Figure 18: Report Genie (4 of 8)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Focus Data Genie - Aging by Period

Save Copy of Export to My Folder (Will Not Download)

Service Boards

Hospice

Hospice Requests

Period Selection

>28

0-2 Days

16-28 Days

3-7 Days

8-15 Days

[Launch Report](#)

Period Name	Ticket Number	Board Name	Ticket Type	Service Type	Service Sub Type	Service Sub Type Item	Location	Summary	Status	CW_Status	Contact Name	Assign
>28	1246601	Hospice	Break Fix	Hardware	Laptop	Troubleshooting	Northern Kentucky Office	NKY ONCALL SCG73030BP	Active	In Progress	Deborah Wilshire	
>28	1354440	Hospice	Break Fix	Hardware	CellPhone	IOS	Hospice of the Bluegrass	iPhone re-activating after update	On Hold	Waiting vendor support	Lee Ann Weier	Kip Lee

[Show all](#)

Figure 19: Report Genie (5 of 8)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Focus Data Genie : Aging by Period

Save Copy of Export to My Folder (Will Not Download)

Service Boards

Hospice

Hospice Requests

Period Selection

>28

0-2 Days

16-28 Days

3-7 Days

8-15 Days

Launch Report

Period Name	Ticket Number	Board Name	Ticket Type	Service Type	Service Sub Type	Service Sub Type Item	Location	Summary	Status	CW_Status	Contact Name	Assignments
>28	1246601	Hospice	Break Fix	Hardware	Laptop	Troubleshooting	Northern Kentucky Office	NKY ONCALL 5CG73030BP	Active	In Progress	Deborah Wilshire	

Figure 20: Report Genie (6 of 8)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

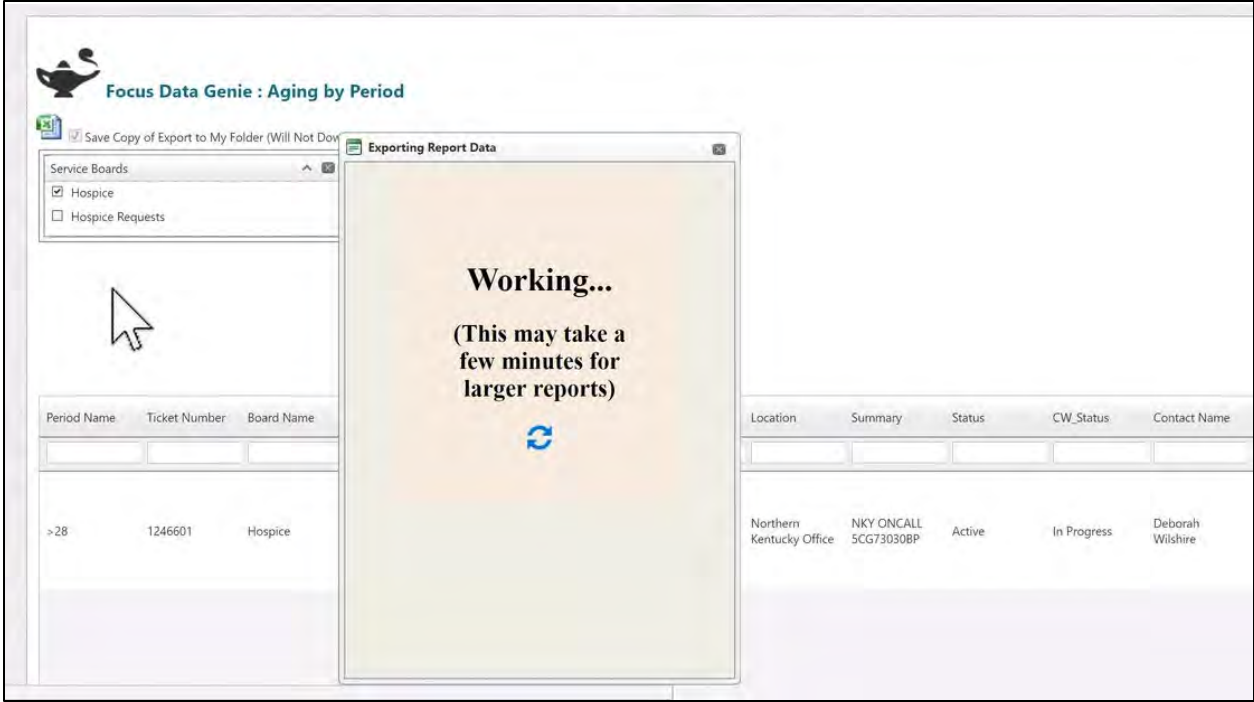


Figure 21: Report Genie (7 of 8)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

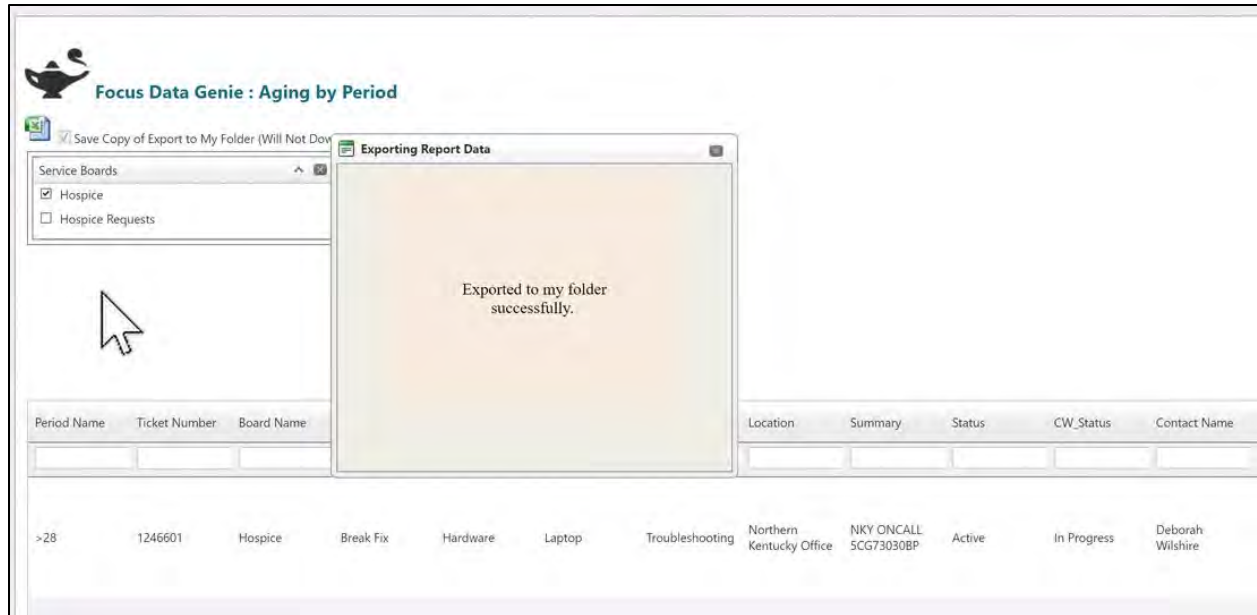


Figure 22: Report Genie (8 of 8)

Central Admin Users can create reports across all Enterprise Instances of Focus.

5.2.3.3 QIDS EXPANSION CAPABILITIES (RFP SECTION VI.B.3.C)

Focus has the ability to expand its functionality without the need for traditional programming. Custom Forms is function that allows Power Users the ability to add functionality to Focus. This functionality can be initiated at a later time based on the State's needs and availability of funds.

Focus' Custom Forms feature allows for "Point and Click" creation of forms that can be used to store discrete data and generate Completed and Signed PDF Forms at the completion of the form. Additionally, Custom Forms can have workflows applied to them for approvals. The Three-State Workflow is included in the initial installation.

For Each Additional Function, Focus would propose a combination of Additional Instances of Focus with a context for each to be directed at the entities that are central to that function. The initial deployment would include a Person or Participant Centered Focus. Two Providers today use an instance of Focus for Human Resources in their own organization, for example.

The images below depict how to create custom forms.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Creating Custom Forms

PDF Merge Design

Name Description Category

PDF file XML File Document Category Binding

Custom Form Valid Start Date Valid End Date

BoundWorkflow Name

Deprecated

Name	Description	PDF FileName	Workflow	Start Date	End Date	IsDeprecated	IsCustomForm	Download	Edit Custom Form	Edit	Delete
ADT Daily Note	ADT Daily Note	ProgressNote.pdf	ThreeState	1/1/2014 12:00:00 AM	1/6/2025 12:00:00 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓			
ADT Daily Note 2	EDM - ADT Daily Note			3/9/2016 12:00:00 AM	3/9/2056 12:00:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	↓			
ADT Monthly Summary	WCH-ADTMonthlySummary			5/5/2015 12:00:00 AM	1/3/2025 12:00:00 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓			
ADT Note Only	ADTDailyNote			9/6/2015 12:00:00 AM	1/2/2025 12:00:00 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓			
ADTMonthlySummary2	EDM - ADT Monthly Summary			3/9/2016 12:00:00 AM	3/9/2056 12:00:00 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓			
Behavioral Billing Correction	Behavioral Billing Correction			5/24/2016 12:00:00 AM	5/24/2056 12:00:00 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓			
Behavioral Note	TIS Behavioral Note			2/23/2016 12:00:00 AM	2/23/2056 12:00:00 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓			

Figure 23: Creating Custom Forms

The figure above shows the list of current custom forms for this installation.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

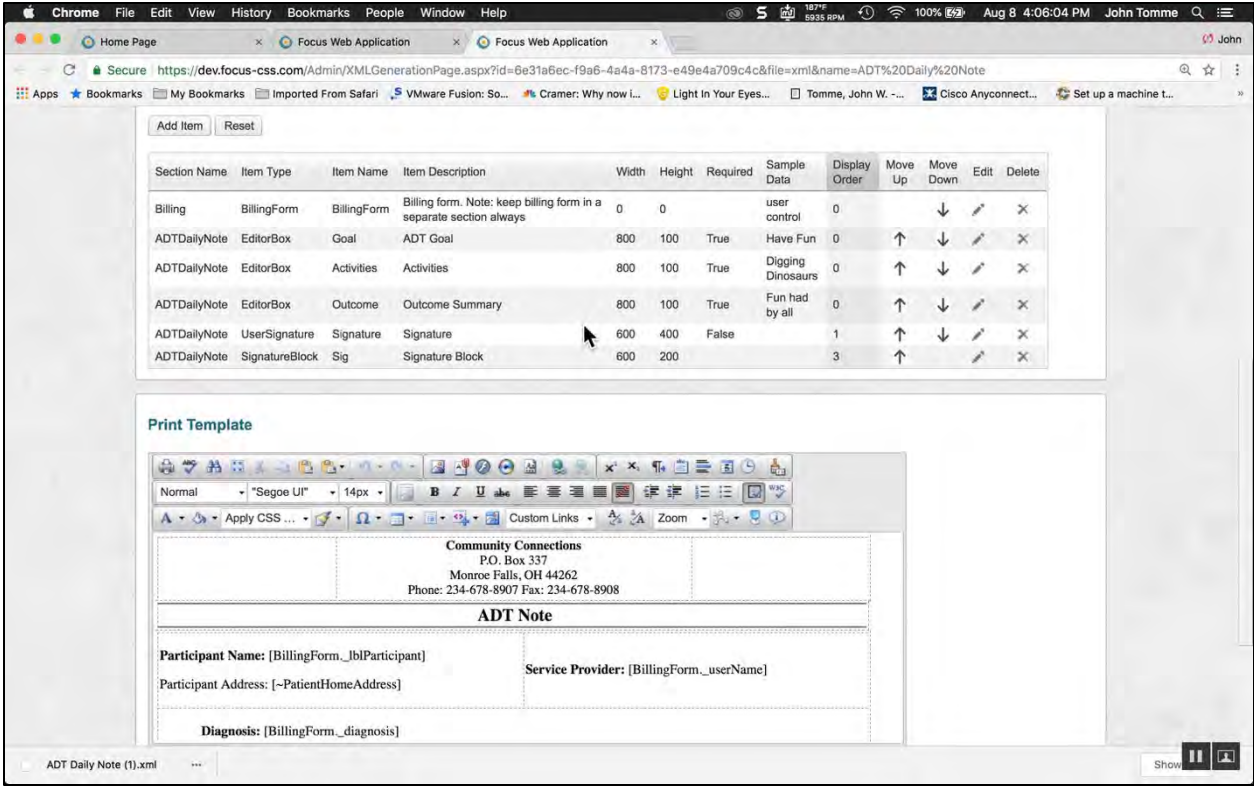


Figure 24: Entries in a Custom Form

The figure above shows a small sample of entries in a custom form.

The result of a custom form creation is an xml file that is then stored in the Focus database. The file can be hand crafted as well. Very often power users will develop the Print Template using their HTML editor of choice and then paste their efforts into this window. Focus is NOT a full-fledged Web Development Environment. While advanced HTML techniques are supported, creating them in the Focus Editor is less than ideal.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

```
<SampleData>Digging Dinosaurs</SampleData>
  <ItemDisplayOrder>0</ItemDisplayOrder>
</Item>
<Item>
  <ItemType>EditorBox</ItemType>
  <Description>Outcome Summary</Description>
  <Width>800</Width>
  <Height>100</Height>
  <Name>Outcome</Name>
  <Required>True</Required>
  <SampleData>Fun had by all</SampleData>
  <ItemDisplayOrder>0</ItemDisplayOrder>
</Item>
<Item>
  <ItemType>UserSignature</ItemType>
  <Description>Signature</Description>
  <Width>600</Width>
  <Height>400</Height>
  <Name>Signature</Name>
  <Required>False</Required>
  <SampleData>&nbsp;</SampleData>
  <ItemDisplayOrder>1</ItemDisplayOrder>
```

Figure 25: Resulting XML File

The resulting XML file is shown in the figure above.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Running a Custom Form

First, select your Participant.

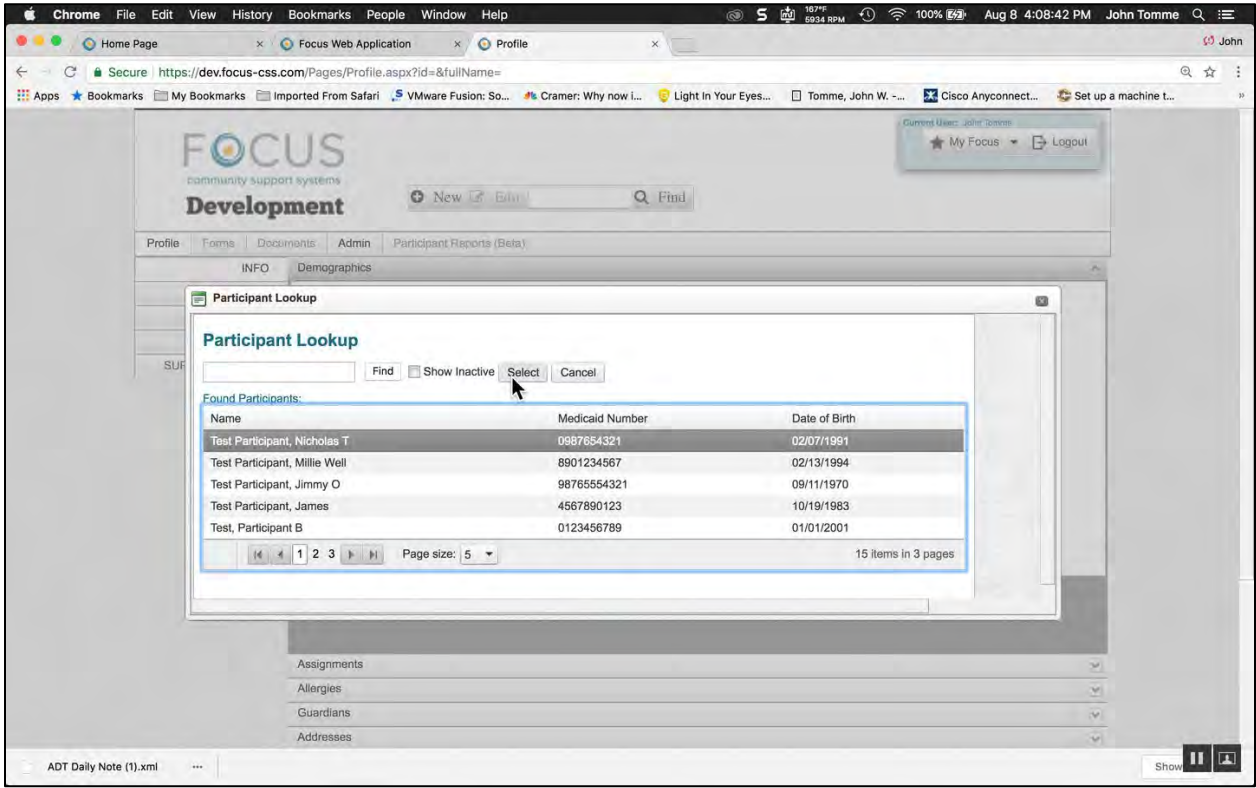


Figure 26: Participant Selection

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Next, select your Form.

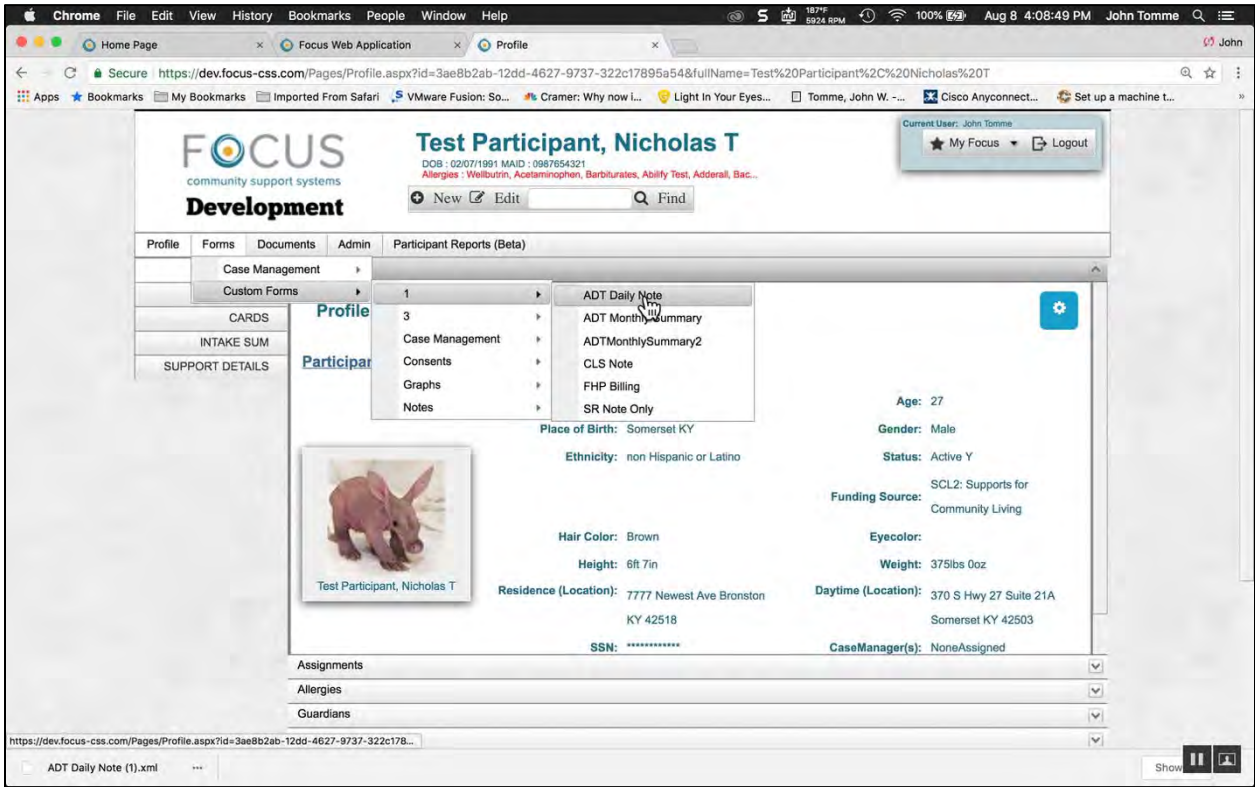


Figure 27: Form Selection

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Fill out the form fields.

The screenshot shows a web browser window displaying a form for entering an ADT Daily Note. The browser's address bar shows the URL: <https://dev.focus-css.com/CustomForms/CustomForms.aspx?id=3ae8b2ab-12dd-4627-9737-322c17896a54&formType=ADT+Daily+Note&designID=6e31a6ec-f9a6-4a4a-8173-...>

The form contains the following fields and values:

- Participant Name:** Test Participant, Nicholas T
- User Name:** John Tomme
- Location of Service:** Staffed Residence
- Diagnosis:** Atypical Psychosis /
- Service:** --Select a service--
- Unit:** (empty)
- Service Begin Date:** 8/1/2018
- Service End Date:** 8/2/2018
- Begin Time:** 1:00 AM
- End Time:** 2:00 AM
- Exceptional Supports:** None
- High Intensity Rate:**
- Total Units:** 0

Below the service information, there are two text areas for notes:

- ADTDailyNote:** (empty)
- ADT Goal:** "Sed ut perspiciatis unde omnis iste natus error sit voluptatem accusantium doloremque laudantium, totam rem aperiam, eaque ipsa quae ab illo inventore veritatis et quasi architecto beatae vitae dicta sunt explicabo. Nemo enim ipsam voluptatem quia voluptas sit aspernatur aut odit aut fugit, sed quia consequuntur magni dolores eos qui ratione voluptatem sequi nesciunt. Neque porro quisquam est, qui dolorem ipsum quia dolor sit amet, consectetur, adipisci velit, sed quia non numquam eius modi tempora incidunt ut labore et dolore magnam aliquam quaerat voluptatem. Ut enim ad minima veniam, quis nostrum exercitationem ullam corporis suscipit laboriosam, nisi ut aliquid ex ea commodi consequatur? Quis autem vel eum iure reprehenderit qui in ea voluptate velit esse quam nihil molestiae consequatur, vel illum qui dolorem eum fugiat quo voluptas nulla pariatur?"
- Activities:** "Sed ut perspiciatis unde omnis iste natus error sit voluptatem accusantium doloremque laudantium, totam rem aperiam, eaque ipsa quae ab illo inventore veritatis et quasi architecto beatae vitae dicta sunt explicabo. Nemo enim ipsam voluptatem quia voluptas sit aspernatur aut odit aut fugit, sed quia consequuntur magni dolores eos qui ratione voluptatem sequi nesciunt. Neque porro quisquam est, qui dolorem ipsum quia dolor sit amet, consectetur, adipisci velit, sed quia non numquam eius modi tempora incidunt ut labore et dolore magnam aliquam quaerat voluptatem. Ut enim ad minima veniam, quis nostrum exercitationem ullam corporis suscipit laboriosam, nisi ut aliquid ex ea commodi consequatur? Quis autem vel eum iure reprehenderit qui in ea voluptate velit esse quam nihil molestiae consequatur, vel illum qui dolorem eum fugiat quo voluptas nulla pariatur?"

At the bottom of the form, there is a file upload section with the text "ADT Daily Note (1).xml" and a "Show" button.

Figure 28: Filling out Form Fields

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Add your pre-saved signature. A user pin is required to add signatures to any document.

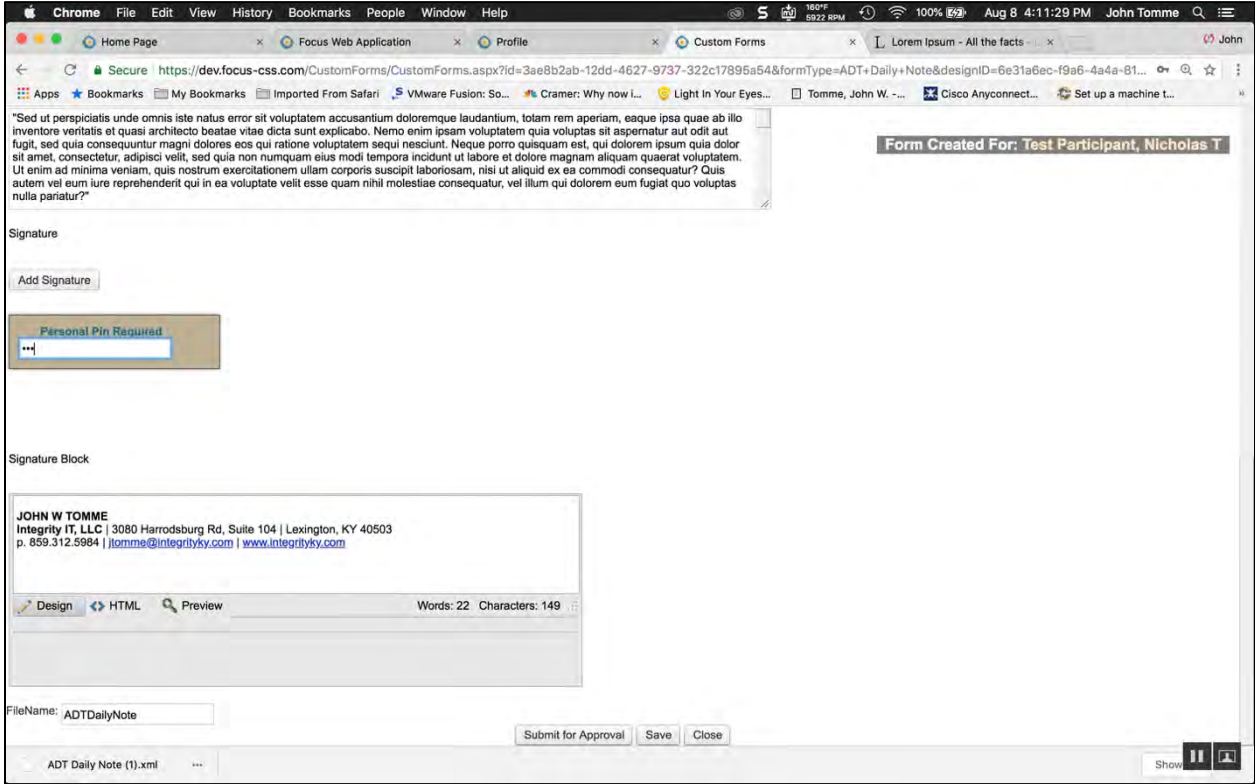


Figure 29: Adding Signature

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Your form is now complete.

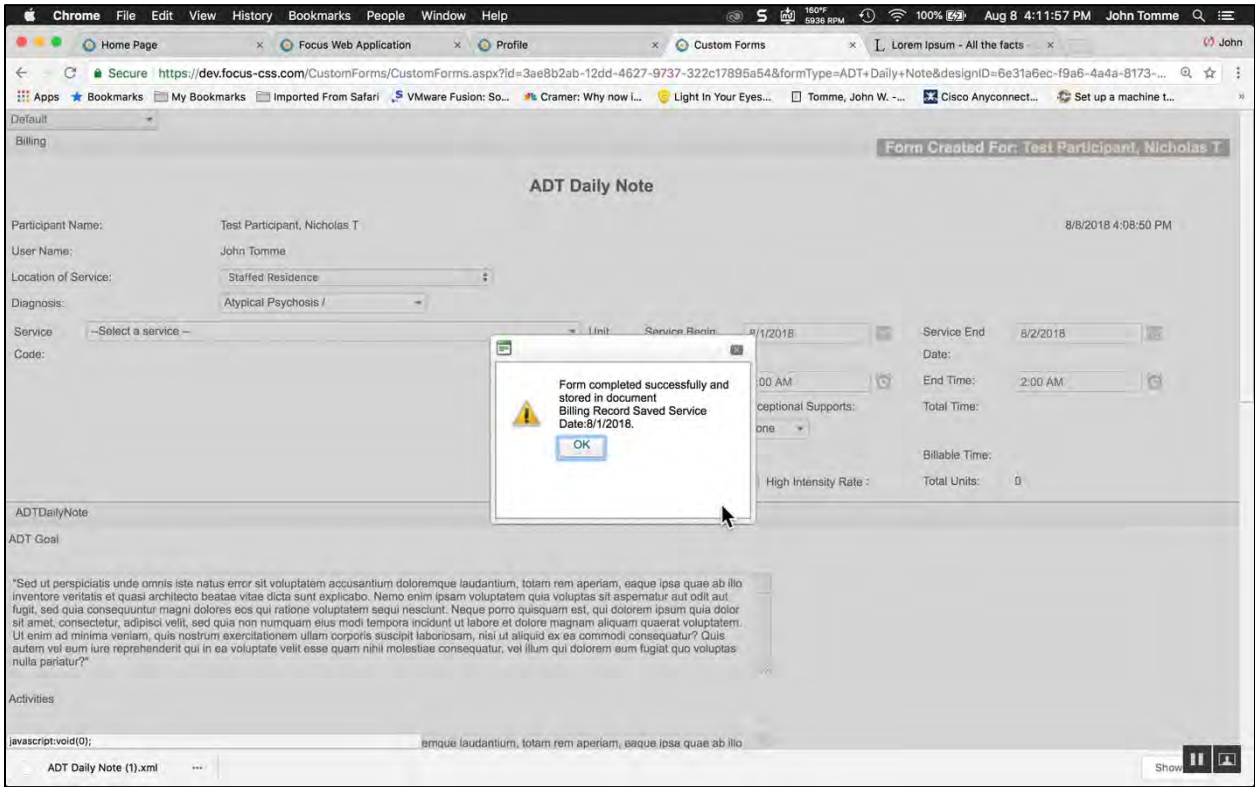


Figure 30: Form Completion

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

In Documents for Participant, view the complete rendered PDF Document.

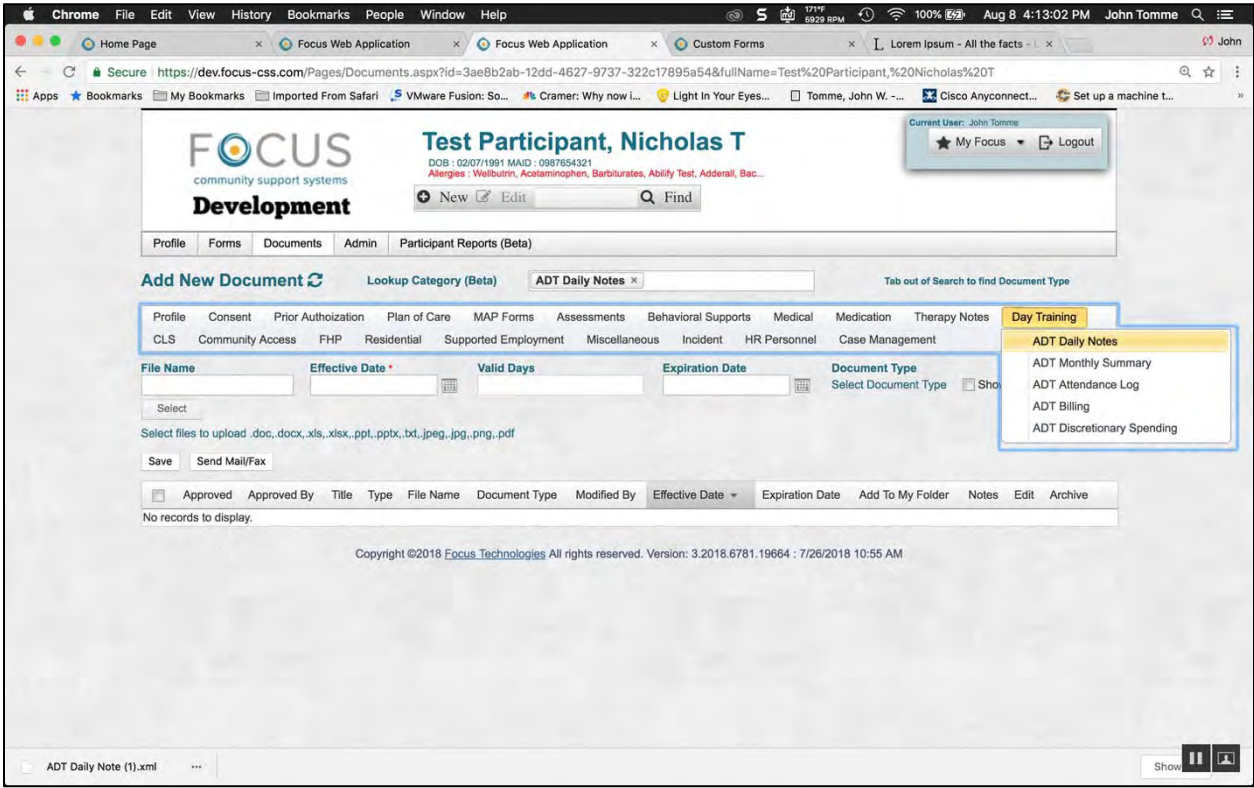


Figure 31: View Completed PDF (1 of 2)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

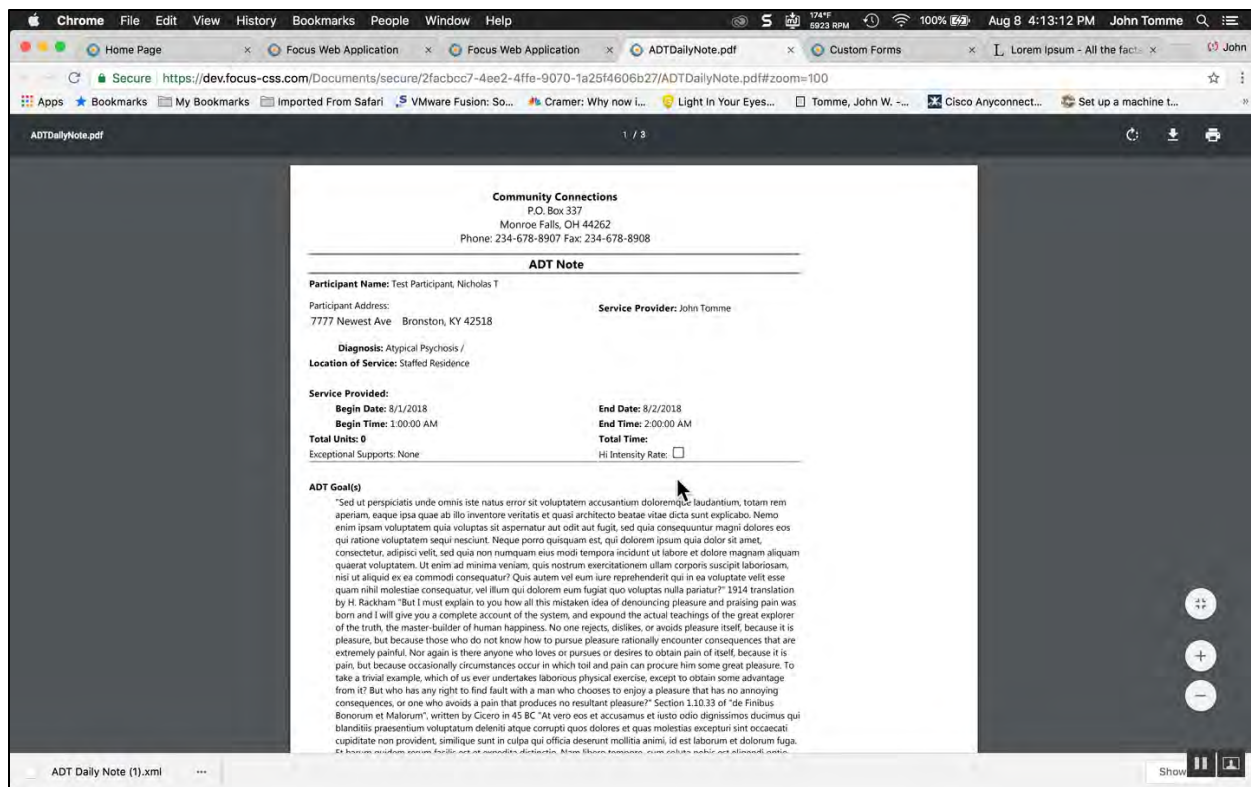


Figure 32: View Completed PDF (2 of 2)

5.2.3.3.1 PROVIDER REVIEW MODULE (RFP SECTION VI.B.3.C.I)

To add Provider Reviews, the plan would be to create a new instance of Focus with centric entity for Review to be a “Provider” as opposed to a participant. This “New” Instance then taps into the Enterprise Features of Focus where yet another “Global” Instance of Focus with Unique User Sets may run reports designed for Global Statistics. Enterprise Features of Focus require all instances of Focus to reside on the same database server. Web Instances may be located anywhere that has access to the database.

5.2.3.3.2 CLAIMS REVIEW MODULE (RFP SECTION VI.B.3.C.II)

Claims Review would require a separate integration with Claims information. Focus contains a billing module that is not included in this solution. However, the building blocks for Claims Review already exist as Billers using the Focus Billing Module review hundreds of Claims today before the submittal to clearinghouses for payment. This functionality could be modified to “Approve” claims after review. The current software “Releases” claims for submittal.

Images depicting the Claims process are shown below.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Billings

Start Date: 2020-08-11 End Date: 2020-08-12 User: All Users SEARCH

Merge Data	Full Name	Manage Claim	Service Date	Location	Created By	Diagnosis	Procedure Code	E S	Units	ICD	Funding	Gender	Created Date
Not Merged		EDIT RELEASE	7/27/2020	Other (Location Code 99)	AI	Cerebral Palsy / G808	H0004	--	4	G808	MPW: Michelle P. Waiver	♂ Male	8/11/2020
Not Merged		EDIT RELEASE	7/27/2020	Telehealth - (Location Code 02)	AI	Cerebral Palsy / G808	H0004	--	5	G808	MPW: Michelle P. Waiver	♂ Male	8/11/2020
Not Merged		EDIT RELEASE	7/27/2020	Other (Location Code 99)	AI	Autistic Disorder / F840	H0004	--	4	F840	MPW: Michelle P. Waiver	♂ Male	8/11/2020
Not Merged		EDIT RELEASE	7/27/2020	Home (Location Code 12)	AI	Autistic Disorder / F840	H0004	--	6	F840	MPW: Michelle P. Waiver	♂ Male	8/11/2020
Not Merged		EDIT RELEASE	7/27/2020	Other (Location Code 99)	AI	Mild Intellectual Disabilities / F70	H0004	--	4	F70	MPW: Michelle P. Waiver	♀ Female	8/11/2020
Not Merged		EDIT	7/28/2020	Home	AI	Mild	H0004	--	4	F70	MPW:	♀ Female	8/11/2020

Figure 33: Billings

Claim Billing Editor

Edit Claim

Billing Record Claim Record 1 Claim Record 2 Claim Record 3 Claim Record 4

Start: End:

Diagnosis:

Procedure Code:

SAVE CHANGES

Figure 34: Claim Billing Editor (1 of 2)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

The screenshot displays the 'Claim Billing Editor' interface. At the top, it says 'Edit Claim' followed by a blurred claim ID. Below this are five tabs: 'Billing Record', 'Claim Record 1', 'Claim Record 2', 'Claim Record 3', and 'Claim Record 4'. The main form area contains several input fields and buttons. On the left side, there are fields for 'Service Date:', 'Charge' (with a value of '0.00'), 'Procedure Code', 'Modifiers', 'Place of Service Code', 'Rendering Provider Last Name', and 'Payer Name'. On the right side, there are fields for 'Units:', 'Diagnosis Code', 'Rendering Provider First Name', and 'Rendering NPI'. A green button labeled 'ADD NPI' is positioned next to the 'Rendering NPI' field. At the bottom left of the form area, there is a blue button labeled 'SAVE CHANGES'.

Figure 35: Claim Billing Editor (2 of 2)

5.2.3.3.3 PEER REVIEW MODULE (RFP SECTION VI.B.3.C.IV)

The peer review module would consist of custom forms and reports residing in a separate instance of Focus with a provider focus data set.

5.2.3.3.4 CLIENT SATISFACTION (INTERVIEW) MODULE (RFP SECTION VI.B.3.C.V)

The Client Satisfaction (Interview) Module would consist of Custom Forms and Reports residing in The Person-Centered Focus Instance.

5.2.3.3.5 ADDITIONAL MODULES THAT THE QIO RECOMMENDS (RFP SECTION VI.B.3.C.VI)

New functional requirements would be examined to determine if the functionality required a new entity centric data set or to be housed in one of the existing sets.

5.2.3.4 QIDS EXPERIENCE (RFP SECTION VI.B.3.D)

For this project, the Columbus Information Technology Team combines the skill of an innovative private sector firm, Focus Technologies, LLC with the extensive knowledge of a former state employee Kentucky, Mr. Jimmy Wilkin, who has more than 13 years of experience working on Home and Community Based Service Waivers and Title IV-E waivers for children. He is fully knowledgeable about

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

all CMS HCBS waiver assurances requirements, data collection for compliance and for trend analysis. and current CMS best practices.

Focus Technologies, LLC provides Waiver Services Document Management Application to providers in the state of Kentucky. Focus current hosts 1500 users with a current data storage load 1TB; the application boasts uptime in the previous 8 quarters of 99.99%. Focus has been in production since 2013.

More information about Mr. Wilkin and Mr. Tomme’s experience providing similar services and experience with HCBS can be found in Section 5.2.3.1, “QIDS Experience” of this proposal response.

5.2.3.5 SOFTWARE CORRECTIVE ACTION & MONITORING (RFP SECTION VI.B.3.E)

Columbus and Focus recognize corrective action planning and monitoring is a significant part of the key areas in the Scope of Work for this project. In order to provide and document corrective action planning and monitoring, Focus recommends a combination of specific reports and Focus-generated faxes and emails that may be monitored and tracked.

5.2.3.6 MAINTAINING CONFIDENTIALITY FOR PROTECTED HEALTH INFORMATION (PHI) AND HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) (RFP SECTION VI.B.3.F)

Columbus and Focus will have the ability to maintain Protected Health Information (PHI) received from the State, HCBS program participants, and services providers. Columbus and Focus will maintain confidentiality of all information in compliance with Health Insurance Portability and Accountability Act (HIPAA).

5.2.4 SCOPE OF WORK FOR QIDS (RFP SECTION VI.B.4)

Columbus and Focus are prepared to provide a QIDS that is an effective, efficient, and reliable mechanism for capturing relevant information, creating, and exporting reports, and allow for corrective action planning as initiatives are implemented.

The reporting data will be comprised of a combination of data sources. Those data sources will be:

- Imported Data from Therap and other sources
- Data Created by Custom Forms input screens
- Other Sources not yet identified.

Report Genie Reports will be created to supply the required analytical reports

In the sections that follow in 5.2.5, “Required Functionality,” Columbus and Focus have detailed the components of the QIDS that can meet and exceed DHHS’ requirements.

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5.2.5 REQUIRED FUNCTIONALITY (RFP SECTION VI.B.5)

5.2.5.1 NATIONAL BEST PRACTICES (RFP SECTION VI.B.5.A)

Columbus and Focus will ensure the QIDS reflects national best practices from CMS. The development and implementation of the QIDS will be person-centered, HIPAA Compliant, Secure, Mobile, Easy to Use, Collaborative, and provided At-a-Glance Quality Assurance. In making the application user friendly and comprehensive, DHHS staff are able to focus on the participants in services to ensure and enhance quality of services.

5.2.5.2 QUALITATIVE AND QUANTITATIVE ASSESSMENTS (RFP SECTION VI.B.5.B)

Focus' proposed QIDS will assess through qualitative and quantitative means:

- The quality of services provided
- The ability of services provided to meet the participant's needs
- The effect of the services to support or improve quality of the participant's life
- The satisfaction of participants via surveys or other means who are receiving services with the process of eligibility determination and service delivery

Focus proposes three instances of the Focus Application initially to support the above requirements for qualitative and quantitative assessments.

- Instance One – Participant Data Storage
 - Participants are main Demographic and Core Entity
 - Documents are artifacts from the individual's care
 - Reports are Based on statistical information gathered in this instance
 - Minimal Custom Forms for Data Entry as this data is primarily imported
- Instance Two – Provider Information Storage
 - Providers (Individuals or Organizations or both) are main Demographic and Core Entity
 - Documents are artifacts created by DHHS in review of entities
 - Reports are Based on statistical information gathered in this instance
 - Several Custom Forms for Survey's and Reviews
- Instance Three – Global Reporting – this instance of Focus is primarily a reporting instance. Used to execute reports against the entire Focus Enterprise DataSets. Access to this instance would be tightly restricted as access to Global Sensitive data should be controlled.

5.2.5.3 IMPORTING DATA FROM EXISTING DHHS SYSTEMS (RFP SECTION VI.B.5.C)

Focus has the ability to import data from existing DHHS systems in a standardized format using data conversion when necessary. A complex set of integrations is expected. Focus Technologies is adept at this process. Interface Control Documents (ICD) will be created for each integration now and in the future.

5.2.5.4 QIDS RECOMMENDATIONS FOR IMPROVEMENT (RFP SECTION VI.B.5.D)

Columbus and Focus will include recommendations for improvements to the types of services and delivery of services for participants. Those recommendations would be shared with DHHS for feedback and potential implementation.

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5.2.5.5 QIDS DATA STORAGE OF PARTICIPANTS' SURVEYS (RFP SECTION VI.B.5.E)

Focus uses Custom Forms will be for Surveys that allows for data storage of each participant's survey. Extensive descriptions of the Custom Forms functionality can be found in Section 5.2.3.3, "QIDS Expansion Capabilities, "QIDS Data Storage of Monitoring Tools" of this proposal response.

Focus CSS is a Web Driven tool. The Enterprise Version offered here allows for multiple focused communities and groups, including DHHS staff and providers of services.

5.2.5.6 QIDS COMPLIANCE (RFP SECTION VI.B.5.G)

Focus is compliant 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). Focus will continue to monitor these compliances and update the core software as needs and changes arise.

5.2.5.7 FUNCTIONING CASE REVIEW SYSTEM (RFP SECTION VI.B.5.H)

Focus has a functioning case review system for quality assurance of the Medicaid HCBS CDD, DDAD, AD and TBI waivers. The Focus Application has the ability to configure multiple Waivers, Services, and Document Types tied to those Waivers. Rules and Time Limits may be configured for each Waiver Data Type.

5.2.5.8 DATA EXTRACTION AND REPORTS (RFP SECTION VI.B.5.I)

A Data Extract and Load Process will import all necessary data for processing. An additional scheduled reporting function will be added to create and deliver canned reports on a scheduled basis. DHHS and DPH will be able to enter information and extract data and reports to use for internal processes and to report to CMS for all associated programs and services.

5.2.5.9 ONGOING MAINTENANCE (RFP SECTION VI.B.5.J)

Offboarding of Data Services support will include ongoing maintenance for one year past contract expiration as well as the following:

- Knowledge Transfer to Technical Personnel
- Source Code Hand Off. Focus shall be Licensed for Perpetual Use and Modification of Source Code at end of term.
- 60 Day Full-Time Close of Engagement Period
- Remaining 10 months covered by a "Bank of Hours" to be used for any purpose

5.2.5.10 REAL TIME ACCESS (RFP SECTION VI.B.5.K)

Focus will build a configuration into the SQL Server. Focus recommends replication of data to a different server for "anytime" export. Performance impact will be minimal when these functions are off loaded.

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5.2.5.11 TRANSPARENT REPORTING (RFP SECTION VI.B.5.L)

The Custom Forms feature allows for Data Gathering that can change as Waiver Services' needs change. Custom Reports allow for effective agile reporting deployment to provide clear understanding of goals and trends in measures and outcomes.

5.2.5.12 PLAN OF IMPROVEMENT AND REMEDIATION MODULE (RFP SECTION VI.B.5.M)

Custom Forms provides a plan of improvement and remediation module to document steps to compliance and to track progress for successful remediation. This can be found in the Review Documentation instance of Focus.

5.2.5.13 REAL TIME DATA FOR URGENT SITUATIONS (RFP SECTION VI.B.5.N)

Global Admin reporting instance shall provide the functionality to provide real-time data to address urgent situations for specific providers or across the service system prior to completion of established reporting periods.

5.2.5.14 ACCESS TO MULTIPLE MODULES (RFP SECTION VI.B.5.O)

Focus provides a solution that allows access to multiple modules to enter data for quality assurance activities; further details describing the individual modules can be found in Section 5.2.3.2, "QIDS Configuration" of this proposal response. These modules include:

- File Review Module with the capacity to audit Critical Incident and Mortality Review systems
- Reporting Module with the ability to generate Corrective Action Plans based upon reviews
- Provider Review module
- Claims Review module
- Level of Care module
- Peer Review module
- Client Satisfaction module
- Any additional modules that the QIO recommends

Focus' File Review Module reviews the participant files for health, safety, and service planning and includes the capacity to audit Critical Incident and Mortality Review processes. Once integration of existing data sources feed the Focus Software, users will have the ability to view complex and historical information for Participants.

A short list of features available within the Focus application are listed below.

Person-Centered Features include:

- DD/ID Participants Data Storage
- Demographics
- Guardians
- Assigned Caregivers
- Highly Configurable Lookup Lists
- Documents Folders per Participant
- Hierarchy

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- Chart Audit Report

5.2.5.15 FUNCTIONALITY ON CONTRACT START DATE (RFP SECTION VI.B.5.P)

The QIDS will function at the contract start date of October 14, 2020 and support data gathering and management to meet assurances in the Medicaid HCBS waiver application and in state developed sub-assurances.

5.2.5.16 IMMEDIATE FUNCTIONALITY FOR DHHS (RFP SECTION VI.B.5.Q)

The QIDS will function immediately, assuming the following onboarding activities have taken place:

- Data Integration/Import of Existing Data
- Folder Layouts
- Waiver and Waiver Limits Configured
- Initial Reports Developed

DHHS will be able to view all participants in the state as well as Reports and Statistics based on that data.

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Focus Server Components

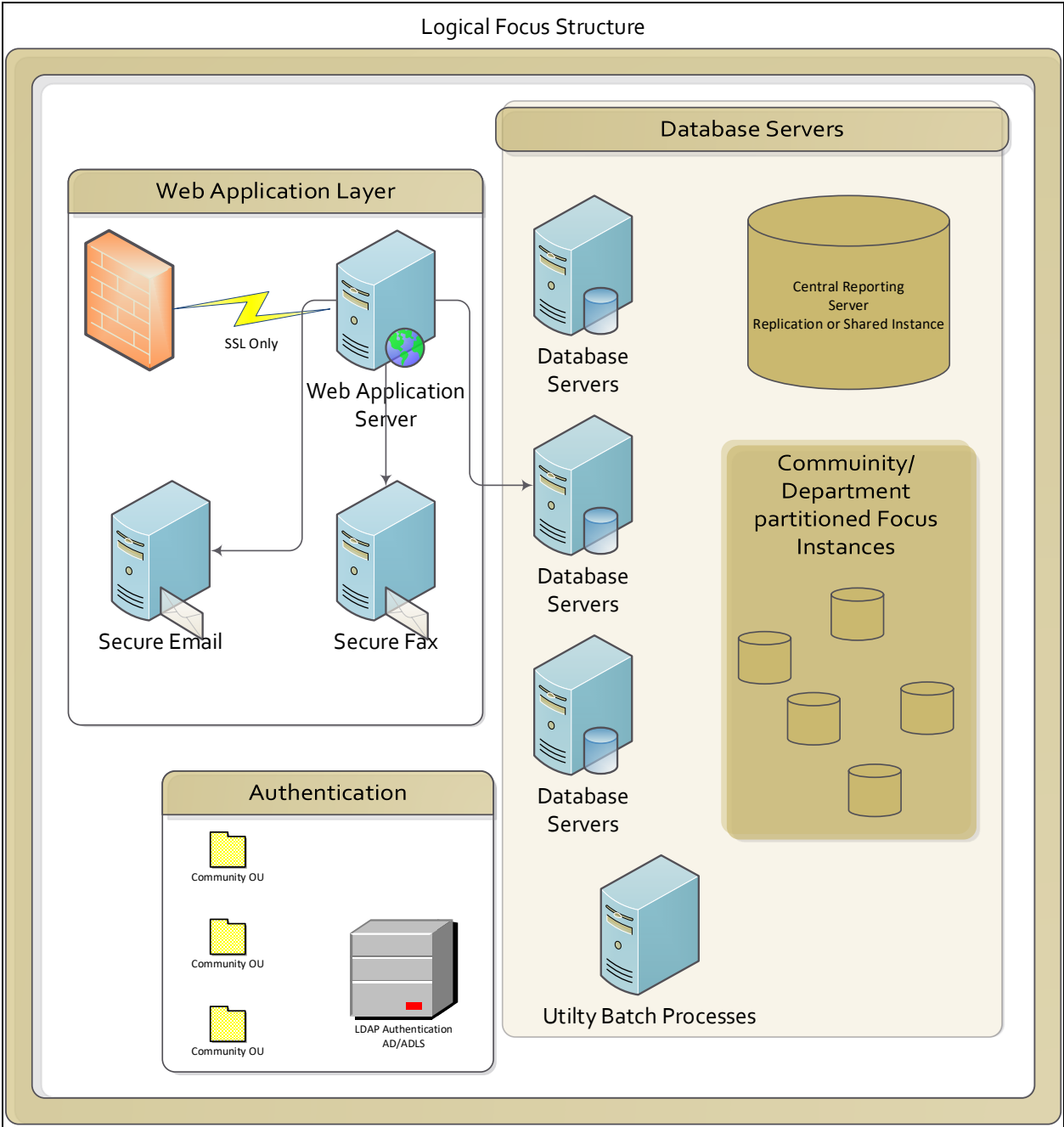


Figure 36: Logical Focus Structure

Highlighted Focus Application Features

A short list of features available within the Focus application are listed below and will be available immediately upon implementation.

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Person-Centered Features include:

- DD/ID Participants Data Storage
- Demographics
- Guardians
- Assigned Caregivers
- Highly Configurable Lookup Lists
- Documents Folders per Participant
- Hierarchy
- Chart Audit Report

More details regarding the File Review Module can be found in Section 5.2.3.2.1, “File Review Module.”

5.2.5.17 DATA GATHERING AND MANAGEMENT (RFP SECTION VI.B.5.R)

The Focus Custom Forms feature allows for “Point and Click” creation of forms that can be used to store discrete data and generate Completed and Signed PDF Forms at the completion of the form. Additionally, Custom Forms can have workflows applied to them for approvals. The Three-State Workflow is included in the initial installation. More information regarding Focus Custom Forms, including creating and running Custom Forms can be found in Section 5.2.3.3, “QIDS Expansion Capabilities.”

5.2.5.18 ONE-WAY INTEGRATION AND AUTO-POPULATION (RFP SECTION VI.B.5.S)

The application contains fields that 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. It is assumed that the ingestion of this data will be a portion of the functions to be developed.

5.2.5.19 INPUTTING DATA FROM COMPLETED CERTIFICATIONS OF AGENCY PROVIDERS (RFP SECTION VI.B.5.T)

Custom forms and corresponding reports will be developed to allow the DPH to input data from completed certifications of agency providers per Nebraska Administrative Code (NAC) regulations.

5.2.5.20 MODULE FOR PROCESSING AND DOCUMENTING COMPLAINTS (RFP SECTION VI.B.5.U)

This would be an instance of Focus with a Provider context as Core Entity. A generic Entity would be created for Complaints that are not directed at a specific provider. A custom form would be developed to capture this information, based on the State’s need and fund availability

5.2.6 TRAINING (RFP SECTION VI.B.6)

A train the trainer methodology will be used to disseminate information to all application users. Due to COVID-19 restrictions, Columbus anticipates that this training will be conducted remotely. Columbus and Focus Technologies will collaborate on the creation of a training curriculum on software and any associated tools to be approved by DHHS within 30 days of contract award for the following audiences:

- DHHS Staff

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- Service Providers
- QIO
- Other Stakeholders as specified by DDD

Throughout the life of the contract, Columbus will provide training via onsite classroom instruction and virtual web-based mediums as is appropriate.

5.2.7 TECHNICAL REQUIREMENTS (RFP SECTION VI.B.7)

Please find Columbus' responses to each of the requirements in Attachment A, QIDS Technical Requirements Traceability Matrix in Section 6, "Columbus' QIDS Technical Requirements Traceability Matrix" of this proposal response.

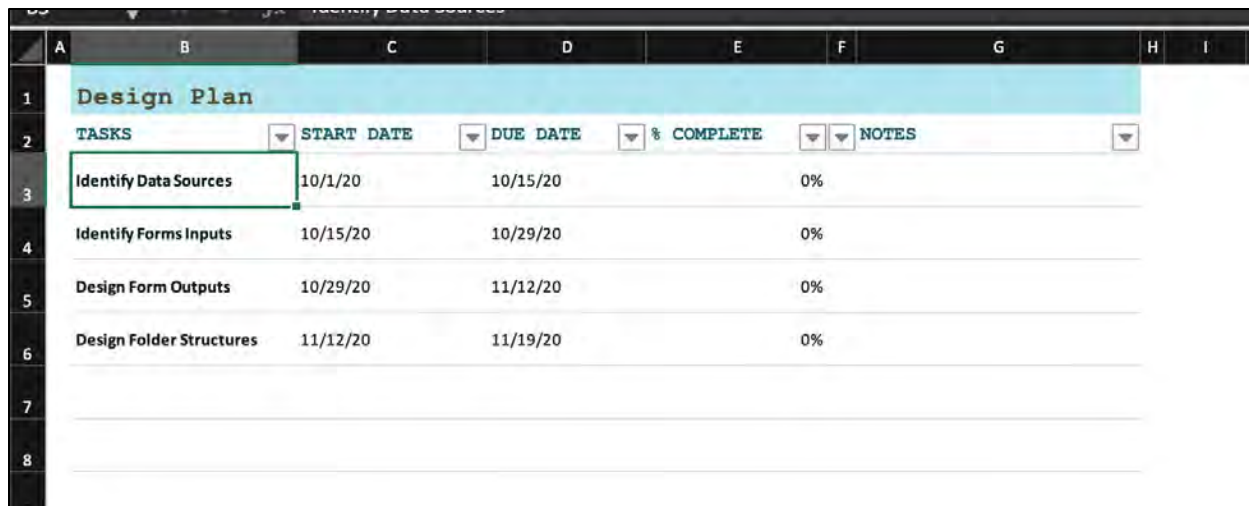
5.2.8 PROJECT PLANNING AND MANAGEMENT (RFP SECTION VI.B.8)

5.2.8.1 CONDUCTING WORK SESSIONS WITH STAFF (RFP SECTION VI.B.8.A)

Work Sessions will primarily be over conferencing software such as Zoom or GoToMeeting. Columbus and Focus will submit a written design and implementation plan to the DHHS Project Manager and will wait for approval prior to initiating the remainder of the work within the scope of this project. Columbus will provide DHHS Quality Improvement personnel training along with the QIDS software.

5.2.8.2 DRAFT DESIGN PLAN AND IMPLEMENTATION PLAN (RFP SECTION VI.B.8.B)

Focus' initial work will incorporate identifying data sources and form inputs, and then use the data to design form outputs and folder structures based on DHHS' needs. Columbus' and Focus' draft design plan and draft implementation plan are shown in the figures below.



TASKS	START DATE	DUE DATE	% COMPLETE	NOTES
Identify Data Sources	10/1/20	10/15/20	0%	
Identify Forms Inputs	10/15/20	10/29/20	0%	
Design Form Outputs	10/29/20	11/12/20	0%	
Design Folder Structures	11/12/20	11/19/20	0%	

Figure 37: Design Plan

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Implementation Plan				
TASKS	START DATE	DUE DATE	% COMPLETE	NOTES
Provision Servers	10/1/20	10/15/20	0%	
Provision Databases	10/1/20	10/15/20	0%	
Integrate Authentication	10/15/20	10/22/20	0%	
Smoke Test Implementation	10/22/20	10/27/20	0%	
Create Folders for Instances	11/2/20	11/9/20	0%	
Create Custom Forms	11/9/20	12/7/20	0%	
Create Reports	12/7/20	12/28/20	0%	
Testing	1/4/21	1/25/21	0%	
Go Live	2/1/21		0%	

Figure 38: Implementation Plan

5.2.8.3 COMMUNICATION WITH DHHS DESIGNATED PERSONNEL (RFP SECTION VI.B.8.C)

Columbus will 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. Columbus will address any software issues within two (2) business days or as determined by DHHS.

5.2.8.4 CMS REPORTING REQUIREMENTS (RFP SECTION VI.B.8.D)

Focus' 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.

5.2.8.5 SOFTWARE ISSUES (RFP SECTION VI.B.8.E)

Columbus will ensure that any software issues will be addressed within two (2) business days or as agreed upon by DHHS and the Contractor. Errors will be identified and communicated to DHHS.

5.2.8.6 SYSTEM UPDATES (RFP SECTION VI.B.8.F)

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

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5.2.9 CHANGE CONTROL PLAN (RFP SECTION VI.B.9)

5.2.9.1 PROJECT CHANGE CONTROL PLAN (RFP SECTION VI.B.9.A)

Below is a sample Change Control document. A Change control document similar to this one (or one of DHHS’s choosing) will be used. 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 RFP Section II, “Terms and Conditions,” G Change Orders or Substitutions.

<u>Change Control Template</u>	
Change proposal	xxxxxxxxxxxxxxxx
Review	Risks, cost, schedule, resource reviews
Reason for change	need for change with advantages
Report	Change accepted or rejected
Change implementation	Project Manager / Stakeholders / Project Sponsor incorporates changes
Result	Outcome of the change
Document	Change Control Document
Authorized by	Project Manager / Stakeholders / Project Sponsor
Date	XX/XX/XXXX
<input style="width: 100px; height: 20px;" type="text"/>	

Figure 39: Change Control Template

5.2.9.1.1 DESCRIPTION (RFP SECTION VI.B.9.A.I)

Focus will provide a clear description of what is included from each change request.

5.2.9.1.2 IMPACTS TO PROJECT SCHEDULE (RFP SECTION VI.B.9.A.II)

Focus will delineate impacts to the project’s schedule.

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5.2.9.1.3 SUCCESSFUL TESTING BEFORE IMPLEMENTATION (RFP SECTION VI.B.9.A.III)

Focus will require successful completion of testing before the implementation stages.

5.2.9.1.4 MULTIPLE LEVELS OF PRIORITY (RFP SECTION VI.B.9.A.IV)

Focus will incorporate multiple levels of priority for change requests (e.g., critical, must-have, desired, etc.).

5.2.9.1.5 SUPPORT OF PROJECT CHANGE CONTROL PROCESS (RFP SECTION VI.B.9.A.V)

Focus will 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.

5.2.9.2 CHANGE CONTROL TRACKING SYSTEM (RFP SECTION VI.B.9.B)

Focus will provide a change control tracking system that provides the following minimum requirements below.

5.2.9.2.1 CONTROL AND MONITOR CHANGE REQUESTS (RFP SECTION VI.B.9.B.I)

The change control tracking system will provide a means to control and monitor change requests.

5.2.9.2.2 REPORTING STATUS OF CHANGE REQUESTS (RFP SECTION VI.B.9.B.II)

The change control tracking system will provide a process for reporting the status of all change requests.

5.2.9.2.3 DHHS ABILITY TO SET AND CHANGE PRIORITIES (RFP SECTION VI.B.9.B.III)

The change control tracking system will provide the ability for DHHS to set and change priorities on individual change requests.

5.2.9.2.4 DETERMINING ESTIMATED AND ACTUAL HOURS (RFP SECTION VI.B.9.B.IV)

The change control tracking system will provide a method for DHHS to determine the estimated and actual hours allocated to each change request and the personnel assigned to each request.

5.2.9.2.5 COMPLETION DATE METHOD (RFP SECTION VI.B.9.B.V)

The change control tracking system will provide a method to schedule a completion date provided by DHHS for each change request.

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5.2.10 SOFTWARE ESCROW REQUIREMENTS (RFP SECTION VI.B.10)

5.2.10.1 ESCROW AGENT TO BE UTILIZED (RFP SECTION VI.B.10.A)

Columbus will use PRAXIS Technology Escrow as our escrow agent (<https://praxisescrow.com>). PRAXIS has over 20 years of experience in the software and technology escrow field and offers customizations so that data is protected and secured with the highest level of security. PRAXIS offers automated escrow, flexible agreements, and innovative solutions. We understand that the State has the right of refusal during contract finalization.

5.2.10.2 ANNUAL COPY OF ENHANCEMENTS OR UPDATES (RFP SECTION VI.B.10.B)

Columbus will deposit on an annual basis and any time enhancements or updates are made to the solution with PRAXIS Technology Escrow, a copy of all items that are necessary for the operation and support, to include the following, but not limited to:

- 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
- Any other necessary or useful documentation

5.2.10.3 AUTHORITY TO REMOVE SUPERSEDED SOURCE CODE (RFP SECTION VI.B.10.C)

Columbus 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.

5.2.10.4 COLUMBUS' ANNUAL AUDITED FINANCIAL STATEMENTS (RFP SECTION VI.B.10.D)

Columbus proposes to use PRAXIS Technology Escrow as our escrow agent upon contract award.

5.2.10.5 TERMINATION OR EXPIRATION OF CONTRACT (RFP SECTION VI.B.10.E)

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

5.2.10.6 IN CASE OF DEFAULT OR BANKRUPTCY (RFP SECTION VI.B.10.F)

Columbus understands that if we default or file bankruptcy, as described in Section II.V. Early Termination, the State will cease utilization of source code.

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5.3 ENHANCING AND IMPROVING NEBRASKA’S QUALITY MANAGEMENT SYSTEM (QMS) AND STRATEGY (RFP SECTION VI.C)

5.3.1 TASK 1 ASSESSMENT (RFP SECTION VI.C.1)

5.3.1.1 COMPREHENSIVE ASSESSMENT (RFP SECTION VI.C.1.A)

Columbus is committed to improving Nebraska’s Quality Management system and strategy. We will ultimately meet the Division of Developmental Disabilities’ 2019 goal to take the quality management strategic plan and implementation ‘to the next level’ by extending internal capacity, evaluating the provision of services, remediating problems with quality, designing quality enhancement strategies, and delivering and supporting continuous quality improvement.

Columbus understands that, if awarded, we will complete a comprehensive review and assessment of the current HCBS quality management system. The assessment will include a systematic infrastructure analysis, a review of existing data availability, data collection tools, sampling techniques and standards, processes, information systems, and existing metrics, to identify strengths and potential areas of improvement. As a dedicated extension of the State’s Quality Enhancement function, Columbus will work closely with the DHHS-DDD Quality Team to ensure the consistency of message and quality of services delivered. Any areas of concern will be communicated to the contract immediately. Columbus will return the comprehensive Assessment Report to the State no later than 12 months after the start of the contract.

We will prioritize the assessment of the Mortality Review Process and Critical Incident Management Processes (see Sections 5.5, “Mortality Reporting and Review Process,” and 5.6, “Critical Incident Management Processes,” of this proposal for detailed descriptions). Additionally, the assessment will include (but not be limited to the following areas):

- HCBS Waiver Performance Measures and CMS Assurances: to assure that they meet regulated standards and align with best and promising practices, as outlined by the National Quality Forum, and other quality entities.
- Internal quality practices such as ISP reviews, claims reviews, and ICAP reviews, among others: to identify strengths and necessary areas of improvement in internal quality practices, and assure that documentation is specific, relevant, and accurate for people with disabilities.
- Outcomes-based Provider Quality Management: to assure that the assessment of provider practices maximizes the health, safety, wellbeing, and outcomes for people with disabilities, and aligns with current knowledge of best and promising practices, and meet the CMS requirements for assessing HCBS waiver settings. This will include a review of current assessments to assure that results have been validated. Outcomes-based Provider Quality Management includes:
 - 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 Indicators surveys; to ensure that indicators sufficiently assess quality, and to determine if a representative sample of service users are included in the analysis; and,
- Data analysis and trending for continuous improvement; to assess how current indicators of continuous quality improvement reflect quality systems and services.

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5.3.1.2 ONE-DAY QMS STRATEGIC PLANNING SESSION (RFP SECTION VI.C.1.B)

Columbus will also gather feedback on the current and proposed quality management system from no more than twenty (20) internal and external stakeholders via a one-day QMS Strategic Planning Session. This session will be held no later than nine (9) months after the start of the contract. Columbus will seek feedback from internal staff, as well as trusted national experts who have demonstrated expertise in the development and oversight of quality management systems. Stakeholders will receive a confidential, draft report of findings from the initial review of the quality management system, as well as an overview of promising practices gathered from evidence-based national sources before the one-day QMS Strategic Planning Session. The planning session will be structured to allow stakeholders to provide feedback on the current and proposed system in the first part of the day, and to facilitate strategies to incorporate best and promising practices in the proposed system in the second part of the day. Recommendations from the QMS Strategic Planning Session will be incorporated into the final report and distributed. An annual QMS Strategic Planning Session will be held to determine whether amendments are needed to the Quality Management Strategy.

Within twelve (12) months of the contract start date, Columbus will produce a report that will identify existing strengths and weaknesses and include a detailed narrative of findings from the assessment, as well as current state process map(s). Columbus understands that this report will prioritize findings and recommendations related to the Mortality Reporting and Review Process, as well as the Critical Incident Management Processes (our approach is detailed later in this proposal.) Finally, the report will also contain a comprehensive assessment of the current state compared to CMS compliance requirements and best and promising practices, including recommendations of evidence-based practices from CMS state-approved Final HCBS Plans, the National Quality Forum, the Administrative for Community Living, the upcoming ACL funded Rehabilitation and Training Center on Home and Community Based Services Outcomes Research and Measurement, the Agency for Healthcare Research and Quality, and other entities.

Every three years, Columbus will repeat the comprehensive review and assessment of the QMS. We will also make recommendations for changes to support the DHHS-DDD to plan and implement initiatives for improvement and ensure an effective Quality Management Strategy that is targeted to the needs of Nebraskans with disabilities, and that reflects current regulatory requirements and best and promising practices.

5.3.2 TASK 2 ASSESSMENT: COMPREHENSIVE ROADMAP FOR ENHANCEMENTS (RFP SECTION VI.C.2)

Columbus' initial Quality Management Strategy Design Report with accompanying process maps will be returned no later than fifteen (15) months after contract start date.

5.3.2.1 RECOMMEND A QUALITY MANAGEMENT STRATEGY FOR DHHS-DDD (RFP SECTION VI.C.2.A)

Columbus will recommend a quality management strategy for DHHS-DDD that will include a comprehensive roadmap with targeted outcomes and benchmarks to enhance the existing quality management strategy. Columbus understands that the recommended strategy will meet the following requirements to:

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- 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 QMS assessment will include a review of CMS approved state HCBS plans and will incorporate and discuss best practices from CMS, other State systems, and additional quality entities, such as the National Quality Forum and The Administration on Community Living. The QMS will also include a review of Projects of National Significance and state performance measures, such as access to individualized residential services, employment outcomes, and utilization of waiver services to help Nebraska assess its performance within the national disability support system. Finally, Columbus will prioritize the Mortality Review and the Critical Incident Management Process as primary components of the initial roadmap (see sections 5.5 and 5.6 of the proposal for a description of our approach to prioritize these components).

5.3.2.2 MEETING CMS ASSURANCES (RFP SECTION VI.C.2.B)

Columbus will ensure that the recommended strategy meets CMS assurances and sub-assurances for the operation of HCBS waiver programs, the HCBS Community-Settings Rule and Nebraska rules and regulations. The recommended strategy will reflect the CMS required Continuous Quality Improvement model to use empirical evidence to repeatedly inform strategies that will enhance the system. The CQI framework, Design, Discovery, Remediation, and Improvement approach is expanded upon below.

Design: The Comprehensive Roadmap will outline a plan including processes for developing, measuring and monitoring performance measures for each assurance in the four (4) waiver program and the HCBS Community-Settings Rule and make improvements when barriers to quality of care and timely, appropriate, and cost-effective services are identified. Monitoring activities, methods, and tools recommended will reflect best practices, meet CMS standards, and ensure validity of information collected and identified to inform an effective CQI process.

Discovery: The Comprehensive Roadmap will include a plan to use existing and improved methods and tools to identify barriers to quality, timely, appropriate, and cost-effective services as well as systemic issues that negatively impact the outcomes and wellbeing of people with disabilities or do not meet the six CMS federal assurances.

Remediation: The Comprehensive Roadmap will include a plan to address issues identified in the discovery phase to assure that they are remediated and decrease the chances that they are repeated.

Improvement: The Comprehensive Roadmap will determine approaches to engage and enhance systems practices that accumulate individual problems or perpetuate processes that consistently fall short of CMS assurances.

Columbus will develop the Comprehensive Roadmap Design phase to be flexible and utilize an iterative CQI approach, so that remediation and improvement techniques can be targeted and responsive to the discovery phase. The Roadmap will also include recommendations for data collection, storage, and regular reporting to track learning that occurs from the Continuous Quality Improvement process. This will allow

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the Quality Team to continuously learn from its approaches while decreasing the time between the discovery and remediation phases and mitigating the repetition of issues that threaten the quality, timeliness, appropriateness, and cost effectiveness of services.

If appropriate at the time of the contract, if the Nebraska HCBS Community- Settings Rule Transition Plan has not received final CMS approval, Columbus will work collaboratively with DHHS-DDD to address any issues raised by CMS.

5.3.2.3 PERSONAL OUTCOMES (RFP SECTION VI.C.2.C)

Columbus will conduct a comprehensive review of best practices in personal outcome measurement and monitoring, including validated research and tools such as the Council on Quality and Leadership Personal Outcome Measures, the National Core Indicators, the National Core Indicators Aging and Disability, and projects, such as the Performance Outcome Measures Project, funded by the Administration on Community Living, and the National Quality Forum's HCBS Outcome Measurement Framework. The Comprehensive Roadmap will recommend Personal Outcome metrics and frameworks and discuss integrating them within the entire HCBS Quality Management Strategy. Recommendations provided will also include strategies to effectively collect personal outcomes from a representative sample of HCBS waiver recipients. These recommendations will expand on previous Nebraska efforts to collect personal outcomes, such as the Experience Survey, to determine the strength of the HCBS system. Personal outcomes will be incorporated into a Continuous Quality Improvement framework and appropriate recommendations for application will be provided for each of the four phases, Design, Discovery, Remediation, and Improvement.

5.3.2.4 DATA COLLECTION PROCESS REPORT (RFP SECTION VI.C.2.D)

Finally, Columbus will assure that the recommended QMS strategy includes:

- A discussion of current system gaps and strengths in the QMS process;
- A review of current and potential data collection tools, processes, and metrics that align with best practices, meet CMS assurances, and can strengthen and/or replace current QMS processes, and activities; and,
- Process maps and a narrative of recommendations to improve the current state. Recommendations will address activities, processes, and tools that should stay the same in the current QMS process, that should be expanded upon, edited, or adapted, and that should be replaced to achieve best practices.

These recommendations will aim to build on current strengths and promising practices in the QMS and Continuous Quality Improvement process, such as regular reporting of outcomes, exemplified by monthly performance reports of ACCESSNebraska and the CMS annual quality reports. The process maps will also identify a timeline for change, describing how the current state will be adapted and how the future state will be implemented and perform to continually enhance the HCBS system.

The Initial Quality Management Strategy Design report, including the Comprehensive Roadmap, recommendations, and process maps, will be completed within fifteen (15) months of the contract start date. Throughout the contract, the recommendations and processes will be evaluated annually to assure that processes, activities, and standards continue to align with best practices and continue to meet CMS assurances and timelines for implementation of HCBS services. Ultimately, if awarded, Columbus is committed to designing a Comprehensive CMS Roadmap that will support the state to meet the goals

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outlined in the 2019 QMS Strategy report to ‘more reliably provide the assurance of the delivery and fiscal integrity of appropriate community-based services and participants health, safety, and wellbeing.

5.4 QMS BUILDING COMPETENCY (RFP SECTION VI.D)

Columbus will develop and pilot a DMS train-the-trainer curriculum and assessment(s) no later than 18 months after the contract start date. Columbus will do an annual review of our curriculum and processes and amend as needed.

5.4.1 TRAIN-THE-TRAINER CURRICULUM AND PROGRAM (RFP SECTION VI.D.1)

To ensure the sustainability of the improved quality management system and strategy, and subsequent enhancement of quality HCBS services beyond the contracted period of performance, Columbus will create tools and processes to build the competency and confidence of the HCBS Quality Team and provider certification surveyors. Utilizing best practices in adult learning theory and practice, we will develop a comprehensive and engaging train the trainer curriculum and program that is module based and includes in-person and web-based trainings on quality and best practices. Columbus will review and draw upon promising practices and techniques from existing train the trainer programs and curricula, including Open Future Learning, Relias, the College of Direct Support, and the Center for Disease Control Health Schools Program. We will also include evidence-based principles of andragogy and self-directed learning to ensure that the curriculum and education modules are relevant and maximize learning and development for participating staff.

In addition to learning modules, the train the trainer curriculum will include competency-based assessments for trainers and trainees to ensure that future trainers teach proficiently, and that trainees gain the knowledge and skills necessary to perform their roles effectively. The train the trainer model will support continued learning and development for State staff after the contracted period of performance, while ensuring fidelity to quality and best practices.

Columbus will also explore and recommend additional curriculum and program components that have demonstrated efficacy in other states and systems and that will contribute to agency wide competence. These may include:

- The development of a web-based resource library so that staff can access information and learning necessary to perform their roles effectively.
- The development of an advisory committee or staff who have demonstrated expertise in effective QMS and Continuous Improvement strategies and are trained to provide ongoing support when questions or issues arise; and,
- Recommendations for modules or topics that should be reviewed annually, or on a regular schedule to assure that staff demonstrate capacity over time.
- The train the trainer curriculum and program will be piloted within the first eighteen (18) months of the contract. They will be reviewed and amended annually to ensure that they consistently reflect promising practices, are relevant, and effectively enhance the competencies of State staff.

5.4.2 COACHING STRATEGY FOR STATE STAFF (RFP SECTION VI.D.2)

In addition to the train the trainer curriculum, Columbus will design a follow-along coaching process to provide one-on-one guidance and support for State staff. During the pilot phase of the program, staff will

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be partnered with Columbus contractors or experienced State staff who will guide them through the Assessment and development of QMS recommendations. In later phases of follow-along coaching, new or emerging staff will be paired with previously coached and experienced State staff who will provide guidance and oversight. The coaching model has demonstrated efficacy in workplace development and will support State staff to move from awareness of best practices to habit.

Further, the simultaneous investment in staff development with the Assessment and design of an enhanced QMS strategy will allow Columbus staff to pilot a follow-along coaching for State staff within the first eighteen (18) months of the contract. This will ensure that current staff are actively learning and participating in the change process so that they buy into the outcomes and able to implement recommended activities and processes with fidelity.

5.5 MORTALITY REPORTING AND REVIEW PROCESS (RFP SECTION VI.E)

Columbus has thoroughly read and understands the requirements for the Mortality Reporting and Review Process component of this project. Columbus recognizes that 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.

Columbus’ Mortality Review and Reporting Experience

Columbus is highly experienced with clinical mortality reviews and processes and is well-prepared to implement the required procedures and processes. Columbus has extensive experience with clinical mortality reviews. Below is a table summarizing our experience, followed by more detailed descriptions of each project.

Table X. Clinical Mortality Review Experience

State	Agency	Sector	Services
DC	Department of Disabilities Services	Individual Provider Regional/Statewide	Since 2002, Columbus’ quality improvement division has been engaged as the external mortality review agency for Washington, D.C. In this assignment, Columbus investigates the deaths of all persons served by the Department of Disabilities Services (DDS). Columbus’ reports were praised by both the department and the courts as examples of the highest standards of practice. A status report is submitted to DDS weekly. Columbus also provides weekly status reports, which depicts the current status of each individual case. In addition, Columbus completes and submits a

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State	Agency	Sector	Services
			Mortality Review Annual Report and Overview at the end of each fiscal year.
TN	Department of Intellectual and Developmental Disabilities	Individual Regional/Statewide	Columbus is currently providing External Mortality Review Committee services to the TN DIDD. As part of this process, Columbus provides a physician and a nurse with over five years of experience with individuals with intellectual/developmental disabilities and more than five years of experience with mortality review process. Columbus submits a findings report, which identifies system-wide issues for improvement that are achievable and measurable. This is a semi-annual project. An External Mortality Review Summary Report is completed for each review period.
IA	Glenwood and Woodward Resource Centers	Individual Regional/Statewide	Columbus is currently providing independent physician peer reviews of all deaths for the Glenwood Resource Center (since 2009) and the Woodward Resource Center (2018). Independent off-site reviews are conducted by an experienced physician reviewer and include analysis of medical treatment and suggestions for how to improve the quality of medical services when needed.
NM	Department of Health, Developmental Disabilities Supports Division	Individual Regional/Statewide	In 2019, the New Mexico Department of Health, Developmental Disabilities Supports Division contracted with Columbus to provide independent physician mortality review reports of assigned Jackson Class Member deaths. These reviews follow a detailed, mutually agreed format that includes an analysis of medications and treatments, reports from clinical/medical specialists, circumstances surrounding the death, positive aspects of care, and areas of concern. All reviews are performed by an IDD experienced physician reviewer. A comprehensive report of each

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State	Agency	Sector	Services
			mortality review and related recommendations for improvement in the quality of care provided is provided.
GA	Department of Behavioral Health and Developmental Disabilities	Individual Provider Regional/Statewide	From fiscal year 2014 through 2020, Columbus was contracted by DBHDD to provide independent clinical mortality reviews for a stated number of deaths that occurred shortly after the closure of a State Hospital and mortality reviews for a set number of deaths that had occurred within the ADA population that had transitioned to a community setting since the settlement agreement had begun. The reviews provided a summary report of findings and recommendations to give DBHDD guidance if systemic trends were identified. Columbus continues to review all deaths from the ADA population that have transitioned from a hospital setting to the community and to provide a weekly status report. Columbus also provided periodic status reports, which depicted the current status of each individual case. In addition, Columbus completed and submitted a Mortality Review Report and Overview on a semi-annual basis.

District of Columbia Mortality Review Investigations: Individual, Provider, and Regional/Statewide System Experience

Since 2002, Columbus' quality improvement division has been engaged as the external mortality review agency for Washington, D.C. In this assignment, Columbus investigates the deaths of all persons served by the Department of Disabilities Services (DDS). The circumstances surrounding the deaths and the care provided prior to the deaths, including medical, behavioral, and active treatment are reviewed. Reports are formulated with conclusions and recommendations for DDS and the decedent's providers are notified concerning areas for improvement of care in the system. Columbus conducts an onsite visit which includes face-to-face interviews with house mates, direct support staff, and others involved in the decedent's services and supports as well as family members and caregivers. Additionally, a phone interview is done with the individual's primary care physician. Columbus' reports were praised by both the department and the courts as examples of the highest standards of practice. All cases are tracked on a status report which details the individual's name, case number, date of death, date assigned, team assigned, records received and dates,

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records requested and dates, draft, and final report submission date. The status report is submitted to DDS weekly.

Tennessee Department of Intellectual and Developmental Disabilities – External Mortality Review Committee: Individual and Regional/Statewide System Experience

External Mortality Review Committee (EMRC): Columbus is currently providing EMRC services to the Tennessee Department of Intellectual and Developmental Disabilities. As part of this process, Columbus provides a physician and a nurse with over five (5) years of experience with individuals with intellectual/developmental disabilities and more than five (5) years of experience with mortality review process. Columbus has established a process for reviewing the deaths of individuals and submits a findings report, which identifies system-wide issues for improvement that are achievable and measurable. The mortality reports provide a reasonable justification for the findings and references the appropriate documentation. All recommendations are based on findings. As part of this contract, Columbus also provides consultation for Mortality Reviews systems and processes to improve the quality of care for individuals. Columbus evaluates a statistical sample, of records reviewed by the Regional Mortality Review Committee (RMRC) since the previous EMRC review. The sample includes individuals who received services and supports both in the community and in State run Developmental Centers and is evenly distributed among the regions.

Glenwood and Woodward Resource Centers (IA) – Independent Physician Peer Reviews: Individual and Regional/Statewide System Experience

Columbus is currently providing independent physician peer reviews of all deaths for the Glenwood Resource Center (since 2009) and the Woodward Resource Center (2018). Reviews are performed by an experienced physician reviewer, and the independent off-site reviews include the following:

- Review of past medical history, diagnoses, and events leading up to death.
- Listing of treatments prior to transfer to the emergency room.
- Diagnostic assessments, evaluations, and test performed during the terminal illness.
- Cause of death and source information.
- Pre-mortem diagnosis consistent with the cause of death.
- Analysis of whether medical treatment was appropriate and consistent with current standards.
- Results and determination if an autopsy examination was performed.
- Suggestions on how to improve the quality of medical services.

This project is eligible for QIO enhanced match funding and Columbus has facilitated work with the state and CMS to enhance funding.

New Mexico Department of Health, Developmental Disabilities Supports Division – Independent Physician Mortality Review: Individual and Regional/Statewide System Experience

In 2019, the New Mexico Department of Health, Developmental Disabilities Supports Division contracted with Columbus to provide independent physician mortality review reports of assigned Jackson Class

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Member deaths. Columbus' reviews follow a detailed, mutually agreed format that includes an analysis of medications and treatments, reports from clinical/medical specialists, circumstances surrounding the death, positive aspects of care, and areas of concern. All reviews are performed by an IDD experienced physician reviewer. A comprehensive report of each mortality review and related recommendations for improvement in the quality of care provided is provided.

Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) – Independent Clinical Mortality Reviews: Individual, Provider, and Regional/Statewide System Experience

In 2014, Columbus was contracted by DBHDD to provide independent clinical mortality reviews. The review needs were for a stated number of deaths that occurred shortly after the closure of a State Hospital and mortality reviews for a set number of deaths that had occurred within the ADA population that had transitioned to a community setting since the settlement agreement had begun. The reviews provided a summary report of findings and recommendations to give DBHDD guidance in the event that systemic trends were identified that required further review. After providing the initial requested mortality reviews, Columbus began providing mortality reviews for all deaths from the ADA population that have transitioned from a hospital setting to the community from contract inception to the present. Columbus is still the current provider for mortality review services for GA DBHDD. As part of this contract, Columbus provides a status report that tracks the individual's name, date of death, date assigned, due dates, team assigned and other pertinent information. This report is submitted weekly to DBHDD.

5.5.1 MORTALITY REPORTING AND REVIEW PROCESS RECOMMENDATIONS (RFP SECTION VI.E.1)

Columbus' work on the mortality and review process recommendations 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;

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- 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.

5.5.2 TASK 1. REVIEW, ASSESSMENT, AND RECOMMENDATIONS (RFP SECTION VI.E.2)

Columbus' approach to Task 1: Review, Assessment, and Recommendations can be found in the sections that follow.

5.5.2.1 COLUMBUS' APPROACH AND PROCESS (RFP SECTION VI.E.2.A)

Within the first 90 days of the contract award, Columbus will:

- Conduct a high-level review of the current state of the HCBS Mortality Reporting and Review Process, including but not limited to review of data availability, data collection tools, processes, information systems, and existing metrics.
- Assess the current state of the HCBS Mortality Reporting and Review Process compared to CMS compliance requirements, including the HCBS waivers, as well as the State operated ICF/DDs at the BSDC.

Columbus will make recommendations to improve the current state of the HCBS Mortality Reporting and Review Process to ensure the state's HCBS Mortality Reporting and Review Process meets all CMS compliance requirements and applicable NAC (Nebraska Administrative Code) regulations.

The above activities will be completed by a Columbus registered nurse in consultation with a Columbus physician.

The review and assessment of the current HCBS Mortality Reporting and Review Process will include, but not be limited to:

- The timely reporting of all deaths of persons supported by the HCBS waivers and the State operated ICF/DDs at the BSDC;
- Identifying the cause of death for each person supported by the HCBS waivers and the State operated ICF/DDs at the BSDC;
- Identifying the immediate and any applicable longer term circumstances that contributed or were associated with the circumstances surrounding the death;
- Identifying corrective actions that may eliminate or lessen the likelihood of similar circumstances or events that contributed or were associated with the causes related to the specific death;
- Identifying trends and patterns in deaths that indicate the need for systemic changes or reforms within the community-based service system and/or the state ICF/DD programs at BSDC, that could reduce the risk of death and other adverse outcomes for people supported by these waiver programs;
- Identifying appropriate and timely corrective actions and systemic changes and/or reforms that can be implemented to reduce the risk of death and other adverse outcomes for people supported

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- by the community-based waiver service system and/or the state ICF/DD programs at BSDC;
- Conducting ongoing evaluation to ensure that implemented corrective actions and systemic changes and/or reforms have been effective in reducing the risk of death and/or other adverse outcomes for persons supported by the HCBS waivers and the State operated ICF/DDs at the BSDC, and;
- Reporting to the public periodically on the number, causes, and circumstances of deaths and/or other adverse outcomes to ensure transparency regarding the health, welfare, and safety of the persons supported by the HCBS waivers and the State operated ICF/DDs at the BSDC.

The above intended outcomes of the state’s HCBS Mortality Reporting and Review Process if in place will ensure compliance with CMS requirements and applicable NAC regulations.

5.5.2.2 COLUMBUS’ KNOWLEDGE OF CMS REQUIREMENTS FOR RECOMMENDATIONS (RFP SECTION VI.E.2.B)

Columbus is highly experienced with clinical mortality reviews and processes and is well-prepared to implement the required procedures and processes to assure a comprehensive Mortality Reporting and Review Process is in place to achieve full compliance with CMS requirements. Columbus’ expertise in conducting mortality reviews in both ICF/DDs and HCBS waiver programs that meet not only CMS requirements but those specified in numerous class action litigations as documented above in Section 5.5, “Mortality Reporting and Review Process” of this proposal response.

Columbus understands that the 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 for the following components:

- Mortality Reporting (RFP Section VI.E.2.C)
- Development or refinement of existing tools (RFP Section VI.E.2.D)
- Data collection system via the QIDS of interfaces with the QIDS (RFP Section VI.E.2.E)
- Development of metrics and performance standards (RFP Section VI.E.2.F)
- Formulation and Role of a Mortality Review Committee (RFP Section VI.E.2.G)
- Remediation with Providers (RFP Section VI.E.2.H)
- Data trending, analytics, and recommendations for system change (RFP Section VI.E.2.I)
- Education and outreach (RFP Section VI.E.2.J)
- Training and technical assistance to state staff and providers (RFP Section VI.E.2.K)
- Additional recommended practices (RFP Section VI.E.2.L)

Columbus’ approach to the review, assessment, and recommendations for of each of the above components will be multifaceted and include at a minimum the following activities:

- Reviewing all existing policies, procedures, and processes currently in place within DHHS-DDD regarding the current HCBS Mortality Reporting and Review Process;
- Interviewing all pertinent DHHS-DDD personnel that are currently involved in the HCBS Mortality Reporting and Review Process;
- Determining if all pertinent DHHS-DDD investigators currently involved in the HCBS Mortality Reporting and Review Process have a professional medical/health background (i.e., registered nurse, certified nurse practitioner, physician’s assistant, physician);
- Determining if the current HCBS Mortality Reporting and Review Process ensures the accountable and timely reporting of deaths:

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- Including the service providers and support coordination agencies death reporting practices;
- Determining if the current HCBS Mortality Reporting and Review Process includes a prompt (within one week of the death) preliminary review of the cause and circumstances of all reported deaths to identify the deaths that warrant further investigation and review;
- Determining if the current HCBS Mortality Reporting and Review Process includes the investigation of all deaths that upon preliminary review are determined to be usual, suspicious, sudden and unexpected, apparently preventable, or are suspected to be associated with neglect, abuse, or criminal acts;
- Determining if the current HCBS Mortality Reporting and Review Process includes a Mortality Review Committee that has the responsibility for completing a comprehensive review of all deaths that are identified as being unexpected, sudden and usual or unnatural, caused by suspicious circumstances, associated with suspected or alleged provider misconduct or abuse or neglect, or any combination of these;
- Determining if the current HCBS Mortality Reporting and Review Process includes a review of relevant records and documents associated with the death, including but not limited to:
 - Service provider records, including notes related to services delivery
 - Support coordination records, including notes related to services delivery
 - Individual Support or Service Plan/Person Centered Plan
 - Incident Reports for the immediate circumstances and up to 12 months prior to the person's death
 - Death Certificate
 - Autopsy, Medical Examiner or Coroner reports
 - Emergency Medical Services (EMS) documentation/reports
 - Medical records from the primary care physician and other medical specialists regarding the immediate circumstances and up to 12 months prior to the person's death
 - Hospital records for the immediate circumstances and up to 12 months prior to the person's death
 - Emergency Department records for the immediate circumstances and up to 12 months prior to the person's death
 - Other healthcare profession records (i.e., physical therapy, occupational therapy, speech language pathology, nutrition, behavioral) for the immediate circumstances and up to 12 months prior to the person's death
 - Any state or service provider investigation into the death;
- Determining if the current HCBS Mortality Reporting and Review Process includes processes, procedures, and or protocols for obtaining the relevant records as stated above;
- Determining if the current HCBS Mortality Reporting and Review Process includes requesting that autopsies be performed for all deaths deemed to be unusual, suspicious, without a known cause of death, or that suggest possible neglect, abuse, or criminal conduct;
- Determining if the current HCBS Mortality Reporting and Review Process includes that the Mortality Review Committee has appropriate procedures and practices in place to ensure that:
 - The committee's membership includes medically credentialed members, other professionals, and self-advocates that are knowledgeable of community-based and ICF/DD services
 - The committee has explicit criteria to identify deaths that should receive a comprehensive committee review
 - The committee meets on a sufficiently frequent basis to ensure a timely review of all deaths is completed
 - The committee has timely access to all necessary documents, records, and reports;
- Determining if the current HCBS Mortality Reporting and Review Process includes:
 - The tracking of service provider and support coordination agencies' implementation of

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all recommendations for corrective actions as recommended in each mortality review report including:

- Processes to ensure that periodic reviews are completed to ensure corrective actions have been appropriately implemented;
- Processes to ensure appropriate actions are imposed (i.e., fines, sanctions, moratoria on admissions) on service provider and support coordination agencies found to have patterns of delayed or failed implementation of corrective actions as recommended in each mortality review report;
- Processes to conduct trend analysis of deaths and issues of systemic interventions to correct the conditions that resulted from this trending;
- Determining if the current HCBS Mortality Reporting and Review Process includes processes to provide periodic reporting on the number, causes, and circumstances of deaths including any trends or patterns that were identified in the trend analysis noted above.

Based on Columbus' review and assessment of the current HCBS Mortality Reporting and Review Process as outlined above, specific detailed recommendations will be developed to address all areas where the development of new strategies/systems are needed and where areas of improvement for strengthening of existing systems are needed. This report will be submitted to DHHS-DDD for review and approval.

5.5.3 TASK 2. IMPLEMENTATION (RFP SECTION VI.E.3)

5.5.3.1 READINESS REVIEW AND IMPLEMENTATION PLAN (RFP SECTION VI.E.3.A)

For all recommendations accepted by DHHS from the Mortality Reporting and Review, Columbus will conduct a readiness review and develop and execute an implementation plan, including but not limited to:

- Developing new tools and/or the refinement of existing tools;
- Training for staff and providers;
- Developing a manual for the new program (Chapter for HCBS Quality Assurance and Improvement Manual);
- Supporting the DHHS-DD in change management communications for service providers and DHHS staff, including service coordinators;
- Assisting in the development of any needed policy, procedures, and guidance;
- Providing recommendations for the development of processes to ensure access to death certificates, EMS records, medical examiner records and autopsy reports, and medical and hospital records, and;
- Launching the new process.

Columbus will utilize the CMS readiness review process to develop and execute an implementation plan that will focus on all of the above areas and any other areas that need to be addressed in this process, including identifying areas where additional implementation and ongoing monitoring may be needed. Columbus will use the CMS Readiness Review process that involves defining the readiness review criteria and the suggested evidence to support ongoing implementation.

5.5.3.2 MATERIALS DUE NO LATER THAN SIX (6) MONTHS AFTER CONTRACT START (RFP SECTION VI.E.3.B)

Columbus will have all tools; training materials and execution; the manual; model communications for providers and DHHS staff, including service coordinators; recommendations on policy, procedure, and

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guidance; recommendations on record collection; and the process going live no later than six (6) months after the start of the contract.

Columbus' approach to the review, assessment, and recommendations for each of the above components will be multifaceted and include at a minimum the following activities:

- Under the direction of the Project Director, the Columbus registered nurse in consultation with the Columbus physician, when medical input is necessary, applicable, will oversee the development of all tools, the manual, recommendations guidance on record collection and policies, procedures, and guidance;
- The Project Director will be responsible for assigning and provide oversight to Columbus' trainers to complete responsible for development of all required training materials;
- The Project Director will be responsible for assigning and provide oversight to Columbus risk management specialists with experience in development of model communications and launching major initiatives on mortality review and other elements of a comprehensive risk management system including critical incident management. to address these areas;
- The Columbus Project Director will oversee this process to ensure all materials are produced no later than six (6) months after the start of the contract.

5.5.4 TASK 3. OPERATION OF THE MORTALITY REVIEW AND REPORTING PROCESS (RFP SECTION VI.E.4)

Columbus will have the new Mortality Review and Reporting process in place no later than six (6) months after contract start date.

5.5.4.1 ONGOING OPERATION OF MORTALITY REVIEW AND REPORTING PROCESS RFP SECTION VI.E.4.A)

Columbus will maintain the ongoing operation of the mortality review and reporting process, including but not limited to the following elements:

- Columbus will monitor to assure that timely reporting of all deaths of persons supported by the HCBS waivers and the State operated ICF/DDs at the BSDC occurs; Columbus will identify to DHHS-DDD any reporting this at is not timely when it is identified;
- Columbus will triage the 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; all suspicious, sudden and unexpected deaths will be reported as soon as Columbus identifies them to DHHS-DDD;
- Columbus will ensure that clinical safety checks, as needed, based upon initial review of death reports, are in place to ensure the health and safety, as well as recommendations for corrective action, if needed, and follow-through to ensure implementation;
- Columbus will ensure that a system in place to effectively collect of all required materials for the mortality review;
- Columbus will ensure that a system in place to effectively identify the of cause of death;
- Columbus will ensure that a system in place to effectively identify the immediate and long term (up to 12 months prior to the death) circumstances surrounding and contributing to the death;
- In the first year Columbus will investigate all deaths of participants receiving Medicaid HCBS waiver services, or services from BSDC, the State operated ICF/DDs. In the annual report, Columbus 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

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to be put into place. This death review will include a review of relevant records and documents associated with the death (including provider and service coordinator documentation, incident reports, death certificate, autopsy, medical examiner report, EMS reports, medical records, and any other existing death investigations).

- Columbus will assure that the mortality review report and recommendations for corrective action by the provider and DHHS-DDD are implemented to minimize the reoccurrence of the immediate factors contributing to the death;
- Columbus will develop and facilitate a Mortality Review Committee (MRC), chaired by the DHHS-DDD designee, that will 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. The implementation will include recommendations for policies and procedures, and will assure the MRC's composition, criteria, meeting frequency, and access to all necessary documents is inclusive of the following:
 - The committee's membership should include medically credentialed members, other professionals, and self-advocates that are knowledgeable of community-based and ICF/DD services
 - The committee should have explicit criteria to identify deaths that should receive a comprehensive committee review
 - The committee will meet on a sufficiently frequent basis to ensure a timely review of all deaths is completed
 - The committee will have timely access to all necessary documents, records, and reports;
- Columbus will develop the meeting agenda, meeting materials, and record meeting minutes;
- Columbus will ensure mechanisms are in place for monitoring to ensure timely implementation of corrective actions per the HCBS waivers and applicable NAC regulations;
- Columbus will ensure mechanisms are in place to determine whether corrective actions were effective;
- Columbus will 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. This will be based on:
 - The tracking of service provider and support coordination agencies' implementation of all recommendations for corrective actions as recommended in each mortality review report including:
 - Processes to ensure that periodic reviews are completed to ensure corrective actions have been appropriately implemented;
 - The imposition of appropriate actions (i.e., fines, sanctions, moratoria on admissions) on service provider and support coordination agencies found to have patterns of delayed or failed implementation of corrective actions as recommended in each mortality review report;
- Columbus will aggregate, analyze, and report on the data for trends in deaths that warrant systemic responses to reduce avoidable risks of death and other adverse outcomes;
- Annually, Columbus will evaluate all tools to determine the content validity and internal consistency and will refine/revise these where appropriate;
- Columbus will provide training and technical assistance for providers individually, based on the findings of mortality review, when indicated;
- Columbus will develop quarterly web-based training and transmittals for the provider network, based upon data trending, and;
- Columbus will facilitate at least an annual Quality Assurance Committee (QAC) analysis and review of mortality data to inform process improvement and provide technical assistance for

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providers to implement preventative and/or curative measures to DD service providers.

5.5.4.2 ONGOING REPORTING (RFP SECTION VI.E.4.B)

Once the process has been implemented and management services are in place, Columbus will provide the following reports on an ongoing basis: one monthly mortality investigation report and recommendations due 15 calendar days following the last day of the month. Please see the response to RFP Section VI.E.4.E., “5.5.4.5, Annual Mortality Reports,” below that describes Columbus’ expertise in providing clinical mortality reviews and processes that have been accomplished in multiple states.

5.5.4.3 MONTHLY PROGRAM REPORTS (RFP SECTION VI.E.4.C)

Columbus will provide two monthly program reports with attachments such as: training materials and meeting agendas due 15 calendar days following the last day of the month. Columbus has extensive experience with clinical mortality reviews. Please see the response to RFP Section VI.E.4.E., “5.5.4.5, Annual Mortality Reports,” below that describes Columbus’ expertise in providing clinical mortality reviews and processes that have been accomplished in multiple states.

5.5.4.4 QUARTERLY DATA REPORTS (RFP SECTION VI.E.4.D)

Columbus will provide three quarterly data reports that includes aggregation, trends, and recommendations, including on performance measures on waiver basic assurances related to mortality review and reporting due 15 calendar days following the last day of the quarter.

Columbus is highly experienced with clinical mortality reviews and processes and is well-prepared to implement the required procedures and processes. Columbus has extensive experience with clinical mortality reviews. Please see the response to RFP Section VI.E.4.E., “5.5.4.5, Annual Mortality Reports,” below that describes Columbus’ expertise in providing clinical mortality reviews and processes that have been accomplished in multiple states.

5.5.4.5 ANNUAL MORTALITY REPORTS (RFP SECTION VI.E.4.E)

Columbus will complete and provide four annual mortality reports that includes the number, types, cause of death, demographics of participants in the aggregate and with trending within 15 calendar days following the last day of the year. Samples reports can be found in Attachment B, “Redacted Mortality Review Annual Report and Overview.”

In the first year, Columbus will include in the annual mortality report any recommendations regarding whether all deaths should continue to be investigated, and if so, whether a tiered system that should be put into place with specific and detailed criteria concerning what should be included in a tiered system.

5.5.4.6 AD HOC REPORTS (RFP SECTION VI.E.4.F)

Columbus will produce any ad hoc reports, as requested by DHHS-DDD, no later than seven calendar days of the request being made.

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5.6 CRITICAL INCIDENT MANAGEMENT PROCESSES (CIMP) (RFP SECTION VI.F)

Columbus understands that the second priority of the QMS assessment is to review existing HCBS DHHS-DDD Critical Incident Management Processes (CIMP), in order to develop and implement reliable incident management and investigation processes, as well as audit protocols that compliant with reporting, review, and response requirements.

5.6.1 PROCESS REQUIREMENTS (RFP SECTION VI.F.1)

Columbus understands as the QIO-Like entity that the assessments and reviews of HCBS DHHS-DDD CIMP will enable DHHS 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
- j. Ensure that implemented corrective actions are effective in preventing or reducing the occurrence of serious incidents

5.6.2 TASK 1. ASSESSMENT (RFP SECTION VI.F.2)

Columbus will produce the Assessment Report, along with process maps, no later than six months after the projected contract start date of October 14, 2020.

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5.6.2.1 COMPREHENSIVE ASSESSMENT OF CURRENT STATE OF HCBS CIMP (RFP SECTION VI.F.2.A)

The assessment will include a systematic infrastructure analysis of the current state of the Critical Incident Management Processes (CIMP) as well as a review of data availability, data collection tools, processes, information systems, and existing metrics. Columbus' review will use the Health and Human Services Office of Inspector General (HHS OIG) Report, "Model Practices for State Incident Management and Investigation" included in the "Joint Report: Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight" to assess the system. The HHS OIG report indicates that the Essential components of their review are: "Reporting and Notifications", "Incident Reviews"; "Investigations"; "Corrective Action Recommendation and Implementation" and "Trend Analysis". Columbus will analyze Nebraska's system with each of these factors in mind. The Joint Report Model Practices is also supported by CMS, as described in a CMS Informational Bulletin dated June 28, 2018.

This review will be conducted by Columbus consultants who have extensive experience reviewing, tracking, and trending data. Consultants are qualified and experienced in managing statewide Critical Incident Management Systems that include incident definitions and requirements for reporting all incidents, investigation of critical incidents, and review of agency compliance in both reporting and follow-up on recommendations. Consultants also have experience managing provider agency incident management and interactions with the state agency overseeing these systems, developing tools and processes, and writing policy and protocol for statewide incident management systems.

The assessment process will include review of the following:

- Policies and Procedures for Incident Management.
- Policies and Procedures for the conduct of Investigations.
- Chapters in the Nebraska Manual for Incident Management and Investigation.
- A sample of incident reports and analysis of all elements in the incident report. Columbus will determine if incident reports are being filled out completely; submitted timely consistent with NE state rules; and clearly written. Other factors to be reviewed include; the presence of information on immediate action taken to assure that the individual is safe; provision of timely medical treatment if there was a serious injury; notification to Law enforcement and/or Protective Services; notification to family and/or guardian; information that would prevent or mitigate the injury from occurring in the future and; how the incident is reported if it occurs after business hours.
- A sample of investigation reports and assessment of all elements in investigative reports. Consultants will determine: if witness statements are taken; how evidence is collected; if the analysis of information is thorough; if the conclusion is supported by evidence and; if there are recommendations or actions that could prevent or mitigate the chances of the same type of incident occurring again.
- Interviews will be conducted with relevant DHSS-DDD staff including the chair of the statewide incident management committee, if one exists, to determine how information on incidents is collected, processed stored and reviewed and, what, if any reports are being compiled based on data collected through incident reporting.
- Two focus groups will be held, one with service providers and a second with state staff to identify any or barriers to ensuring Critical Incidents are clearly defined, as well as reported and addressed timely and adequately and if there are concerns about any aspects of the current CIMP.

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5.6.2.2 ASSESSMENT REPORT (RFP SECTION VI.F.2.B)

Columbus will produce a report containing a detailed narrative, analysis of the current state process map(s), identified strengths and weaknesses and a comparison between the current state of the CIMP and CMS compliance requirements and contemporary practices. Facts gathered in the comprehensive assessment described in Section 5.6.2.1, “Comprehensive Assessment of the Current State of HCBS CIMP,” of this proposal response will be included in the report. The Assessment Report will:

- Build on areas of existing strengths in the current state and identify any weaknesses in the system
- Include process maps for the current state system developed by consultants who are experienced with process mapping for statewide Critical Incident management systems. Mapping will highlight critical decision points throughout the incident reporting system. Process maps will also assist in development of the QIDS.
- Identify any areas that are not fully compliant with CMS requirements and provide recommendations to DHHS-DDD on actions that could be taken to achieve compliance. Provide information about innovative practices in use in other states that, if adopted or modified for use in NE, could be helpful in meeting both required compliance and stated outcomes to assure client’s health and safety.
- Provide recommendations to ensure incident reporting is timely, incidents are managed efficiently, guidelines are followed, and persons are protected during the entire process.

5.6.3 TASK 2. DESIGN: COMPREHENSIVE ROADMAP FOR ENHANCEMENTS (RFP SECTION VI.F.3)

Columbus will produce the Design Report with accompanying process maps within eight months after start of contract.

5.6.3.1 ROADMAP DEVELOPMENT (RFP SECTION VI.F.3.A)

Columbus will use information on the existing CIMP status gathered from the Comprehensive Assessment and process maps of current practices to develop a new, comprehensive roadmap that will demonstrate what is working, and what could be enhanced through the addition or elimination of current processes to make a better work process flow in the future. Columbus will develop recommendations including use of those from the OIG, CMS, and other states to enhance: the existing CIMP, development and implementation of corrective actions plans, analysis of trends, and quality monitoring. The roadmap will include recommendations on actions to be taken to achieve full compliance with CMS requirements with respect to incident reporting and notification, incident review, incident investigation, corrective action plans and quality monitoring and trend analysis.

Columbus will include in its design report a thorough review of existing data collection tools, processes, metrics including system gaps, and make specific recommendations on what current tools, processes and metrics can be retained and in what areas changes need to be made to assure compliance with CMS requirements.

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5.6.4 TASK 3. DEVELOPMENT: BLUEPRINT FOR IMPLEMENTATION OF ACCEPTED RECOMMENDATIONS (RFP SECTION VI.F.4)

5.6.4.1 BLUEPRINT DEVELOPMENT (RFP SECTION VI.F.4.A.)

The importance of protecting individuals from harm, assuring their health and welfare, and continuously improving their quality of life are values held by all DHHS-DDD stakeholders. Likewise, the importance of compliance with CMS requirements and retention of federal revenue cannot be underestimated. The blueprint will address all of these issues through identification of specific strategies and discussion of necessary supports to further strengthen DHHS-DDD's existing incident management processes, effectiveness of corrective action plans, ability to monitor provider services and identification of statewide trends that require statewide solutions. The blueprint will introduce findings both positive and those in need of improvement that have been identified in the Columbus report. Constructive proposed recommendations to strengthen those areas developed by Columbus that have been accepted by DHHS-DDD for implementation will be included in the blueprint. Columbus will use a work planning process in developing and implementing the blueprint. The blueprint will identify and describe the recommendations, list all activities necessary to support implementation of the recommendations, the projected start and completion timelines for each activity and the person(s) responsible for the activities. While there are recommendations that may be implemented somewhat easily, others may require changes in policies, procedures, or regulations or may require additional human or funding resources to implement the recommendation. Columbus will identify and work with DHHS-DDD to remove barriers to implementation of recommendations.

To assure better understanding of the system changes, Columbus will develop a comprehensive approach to staff development and training on proposed new processes. This is essential for both DHHS-DDD and provider staff. Technical assistance and consultation will be provided to both state facilities and private sector providers to facilitate the implementation of system changes. Columbus will engage a wide range of stakeholders including individuals, families/guardians, state employees, service providers and others in the process of change. Initial work will include education on the incident management system, investigations, corrective action plans, provider monitoring and trend data. The training Columbus will also include the rationale for change, the means by which Columbus proposes to institute change and the desired outcome as a result of that change. Columbus will conduct meetings with stakeholders on a regular basis, provide informational updates on the DHHS-DDD website and will ask self-advocacy organizations, the Developmental Disabilities Council, the ARC of Nebraska, trade associations to post information about the changes on their websites.

5.6.4.2 COLUMBUS' APPROACH TO DETERMINING RECOMMENDATIONS (RFP SECTION VI.F.4.B)

Columbus recommends beginning this initiative with a retrospective review of a sample of Medicaid claims data where information in the claim signals that an incident report should have been filed. The review will confirm whether the incident report was filed or not. Columbus will identify instances where critical incident reports have not been sent to DHHS-DDD and will work with the Department on development of a standardized process to be used to address the issue of underreporting with provider agencies and the Beatrice Developmental Center ICFs.

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DHHS-DDD will need to define categories of claims that they wish to examine, for example, multiple emergency room visits in a month, unexpected hospitalizations, claims for treatment of injuries possibly caused by physical abuse. This process is one that the OIG and CMS both utilize. This analysis should identify any trends in critical areas, such as unexpected hospitalizations and/or emergency visits where incidents are not being reported to the state. After review of trend data, Columbus and DHHS-DDD will determine what actions will be implemented to address the trend on a statewide or provider specific basis.

Historical Medicaid claims will be reviewed quarterly or as needed, to identify any Critical Incidents that are not being reported to the State as part of the CIMP, and thus are not reviewed for need for possible investigation.

Once the process of reviewing historical claims is in place, the next step will be review of real time claims. Columbus will address this in development of QIDS.

5.6.4.3 COLUMBUS' APPROACH TO METRICS AND PERFORMANCE STANDARDS (RFP SECTION VI.F.4.C)

Columbus' consultants have extensive experience in development of metrics and performance standards. Columbus will develop and discuss a range of metrics and performance standards with DHHD-DDD. Recommendations will include: statewide and regional metrics, such as month to month numbers of incidents that DHHS-DDD has identified that it is most concerned about; identification of the number of types of incidents, such as, the number of alleged incidents of physical abuse that require additional review to determine if they have been referred for investigation; identification of providers that appear to be outliers with extraordinarily high or low numbers of incidents or those with trends on, for example, physical abuse, injuries sustained during use of restraint. Columbus will report on metrics each month and will provide technical assistance to DHHS-DDD and provider staff on using the data to implement corrective measures to eliminate or mitigate similar incidents from occurring in the future.

5.6.4.4 COLUMBUS' APPROACH TO INCIDENT MANAGEMENT COMMITTEE (RFP SECTION VI.F.4.D)

Columbus consultants have experience in serving on and chairing IMCs at both the state and provider agency levels.

Columbus will follow the Joint Report recommendations for a statewide incident management committee (IMC) as well as for provider agency IMCs. Their recommendations include that, for incidents that result in significant injury, there is a preliminary review by senior management and an immediate response to all incidents within 24 hours of their discovery.

Columbus will review incident management committee policies and procedures currently in place at both the statewide and provider levels (a sample of providers' policies and procedures will be reviewed) and will develop or revise guidelines to ensure standardization of processes, if necessary. Columbus will review the operation of the DHHS-DDD committee and make recommendations for improved practices, if any. The statewide Committee should have responsibility for review of and follow-up actions in response to data on incident trends and for review of any extraordinary incidents that have occurred. Columbus will review the Committee's membership. Columbus recommends that the statewide IMC have membership at a minimum

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from the Quality Team, representation from DHHS-DDD staff responsible for community based services and Beatrice Developmental Center, a representative from fiscal services, and a high ranking chair, such as a Deputy Director for the Division.

For a provider IMC, Columbus recommends that, where possible, the IMC should include at least two management staff and at least one of each of the following: supervisory staff, direct support supervisory staff and direct support staff, quality improvement staff. Providers should also consider including as members of the IMC persons supported and/or family members. At a minimum, a provider committee should: have a designated coordinator; hold regular meetings to discuss incidents that have been reported and follow up actions taken in response to the incident; track the incident follow-up through until all corrective actions have been implemented; analyze incident trends and recommend to the Executive Director/designee action(s) that should be taken to address the trends; keep minutes of these proceedings on file. Minutes should reflect the date and time of the meeting, an agenda, identification of the members present and discussion and actions taken on reported incidents and investigations, their causes, corrective actions taken and recommendations made by the committee.

Columbus recommends that IMCs conduct regular, brief meetings multiple times each week preferably daily. Columbus will outline the expectations for meeting participants to come prepared with specific information about the incident and proposed corrective actions.

Specific responsibilities of the provider IMC might include, among others: reviewing incident reports for timeliness of submission and appropriate follow-up actions to protect the individual who is the subject of the incident; assuring that all reportable incidents have been reported as required; assuring that Critical Incident Reports reviewed are complete and have been electronically submitted to the State; assuring that required notifications about the incident are made to families/guardians; assuring that State recommendations associated with reportable incidents and/or resulting from State investigations are addressed and implemented; conducting trend analysis of reportable incidents and submitting reports, analyses and recommendations to agency management; conducting reviews and/or assessments of particular homes, programs, conditions or other factors which can be reasonably identified as presenting risks to persons served; identifying individual risk issues for prevention of harm and increasing safety of the client; assuring that all incidents that are not investigated by the state are reviewed and addressed by agency management.

Columbus will provide statewide training to both state and provider staff on the operation of IMCs as part of its training on incident management.

5.6.4.5 COLUMBUS' APPROACH TO REMEDIATION WITH PROVIDERS (RFP SECTION VI.F.4.E)

Providers and state staff have a duty to ensure that incidents are thoroughly resolved. Columbus will review the state's policies and procedures on remediation and revise them if necessary, to provide additional clarity or content on expectations of provider performance. Columbus will work with members of the Quality Team and a select group of providers to devise processes to address acceptable resolution to Critical incidents. Columbus will review the current incident report to determine if it includes instruction and space to record needed remediation information. Columbus will provide training on remediation and prevention or mitigation of incidents in the first instance as part of its statewide incident management training.

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5.6.4.6 COLUMBUS' APPROACH TO DATA TRENDING, ANALYTICS, AND RECOMMENDATIONS (RFP SECTION VI.F.4.F)

Columbus strongly supports the need to collect data for trending and analytics as because it can, and often should, lead to recommendations for system change. At the statewide and/or provider levels, Columbus will work with the state to determine intervals for collection of data and production of a report that will be reviewed at the state level and shared with providers across the state. Columbus recommends quarterly trend reports and an annual report using data extracted from the existing information technology system or QIDS upon its development and inclusion of Columbus' recommendations for remedial measures or areas requiring further review. Columbus will review data collected at the state level and will discuss use of this data with members of the Quality Team, a small group of providers and other stakeholders to assess its utility in improving quality or identifying other data that might be more helpful.

Columbus will work with the state's IT system and QIDS to ensure there is a process for timely entry of data concerning incidents and investigations. This system will be useful for identifying trends and patterns and developing responses to reduce risks to individuals.

Each independent provider should also have its own data collection system which would enable the provider to conduct its own analysis and rapidly implement strategies to address problems that are identified. Data would be reviewed during regularly scheduled incident management enabling the agency to spot identify trends and make adjustments to its systems and processes for change, if necessary.

Columbus is experienced at setting baseline identifying trends and developing responses. For example, multiple falls can occur with a single person, a single agency, within a region or across the state. Columbus would develop recommended responses for any of these occurrences.

5.6.4.7 COLUMBUS' APPROACH TO EDUCATION AND OUTREACH (RFP SECTION VI.F.4.G)

Columbus will assist the state in development of a comprehensive education approach. Columbus will develop information for use with stakeholders and for inclusion in DHHS-DDD manuals. Columbus will offer in person or other training using remote technology to introduce state and provider staff to changes in the incident reporting system. Columbus will also develop a dedicated website where all incident management training and information will be available for review and use by state and private sector staff. This would include, among other items, the incident management training manual, informational bulletins, policies and procedures. Additionally, all bulletins will be emailed to executive management and incident management coordinators to ensure accurate information is available at the provider level.

Outreach to all stakeholders is important. Forums at which Columbus and DHHS-DDD will present information to individuals, families, providers, advocacy organizations, trade associations and others will be held. Columbus will provide training and technical assistance to specific providers at their or the State's request.

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5.6.4.8 COLUMBUS' APPROACH TO TRAINING AND TECHNICAL ASSISTANCE (RFP SECTION VI.F.4.H)

As described above, Columbus will develop and provide a written incident management training manual for use in training DHHS-DDD and provider staff.

Columbus will work collaboratively and regularly with state staff at the central and district offices and those at the Beatrice ICFs on incident management. Columbus will provide additional training and technical assistance to state staff, if necessary, so that they become expert on the newly revised system.

Columbus' approach to training and technical assistance includes formal methods and a side-by-side approach with key staff that includes mentoring as well as didactic training sessions.

5.6.4.9 OTHER ACCEPTED RECOMMENDATIONS (RFP SECTION VI.F.4.I)

Columbus has provided recommendations on development and implementation of a comprehensive risk management system including: principles of risk management; risk, evaluation and planning including client specific risk assessments to address a client's most significant risks and development of strategies to eliminate or mitigate incidents occurring to the client; this is a proactive approach to risk management and the assessment can be done at a regularly scheduled Plan meeting; incident reporting and processes; risk management committees, review of incident data; use of root cause analysis in follow-up to extremely serious or extraordinary incidents. Training in this area provides a different approach to determine what preventative actions should be taken after an incident occurs. It is a standardized way to review and analyze a situation to determine why an incident occurred and to determine the most basic cause(s) of an incident including what factors contributed to the incident, any barriers that were present and how it could have been prevented. Examples of issues subject to root cause analysis that resulted in successful program improvements included increased reporting, reduced incidents of ANE, targeted staff training and safety improvements, and mortality review.

5.6.5 TASK 4. IMPLEMENTATION: PUTTING THE BLUEPRINT INTO ACTION (RFP SECTION VI.F.5)

In order to address the recommendations from the Blueprint, Columbus will use a work planning process including actions that have already been taken to begin addressing an issue. The Implementation Plan will include a listing and description of Columbus' recommendations for continued improvement and all actions that must be taken to support implementation of the listed recommendations. Also included will be the projected start and completion timelines for specific actions and the identification the person(s) responsible for the activities.

5.6.5.1 COLUMBUS' APPROACH TO NEW TOOLS OR REFINEMENT OF EXISTING TOOLS (RFP SECTION VI.F.5.A)

Columbus will work collaboratively with relevant state staff to identify the need for new tools or to revise tools in existence. Columbus and DHHS-DDD will prioritize the tools requiring revision or development and the timeframes in which the work will be completed. Columbus will draft all documents for DHHS-DDD review and approval. Upon approval of the tool, Columbus will pilot the tool with select state and

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provider staff. If the pilot results show that additional changes need to be made to the tool, Columbus will make the changes, finalize the tool, and submit it for DHHS-DDD review and approval. After approval is obtained and an implementation date is agreed upon, Columbus will develop and offer web-based or in person training, if COVID-19 restrictions are lifted, on use of the tool. Columbus will also provide written guidance on use of new or revised tools.

5.6.5.2 COLUMBUS' APPROACH TO IMPLEMENTING STAFF AND PROVIDER TRAINING (RFP SECTION VI.F.5.B)

Columbus will assist the state in the development of a comprehensive education approach. Columbus will develop an incident management manual Columbus will offer in-person or training using remote technology to educate state and provider staff on the incident management system. Columbus will also develop a dedicated website where all risk management information will be available for review and use by state and private sector staff. This would include, among other items, the incident management training manual informational bulletins, policies, and procedures. Additionally, all bulletins will be emailed to executive management and incident management coordinators to ensure accurate information is available at the provider level. Columbus will provide training and technical assistance to specific providers at their or the State's request.

Columbus will work collaboratively and regularly with state staff at the central and district offices and those at the Beatrice ICFs. Columbus will provide additional training and technical assistance to state staff, if necessary, so that they become expert on the newly revised system.

Columbus will hold regular quarterly forums to ensure all providers have access to information and that state staff and providers have the opportunity to ask questions and get answers or clarifications as to what is expected in the CIMP.

5.6.5.3 COLUMBUS' APPROACH TO NEW PROCESS MANUAL DEVELOPMENT (RFP SECTION VI.F.5.C)

Columbus consultants have experience in manual development. Columbus will develop an incident management manual that includes can be included in the DHHS-DDD Quality Assurance and Improvement Manual.

5.6.5.4 COLUMBUS' APPROACH TO DD-DHHS SUPPORT (RFP SECTION VI.F.5.D)

Columbus consultants have expertise in launching new initiatives including those in the area of risk management. Columbus will engage a wide range of stakeholders including individuals, families/guardians, state employees, service coordinators, service providers and others in the process of change. Initial work will include education on the incident management system, corrective action plans, provider monitoring and trend data as they exist today, the rationale for change, the means by which DHHS-DDD and Columbus proposes to change them, and the desired outcome as a result of the change. Columbus will also introduce other components of a risk management system and tools, such as development of individual specific risk plans, Root Cause Analysis, and Mortality Review in the training. Columbus will conduct meetings with stakeholders on a regular basis, provide informational updates on the DHHS-DDD website and will ask

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self-advocacy organizations, the Developmental Disabilities Council, the ARC of Nebraska, trade associations to post information about the changes on the website.

5.6.5.5 COLUMBUS' APPROACH TO POLICIES, PROCEDURES, AND GUIDANCE (RFP SECTION VI.F.5.E)

Columbus will assist in development of policies, procedures and guidance and will draft policy, procedures, and guidance for DHHS-DDD review and approval. Columbus will assure that all information developed includes best practices, recommendations from the OIG and CMS and conforms to state rules and regulations.

5.6.5.6 COLUMBUS' APPROACH TO PROVIDING RECOMMENDATIONS (RFP SECTION VI.F.5.F)

Columbus will recommend that each participant's contact with EMS, hospitals and medical services start with a signed participant Release of Information directing the provider of medical care to share information with the State. This Release of Information is critical to ensuring that medical providers will share information as requested by the state. If the state has a medical director, then directions for communication with medical providers should come through that agent. Getting medical records is necessary for a variety of reasons, to ensure that participants get needed, recommended care, to review Medicaid claims for failure to report instances and to review for gaps in services.

5.6.5.7 COLUMBUS' APPROACH TO NEW PROCESS IMPLEMENTATION (RFP SECTION VI.F.5.G)

Columbus will work within the state guidelines and systems to develop processes that work for incident management and make sense to the system users. Utilizing the Incident Management Coordinator and meeting with select provider IMCs, Columbus will present the Blueprint and supporting documentation to ensure that the developed processes meet and exceed needs, address barriers and emphasizes the state's role in collection of incidents, management of them and the requirements to provide oversight, data reports and protection of individual participants.

5.6.5.8 COLUMBUS' APPROACH TO REPORTING AND NOTIFICATION (RFP SECTION VI.F.5.H)

Columbus has a history of timely and thorough reporting and will provide a summary monthly report on all activities and products developed in conjunction with this contract.

Columbus has experience presenting summary monthly reports with attachments through other contracts with multiple states. All tools, training materials, manuals, model communications, recommendations on policy, procedure, guidance, and the implementation of new processes will be provided to the state no later than 15 months after the contract start date.

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5.6.5.8.1 REPORTABLE INCIDENT TYPES (RFP SECTION VI.F.5.H.I)

Columbus recognizes that the list of reportable incidents in this RFP follow recommendations from the Joint Report. Columbus will identify criteria for ranking incidents by levels of severity. Columbus will propose clear definitions of incidents to be reported and include examples of the incidents as part of the guidance to be developed for, and used by, state and provider employees. Policy and procedure revisions may be required as a result of this work. Columbus will draft changes to current policies and procedures or develop new policies and procedures, if necessary, for review and approval by DHHS-DDD. Columbus will assure that all documents drafted are consistent with recommendations included in the draft report.

5.6.5.8.2 RECOMMENDED DEFINITIONS (RFP SECTION VI.F.5.H.II)

Columbus will provide recommended definitions for the items noted below. Definitions will be based on best practices and NE state standards for “critical incidents.”

- Critical incidents definition (general)
- Unexplained/unexpected death
- Unsubstantiated definition
- Any additional QIO recommendations

5.6.5.8.3 DEVELOPING RECOMMENDATIONS FOR INCIDENT REPORTING AND NOTIFICATION PROCESSES (RFP SECTION VI.F.5.H.III)

Based on the factual and comprehensive analysis and results from the review of incident reporting and notification requirements described earlier in this report, Columbus will provide recommendations on incident reporting and notifications to DHHS-DDD. Upon DHHS-DDD approval of recommendations, Columbus will draft all written materials required to enhance the incident reporting and notification processes for DHHS-DDD review. Reporting and notification material will be included in the risk management manual Columbus will develop.

Columbus will work directly with DHHS-DDD to implement recommended policies requiring all providers to notify and inform families, guardians, and support coordinators about reported incidents as soon as possible after discovery. Notifications requirements will be included in the developed manual, all policies and procedures and as part of the reporting format (calls to hotline or developed reportable incident form).

Additional reporting to outside entities as required (to agencies such as law enforcement and/or APS/CPS) will be included in the policies and procedures for timely reporting.

5.6.5.8.4 DEVELOPMENT OF POLICIES AND PROCEDURES (RFP SECTION VI.F.5.H.IV)

Columbus consultants have extensive experience in drafting policies and procedures. As noted above, Columbus is prepared to create processes and assist in the development of policies and procedures for: incident reporting and notifications; provider initiation of reports; service coordinator responsibilities, a timeline and method for reporting and ensuring reporters are free from retaliation. Columbus will also provide recommendations on sanctions for late or non-reporting by providers.

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Each step of the Incident Management process shall have written policies and procedures. As processes are reviewed or revised, the policy and procedure will be reviewed, revised, or developed to accompany the process. Policies and procedures with guidance will be available on the website developed for CIMP, reviewed at Incident management meetings, and published in the DDS manual.

Columbus will ensure that these processes are developed with the end user in mind, to be understandable by any reporter. Assurances that reporters are free from retaliation will be part of all reporting policy and procedure. It is expected that freedom from retaliation as well as the responsibility to report will be emphasized by leadership and thoroughly covered in training.

Columbus will work with NE DHHS-DDS to recommend sanctions, including fines, a moratorium on continued services or even decertification for late or non-reporting providers.

5.6.5.8.5 DEVELOPMENT OF TEMPLATES (RFP SECTION VI.F.5.H.V)

Columbus will provide templates and forms for incident reporting to maximize information gathered in data fields that support data aggregation that can be used for analysis. Text narratives will be minimized to direct the reporter to include specific information that will assist in the analysis in how to categorize the reported incident including the seriousness or harm or potential harm to participants.

5.6.5.8.6 DEVELOPMENT OF EDUCATION, TRAINING, AND OUTREACH (RFP SECTION VI.F.5.H.VI)

Participants and their families, as well as their support coordinators are primary reporters and should have readily available reporting information including how to report incidents, how to report anonymously and what to expect when a report is made. Columbus will assure that reporting information is clear and understandable, and translated into other languages used by NE clients and families (including sign language). The reporting procedures should be reviewed at least annually, and verification placed with the participant's record.

Training would be tailored to the audience. Information provided to participants and families would include access and issues of transparency while service coordinators would be provided information on their responsibilities to report and take actions to assure health and safety.

5.6.5.8.7 ADDITIONAL QIO RECOMMENDATIONS (RFP SECTION VI.F.5.H.VII)

Columbus will address and develop policy, procedure, and guidance for any additional accepted QIO recommendations from the Development Blueprint Report.

5.6.6 TASK 5. INCIDENT REVIEW AND INVESTIGATION (RFP SECTION VI.F.6)

Columbus will produce monthly program reports on the status of implementation of work on incident review and investigation including any tools training agendas and other relevant information.

Columbus will produce 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 no later than fifteen (15) months after start of the contract.

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5.6.6.1 DEVELOPMENT OF PROCESSES (RFP SECTION VI.F.6.A)

Columbus has previously developed processes, policies, and procedures to address all issues identified above. Columbus, in collaboration with DHHS-DDD, will create processes and assist in the development of policies, procedures for incident review, with consistent follow up procedures based on the severity of the event as discussed previously in the report. Information on 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 will also be addressed in Columbus' work.

Columbus recommends that the state reporting mechanisms include a manned 24-hour hotline to gather critical incident information to evaluate the need for state level investigations. The Joint Report notes that critical incidents requiring state level investigations should initiate within 4 hours of occurrence or discovery if possible for community-based participants and within 1 hour at state ICF-IID. The need for a state level investigation does not negate the provider responsibility to ensure the safety of participants and to make other policy defined notifications.

Columbus has experience working within a state environment where such procedures have been in place and has overseen many state level investigations conducted by independent investigators.

5.6.6.2 DEVELOPMENT OF TEMPLATES AND FORMS (RFP SECTION VI.F.6.B)

Columbus will provide template and forms for incident investigation to maximize information gathered in data fields that support data aggregation that can be used for analysis. Text narratives will be minimized to direct the investigator to include specific information gathered during the investigation to include witness statements, evidence collected, explanations, including weight of each piece of the collected evidence and any other information that would lead to findings and observations based on the completed investigative activities. Each investigation should include recommended corrective actions which will guide the provider IMC in developing follow up actions to resolve the critical incident.

5.6.6.3 DEVELOPMENT OF TIMELINES (RFP SECTION VI.F.6.C)

Columbus, in collaboration with DHHS-DDD will develop a policy on timelines for initiating and completing investigations. The Joint Report recommends that investigations be initiated within four hours of the reported critical incident and completed within 14 working days. A process for extension of the timeframe for investigations to be completed, including review and approval by the director of investigations, will be included in the policy. Examples for the need for additional timeframes might be due to inability to locate and interview a critical witness, at the request of law enforcement or while waiting for medical reports. The need for State extension should be narrow.

5.6.6.4 DEVELOPMENT OF PERFORMANCE STANDARDS (RFP SECTION VI.F.6.D)

Columbus will develop competency based incident investigation performance standards and develop expectations for the investigator (whether state or provider level) to review the participant's ISP, any other incidents reported on the participant over the past year (or longer if there are ongoing concerns for health or safety), visit the scene where the incident occurred, if possible, collect and preserve evidence, interview

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direct and indirect witnesses including the participant and guardian, others, such as the service provider, service coordinator or nursing, physicians, if indicated, take written statements and comprehensive review of various other documents that could have relevance to the reported incident. The standard for a complete and thorough investigation will be that it is completed timely, has a conclusion. e.g., substantiated or unsubstantiated. and should have findings and recommendations related to the critical incident that the provider will need to address.

5.6.6.5 DEVELOPMENT OF COMPLETED INVESTIGATIONS REVIEW (RFP SECTION VI.F.6.E)

Columbus will work collaboratively with DHHS-DDD staff to develop a process for review of investigation reports and assessment of their compliance with performance standards. The process will include review of investigative findings, conclusions, and recommendations to determine if they meet current standards of practice. The review will also include investigator performance of work duties (meeting timeframes, taking witness statements collecting and preserving evidence, writing report, etc.).

Columbus will review samples of completed state level investigations for the duration of the contract to ensure compliance with performance standards and the Joint Report guidelines. Columbus will review and identify to DHHS-DDD whether the investigation report includes appropriate findings and conclusions and recommendations in the investigation. Based on data obtained from cumulative reviews, Columbus will identify if additional training or technical assistance needs to be provided to investigators or if further process changes need to be implemented.

5.6.6.6 PROVIDING RECOMMENDATIONS (RFP SECTION VI.F.6.F)

Columbus will work with the DHHS-DDD staff and attorneys and with providers to ensure that a detailed release of information form is developed for the client and/or guardian to sign, that will provide investigator the authority to have access to EMS, medical, and hospital records. The Medical Director for the State could be instrumental in working with holders of medical records to share them with investigators while still assuring HIPPA compliance.

5.6.6.7 DEVELOPMENT OF PROCESS FOR INVESTIGATION FINDINGS DISSEMINATION (RFP SECTION VI.F.6.G)

Columbus will develop a report format for the complete investigation which will include all evidence and all witness statements. The full report should be distributed to the provider agency in order for the provider to address the recommendations and make changes that provide protection and safety to the participant. In addition to the report, a summary report will be generated with information pertinent to the investigation that will be distributed to the service coordinator and to the guardian. The Summary report will include a directive to the provider to discuss the summary report with the participant in the best communication style for that participant. There will be a provision in policy and procedure for the service coordinator to present the Summary report to the participant should the provider be found responsible for causing the incident, or other circumstances where appropriate.

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5.6.6.8 DEVELOPMENT OF POLICIES, PROCEDURES, AND PROCESSES (RFP SECTION VI.F.6.H)

Columbus will assist in the development of policies, procedures, and processes for a DHHS-DDD Incident Management Committee including recommendations for its inclusion as a sub-committee of the QIC sub-committee of the QIC or otherwise incorporated in the QIC.

A state incident Management Committee should be available to review data and trends from reported incidents, to identify areas of concern and address these areas (e.g. provider issues, choking or aspiration issues, medication or behavioral concerns), review particularly serious incidents such as substantiated abuse and neglect and apparently preventable deaths to ensure that measures are being taken to address and prevent repeated incidents. The Committee should also review the adequacy of state level and provider investigations, discuss systems-wide corrective actions for improving quality, such as additional incident management training at agency level, changes in policy or protocols for incident reporting and to address ongoing concerns as it relates to the Incident Management system. This committee should establish a regular meeting schedule for ongoing reviews of data and critical incidents. Within this committee should be a process for any emergency level response needs for a high-level critical incident that will meet criteria established by the policies, i.e. police involvement, press involvement or other issues.

The membership for the state Incident Management Committee should be senior level state staff who have the ability to offer insight and lead changes that might be needed to the entire system. DDS should also reach out to other potential partners, such as adult protective services who can add subject matter expertise on incident management.

5.6.6.9 DEVELOPMENT OF PROCESS TO IDENTIFY AND REVIEW TRENDS AND PATTERNS (RFP SECTION VI.F.6.I)

Columbus will develop a process to identify and review trends and patterns in reported incidents including the findings, conclusions and recommendations and development of corrective actions for improving quality assurance. Columbus has previous experience in developing processes to identify trends in incident reporting data and recommending corrective action including in DOJ and other class action lawsuits. As described in a previous section, trend analysis reports should be available should be widely available and used at both statewide and provider levels to address specific areas in need of improvement and for improving quality assurance.

5.6.6.10 DEVELOPMENT AND OFFERING OF TRAINING FOR DHHS-DDD PROVIDERS (RFP SECTION VI.F.6.J)

Columbus will develop training, based on the developed policies and procedures and guidance, for the management of critical incidents, including investigations. Training will cover definitions of incidents, including how they are triaged, reporting requirements and forms, required notifications, follow-up actions in response to the incident, data collection for tracking and trending, incident management committee policies and protocols and incident resolution including follow up reporting.

The components of the training should at least include instilling a commitment to the process in agency leadership and among committee members. This would lead to a through and focused discussion at the

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meetings and identification of specific actions to be taken to mitigate the cause of the incident. Verification of those actions and maintaining evidence of issues being addressed will “close the loop” and be evidence of a functional system. Also included in the training is an expectation that repeats of incidents (i.e. falls) would generate an agency response before the next quarterly Trend Analysis report was completed.

In the area of Incident Management, Columbus has been providing training, training materials and training personnel to state agencies and provider personnel for many years.

5.6.7 TASK 6. CAPS AND IMPLEMENTATION (RFP SECTION VI.F.7)

Columbus has a history of timely and thorough reporting and will provide a summary report on all activities and products developed in conjunction with this contract.

Columbus has experience presenting summary monthly reports with attachments in other contracts in multiple states. All tools, training, materials, manuals, model communications, recommendations on policy, procedure, guidance, and the implementation of new processes will be provided to the State no later than 15 months after the contract start date.

5.6.7.1 DEVELOPMENT OF PROCESSES, POLICIES, AND PROCEDURES (RFP SECTION VI.F.7.A)

Columbus will create processes and assist in the development of policies, procedures for making recommendations to DHHS-DDD; 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 sanctions for providers who have a pattern of non-compliance with corrective actions; and any additional accepted recommendations from the Development Blueprint Report.

Columbus consultants have considerable experience in this area, having worked with States and providers in developing and implementing corrective action plans. Those intervention have resulted in having providers with severe histories of non-compliance improving performance and avoiding the need for formal sanctions.

5.6.7.2 ANNUAL REVIEW OF CORRECTIVE ACTION TRACKING (RFP SECTION VI.F.7.B)

Columbus will conduct a semi-annual and annual review of corrections action tracking and report on performance and effectiveness of corrective actions and whether all corrective actions have been completed. The report will include recommendations for future quality improvement. Columbus will present this report to the QIC for meaningful discussion of report findings and recommendations and next steps to be taken in the continuously improve the corrective action process.

5.6.8 TASK 7. QUALITY MONITORING AND TREND ANALYSIS (RFP SECTION VI.F.8)

Columbus has a history of timely and thorough reporting and will provide a summary monthly report on all activities and products developed in conjunction with this contract.

Columbus has experience presenting summary monthly reports with attachments through other contracts with multiple states. All tools, training materials, manuals, model communications, recommendations on

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policy, procedure, guidance, and the implementation of new processes will be provided to the state no later than 15 months after the contract start date.

5.6.8.1 DEVELOPMENT AND IMPLEMENTATION OF PROCESS (RFP SECTION VI.F.8.A)

Columbus will develop and implement a process to analyze data to determine trends that may demonstrate a need for adjustments to the system. The process will review and trend:

- Reporting timeframes
- Notifications to other entities and timeframes
- Length of time from report to remediations
- Review of types of incidents, locations of incidents, times of incidents, staffing level at time of incident
- Review by provider name, provider type
- Review of corrective actions
- Review of attendance and minutes of incident management meetings
- Stakeholder input will be collected at periodic forums facilitated by Columbus consultants.
- The analysis and review of the data will provide a snapshot of DHHS-DDD's performance to improve health and safety of participants receiving support through a Medicaid HCBS waiver.

By reviewing and analyzing data, prevention activities or reduction of similar incidents in the future will be the focused outcome. Using falls as an example, a falls prevention training would be a useful tool to provide information to stake holders as a systems approach to improving health and safety.

5.6.8.2 DEVELOPMENT OF PROCESSES, POLICIES, AND PROCEDURES (RFP SECTION VI.F.8.B)

Columbus create processes and will assist in development of policies and procedures for incident aggregation, tracking, trending, and systemic corrective action; review of incident reporting by both service providers and service coordinators; review of any available historical claims data for hospitalizations and emergency room visits as a means to measure effectiveness of reporting; cross-references certification findings; grievance complaint report and a sampling of progress notes; and include recommendations for frequency of trending analysis. When reviewing hospitalization and emergency room visits, the process will include reviewing for any grievance/complaint reports and a sampling of progress notes if any report is concerning or incomplete. This will assist in determining quality of the report and provider response. Hospitalization and ER visits trend analysis should be performed at least annually. Summary information will be provided for dissemination to the State Incident Management Committee. Any noted trends or patterns will be addressed through the policy and procedures developed, such as under reporting issues, or misrepresented reporting issues based on information reviewed.

5.6.8.3 TRENDING AGGREGATE CRITICAL INCIDENT DATA (RFP SECTION VI.F.8.C)

As noted in RFP Section VI.F.8.a, all data will be trended at State, district, and county levels as well as provider level to identify incident types that would benefit from systemic interventions. Columbus will facilitate a QAC review of the trended data to secure any additional recommendations for systems level remediation and reduction of future incident occurrences. Columbus has been involved in systems changes concerning choking incidents, aspirations, and falls, among others. Other systems changes where Columbus

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had involvement included enhanced use of the Abuse registry system to ensure that perpetrators of abuse are not hired at other provider agencies.

5.6.8.4 DEVELOP REQUIREMENTS FOR CONTINUOUS QUALITY ASSURANCE AND ENHANCEMENT (RFP SECTION VI.F.8.D)

Columbus will develop requirements for providers to have continuous quality and enhancement processes for incidents including monitoring, tracking and use of performance data. This includes requirements for provider reporting on trends, including plans for corrective actions at the provider systems level and tracking of implementation. The logical place for the process would be with the provider level incident management committee with empowerment by the agency's leadership to implement necessary actions.

- The committee will be responsible for: reporting on trends which might include:
- An assessment of increasing or decreasing rates of specific types of reported incidents including abuse, neglect, exploitation, and serious injuries.
- An assessment of persons served who have a higher than average number of reported incidents.
- An assessment of programs and/or homes with a higher than average number of reported incidents or substantiated investigations.
- Development of recommendations from these analyses for implementation by agency leadership.

Columbus will provide training to providers on how to perform these assessments and develop recommendations in response to the assessments.

5.6.8.5 QUALITY ASSURANCE OF KEY FUNCTIONS OF CRITICAL INCIDENT MANAGEMENT (RFP SECTION VI.F.8.E)

Columbus will develop policy and procedures that assure that key functions of critical incident management which are the responsibility of other entities, such as investigations and service coordinator follow-up with the participant, family, or guardians, are performed. This will include 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; report incidents at the correct severity level; data is collected and reviewed on critical incidents at the provider and state level; the State IMC is meeting its function and; reasonable suspicions of abuse or neglect are properly reported..

Agencies conducting investigations and service coordination will have policies describing staff responsibilities to report incidents, that reports need to be categorized with the correct severity level and notify families or guardians of the incident. Columbus will assist DHHS-DDD to communicate these requirements to other agencies and will offer assistance to these agencies in development of their agency policies

The State Incident Management Review Committee will be expected to understand their role and addresses critical incidents, investigation reports, data review and recommend systems change where needed. This will be verified through use of quality assurance measures designed to assess performance.

Quality assurance measures will also be applied to assure that all reasonable suspicions of abuse or neglect are properly reported based on definitions and reporting requirements that are standardized and the training is consistent for both State and provider.

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5.6.9 TASK 8. OPERATIONS OF THE CRITICAL INCIDENT PROCESSES (RFP SECTION VI.F.9)

5.6.9.1 DRAFT PLAN FOR ONGOING OPERATION (RFP SECTION VI.F.9.A)

Columbus will submit a draft of the plan for all ongoing operations of the CIMP as described above in this requirement and will submit the plan to DHHS for its approval within 30 calendar days after the CIMP's successful implementation. The draft plan will address each step of the CIMP as developed or revised over the course of the fifteen months to ensure the continued successful implementation and operation of the CIMP. Columbus will have responsibility for all steps in the CIMP, with the exception of notifications to participants and families about an incident and will be responsible for the CIMP's sustainability regardless of the numbers of current incident reports or any future increased reporting. Although notifications to participants and families will remain with the service coordinator, Columbus will work with service coordination providers regarding their responsibility for notifications and will review the provider's compliance with this action.

Columbus has experience managing a state level CIMP that included 200 plus HCBS provider agencies providing services to more than 8500 individuals as well as reports from both public and privately operated ICF-IIDs. That system managed multiple incident reports daily, including after hours and over weekends and holidays. Incident response was required by either state investigators or agency investigators within stated timeframes, and reports and responses were recorded into data systems.

5.6.9.2 DRAFT TRAINING, EDUCATION, AND OUTREACH PLAN (RFP SECTION VI.F.9.B)

As part of the design of the CIMP, Columbus will produce a draft training, education, and outreach plan to ensure that the CIMP will continue to function as designed. Initial training will be provided to state staff and providers, including the Incident Management Coordinators on the CIMP. Additional training material will be developed related to prevention of future occurrences of abuse, neglect, exploitation, and other reports of harm to individuals. Ongoing training will be offered at least quarterly and will include a competency-based provision.

Columbus will also provide ongoing education and outreach for individuals in services and for families and guardians to understand the reporting system and encourage reporting. Forms development for understanding the reporting system will include an area for participant and/or guardian signature.

5.6.9.3 REPORTS (RFP SECTION VI.F.9.C)

5.6.9.3.1 MONTHLY PROGRAM REPORTS (RFP SECTION VI.F.9.C.I)

Columbus will produce monthly program reports with attachments such as training materials, meeting agendas, monthly incident reports that track and trend incidents by participant, by provider, by service coordinator, by District, Region and type due 15 calendar days following the last day of the month.

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5.6.9.3.2 QUARTERLY REPORTS (RFP SECTION VI.F.9.C.II)

Columbus will produce quarterly reports related to performance measures on waiver basic assurance, incident reporting, mortality review and provider compliance with incident management system requirements. This will include aggregate findings of provider compliance audits by region and for the State and information on trending. Reports will be provided fifteen calendar day following the last day of the quarter.

5.6.9.3.3 ANNUAL INCIDENT REPORT (RFP SECTION VI.F.9.C.III)

Columbus will produce an annual report on incident reporting including a summary and analysis of patterns and trends, quarterly and cumulatively, within 15 calendar days following the last day of the year. Also included in the report will be an evaluation of tools to determine content validity, internal consistency, and refinement.

5.6.9.3.4 AD HOC REPORTS (RFP SECTION VI.F.9.C.IV)

Columbus has the capability to produce ad hoc reports no later than seven (7) calendar days after DHHS-DDS's request.

5.7 OPTIONAL QMS EXPANDED SERVICES: DEVELOPMENT, IMPLEMENTATION, AND MANAGEMENT (RFP SECTION VI.G)

Columbus has a long history of working in partnership with states and providers to address a wide variety of issues. We approach the challenges the contracting organization faces as if they are their own. Our consultants have extensive practical experience at identifying and developing strategies to address challenges in their own organizations and in others where they have consulted. Columbus is always responsive to the initial and changing needs of the contracting entity and works collaboratively with contractor's staff in the most positive and professional manner. Through listening and formal assessment processes, Columbus consultants can identify what is wanted and required on a project. Consultants access and utilize systems or processes that are already in place, improve them when necessary and develop new systems or processes in collaboration with contractor staff. Columbus tailors its work precisely to address the contracting agency's needs. If Columbus is awarded this contract, this is how we would work with DHHS-DDD.

Columbus understands the importance of responding to changing needs in a timely manner. Columbus is committed to begin work on any projects that DHHS-DDD has listed in this section within 10 workdays. Completion of the work would be dependent on when the DHHS-DDD wants the work completed and on the scope of the work involved. Columbus recommends that expansion of services begin at least three months after the start of the contract. This would provide the opportunity for Columbus to focus attention on all requirements currently in the Scope but particularly on those prioritized by DHHS-DDD, especially Mortality Review and Reporting and Critical Incident Management Processes. If DHHS-DDD wishes Columbus to take over the management of certain functions, we are prepared to do that in three months after the contract starts. Should DHHS-DDD have extraordinary needs for consultation and/or management of expanded services earlier than 3 months, Columbus will make best faith efforts to address their needs. A

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sample project timeline is included in the combined description of our proposal on Behavior Supports, Safety Plans and Human Legal Rights committees.

For services that could be requested under this section of the contract, Columbus is familiar with applicable CMS regulations and current standards of practice and can quickly incorporate state regulations, professional/accreditation standards and generally accepted contemporary practices into the project's design.

A brief summary of Columbus' work experience and proposed work that could be done for DHHS-DDD is shown below. Additional information on these areas can also be found earlier in the proposal. What follows is brief synopsis of how the Columbus Organization could assess, develop, implement, or manage services in each of the three categories of Individual Services and Outcomes, Provider Oversight and Monitoring and Training and Technical Assistance. We again reiterate that work to be done in NE will be defined by DHHS-DDD's definition of its needs and the specific issues DHHS-DDD identifies.

5.7.1 APPROACH TO EXPANDED WORKPLAN (RFP SECTION VI.G.1)

5.7.1.1 INDIVIDUAL SERVICES AND OUTCOMES (RFP SECTION VI.G.1.1)

Utilization Review of HCBS waiver services

Columbus consultants are familiar with all processes involved in Utilization Review (UR). Columbus has experience in working with Ascend (a Maximus company) in conducting Utilization Review in the state of Maine. Consultants have experience with audits that review the majority of elements and processes included in a formal Utilization Review but not in formally conducted Utilization Reviews. Utilization Review verifies that services are delivered in accordance with the individual's Person-Centered Plan (PCP) and their budget allocation and that those services are being billed consistent with DHHS-DDD contracts with and payment to the client's service provider. Utilization Reviews consist of (a) remote review of provider documentation that the service was rendered consistent with the Plan; and (b) on-site or remote (due to covid-19 restrictions) interviews of the individual and, as appropriate, their family, their service coordinator and service provider(s) or others to determine if services were rendered as required and observations of the physical space in which services are provided.

Options for work Columbus might perform on Utilization include:

- Columbus could review already completed Utilization Reviews for all services provided in all 4 Waivers. A statistically valid random sample of completed Utilization Reviews would be selected. The purpose of this type of review would be to assure that the processes and instruments prescribed by both DHHS -DDD and CMS are being applied appropriately.
- Columbus could conduct the Utilization Reviews for all funded services in each waiver. Columbus would assign a team of reviewers to conduct the reviews. The Utilization Review process would begin with Columbus selecting a statistically valid (95% confidence interval) sample from the universe of participants on 3 of the 4 waivers. Given the size of the TBI waiver, all participants would be reviewed. Columbus would review the UR tool currently used and determine if it requires any revision or a new standardized tool should be developed. The tool would be submitted to DHHS-DDD for review and approval. Columbus would train its reviewers to use the instrument and would develop a process to assure inter-rater reliability among reviewers.

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Columbus anticipates that the actual review process would begin by pulling the client's PCPS and any additional relevant data from the State's information technology system including: staff notes and logs kept by the staff containing information on the client(s) identified in the Remote Audit; the Provider's staffing plan, timesheets, payroll records and receipts and; any other documentation required by DHHS-DDD. After this information is reviewed, Columbus would prepare a preliminary audit report for the Provider, verifying if less than 100% of billed services were provided, verifying staffing plans and qualifications of staff, and assessing the alignment of service provision with the PCP. If a provider has been overpaid because they have not delivered the number of units of service identified in the PCP, the reviewer would identify the dollar amount of the variance in the report.

Based on the results of the remote Audit, additional auditing to look at any systemic claims issues for the Provider may take place. Columbus would conduct a targeted audit based on the presence of the following criteria and any additional criteria required by DHHS-DDD:

- Less services provided than billed;
- Less or more service provided than authorized in the client's plan (+/- >14%);
- Services provided that did not match the definition of services billed;
- Staff qualifications not confirmed in the remote review or the client providing service was not appropriately qualified; and
- Payments that cannot be substantiated by appropriate service record documentation.

During a targeted audit, Columbus would conduct in-person reviews and interviews to determine if service hours and supports match the level and quality identified in the client's Plan. Interviews would be conducted for the client receiving services, and/or the client's family/ guardian. Also included in the review would be results of administrative records review; observation of the physical environment and service delivery sites; results of interviews with staff and; and findings specific to the client being reviewed and any systemic deficiencies.

Columbus would prepare a summary of Utilization Review audit findings and will discuss these in an exit interview with the Provider either after a Remote Audit not requiring a Targeted Audit or after the Targeted Audit.

Columbus would accumulate the results of the Provider review and submit a report with findings and recommendations to DHHS-DDD. Columbus would submit a report of the overall findings and recommendations from the audit to the designated DHHS-DDD staff member with responsibility for UR.

A formal letter of findings would be sent to the provider and they would have opportunity to provide comments on the report.

A report of cumulative UR findings and recommendations would be submitted monthly and annually to DHHS-DDD.

Prior Authorization of HCBS

The Columbus Organization has extensive experience in the Prior Authorization process for residential, day, and clinically based services. Columbus service coordinators generate authorizations for more than 12,000 individuals served in eight states. Among the Columbus consultants are two former State Directors, who have been responsible for assuring that prior authorizations are processed for all HCBS waiver participants and are approved prior to services being delivered. In Nebraska, this would include

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authorizations for all services identified in Nebraska's four waivers. Columbus could review a sample of existing prior authorizations for services and determine if the services provided correlate with those identified in the individual's Person Centered Plan for Supports and Services and are being delivered with the frequency of service delivery identified in the plan. Columbus would prepare a report of findings and recommendations for DHHS-DDD. Columbus could conduct this type of review once or on an ongoing basis as determined by DHHS-DDD.

Post Payment Review of HCBS waiver services

Columbus consultants have conducted post payment reviews at times, and some have assigned staff to conduct post payment reviews to assure payments have been made in accordance with contract and/or regulatory requirements. Some consultants have experience with post payment review of their own organization. Columbus could design a process to conduct one time or ongoing retrospective reviews of payments for services. Factors to be reviewed in assessing if a payment for services was properly made include whether: the client was eligible for HCBS at the time the service was rendered; the service was included in the client's approved PCPSS; there is no duplication of services between Medicaid and Medicare and; the service was provided in accordance with the frequency in the Plan. Columbus would begin by drawing a statistically valid random sample of clients from three of the four waivers for review. All individuals on the TBI waiver would be reviewed given the small number of clients on this waiver. After DHHS-DDD and Columbus come to agreement on the timeframe for the review, Columbus would determine the number of reviewers it requires to conduct the review, and would retain additional consultants, if necessary. A standardized tool would be developed and all consultants participating in the review would be trained on use of the tool. A process to assure inter-rater reliability would be developed and used in the initial project work and throughout the duration of the review. Client specific problems that are identified in this review would be identified to DHHS-DDD with recommendations on actions to be taken to ensure that clients are receiving the services included in their plans. Identification of any systemic issues will also be identified. A report of findings, including the identification of the number of payments that should not have been made and the dollar value of these payments, and other Columbus recommendations would be submitted to DHHS-DDD after completion of each review. Results of multiple reviews will be accumulated and reported to DHHS-DDD on a monthly, quarterly, and annual basis.

Initial and Ongoing Exception Funding

Consultants who would be assigned to this area have had experience in exception funding from all sides of the process, as state employees, service coordinators and providers. They have been involved in developing and approving policy and procedures for exceptions as well as providing services where it has been necessary to justify the need for additional resources. Their experience has taught them the importance of this essential process and financial review as well as the need to use exceptions only when necessary and when the absence of the exception could result in poor outcomes for the client. Columbus would review the DHHS-DDD policy and procedure and recommend revisions, if necessary. A sample of approved and rejected exceptions using the current exception funding processes would be reviewed and a report of findings and recommendations would be submitted to DHHS-DDD. This review could occur once or on a regular basis, for example, quarterly, or each exception could be reviewed as it comes into DHHS-DDD.

Monitoring of basic waiver assurances

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As noted earlier in the RFP, Columbus understands that, if awarded, it would serve as an extension of the State's Quality Management team and would be prepared to assist the Team in any way possible to enhance performance in the area of waiver assurances and sub-assurances. Columbus consultants have knowledge of all waiver assurances and sub-assurances, and some have had responsibility for the assuring that their statewide waiver program meets or exceeds these requirements. Others have operated services or service coordination organizations that require compliance with assurances.

Columbus could assist the DHHS-DDD and its Quality Team with expanded data collection and analysis and/or provision of training and technical assistance to providers and service coordinators on the assurances. Expanded and more comprehensive monitoring on the assurances could detect and address concerns at an earlier point in time than might be possible currently. If the assurance review identifies that client specific remediation is necessary, Columbus would assist the Team in resolving the problem(s). Systemic issues involving providers are discussed in another section of this report.

In the proposal section, "Enhancing and Improving Nebraska's Quality Management System and Strategy", Columbus committed to ensuring that its recommended QMS strategy meets CMS required assurances and sub-assurances for the operation of HCBS waiver programs.

Columbus has committed to integrate the basic assurances and Quality Enhancement with continuous quality improvement activities to achieve the desired outcomes defined in the CMS Quality Framework for Home and Community Based Services.

If there are any unforeseen delays and/or barriers identified that impact Waiver assurances, Columbus will communicate them to the Team and assist the Team in addressing them expeditiously.

As a dedicated extension of the State's Quality Enhancement function, Columbus would work closely with the Team and/or other DHHS-DDD officials to address any of their concerns about Waiver assurances and in particular, to assure that remedial measures are put in place to address clients' needs.

Audit Person-Centered Plans

Columbus is well versed in the principles and philosophy of Person-Centered Planning (PCP). Consultants have conducted multiple audits and reviews of existing plans to verify compliance with those principles and philosophy and have trained on Person Centered Planning and Thinking. This experience includes work with both state and private sector organizations operating HCBS and/or ICF/DD programs. In addition to the audit and review of existing plans, Columbus Organization consultants have implemented PCP in the agencies they have managed and provided training to their own staff in developing person-centered plans and supports.

Columbus consultants could review the current status of the Nebraska PCP process and review reports completed by the Quality Team to determine if PCPs are meeting Nebraska and CMS standards and suggest augmentation, if necessary. If a review identifies that client specific or provider specific remediation is necessary, Columbus could assist the Team in addressing these issues through technical assistance or training, if necessary.

If the Quality Team uses a review tool currently, we could examine the tool and make recommendations if necessary, for improvement. If instrumentation does not exist, consultants could develop a standardized tool for use during an audit.

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Columbus could conduct the reviews beginning with drawing a statistically valid random sample of individuals on each waiver. The Project Director/designee would be responsible for assuring that consultants are trained in the use of the tool and that there is a process for assuring for inter-rater reliability.

The audit process would result in a report of findings and recommendations for enhancement. If it appears that there are generalized issues with various parts of the Plans or Plans in general in some or all districts, Columbus could provide PCP training to service coordinators and provider staff. Columbus could then review Plans developed subsequent to the training to assess if there is improvement in the Plans in terms of their alignment with the client's vision and what is important to them. Hands on technical assistance could be provided to service coordinators or providers continuing to have challenges with Plan development. PCPs need to reflect what is important to the individual and/or their guardian. Lastly and most importantly, the audit must ascertain if the supports and services truly reflect the PCP. A lofty plan without meaningful supports and services to match is not an acceptable outcome. This review could be a one-time review or it could be done quarterly or at an interval established by DHHS-DDD.

Assess Personal Outcomes

As noted in the proposal, Columbus will conduct a comprehensive review of best practices in personal outcome measurement and monitoring, including validated research and tools such as the Council on Quality and Leadership Personal Outcome Measures, the National Core Indicators, the National Core Indicators Aging and Disability, and projects, such as the Performance Outcome Measures Project, funded by the Administration on Community Living, and the National Quality Forum's HCBS Outcome Measurement Framework. The Comprehensive Roadmap will recommend Personal Outcome metrics and frameworks and discuss integrating them within the entire HCBS Quality Management Strategy. Recommendations provided will also include strategies to effectively collect personal outcomes from a representative sample of HCBS waiver recipients. Columbus' strategies would include: drawing a sample of clients served in all waivers with the exception that all clients served in the TBI waiver would be reviewed; development of a standardized tool to utilize in the review process; training consultants on use of the tool; establishing inter-rater reliability among reviewers; conducting the reviews and; issuance of a report of findings and recommendations. Processes to follow-up on recommendations approved by DHHS-DDD would be developed and periodic reviews would assess progress on implementation of recommendations.

Developing Quality Based Criteria / Outcomes for Values Based Payment Contracts

Columbus consultants have some, though not extensive experience, with values-based payment contracts. For example, a consultant who is the former state director in Massachusetts, worked with state staff and the provider trade association to explore use of value-based payment contracts as early as 2007 and 2008. The Department's work was supported by Michael Baillit of Bailitt Health Purchasing. For a variety of reasons including the recession in 2008 and beyond, finalization of work on value-based payments did not occur.

Columbus is aware of CMS's interest in moving to values-based payment contracts for long-term services and, most importantly, ensuring that clients receive the very best services for the money spent on those services. Columbus could thoroughly review the work that has been done in a limited number of states and recommend models for payment to DHHS-DDD for their consideration. Columbus could work with DHHS-DDD to implement their model of choice. Columbus would likely retain an expert to assist with this work.

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Review and Approval of use of Restrictive Controls and Behavior Support Plans/ Assessment of safety plans

We combine three areas of potential expanded services here: m) Review and Approval of Use of Restrictive Controls and Behavior Support Plans; n) Assessment of Safety Plans and q) Develop and Run a Human Legal Rights Committee (HLRC). We combined these three areas of expanded services because together they reflect a systemic approach to key areas of supporting individuals with challenging behaviors. They include ensuring that there is a positive approach to behavioral supports, that safety plans give staff non-punitive tools to deal with a crisis and that human rights are protected whenever a BSP recommends a restrictive practice.

The Columbus Organization has experience working with individuals and organizations who provide behavioral supports, as well as state entities which oversee and provide technical assistance in this area. Columbus' approach is to work with States and providers to assure that positive plans are based on a functional assessment, include practical (non-punitive) approaches that staff can use as behaviors start to escalate and when an individual is in crisis. The training Columbus offers includes supports both to therapists and direct service professionals. Columbus has also provided support for state and regional offices in conducting BSP reviews and consultation to providers in the development of plans and crisis intervention programs.

As part of its support of appropriate behavioral intervention, Columbus has assessed, developed and provided technical assistance to write and train staff on crisis plans. These are critical to give staff tools and instill confidence in them to positively support the individuals they serve. Another critical aspect to good safety plans is that they can reduce the use of 911 calls in response to a behavioral crisis.

Columbus could conduct a review of a sample of BSPs and safety plans using a standardized tool in the review process. Reports from these reviews would be accumulated and areas of strength and areas in need of improvement would be identified. Columbus' report would contain both short and longer term recommendations on improving BSPs and safety plans. Columbus could also provide feedback to therapists on client specific BSPs.

Columbus's approach to the development and operation of Human Legal Rights Committees (HLRC) starts with agency training in the concepts and organization of an HLRC. Columbus could assist with: recruitment and training of committee members; modeling how a meeting should be run; discussion of documentation of meeting actions including at what intervals restrictions will be reviewed and; providing information to team members and state authorities.

Sample Project Timeline

The sample project timeline for the above areas would include several activities being conducted simultaneously. The initial listening and formal assessment process could be completed in one to two months depending on how widespread the activities were introduced by DHHS-DDD throughout Nebraska. Developing a process for review and approval of positive BSPs, Crisis Plans and the development of HLRCs would be concurrent and would be completed in an additional one month. Again, this timeline could expand depending on how widespread the activity was introduced throughout Nebraska. Most expanded service options would be up and running within one month of the request to develop the service. The Columbus Organization would continue in a facilitator, consultant and monitoring role in any expanded

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service for the first year of operation of that service. If asked to manage the service, Columbus would serve as the manager for the period of time requested by DHHS-DDD.

Clinical assessments and recommendations

Columbus could provide clinical assessments and recommendations for a specific client or multiple clients in the same home or program. The Columbus Organization has an array of clinicians with wide experience in their fields. Their disciplines include habilitation services including day/employment services/residential services, behavior analysis and supports, occupational therapy, physical therapy, speech and language therapy, nursing, medical, nutrition and management services. These professionals have provided assessments, consultation and recommendations in client specific cases and on systems development. Recommendations to improve services to specific clients has been an important part of Columbus' work and has resulted in improved services to many clients over the years.

Grievance and complaint system

Consultants have experience with the operation of grievance and complaint systems including use of informal and formal processes, such as, fair hearings and court appeals to address grievances and complaints, in a number of states. A range of issues, including ineligibility for services, objections to the person centered plan in terms of types of services and/or frequency of service delivery, complaints about rights violations and objections to placements from ICFs or SNFs are among some of the issues that arise and in which consultants have been involved. Columbus could review: the existing grievance and complaint policy and procedures and compare them to those in use of other states and CMS guidance and make findings and recommendations on the current Nebraska policies; any reports summarizing the types of complaints and grievances, the numbers of complaints and grievances filed; those upheld or denied; and make recommendations, if necessary, on how processes could change. Columbus would also review the timeframe between when the complaint or grievance is filed and when a determination is made. Because complaints and grievances are typically client specific and have direct impact on the client, timely and appropriate dispositions are important.

Develop and run a Human Legal Rights Committee (HLRC)/ Inventory for Client and Agency Planning (ICAP) assessments

Columbus consultants are very familiar with the ICAP process and how States including ones in which consultants have worked, utilize it to determine eligibility, plan services, perform evaluations, report progress and assist in funding determinations. Our consultants come from varied disciplines and are trained in the various components of the assessment. These include health status, functional limitations, adaptive and challenging behaviors, residential/day services, support services and social/leisure activities.

Columbus can conduct a review of a sample of completed ICAPs and PCPs and review the correlation between information in the ICAP and the client's plan or Columbus could complete ICAPs if necessary. Nebraska's average annual volume of completed ICAPs (1352) is well within the Columbus Organization's ability and capacity to support.

Other Recommendations

Columbus will make other recommendations that can be performed with enhanced funding as necessary.

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5.7.1.2 PROVIDER OVERSIGHT AND MONITORING (RFP SECTION VI.G.1.II)

Initial and Ongoing Provider Certification Review

Columbus consultants have experience in the design and redesign of certification systems and processes. Columbus could review the existing process that Nebraska uses to certify providers to offer HCBS waiver services to determine if the initial or recertification standards are sufficiently robust to assure delivery of quality services. Columbus will make recommendations on changes that should be made to the existing system, if necessary. Columbus could also review Nebraska's use of provisional certifications and make recommendations on that process. A report of findings and recommendations would be included in Columbus' review and submitted to DHHS-DDD.

Provider Oversight and Monitoring: compliance reviews and audits, beyond what is required for certification

Consultants, individually and in teams, have conducted provider oversight and monitoring in multiple states and agencies. This function has been provided at the request of State funding and licensing authorities as well as providers themselves. Sometimes the process is mandated by judicial authorities requiring formal reports and testimony in court. Information proposed for development by Columbus, with input from providers and requiring approval by the DHHS-DDD, is included in RFP Section G.1.ii.d (Provider Improvement Plans) and outlines areas that need to be addressed during the oversight and monitoring process. Areas included in this process include quality assurance and improvement, incident management, health and safety, staffing and staff development, training, program and PCP design, behavioral and other ancillary supports, human rights systems, state agency interface and other issues.

In conducting oversight and monitoring Columbus consultants act as mentors as well as monitors to help develop the organization's leadership with the skills and vision necessary to correct the issues that led to the need for oversight in the first place and to build systems to assure that the issues of previous concern are addressed as they crop up in the future. Sustaining progress is the goal and expectation.

Usually oversight and monitoring is conducted on site to achieve the desired results. In this time of COVID that may not be possible and offsite monitoring may be necessary. Columbus has had recent experience in this area and has achieved results.

Provider Report Cards

Columbus could develop a Provider Report Card showing providers' performance on waiver assurances in comparison to Nebraska statewide average scores and compliance levels set by CMS for waiver assurances. Data would be generated from the standardized provider service reviews of waiver assurances conducted each year by the Quality Team. Columbus would review this tool and determine if any changes to the tool would be helpful. If necessary, Columbus would develop a revised tool. Columbus will review all provider service review reports conducted during the year and aggregate data for use in development of the Report Card. Columbus would develop a rating scale that would rate provider compliance as compliance, partial compliance or non-compliance based on standardized metrics. Columbus would provide an annual report of findings from its data analysis and make recommendations for provider service improvements that will be submitted to DHHS-DDD for review and approval. Based on the Report Card results, Columbus could provide technical assistance to providers whose scores are significantly below state averages or CMS compliance standards and are rated as non-compliant or marginally partially compliant. Columbus

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can conduct validation reviews to confirm that providers who have received technical assistance are making progress in improving their performance on waiver assurances.

Monitoring development and implementation of Provider Improvement Plans

The Columbus Organization has written and/or assisted in developing Provider Improvement Plans for individual agencies as well as statewide initiatives. Its consultants and clinicians have been involved with the drafting, implementing and monitoring of PIPs. In developing these plans, it is critical to draft specific and measurable tasks with timeframes for completion and identification of the person(s) responsible for task completion. Tasks reflect actions that must be taken to address the issues identified in an audit finding or report as well as achieving regulatory expectations. Plans must also include a list of the evidence that would verify task completion and could be modified, if necessary, based on changed circumstances with state approval.

Columbus could review a sample of PIPs to determine if remedial measures are specific, are reported as completed, contain implementation dates and a process to assure sustainability. Provider Improvement Plans must be periodically monitored with reports generated to show progress over time. Report findings would include a summary of data accumulated from the reviews conducted and recommendations for PIP improvements. The Columbus Organization has provided technical assistance to States and agencies to achieve compliance with task completion.

With respect to timelines, Columbus could assist in the development and implementation of a Provider Improvement Plan quickly after an audit or other report determined that such a plan was needed (usually within a month). Implementation and completion of the Plan would be determined by the timelines committed to in the Plan, adjusted, if necessary, for legitimate and state approved reasons.

Monitoring of basic waiver assurances

Columbus consultants have experience in monitoring basic waiver assurances as noted earlier in this proposal. Columbus could assist DHHS-DDD in providing information and education to providers and service coordinators in terms of performance expected by CMS on the assurances and their role in supporting the state's compliance with waiver assurance requirements. Columbus could also expand the number of reviews currently conducted by the Quality Team to review provider compliance with waiver assurances more frequently and more in depth.

Monitor the monitoring

Columbus recommends that monitoring processes be examined from time to time to determine if they remain useful, if they require changes to provide additional clarity for users or should be deleted from monitoring tools. Columbus could review any tools recommended for review by the Quality Team.

Other Recommendations

Columbus will make other recommendations that can be performed with enhanced funding as necessary.

5.7.1.3 TRAINING AND TECHNICAL ASSISTANCE (RFP SECTION VI.G.1.III)

Provider technical assistance and training to build capacity

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The Columbus Organization has considerable clinical and administrative experience in providing technical assistance and training to build capacity at the system and provider levels. Examples of these efforts include (but are not limited to) development of risk management systems at the state and provider level, training on habilitation services, improvements in the health care and nursing and medical services, assistive technology, person centered planning, PCP design to focus on individual interests and preferences, supporting individuals with challenging behaviors, community day-based programs and employment and other areas.

The Columbus Organization prides itself in the success it has had in developing local staff to build capacity. Columbus has worked with clinicians including, nurses, behavior therapists, OTs, PTs, SLPs, nutritionists, art and music therapists. Columbus has assisted them to focus their training on the unique needs of persons with disabilities. These clinicians have become staff at state agencies, community providers and have expanded their practices to include clients served in Waiver programs.

Staff technical assistance and training to build capacity, including onboarding of quality team staff

Columbus has provided hands on technical assistance to groups of state and provider staff or individual staff members in numerous settings across the country. Columbus consultants have for years worked side by side with staff providing direct services to clients, those providing clinical services and staff responsible for administration and management of services, including those working in quality management and improvement positions to assist them with addressing challenges they face. We have worked with providers and state quality improvement staff who need help in developing plans for improvement, assuring that those plans contain measurable or specific information detailing how a problem is going to be addressed on an immediate basis and how compliance can be sustained over time. We have demonstrated in very practical ways a range of techniques over the years including, for example, how to conduct an individual risk assessment for a client, how to work with a group of clients in a day service or how to properly position a client while dining.

The Columbus Organization has also developed and conducted training for thousands of DSPs in multiple states. Training has also been provided or arranged for staff at all levels of private or state run programs.

Columbus will work with DHHS-DDD to address any needs it has for technical assistance and training in specific areas.

Building inter-related reliability amongst monitors

Columbus has identified its commitment to assure that there is reliability among its reviews in earlier sections of this proposal. Should the Quality Team identify areas in which inter-rater reliability has been a challenge, Columbus could provide technical assistance to address and enhance inter-rater reliability. Inter-rater reliability is important in any review process and CMS expects that it will be present in waiver assurance reviews. Assuring that reviewers are measuring standards in the same way also avoids problems with individual providers or trade associations who can point to variances in review processes.

Technical assistance and capacity building for Behavioral Support Plans (BSPs)

As discussed in Section G I, m, n & q, the Columbus Organization is well qualified to assist in building capacity in Nebraska in the area of positive behavior supports including the drafting of effective BSPs and

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safety plans. Among its consultants are included behavior analysts and therapists as well as others with experience in developing a system of positive behavior supports state-wide.

Other Recommendations

Columbus will make other recommendations that can be performed with enhanced funding as necessary.

5.7.2 SPECIAL PROJECTS (RFP SECTION VI.G.2)

The Columbus Organization is pleased (subject to mutual agreement) to engage in special consulting projects related to quality assurance, improvement, and enhancement and in any other areas the DHHS-DDD determines they need assistance. The Columbus Organization will provide an hourly rate for each staff position assigned to these projects in the State Cost Proposal. Columbus will comply with the other special project expectations listed in section G, number 2 of the RFP.

6 COLUMBUS' QIDS TECHNICAL REQUIREMENTS TRACEABILITY MATRIX (EVALUATION CRITERIA RFP PROPOSAL REQUIREMENTS, ITEM 3.D AND ATTACHMENT A – QIDS TECHNICAL REQUIREMENTS TRACEABILITY MATRIX)

Columbus and Focus Technologies, LLC are pleased to present the responses to Attachment A, QIDS Technical Requirements Traceability Matrix that follow. Columbus and Focus believe this solution will ensure 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. Additionally, Columbus and Focus are prepared to work with the State for transitioning operations of the QIDS at the end of the contract, with a transition plan submitted to DHHS for approval 180 days before the end of contract.

6.1 GENERAL TECHNICAL REQUIREMENTS (TEC)

6.1.1 PROPOSED TECHNICAL ARCHITECTURE (TEC-1)

Provide a description and diagram of the proposed technical architecture. Include all database/web/networking hardware, software, tools, etc. Indicate where the solution is hosted. Indicate if any components are needed on the client and/or loaded on servers, etc.

The Focus Data Reporting Application can be hosted on premise, Private Cloud or in the Azure Cloud. Authentication is provided through local Microsoft Active Directory or Azure Active Directory. The Database platform can be local SQL Server 2016 or later, or Azure SQL Database. Data import functionality from Microsoft Integrated Information Services or Azure Data Factory depending on hosting preferences. The client can be a simple web browser with Google Chrome as the preferred host. Microsoft Excel can be helpful for further processing of tabular data exported from reports stored in the Report Genie reporting functionality. The proposed architecture for the system can be found in the figure below.

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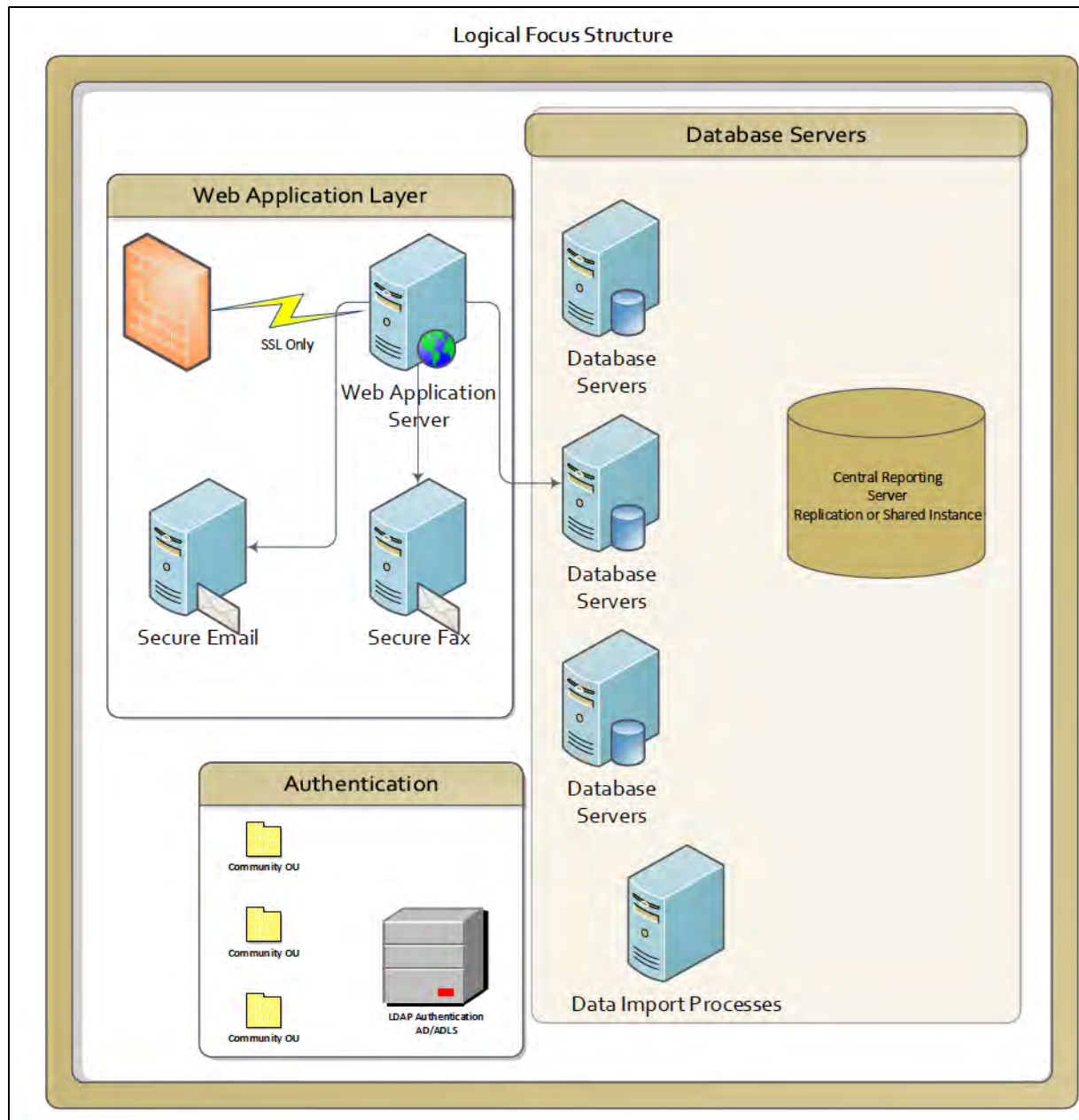


Figure 40. Logical Focus Structure

6.1.2 RESPONSIVE TO MOBILE TECHNOLOGY (TEC-2)

Describe how the proposed solution is responsive to mobile technology and works with mobile devices such as smart phones or tablets.

The application runs on a web browser and runs exceedingly well on mobile devices such as a tablet or larger smart phone.

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6.1.3 THIRD-PARTY COMPONENTS (TEC-3)

Describe any third party components that are proposed as part of the solution, i.e. using Crystal Reports as a reporting tool. Please ensure any costs for these required tools are included.

The web application makes use of the Telerik Web controls which are of no cost to use on the client. Open source tools such as Bootstrap, JQuery, and Font-Awesome are in use as client enhancing components.

6.1.4 UPDATES FOR BUSINESS RULE PARAMETERS (TEC-4)

Describe how the solution is designed so that business rule parameters and code lookup tables can be easily updated without changing the overall application program logic.

The application makes use of 'Custom Forms,' a proprietary functionality built into Focus. The data generated from these forms is stored in Json (JavaScript Object Notation). These forms may be changed at will without the need recompiling or redeploying the applications. Reports are generated by Creating Stand Alone or parameterized queries. The reports display data in tabular format. The results may be downloaded for further (data mining) in Microsoft Excel format.

6.1.5 SOFTWARE LICENSING MODEL (TEC-5)

Describe the software licensing model of the solution, including any required third party licensing. In all cases, DHHS prefers a concurrent licensing model or a site licensing model as opposed to "seat" or per user licensing.

Focus can be hosted in turnkey operation on our servers with annual licensing for DHHS. At the termination of this agreement, Focus will be perpetually licensed for use to DHHS. Ongoing support is available.

6.1.6 UPGRADE AND MAINTENANCE PROCESS (TEC-6)

Describe the upgrade and maintenance process for the proposed solution. DHHS requires minimum downtime and impact to the users.

Much of the changes to the Focus Data system do not require system code or more important database changes. Most changes and upgrades cause little or no downtime or impact to users. Exceptions to this included hard updates that are outside the control of any software product, or security updates that cause system failures.

6.1.7 IMPACT WITH UPGRADES AND MAINTENANCE PROCESSES (TEC-7)

Describe any impact on customizations made to the solution for upgrades and maintenance processes. DHHS requires minimum downtime and impact to the users.

As stated in response to TEC-6, most updates are logical updates that happen in real time and allow for minimum downtime and user impact.

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6.1.8 BUILT-IN REDUNDANCY (TEC-8)

Describe any redundancy built into the proposed solution to limit any downtime in the proposed solution.

The software does not contain redundancy in and of itself. However, SQL Database Mirroring and Web Server Load Balancing are supported without software changes. SQL Database Maintenance and support are not included with self-hosted solutions.

6.1.9 SECURE SHARING OF DATA (TEC-9)

Describe how the proposed solution has the ability to share data securely, including importing and exporting of data to/from other application software tools, such as a Microsoft Excel file, XML, comma separated value (csv) file, etc.

Focus understands the need for data to be shared securely via importing and exporting to and from other software tools. Data import functionality will be a custom developed functionality. Data may be exported securely from Report Genie Reports via excel reports.

6.1.10 RECORD RETENTION (TEC-10)

Describe how the proposed solution has the ability to archive data per the department's required record retention schedules. Describe the method and ability to adjust to changes.

All key data is marked by created date and updated date. Archives may be automated by executing upon that date. Historical back up data may be retained off site. There are several document archive functions as well that essentially hide documents that are archived. The data actually remains but allows for a less cluttered document library.

6.1.11 AUDIT INFORMATION (TEC-11)

Describe how the proposed solution has the ability to provide audit information on all data accessed or changed within the system.

All user actions are logged. There is a simple “built in” Audit Log Reader but more extensive reports and analyses may be performed using custom Report Genie Reports.

6.1.12 MULTIPLE USERS CAPABILITY (TEC-12)

Describe how the proposed solution allows multiple users to use the software applications and database concurrently. An initial minimum of 2000 users are estimated.

Current Focus Installations routinely support 1,500 concurrent users per hour. Therefore, 2000 users per hour do not represent a hardship for the application design.

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6.1.13 SCALABILITY AND FLEXIBILITY OF SOLUTION (TEC-13)

Describe how the proposed solution is scalable and flexible enough to accommodate any changes required by the State and/or federal statute, mandate, decision or policy. Describe any capabilities that allow the DHHS staff the ability to modify data fields.

The custom forms functionality allows trained personnel (not programmers) to create custom forms to capture specific information from users based on the current context.

6.1.14 PROPOSED ELECTRONIC DOCUMENT MANAGEMENT SYSTEM (TEC-14)

If an electronic document management system is needed, provide a description of the proposed document system and how it is able to support multiple objects such as pictures, documents, PDF file, etc.

Focus has a customizable “folder” system where administrators can design exact structure required. The actual documents are stored in the database. Meta-Data about the documents are stored in a separate but connected location.

6.1.15 GENERATING REPORTS AND AD HOC QUERIES (TEC-15)

Describe how the proposed solution has the ability to generate reports and ad hoc queries without performance impact to user access or system response time.

The report Genie contains the functionality for reporting. Reports with optional parameters are stored in the database. Reports are enhanced SQL queries that the report Genie converts into grid displayed pages. The output may be exported and Microsoft Excel Files. Knowledge of the database structure and query writing expertise is required but these reports can be created without the use of a third-party tool.

6.1.16 STORING MULTIPLE OBJECTS (TEC-16)

Describe how the system stores multiple objects such as pictures, documents, PDF files, etc.

Files such as these are stored as binary objects. Metadata related to the files is store in a different table. Information such as virtual path to the folder, Document Type, Created Date, Expiration Date are stored in the meta-data table.

6.2 STANDARD REQUIREMENTS (STN)

6.2.1 SUPPORTED INDUSTRY STANDARDS BROWSERS (STN-1)

Describe what industry standard browsers are supported by the solution. If the system requires additional components, describe the technical details of those components. Please describe how solution may be accessed across the state via web-based portal.

The Focus Application operates on the latest versions of Microsoft Internet Explorer, Microsoft Edge, Firefox, and Chrome. Chrome is the preferred browser for Focus.

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6.2.2 HOW DATA IS STORED (STN-2)

If the proposed solution requires any DHHS data to be stored off-site (including data "in the cloud") describe how the data is stored in federally compliant data centers residing within the continental United States of America, and if needed, follows HIPAA standards.

There is no specific hosting requirement for the application. However, specific hosting options will be presented upon award.

6.2.3 MAINTAINING DATA THAT IS DHHS PROPERTY (STN-3)

Describe how the proposed solution maintains that all data contained within the system is the property of DHHS, and that DHHS will retain the exclusive rights of use now and in perpetuity.

The plan is to deploy a dedicated database for only DHHS. The Contract can state that all data belongs to DHHS.

6.2.4 COMPLIANCE WITH ACCESSIBILITY REQUIREMENTS (STN-4)

Describe how the proposed solution complies with accessibility requirements described in 45 CFR 85 and with State of Nebraska accessibility requirements located at <https://nirc.nebraska.gov/standards/2-101.pdf>

Columbus and Focus will submit to accessibility standards described in 45 CFR 85 and State of Nebraska accessibility requirements to make appropriate modifications to the application in order to meet requirements.

6.2.5 COMPLIANCE WITH DIGITAL SIGNATURES REQUIREMENTS (STN-5)

Describe how the proposed solution complies with digital signature requirements described in the Nebraska Digital Signatures Act. Refer to http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Secretary_of_State/Title-437.pdf for definition and standards in Nebraska.

Digital Signatures are in the sole control of the user who created that signature. For a signature to be applied to any document electronically, the user must provide a PIN they created. This is PIN is addition to the authentication required to login to the application.

6.2.6 COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT (ADA) (STN-6)

Describe how the proposed solution conforms to the sub-parts of Section 508 of the Americans with Disabilities Act (ADA), and any other appropriate State or federal disability legislation. Refer to <http://www.ada.gov/508/>.

Columbus and Focus will submit to accessibility standards described in Section 508 of the Americans with Disabilities Act (ADA), and any other appropriate State or federal disability legislation. Compliance testing and remediation will commence prior to go-live.

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6.2.7 COMPLIANCE WITH HIPAA AND OTHER REQUIREMENTS (STN-7)

Describe how the proposed solution is consistent with all HIPAA and other statutory, regulatory and policy requirements as defined and adopted by DHHS. Refer to <http://dhhsemployees/sites/ls/HIPAA/Policies/Forms/AllItems.aspx> for policies and standards.

- The Administrative Safeguards primarily concern the requirement to conduct ongoing risk assessments in order to identify potential vulnerabilities and risks to the integrity of PHI. The current hosting company on which Focus resides any company to host the Focus application must undergo routine intrusion detection and security assessment.
- The Physical Safeguards concentrate on the measures that should be implemented to prevent unauthorized access to PHI, and to protect data from fire and other environmental hazards. All Focus servers are housed on locked cages in the hosting facility.
- The Technical Safeguards relate to the controls that have to be put in place to ensure data security when PHI is being communicated on an electronic network. Auditing, Data Encryption at Rest, Auto Logout, Strong Password requirements are a few of the many safeguards in place within the Focus Application.

6.2.8 SOFTWARE INSTALLATION (STN-8)

If the solution requires client software to be installed, describe how the proposed solution assures that all software used for the solution can be distributed, installed and configured in an unattended "silent" manner.

No Client Software is required.

6.2.9 PREVENTING ADMINISTRATIVE CHANGES (STN-9)

Current DHHS policies prevent users from making administrative changes and downloading software locally to a State-owned PC. Describe how the proposed solution supports this policy.

The Application is a web-based application. No application components are downloaded to the workstation. As in most web applications, the browser may cache User Interface (UI) components such as Static Images, CSS Files, and JavaScript Files.

6.2.10 STORING DATA LOCALLY (STN-10)

Current DHHS policies recommend not storing any data locally in the event that a user's desktop PC needs to be reimaged (which deletes locally stored data). Describe how the proposed solution supports this policy.

The Application is a web-based application. No application components are downloaded to the workstation. As in most web applications, the browser may cache User Interface (UI) components such as Static Images, CSS Files, and JavaScript Files.

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6.2.11 REPORT DESIGN TOOL AND OUTPUT FORMAT (STN-11)

Describe the solution's report design tools and output formats.

Report Genie presents the ability to quickly define and deploy reports based on FocusQueryScripting and standard SQL Server Queries. Accessing remote data stores can be achieved through replication, ETL processes CSV, JSON Data or direct access when databases are in the same instance. All reports can be exported to excel for further data analysis.

The Focus Report Genie is a tool for Rapid Development and Deployment of simple tabular reports based on simple to complex data sources. The data need not be Focus stored data. The following examples are from a customer who used the Genie Engine to report on Help Desk tickets from their IT department. Most Focus data entities are stored in a temporal manner. This means the data is stored over time, not merely changed, therefore trending reports are entirely feasible.

More information and figures regarding the Report Genie's capabilities can be found in Section 5.2.3.2.2, "Reporting Module" of this proposal response.

6.2.12 MAINTENANCE OF LICENSED SOFTWARE (STN-12)

Describe how the proposed solution maintains licensed software, including all third-party software, no more than two supported versions behind the latest release, and updated with latest security patches.

The Focus application makes use of the Microsoft Technology Stack. Other than those components, the application makes use of the Telerik Controls which have a good track record of maintaining security.

6.2.13 ACCESS TO STATE-HOSTED DEVICES (STN-13)

Describe how the proposed solution ensures that all access to any State-hosted device is provided using agency-providing methodology.

Focus is accessed via web-based application; access to any State-hosted device would be provided through methodology consistent with agency standards. Specifically, firewalls and certificate-based authorization may be used to further harden application entry controls.

6.3 ERROR HANDLING REQUIREMENTS (ERR)

6.3.1 ERROR HANDLING FUNCTIONALITY (ERR-1)

Describe the proposed Error Handling functionality

Errors are logged in the audit trail and the Windows Event Log where appropriate.

6.3.2 COMPREHENSIVE SETS OF EDITS (ERR-2)

Describe how the proposed solution provides a comprehensive set of edits at the point of data entry to minimize data errors and provide immediate feedback in order for incorrect data to be corrected before further processing (e.g., spell check).

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While spell check is not currently in use, most data fields are based on lookup lists, and even “custom forms” are validated so that incorrect data can be corrected before further processing.

6.3.3 ERROR LOG (ERR-3)

Describe how the proposed solution ensures all errors are written and categorized to an error log. Describe how the bidder's proposed solution allows for a user to view, filter, sort, and search the error log.

All errors are written to the Audit Trail which viewable and filterable within the application. System Errors that prevent proper Application Execution are written to the windows event log, the SQL Server, and Internet Information Services Logs.

6.3.4 USER-DEFINED ALERTS OF ERROR (ERR-4)

Describe how the proposed solution allows for user-defined alerts of errors, including those to external communication mechanisms (e.g., e-mail and text messaging).

Focus will add user-defined alerts of errors functionality in the first 90 days for.

6.3.5 GENERATING ERROR REPORTS (ERR-5)

Describe how the proposed solution provides for the generation of standard and customizable error reports.

The Report Genie as described can and will provide this functionality for standard and customizable error reports.

6.3.6 ERROR MESSAGES AND IDENTIFIERS (ERR-6)

Describe how the proposed solution includes a comprehensive list of error messages with unique message identifiers.

Focus will add a comprehensive list of error messages with unique message identifiers during the first 90 days.

6.3.7 REAL-TIME ERROR DISPLAYS (ERR-7)

Describe how the proposed solution displays errors to the user/operator in real-time whenever an error is encountered.

Validation provides the feedback for data entry errors. System Interruption Errors deliver the user to a friendly error page with System Codes to provide support professionals when help is needed.

6.3.8 SUPPRESSING ERRORS BASED ON USER-DEFINED CRITERIA (ERR-8)

Describe how the proposed solution has the ability to suppress error messages based upon user-defined criteria.

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Customization of the product to suppress error messages based on user-defined criteria will be completed early in the project.

6.4 DATABASE/DATA MANAGEMENT REQUIREMENTS (DBM)

6.4.1 PROPOSED DATABASE ARCHITECTURE (DBM-1)

Describe the proposed Database architecture. Indicate what database software (DBMS) is used by the proposed application

A Microsoft SQL Server 2016 or greater is required.

6.4.2 PROPOSED DATABASE WAREHOUSE (DBM-2)

Describe the proposed Database Warehouse solution, if applicable.

The Data Warehouse solution is not applicable.

6.4.3 INTEGRATED DATA MODEL (DBM-3)

Describe how the proposed solution is built upon an integrated data model, such as a RDBMS, with referential integrity enforced. Describe the integrated data model.

Referential Integrity is supported throughout the application wherein the data is linked between two tables through requiring that a foreign key must have a matching primary key.

6.4.4 PROPOSED DATA MODEL CAPABILITY (DBM-4)

Describe how the proposed integrated data model has the capability to support triggers, stored procedures, alerts, user-defined functions and data types, and system-defined functions and data types.

Microsoft SQL Server 2016 has the capability to support triggers, stored procedures, alerts, user-defined functions and data types, and system-defined functions and data types.

6.4.5 NATIVE-DBMS SUPPORT OF XML (DBM-5)

Describe how the proposed RDBMS has native-DBMS support of XML.

XML DataType is available on all currently supported versions Microsoft SQL Server.

6.4.6 MAKING IMMEDIATE CHANGES ONLINE (DBM-6)

Describe how the proposed solution allows changes to be made available immediately on-line.

Most Schema changes in SQL Server are immediate. However, significant changes may require table rewrite.

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6.4.7 ACCOMMODATIONS TO DATA STRUCTURE (DBM-7)

Describe how the proposed solution facilitates data structure changes to accommodate expanding scope, new services, changing requirements and legislative mandates.

Microsoft SQL Server supports the JSON DataType and JSON Queries. This allows the application to support widely different data structures implemented through code only to accommodate expanding scope, new requirements, services, or mandates.

6.4.8 SOFTWARE DEVELOPMENT LIFE CYCLE (SDLC) (DBM-8)

Describe the proposed standard Software Development Life Cycle (SDLC) for deploying software. Describe bidder's process for planning, creating, testing and deploying bidder's solution.

The currently deployed Focus-CSS application meets most of the needs required. Updated functionality will follow an Agile/Scrum methodology by which updates are created and reviewed in periodic segments known as sprints. Releases may be made up of several sprints.

6.4.9 FLEXIBILITY TO EXTRACT AND LOAD DATA (DBM-9)

Describe how the proposed solution provides the flexibility to extract and load data into standard non-proprietary software formats.

ETL (Extract, Transform and Load) Functionality will be a custom developed function for this project. Extraction is expected to be through Report Genie functions.

6.4.10 AUTOMATED TRANSACTION HISTORY (DBM-10)

Describe how the proposed solution maintains an automated history of all transactions, including, but not limited to: date and time of change, "before" and "after" data field contents, and operator identifier or source of the update.

In SQL Server 2016 and later versions, Temporal Tables are available. Temporal Tables make the above requirements readily available. However temporal table do require more storage space.

6.4.11 OPEN DATABASE CONNECTIVITY STANDARD (ODBC) (DBM-11)

Describe how the proposed software database conforms to the Open Database Connectivity Standard (ODBC).

Microsoft SQL Server has supported ODBC for most of the product lifetime. However direct access to the database through ODBC can present performance problems when “rogue” unplanned queries are executed by individuals outside the framework of the application.

6.4.12 STRUCTURED QUERY LANGUAGE COMPLIANCE (DBM-12)

Describe how the proposed solution is compliant with the Structured Query Language.

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This is Microsoft SQL Server Supported.

6.4.13 UTILITIES OR OTHER TOOLS FOR ADMINISTRATIVE USERS (DBM-13)

Describe how the proposed solution provides utilities or other tools for administrative Users to evaluate data relationships between tables.

This is Microsoft SQL Server Supported.

6.4.14 DIAGNOSTIC TOOL OR UTILITY (DBM-14)

Describe how the proposed solution provides a diagnostic tool or utility to identify contaminated and corrupt files and locate the contamination within the file.

This is Microsoft SQL Server Supported by SQL Server Management Studio.

6.5 BACKUP AND SYSTEM RECOVERY REQUIREMENTS (BKP)

6.5.1 BACKUP AND SYSTEM RECOVERY PLAN AND READINESS (BKP-1)

Describe the proposed Backup and System Recovery plan and readiness. Describe the service level agreement on returning the solution to service from a backup. Describe the proposed backup retention schedules – daily, weekly, monthly, quarterly, etc.

Backup Service include both local and offsite backups that are encrypted both in transit and on storage medias. We have several options for SLA's depending on the desired Recovery Points (RPOs) and Recovery Times (RTOs) for each system being backed up. We have a minimum of 30 days retention, but again the retention schedule would be based on the wishes of the client for each system. We have the ability to update the backups from as often as every 15 minutes through daily, again depending on the system being backed up and the wishes of the client. We have the ability to retain daily week, monthly, quarterly and annual snapshots of the backups if DHHS-DDD wishes to do so.

6.5.2 DISASTER RECOVERY PLAN (BKP-2)

Describe the proposed Disaster Recovery Plan. Describe the service level agreement on returning the solution back to operational service.

Regarding the technical recovery element of disaster recover, Focus has several options depending on the requirements and/or wishes of the client for each server hosted. We have options for local recovery to a BDR (Backup & Disaster Recovery Appliance), and/or options for Cloud Recovery of backed up servers to a virtual environment in the cloud. Some options allow for near immediate spin up capability and others within an agreed upon period of time. All options include the ability to recover servers, files, folders, etc. to new hardware or virtual platforms.

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6.5.3 BACKUP SYSTEMS SCHEDULING (BKP-3)

Describe how backups of the proposed solution are able to be scheduled without user intervention and without interruption to the system.

Backups can be scheduled without user intervention or interruption to the system. We have the ability to update the backups from as often as every 15 minutes through daily, again depending on the system being backed up and the wishes of the client. We have the ability to retain daily, weekly, monthly, quarterly and annual snapshots of the backups if DHHS-DDD wishes to do so.

6.5.4 TESTING AND VALIDATION PROCESSES (BKP-4)

Describe how the proposed solution provides testing and validation processes for all of the backup requirements listed previously (BKP-1, BKP-2, and BKP-3).

Focus regularly tests procedures and processes for requirements listed in BKP-1, BKP-2, and BKP-3.

6.5.5 BACKUP FAILURE OR DOWNTIME COMMUNICATION (BKP-5)

If there is a backup failure or downtime, describe the b proposed method and timing of communication to DHHS.

Should there be any backup failure or downtime, Focus has proposed options mentioned in BKP-1 and BKP-2 for flexibility and expeditious communication with DHHS depending on the desired Recovery Points (RPOs) and Recovery Times (RTOs) for each system being backed up.

6.6 SECURITY REQUIREMENTS (SEC)

6.6.1 SECURITY SAFEGUARDS (SEC-1)

Describe the proposed security safeguards integrated into bidder's application and how these safeguards address DHHS security.

Refer to DHHS Information Technology (IT) Access Control Standard (DHHS-2013-001-b) for specific requirements:

<http://dhhsemployees/Policy%20Documents/DHHS-IT-2018-001B%20Access%20Control.pdf>

Focus has reviewed requirements in DHHS IT Access Control Standard. When hosted in a HIPAA Compliant secure hosting facility, The Focus Application provides the following safeguards but not limited to:

- Hosted Platform
 - Intrusion Detection
 - Asset Management
 - Configuration. Management
 - Maintenance
 - Media Protection
 - Physical Protection

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- Recovery
- Systems and Communications Protections
- Firewall
- Application
 - Identity Management
 - Authorization Management
 - Audit Trail
 - Security Reporting

6.6.2 COMPLIANCE WITH FEDERAL, STATE, AND DIVISION-SPECIFIC SECURITY REQUIREMENTS (SEC-2)

Describe how the proposed solution complies with Federal, State, and division-specific security requirements including but not limited to:

• *Health Insurance Portability and Accountability Act (HIPAA) of 1996*

• *Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009*

• *Nebraska Electronic Signature Statute*
<http://www.nebraskalegislature.gov/laws/statutes.php?statute=86-611>

• *Privacy Act of 1974*

• *45 CFR 85 Security standards for PHI*

• *Office of the National Coordinator's Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health information*
<https://www.healthit.gov/sites/default/files/nationwide-ps-framework-5.pdf>

Refer to the Nebraska DHHS Information Systems and Technology Security Policies and Standards for more information ([http://dhhsemployees/Policy%20Documents/DHHS%20-%20HR%20-%20Information%20Technology%20\(IT\)%20Security%20Policies%20and%20Standards.pdf](http://dhhsemployees/Policy%20Documents/DHHS%20-%20HR%20-%20Information%20Technology%20(IT)%20Security%20Policies%20and%20Standards.pdf))

- HIPAA
 - a) Ensure the confidentiality, integrity, and availability of all electronic protected health information. Focus supplies redundancy, integrity and security through a standard set of security practices integrated with robust Authentication protocols
 - b) Detect and safeguard against anticipated threats to the security of the information. Through our hosting partners providing maintenance, intrusion detection and active firewalls, prevent unwanted access
 - c) Protect against anticipated impermissible uses or disclosures. The internal controls of Focus prevent users from viewing Individuals PHI when not authorized
 - d) Certify compliance by their workforce. Focus team members undergo annual HIPAA Training
- HITECH – Most HITECH are not technical in nature but the solution providers stipulate to adhering to provisions indicated in the HITECH Act

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- a) Enforcement
- b) Notification of Breach
- c) Electronic Health Record Access
- d) Business Associates and Business Associates Agreements
- Nebraska Electronic Signature Statute 86-11 – The Focus Application status for the items in this statute are as follows. Items marked as Will Comply require additional development to meet the requirement.
 - a) It is unique to the person using it – Complies
 - b) It is capable of verification – Complies
 - c) It is under the sole control of the person using it -- Complies
 - d) It is linked to data in such a manner that if the data is changed, the digital signature is invalidated – Will Comply
 - e) It conforms to rules and regulations adopted and promulgated by the Secretary of State – Will Comply
- Privacy Act of 1974 – Complies
- 45 CFR 85 standards for PHI – Will Comply

6.6.3 UNIQUE USER ID ACCESS (SEC-3)

Describe how the proposed solution meets the DHHS requirements for unique user ID access. Including but not limited to:

- *Specification on configuration of the unique user ID.*
- *How the unique user ID is assigned and managed.*
- *How the unique user ID is used to log system activity.*

How the system handles the creation of duplicate user ID accounts.

The Application Internal IDs are a representation of the ID presented by the Authentication provider. For example, if the login is john.doe@nebrasksa.gov, internally that user will be represented as john.doe for a logged ID. Each user has internal unique identifier but for logging purposes the textual ID is used. Configuration of the ID is at the sole discretion of DHHS or its security infrastructure. If DHHS changes the unique identifier of a user, there is no mechanism for Focus to “update” that ID. That new ID is in fact a new user to the Application.

6.6.4 PASSWORDS STANDARDS (SEC-4)

Describe how the proposed solution meets the DHHS standard for administering passwords:

- *Initial Password assignment.*

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- ***Strong Password Requirements.***
- ***Password reset process.***
- ***Password expiration policy.***

Password controls for automatic lockout access to any user or user group after an administrator-defined number of unsuccessful log-on attempts.

Nebraska Director Services (NDS) shall be in control of these policies.

6.6.5 UNIQUE SYSTEM ADMINISTRATION ACCESS (SEC-5)

Describe how the proposed solution meets the requirements for unique system administration access. Include:

- ***Specification on configuration of the unique system administration ID.***
- ***How the unique system administration ID is assigned and managed.***

How the unique system administration ID is used to log system activity.

Application and Server administration tie back to the Active Directory or NDS accounts depending on the context of the administration task involved.

6.6.6 UNIQUE DATABASE ADMINISTRATION ACCESS (SEC-6)

Describe how the proposed solution meets the requirements for unique database administration access. Include:

- ***Specification on configuration of the unique database administration ID.***
- ***How the unique database administration ID is assigned and managed.***

How the unique database administration ID is used to log system activity.

The SQL Server password (“sa”) type login will be disabled on the SQL Server instance. Applications will access the database via Service Accounts. Individuals accessing the database for administrative or reporting will have a higher level of access.

6.6.7 MULTI-FACTOR AUTHENTICATION (SEC-7)

Describe how the proposed solution supports the use of multi-factor authentication.

Multifactor authentication will be implemented in a manner that is compatible with the current Practices of DHHS. This is dependent upon the NDS Implementation. Focus shall “trust” NDS to provide users that have been sufficiently vetted. If Focus is required to execute the password checking, the Focus Pin Functionality will be the second factor.

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6.6.8 SECURITY PROCESSES FOR UPDATES AND VULNERABILITY (SEC-8)

Describe any security processes for managing security updates, and integrated components subject to vulnerability, including anti-virus.

The current hosting company or any selected hosting company will be contracted to provide Operating System Vulnerability Checks and reports.

6.6.9 DIRECTORY OF USER PERSONNEL (SEC-9)

Describe how the proposed solution provides the ability to maintain a directory of all personnel who currently use or access the system.

The Users are stored in the database. A simple Report Genie Report will be developed to provide this functionality.

6.6.10 INTEGRATING WITH NEBRASKA DIRECTORY SERVICES (NDS) (SEC-10)

The State of Nebraska requires authentication and authorization of users through an enterprise directory known as the Nebraska Directory Services (NDS) to access web-based applications. Describe how the proposed solution will integrate NDS authentication.

Refer to the Nebraska Information Technology Commission Security Architecture – Passwords (8-302) for specific requirements:

<https://nitc.nebraska.gov/standards/8-302.pdf>

This will be a custom implementation of authentication based on the capabilities of NDS. Azure Active Directory, LDAP Authentication, Active Directory Federation Services are all possibilities for authentication. Focus is not a claims-based application and does not currently consume Federated Authorizations. Since Focus separates authorization from authentication, integration of NDS should be possible without major roadblocks.

6.6.11 RULE-BASED SECURITY AND RESTRICTED ACCESS (SEC-11)

Describe how the proposed solution provides rule-based security and allows restricted access to system features, function, screens, fields, database, etc. Role authentication may occur at the directory level, application level, or database level (depending on database solution). Describe the security administration functions integrated into the proposed system that manage role-based access to system functions, features, and data. Include a description of:

- How and where the proposed system stores security attributes or roles (e.g., LDAP attributes, database tables, a file).*
- The interface between the LDAP and the application, if roles are assigned in an LDAP directory.*
- How roles are created and security is applied to the role based on how and where security attributes are stored (if multiple options describe each).*

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- *How groups are defined and how roles and security are applied to each group.*
- *How access limits are applied to screens and data on screens by role or group.*
- *How users are created and assigned to one or more roles or groups.*

How role and group creation and assignment activity is logged.

Focus has a limited Role set and Attribute set stored within the database and accessible by administrators or Agency Directors. Read Only/ Basic User / Document Administrator/ Supervisor/ Global Admin

- Read Only may only view Participants that are assigned to that user
- Basic Users may only view and edit Participants to which they are assigned
 - Basic Users may also access User Reports which are limited to the context of the currently selected Participant
- Document Administrators may view all users and edit upload and archive documents associated with a Participant
- Supervisors may search for any Participant. “My Case Load” shows Participants for the user and any users that Supervisor Manages and may view Admin Reports
- Global Admin – All functions including system configuration and user Management

6.6.12 INACTIVITY DISCONNECTION (SEC-12)

Describe how the = proposed solution automatically disconnects based upon inactivity, as required by DHHS Policies and Procedures. Describe how the feature is administered and what effect disconnect has on any activity or transaction in process at the time of disconnection.

Refer to DHHS Securing Hardware and Software Standard (DHHS-2018-001-A) for specific requirements.

<http://dhhsemployees/Policy%20Documents/DHHS-IT-2018-001A%20Securing%20Hardware%20and%20Software%20Standard.pdf>

Focus provides for inactivity disconnection based on a configurable duration and will comply with DHHS Policies and Procedures requirements.

6.6.13 PROTECTING CONFIDENTIAL AND HIGHLY RESTRICTED DATA (SEC-13)

Describe how the = proposed solution protects Confidential and Highly Restricted Data from unauthorized access during transmission. Describe transmission safeguards that are integrated into the proposed system to protect data during transmission, including any encryption technology.

Refer to DHHS Information Technology (IT) Security Policy (DHHS-2013-001) for specific requirements:

<http://dhhsemployees/Policy%20Documents/DHHS-IT-2013-001%20Security%20Policy.pdf>

The following text assumes hosting on a Focus controlled application server. Some services may not exist if hosted on DHHS facilities. All servers reside on Storage Area Networks (SANs) which are encrypted at rest.

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There four forms of transmission (if all enabled) in the application are:

- Web Application – All transmissions are over SSL. Insecure protocols have been disabled on all servers
- SFTP Batch Transfer. These transmissions are between hardened secured servers. Data files are deleted after processing is complete.
- Messaging
- All Fax and Email addresses must be stored in contacts prior to submission, thus preventing rogue messages from leaving the environment. All Message document are stored and logged
 - Email ZixSecure is used to encrypt outbound email traffic
 - Fax GFI Faxmaker used for fax transmissions.

6.6.14 SYSTEMS AUDITING FUNCTIONS (SEC-14)

Describe how the = proposed solution provides System Auditing functions, including but not limited to:

- *The user ID of the person who made the change.*
- *The date and time of the change.*
- *The physical, software/hardware and/or network location of the person while making the change.*
- *The information that was changed.*
- *The outcome of the event.*
- *The data before and after it was changed, and which screens were accessed and used.*

Refer to DHHS Information Technology (IT) Audit Standard (DHHS-2018-001-F) for specific audit requirements:

<http://dhhsemployees/Policy%20Documents/DHHS-IT-2018-001F%20IT%20Auditing%20Standard.pdf>

The application provides direct auditing for all user actions in conjunction with a temporal data model for maintaining researchable history for data required as historical in nature. Auditing is provided through the combination of historical temporal table data design and direct logging as indicated in the figure below.

Userinfo	Action	Account	ParticipantName	AdditionalInfo	validTime
jjackson	Patient Access	001	R, C	Computer Name: Browser Name:Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/79.0.3945.117 Safari/537.36 Computer Name:192.180.173.86,	1/13/2020 2:49:07 PM

Figure 41. Example Audit Record

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6.6.15 AUDITING FUNCTIONS FOR CONFIDENTIAL AND HIGHLY RESTRICTED DATA (SEC-15)

If the proposed system processes Confidential and Highly restricted Data, describe the auditing functions for all data that is accessed and viewed, regardless of whether the data was changed. Describe the auditing functions which should include but is not limited to:

- The user ID of the person who viewed the data.
- The date and time of the viewed data.
- The physical, software/hardware and/or network location of the person viewing the data.
- The information that was viewed.

Refer to DHHS Information Technology (IT) Audit Standard (DHHS-2018-001-F) for specific audit requirements:

<http://dhhsemployees/Policy%20Documents/DHHS-IT-2018-001F%20IT%20Auditing%20Standard.pdf>

The application provides direct auditing for all user actions in conjunction with a temporal data model for maintaining researchable history for data required as historical in nature. Auditing is provided through the combination of historical temporal table data design and direct logging as indicated in the figure below.

UserInfo	Action	Account	ParticipantName	AdditionalInfo	validTime
jjackson	Patient Access	001	R, C	Computer Name: Browser Name:Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/79.0.3945.117 Safari/537.36 Computer Name:192.180.173.86,	1/13/2020 2:49:07 PM

Figure 42. Example Audit Record

6.6.16 OVERRIDING EDITS (SEC-16)

If the proposed solution has the ability to override edits, describe how the solution audits all overridden edits and identifies information including, but not limited to, the login ID, date, and time.

The use of custom forms can allow the “designer” of the form to decide that a select list may include an “other” category with associated text box. Otherwise “edits” are not typically overridden. The underlying list would require updating to allow different selections.

6.6.17 DAILY AUDIT TRAIL REPORTS (SEC-17)

Describe how the proposed solution produces daily audit trail reports and allows inquiries, showing updates applied to the data.

The “Audit Trail Report”

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As included in the application is a simple listing of actions taken by users on behalf of participants (if applicable to the action). Pertinent Data tables that require examination of history are designed in a temporal manner. This means that a timestamp is applied to each “update” that is inserted into the database. The latest “update” is the data of record. Tables that are not designed as temporal in the application may be converted to SQL Serve Temporal tables which will then automatically record data history. Adding tables to the temporal model may result higher data usage.

6.6.18 AUTO ARCHIVE/PURGE (SEC-18)

Describe how the proposed solution provides an auto archive/purge of the log files to prevent uncontrolled growth of the log and historical records storage using administrator-set parameters.

There is no auto archive currently. HIPAA requires a very long shelf life of data. Data Archival is considered to be a planned event. All Key Data is marked by created and updated date. Archives may be automated by executing upon that date. Historical back up data may be retained off site. There are several document archive functions as well that essentially hide documents that are archived. The data actually remains but allows for a less cluttered document library.

6.6.19 DATA ENCRYPTION (SEC-19)

Describe how the proposed solution supports encryption of data at rest or an equivalent alternative protection mechanism. Describe the proposed encryption of data. If data is not encrypted, describe in detail compensating controls.

All the hosted virtual servers reside on Encrypted SANs. SQL Server Encryption may be enabled. However, individual fields are not encrypted except in the case of the User’s signature PIN. That is not Administrator readable.

6.6.20 INCORPORATING SYSTEM OR NETWORK INFRASTRUCTURE (SEC-20)

Describe how the proposed solution incorporates any system or network infrastructure into the solution.

The Focus application is capable of remaining completely autonomous or integrating with existing Active Directory and/or SQL Servers. At its core, Focus is a web application. We can supply all the required infrastructure or none of it.

6.6.21 “FAIL SAFE” PRINCIPLE (SEC-21)

Describe how the proposed solution adheres to the principle of "Fail Safe" to ensure that a system in a failed state does not reveal any sensitive information or leave any access controls open for attacks.

The key to maintaining secure “Fail-Safe” operation is to continue to update components as security releases come available. Antiquated software is vulnerable software. The solution provides for updates to all critical components in a timely fashion. Rigorous testing for misuse is also required.

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6.6.22 PREVENTION OF CORRUPTION OR LOSS OF DATA (SEC-22)

Describe how the proposed solution is configurable to prevent corruption or loss of data already entered into the solution in the event of failure.

Database logging and consistent backups maintain recoverability. Routine database maintenance in the form of Maintenance Plans monitor and notify operators of any database inconsistency. While no database maintenance scheme is foolproof, corruptions do happen. Early detection provides the highest chance of complete recovery.

6.6.23 MESSAGE TO AUTHORIZED USERS (SEC-23)

Describe how the proposed solution, upon access, displays a message banner indicating that this application is only to be accessed by those individuals who are authorized to use the system.

The Home Page will be customized to the specifications of DHHS to indicate that the application is only to be accessed by authorized individuals.

6.6.24 CONFIGURABLE WARNING OR LOGIN BANNER (SEC-24)

Describe how the proposed solution, prior to access of any Confidential or Highly Restricted Data, displays a configurable warning or login banner (e.g. "The solution should only be accessed by authorized users"). In the event that a solution does not support pre-login capabilities, describe how the solution displays the banner immediately following authorization.

The login banner is configurable to include any desirable text or warning.

6.6.25 RECOGNIZING CONFIDENTIAL AND HIGHLY RESTRICTED INFORMATION (SEC-25)

Describe how the proposed solution recognizes Confidential and Highly Restricted information in screens, reports and views (i.e. PHI and SSN). Restrict distribution and access based upon system security settings and roles. Include warnings on printed and viewed reports.

This dynamic functionality is not currently included in the reporting functionality. That functionality is planned or an upcoming release. However, code reviews of created reports will be recommended as developers could “spoof” the controls by renaming fields to non-identifiable field names.

6.6.26 ALERTS OF POTENTIAL SECURITY VIOLATIONS OF SECURITY AND PRIVACY SAFEGUARDS (SEC-26)

Describe how the proposed solution alerts staff authorities identified by DHHS of potential violations of security and privacy safeguards. Incidents that involve or could potentially involve Confidential or Highly Restricted data must be reported immediately as defined in DHHS Policy DHHS-2013-001-E DHHS IT Incident Management Standard.

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Custom notification application for alerting staff authorities of potential violations to security and privacy safeguards will be developed in initialization period based on criteria of logged violation activity. Incidents that involve or potentially involved Confidential or Highly Restricted data will be reported immediately in compliance with DHHS Policy DHHS-2013-001-E DHHS IT Incident Management Standard.

6.6.27 MONITORING EVENTS (SEC-27)

Describe how the proposed solution provides the capability to monitor events on the information system, detects attacks, and provides identification of unauthorized use of the system.

Audit Trail reports are readily available. System Level events are logged to the Windows Event Log to monitor events, detect attacks and provide identification of unauthorized system use.

6.6.28 ARCHIVING OR DESTROYING DATA (SEC-28)

Describe how the proposed solution provides a process for archiving and/or destroying data and sanitizing storage media in conformance with DHHS and Division data governance policies and subject to applicable HIPAA, and federal (e.g., Federal Information Processing Standards (FIPS), National Institutes of Standards and Technology (NIST), and State laws.

All key data is marked by created and updated date. Archives may be automated by executing upon that date. Historical back up data may be retained off site. There are several document archive functions as well that essentially hide documents that are archived. The data actually remains but allows for a less cluttered document library.

6.6.29 IDENTIFYING AND REPORTING UNAUTHORIZED ACCESS ATTEMPTS (SEC-29)

Describe how the proposed solution provides the capability to identify and report on unauthorized attempts to access information in the system, based on user-defined criteria.

Every Page access within the Focus application is logged and checked for authorization. Unauthorized “URL Hijacks” are prevented by checking a user’s authorization to the PHI before delivering to the user. Non-Identifiable IDs are used within the application URLs. No Real-World Identifiers such as SSN or MAID are used to access data.

6.6.30 CONTROLS TO PREVENT DATA MISUSE (SEC-30)

Describe how the proposed solution has defined and deployed strong controls (including access and query rights) to prevent any data misuse, such as fraud, marketing or other purposes.

As mentioned in other area, the Focus team frowns on direct access querying outside the context of the application itself. While access to PHI and other data is strictly controlled to “Need to Know.” There is no prevention for a user capturing PHI and distributing to unauthorized individuals or entities. This type of breach is most difficult to eliminate without additional physical control of user execution environment. DHHS must weigh usability and protectability to find a balance.

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6.6.31 COMMON AUDIT ENGINE (SEC-31)

Describe how the proposed solution supports logging to a common audit engine using the schema and transports specified by DHHS. Describe how the solution exports logs in such a manner as to allow correlation based on time (e.g. Coordinated Universal Time [UTC] synchronization).

To export the auditing capability requires custom interface development during the initialization phase. The application does not currently support a common audit engine such as Oracle's tools.

6.6.32 REMOVAL OF USER'S PRIVILEGES (SEC-32)

Describe how the proposed solution supports removal of a user's privileges without deleting the user from the solution to ensure a history of user's identity and actions.

Authentication and Authorization are decoupled in Focus. Authentication and Identity is controlled by the Authentication Provider (i.e. Active Directory, Azure Active Directory, or other means). Authorization is controlled within Focus itself. As such, there are several ways to deactivate a user. The deletion of a user in the Authentication Provider does not remove the user's information or history from the application.

6.7 SYSTEM AND USER DOCUMENTATION (DOC)

6.7.1 ONLINE HELP FOR ALL FEATURES (DOC-1)

Describe how the proposed solution provides on-line Help for all features, functions, and data element fields, as well as descriptions and resolutions for error messages, using help features including indexing, searching, tool tips, and context-sensitive help topics. Describe how the solution provides context-sensitive on-line help features/functionality.

A user manual will be developed, and online help will be a searchable PDF Accessible from the application with regard to this requirement upon award.

6.7.2 ONLINE USER MANUAL (DOC-2)

Describe how the proposed solution provides an on-line User Manual with a printable version available. The documentation should include full mock-ups of all screens/windows and provide narratives of the navigation features for each window/screen.

A user manual will be developed with regard to this requirement upon award. The online version will be a linked PDF under Help Menu. The user manual will be developed during the initiation period. Much of the Focus application is highly configurable and specific to each instance. This will require a DHHS branded manual to be of practical use for DHHS Users.

6.7.3 ONLINE REPORTING MANUAL (DOC-3)

Describe how the proposed solution will have on-line Reporting Manual with a printable version available that includes descriptions, definitions, and layouts for each standard report. Include definitions

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of all selection criteria parameters and each report item/data element, all field calculations defined in detail, and field and report titles.

A user manual will be developed with regard to this requirement upon award. The online version will be a linked PDF under Help Menu. These reports will be custom developed and continually developed for the life of the product. Focus strives to be user friendly and reduce the need for manuals.

6.7.4 ONLINE INSTALLATION AND TECHNICAL SYSTEM OPERATION MANUAL (DOC-4)

Describe how the proposed solution provides DHHS a comprehensive on-line Installation and Technical System Operation manual with a printable version available.

Focus is a complete hosted solution with installation media. However, the implementation is a fairly simple Web Application deployment that may be automated with PowerShell scripts, Azure DevOps, or other CI/CD (Continuous Integration) tools. The installation manual will be developed prior to hand off of system to DHHS.

6.7.5 ENTITY RELATIONSHIP MODEL, CLASS DIAGRAM, AND TABLE OF CONTENTS (DOC-5)

Describe how the proposed solution provides an entity-relationship model, class diagram and a table of contents with data dictionary for report creation by the State that is regularly updated and includes table, field, and relationships.

The solution allows for the creation of simple views that can be queried like regular tables and functions for report creation based on the specific configuration for DHHS. Some data will be stored in non-relational object defined by JavaScript Object Notation. These objects will be unique to DHHS and not applicable to a data dictionary. The views will simplify and obviate the need for navigating highly complex JSON queries and functions. However, all tables will be accessible by authorized personnel. A knowledge of temporal data structures is necessary to properly use the tables directly for report creation.

6.7.6 DATA DICTIONARY (DOC-6)

Describe how the proposed solution provides a data dictionary which includes user-defined fields and tables which can be viewed online and kept updated for each modification.

As the database is hosted on Microsoft SQL Server, data dictionaries will be produced with automated tools such as JetBrains DataGrip. This functionality is built into the SQL Server. Those files will be provided to DHHS with each update of the database.

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6.8 TRAINING (TRN)

6.8.1 DEVELOPING AND PROVIDING TRAINING MATERIAL TO DHHS (TRN-1)

Describe how the proposed solution develops and provides training material to DHHS for initial training and updates to training material for ongoing training on enhancements and changes made to the system. The content of these materials should be consistent with the on-line Help, User Manual, Reporting Manual and Operating Procedures.

Training will be developed for this solution with a “Train the Trainer” model. Hands on work with DHHS Trainers using the developed manuals as training artifacts. Online Help will be a PDF that is identical to any distributed help document. Each release will include release notes.

6.8.2 PROPOSED SOLUTION TRAINING PLAN (TRN-2)

Describe the proposed solution training plan. This plan should provide both initial and ongoing training. The awarded bidder is encouraged to use a combination of classroom and on-line learning techniques, as appropriate.

The training will include PDF Documentation and Small Online training sessions for End-User though leaders. We have found the best adoption occurs through community sharing and training. For technical personnel, a knowledge transfer (KT) approach will be assumed. Training on required skills such as network, database, or tuning management would be outside the scope of training and/or knowledge transfer. Columbus’ experienced trainers will utilize a combination of classroom and online learning techniques as appropriate.

6.9 PRODUCTION, TEST, AND TRAINING REQUIREMENTS (PTT)

6.9.1 SUPPORTING SEVERAL ENVIRONMENTS (PTT-1)

Describe how the proposed solution supports several environments, i.e., production environment, test environment, and training environment.

The focus application may be deployed to many separate environments. The technology platform is simple Windows Web Servers with Microsoft SQL Server Database servers. This allows for a wide array of deployment environments, from single developer workstations to multi-level, load balanced and Demilitarized Zone (DMZ) Hosted components. DHHS may decide how complex each environment and how closely each environment mirrors production. Highly complex environment may not be required for developers or training for example. Testing may be somewhat limited as well.

6.9.2 SUPPORTING NON-PRODUCTION ENVIRONMENTS (PTT-2)

Describe how the proposed solution supports non-production environments such as testing and training environments. Non-production environments should contain de-identified data and not include Confidential or Highly Restricted data.

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Non-production environments can include Development (Dev), Functional Testing, Load Testing, Staging, and Disaster Recovery (DR). Each of these environment different levels of “actual data”. The next section explains the method creating data for the non-production environments. DHHS may specify exactly is contained within each environment.

6.9.3 REFRESH PROCESS (PTT-3)

Describe how the proposed solution provides the ability to refresh any testing or training environment at the request of DHHS. Describe the refresh process and whether the refresh process can be completed using DHHS resources, or whether the process requires professional services from the bidder.

The Focus application is almost entirely data driven. There are several options for restoring a test or development database. The choice is the prerogative of DHHS. The final test/dev/training refresh depends on the type of data required in these databases. The possible refresh methods include:

1. Refresh from Production – Backup of production database restored to alternate database instance
 - a. Advantages
 - i. Simple to implement
 - ii. Real World Data mimics actual execution
 - iii. Data Load times and performance can be measured without production impact
 - b. Disadvantages
 - i. Security for PHI requires alternate instance (test/dev) to have the same controls as production to maintain HIPAA Compliance
2. Refresh from Production with PHI Obfuscation – Backup of production database restored to alternate database instance; PHI Data obscured with unreadable replacements
 - a. Advantages
 - i. Somewhat simple to implement
 - ii. Data Load times and performance can be measured without production impact
 - b. Disadvantages
 - i. Fake Data does not provide “authentic” experience for user interaction
3. Crafted Test Database – Database where data has been created manually to mimic real world data while not using actual PHI. Crafted database backup is stored for future deployments. Crafted database must be updated as core data changes. Automated through the use of schema compare functionality in Visual Studio
 - a. Advantages
 - i. Simple to implement (if time consuming)
 - ii. Fake mimics actual execution

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b. Disadvantages

i. Minimal Data size will not mimic real data load scenarios

A combination of all of the above scenarios can be used where appropriate for the given non-production environment. As this process is strictly a database process, DHHS Database maintenance staff should be fully capable of implementing these “refresh” processes.

6.9.4 PROPOSED TEST PLAN PRACTICES (PTT-4)

Describe the proposed test plan practices for any changes to the solution. Describe user test planning including unit testing, end-to-end testing, stress testing, and readiness testing prior to “go live” date.

The Focus application is a mature platform. There are not anticipated plans to include substantial changes to the core application code. Much of the “programming” will be in the context of the running application. Adding reports and custom forms is an online application event. Any change control processes required by DHHS can be followed. Automated testing is performed at the software solution level prior to code commit.

6.10 INTERFACES/IMPORTS/EXPORTS REQUIREMENTS (INT)

6.10.1 AUTOMATED APPROACH (INT-1)

Describe the proposed automated approach to managing interfaces

The interfaces which are generally batch jobs will be controlled by Windows Task Scheduler. The SFTP Interface (where necessary) is a set of windows services that monitors inbound and outbound files for processing. These services are controlled by Windows Service Control Manager and can be configured to auto restart after failure.

The automated interface will be custom developed for this solution. Most likely there will be a three-pronged approach.

- Automated Batched Export
- SFTP Transfer of Export
- Automated Batched Import
- Automated Synchronization

6.10.2 SECURING AND PROTECTING DATA (INT-2)

Describe how the proposed solution's interfaces secure and protect the data and the associated infrastructure from a confidentiality, integrity and availability perspective.

Import and Export file delivery will be exclusive over VPN connection or SFTP with firewall whitelisted IP Addresses to protect data. Data Transfer will SFTP with endpoints secured via IP at the firewall.

6.10.3 NOTIFYING SYSTEMS ADMINISTRATOR (INT-3)

Describe how the proposed solution has the capability to notify System Administrators/ system support staff if an interface is not available for any reason.

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Email notification will be sent to configured users (or email groups) when an interface is unresponsive for a configured duration; this is a custom development.

6.10.4 PROVIDING APIs AND/OR WEB SERVICES TO DHHS (INT-4)

Describe how the proposed solution provides necessary APIs and/or Web services to allow DHHS to create interfaces to and from the proposed solution.

In this particular solution data is gathered through imports and exports of data. There are no APIs included.

6.10.5 SUPPORTING DATA EXCHANGES (INT-5)

If needed, describe how the proposed solution supports data exchanges between components in real-time so that data is always synchronous across the entire solution, including any third-party components.

There are no real-time data exchanges in this application as synchronous real-time integration is not supported. It is by design and analysis platform in this particular case and most data gathered from external systems will be batch data extracted and periodic intervals.

6.10.6 EXPANDING DATA ACCESS (INT-6)

Describe how the proposed solution has the ability to expand data access to additional systems that are consistent with current data standards.

There are numerous ways to expand the access to the application data. These can include exports and database mirroring. Best practices maintain that unlimited query access to an Online Transactional Processing (OLTP) database can have unexpected and undesirable performance results. Database mirroring, while not directly included in this solution is the recommended approach to expanded query access. The application is designed to be a closed system for performance reasons.

6.10.7 END-TO-END TESTING (INT-7)

Describe how the proposed solution conducts end-to-end testing with interface partners both external and internal to ensure requirements are met.

Interface testing is typically unique with each interface. The testing process typically includes load testing, logical testing and human examination of expected inputs and outputs. An Interface Control Document (ICD) will be developed for each interface prior to development of that interface. The ICD will include all information about the interface and all acceptance criteria. Automated and manual testing plans will be developed based on the ICD.

6.11 SYSTEM PERFORMANCE REQUIREMENTS (PER)

6.11.1 SYSTEM PERFORMANCE FUNCTIONALITY AND MONITORING TOOLS (PER-1)

Describe the proposed system performance functionality and monitoring tools.

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SQL Server Management Studio will be used for database performance tuning and management. The servers will be directly monitored by the hosting company. These monitoring tools include SQL Server Management Studio and SQL Trace. Real Time performance monitoring is performed at hosting facility. Alerts provided to configured entities or individuals.

6.11.2 MINIMUM RESPONSE TIMES (PER-2)

Describe the minimum response times for the following functions, even at peak load. For example, expected response time will be within two (2) seconds 95% of the time, and under 10 seconds for 100% of the time.

- *Record Search Time*
- *Record Retrieval Time*
- *Transaction Response Time*
- *Print Initiation Time*
- *Subsequent Page Display Response Time*
- *Document Availability*

Note: These response times do not include network latency, which will be measured and reported by DHHS.

Focus' minimum response times, even at peak load, are shown below.

- Record Search Time: 500ms
- Record Retrieval Time: 500ms
- Transaction Response Time: 300ms
- Print Initiation Time: N/A
- Subsequent Page Display Response Time: 700ms
- Document Availability: 1s

6.11.3 CAPTURING SYSTEM DOWNTIMES (PER-3)

Describe how the proposed solution captures system downtimes, along with the causes of the downtimes where applicable. Describe the bidder's proposed method and timing of communication to DHHS on downtimes.

Automated tools within the hosted infrastructure will notify designated operators (or email groups) of unexpected or critical downtimes. There is no functionality currently for texting notifications. Planned downtimes will be rare and will include operating system updates that require restart. The restart requirement will be mitigated by load balanced web application servers and mirrored database servers in the proposed architecture. Analytical reports are based on Internet Information Services (IIS) system logs.

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6.11.4 SUPPORTING CONCURRENT USERS (PER-4)

Describe how the proposed solution supports concurrent users with minimal impact to response time, with the ability to increase the demand on the system by 50% without modification to the software or degradation in performance.

Current Focus Installations routinely support 1,500 concurrent users per hour. Increasing to 2,000 users per hour do not represent a hardship for the application design. Database calls are asynchronous, and therefore the application design allows for multiple read operations to occur simultaneously. There are edit functions that allow only one user to edit specific participant data at one time This is by design to avoid confusion and not a system performance limitation Microsoft IIS, MVC, and SQL Server all support thousands of concurrent users.

6.11.5 ONLINE AVAILABILITY 24/7/365 (PER-5)

Describe how the proposed solution is available online 24 hours a day and 7 days a week, 99.9% of the time each month. Describe any known timeframes where the system will be unavailable for use.

The Focus application is an online hosted web application. Backups and updates are performed seamlessly and avoid impact to users. In the previous two years, Focus has enjoyed a 99.99% uptime. Database Backups for the Application occur off-hours so to minimize any performance impact. Server operating system backups happen continuously in a parallel manner that is not noticeable to users. Microsoft IIS, MVC, and SQL Server all support thousands of concurrent users.

6.11.6 APPLICATION PERFORMANCE MONITORING AND MANAGEMENT CAPABILITIES (PER-6)

Describe how the proposed solution provides application performance monitoring and management capabilities, including any key performance indicators (KPI) or other metrics to measure and report system performance for the proposed system.

The application runs a on a Windows platform. While performance monitoring tools are not including directly within the application, Microsoft System Center 2019, Nagios or any other reporting tool may be applied as the application is developed using standard toolsets easily monitored with industry standard tools. Key Performance Indicators (KPI) are custom for each solution. Specific dashboards for this solution would require creation.

6.12 DATA CONVERSION (DAC)

6.12.1 HISTORICAL DATA CONVERSION (DAC-1)

Describe the process for converting all historical data from the Department's existing systems, spreadsheets, and other supporting applications that are required for ongoing operations of the system and the historical reporting needs of the department.

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Conversion of historical data from various disparate systems must occur on a case by case basis. While some imports may be automated, others may be a manual entry of data into the application. Data entry could serve the dual purpose of allowing data entry and simultaneous training in the application's use.

6.12.2 DATA CONVERSION PLAN (DAC-2)

Describe the data conversion plan which includes data element mapping crosswalks, data cleansing, data synchronization for initial and interim conversion activities leading up to the final data conversion, and frequency of interim conversion events and final conversion execution.

Data conversion including cleansing requires actual data analysis. The data conversion process consists of three elements:

1. Data Identification – Decide what data must be transformed
2. Data Mapping – Map Content from Source to Destination
 - a. Any Orphaned Fields would go into JSON Formatted columns to capture complete data set
 - b. There is no guarantee that all legacy fields would be editable in “new” application
3. Data Migration design – Migration would be developed to allow for “bulk” and incremental updates and transfers. In this case there are two migrations. The migration from Legacy systems and automated transfer of on Therap data regularly.

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7 COLUMBUS' CORPORATE OVERVIEW (EVALUATION CRITERIA RFP PROPOSAL REQUIREMENTS, ITEM 4, AND RFP SECTION VIII.B, "CORPORATE OVERVIEW")

7.1 COLUMBUS CONTRACTOR IDENTIFICATION AND INFORMATION (RFP SECTION VIII.B.1)

Columbus Medical Services, LLC dba The Columbus Organization (Columbus) is pleased to submit this qualified response to 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).

Columbus is a Delaware limited liability company that was originally formed in 1984 under the name "Columbus Medical Services, Inc." Our corporate office is located at 500 E. Swedesford Road, Suite 100, Wayne, PA 19087. We also have satellite offices throughout the United States. Our Federal Tax Identification number is 75-2690132 and our Nebraska Secretary of State Account Number is 10179743. Columbus is currently active and in good standing in the state of Nebraska. Our current Nebraska Certificate of Good Standing can be found in Attachment C, "Certificate of Good Standing."

Our founding mission is to make a difference in the lives of individuals with intellectual and developmental disabilities. Our guiding principle has been to provide high-quality services in a manner that maintains the dignity and privacy of the consumers and families served. Columbus has more than 36 years of experience providing technical assistance and quality improvement services, care coordination services, and professional clinical staffing to school districts, agencies, facilities, and community programs that serve people with intellectual and developmental disabilities. Our history includes extensive experience assessing and improving quality of services with a person-centered focus, provision of special education and related services staff, provision of training and technical assistance, record reviews, and consumer and provider interviews. Columbus designs high-quality services that meet and exceed customers' expectations and achieve improved outcomes within identified timeframes and fiscal parameters.

Columbus has assisted more than 150 state and local agencies in over 45 states to help solve staffing and programmatic problems. Many of these agencies and districts faced challenging regulatory, certification, and litigation issues. In every instance, Columbus achieved positive outcomes. Columbus is an organization of professionals who have extensive expertise in assessment, clinical practice, recruiting professional staff, clinical research, staff training, forensic issues, litigation issues, and developing policies and procedures for agencies servicing individuals with intellectual and developmental disabilities. Columbus has designed

Our founding mission is to make a difference in the lives of people with intellectual and developmental disabilities and our guiding principle has been to provide high-quality services in a manner that maintains the dignity and privacy of the consumers and families served.

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high-quality services that meet and exceed customers' expectations, achieving improved outcomes within identified timeframes and fiscal parameters.

Columbus has a respected national reputation in serving individuals with disabilities that has been built on an outcome-oriented approach coupled with a commitment to work closely and collegially with each client we serve.

Columbus Certifications, Accreditations and Memberships

Columbus maintains certifications, accreditations and memberships as outlined below:

- **Quality Improvement Organization (QIO):** Since 2014, Columbus has been certified by Centers for Medicare and Medicaid Services (CMS) as a QIO-like entity. Columbus was recently granted a renewal of its five-year certification by the Centers for Medicare and Medicaid Services (CMS), Center for Clinical Standards and Quality, as a QIO-like entity for the Commonwealth of Pennsylvania. Working on behalf of the CMS, QIOs are an independent and objective force to help improve healthcare delivery, safety, and efficiency through a combination of collaborating with provider organizations, delivering targeted technical assistance, and providing direct intervention with Medicare beneficiaries and the healthcare community. Columbus' QIO-Like Entity Certification can be found in Attachment D: "Columbus' QIO-Like Entity Certification."
- **Commission on Accreditation of Rehabilitation Facilities (CARF):** Columbus is currently accredited by CARF International for a period of three years for its service coordination/case management programs. This is the fourth, consecutive, three-year accreditation that CARF has awarded to Columbus. By pursuing and achieving this accreditation, Columbus has demonstrated that it meets international standards for quality and is committed to the pursuit of excellence. This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows Columbus' substantial conformance to the CARF standards. Columbus' CARF Accreditation Certification can be found in Attachment E: "Columbus' CARF Accreditation."
- **National Association of Case Management (NACM):** Columbus is a 10-year Charter Member of the National Association of Case Management (NACM), a not-for-profit national voice for case managers and service coordinators. Members are part of a network of practicing professionals who are advocates for community-based Case Management systems. They share ideas and work to minimize bureaucratic barriers, practice high ethical standards, support career growth, and promote the vitality and professional image of Case Management and service coordination. NACM provides multiple opportunities for advancing professional growth and promoting Case Management, including educational meetings, conferences, association communiques, and policy development to continue the definition and refinement of the Case Management process. NACM's 25th annual conference was recently held in Philadelphia, with Columbus as a co-sponsor.

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Columbus Organizational Structure

An organizational chart showing an outline of Columbus resources and management that will be available to support the requirements of this project can be seen below.

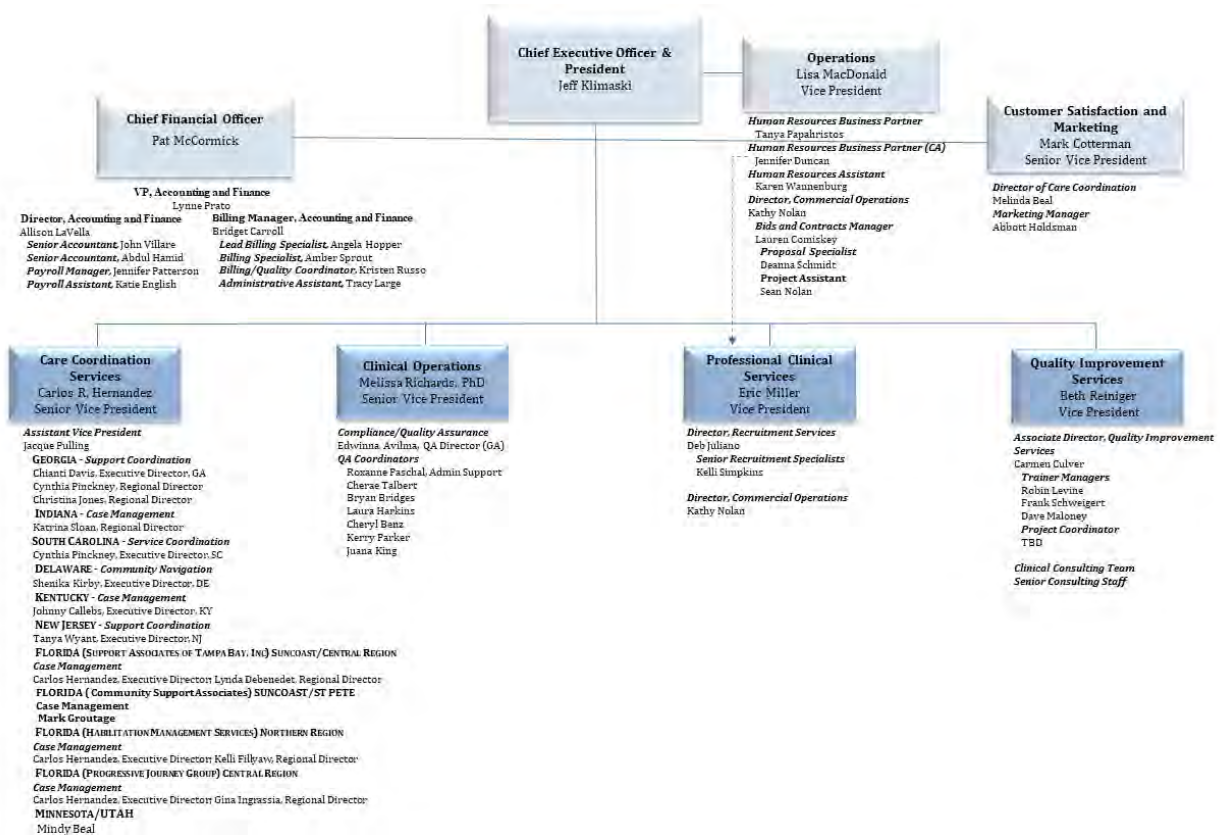


Figure 43. Columbus Organizational Chart

7.2 COLUMBUS' FINANCIAL STATEMENTS (RFP SECTION VIII.B.2)

Columbus' most recent audited financial statements can be found in Attachment F, "Columbus' Financial Statements." Columbus' banking reference letter can be found in Attachment G, "Columbus' Banking Reference Letter."

7.3 CHANGE OF OWNERSHIP (RFP SECTION VIII.B.3)

Columbus does not anticipate a change in ownership during the twelve (12) months following the proposal due date. Should any change of ownership occur, Columbus will notify the State in a timely manner.

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7.4 OFFICE LOCATION (RFP SECTION VIII.B.4)

Columbus understands the essential need for an office location within the State of Nebraska to support staff's work onsite in Lincoln, Nebraska with the ability to travel throughout the state as needed. Columbus' office location for performance pursuant to the award of the contract is located at:

233 South 13th Street
Lincoln, NE 68508

7.5 RELATIONSHIPS WITH THE STATE (RFP SECTION VIII.B.5)

In the previous five years, Columbus has held two contracts with the state of Nebraska. These contracts were for Peer Reviews (Contract #62308 O4) and Mortality Reviews (Contract #46796 O4).

For Contract #62308 O4, Columbus provided Health Care Peer Review System to Beatrice State Developmental Center. The Contract was awarded in 2014 with renewal option years executed in 2015 and 2016.

For Contract #46796 O4, Columbus provided Mortality Review services to DHHS. The Contract was awarded in 2011 with the final of three renewal option years executed in 2015.

7.6 COLUMBUS' EMPLOYEE RELATIONS TO THE STATE (RFP SECTION VIII.B.6)

Columbus does not have any staff who are or have been employed by the State of Nebraska within the past six (6) months.

7.7 CONTRACT PERFORMANCE (RFP SECTION VIII.B.7)

Columbus has not had a contract terminate for default during the past five (5) years.

7.8 SUMMARY OF COLUMBUS' PROPOSED PERSONNEL/MANAGEMENT APPROACH (RFP SECTION VIII.B.8)

In order to expedite project start-up, Columbus plans on utilizing a combination of our full-time Quality Improvement Services consultants and as many full-time Nebraska-residents as we are able to recruit. Key positions will start out utilizing members of our nationally known and respected consultant team. This will include the Project Director who will have overall responsibility for all aspects of the project and will be the Lead Consultant on Enhancing and Improving Nebraska's Quality Management System and Strategy and Building Capacity of the DHHS-DDD System. A Project Manager will have responsibility for supervision of all day to day project activities. and will be the Lead Consultant on Optional Expanded Services, if any, and Special Projects. Columbus will also retain the services of a consultant with expertise in start-up and implementation of major initiatives to support this project. (Senior Consultant). As the project progresses, Columbus will offer consultant staff the opportunity to relocate to Nebraska and we will continue to recruit Nebraskans for available positions.

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Columbus is pleased to present the following management approach for the project, including our team of highly qualified project personnel. An organizational chart that with job titles and the percentage of time each individual will spend on assigned tasks can be found in the figure below.

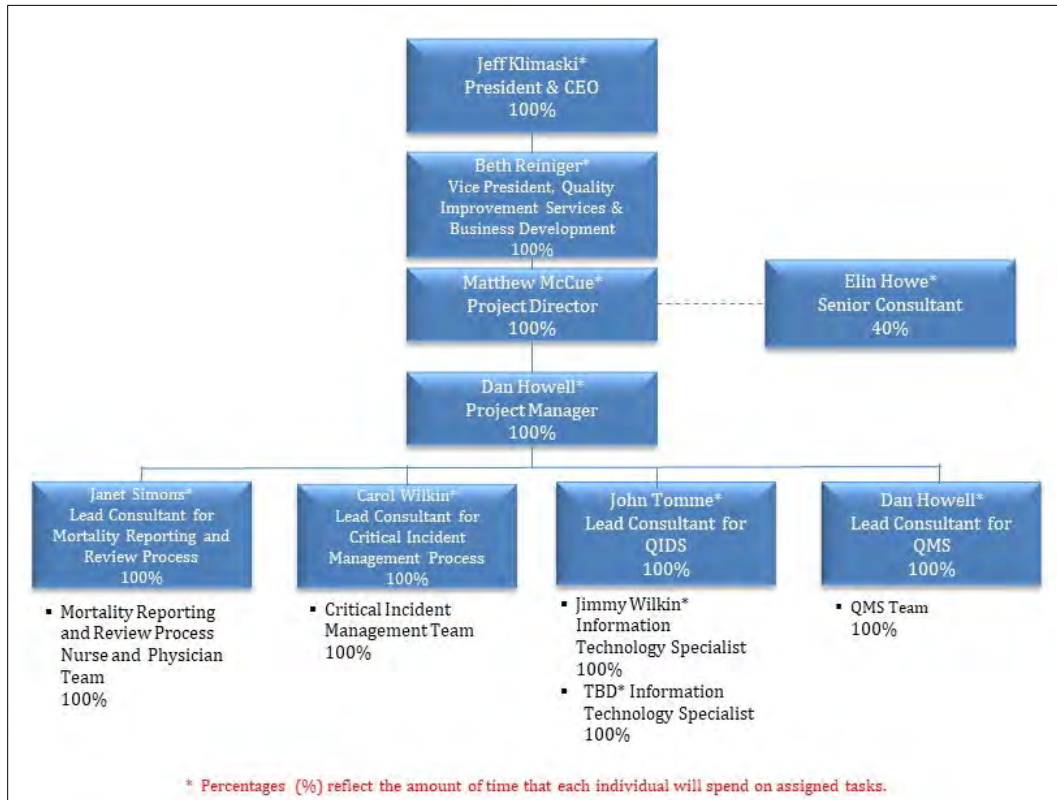


Figure 44. Organizational Chart with Percentages

Columbus’ proposed personnel meet or exceed the minimum qualifications specified in Solicitation Number RFP 6317 Z1 and can be verified in the resumes provided in Attachment H, “Columbus’ Project Management Team Resumes.” A table showing Columbus’ Project Management Team is shown below.

Table III. Columbus’ Project Management Team

Name	Title
Beth Reiniger	Vice President, Quality Improvement Services & Business Development
Elin Howe	Senior Consultant
Matthew McCue	Project Director

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Name	Title
Dan Howell	Project Manager and Lead Consultant on the Quality Management System (QMS)
Janet Simons	Lead Consultant on Mortality Reporting and Review Process
Carol Wilkin	Lead Consultant for Critical Incident Management Process
John Tomme	Lead Consultant for QIDS
Jimmy Wilkin	Information Technology Specialist

Columbus presents the following biographies for the proposed Columbus Project Management Team who will serve the State and work under the Project Management of Mr. Dan Howell.

Beth A. Reiniger, Vice President, Quality Improvement Services and Business Development

Ms. Reiniger is Columbus' Vice President of Quality Improvement Services and Business Development. She has been employed by Columbus since 1991 and holds a Bachelor of Science degree in Business Administration. Her almost three decades with Columbus has supported the company's development and continual growth through each industry related transformation. In her role as Vice President, Ms. Reiniger is responsible for oversight of Columbus' Quality Improvement division, including Columbus' team of full-time and part-time consultants in a variety of disciplines related to serving individuals with intellectual disabilities. Her responsibilities include oversight of all aspects of specific contracts including budget and work plan deliverables. As a member of Columbus' senior management team, she provides input on strategic and new business planning and the development of marketing strategies for sales representatives, direct client contact, oversight of the marketing budget, proposal development and contract negotiation.

Elin M. Howe, Senior Consultant

Ms. Howe has over 40 years of experience working with the intellectually and developmentally disabled. She obtained a Bachelor's Degree from Massachusetts State College at Salem in 1969 and her Master of Public Administration in 1970 from the State University of New York at Albany. Her background includes 4 years as state director of the agency serving individuals with intellectual and developmental disabilities in New York and 10 years in the same capacity in Massachusetts. While in both of these positions, Ms. Howe had responsibility for the Home and Community Based Services Waivers. New York first application for the Waiver was developed under her leadership. After CMS approval of the waiver, she oversaw development, implementation and quality assurance of waiver services. In Massachusetts, she worked on the redesign of the Waiver from a single Waiver to three Waivers. Each of these Waiver applications were approved by CMS. A fourth waiver that operated under her leadership was one that provided services for children with Autism. She was instrumental in obtaining support within state government for development of a fifth Waiver to address the needs of individuals with Autism who did not have intellectual disabilities

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that was approved by CMS. As in New York, she was responsible for design, development and implementation of the four waivers. In Massachusetts, she was extensively involved with development and monitoring Waiver assurances and sub-assurances, mortality review, incident reporting and investigation and continuous quality improvement initiatives. Her Department also provided community residential services for individuals with Acquired Brain Injury under the state's Acquired Brain Injury Waiver.

Ms. Howe has worked at The Columbus as a Sub-contractor, Project Director, Vice President of Consulting Services, and most recently, a Senior Consultant. She has had numerous responsibilities that have involved Waivers included improving Waiver performance at the Regional Center of the East Bay which had been placed on a moratorium by CMS due to significant problems with the health and welfare of individuals on the Waiver. Other projects in which she has been involved on Waiver issues include consulting projects in the states of Arkansas, California, Maryland, New Mexico, New Jersey, Utah, Texas.

Matthew McCue, Project Director

Matthew McCue has over forty-six years of experience in intellectual/developmental disabilities and has served in administrative positions in Vermont, New Mexico, Arkansas, Texas and Georgia. Since 1982, Mr. McCue has worked in multiple states and settings that required an understanding of the DD, Medically Fragile, and Self-Directed Medicaid Waiver regulations. Areas of attention included input into State Plans, cost effectiveness calculations, directing and consulting with community programs, recruiting clinical professionals to become waiver approved providers and monitoring community programs for regulatory compliance. Mr. McCue received his BS degree in Management of Human Resources at State University of New York at Plattsburgh and his MA in Public Administration at the University of New Mexico. He holds a certificate in Rehabilitation Administration from the University of San Francisco.

Daniel L. Howell, Project Manager and Lead Consultant on the Quality Management System (QMS)

Mr. Daniel Howell has 33 years of senior leadership experience in health care and human service-related areas. He has effective governmental operational experience and has done extensive work to transform stagnant/challenged organizations into vibrant, thriving organizations. Mr. Howell worked with the Federal Department of Justice on settlement agreements. His organization leadership experience includes re-engineering ICD/ID infrastructures. He worked as a Director for Georgia's Division of Intellectual and Developmental Disabilities (DBHDD) to create, implement, and oversee the Home and Community Based Service (HCBS) process for the State. He was instrumental in the strategy development and creation and a member of the task force to create a new Quality Management System (QMS) for Georgia DBHDD. He also was a past Board Member and Government Committee Member of the North Dakota Healthcare Association and a Government Relations Committee Member of the North Carolina Long-term Care Association. Mr. Howell has assisted Columbus on contracts with the State of New Mexico and New Jersey Department of Developmental Disabilities, providing investigation, monitoring, and transition services for individuals with intellectual and developmental disabilities. He has also held the role as President of Howell Consulting, assisting State Developmental Disability agencies with system level improvements. He obtained his Bachelor of Arts in Hospital Administration from Concordia College, and his Master of Management at the University of Mary

Janet M. Simons, Lead Consultant on Mortality Reporting and Review Process

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Janet M. Simons, RN, BS, M.Ed., CDDN, has worked as a Senior Consultant for the Columbus Organization since December 2003. She has over thirty years of clinical and management experience in providing community and facility-based supports to individuals with intellectual and developmental disabilities. Ms. Simons has executive-level management experience, including compliance with Federal Court Lawsuits and enforcing Federal (CMS, HCBW, and ICF/ID) and state regulations. Her current licensure is with Massachusetts. Ms. Simons currently manages all of Columbus' mortality review/investigations contracts.

Carol N. Wilkin, Lead Consultant for Critical Incident Management Process

Ms. Carol Wilkin has thirty years' experience working with programs that provide protection, advocacy, and health and safety services for vulnerable people, including children and adults with intellectual and developmental disabilities. As the state director of Protection from Harm with Tennessee Department of Intellectual and Developmental Disabilities, Ms. Wilkin oversaw all aspects of the Critical Incident Management Processes. She has a great understanding of incident reporting, triaging incidents and ensuring that thorough investigations and follow up is completed at both the state and provider agency level. Her oversight included the Critical Incident and Investigation systems in both HCBS and ICF-IID programs. Ms. Wilkin also has experience with treatment plan development, evaluation, and implementation for persons with disabilities. She is knowledgeable in social role valorization (SRV) that assists the disadvantaged in positive social role enhancement. Ms. Wilkin earned her Bachelor of Science in Child and Family Studies from the University of Tennessee, and her Master of Science in Public Service Management from Cumberland University, in Lebanon TN.

John Tomme, Lead Consultant for QIDS

John Tomme, as owner and chief technologist of Focus Technologies, LLC, has been operating in the HCBS Pace since 2013. The Focus-CSS application (<https://focus-css.com>) is hosted as a software as a service (SAAS) product. The application helps HCBS providers maintain compliance through notifications and precise monitoring of uploaded and internally created forms and data. Mr. Tomme has designed and developed a variety of software applications including database, client-server, and web applications for clients in both the public and private sectors. Mr. Tomme has served as system architect and project lead for many projects – often mission critical applications – including the Kansas KCJIS Portal, the State of North Carolina Criminal History project, the Commonwealth of Kentucky Criminal History Integration project, Mobile Government Regulatory Inspections and Clinical Healthcare systems. He provides ongoing software engineering research and has extensive experience in object-oriented analysis and design, database design, data modeling, web technologies, and software engineering processes. As owner and architect of the Software Service FOCUS-Community Support Systems (Focus), Mr. Tomme has presided over an electronic record application built for compliance, collaboration and workflow. Focus currently supports more than 500 users, 3,000 Waiver Participants, and more than 500,000 documents. The application boasts an annual uptime of 99.95%.

Louis James (Jimmy) Wilkin, Information Technology Specialist

Jimmy Wilkin has over twenty-five years' experience in the Information Technology industry. Thirteen years of this time was in Software Development, Business Re-Engineering, and Data Collection Supporting Centers for Medicare & Medicaid Services (CMS) for the State of Tennessee's Department of Children Services (Title IV-E Waiver) and Department of Intellectual and Developmental Disabilities (Home and

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Community Based Services, HCBS). He supervised State of Tennessee's development and reporting teams that supported the CMS data collection needed for waiver compliance. He also has evaluated various vendor COTS (canned off the shelf) data collection systems to determine compatibility based on the existing departmental workflow processes with federal CMS goals and guidelines. In these analyses, he made recommendations for process or business re-engineering that would support front line staff. Jimmy has been able to report trends from the data collection for process improvement to help meet many of the CMS regulations. Under his supervision, his teams have developed data collection applications and provided trend and data reports for both ICFs/IID as well as Home and Community Based Waiver programs. These application and enterprise technologies supported all aspects of individuals in care, such as provider services, case management, incident and investigations, medical treatments, individual service plans and their goals and outcomes.

He has participated in four different enterprise software application rollouts: CDI, Inc. at a global level with over 2,500 users; Tennessee's Department of Intellectual and Developmental Disabilities at a state level with over 2,800 users; The Tennessee Department of Children Services at a state level with over 3,000 users; and Blue Ridge Mountain Sports, a national retail chain with over 100 users. He communicates effectively with executive and senior level management, front line users (stakeholders), development and dba staff, and project managers and project leaders (core team).

Columbus will begin hiring staff to work on-site in Nebraska and will 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.

7.9 SUBCONTRACTORS (RFP SECTION VIII.B.9)

For this project, Columbus is partnering with John Tomme, owner of FOCUS Technologies, LLC of Lexington, KY for the QIDS components of the project scope.

Contact information for Focus Technologies, LLC:

PO Box 4127
Lexington, KY 40514
(859) 963-2677
info@focus-css.com

Focus Technologies, LLC will have a team of 3 individuals dedicated to maintaining, updating, and supporting the QIDS development and maintenance.

Focus Technologies, LLC will spend 35% of performance hours on the project for a total of 100% subcontractor hours.

Columbus is pleased to partner with Focus Technologies, LLC of Lexington, KY led by Mr. John Tomme for the development of the QIDS. Mr. Tomme, as owner and chief technologist of Focus Technologies, LLC, has been operating in the HCBS Pace since 2013. The FOCUS-CSS application (<https://focus-css.com>) is hosted as SAAS (software as a service) product. The application helps HCBS providers maintain compliance through notifications and precise monitoring of uploaded and internally created forms and data. Mr. Tomme has presided over an electronic record application built for compliance, collaboration and

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workflow. FOCUS-CSS currently supports more than 500 users, 3000 Waiver Participants and more than 500,000 documents. The application boasts an annual uptime of 99.95%.

Focus Technologies, LLC began as a result of a Case Manager wanting to make her business paperless. She reached out to her colleague, Mr. Tomme, looking for a waiver services software solution after being unable to find something that suited her need. She was looking for a solution that was: HIPAA Compliant, Secure, Mobile, Easy to Use, Collaborative, Person-Centered, and provided At-a-Glance Quality Assurance. The goal was to allow users to Focus on people, not record keeping. Her vision was later conceptualized by Integrity’s award-winning software designers and a team of clinicians with over 100 years of experience in healthcare, case management and waiver service industries. The application proved beneficial for all waiver service providers and is growing to meet the needs of day and residential programs, clinicians and all other services.

Mr. Tomme is a seasoned architect with over 25 years of application development and integration experience. He has designed and developed a variety of software applications including database, client-server, and web applications for clients in both the public and private sectors. He has served as system architect and project lead for many projects on a large scale – often mission critical applications – including the Kansas KCJIS Portal, the State of North Carolina Criminal History project, the Commonwealth of Kentucky Criminal History Integration project, Mobile Government Regulatory Inspections and Clinical Healthcare systems. He provides ongoing software engineering research and has extensive experience in object-oriented analysis and design, database design, data modeling, web technologies, and software engineering processes.

Mr. Tomme’s technical skills are shown in the table below.

Table IV. Mr. John Tomme’s Technical Skills

Architecture:	SOA, GRA, .NET 4.7,.NET Core ,MSMQ, COM+, MTS, Microsoft Entity Framework, nu-get package manager, Queued Components, ADO, Design Patterns, MVC, DevOps, Microsoft Active Directory, ADFS, ADLDS
Enterprise Solutions:	Microsoft BizTalk Server 2016, Microsoft Office Share Point Server 2016, PowerBI
Languages/Development Tools:	C#, XML, XSLT, ASP.NET, VB.NET, JavaScript, Microsoft Visual Studio .Net 2017, WinForms, Windows Communication Foundation (WCF), Windows Presentation Foundation (WPF), Web API, PowerShell, Unix Scripting, Vagrant, Ansible, Ursula, Nagios, Grafana, Apache, nGinX, AngularJS, JQuery, XML, Json
Databases:	Microsoft SQL Server 2016, , MySQL Microsoft Access, Oracle

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Infrastructure:	Windows Server 2016, Windows 10, MS Hyper-V Server 2012R2, VMWare, KVM, VirtualBox, Linux
Project Management and Design:	Team Foundation Server, Microsoft Project, Microsoft Solutions Framework, MVC4, Visio, UML, Use Cases, Scrum, Agile

Tasks

Focus will provide the QIDS deliverables along with Columbus’ Information Technology Specialist, Mr. Jimmy Wilkin, and will work with DHHS offices statewide to provide the web-based statewide system that both DHHS and Columbus personnel will access. Focus’ detailed tasks are outlined in Section 5.2.5, “Required Functionality,” of this proposal response. Additional details on the QIDS are further broken down in Section 6, “Columbus’ QIDS Technical Requirements Traceability Matrix,” of this proposal response. Focus extensive combined experience in developing and integrating software, services, and data management systems for compliance to successfully implement the QIDS with Columbus.

7.10 SUMMARY OF CONTRACTOR’S CORPORATE EXPERIENCE (RFP SECTION VIII.B.10)

7.10.1 SIMILARITIES BETWEEN COLUMBUS’ EXPERIENCE AND THIS SOLICITATION (RFP SECTION VIII.B.10.I)

7.10.1.1 COLUMBUS’ EXPERIENCE ON SIMILAR PROJECTS

Columbus enjoys an excellent reputation for providing services to public and private agencies operating under Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) regulations and requirements. Columbus’ engagements in support of state-operated Developmental Centers and community programs include large-scale projects in California, New Mexico, Pennsylvania, Georgia, Kentucky, Missouri, New Jersey, Arkansas, Texas, Nebraska, Tennessee, Indiana and Washington, DC to improve the quality of care for individuals.

Columbus has a national reputation in serving individuals with disabilities that has been built on an outcome-oriented approach coupled with a commitment to work closely and collegially with each state agency and each Center. The following advantages uniquely qualify Columbus to provide the services outlined in this RFP.

Extensive history of success in services for people with intellectual and developmental disabilities:

Columbus is a consulting, case management and professional staffing services company solely focused on serving people with developmental disabilities by enhancing the programs and services of the providers who offer supports to them. Columbus has assisted more than 150 agencies, in over 45 states, including over 50 ICF/IID Centers and serves over 10,000 members with intellectual and developmental disabilities nationwide.

Experience with providers and services to individuals in the services of supported employment, day habilitation, employment discovery and customization, community learning services, personal supports,

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residential habilitation, assistive technology and adaptive equipment, durable medical equipment, environmental accessibility adaptations, family support services, individual family care, individual support services, live-in caregiver rent, respite care services, transition services-community acclimation, transition services- residential set up, and transportation.

Understanding of the importance of coordination of all services including completing the person-centered plan and monitoring its implementation.

Staff who are leaders in the field working as employees of Columbus: The strongest asset of Columbus is its national consulting staff, a collaborative team of professionals who have distinguished themselves as leaders in the field by their development and implementation of best practices and their provision of quality training. Columbus' lead team members are employees who are dedicated to Columbus without the distraction of schedules and positions for other entities. They have experience working collaboratively and strategically, designing and implementing active treatment programs, clinical research, clinical practice, staff training, secure/forensic treatment and programs, survey processes, USDOJ and civil class action litigation supports, clinical and administrative management and supports and system-wide and Center-specific policies and procedures. Columbus' integral plan when evaluating systems and supports is to access participant access, person-centered service planning and delivery, provider capacity, participant safeguards, rights and responsibilities, outcomes and satisfaction, and system performance.

Since 1984, Columbus has assisted more than 140 state and local agencies in 44 states to help solve staffing and programmatic problems. Many of these agencies faced challenging regulatory, certification, and litigation issues. In every instance, Columbus achieved positive outcomes. Examples include re-certification under states' ICF-MR programs, successful closure of class action and USDOJ litigation, and improved quality of life for hundreds of citizens. Columbus has a long history of assisting state agencies in complying with audits and reviews of Federal Regulatory Agencies including USDOJ, CMS, and JCAHO.

As mentioned previously, Columbus has attained the following accreditations/certifications:

- Quality Improvement Organization (QIO) (granted from the Centers for Medicare and Medicaid Services – CMS)
- Commission on Accreditation of Rehabilitation Facilities (CARF) – four consecutive three-year accreditations
- Behavioral Health Center of Excellence (BHCOE)
- Code of Ethics for Behavioral Organizations (COEBO)

Following are descriptions of specific Columbus projects which contain relevant experience to the goals of this RFP, as well as contact information for references and a narrative that follows. Columbus welcomes the State to contact our references.

Mortality Review Experience with the District of Columbia Department on Disability Services (DDS)

Table V. District of Columbia, Department on Disability Services (DDS) Reference

District of Columbia Mortality Investigation Services

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Contact Person: Title: Phone: Fax: Email:	Elizabeth Jones Former Court Monitor (Evans Case) (240) 423-4648 (202) 730-1843 elzjns@aol.com
Prime Contractor or Subcontractor: Contract Status: Value: Type: Duration:	Prime Active \$2,186,591.00 Mortality Review 2002 - Present
Brief Description of Services Provided: <p>Ms. Jones served as the former Monitor of the Evans Case and through that role, can attest to the quality of the reports provided by Columbus during that time period.</p> <p>Since 2002, Columbus’ consulting division has been engaged as the external mortality review agency for Washington, D.C. In this assignment, Columbus investigates deaths of all persons served by the Department of Disabilities Services (DDS) as stipulated in litigation. The circumstances surrounding the deaths and the care provided prior to the deaths, including medical, behavioral, and active treatment are reviewed. Reports are formulated with conclusions and recommendations for DDS and the decedent’s providers are notified concerning areas for improvement of care in the system. Columbus conducts an onsite visit which includes face-to-face interviews with house mates, direct support staff, and others involved in the decedent’s services and supports as well as family members and caregivers. Additionally, a phone interview is done with the individual’s primary care physician. Columbus’ reports have been praised by both the department and the courts as examples of the highest standards of practice.</p> <p>Columbus’ services include:</p> <ol style="list-style-type: none"> (1) Summarizing in both narrative and visual format, the statistical data on all fatalities reviewed by the Developmental Disabilities Fatality Review Committee during the calendar year, including numbers reviewed, demographic characteristics of the decedents, and causes and manners of deaths; (2) Analyzing the data generated by the reviews to demonstrate the types of cases reviewed, similarities, trends or patterns of factors causing or contributing to the deaths; and (3) Providing a summary, in both narrative and visual format, of the most frequent Columbus recommendations generated from the mortality reports, including those recommending service enhancements, systemic improvements or changes, legislative amendments, policies, procedures or practices that would better serve and protect District residents in the population of decedents reviewed and that could prevent future deaths. 	

District of Columbia Mortality Review Investigations:

Since 2002, Columbus’ quality improvement division has been engaged as the external mortality review agency for Washington, D.C. In this assignment, Columbus **investigates deaths of all persons served by the Department of Disabilities Services (DDS)**. The circumstances surrounding the deaths and the care provided prior to the deaths, including medical, behavioral, and active treatment are reviewed. Reports are formulated with conclusions and recommendations for DDS and the decedent’s **providers are notified concerning areas for improvement of care in the system**. Columbus conducts an **onsite visit which includes face-to-face interviews** with house mates, direct support staff, and others involved in the decedent’s services and supports as well as family members and caregivers. Additionally, a **phone**

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interview is done with the individual’s primary care physician. Columbus’ reports were praised by both the department and the courts as examples of the highest standards of practice.

This project is eligible for QIO enhanced match funding and Columbus has facilitated work with the state and CMS to enhance funding.

Columbus has recently been awarded a new contract for DC Mortality Review Investigations to start in October 2020.

Risk Assessment and Mitigation Services with California Department of Developmental Services

Table VI. California, Department of Developmental Services Reference

California Department of Developmental Services	
Contact Person:	Norm Kramer
Title:	Retired Interim Deputy Director, Department of Developmental Services
Phone:	(916) 654-1897
Fax:	(916) 651-8210
Email:	Norm.Kramer@dds.ca.gov
Prime Contractor or Subcontractor:	Prime
Contract Status:	Inactive
Value:	\$940,000.00
Type:	Systems Reviews
Duration:	2003 - 2009
Brief Description of Services Provided:	
<p>Mr. Kramer is the Interim Deputy Director for the Department of Developmental Services (DDS).</p> <p>Columbus has a long-standing relationship with DDS and is proud of our successful working relationships with DDS and the regional centers. As the contractor that provided independent risk assessment and mitigation services to the California DDS Regional Center system from 2003 to 2009, Columbus provided consultation, technical assistance and training to the California DDS. Columbus’ work enabled DDS to achieve regulatory compliance following negative survey findings, including decertification actions at Agnews and Sonoma Developmental Centers and regulatory concerns at Lanterman.</p> <p>Columbus possessed an explicit understanding of the major risk management issues facing DDS and the consumers they supported. This history allowed Columbus to be aware of issues within each center, and also be flexible in carrying out the various activities. Columbus’ consultants on the project:</p> <ul style="list-style-type: none"> ▪ Served at all levels of administration from developmental center and regional center directors to provider of community services. We have served as program managers, service coordinators, clinical supervisors, and headquarters-level administrators, including state commissioner. ▪ Had been instrumental in numerous licensure and certification efforts, including the Center for Medicare and Medicaid Services (CMS) and United States Department of Justice (USDOJ) reviews. ▪ Served as members of or lead survey teams. 	

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- Developed system wide clinical best practice guidelines and facilitated implementation.
- Provided training, technical assistance and consulting on a variety of programmatic, administrative, and service issues.

California Department of Developmental Services

Columbus worked directly with DDS from 1993 to 2009 including the following initiatives:

- Conducted **Systems Reviews** at all Developmental Centers in operation at the time (Camarillo, Agnews, Lanterman, Fairview, Porterville, and Sonoma).
- Provided instrumental **supports to DDS to achieve regulatory compliance** following negative survey findings, including decertification actions at Agnews and Sonoma and regulatory concerns at Lanterman.
- Assisted with DDS’ response to USDOJ concerns.
- **Supported the establishment, certification, and licensure for ICF/ID facilities** at Sierra Vista and Canyon Springs.
- **Developed Best Practice Guidelines** in the areas of medical, nursing, and nutritional management
- Provided coaching, technical assistance, training, and monitoring services, and participated in mock surveys throughout California.
- Co-sponsored DDS’ annual conference series on excellence and contemporary practice in service delivery in developmental disabilities from 1997 through 2001 with CME support from The University of California-San Diego and Cedars-Sinai Hospital.
- Served as the Independent Risk Assessment and Mitigation Services contractor for California DDS’ regional centers. With Columbus support in these efforts, SIR reporting increased, difficulties with consistent application of Title XVII definitions were identified, and a greater understanding of the importance of reporting and reporting mechanisms developed statewide.

Pennsylvania Department of Public Welfare/Department of Human Services

Table VII. Pennsylvania Department of Human Services Reference

Pennsylvania Department of Human Services	
Contact:	Eileen Quinn
Title:	Director, Office of Developmental Programs, Division of Training and Communication
Phone:	(717) 772-7764
Fax:	(717) 772-6483
Email:	equinn@pa.gov
Prime Contractor or Subcontractor:	Prime

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Contract Status:	Active
Value:	\$7,439,564.00
Type:	Training and Support
Duration:	2014 – Present
Brief Description of Services Provided:	
<p>Columbus was awarded a contract to provide training and technical assistance statewide to agencies that support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives. Also to ensure that the individuals and their families who are currently receiving services and supports need to have current, accurate information about the service delivery system to make informed choices.</p> <p>Services include:</p> <ul style="list-style-type: none"> ▪ Developing, conducting and maintaining standardized training. ▪ Provisioning of support for developmental disability training programs for professionals within the statewide developmental disabilities system. ▪ Training and support enhancing the professionals’ skills in providing services within Pennsylvania’s disability system. ▪ Supporting the participation of professionals in statewide committees and workgroups, professional networks, training and conferences. <p>The target audience includes, but is not limited to, support coordinators, direct service providers, County/Administrative Entity (AE) staff, clinical professionals, direct support professionals, adult protective services investigators, law enforcement officials and the Department of Public Welfare staff.</p>	

Pennsylvania Department of Public Welfare

Certified Investigator Program: From 2009 to 2014, Columbus provided Certified Investigation Training services for individuals conducting incident investigations. This included the **development and maintenance of a Certified Investigation Training Program** which included:

- Delivery of an initial certified investigation course and re-certification training courses
- Regular **posting of information on a dedicated website** for scheduling certified investigators classes
- Development of tools, manuals, and case studies
- Provision of **online support** to certified investigators
- **Evaluation of the quality of investigations**
- Development and oversight of the certified investigator peer review process
- Development and implementation of a Train-the-Trainer Program

Columbus partnered with the state’s training and risk management staff, community service providers, state centers, regional offices and agencies both public and private. Columbus, with its expertise in Investigative Training led this diverse group to consensus on policy, procedures and the content of training modules. This project resulted in a statewide training manual and Pennsylvania certification training of approximately 1,745 investigators across Pennsylvania. Additionally, 2,077 investigators were recertified across the state.

Statewide Training and Technical Support: In 2014, Columbus was awarded and still holds the statewide contract with the Pennsylvania Department of Human Services (DHS)/Office of Developmental Programs (ODP) to **support Pennsylvanians with intellectual disabilities to achieve greater independence, choice and opportunity in their lives**, and that the individuals and their families who are currently receiving

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services and supports need to have current, accurate information about the service delivery system to make informed choices. Columbus' services can be directly correlated to positive change in the workforce and improved job satisfaction. Columbus' responsibilities to the Statewide Training and Technical Support contract include:

- Columbus develops, conducts, and maintains standardized training
- Columbus provides **support for intellectual disability training programs** for professionals within the statewide intellectual disabilities system
- Columbus' training and support include enhancing the professionals' skills in providing services within Pennsylvania's disability system
- Columbus supports the participation of professionals in **statewide committees and workgroups**, professional networks, training and conferences

The target audience for this contract includes but is not limited to Support Coordinators (SC), service providers, County/Administrative Entity (AE) staff, clinical professionals, direct support professionals, adult protective services investigators, law enforcement officials and Department of Public Welfare (DPW) staff

The goals of this contract include:

- **Enhancing the knowledge, skills and abilities of professionals** who provide services to Pennsylvanians with intellectual disabilities and their families; ODP staff; and the community, through the development and administration of statewide training programs.
- Providing targeted technical assistance to DPW ODP to **support the development, implementation and maintenance of new and/or existing program and service initiatives.**

This project is eligible for QIO enhanced match funding and Columbus has facilitated work with the state and CMS to enhance funding.

7.10.1.2 COLUMBUS' ADDITIONAL EXPERIENCE IN SIMILAR PROJECTS

Columbus is pleased to present the following previous projects for the State's consideration as supplemental narratives of our experience.

New Mexico Department of Health, Developmental Disabilities Supports Division

Since 1999, Columbus has provided numerous services to DOH including the projects that follow.

Project Director and Compliance Monitor: Columbus provided a project director and **compliance monitor** for services of the Joint Stipulation on Disengagement, Jackson vs. Los Lunas Center. In this role, Columbus has provided the following services:

- Implementation of Jackson Plan of Action and the systemic enhancements to the community-based developmental disabilities system to improve the efficiency and quality of services provider as detailed in the Joint Stipulation on Disengagement.
- Identifying barriers to achievement of project outcomes.
- Facilitating solutions so that outcomes are achieved according to specified timelines.
- Ensuring a good working relationship with the Community Monitor and other Jackson consultants and with all Defendants to achieve desired disengagement outcomes according to

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specified timelines.

- Facilitating Committee meetings.
- Monitoring progress on all outstanding community systems review recommendations, regional corrective action plans, and activities plans for employment.
- Providing expert testimony on behalf of the Department at all hearing before federal court regarding the Jackson lawsuit.
- Reviewing records to determine if a disengagement activity was completed.
- Chairing the Jackson Coordinating Committee.

Central Registry: In 2007, Columbus provided a comprehensive review of the Department of Health, Developmental Disabilities Supports Divisions' Central Registry System which encompassed the **intake review of new individuals into the service delivery system** and their PASRR process. The focus of this project was an external review of the processes currently in place and to provide feedback on the areas of the process that were working well and the areas that needed improvement. **Recommendations were made to strengthen the system**, eliminate duplication and maintain consistency throughout the process. In addition, all the Central Registry **policies, procedures, protocols and standards were reviewed** to eliminate duplication and maintain consistency in all of these documents.

Needs and Decisional Capacity Assessments: Columbus was engaged by DOH to develop and implement needs and decisional capacity assessments with individuals living in the community. Both the New Mexico DOH and the Plaintiffs agreed that Columbus should be named in the settlement agreement to perform these **assessments of individuals discharged** from the Los Lunas Hospital and Training School and the Ft. Stanton Training School during or before the mid-1970s. As part of the project, Columbus **developed both assessment tools and coordinated teams throughout the state to conduct face to face interviews** with the individuals and their support systems. **The overarching goal of this project was to improve the quality of care the individual was receiving.**

The Needs Assessment Instrument included sections addressing needs in the following areas:

- Health Status and Medical Care
- Mental Health Issues
- Behavioral Concerns
- Personal Care and Daily Living Skills
- Home Environment and Home Safety Skills
- Community Access, Participation, and Safety Skills
- Employment, Day Habilitation, and Ancillary Services
- Social Skills, Relationships, and Sexuality
- Abuse, Neglect, and Exploitation
- The Decisional Capacity Assessment Tool was comprised of sections addressing the person's abilities to:
 - Manage personal finances
 - Make decisions related to daily personal care
 - Understand the consequences/risks of day-to-day decisions
 - Exercise legal responsibilities
 - Make and keep appointments for medical and other services
 - Obtain legal services if needed
 - Advocate for him/herself
 - Make decisions related to leisure and recreational activities
 - Protect him/herself from abuse, neglect, and exploitation
 - Grant informed consent

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- Actively participate in Support Planning

Columbus' consultants conducted more than 400 Needs and Decisional Capacity Assessments through **face-to-face interviews**. Each **assessment summary contained specific recommendations for the individual's needed generic and/or specialized services and supports**. In addition to the completion of findings reports, Columbus staff completed all indicated **referrals for Medicaid Waiver applications**, guardianship services, Adult Protective Services investigation of reportable incidents, and the Division's Community Integration Supports Program.

Jackson Health Field Survey Tool (HFST): Columbus was contracted by DOH to help in the **development and implementation of the prototype Jackson HFST**. The HFST was developed as a method to **verify whether Jackson Class Members (JCM) were receiving appropriate services** including:

- Access to all needed healthcare professionals
- Receiving all recommended healthcare services.
- Whether they were in need of nursing services.
- Receiving appropriate pain management and all ordered medications.
- Had an accurate healthcare record and accurate healthcare plans.
- Confirmation that staff were trained on all health care plans.
- Had advanced care planning in place.
- Each JCM had a HFST completed each year. Columbus' tasks included:
- Participating in training with the department's HFST Design Team
- Using the HFST prototype to **collect data from a sample of individuals via direct interview**
- **Compiling and submitting completed HFST data** for each individual
- Meeting to debrief with the department's HFST Design Team on findings
- Collaborating with the HFST Design Team to provide **written technical feedback necessary to finalize the instrument and process**

Investigator Services: The Columbus Organization assisted the Division of Developmental Disabilities Support Division and the Division of Health Improvement in **completing numerous outstanding abuse, neglect and/or exploitation investigations**. Columbus managed a group of consultant certified investigators to complete this task. Columbus was able to assist the State of New Mexico in closing a significant number of these outstanding investigations and assisted in bringing the state into compliance with their required timeline of investigation closures.

Significant Events Reporting Process: As part of the litigation monitoring and technical assistance, Columbus facilitated the **development of a statewide Significant Events reporting process for all serious incidents** that fall outside the parameters of the states' abuse, neglect and exploitation incident management system. The Significant Events reporting system includes events that occur in the following categories: Choking; Restraint Related to Behavior; Skin Breakdown; Suicide Ideation; Suicide Attempt; Suicide Threat; Missing Person; Falls; Falls without Injury; Medication Errors; Use of PRN Medications for Behavior; Injuries; Fractures; Out of Home Placement. Additionally, **Medication Errors were analyzed** including analyzing the type, frequency, and severity of medication errors. The types of medication errors analyzed are: medication not available, omission, wrong dose, wrong person, wrong time, wrong route, documentation error, medication refused, medication dropped, and medication missing. **Data was collected, reviewed and analyzed on a monthly, quarterly and annual basis by Columbus. Areas of improvement or needed system changes were identified and presented to an Internal Review Committee for strategic planning and statewide corrective initiatives.**

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Use Of Emergency Services Reportable Incidents: Columbus provided nursing clinical assistance to the State of New Mexico by **reviewing and issuing findings on over 300 open reportable incident reports** involving the Use of Emergency Services in 2013 and 2014. This consultant also developed a protocol for the regional nurses to use when reviewing reportable events concerning the use of emergency services.

SIS Validation Project: Columbus provided staff assistance to the State of New Mexico in **reviewing and validating SIS assessments** as part of the SIS pilot project in 2011..

Some of Columbus' projects in partnership with DOH were eligible for QIO enhanced match funding and Columbus has facilitated work with the state and CMS to enhance funding.

New Mexico: Easter Seals El Mirador

In 2010, Easter Seals el Mirador (ESEM), a private non-profit community-based ICF/IID service provider, engaged Columbus to assist with major deficient practices identified by the state regulatory agency. Facing ICF/IID decertification of one home after an unanticipated death and moratorium sanctions imposed, ESEM entered into an agreement with New Mexico's Department of Health's regulatory agency, the Division of Health Improvement (DHI) that required an independent external party to act as Monitor and assist the provider in resolving the issues that prompted the state's adverse actions. The components of the ESEM contract with Columbus included:

- **Review of the provider's policies and procedures and systems**, identification of areas needing improvement, and development of recommendations and a plan of corrective action to prevent recurrence of deficient practices
- **Development of a monitoring tool** and implementation guidelines based on the above recommendations
- Competency-based training of SMEM staff in the implementation of the monitoring tool, including **inter-rater reliability measures** in direct application in individuals' residences
- Multiple **monitoring visits using the monitoring tool** with findings and recommendations to **improve the quality of care delivered**, submitted to both the provider and DHI after each visit
- **Technical assistance, as indicated in quality assurance, risk management, including incident management and prevention of abuse and neglect**, healthcare, active treatment, nursing practice, provision of due process (including functions of Behavior Support and Human Rights Committees), residential supervisory structure, and other areas in need of improvement to meet compliance expectations and maintain certified status

California Department of Developmental Services, Regional Center of the East Bay

Columbus provided Intake and Assessment services in 2002 to the Regional Center of the East Bay, a California Regional Center serving more than 17,000 people with intellectual and developmental disabilities throughout eleven (11) counties. Columbus professional staff **conducted assessments for eligibility determination** based on individuals' developmental, intellectual, and adaptive capacities. Columbus was instrumental in designing and implementing procedural changes that expedited the Intake and Assessment process including reducing delinquency in providing timely intake and assessment procedures and significantly reduced wait time for applicants and their families over the course of the

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project. **Data on individual disability diagnoses, eligibility determinations, and follow-up action was maintained and used for improvements** in the Regional Center's operational aspects of its Intake and Assessment process. Between the years of 1998 and 2009, under multiple contracts with the Regional Center of the East Bay (RCEB) Columbus:

- Conducted more than 260 Initial or Updated Comprehensive Health Assessments for RCEB consumers residing at the Agnews Developmental Center.
- Assessed individuals served by Golden Gate Regional Center that were moving from Agnews to community homes.
- Conducted training and consultation to direct support professionals at the 962 new state-operated homes as well as community ICFs/IID.
- Provided consultation to Level of Care staff on medication administration, recognition of emerging health problems, and non-verbal cues in recognition of pain in individuals served.
- Assisted with preparation for DDS/HCBS Waiver monitoring visits.
- Provided an Interim Executive Director who assisted with completion of the DDS self-assessment of Home and Community Based Services provided by the regional center.
- Developed regional center specific self-survey instrumentation to measure compliance with service and funding of waiver requirements.
- Coordinated development and implementation of RCEB plans of correction to enhance Waiver compliance.
- Worked with RCEB to develop systems and enhancements to meet requirements of the HCBS program and designed and performed internal quality assurance activities to gauge compliance.
- Was acknowledged by DDS for our guidance and support making a substantial contribution to RCEB's removal from special contract language provisions imposed on the center by DDS and to the center's removal from moratorium status.
- Developed, implemented and operated the Specialized Services Alliance which focused on multiple projects including evaluation and technical assistance services, consulting on special projects and problem mitigation, and providing ongoing educational seminars to all stakeholder groups in the region.
- Developed an Autism Consultation Clinic to support individuals with challenging behaviors and providing support to families of these individuals.
- Developed and provided specialized assessment, training, and technical assistance to consumers and their families through the Cerebral Palsy Clinic
- Completed assessments on children referred for early intervention services.

Case Management/Support Coordination Services:

Since 2003, Columbus has provided support coordination/case management/community navigation (both Traditional and Intensive) services to over 10,000 individuals with intellectual and developmental disabilities in Georgia, Indiana, South Carolina, Kentucky and Delaware. Columbus' support coordination/case management/community navigation services require ongoing, **regular face-to-face contact with individuals with intellectual and developmental disabilities** and their caregivers. For some of these contracts, we complete 90-day checklists with every client each quarter. This is a face-to-face meeting where we **review a series of questions to ensure all health, safety, behavioral, environmental and medical needs are met**. Within the past year, Columbus has been responsible for **administering a state survey (individual experience survey) to ensure individuals had been given choice** regarding their living situation, community involvement and daytime activities. Additionally, our case managers and support coordinators administer Columbus satisfaction surveys bi-annually to determine the satisfaction of our services with clients, families and providers.

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Consumer Information System (CIS)

Columbus has **developed a proprietary information system** that is used for all Georgia consumers receiving HCBS waiver services. Georgia officials base both payments to support coordination agencies as well as **monitoring of quality assurance activities** on the Columbus Consumer Information System (CIS). In addition to the state of Georgia using CIS, Columbus provides CIS to multiple provider agencies in Georgia. It has streamlined and improved operational efficiencies with its robust tracking and reporting. CIS is a secure, HIPPA compliant, consumer record system accessible 24 hours a day, 7 days a week, via the internet. There are currently 4000 active users and 4000 inactive record with 612,000 individual documents and 90,000 Individual service plan signature documents. Originally developed as a case management system tool in 2004, CIS has been adopted by the state of Georgia to serve as the primary record for thousands of individuals living in the community under Medicaid waivers.

Kentucky Preadmission Screening and Resident Review (PASRR)

Columbus provided contract services to in three Phases to the Cabinet for Medicaid Health and Family Services (Cabinet), for the Department for Medicaid Services, Division of Healthcare Facilities Services, Long Term Care Branch and the Department for Mental Health, Developmental Disabilities and Addiction Services in three Phases.

In Phase I of this project, Columbus completed an **evaluation of the Kentucky PASRR process for quality and consistency with federal and state law requirements** and **conducted PASRR reviews** to examine the following:

Effectiveness of gate keeping processes for admission of individuals with intellectual disabilities to nursing facilities;

- Appropriateness of continued nursing facility placement of some 1,100 individuals with intellectual disabilities; and
- Quality of facility-based delivery of recommended specialized services to those individuals during Phase I of the project.
- In Phase II of this project, Columbus **completed PASRR reviews** for individuals in Regions 1 through 15. In this phase, Columbus completed the following:
 - **Designed sampling selection procedures and selected a sample for review;**
 - Reviewed previous PASRR review documentation;
 - Conducted PASRR reviews for individuals identified in the sample;
 - **Performed comparative reviews** of earlier reviews with those performed by Columbus consultants;
 - Reviewed treatment planning and the need for specialized services for individuals in the sample; and
 - **Prepared specific, foundational, and prioritized recommendations** regarding the state-wide PASRR process to the Cabinet for Medicaid Services.

Phase III was completed by Columbus reviewing the materials developed by the Cabinet for the PASRR program, advising the Cabinet on any additional reviews that may be needed to complete the project, and **examining the current instrument's effectiveness in making the determinations required under state and federal law.**

Virginia PASRR

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Columbus provided all **statewide mental health PASRR Level II assessments** for the Commonwealth of Virginia following implementation of the PASRR regulations. This project, a component of their OBRA/Nursing Home Reform Act compliance activities, involved multiple on-site utilization of Columbus licensed clinical professionals, including nurses, psychiatric social workers, and psychiatrists. Columbus was also involved in training members of Community Service Boards in the PASRR process.

California Department of Developmental Services, Kern Regional Center

Columbus entered into an agreement with Kern Regional Center to manage all operations for a period of at least six months, in order to address the many challenges facing the center. Columbus became the management entity as of May 1, 2017, and immediately **developed an assessment tool and began interviewing staff, consumers, families and vendors**, in order to ascertain satisfaction with services and to identify areas of concern. Columbus completed interview assessments with 80% of the staff and as many consumers, family members and vendors as were willing to be interviewed. Columbus also **held open forums** in order to collect additional data related to concerns that needed to be addressed. Once **data was collected and tabulated**, Columbus was able to establish targeted work groups to begin to address the identified issues. This approach has been instrumental in creating a positive cultural shift whereby the Regional Center Community is working together for the betterment of the services rendered. Columbus remained at Kern until June of 2018 in order to transition administrative services.

This project is eligible for QIO enhanced match funding and Columbus has facilitated work with the state and CMS to enhance funding.

Community Care Inc. (Iowa)

In October 2013 Columbus was contacted by the Iowa Department of Human Services to assist with an emergency situation with an Iowa provider agency. Columbus had two consultants onsite within one week and provided **emergency management to the agency which was facing a DOJ credible Medicaid fraud allegation investigation** that resulted in the termination of its entire management team. The Columbus consultants assumed interim management of this \$13 million dollar agency that provided services for 350 individuals and employees (400 staff within ICF/IID), Home and Community Services Waiver, Supported Living, Residential Care Facilities, Home health Care, and Vocational programs. Within two weeks, a third Columbus consultant assumed the full responsibilities of the Interim Executive Director. Working closely with the Agency's Board of Directors, the Columbus team quickly established an interim organizational structure that included middle management personnel and began to **conduct a review of the agency's programs**. Since the Agency had suffered a significant reduction of Medicaid funding from 100% to 65% due to the fraud allegation, a review of its financial status was also initiated. Within a month of assuming the management of the Agency, the Columbus team had **assured and maintained stabilization of the programmatic aspects of services** and was working with the interim management staff to improve the quality of the programs. Based on the Columbus report provided to the State officials with oversight of the Agency during the investigation process that discussed actions taken **to stabilize the Agency, an increase in Medicaid funding** to 80% was obtained which was vital in assuring the Agency's financial responsibilities.

Tennessee Department of Intellectual and Developmental Disabilities

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External Mortality Review Committee (EMRC): Columbus is currently providing EMRC services to the Tennessee Department of Intellectual and Developmental Disabilities. As part of this process, Columbus provides and physician and a nurse with over five (5) years of experience with individuals with intellectual/developmental disabilities and more than five (5) years of experience with mortality review process. Columbus has established a process for reviewing the deaths of individuals and submits a **findings report, which identifies system wide issues for improvement that are achievable and measurable**. The mortality reports provide a reasonable justification for the findings and references the appropriate documentation. All recommendations are based on findings. As part of this contract, Columbus also provides **consultation for Mortality Reviews systems and processes to improve the quality of care for individuals**. Columbus **evaluates a statistical sample**, of records reviewed by the Regional Mortality Review Committee (RMRC) since the previous EMRC review. The sample includes individuals who received services and supports both in the community and in State run Developmental Centers and is evenly distributed among the regions.

This project is eligible for QIO enhanced match funding and Columbus has facilitated work with the state and CMS to enhance funding.

Tennessee Department of Intellectual and Developmental Disabilities Regional Offices: For the past ten years, Columbus has staffed the regional offices of Tennessee's Department of Intellectual and Developmental Disabilities. The regional offices are the local point of entry to the Department's community service system. The regional offices are responsible for the enrollment of individuals with intellectual disabilities into a service delivery system that best meets their individual needs for support. It is the mission of these offices to develop and support opportunities for persons with intellectual disabilities to live as contributing members of their chosen home community.

There are multiple avenues through which the regional office **supports individuals with intellectual disabilities**. One method of support is the direct provision of services such as assessments, training, and limited forms of interventions in a variety of clinical disciplines, such as physical therapy, occupational therapy, behavioral services, and nursing/medical services. Other services such as residential or day services are provided through a contracted provider system. In order to **ensure appropriate community supports** for individuals the regional office **conducts quarterly reviews of agencies** and when necessary provides **training and technical assistance geared toward improving agency performance**.

As a steward of public funds, the regional office **conducts the review of service and cost plans which meet the needs of people supported and the procedural requirements of the Medicaid Waiver**. The office notifies families about approvals and denials; informs families of their appeal rights, and completes the initial processing steps for provider payments. Each of these steps are required to assure that funds appropriated to the Department are used effectively and that appropriate steps are taken to contain costs while providing the necessary supports to individuals.

Georgia Gracewood, East Central Regional Hospital

During the summer of 2014, the facility at Gracewood underwent a number of licensing surveys that resulted in several CoP out of compliance, Immediate Jeopardy findings and serious issues influencing decertification. At risk was \$14.5 million dollars of Federal Financial Participation. An extensive Plan of Correction was developed to address issues of Governing Body, Protection from Harm, Behavioral Supports and Facility Maintenance. A Columbus consultant was assigned as interim administrator of the

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facility in September 2014, charged with the responsibility to **prepare for the decertification survey** expected in November 2014 **as well as the annual surveys for the SNF and the annual ICF survey** expected between December 2014 and March of 2015. After significant efforts were made under the leadership of the interim administrator, including the support of the staff and the governing authorities for Georgia facilities, all three surveys were passed with only a few minor deficiencies cited that were quickly addressed. Preparation for the surveys included a wide array of activities to assure protection from harm. **Systems were developed for incident reporting, investigations and follow up.** There was a significant commitment to staff training and strengthening morale that had been severely challenged during the time when the facility was extensively and publicly criticized. Efforts were also undertaken to improve positive behavior supports, active treatment and facility maintenance.

Wyoming Life Resource Center

Columbus provided professional consulting and staffing services to the Wyoming Life Resource Center through the Wyoming Department of Health, Behavioral Health Division in response to CMS issuing a 90-day termination notice. Columbus provided interim administration, QIDP (including investigations technical assistance), and psychology services. A Consulting Superintendent and the Columbus Consultants provided leadership and expert consultation leading to a successful follow-up review after a period of 60 days. Columbus was tasked with the following services:

- Training and technical assistance to address any deficiencies identified by regulatory and legal bodies (CMS/P&A)
- Evaluation of current direct care and supervisory staffing structure, and implementing recommendations on how to more efficiently and effectively align staff
- Support to improve delivery of healthcare services
- Support to deliver quality therapy services
- Support to improve the delivery of active treatment
- Training and mentoring in the areas of behavioral support, crisis response and habilitation services for Clinical Staff, Program Directors, Direct Service Staff and others as identified by the State
- Evaluation of current risk management processes and implementation of recommendations to improve processes.
- Review and updating of critical policies and procedures
- Identification of appropriate best practices to implement at the center
- Identification of improvements to communication structure throughout organization
- Management of operations of WLRC in compliance with applicable laws, regulations and service standards utilizing ICF expertise

Glenwood and Woodward Resource Centers (IA)

Columbus is currently providing independent physician peer reviews of all deaths for the Glenwood Resource Center (since 2009) and the Woodward Resource Center (2018). Reviews are performed by an experienced physician reviewer, and the independent off-site reviews include the following:

- Review of past medical history, diagnoses, and events leading up to death
- Listing of treatments prior to transfer to the emergency room
- Diagnostic assessments, evaluations, and test performed during the terminal illness
- Cause of death and source information
- Pre-mortem diagnosis consistent with the cause of death
- Analysis of whether medical treatment was appropriate and consistent with current standards

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- Results and determination if an autopsy examination was performed
- **Suggestions on how to improve the quality of medical services**

This project is eligible for QIO enhanced match funding and Columbus has facilitated work with the state and CMS to enhance funding.

New Jersey Department of Human Services, Division of Developmental Disabilities

Columbus was recognized by both the State of New Jersey and the USDOJ as the **Compliance Monitor** for the State's settlement agreements for the New Lisbon and Woodbridge Developmental Centers. In this role, Columbus **monitored and reported on the State's substantial compliance or non-compliance** with all provisions in Part D of the agreements.

Monitoring activities included the following:

- Onsite inspection of the facility.
- **Interviews with staff, contractors and individuals.**
- **Review of facility documents and data reports** such as individuals' records, incident investigations, staff training curricula, physician's orders, consultant reports, assessments, policies, procedures and many others.
- Compilation and submission of a draft and final report which included findings of substantial compliance or non-compliance with each provision of the agreement.

Columbus consultants provided training in Active Treatment to QIDP, day and vocational program staff and other interdisciplinary team members. Columbus trainers conducted direct Active Treatment observations to ensure specific relevance to service provision at New Lisbon. In addition, during Columbus' training and consultation at New Lisbon, consultants assisted the facility's Human Rights Committee in the **development of a model policy that was later applied state-wide.**

Texas Department of Aging and Disability Services (DADS)

- In 2005, Columbus was engaged by the Texas Department of Aging and Disability Services (DADS) to assist them in their response to anticipated investigation by the USDOJ. During our ten year tenure in Texas, Columbus performed the following services for DADS:
- Developed and implemented an active treatment program and provided active treatment training at Austin, Brenham and Lubbock State Supported Living Centers.
- Reviewed and provided critical feedback on all draft and final reports submitted by the Monitors.
- Assisted DADS staff in negotiating the provisions of the Settlement Agreement with the Department of Justice.
- Conducted **comprehensive assessments** of 11 State Supported Living Centers to determine their compliance with the provisions of the agreement prior to the beginning of external monitoring.
- Participated in the baseline monitoring visits allowing for direct observation of how the three Monitoring teams assessed the provisions of the Settlement Agreement.
- At the request of the Governor's office, conducted **critical status reviews** at all thirteen centers.
- Upon DADS request, provided specialized consultation to Corpus Christi State Supported Living Center after highly publicized consumer abuse.
- **Provided training for and worked extensively with DADS central office staff responsible for providing external quality assurance reviews** at each of the Centers.
- Provided hundreds of days of **technical assistance and training** across all the Centers related to meeting ICF/ID regulations and the provisions of the Settlement Agreement.
- Trained Interdisciplinary Teams to develop an optimistic vision for a person's future in a less restrictive setting and to identify the supports necessary to achieve that vision. The training was

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integrated into the team process and included in the Living Options Discussion and planning for transition.

Specific training and consultation were provided as follows: Reporting and responding to suspected Abuse, Neglect, and Exploitation; Team Planning Process; Active Treatment; Roles and responsibilities of QMRPs in Individual Support Plan development, implementation, monitoring, and revision; Integrated nursing practices, including medical and nursing assessment, nurse case management, critical decision making, and legal documentation; Positive Behavioral Supports; Augmentative Communication; Dignity and respect in personal, social, and environmental aspects of service delivery; Human and Legal Rights of individuals with disabilities; Role and function of Human Rights Committees in due process; Training in Psychiatric Concerns in People with Intellectual Disabilities, including psychiatric conditions, psychopharmacology, trauma, Post Traumatic Stress Disorder; Operations Director training including application of tools useful in monitoring facility status in the areas of Active Treatment, Behavioral Practices, Risk/Incident Management, Medical, Psychiatric, Nursing and Habilitation.

Provided technical support to Lubbock, San Angelo, and Mexia State Supported Living Centers on center-specific targeted issues including supports for people with pica behavior, organizational culture, and secure treatment.

Delaware Division of Developmental Disabilities Services

In July 2000, The Delaware Division on Developmental Disabilities Services (formerly the Division of Mental Retardation) distributed a Request for Proposals (RFP) to solicit vendors to assist the Division in **conducting an evaluation of its services and future demands and in developing a multi-year comprehensive plan** that would also serve as the state's response to the Olmstead Decision. Columbus won the award and was engaged to **conduct a combination of individual and provider reviews and to use the findings from these efforts as the basis of a long-term plan for the Division**. Over a four month period, Columbus **conducted some 300 consumer-specific person centered reviews and audited approximately 20 provider agencies**. The aggregate **data from these reviews was analyzed and a report of findings and recommendations was developed**. Through a series of cross stakeholder planning meetings facilitated by Columbus, a plan was developed that included downsizing of the Stockley Center and expansion of HCBS services. Numerous **operational systems were developed** or modified. The plan specifically included workforce considerations during implementation (particularly working with diverse workgroups from various disciplines during downsizing). Efforts were made to activate staff support and specific union contract stipulations to ensure optimum workforce readiness during the downsizing to maintain a smooth and orderly census reduction. The Department Secretary accepted the long-term plan in March 2002. This project required the efforts of more than 50 Columbus consulting staff members. Our work was so well received; it was later expanded to include similar challenges with the Delaware Department of Aging.

Missouri Department of Mental Health

Columbus assisted the Missouri Department of Mental Health (DMH), Division of Intellectual and Developmental Disabilities with numerous initiatives including:

- **Assisted with certification concerns** following receipt of negative survey findings from their state ICF/IDD licensing team and the potential future visit by federal surveyors at Bellefontaine Habilitation Center in St. Louis. Columbus supported their Human Resource, Investigative, Risk

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Management, Quality Assurance, Active Treatment, Behavioral Services, and Human Rights Committee functions.

- Provided assistance in determining if the issues that existed at Bellefontaine that resulted in the negative survey findings also existed throughout their residential Habilitation Center System.
- Conducted **systems reviews** at the five Centers in Missouri within a one-month time frame while our work at Bellefontaine continued without interruption.
- Provided statewide training on Division prioritized areas including, but not limited to, onsite mentoring at each of the Habilitation Centers in **refining and implementing their risk management structure and operations**. This included training and onsite coaching in reporting and responding to abuse and neglect, causal analysis, and the investigative process.
- Provided additional areas of focused training at individual Centers including, but not limited to, risk management, **quality assurance**, Human Rights Committee/due process, nursing assessment, augmentative communication, physical and nutritional management, functional assessment, active treatment, individual plan development, investigation of serious incidents, and transition planning.
- Developed and implemented a comprehensive statewide Positive Behavior Supports Training Program for the Division. This included training and certifying participants to become trainers of Positive Behavior Supports in the program as well as training direct service providers in the principles and techniques of Positive Behavior Supports.

Florida Department of Child and Family Services

Columbus was engaged by the Florida Department of Child and Family Services (OCFS) to conduct a **statewide review of medical case management practices** used in each of the 15 District Services Offices (OSO). This project was part of a statewide initiative designed to help OCFS **develop a statewide medical quality assurance system**. The goal was to evaluate how effectively the state's community services system was meeting the quality assurance and risk management guidelines specified under Florida's HCBS waiver for consumers with intellectual disabilities. **Data was reviewed within each District Service Office to determine the effectiveness of each DSO's system for tracking** the prevalence of specific medical conditions, access to medical care (e.g., therapeutic services, specialists, emergency services), deaths, hospitalizations, and special incident reporting, particularly allegations of abuse and neglect. A summary report was prepared for the state **analyzing results of the reviews and translating the findings into factual conclusions upon which policy decisions could be made**.

Reporting Experience

In all consulting projects where Columbus has been engaged, a reporting protocol was either already incorporated into specific contractual deliverable mandates or mutually agreed upon at the initiation of consulting activities. Columbus has provided both verbal and written status reports on these established timelines as required and requested. These have included both short- and long-term reporting intervals and areas of priority and focus in projects in Texas, New Mexico, California, Kentucky, Pennsylvania, Nebraska, the District of Columbia and other states. For Columbus' monitoring projects in New Jersey, extensive monitoring reports were submitted to the state and the Department of Justice at regular intervals. For our Washington DC and Georgia mortality investigation projects, ongoing status reports are kept and submitted weekly to the contract administrators. These reports list pertinent information about all cases including identifying information such as case number and name, team assigned, date received, date of death and a list of all information requested and received regarding the case. Target dates and draft and final report submission dates are also included.

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7.10.2 SUBCONTRACTOR(S)' EXPERIENCE (RFP SECTION VIII.B.10.II)

Columbus is pleased to partner with Mr. John Tomme and Focus Technologies, LLC. Mr. Tomme, as owner and chief technologist of Focus Technologies, LLC, has been operating in the HCBS Pace since 2013. The FOCUS-CSS application (<https://focus-css.com>) is hosted as SAAS (software as a service) product. The application helps HCBS providers maintain compliance through notifications and precise monitoring of uploaded and internally created forms and data.

Focus' Statewide Experience

The Focus-CSS application (<https://focus-css.com>) is a hosted SAAS (software as a service) product. The app helps HCBS providers maintain compliance through notifications and precise monitoring of uploaded and internally created forms and data. Mr. Tomme has presided over an electronic record application built for accuracy, collaboration, and workflow. Focus-CSS currently supports more than 1500 users, 3000 Waiver Participants, and more than 500,000 documents. The app boasts an annual uptime of 99.95%.

Focus has also implemented Agency Partnering Integrations in Kentucky. As a vendor for the Kentucky State Police, Focus was responsible for Data Sharing applications between The Cabinet for Family and Health Services, Automated Fingerprint Identification System (AFIS), Administrative Office of the Courts, and Computerized Criminal History. These Data Integrations consist of millions of transactions per year.

7.10.3 COLUMBUS' EXPERIENCE AS A SUBCONTRACTOR (RFP SECTION VIII.B.10.III)

Columbus acknowledges the Addendum to the Request for Proposal for "Experience as a Subcontractor." Columbus has not performed work as a subcontractor.

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ATTACHMENT A: COLUMBUS' GANTT CHART

Please find Columbus' Gantt Chart for the first 90 days of the project over the following pages.

QIO/QIO-like Entity Services for NE Dept. of Health and Human Services (DHHS) - Division of Developmental Disabilities (DDD)

Draft 90-Day Start-up Plan
 Prepared by: The Columbus Organization

Project Start:

Display Week:

TASK	ASSIGNED TO	PROGRESS	START	END	Oct 12, 2020							Oct 19, 2020							Oct 26, 2020							Nov 2, 2020							Nov 9, 2020							Nov 16, 2020							Nov 23, 2020							Nov 30, 2020						
					M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S							
Phase 1 - Upon Contract Award																																																												
Secure QIO-like entity designation and maintain for duration of contract		100%	10/14/20	1/14/21																																																								
Lease Lincoln office	Name	0%	10/14/20	10/31/20																																																								
Finalize hiring processes for key service consultants and project management staff		0%	10/14/20	10/31/20																																																								
Initiate processes for fingerprinting, background checks, etc.		0%	10/14/20	10/31/20																																																								
Obtain official identification for all consultants		0%	10/14/20	10/31/20																																																								
Refine the 90 day workplan after meetings with DHHS-DDD		0%	10/14/20	10/31/20																																																								
Initiate work on the workplan for the entire contract period		0%	10/14/20	10/31/20																																																								
Consultant review of available documents listed in their section of the workplan		0%	10/14/20	10/31/20																																																								
Schedule initial and subsequent meetings with the Quality Team for introductions, onboarding and content meetings		0%	10/14/20	10/31/20																																																								
Conduct interviews of all pertinent DHHS-DDD key personnel on Mortality Reporting and Review		0%	10/14/20	10/31/20																																																								
Conduct interview of all pertinent DHHS-DDD key personnel on Incident Management		0%	10/14/20	10/31/20																																																								
Conduct interviews of all pertinent DHHS-DDD key personnel on the current IT system(s)		0%	10/14/20	10/31/20																																																								
Conduct interviews of all pertinent DHHS-DDD key personnel on current QM system		0%	10/14/20	10/31/20																																																								
Finalize and submit the 90 day workplan to DHHS-DDD no later than 30 days after the start of the contract		0%	10/14/20	11/13/20																																																								
Develop and finalize a QIDS training plan for submission to DHHS-DDD within 30 days of contract award date		0%	10/14/20	11/13/20																																																								
Develop a workplan for management of the contract beyond the 90 day start-up period		0%	10/14/20	11/30/20																																																								
Initiate, continue and complete work on high level review of the current state of the Mortality Review and Reporting process for submission to DHHS-DDD no later than January 14, 2021		0%	10/14/20	1/14/21																																																								
Initiate and continue work on comprehensive assessment of the Critical Incident Management Processes		0%	10/14/20	1/14/21																																																								
Initiate and continue work on development of the Quality Information Data System to support the Quality Management System		0%	10/14/20	1/14/21																																																								
Initiate and continue work on comprehensive assessment of the HCBS QM system		0%	10/14/20	1/14/21																																																								
Produce monthly reports beginning with the month of October within 15 days after the end of the month for all key services		0%	10/14/20	1/14/21																																																								
Produce quarterly reports beginning with the month of January within 15 days after the end of the quarter for all key services		0%	10/14/20	1/14/21																																																								
Provide annual reports beginning October, 2021 within 15 days after the end of the year for all key services		0%	10/14/20	1/14/21																																																								
Columbus Program Director and Program Manager to monitor progress on all initiatives weekly		0%	10/14/20	1/14/21																																																								
<i>*Should DHHS-DDD request that Columbus work on either a special project or optional expanded services within the 90 day period, Columbus will initiate the work and complete the work product in the timeframe agreed upon between Columbus and DHHS-DDD</i>																																																												

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**ATTACHMENT B: REDACTED MORTALITY REVIEW ANNUAL REPORT
AND OVERVIEW**

Columbus' Redacted Mortality Review Annual Report and Overview can be found on the following pages.



**Annual Report and Overview for the
FY18 Deaths Reviewed**

DRAFT REPORT





[Redacted text block]

The Columbus Organization's (Columbus) contract with the [Redacted]
[Redacted] This report is the "annual narrative report and overview of the previous years' investigations." This report includes "a general assessment, analysis, identification of trends, and systemic recommendations regarding the impact on ensuring and protecting a person's rights" for the cases completed in fiscal year 2018. This report covers the deaths that occurred between [Redacted] and [Redacted].

[Redacted] completed this Annual Report and Overview of the Deaths Reviewed in FY18.

II. SPECIFIC MORTALITY INVESTIGATION REPORTS REVIEWED

A. CASES REVIEWED

Forty mortality investigation reports for fiscal year 2018 were completed by Columbus and submitted to [Redacted]

[Redacted]

[Redacted]

[Redacted]		[Redacted]		[Redacted]		[Redacted]		[Redacted]	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

[Redacted]



The table area is almost entirely obscured by large black redaction bars. Only a few small white rectangular fragments are visible within the grid structure, but no text or data is legible.

III. FINDINGS

A. TRENDS/PATTERNS

The following trends/patterns were found after reviewing the [redacted] mortality investigation reports for the above noted people.

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[REDACTED]

During FY18, [REDACTED] supported [REDACTED] people. Of this number, [REDACTED] people [REDACTED] were Black, [REDACTED] people [REDACTED] were White, [REDACTED] people [REDACTED] were Hispanic, and [REDACTED] people [REDACTED] were other races (Asian, Native American, unknown, or other).

Sex:

- [REDACTED] people [REDACTED] were male
- [REDACTED] people [REDACTED] were female

During FY18, [REDACTED] supported [REDACTED] people. Of this number, [REDACTED] were male and [REDACTED] were female.

[REDACTED]

Age Range:

- [REDACTED] died who were between the ages of 11-20 years old
- [REDACTED] died who were between the ages of 21-30 years old
- [REDACTED] died who were between the ages of 31-40 years old
- [REDACTED] died who were between the ages of 41-50 years old
- [REDACTED] died who were between the ages of 51-60 years old
- [REDACTED] died who were between the ages of 61-70 years old
- [REDACTED] died who were between the ages of 71-80 years old
- [REDACTED] died who were between the ages of 81-90 years old
- [REDACTED] died who were between the ages of 91-100 years old

Place of Death:

- [REDACTED] died in the hospital
- [REDACTED] died at home
- [REDACTED] died in the Emergency Department (ED)
- [REDACTED] died at a Long Term Acute Care (LTAC) facility
- [REDACTED] died in a nursing home

Month of Death:

- [REDACTED] died in the month of [REDACTED]

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[REDACTED]

- [REDACTED] died in the month of [REDACTED]
- [REDACTED] died in the month of [REDACTED]
- [REDACTED] died in the month of [REDACTED]
- [REDACTED] died in the month of [REDACTED]
- [REDACTED] died in the month of [REDACTED]
- [REDACTED] died in the month of [REDACTED]

Residential Providers:

- [REDACTED] died while living in their natural homes
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]
- [REDACTED] died while supported by [REDACTED]

Residential Setting Type:

- [REDACTED] lived in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- [REDACTED] lived in a Supported Living home
- [REDACTED] lived in their natural home
- [REDACTED] lived in a Residential Habilitation home
- [REDACTED] lived in a Host Home

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[REDACTED]

- [REDACTED] had been supported by their most recent [REDACTED] for approximately two years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately three years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately four years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately five years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately six years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately seven years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately nine years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately ten years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately eleven years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately twelve years
- [REDACTED] had been supported by their most recent [REDACTED] for approximately thirteen years

DNR Orders:

- [REDACTED] did not have a DNR order in place at the time of their death
- [REDACTED] had a DNR (Do Not Resuscitate) order in place at the time of their death

Cause of Death Source:

- [REDACTED] did not have an autopsy or external examination performed; however, death certificates were submitted for these deaths
- [REDACTED] had an autopsy performed
- [REDACTED] had an external examination performed

Expected/Unexpected Deaths:

- [REDACTED] deaths were unexpected
- [REDACTED] deaths were expected

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[REDACTED]

[REDACTED]

[REDACTED] unpreventable; [REDACTED] deaths [REDACTED] could not be determined if it they were preventable or unpreventable; [REDACTED] death [REDACTED] was possibly preventable; and [REDACTED] death [REDACTED] was preventable.

Manner of Death:

- [REDACTED] had their manner of death listed as natural
- [REDACTED] had their manner of death listed as an accident

Preventable/Unpreventable Death:

- [REDACTED] of the deaths appeared not to be preventable
- [REDACTED] of the deaths could not be determined if it was preventable or not
- [REDACTED] of the deaths appeared to be possibly preventable
- [REDACTED] of the deaths appeared to be preventable

Cause of Death:

- [REDACTED] died from cardiac related causes
- [REDACTED] died from pneumonia related causes
- [REDACTED] died from cancer
- [REDACTED] died from gastrointestinal related causes
- [REDACTED] died from respiratory related causes
- [REDACTED] died from sepsis
- [REDACTED] died from gallstone complications
- [REDACTED] died from abdominal injuries due to a car accident
- [REDACTED] died from complications of Down syndrome

Level of Intellectual Disability:

- [REDACTED] were diagnosed with profound intellectual disability
- [REDACTED] were diagnosed with severe intellectual disability
- [REDACTED] were diagnosed with moderate intellectual disability
- [REDACTED] were diagnosed with mild intellectual disability
- [REDACTED] was diagnosed with borderline intellectual disability

Coexisting Diagnoses:

- [REDACTED] also had cardiac diagnoses
- [REDACTED] also had a diagnosis of constipation
- [REDACTED] also had a diagnosis of hypertension
- [REDACTED] also had a diagnosis of a seizure disorder



[REDACTED]

- [REDACTED] also had mental health diagnoses
- [REDACTED] also had a gastrostomy tube
- [REDACTED] also had a diagnosis of anemia
- [REDACTED] also had a diagnosis of being overweight or obese
- [REDACTED] also had a diagnosis of diabetes
- [REDACTED] also had a diagnosis of Alzheimer's disease or dementia
- [REDACTED] also had a diagnosis of chronic obstructive pulmonary disease
- [REDACTED] also had a diagnosis of Down syndrome
- [REDACTED] also had a diagnosis of Autism

B. SUMMARY OF PATTERNS/TRENDS

In summary, more individuals died:

- that were Black [REDACTED] than were White [REDACTED] or Hispanic [REDACTED] or Asian [REDACTED]
- that were male [REDACTED] than were female [REDACTED]
- [REDACTED]
- between the ages of 61-70 [REDACTED] than any other age range
- in the hospital [REDACTED] than at home [REDACTED] in the ED [REDACTED] in a nursing home [REDACTED] or in a LTAC facility [REDACTED]
- in [REDACTED] than in any other month of fiscal year 2018
- while living in residential agencies homes [REDACTED] than those living their natural homes [REDACTED]
- while living in an ICF/IID [REDACTED] than any other type of residential setting
- that were supported by their most recent [REDACTED] for approximately two to thirteen years [REDACTED] than were supported for approximately one year [REDACTED] or were supported for less than one year [REDACTED]
- unexpectedly [REDACTED] than expectedly [REDACTED]
- whose deaths were not preventable [REDACTED]
- who did not have a DNR order [REDACTED] in place at the time of their death
- who did not have an autopsy or external examination performed [REDACTED] than did have an autopsy or external examination performed [REDACTED]
- from cardiac related causes [REDACTED]

C. OTHER FINDINGS

1. Most of the current published literature suggests that a person with Down syndrome has a life expectancy of 50 to 60 years. The ages at the time of death for the [REDACTED] people with Down syndrome who died during this review period were:

- [REDACTED] died at age 47
- [REDACTED] died at age 54
- [REDACTED] died at age 55
- [REDACTED] died at age 57
- [REDACTED] died at age 62
- [REDACTED] died at age 64
- [REDACTED] died at age 66

Therefore, of the [REDACTED] people with Down syndrome that died, [REDACTED] people [REDACTED] lived longer than age 50.

2. When this summary report for FY18 was compared to the summary report completed for FY17, the following observations were made.

- There were more people who died at the age of 51 or older [REDACTED] in this review period than compared to the last review period [REDACTED]
- There were more people who died in the hospital [REDACTED] in this review period than compared to the last review period [REDACTED]
- Less people [REDACTED] had a [REDACTED] supporting them for less than five years in this review period than compared to the last review period [REDACTED]
- More deaths were unexpected [REDACTED] in this review period than compared to the last review period [REDACTED]
- Less people [REDACTED] had a DNR in place at the time of their death in this review period than compared to the last review period [REDACTED]
- More deaths appeared not to be preventable [REDACTED] in this review period than compared to the last review period [REDACTED]
- The same number of people [REDACTED] died from cardiac related causes of death in this review period as did in the last review period [REDACTED]
- Less people [REDACTED] had an accidental death in this review period than compared to the last review period [REDACTED]
- More people with Down Syndrome lived longer than age 50 [REDACTED] in this review than compared to the last review period [REDACTED]
- More people [REDACTED] had the manner of their death listed as natural than compared to the last review period [REDACTED]



IV. AREAS OF CONCERN

There was one accidental death during FY18. This person died from abdominal injuries sustained as a result of a car accident. This death was preventable.

The following areas of concerns were found in the mortality investigation reports including, but are not limited to:

- [redacted] were incomplete, inaccurate, or not up-to-date [redacted]
- [redacted] were incomplete, inaccurate, or not up-to-date [redacted]
- Clinical recommendations were not implemented and the rationale for not implementing the clinical recommendation was not documented [redacted]
- Lack of recognition when a person had a change in condition, a life-threatening situation, and/or when to seek prompt medical attention, and/or call 911 [redacted] and [redacted]
- Immunizations and healthcare screenings were not documented [redacted]
- Lacking or incomplete end-of-life planning [redacted]

V. RECOMMENDATIONS

All the following recommendations were specifically made in the completed individual mortality investigation reports. They are offered again in this summary report because of potential for systemic implications and/or statewide concerns.

[redacted] should ensure that the [redacted] assure that end-of-life planning is completed for all people supported or the rationale for not completing this planning is clearly documented.

[redacted] community provider agencies should put in place, if not already in place, processes to ensure that:

- All [redacted] are complete, accurate, and up-to-date as per Health and Wellness Standard [redacted];
- All [redacted] are complete, accurate, and up-to-date as per Health and Wellness Standard [redacted]

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Medicaid HCBS and State Operated ICFs/DDs



- End-of-life planning is completed for all people supported or the rationale for not completing this planning is clearly documented as per Health and Wellness Standard [redacted]
- All of a person's immunizations and healthcare screenings are documented in the person's record as per generally accepted practice.

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ATTACHMENT C: CERTIFICATE OF GOOD STANDING

Columbus' Certificate of Good Standing can be found on the following pages.

QIO or QIO-Like Entity for the State of Nebraska
Medicaid HCBS and State Operated ICFs/DDs

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

COLUMBUS MEDICAL SERVICES, LLC

a Delaware limited liability company is authorized to transact business in
Nebraska;

all fees, taxes, and penalties due under the Nebraska Uniform Limited
Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has
been filed by the Secretary of State;

the Secretary of State has not revoked the Company's Certificate of Authority
and has not filed a notice of cancellation.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

August 6, 2020



A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State

Verification ID d26136f has been assigned to this document. Go to ne.gov/go/validate to validate authenticity for up to 12 months.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

ATTACHMENT D: COLUMBUS' QIO-LIKE ENTITY CERTIFICATION

Columbus' QIO-Like Entity Certification can be found over the following pages.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

APR 11 2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, Maryland 21244-1850



Jeff Klimaski
President and COO
The Columbus Organization
500 East Swedesford Road
Suite 100
Wayne, Pennsylvania 19087

Dear Mr. Klimaski:

We have reviewed your application of January 24, 2019 requesting that the Centers for Medicare & Medicaid Services certify The Columbus Organization as a Quality Improvement Organization (QIO)-like entity for the State of Pennsylvania. As a result of this review, we have determined that The Columbus Organization of Pennsylvania 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 The Columbus Organization of Pennsylvania as a QIO-like entity eligible to fully operate in Pennsylvania. The Columbus Organization of Pennsylvania 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.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

APR 1 / 2019

Page 2-Jeff Klimaski
The Columbus Organization

Your certification is granted for a period of 5 years and will expire on January 24, 2024.

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 The Columbus Organization of Pennsylvania 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 via Email-malinda.greene@cms.hhs.gov.

Sincerely,

Renee Dupree

Renee Dupree, Acting Director
Division of Program Management,
Communication, and Evaluation

**QIO or QIO-Like Entity for the State of Nebraska
Medicaid HCBS and State Operated ICFs/DDs**

ATTACHMENT E: COLUMBUS' CARF ACCREDITATION

Columbus' CARF Accreditation can be found over the following pages.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs



January 30, 2018

Cynthia D. Pinckney
Columbus Medical Services, LLC dba The Columbus Organization
2470 Windy Hill Road, Suites 448 and 450
Marietta, GA 30067

Dear Ms. Pinckney:

It is my pleasure to inform you that Columbus Medical Services, LLC dba The Columbus Organization has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Services Coordination

This accreditation will extend through November 30, 2020. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (customerconnect.carf.org), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from Mary Hanna by email at mhanna@carf.org or telephone at (888) 281-6531, extension 7068.

CARF International Headquarters
6000 E. Southpoint Road
Tucson, AZ 85706-3407, USA
www.carf.org

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Ms. Pinckney

2

January 30, 2018

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,



Brian J. Boon, Ph.D.
President/CEO

Enclosures

**QIO or QIO-Like Entity for the State of Nebraska
Medicaid HCBS and State Operated ICFs/DDs**

ATTACHMENT F: COLUMBUS' FINANCIAL STATEMENTS

Columbus' Financial Statements can be found over the following pages.

**QIO or QIO-Like Entity for the State of Nebraska
Medicaid HCBS and State Operated ICFs/DDs**

COLUMBUS ORGANIZATION HOLDINGS, LLC AND SUBSIDIARY
Consolidated Financial Statements
December 31, 2019 and 2018
With Independent Auditor's Report

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**QIO or QIO-Like Entity for the State of Nebraska
Medicaid HCBS and State Operated ICFs/DDs**

**Columbus Organization Holdings, LLC and Subsidiary
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December 31, 2019 and 2018**

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QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors,
Columbus Organization Holdings, LLC:

Report on Consolidated Financial Statements

We have audited the accompanying financial statements of Columbus Organization Holdings, LLC (the "Company"), which comprise the consolidated balance sheets as of December 31, 2019 and 2018, and the related consolidated statements of income and members' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Company as of December 31, 2019 and 2018, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

William Smith-Brown, PC

March 11, 2020

William Smith-Brown, PC | 1101 S. 17th Street, Suite 200 | Lincoln, NE 68502 | (402) 441-1101 | www.withum.com

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

**Columbus Organization Holdings, LLC and Subsidiary
Consolidated Balance Sheets
December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Assets		
Current assets		
Cash	\$ 1,980,692	\$ 360,978
Accounts receivable, net of allowance	4,726,168	8,276,316
Prepaid income tax	171,982	-
Prepaid expenses and other current assets	<u>486,929</u>	<u>496,089</u>
Total current assets	7,365,771	7,133,363
Property and equipment, net	237,685	218,135
Other assets		
Goodwill, net	12,838,907	14,850,334
Trade name, net	4,752,989	5,340,782
Deferred income taxes	<u>592,682</u>	<u>528,397</u>
Total other assets	<u>18,184,578</u>	<u>20,717,513</u>
	<u>\$ 25,788,034</u>	<u>\$ 28,069,011</u>
Liabilities and Members' Equity		
Current liabilities		
Line of credit	\$ -	\$ 2,808,046
Accounts payable and accrued expenses	2,794,005	2,104,714
Earn out payments due to seller	145,000	395,000
Income tax payable	<u>-</u>	<u>266,000</u>
Total current liabilities	2,939,005	5,573,760
Earn out payments due to seller, noncurrent	59,000	395,000
Members' equity	<u>22,790,029</u>	<u>22,100,251</u>
	<u>\$ 25,788,034</u>	<u>\$ 28,069,011</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

**Columbus Organization Holdings, LLC and Subsidiary
Consolidated Statements of Income and Members' Equity
Years Ended December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Revenues	\$ 43,729,219	\$ 37,076,865
Cost of revenues	<u>33,427,191</u>	<u>28,335,791</u>
Gross profit	10,302,028	8,741,074
Operating expenses		
Selling, general, and administrative expenses	6,969,080	5,826,303
Depreciation and amortization	<u>2,369,273</u>	<u>2,156,819</u>
Total operating expenses	<u>9,338,353</u>	<u>7,983,122</u>
Income from operations	963,675	757,952
Other expense		
Interest expense	(85,783)	(81,808)
Transaction and other expenses	<u>(7,471)</u>	<u>(89,739)</u>
Total other expense	<u>(93,254)</u>	<u>(171,547)</u>
Income before income taxes	870,421	586,405
Income taxes	<u>264,946</u>	<u>404,388</u>
Net income	605,475	182,017
Members' equity at beginning of year	22,100,251	21,840,802
Equity based compensation	<u>84,303</u>	<u>77,432</u>
Members' equity at end of year	<u>\$ 22,790,029</u>	<u>\$ 22,100,251</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Columbus Organization Holdings, LLC and Subsidiary Consolidated Statements of Cash Flows Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Operating activities		
Net income	\$ 605,475	\$ 182,017
Adjustments to reconcile net income to net cash provided by operating activities		
Depreciation and amortization	2,369,273	2,156,819
Equity based compensation	84,303	77,432
Deferred income taxes	(66,285)	(8,061)
Decrease (increase) in assets		
Accounts receivable	1,550,148	(550,312)
Prepaid expenses and other current assets	12,865	(14,771)
Increase (decrease) in liabilities		
Accounts payable and accrued expenses	689,292	(798,271)
Income taxes payable	(437,982)	(562,528)
Net cash provided by operating activities	4,807,089	482,325
Investing activities		
Purchase of property and equipment	(101,504)	(82,791)
Business acquisition	(274,100)	(3,015,000)
Net cash used in investing activities	(375,604)	(3,097,791)
Financing activities		
Proceeds from line of credit	1,400,000	4,265,001
Repayment on line of credit	(4,208,046)	(2,500,000)
Net cash (used in) provided by financing activities	(2,808,046)	1,765,001
Net change in cash	1,623,439	(850,465)
Cash and restricted cash		
Beginning of year	379,137	1,229,602
End of year	\$ 2,002,576	\$ 379,137
Supplemental disclosure of cash flow information		
Cash payments for interest	\$ 85,783	\$ 81,808
Cash payments for income taxes	\$ 753,492	\$ 1,005,524
Supplemental disclosure of non-cash investing and financing activity		
Contingent consideration recorded in connection with business acquisition	\$ 59,000	\$ 790,000
Earnout due to seller reduced from previous business acquisitions	\$ 645,000	\$ -

The Notes to Consolidated Financial Statements are an integral part of these statements.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Columbus Organization Holdings, LLC and Subsidiary Notes to Consolidated Financial Statements December 31, 2019 and 2018

1. NATURE OF BUSINESS

Columbus Organization Holdings, LLC and its 100 percent owner subsidiary, Columbus Medical Services, LLC, (the "Company") is a national provider of on-site professional staffing, consulting and continuing education services to state-operated agencies serving individuals with developmental disabilities, and is also a national provider of on-site special education professional staffing and consulting services to school districts. The Companies are Delaware limited liability companies.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying consolidated financial statements follows:

Basis of Accounting

The Company's policy is to prepare its consolidated financial statements on the accrual basis of accounting. Under this basis, revenues are recognized when earned, and expenditures are recorded when incurred.

Principles of Consolidation

The consolidated financial statements of the Company include the accounts of Columbus Organization Holdings, LLC and its 100 percent owned subsidiary, Columbus Medical Services, LLC. All intercompany accounts and transactions have been eliminated in the consolidated financial statements.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue Recognition

Effective January 1, 2019, the Company adopted Accounting Standards Codification ("ASC") Topic 606, *Revenue from Contracts with Customers* ("ASC Topic 606") using the modified retrospective method. The new revenue recognition guidance requires that an entity recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The guidance requires an entity to follow a five step model to (a) identify the contract(s) with a customer, (b) identify the performance obligations in the contract, (c) determine the transaction price, (d) allocate the transaction price to the performance obligations in the contract, and (e) recognize revenue when (or as) the entity satisfies a performance obligation. In determining the transaction price, an entity may include variable consideration only to the extent that is probable that a significant reversal in the amount of cumulative revenue recognized would not occur when the uncertainty associated with the variable consideration is resolved. The adoption of this standard did not have a material impact on prior revenue recognition or on opening equity, as the timing and measurement of revenue recognition for the Company is materially the same under ASC Topic 606 as it was under the prior relevant guidance. See Note 3 for further information on the new accounting standard and the Company's revenue from contracts with customers.

Cash and Credit Risk

The Company maintains deposits in financial institutions that at times exceed amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation. The Company believes there is no significant risk with respect to these deposits.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Columbus Organization Holdings, LLC and Subsidiary
Notes to Consolidated Financial Statements
December 31, 2019 and 2018

Accounts Receivable

Accounts receivable are recognized and carried at original invoice amount, less an allowance for any uncollectible amounts and applicable discounts. Management reviews the adequacy of the allowance for doubtful accounts on an ongoing basis using historical collection trends, customer creditworthiness and aging of receivables. Account balances are charged off against the allowance once management determines that they are uncollectible and the potential recovery is considered remote. After review of the accounts receivable aging, management has provided for an allowance for doubtful accounts at December 31, 2019 and 2018 of \$83,031 and \$150,000, respectively.

Property and Equipment

Property and equipment are stated at cost. Depreciation and amortization are provided using straight-line methods over the estimated useful lives of the related assets as follows:

Description	Estimated Life (Years)
Furniture and fixtures	5
Office and computer equipment	5
Leashold improvements	Shorter of useful life or remaining term of lease

Expenditures for normal maintenance and repairs are charges to operations, and significant improvements are capitalized. Generally, purchases over \$1,000 are capitalized.

Goodwill

Goodwill represents the excess of purchase price over the fair value of the tangible and identifiable intangible net assets acquired in a business combination.

The Company adopted the accounting alternative provided in Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") 2014-02, *Intangibles-Goodwill and Other (Topic 350): Accounting for Goodwill*. This ASU introduces an accounting alternative for private companies that simplifies and reduces the costs associated with the subsequent accounting for goodwill. In accordance with this ASU, the Company has adopted the following accounting policies relative to goodwill:

- Amortize goodwill on a straight-line basis over a period of ten years, and
- Evaluate goodwill for impairment at the entity level rather than at the reporting unit level.

In accordance with the adopted guidance, the Company evaluates goodwill for impairment only when triggering events are identified. See footnote 4 – Business Combinations and footnote 5 – Goodwill and Intangible Assets for information relating to previously recorded contingent consideration.

Business Combination

In December 2014, the FASB issued ASU 2014-18, *Business Combinations (Topic 805): Accounting for Identifiable Intangible Assets in a Business Combination*, which provides for an accounting alternative for private companies related to the identifiable intangible assets recognized in the accounting for a business combination. Under this ASU, a private company may choose to elect an accounting policy under which it would not separately recognize the following intangible assets in the accounting for a business combination: (a) intangible assets that would otherwise arise from noncompete agreements or (b) customer-related intangible assets that cannot be separately sold or licensed. The value of those intangible assets is effectively subsumed into goodwill.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Columbus Organization Holdings, LLC and Subsidiary Notes to Consolidated Financial Statements December 31, 2019 and 2018

Intangible assets include trade names. The Company's policy is to amortize the capitalized value of intangible assets using either straight-line or accelerated methods over the estimated useful life of the asset, whichever most accurately reflects the pattern with which the respective asset is consumed.

Advertising

The Company expenses advertising costs as they are incurred. Advertising expense incurred for the years ended December 31, 2019 and 2018 was \$91,024 and \$90,996, respectively.

Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or circumstances indicate that the carrying amount of the assets may not be recoverable. An asset is considered to be impaired when the undiscounted estimated net cash flows to be generated by the asset are less than the carrying amount. The impairment recognized is the amount by which the carrying amount exceeds the fair value of the impaired asset. Management had concluded that there was no impairment required as of December 31, 2019 and 2018.

Income Taxes

The Company is a limited liability company; however, it has elected to be treated as a "C" corporation for income tax purposes and therefore will account for taxes as required by Accounting Standards Codification ("ASC") Topic 740, *Accounting for Income Taxes*. Deferred taxes are provided on a liability method whereby deferred tax assets are recognized for deductible temporary differences, and operating loss carryforwards and deferred tax liabilities are recognized for taxable temporary differences. Temporary differences are the differences between the reported amounts of assets and liabilities and their tax bases. Deferred tax assets are reduced by a valuation allowance when, in the opinion of management, it is more-likely-than-not that some portion or all of the deferred tax assets will not be realized.

The Company accounts for uncertainty in income taxes based on a "more-likely-than-not" threshold for the recognition and de-recognition of tax positions, which includes accounting for interest and penalties relating to tax positions. Management evaluated the Company's tax positions and concluded that the Company had taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of this guidance. Generally, the Company is not subject to income tax examinations by U.S. federal, state, or local tax authorities for tax years prior to 2016, the year in which the Company commenced operations. It is the Company's policy to record interest and penalties related to uncertain tax positions, if any, as a component of income tax expense.

Equity-Based Compensation

The Company follows authoritative guidance related to equity-based compensation, which addresses the accounting for equity-based employee plans. The standard requires that such transactions are accounted for using a fair-value based method of accounting. Employee costs include all equity-based payments granted to employees based on the grant date estimate fair value over the service period.

Recent Accounting Pronouncements

In February 2016, the FASB issued ASU 2016-02, *Leases* (Topic 842). The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease and lease liabilities on the consolidated balance sheet for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of operations. The new standard is effective for the Company's fiscal year beginning January 1, 2021. Management is currently evaluating the potential impact the adoption of this update will have on the Company's financial reporting.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Columbus Organization Holdings, LLC and Subsidiary
Notes to Consolidated Financial Statements
December 31, 2019 and 2018

Reclassifications

Certain amounts previously reported in the 2018 financial statements have been reclassified to conform to the 2019 presentation.

Subsequent Events

The Company has evaluated subsequent events through the date of March 11, 2020, which is the date the financial statements were available to be issued. No material events subsequent have occurred since December 31, 2019 that required recognition or disclosure in the current period financial statements.

3. REVENUE FROM CONTRACTS WITH CUSTOMERS

The Company provides on-site professional staffing, consulting and continuing education services to state-operated agencies and school districts serving individuals with physical, developmental and intellectual disabilities. Revenue is recognized as we satisfy our performance obligation by transferring a service to a client. Professional staffing services revenue is recognized generally on a per hour or day of service basis. Care-coordination and other service revenues are recognized as services are provided based upon contractual billable service meetings or completed billable events. Consulting service revenues are recognized as services are provided based upon an hourly basis, day of service basis or completed billable event.

Contract assets include unbilled amounts typically resulting from professional staffing services revenues under agreements where services have been provided which are billed on hourly or daily basis, but the Company has not yet billed the customer. Contract assets related to professional services were \$53,892, and \$251,085 as of December 31, 2019 and 2018, respectively. The Company does not estimate revenue for direct expenses incurred prior to billing for its consulting services, as it is not materially different than recognizing revenue based upon the contractual billable terms. As a result, no contract assets or liabilities for consulting services are recorded in the accompanying financial statements.

Disaggregation of Revenue

Disaggregation of revenue consists of the following for the years ended December 31:

	2019	2018
Care Coordination	\$ 21,025,839	\$ 17,953,793
Professional Staffing	17,740,701	15,932,463
Consulting	4,962,679	2,771,050
Behavioral - Discontinued Business Line	-	419,559
	\$ 43,729,219	\$ 37,076,865

4. BUSINESS COMBINATIONS

On December 31, 2019, the Company purchased the operations of Progressive Journey Group, LLC. The acquisition was accounted for under business combination accounting. The acquisition date fair value of consideration transferred totaled \$315,600 which consisted of cash at \$256,600 and contingent consideration of \$59,000. The Company allocated the entire purchase price to goodwill. In connection with the acquisition, the Company incurred \$5,575 in transaction costs which were charged to expense in the consolidated statement of operations and members' equity for the year ended December 31, 2019.

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

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On December 28, 2018, the Company purchased the operations of Support Associates of Tampa Bay, Inc. The acquisition was accounted for under business combination accounting. The acquisition date fair value of consideration transferred totaled \$850,000, which consisted of cash at \$560,000 that was financed through an advance on the line of credit and contingent consideration of \$290,000. The Company allocated the entire purchase price and contingent consideration to goodwill. In connection with the acquisition, the Company incurred \$38,435 in transaction costs which were charged to expense in the consolidated statement of operations and members' equity for the year ended December 31, 2018. For the year ended December 31, 2019, the Company reduced the contingent consideration by \$145,000 as the performance conditions were not met.

On December 3, 2018, the Company purchased the operations of Progressive Comprehensive Services LLC. The acquisition was accounted for under business combination accounting. The acquisition date fair value of consideration transferred totaled \$2,250,000, which consisted of cash at \$1,750,000 that was financed through an advance on the line of credit and contingent consideration of \$500,000. The Company allocated the entire purchase price and contingent consideration to goodwill. In connection with the acquisition, the Company incurred \$2,928 in transaction costs which were charged to expense in the consolidated statement of operations and members' equity for the year ended December 31, 2018. For the year ended December 31, 2019, the performance conditions were not met, and therefore, the Company reduced the contingent consideration to zero.

On April 30, 2018, the Company purchased the operations of Cornerstone Case Management, LLC. The acquisition was accounted for under business combination accounting. The acquisition date fair value of consideration transferred totaled \$705,000, which consisted of cash and was financed through an advance on the line of credit. The Company allocated the entire purchase price to goodwill. In connection with the acquisition, the Company incurred \$23,730 in transaction costs which were charged to expense in the consolidated statement of operations and members' equity for the year ended December 31, 2018.

ASC 820, *Fair Value Measurements*, provides a framework for measuring fair value of assets and liabilities in accordance with US GAAP and establishes a three-tier fair value hierarchy which prioritizes the inputs used in measuring fair value. These tiers include: Level 1, defined as quoted prices in active markets for identical assets or liabilities; Level 2, defined as other significant observable inputs for the assets or liabilities through corroborations with market data at the measurement date; and Level 3, defined as significant unobservable inputs that reflect management's best estimate of what market participants would use to price the assets or liabilities at the measurement date. The fair values of the intangibles and rollover equity discussed above are entirely Level 3 values.

5. GOODWILL AND INTANGIBLE ASSETS

Goodwill consists of the following at December 31:

	<u>2019</u>	<u>2018</u>
Balance beginning of the year	\$ 14,850,334	\$ 12,498,341
Additions due to acquisition	333,100	3,805,000
Impairment of contingent consideration	(645,000)	-
Amortization	<u>(1,699,527)</u>	<u>(1,453,007)</u>
Balance end of the year	<u>\$ 12,838,907</u>	<u>\$ 14,850,334</u>

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The expected amortization for goodwill over the next five years and thereafter is as follows:

2020	\$ 1,736,567
2021	1,736,567
2022	1,736,567
2023	1,736,567
2024	1,736,567
Thereafter	<u>4,156,072</u>
	<u>\$ 12,838,907</u>

Intangible assets consist of trade names, less accumulated amortization.

The Company is amortizing the tradename over 20 years based on projected cash flows related to that intangible and consists of the following as of December 31:

	<u>2019</u>	<u>2018</u>
Balance beginning of the year	\$ 5,340,782	\$ 5,948,599
Amortization	<u>(587,793)</u>	<u>(607,817)</u>
Balance end of the year	<u>\$ 4,752,989</u>	<u>\$ 5,340,782</u>

The expected amortization for the intangible assets over the next five years and thereafter is as follows:

2020	\$ 570,123
2021	554,810
2022	519,472
2023	473,532
2024	422,881
Thereafter	<u>2,212,172</u>
	<u>\$ 4,752,990</u>

6. RESTRICTED CASH

In November 2016, the FASB issued guidance which reduced the diversity in practice as to how changes in restricted cash are presented and classified in the statement of cash flows. The guidance required that the statement of cash flows explain the change during the period in the total cash, cash equivalents and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling beginning-of-period and end-of-period total amounts shown in the statement of cash flows. The Company adopted this guidance as of January 1, 2019. Upon adoption, changes in restricted cash are now included within beginning and ending cash in our statement of cash flows. The following table provides a reconciliation of cash and restricted cash reported within the consolidated balance sheets with the total of the same such amounts presented in the statement of cash flows.

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	2019	2018
Cash	\$ 1,980,692	\$ 360,978
Restricted cash, current (within prepaid expenses and other current assets)	21,884	18,159
	\$ 2,002,576	\$ 379,137

Amounts included in restricted cash primarily related to security deposits in connection with office space lease agreements.

7. PROPERTY AND EQUIPMENT

Property and equipment by asset classification consists of the following at December 31:

	2019	2018
Furniture and fixtures	\$ 134,207	\$ 134,207
Office and computer equipment	782,557	681,052
Leasehold improvements	29,062	29,062
	945,826	844,321
Accumulated depreciation	(708,141)	(626,186)
	\$ 237,685	\$ 218,135

Depreciation expense is included in general and administrative expenses in the accompanying consolidated statements of operations and members' equity. Depreciation expense was \$81,954 and \$95,995 during the years ended December 31, 2019 and 2018, respectively.

8. LINE OF CREDIT

On August 31, 2017, the Company entered into a \$5,000,000 revolving line of credit agreement with Valley National Bank. The line of credit advances are limited to 80 percent of eligible accounts receivable, as defined in the agreement. Interest is payable on the outstanding principal amount at a fixed rate equal to the greater of (i) three and one-half (3.5 percent) per annum, or (ii) 30-day LIBOR rate plus 3.50 percent (5.2 percent at December 31, 2019). The revolving line of credit is collateralized by all of the Company's assets. The outstanding balance at December 31, 2019 and 2018 was \$-0- and \$2,808,046, respectively.

9. LEASE COMMITMENTS

The Company leases certain office facilities and equipment under various operating lease arrangements. The lease provisions vary in terms through September 2022. The following are future minimum rental payments required under such leases that have initial or remaining non-cancelable lease terms in excess of one year:

2020	\$ 213,087
2021	70,589
2022	41,081
	\$ 324,757

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Rental expense was \$233,268 and \$162,498 for the years ended December 31, 2019 and 2018, respectively, which is included in cost of earned revenues and selling, general, and administrative expenses in the consolidated statements of operations and members' equity.

10. INCOME TAXES

The income tax provision (benefit from) is comprised of the following for the years ended December 31:

	2019	2018
Current federal	\$ 338,514	\$ 133,706
Current state	(7,283)	278,743
Deferred federal	(44,543)	(8,061)
Deferred state	(21,742)	-
	\$ 264,946	\$ 404,388

Income tax expense differs from the amount computed by applying the federal statutory rate of 21% to income before income taxes due to the effect of state income taxes, provision to tax return adjustments, and permanent differences, consisting primarily of nondeductible meals and entertainment, goodwill amortization, and noncash fair value adjustments.

Deferred income taxes reflect the expected utilization of, and the net tax effects of, temporary differences between carrying amounts of assets and liabilities for financial reporting purposes and the amounts used for income tax purposes.

Net deferred tax assets and liabilities are attributable to the following at December 31:

	2019	2018
Allowance for bad debts	\$ 21,719	\$ 38,858
Other reserves	91,551	71,240
Accrued expenses	52,932	255,007
Prepaid expenses	(58,987)	(21,866)
Equity-based compensation	39,525	34,962
Goodwill and other intangibles	438,424	126,209
Property and equipment	7,518	21,987
	\$ 592,682	\$ 526,397

11. EMPLOYEE RETIREMENT PLANS

The Company has an employee savings and profit sharing plan under Section 401(k) of the Internal Revenue Code. The Company contributes to the plan 25 percent of employees' contributions up to 4 percent of eligible compensation. The expense for the years ended December 31, 2019 and 2018 was \$167,417 and \$136,339, respectively.

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12. SELF-INSURED MEDICAL PLAN

Through December 31, 2019, the Company was primarily self-insured up to certain levels for medical benefits provided to employees and purchase insurance to protect the Company against claims, both on an individual and on an aggregate basis above certain levels. A health insurance carrier adjudicates and processes employee claims and is paid a fee for these services. The Company reimburses the health insurance carrier for paid claims. The Company has accrued a liability for possible claims at December 31, 2019 and 2018. This liability is included in accounts payable and accrued expenses on the accompanying consolidated balance sheets at December 31, 2019 and 2018 for \$350,000 and \$275,000, respectively. Effective January 1, 2020, the Company now utilizes a level funded medical insurance plan.

13. MAJOR CUSTOMERS

The Company's contracts are primarily with governmental agencies. The following contracts represent 10 percent or more of revenues for the years then ended, along with the related accounts receivable balance:

December 31, 2019		
Customer	Sales	Accounts Receivable
Indiana	\$ 11,567,733	\$ 1,196,648
Georgia	10,362,543	920,802
California	4,475,520	524,991
December 31, 2018		
Customer	Sales	Accounts Receivable
Indiana	\$ 10,453,171	\$ 1,154,615
Georgia	9,954,140	921,199
California	4,733,155	412,070

14. EQUITY-BASED COMPENSATION

The Company has entered into common unit grant agreements with certain employees. The agreements call for certain units granted to vest over time and certain units granted to vest based on the achievement of annual performance goals. Time vesting units vest over four year periods from the date of grant. Performance vesting units vest upon the sale of the Company provided that the majority members have earned a certain return on their investment. All of the non-vested time vesting units will automatically become vested in the event of the sale of the Company.

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The following is a summary of unit grant activity for the years ended December 31:

	December 31, 2019	
	Time Vesting Units	Performance Vesting Units
	Outstanding, January 1	536,476
Granted	51,093	51,093
Forfeited	(51,093)	(51,093)
Outstanding, December 31	<u>536,476</u>	<u>510,929</u>
Units vested, December 31	<u>338,490</u>	<u>-</u>
Weighted average fair value of unit granted	<u>\$ 1.23</u>	<u>\$ 0.62</u>

In January 2020, there were 229,918 time-vesting units and 229,918 performance vesting units granted. All units granted have an exercise price of \$2.69118 per common share.

	December 31, 2018	
	Time Vesting Units	Performance Vesting Units
	Outstanding, January 1	476,093
Granted	60,383	61,475
Forfeited	-	(76,639)
Outstanding, December 31	<u>536,476</u>	<u>510,929</u>
Units vested, December 31	<u>223,531</u>	<u>-</u>
Weighted average fair value of unit granted	<u>\$ 0.60</u>	<u>\$ 0.30</u>

Unit-based compensation expense for the years ended December 31, 2019 and 2018 recognized in the Company's consolidated statement of operations and members' equity was \$84,303 and \$77,432, respectively, for time vesting units and \$-0- for the performance vesting units.

As of December 31, 2019, there was \$243,523 and \$316,776 in unrecognized unit-based compensation cost related to unvested common unit grants for time vesting and performance vesting units, respectively. The unvested units have a weighted-average remaining vesting period of approximately 1.74 years. The total unrecognized unit-based compensation cost will be adjusted for future changes in estimated forfeitures. As of December 31, 2018, there was \$187,767 and \$153,279 in unrecognized unit-based compensation cost related to unvested common unit grants for time vesting and performance vesting units, respectively. The unvested units have a weighted-average remaining vesting period of approximately 2.59 years.

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An option-pricing model was used to estimate the unit fair values for time vesting options and performance vesting options granted in 2019 and 2018. An option-pricing model treats a company's preferred and common stock as call options on the equity value of the company, with the exercise prices based on the characteristics of each series or class of equity in the portfolio company's capital structure (e.g. the liquidation preference of a given series of preferred stock). The option-pricing model uses the Black-Scholes model to price the call options. This method is sensitive to certain key assumptions. The most significant are the underlying asset value, the exercise price, risk-free interest rate, expected unit price volatility, the expected unit term, and expected dividend yield. The risk-free interest rate assumptions are based upon observed interest rates appropriate for the expected term of the related unit grant. Expected volatility for the Company's units were determined based on the average of the historical volatility of a peer group of similar public companies because there is currently no market for the Company's common stock and, therefore, a lack of market-based company-specific historical and implied volatility information.

The expected unit term was calculated based on the time and performance vesting schedules. The assumed dividend yield is based upon the Company's expectation of not paying dividends in the foreseeable future.

The Company used the following key assumptions to determine grant-date fair value for the time vesting units and the performance vesting units pursuant to the option-pricing model as of December 31:

	2019	2018
Risk-free interest rate	2.51%	1.90%
Expected volatility	40.00%	40.00%
Expected term (in years)	5 years	5 years
Expected dividend rate	0%	0%
Underlying asset value	\$30.40 million	\$24.23 million
Exercise price	\$2.69118	\$2.69118

15. MEMBERS' EQUITY

The equity structure of the Company is the following as of December 31:

	2019	2018
Series A preferred units outstanding	6,985,792	6,985,792
Common units outstanding	1,700,000	1,700,000
Common units vested (options)	338,490	223,531
Common units unvested (options)	708,914	823,873

Distributions may be made at the discretion of the Board of Managers. Normal distributions will be made based on the member's portion of total units held, irrespective of class of units. Distributions made in the event of any voluntary or involuntary liquidation, dissolution or winding up of the Company or a sale of the Company require that all unreturned capital on Series A preferred units be returned in advance of any return of capital or distributions on common units.

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16. RELATED PARTY TRANSACTIONS

The Company entered into a Management Services Agreement with HealthEdge Investment Partners ("HealthEdge"). HealthEdge is the majority owner of the Company. The Company recognized \$240,000 of expense related to this agreement for both the years ended December 31, 2019 and 2018, and this amount is recognized in operating expenses.

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ATTACHMENT G: COLUMBUS' BANKING REFERENCE LETTER

Columbus' Banking Reference Letter can be found on the following page.

**QIO or QIO-Like Entity for the State of Nebraska
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January 10, 2020

Columbus Medical Services LLC
dba The Columbus Organization
500 E Swedesford Road STE 100
Wayne, PA 19087-1614

RE: Business Checking account with Valley

To whom it may concern,

Please accept this letter as proof that Columbus Medical Services LLC dba The Columbus Organization has an open and active checking account with Valley.

Account information is as follows:

Account Name: Columbus Medical Services LLC dba The Columbus Organization
Account Number: 500289186
Routing Number: 021201383

If you have any questions at all, please do not hesitate to call me at (813) 418-5118.

Thank you,

A handwritten signature in black ink, appearing to read 'SM'.

Scott McClelland
FVP Market Manager
South Tampa

800-522-4100
4790 140th Avenue, North
Clearwater, FL 33762
valley.com

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**QIO or QIO-Like Entity for the State of Nebraska
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**ATTACHMENT H: COLUMBUS' PROJECT MANAGEMENT TEAM
RESUMES**

Please see Columbus' Project Management Team Resumes over the following pages. The table below identifies each individual role for this solicitation.

Table VIII. Columbus' Project Management Team

Name	Title
Beth Reiniger	Vice President, Quality Improvement Services & Business Development
Elin Howe	Senior Consultant
Matthew McCue	Project Director
Dan Howell	Project Manager and Lead Consultant on the Quality Management System (QMS)
Janet Simons	Lead Consultant on Mortality Reporting and Review Process
Carol Wilkin	Lead Consultant for Critical Incident Management Process
John Tomme	Lead Consultant for QIDS
Jimmy Wilkin	Information Technology Specialist

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Beth A. Reiniger

Vice President, Quality Improvement Services and Business Development

Ms. Reiniger is Columbus' Vice President of Quality Improvement Services and Business Development. She has been employed by Columbus since 1991 and holds a Bachelor of Science degree in Business Administration. Her almost three decades with Columbus has supported the company's development and continual growth through each industry related transformation. In her role as Vice President, Ms. Reiniger is responsible for oversight of Columbus' Quality Improvement division, including Columbus' team of full-time and part-time consultants in a variety of disciplines related to serving individuals with intellectual disabilities. Her responsibilities include oversight of all aspects of specific contracts including budget and work plan deliverables. As a member of Columbus' senior management team, she provides input on strategic and new business planning and the development of marketing strategies for sales representatives, direct client contact, oversight of the marketing budget, proposal development and contract negotiation.

Work Experience

The Columbus Organization

Vice President, Quality Improvement Services & Business Development

July 2020-Present

- Oversight of Quality Improvement Services (QIS) division including full responsibility for profit and loss for QIS
- Manages key QIS internal procedures to drive efficiency, coordination, and financial performance.
- Develops and maintains external relationships to identify business opportunities for all three divisions
- Develops strategic plan and budget for QIS
- Serves as a member of Columbus' Executive Team and provides input on all business lines

Senior Director, Care Coordination Marketing and Quality Improvement Services

2018 – July 2020

- Manage the daily operations of Columbus' Quality Improvement Services division including Columbus' team of full-time and part-time consultants in a variety of disciplines related to serving individuals with intellectual disabilities
- Oversee all aspects of specific contracts including budget and work plan deliverables
- Provide input on strategic planning and new business planning as a member of Columbus' Senior Management Team
- Assist in supporting the Care Coordination Marketing team which has responsibility for development of marketing strategies, direct client contact, oversight of marketing budget, proposal development and contract negotiation

Director of Consulting Services

2013 – 2018

- Manage the daily operations of Columbus' consulting division including Columbus' team of full-time and part-time consultants in a variety of disciplines related to serving individuals with intellectual disabilities
- Responsibilities include oversight of all aspects of specific contracts including budget and work plan deliverables

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Project Manager

2004 – 2013

- Managed a variety of consulting projects
- Responsibilities included scheduling staff, maintaining compliance with contract deliverables, and developing relationships with consulting staff and clients

Conference Coordinator

2004 – 2013

- Managed Columbus' national, regional and local training events including a yearly national conference for physician and nurses serving individuals with intellectual disabilities
- Responsibilities included securing conference location, determining topics and securing nationally known speakers, maintaining registration lists, handling the onsite staff and overseeing onsite conference events

Project Assistant

2004 – 2013

- Assisted with various activities including marketing pieces, proposal development, office management, and miscellaneous assistance to executive staff

Education

Bachelor of Science in Business Administration

1992

Villanova University, Villanova, PA

References

- 1) **Norm Kramer**, Retired Interim Deputy Director, California Department of Developmental Services
Address: 1600 9th St, Sacramento, CA 95814
Phone: 707-490-4205
- 2) **Jonathan Seifried**, Acting Assistant Commissioner, NJ Division of Developmental Disabilities
Address: PO Box 726, Trenton, NJ 08625
Phone: 610-789-8911
- 3) **Elizabeth Jones**, Former Court Monitor (Evans Case), DC Department on Disability Services (DDS)
Address: 1125 15th Street Northwest, Washington, DC 20005
Phone: 240-423-4648

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Elin M. Howe **Senior Consultant**

Ms. Howe has over 40 years of experience working with the intellectually and developmentally disabled. She obtained a Bachelor's Degree from Massachusetts State College at Salem in 1969 and her Master of Public Administration in 1970 from the State University of New York at Albany. Her background includes 4 years as state director of the agency serving individuals with intellectual and developmental disabilities in New York and 10 years in the same capacity in Massachusetts. While in both of these positions, Ms. Howe had responsibility for the Home and Community Based Services Waivers. New York first application for the Waiver was developed under her leadership. After CMS approval of the waiver, she oversaw development, implementation and quality assurance of waiver services. In Massachusetts, she worked on the redesign of the Waiver from a single Waiver to three Waivers. Each of these Waiver applications were approved by CMS. A fourth waiver that operated under her leadership was one that provided services for children with Autism. She was instrumental in obtaining support within state government for development of a fifth Waiver to address the needs of individuals with Autism who did not have intellectual disabilities that was approved by CMS. As in New York, she was responsible for design, development and implementation of the four waivers. In Massachusetts, she was extensively involved with development and monitoring Waiver assurances and sub-assurances, mortality review, incident reporting and investigation and continuous quality improvement initiatives. Her Department also provided community residential services for individuals with Acquired Brain Injury under the state's Acquired Brain Injury Waiver.

Ms. Howe has worked at The Columbus as a Sub-contractor, Project Director, Vice President of Consulting Services, and most recently, a Senior Consultant. She has had numerous responsibilities that have involved Waivers included improving Waiver performance at the Regional Center of the East Bay which had been placed on a moratorium by CMS due to significant problems with the health and welfare of individuals on the Waiver. Other projects in which she has been involved on Waiver issues include consulting projects in the states of Arkansas, California, Maryland, New Mexico, New Jersey, Utah, Texas.

Work Experience

Columbus Medical Services dba The Columbus Organization Wayne, PA

September 2017 to Present

Senior Consultant

Responsibilities:

- Projects, among others, have included: provision of technical assistance and consultation to a new start-up company, the Arkansas Provider Coalition, that provides care coordination services to individuals with Intellectual/Developmental Disabilities and those with Behavioral Health and Substance Abuse Diagnoses; serving as an Independent Expert in the *Christensen v Miner* litigation in Utah; working as a sub-contractor to the National Association of State Directors of Developmental Disabilities Services on the Maryland Transformation Initiative; and leading a team to assess and make recommendations for quality improvement for two residential providers in California.

Massachusetts Department of Developmental Services Boston, MA

July 2007 – July 2017

Commissioner

Responsibilities:

- Responsible for policy development, planning, financing, regulating, managing, continuously improving and providing services to 38,000 individuals with intellectual and developmental

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disabilities, including adults who were served on 3 Home and Community Based Services Waivers and children and adults who were served on two HCBS Autism Waivers.

- Services are provided by more than 6,000 state employees including over 500 service coordinators and over 300 provider agencies. Agency funding is approximately \$1.9 billion.

The Columbus Organization King of Prussia, PA

November 1996 – 2007

Vice President of Consulting Services, 2003 to 2007

Project Director, July 1999 to January 2003

Sub-Contractor, November 1996 to June 1999, 2007 to 2009

Responsibilities:

- Provided corporate leadership for all Columbus consulting projects including those in the states of California, New Mexico, New Jersey, Kentucky, Tennessee, Washington, Missouri, Texas, Iowa, and the District of Columbia.
- Served as the Independent Monitor, jointly selected by defendants and plaintiffs, in the United States Department of Justice CRIPA Settlement Agreement with the State of New Jersey for the New Lisbon Developmental Center and Woodbridge Developmental Center cases. .
- Served as the Internal Compliance Monitor in the Jackson class action lawsuit in New Mexico.
- Served as the agreed-upon expert between the Commonwealth of Kentucky and Kentucky Protection and Advocacy legal agreement regarding individuals with I/DD in nursing facilities.
- Provided consultation to state defendants in California, Missouri, Texas, Kentucky, New Jersey, New Mexico, Washington, and Indiana, on legal action between these States and the United States Department of Justice.
- Provided a variety of consultation services in the state of California both as a subcontractor and a Columbus employee from 1997 to 2006, including serving as:
 - Project Manager for the CA Department of Developmental Disabilities Risk, Mitigation and Assessment contract; Interim Executive Director of the Regional Center of the East Bay that provided services for over 11,000 individuals; Project Director of the Specialized Services Alliance, a technical assistance, training and consultative services project at the Regional Center; Advisor to the CA DDS Developmental Centers DivisionProvided consultation on the development and implementation of the plan to close the center and the development of community-based services for individuals leaving New Castle.

Independent Contractor

December 1994 – July 1999

Among assignments as an independent contractor are the projects shown below:

- ***State of New Mexico, Division of Developmental Disabilities***
Independent Contractor, December 1994 to July 1999
 - In addition to serving from 1997 to 1999 as the Internal Compliance Monitor (duties described previously)
Served as: Administrator of the Fort Stanton Hospital and Training School during its phase down and closure; a consultant to the Los Lunas Center for Persons with Developmental Disabilities on improvement of institutional conditions and to the Los Lunas Community Program; facilitated the development of a plan to improve community services infrastructure as part of the Jackson class action lawsuit.
- ***State of Georgia, Division of Developmental Disabilities***
Independent Contractor, November 1995
 - Provided management and programmatic consultation to the Administrator of the Brook Run Center and others on planning, development and financing of community services.
- ***Office of the Monitor, Arnold vs. Sarn, Arizona Supreme Court***

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Independent Contractor, June through September 1995

- Served as a member of an audit team reviewing and reporting on the condition of individuals at the Arizona State Hospital and those who were discharged into the community.

State Government Experience

- ***New York State Office of Mental Retardation and Developmental Disabilities***
Commissioner, December 1989 through September 1993
 - As Chief Executive Officer, had overall responsibility for policy development, planning, financing, regulating, managing, and providing services to approximately 75,000 individuals with 25,000 state employees, as well as more than 30,000 private-sector workers and a budget of approximately \$2 billion.
- ***New York State Office of Mental Retardation and Developmental Disabilities***
Executive Deputy Commissioner, November 1984 through December 1989
 - As Chief Operating Officer, managed all day-to-day and internal operations of the agency. Assisted the Chief Executive in the performance of all responsibilities enumerated in the above description.
- ***NYS OMR/DD Associate Commissioner, 1980 -1984 Associate Commissioner for the Southeast County Services Group- January 1984 through November 1984 for New York City County Services Group***
- As Regional Director, oversaw and coordinated all services to more than 7,500 individuals with intellectual and developmentally disabled in the five boroughs of New York City. In the Southeastern County Services Group, responsible for services to individuals in the nine county areas surrounding New York City
- ***Staten Island Borough Developmental Services, NYS OMR/DD***
Director, October 1977 through November 1980 Responsible for operation of the Willowbrook institution and borough community services

1971 through 1977 Held positions at the NY State Public Employment Relations Board, NY State Civil Service Department, and the NY State Department of Mental Hygiene

Education

- **State University of New York at Albany** **1970**
 - Master of Public Administration
- **Massachusetts State College at Salem** **1969**
 - Bachelor of Arts (History)

References

Bernard Simons, Deputy Secretary , Maryland Developmental Disabilities Administration
201 W. Preston St. 4th Floor, Baltimore, MD 21201; 410-767-5607

Jean Flatey McGuire, PhD , Former Assistant Secretary, Office of Disability Policy and Programs, MA Executive Office of Health and Human Services, Northeastern University Bouve College of Health Services
360 Huntington Avenue , Boston, MA 02115; 617-373-4280

Rosalie Edes, Former Assistant Secretary , Office of Disability Policy and Programs, Executive Office of Health and Human Services
6 Chambers Hill Rd., North Falmouth, MA 2556-3106; 508-388-7093

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Matthew McCue
Project Director

Matthew McCue has over forty-six years of experience in intellectual/developmental disabilities and has served in administrative positions in Vermont, New Mexico, Arkansas, Texas and Georgia. Since 1982, Mr. McCue has worked in multiple states and settings that required an understanding of the DD, Medically Fragile, and Self-Directed Medicaid Waiver regulations. Areas of attention included input into State Plans, cost effectiveness calculations, directing and consulting with community programs, recruiting clinical professionals to become waiver approved providers and monitoring community programs for regulatory compliance. Mr. McCue received his BS degree in Management of Human Resources at State University of New York at Plattsburgh and his MA in Public Administration at the University of New Mexico. He holds a certificate in Rehabilitation Administration from the University of San Francisco.

Work Experience

The Columbus Organization (Management Consultant) September 2004 – Present

Intellectual Disabilities, Behavioral Health and Program Management Consultant services were provided under contract with or as an employee of The Columbus Organization, or were provided independently.

New Jersey

May-September 2019

- Conducted Health and Safety reviews at group homes planning transition to another provider in Southern and Northern New Jersey at the request of the New Jersey Department of Human Services.

Georgia

- Currently providing consultation on community placements from the State's last institution for persons with ID/DD. Conducted post transition quality and satisfaction reviews. Assessed capacity of community service providers and provided technical assistance in multiple areas of services and supports.
- Served as Administrator of the Gracewood campus of the East Central Regional Hospital in Augusta Georgia.
 - The facility had been slated for closure and was faced with de-certification as a Medicaid Provider. Completed a Plan of Correction to address the deficiencies and generally improve services, physical plant and staff performance. Achieved compliance with all Conditions of Participation.
 - Implemented systems to sustain the compliance, resulting in successful surveys for the Skilled Nursing Facility (SNF) in February 2015 and all annual Intermediate Care Facility surveys through 2017.
 - Charged with managing the program until a permanent administrator could be recruited and restarting the process of transition.

Texas

- Served as Interim Director at the Austin State Supported Living Center. Managed programs and developed systems to improve active treatment, nursing services, positive behavior supports, reduce abuse and neglect, increase reporting and administrative response and community transitions. Also worked with an Independent Consult Review Team to implement a Systems Improvement Agreement for the facility.
- Provided onsite consultation during multiple Department of Justice monitoring reviews at Texas State Supported Living Centers from 2007-2013. Also reviewed and provided input on the Monitor Reports for multiple rounds of visits at Texas State Supported Living Centers. The same type of consultation was provided in response to State Licensing reviews in the development and implementation of Plans of Correction.
- Conducted focused training statewide at thirteen Texas State Supported Living Centers on Rights and Dignity, Active Treatment, Transition and Recognition of Abuse and Neglect. Training was provided to supervisory and training staff, members of interdisciplinary teams and direct support staff. Over 4,000 staff received training. Additionally, hands-on technical assistance, modeling, and coaching of staff were provided at the facilities.
- Provided training and technical assistance at multiple Texas state facilities resulting in a substantial increase in community referrals.

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Arkansas

- Consultation activities included assignment as Superintendent to a facility in Arkansas slated to be closed by the Governor of that state. Responsibilities included daily management of the facility, transition planning, personnel and budgetary downsizing and closure activities. Facility closure was accomplished in June 2011.
- Provided consultation as a Program Director for a Dual Diagnosis (ID/MI) Unit at the Arkansas State Hospital. That work was expanded to include consultation on transition planning and meaningful day programs for all residents at the State Hospital with a dual diagnosis. While in Arkansas, consultation was also provided statewide in the areas of crisis response services and risk management.

Missouri

- Consultation activities were centered in the seven state operated facilities in Missouri. Activities included management support, transition planning, active treatment, risk management and staff development.

New Mexico Department of Health

July 1997 – September 2004

Deputy Director/Director

- Managed a state operated community based program for persons with Intellectual Disabilities that was created from the closure of a state institution
- Supervised over 400 employees and contractors
- Responsible for earning an 18-million-dollar budget
- Developed and operated specialized programs for persons with dual diagnoses
- Managed statewide programs providing crisis services for persons with co-occurring conditions (behavioral health), assistive technology (occupational, physical and speech therapy) and dental clinic

New Mexico Department of Health

November 1993 – July 1997

Hospital Administrator

- Management of the largest institution in NM for persons with Intellectual Disabilities (320 residents, 900 plus employees, 25 million dollar budget)
- Planned downsizing, eventual closure and compliance with litigation and judicial mandates
- Managed the downsizing of the institution and the development of the community program from 1995 – 1997
- Accomplished a large “Reduction in Force” plan with minimal impact upon programming

Vermont Division of Developmental Services

September 1991 – November 1993

Superintendent

- Managed Vermont’s only institution for persons with developmental disabilities serving 160 persons with 450 employees and a budget of 14 million dollars
- Developed and implemented a plan for downsizing and closure
- Provided technical assistance and mentoring to various community programs and their administrators

Vermont Division of Developmental Services

January 1991 – September 1991

PASRR Director

- Completed pre-admission screening
- Conducted annual resident review of persons with Intellectual Disabilities residing in nursing homes and out placement planning for nursing home residents

Howard Mental Health

July 1983 – January 1991

Intellectual Disabilities Program Director

- Director of a private, non-profit program providing an array of community based services to persons with Intellectual Disabilities
- Served 250 individuals and families with a budget of \$3.5 million and 100 staff

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- Engaged in legislative activities and appointed by the Governor to serve on the MR Advisory Committee

Coyote Canyon Rehabilitation Center

September 1976 – July 1983

Executive Director

- Managed a Navajo community based program that served 25 consumers with a staff of 46 and a budget of \$700,000

City of Gallup

October 1975 – September 1976

Assistant Director

- Taught GED and various academic classes in an alternative school
- Responsible for accounting and other administrative functions **U.S. Government ACTION Office**

October 1973 – October 1975

VISTA Volunteer

- Worked in sheltered workshop and day habilitation programs for persons with Intellectual Disabilities
- Operated low income tax assistance program
- Developed loan packages and provided other administrative support for non-profits and minority businesses

Education and Credentials

University of New Mexico

June 1977 – May 1981

- Master of Arts – Public Administration

SUNY at Plattsburgh

September 1969 – May 1973

- Bachelor of Science – Management of Human Resources
- Minor: Quantitative Analysis

University of San Francisco

December 1977 – November 1980

- Certificate of Rehabilitation Administration

University of Vermont

September 1987 – September 1988

- Post Masters (Doctoral) – Education Administration

References

1. Derreck Dufrane; CRA, 736 Crab Thicket La, Des Peres, MO 63131. (314) 606-8400
2. Paul Brock; East Central Regional Hospital, 100 Myrtle Blvd., Augusta, GA 30812. (706) 790-2011
3. Phillip Roybal; Leaders Industries, 115 W. Dunnam, Hobbs, NM 88240 (575) 631-2660

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Daniel L. Howell

Project Manager and Lead Consultant on the Quality Management System (QMS)

Mr. Daniel Howell has 33 years of senior leadership experience in health care and human service-related areas. He has effective governmental operational experience and has done extensive work to transform stagnant/challenged organizations into vibrant, thriving organizations. Mr. Howell worked with the Federal Department of Justice on settlement agreements. His organization leadership experience includes re-engineering ICD/ID infrastructures. He worked as a Director for Georgia's Division of Intellectual and Developmental Disabilities (DBHDD) to create, implement, and oversee the Home and Community Based Service (HCBS) process for the State. He was instrumental in the strategy development and creation and a member of the task force to create a new Quality Management System (QMS) for Georgia DBHDD. He also was a past Board Member and Government Committee Member of the North Dakota Healthcare Association and a Government Relations Committee Member of the North Carolina Long-term Care Association. Mr. Howell has assisted Columbus on contracts with the State of New Mexico and New Jersey Department of Developmental Disabilities, providing investigation, monitoring, and transition services for individuals with intellectual and developmental disabilities. He has also held the role as President of Howell Consulting, assisting State Developmental Disability agencies with system level improvements. He obtained his Bachelor of Arts in Hospital Administration from Concordia College, and his Master of Management at the University of Mary.

Professional Experience

Howell Consulting

8/2012- Present

President

- Over the past 7 years, as President of Howell Consulting, has assisted multiple State Developmental Disability agencies with numerous responsibilities. All of the work has centered around ensuring system level improvement as well as making certain that all individual with Intellectual and Developmental Disabilities are living their best lives possible.

The Columbus Organization & New Jersey Department of Developmental Disabilities 5/19-10/19

Consultant

- Provided assistance to the State of New Jersey, through the Columbus Organization, with the monitoring of the transition process for individuals with I/DD from one large provider with multiple locations, to nine different provider agencies.

The Columbus Organization & New Mexico Investigation Review

3/2019- 7/2019

Consultant

- Assisted the State of New Mexico, through the Columbus Organization, in the completion of backlogged investigations for persons with Intellectual and Developmental Disabilities.

East Central Regional Hospital, Augusta

2/2017- Present

Associate Regional Hospital Administrator

- Assisting in guiding the closure of living units and transitioning individuals with intellectual and developmental disabilities into community setting
- Restructured leadership within the organization to reflect the reduced patient census
- Effectively outsourced support service functions.
- Creating quality measures and performance improvement initiatives around best practice standards to assure individuals were supported appropriately
- Worked closely with family members who were opposed to transition, to assure the proper supports necessary to support their loved ones would be in place
- Assisted with revision of internal investigation process and implemented changes to this established process

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Division of Intellectual and Developmental Disabilities, DBHDD, State of Georgia

4/2014-2/2017

Director

- Continued creation of leadership structure to improve continuity of services for individuals that are served with the I/DD structure
- Created new transition process whereby persons with I/DD are continuing transitioning out of state institutions to a more inclusive setting.
- Played vital role in assisting with the Extension of the Settlement Agreement between the State of Georgia and the DOJ
- Redefined current rate structure for existing residential providers to allow for additional funding
- Oversight of the COMP waiver amendment submitted to CMS
- Authorized and held guide implantation of new roles Case Management system for persons with I/DD
- Worked collaboratively with Department of Community Service to Create, implement, and oversee the HCBS process for the state of Georgia
- Redefined Roles and Responsibilities of leadership within the six regions of the State of Georgia
- Created Office of Health and Wellness to ensure continuity of Clinical practices for persons with I/DD in the state of Georgia
- Was instrumental in the strategy development and creation of and a member of the task force to create a new Quality Management system for DBHDD.
- Responsible for the effective administration of the NOW/COMP waiver programs that affected over 12,000 individuals with Intellectual and Developmental Disabilities.
- Created new leadership structure to be more responsive to constituents and other stakeholders within the six regions of the State of Georgia
- Worked and collaborated with other senior and Executive leadership with the Existing DOJ settlement agreement

Central State Hospital, Milledgeville Georgia

8/2012-4/2014

Chief Executive Officer

- Guided one of the largest and oldest state hospitals in the country through a reorganization and eventual closure of the buildings which housed persons with intellectual and developmental disabilities
- Assisted with the implementation of persons with I/DD to a more inclusive setting with the proper supports in community settings
- Effectively outsourced many of the ancillary functions that were present at the State institution
- Reorganized the leadership for State of Georgia's only Maximum-Security forensic facility

Beatrice State Developmental Center, Beatrice Nebraska

09/2009-09/2012

Chief Executive Officer

- Effectively guided state run ICF/ID to regain Federal Certification. Federal Certification was lost in 2008
- With certification, state of Nebraska began receiving approximately 24 million dollars from Medicaid
- Responsible for budget of \$54 million
- Reorganized and Restructured ICF/ID into Five ICF/IDs
- Was instrumental in reducing the population from 187 individuals in august of 2009 to 135 individuals by July of 2019

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- Effectively collaborated with Legislative appointed committee which has oversight of BSDC
- Ensured organization has made substantial progress with the Dept. of Justice and settlement agreement
- Created solid working relationships with multiple parent/guardian groups.
- Developed extensive relationships with Local Law enforcement, and District Attorneys
- Worked in close collaboration with State Advocacy organizations as well as State Ombudsman's Office.

Anne Carlsen Center for Children, Jamestown, North Dakota **12/1999-9/2009**
Chief Executive Officer

- Led strategic initiative to expand services across State of North Dakota
- Effectively negotiated increased licensed bed capacity
- Created accountability focusing on growth, expansion to other states and new programs

SCCI Hospital- Fargo, Fargo North Dakota **12/1997-09/1999**
Chief Executive Officer

- Responsible for development of the first Long Term Acute Care Hospital in North Dakota
- Led and was involved in all aspects of new organization
- Worked closely with major hospitals in area and physician groups to solidify collaborative relationships

Other Notable Healthcare Experience:

Hazen Memorial Hospital Association, Hazen North Dakota **05/1989/-12/1997**
Chief Executive Officer

St Luke's Hospital, Crosby, North Dakota **05/1987-05/1989**
Administrator

United District Hospital, Staples Minnesota **02/1985-05/1987**
Assistant Administrator

Lutheran Hospitals and Homes Society, Fargo North Dakota **02/1982-02/1985**
Market Analyst

Education:

University of Mary, Bismarck North Dakota

- Master of Management

Concordia College, Moorhead Minnesota

- Bachelor of Arts, Hospital Administration

References:

- Judy Fitzgerald, Commissioner, DBHDD, 2 Peachtree NW, Atlanta, GA. (404) 274-0517
- Frank Berry, Commissioner, Department of Community Health, 2 Peachtree NW, Atlanta, GA. (404) 656-4507
- Paul Brock, Regional Hospital Administrator, East Central Regional Hospital, Augusta, GA. (706) 790-2011

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Janet M. Simons

Lead Consultant on Mortality Reporting and Review Process

Janet M. Simons, RN, BS, M.Ed., CDDN, has worked as a Senior Consultant for the Columbus Organization since December 2003. She has over thirty years of clinical and management experience in providing community and facility-based supports to individuals with intellectual and developmental disabilities. Ms. Simons has executive-level management experience, including compliance with Federal Court Lawsuits and enforcing Federal (CMS, HCBW, and ICF/ID) and state regulations. Her current licensure is with Massachusetts. Ms. Simons currently manages all of Columbus' mortality review/investigations contracts.

Work Experience

Senior Consultant

12/03 - Present

The Columbus Organization

Wayne, PA

- ✓ Manages all of Columbus' mortality review/investigations contracts.
- ✓ Provided the following services for the State of New Mexico, Department of Health, Developmental Support Division (DDSD):
 - Provided technical assistance, training, monitoring of class member supports and services (Jackson v Fort Stanton), and in completing special reports and any other needed services as determined by the DDSD Director;
 - Facilitated the quarterly Jackson Coordinating Committee (established as part for the lawsuit settlement) meetings. This committee reviews the services and supports provided to the Jackson class members (JCMs) pertaining the durable medical equipment, Medicaid eligibility, therapy services and medical specialists, and;
 - Reviewed and analyzed the Significant Events (medication errors, falls, injuries, use of emergency services, emergency physical restraint, PRN medications for behavior, choking, suicide attempts, ideation or threats, and out of home placement) data on a monthly, quarterly, semi-annual, and annual basis for the Significant Events Review Committee; and developed individual, agency, regional and statewide improvement strategies based on this data to the Significant Events Review Committee and the Jackson Compliance Administrator.
- ✓ Completed on-site abuse/neglect investigations for persons with intellectual and developmental disabilities in the states of Missouri and Texas.
- ✓ Completed comprehensive mortality reviews and death investigations in the District of Columbia for persons with intellectual and developmental disabilities.
- ✓ Reviewed special incident reports and completed investigation/review summaries for persons with intellectual and developmental disabilities in the District of Columbia.
- ✓ Completed mortality investigations for all deaths of individuals who transitioned from one of the state facilities into community based services in Georgia.
- ✓ Provided consultation and technical assistance to Developmental Centers, state Regional Offices and community providers in the areas of health and safety, risk mitigation, state and federal standards/requirements, active treatment, personal outcomes and specific administrative issues in the states of California, Missouri, and Texas.
- ✓ Developed medical, nursing and administrative policies and procedures for ICF/ID facilities and community providers in the states of Missouri and New Mexico.
- ✓ Assisted with the development of standards for general acute care to comply with federal guidelines in the state of California.
- ✓ Acting Superintendent at Bellefontaine Habilitation Center in the state of Missouri with a focus on preparing for a DOJ (Department of Justice) review.
- ✓ Project Manager for the transition of 350 people in the state of New Mexico from a large statewide community agency to other community provider agencies throughout this state.
- ✓ Conducted external nursing peer reviews and mortality reviews in the state of Tennessee.
- ✓ Evaluated a statistical sample of completed Department of Intellectual and Developmental Disabilities (DIDD) mortality reviews to determine if pertinent issues were not considered at various levels of the mortality review process and identify system wide concerns for improvement to be considered by the DIDD in Tennessee.
- ✓ Completed healthcare assessments for people with intellectual and developmental disabilities transitioning from a developmental center in the state of California to community provider agencies.

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- ✓ Conducted systems reviews for community provider agencies in the states of Texas and New Mexico and for an ICF/ID in the state of Missouri.
- ✓ External Community Monitor for a state of New Mexico community provider of residential and day supports; assisted this agency to develop internal management systems to ensure compliance with state Waiver standards, state administrative codes and licensing requirements.
- ✓ Project Manager for the assessments of over 400 people in the state of New Mexico that had been institutionalized prior to 1970.
- ✓ Reviewed, analyzed and provided direction to DDS in the state of New Mexico on the management of their intake and eligibility processes.
- ✓ Conducted a review of the Preadmission Screening and Resident Review process to determine the effectiveness of the Commonwealth of Kentucky's instruments used to make determinations under state and federal law.
- ✓ Consultant to DDS in the state of New Mexico regarding lawsuit compliance for the class members of this litigation.
- ✓ Conducted mortality reviews for individuals who died at the Beatrice State Developmental Center in Nebraska.

Senior Program Consultant

6/03 – 11/03

The Columbus Organization

King of Prussia, PA

- ✓ Planned, organized and directed specific consulting and contracted projects for The Columbus Organization.
- ✓ Participated in the planning, development, coordination, organization and execution of multiple projects including intake and assessment, service coordination, morality review/trends, specific technical assistance, training, various related HCBW services delivery systems, nursing and health related supports, risk management, protection from harm issues and quality assurance mechanisms.

Assistant Deputy Commissioner, DIDD, State of TN

10/02 – 5/03

Central Office

Nashville, TN

- ✓ Planned, organized and directed operations and services related to the Department of Finance and Administration and the DIDD, including the HCBW services delivery systems, service appeals, constituent issues, waiting list, family support, Quality Assurance/Enhancement and Protection from Harm.
- ✓ Directed quality assurance initiatives to comply with ICF/ID standards, CMS compliance and DOJ lawsuit compliance in the three Regional Offices and the three large Developmental Centers.
- ✓ Planned, organized and presented information/data to various legislators and other legislative committees concerning individual consumer issues, agency concerns and overall DIDD planning initiatives.
- ✓ Met with and responded to numerous legislative inquiries regarding constituent concerns.
- ✓ Participated in the planning, development, coordination, organization and execution of policy and methods for assigned functions and departmental operations.
- ✓ Developed, submitted and administered budget for assigned functions and activities.
- ✓ Directed, decided and recommended changes designed to enhance economy efficiency and quality of DIDD operations and services.
- ✓ Liaison and personal contact with a variety of entities and state agencies requiring discussion, interpretation and convincing others on matters of import.

Regional Director, DIDD, State of TN

8/00 - 9/02

Middle Region

Nashville, TN

Regional Director, DIDD, State of TN

4/99 -7/00

East Region

Knoxville, TN

Director of Quality Enhancement, DIDD, State of TN

1/98 -4/00

Central Office

Nashville, TN

Health Care Coordinator, DIDD, State of TN

4/97 -1/98

Central Office

Nashville, TN

Director of Nursing and Assistant Director of Nursing

Arlington Developmental Center, State of TN

7/96 -4/97

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Paul A. Dever Developmental Center, Commonwealth of MA	12/89 – 2/94
Executive Director of Southeastern Residential Services	2/94 -9/96
Director of Phasedown Coordination	1991-1994
Chief of Service	1986-1994
Unit Director	1978-1986
Nursing Supervisor	1976-1978
Staff Nurse	1973-1974
Direct Support Staff	1971-1973

Education

Antioch University	6/81
M.Ed. in Health Care Administration	Boston, MA
Bridgewater State College	6/79
B.S. Psychology	Bridgewater, MA
Massasoit Community College	6/73
A.S./Registered Nurse	Brockton, MA
Developmental Disabilities Nurses Association	
Certified Developmental Disabilities Nurse	9/12 - Present

References

Kathleen M. Kunkle
New Mexico Cabinet Secretary for the Department of Health
1190 S. St. Francis Drive, Santa FE, New Mexico 87505
(505) 827-2613

Barbara Brent
National Association of State Directors of Developmental Disabilities Services, Director of State Policy
301 Fairfax St, Suite 101, Alexandria, VA 22314
(480) 221-2426

Marc D. Clarke
Department on Disability Services, Mortality Review Coordinator
Independence Square Office Complex, 250 E. St., S.W., Washington, DC 20024
(202) 527-5199

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Carol N. Wilkin

Lead Consultant for Critical Incident Management Process

Ms. Carol Wilkin has thirty years' experience working with programs that provide protection, advocacy, and health and safety services for vulnerable people, including children and adults with intellectual and developmental disabilities. As the state director of Protection from Harm with Tennessee Department of Intellectual and Developmental Disabilities, Ms. Wilkin oversaw all aspects of the Critical Incident Management Processes. She has a great understanding of incident reporting, triaging incidents and ensuring that thorough investigations and follow up is completed at both the state and provider agency level. Her oversight included the Critical Incident and Investigation systems in both HCBS and ICF-IID programs. Ms. Wilkin also has experience with treatment plan development, evaluation, and implementation for persons with disabilities. She is knowledgeable in social role valorization (SRV) that assists the disadvantaged in positive social role enhancement. Ms. Wilkin earned her Bachelor of Science in Child and Family Studies from the University of Tennessee, and her Master of Science in Public Service Management from Cumberland University, in Lebanon TN.

Work Experience

The Columbus Organization **January 2020 –Present**

Consultant Reviewer for AZ Dept of Economic Security, Arizona

- Provide ongoing support for DDD in oversight of a privately held ICF-IID
- Provide technical assistance, including development of policy and procedures, data collection support to assist the state to evaluate the privately held ICF-IID compliance with CMS' conditions of participation.
- Provide monthly reporting to include attachments of products developed.

The Columbus Organization **May 2019 –October 2019**

Consultant Reviewer for Bellwether Behavioral Health Services Transition, New Jersey

- Independent Monitor for health and safety, and quality of HCBS programs provided to adults with intellectual disabilities through on-site review and daily visits in homes and day programs, while individuals made emergency transitions between HCBS residential and day program settings.

Court Monitor in Ligas vs. Norwood, State of Illinois **January 2019 – Present**

Consultant Reviewer

- Independent Monitor for health and safety, and quality of HCBS programs provided to adults with disabilities through record review, professional interviews, and observations.
- Develop a court reviewed report of findings for developing baseline of data for trending and quality improvement initiatives for the class members.

Community Monitor, Jackson vs Los Alamos, State of New Mexico **January 2015 – April 2020**

Consultant Reviewer

- Independent Monitor for health and safety, and quality of HCBS programs provided to adults with disabilities through record review, professional interviews and observations. Reviews include knowledge of person-centered planning, supported employment initiatives, day habilitation services, residential support services, and case management services.

The Columbus Organization **July– October 2016**

Wyoming Learning Resource Center, Lander, WY

Consultant

- Provided crisis management services to assist facility in meeting state and federal guidelines identified as deficient in annual CMS state survey, including multiple deficiencies of the facility's systemic failure to protect individuals from abuse and neglect.
- Provided Critical Incident/investigation management oversight, policy development and data tracking tools to meet CMS regulations, and to guide the facility in conducting thorough, standardized incident reviews.

Jackson Compliance Administrator, State of New Mexico **August 2014 – January 2015**

Consultant

- Oversaw Compliance Administrator's Incident Report Data collection system for HCBS waiver, following up with state on under reporting of critical incidents to the state investigation team.

The Columbus Organization, State of New Mexico **October 2013 – April 2014**

Consultant

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- Provided on site critical investigation and incident review for State of New Mexico Department of Health-Bureau of Health Improvement to assist in reducing backlog of open investigations and reports of abuse of their DD waiver individuals.

Benchmark Human Services, Nashville, TN

October 2012 – August 2015

Trainer/Incident Manager

- Managed the critical incident reporting system, conducted agency investigations, and ensured that recommendations were implemented for individual protection and for others receiving care at a HCBS provider agency.

Tennessee Department of Intellectual and Developmental Disabilities

April 2012 – October 2012

Transitions Coordinator

- Oversaw transition services for individuals moving from state institutional care to HCBS provider settings; ensuring that state and federal requirements for health and safety were met prior to move and monitored quality after each move.

Tennessee Department of Intellectual and Developmental Disabilities

October 2005 - April 2012

Director of Investigations, promoted to Director Protection from Harm

- Oversaw the critical incident and investigation system for 8500 individuals receiving direct care services from 200 contracted provider agencies statewide, as well as public and private ICFs/IID systems. Reviewed reports, took hotline calls and triaged reporting, ensuring the most egregious reports were prioritized and reviewed by the state incident management committee.
- Developed and implemented protocols and tools for effective and safe business management to improve health and safety of vulnerable individuals, such as use of the state abuse registry, and prioritized reporting of serious abuse.
- Tracked health and safety data and assessed and responded to trends and issues; wrote policy; and regularly communicated with federal, state and local oversight entities.
- Supervised a statewide staff of investigators, regional incident managers and administrative support staff.
- Served on DIDD Mortality Committee, providing guidance to cases and refining definitions of unplanned/unexplained death.

Child Protective Services, Tennessee Department of Children’s Services, Nashville, TN

Program Coordinator

May 2005 – October 2005

- Revised and implemented investigative policies and procedures for the state’s Child Protective Services.
- Participated in providing legislative initiatives and rule changes for the state’s Child Protective Services.

Mid-Cumberland Community Services Agency, Nashville, TN

Oct. 2001 – May 2005

Community Services Coordinator

- Oversaw the development and management of several local child and family advocacy programs designed to reduce instances of child abuse and neglect.

Tennessee Department of Children’s Services, Nashville, TN

Feb. 2000 – Sept. 2001

Family Crisis Intervention Statewide Coordinator

- Tracked program data and presented regular reports to Commissioners on state custody prevention efforts.

Tennessee Department of Children’s Services, Shelbyville, TN

1997-2000

Investigator, promoted to Team Leader

- Supervised team of child abuse investigators conducting critical incident investigations in four county area, overseeing approximately 300 investigations per month.
- Served on area Child Death Review Team to make recommendations for improved child safety.

Child Advocacy Center (CAC) of Eddy County, Carlsbad, NM 1994-1996

Director

- Working with local district attorney, developed the not for profit program, then became director of this CAC.
- Served as lead forensic child abuse investigator for Investigation Team.

Eddy County Court Appointed Special Advocates (CASA), Inc., Carlsbad, NM

1989- 1994

Director

- Worked with a regional judge, developed not for profit CASA program and subsequently became program’s director.

New Mexico Department of Human Services, Carlsbad, NM

1986- 1988

Supervisor

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- Supervised county staff of child protective services, foster care and adult protective services workers in Eddy County.

Education

Cumberland University, Lebanon TN

May 2004

- Master of Science, Public Service Management

University of Tennessee, Knoxville TN

August 1981

- Bachelor of Science, Child and Family Studies

Relevant Trainings and Certifications

- Mandt Training Instructor for Positive Behavior Management
- Conducting Serious Incident Investigations
- Mortality Review and Death Investigations
- Social Role Valorization: The Power of Roles
- Conducting Sexual Abuse Interviews and Investigations

References:

1. Debbie Payne, Former Commissioner TN Department of Intellectual and Developmental Disabilities (retired)
5104 Central Ave
Mount Juliet, TN 37122
615-390-5499
2. Lyn Rucker, Community Monitor, Jackson vs Ft. Stanton, State of New Mexico
Rucker, Powell & Associates
PO Box 70
Herington, KS 67449
(785) 258-2214 (Office)
(505) 455-9357 (NM Office)
3. Melanie Reeves Miller, Program/Data Analyst to Court Monitor, Ligas vs Norwood, State of Illinois
137 Claybrook Lane
Antioch, TN 37013
615-975-8310

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John Tomme

Lead Consultant for QIDS

Owner and Architect, FOCUS Technologies, LLC

John Tomme, as owner and chief technologist of Focus Technologies, LLC, has been operating in the HCBS Pace since 2013. The Focus-CSS application (<https://focus-css.com>) is hosted as a software as a service (SAAS) product. The application helps HCBS providers maintain compliance through notifications and precise monitoring of uploaded and internally created forms and data. Mr. Tomme has designed and developed a variety of software applications including database, client-server, and web applications for clients in both the public and private sectors. Mr. Tomme has served as system architect and project lead for many projects – often mission critical applications – including the Kansas KCJIS Portal, the State of North Carolina Criminal History project, the Commonwealth of Kentucky Criminal History Integration project, Mobile Government Regulatory Inspections and Clinical Healthcare systems. He provides ongoing software engineering research and has extensive experience in object-oriented analysis and design, database design, data modeling, web technologies, and software engineering processes. As owner and architect of the Software Service FOCUS-Community Support Systems (Focus), Mr. Tomme has presided over an electronic record application built for compliance, collaboration and workflow. Focus currently supports more than 500 users, 3,000 Waiver Participants, and more than 500,000 documents. The application boasts an annual uptime of 99.95%.

Work Experience

Kentucky State Police, *Software Architect*

Project: CCH Afis KARES Interfact

Responsibilities:

- Architected, Designed, Developed 64bit Integration, Management and Reporting Applications for the facilitation of interaction Between the Cabinet for Health and Family Services
- Computerized Criminal History (CCH) and the Automated Fingerprint Identification System (AFIS). Successfully Collaborated with CHFS, Morphotrak, and Kentucky State Police to deliver an application that successfully handles thousands of transactions per month
- Made use of C#, ASP.NET, XML, Microsoft SQL Server 2012, .Net Framework 4.7. The application extended previous work conducted in 2005, 2009, and 2013. This engagement is active and ongoing

IBM Softlayer, *DevOps Engineer*

Project: DevOps Installation for ELK Stack (Elastic Search, Logstash, and Kibana)

As an adjunct developer, provided Ansible roles for Nagios, Grafana and Graphite. Made use of the latest devops tools to achieve an installation in a completely disconnected environment.

Mayo Clinic Healthy Living Program, *Architect*

Project: Healthy Living Program Support Application

An application used internally by HLP to maintain a comprehensive set of health information related to clients who attend the healthy living program. The application makes use of the latest web standards and Microsoft MVC to provide an easy to use interface for gathering vast amounts of data. The application integrates with 3rd party and custom in-house developed applications deployed within the Mayo **Environment:** Microsoft MVC4 for Asp.Net, SQL Server 2008, Bootstrap UI, CSS

Veterans United Home Loans, *Architect*

Project: Online Prequal Application

The application, using a combination of web site front end, custom windows services and third party integrations aims to provide a unified codebase for both corporate and branch websites to provide prospective clients with opportunity to complete loan applications. The application must follow a strict set of guidelines related to both personal privacy and company compliance. This application was an agile development effort spanning a very short 8 weeks. The application was developed completely by an AiC managed team.

Environment: Microsoft MVC4 for Asp.Net, SQL Server 2008, Bootstrap UI, CSS

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Kansas Bureau of Investigation (KBI), Architect

Project: Report and Police Impaired Drivers (RAPID Portal Project)

AIC was engaged to analyze, design, and develop a portal for the Kansas Bureau of Investigation. The application provides a secure portal for around 21,000 authorized law enforcement and criminal information officers to perform searches across multiple data sources for individuals, property or locations. In addition, users can manage alerts to better utilize statewide justice information. The solution will include simple search and structured searches against 12 data sources at its completion.

Environment: SharePoint 2010, SQL Server 2008

State of Connecticut, Solution Architect

Project: Connecticut Information Sharing System Development

The Connecticut Information Sharing System (CISS) development project has been initiated with the goal of integrating the state's information technology to eliminate redundancy and duplication between disjoint systems while enabling statewide sharing of information and consolidation of reports across criminal justice agencies within the state. The CISS project is intended to facilitate seamless sharing of information between these agencies, enhance the efficiency of business processes, and improve public safety within the state. AIC was engaged by Xerox to assist with the development and review of project plans, to provide oversight of business and technical requirements, to provide technical oversight and coordination of partner design and development, to develop, test and deploy the SharePoint portal, database, indexes, and its analytical components, to assist in the development of middleware components, and to review and approve project and technical documentation, training plans and materials.

Environment: SharePoint 2010, SQL Server 2008, Windows Server 2008, Oracle, WebMethods, MultiVue

Project: Alabama Criminal Justice Information Center

Responsibilities:

Technologies: Microsoft Office SharePoint Server 2010, SQL Server 2008 R2, Microsoft.NET Framework 4.0 with Windows Identity Foundation (WIF)

Project: St. Joseph Health System Clinical Care System

Responsibilities:

- Served as Solutions Architect for a redevelopment of the Clinical Care System, an application hub for the physician and nurse consumption of statistical and analytical data related to patient census and telemetry
- Designed HL7IP Socket Interfaces for reception of vital signs, glucose readings, and patient admissions from source systems and medical devices
- Created WebParts for display, management of Agency and Personal Profile Information
- Technologies: Microsoft Office SharePoint Server 2010, SQL Server 2008 R2, Microsoft.NET Framework 4.0 with Windows Identity Foundation (WIF)

Environment: Microsoft Office SharePoint Server 2010, SQL Server 2008R2, Microsoft.NET Framework 4.0, Silverlight 4.0, Telerik ASP.Net Web controls.

Alaris Case Management Application

Responsibilities:

- Served as Solutions Architect for Full Featured Case Management Application for support of Case Managers in the Workman's Comp Insurance Industry
- Designed Web Application for display of Marketing Case Management and Government Reporting Information
- Designed and Developed Web Control for Office Interop Operations and dynamic generation of PDF Documents for Government Regulation

Environment: SQL Server 2008, Microsoft.NET Framework 3.5, ASP.NET 3.5, Telerik ASP.Net Web Controls, Microsoft Office 2010, WCF Services.

Mythos Solar Application (April 2007-June 2008)

Responsibilities:

- Served as Solutions Architect to devise a method to monitor the charging characteristics of solar powered devices
- Architect: for overall solution, including High Level Database, Web, and Embedded systems
- Developer: embedded application for serial and http external communication written in C++ on uClinux

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Kentucky State Police Computerized Criminal History Phase IV

Responsibilities:

- Architected, Designed, Developed 64bit Integration, Management and Reporting Applications for the facilitation of interaction between Administrative Office of the Courts (AOC), Computerized Criminal History (CCH) and the Automated Fingerprint Identification System (AFIS)
- Successfully Collaborated with AOC, Motorola, and Kentucky State Police to deliver an application that successfully handles thousands of transactions per hour
- Made use of C#, ASP.NET, XML, Microsoft SQL Server 2005, .Net Framework 2.0 64bit edition

North Carolina Justice Information System – Batch Reporting

Responsibilities:

- Responsible for Architecture and design of a batch reporting application. This application allowed NCJIS personnel to run offline reports that had previously only been available through Main Batch Jobs. The application made use of ASP.NET, SQL Reporting Services, C#, SQL Server 2000 and Oracle 9i.

Project: Lexmark International – Global Engineering Inventory Tracking

Responsibilities:

- Designed and Developed LAMP (Linux Apache MySQL PHP) on Red Hat Enterprise to allow for global engineer access to Purchase Order Status and Inventory. The application made use of LDAP for authentication. The user interface also made use of AJAX for certain elements.

Education

Florida State University

1989

- Bachelor of Music – Trumpet Performance

Certified Scrum Master

2017

Certified Application Developer Visual Basic 5

1998

Certified SQL Server 2016 MCSD 6

2016

Pursuing MCSE Microsoft Windows Servers

References:

- 1) Ryan Cassell, BA
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- 2) Patrick Spears
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Address: 2210 Goldsmith Lane #100, Louisville, KY 40218
- 3) Marc Smith
National Sales Manager Computer Projects of Illinois, Kentucky State Police Criminal History
(331) 757-5358
Address: 400 Quadrangle Dr., Ste F, Bolingbrook, IL 60440

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

Louis James (Jimmy) Wilkin
Information Technology Specialist

Jimmy Wilkin has over twenty-five years' experience in the Information Technology industry. Thirteen years of this time was in Software Development, Business Re-Engineering, and Data Collection Supporting Centers for Medicare & Medicaid Services (CMS) for the State of Tennessee's Department of Children Services (Title IV-E Waiver) and Department of Intellectual and Developmental Disabilities (Home and Community Based Services, HCBS). He supervised State of Tennessee's development and reporting teams that supported the CMS data collection needed for waiver compliance. He also has evaluated various vendor COTS (canned off the shelf) data collection systems to determine compatibility based on the existing departmental workflow processes with federal CMS goals and guidelines. In these analyses, he made recommendations for process or business re-engineering that would support front line staff. Jimmy has been able to report trends from the data collection for process improvement to help meet many of the CMS regulations. Under his supervision, his teams have developed data collection applications and provided trend and data reports for both ICFs/IID as well as Home and Community Based Waiver programs. These application and enterprise technologies supported all aspects of individuals in care, such as provider services, case management, incident and investigations, medical treatments, individual service plans and their goals and outcomes.

He has participated in four different enterprise software application rollouts: CDI, Inc. at a global level with over 2,500 users; Tennessee's Department of Intellectual and Developmental Disabilities at a state level with over 2,800 users; The Tennessee Department of Children Services at a state level with over 3,000 users; and Blue Ridge Mountain Sports, a national retail chain with over 100 users. He communicates effectively with executive and senior level management, front line users (stakeholders), development and dba staff, and project managers and project leaders (core team).

Work Experience

TN Department of Finance and Administration

June 2012 – October 2019 (retired)

Strategic Technologies Solutions

Information Systems Technical Consultant, CMDB Manager, Program Manager Sr.

Responsibilities:

- Managed a team of Project Managers supporting agencies in the Windows Unsupported Server Upgrade Program '03 and '08 (WUSUP 03 and 08)
- Tracked Configuration Items for systems/servers working with departments to support their End of Life (EOL) programs (completed with a custom Configurations Management Data Base (CMDB))
- Managed and oversaw the development of two custom .NET applications used for tracking systems/servers' IP ranges and Configuration Items (CMDB) supporting migration of over 1,500 servers (P to V)

TN Department of Intellectual and Developmental Disabilities

November 2005 – June 2012

Information Systems Manager III – IS Division, Provider and Staff Development

Responsibilities:

- Managed the teams responsible for the schedule, tasks, and delivery of the DIDD claims processing and EDI transmittal of federal reimbursement claims (837i and 835i HIPAA transactions)

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

- Managed the teams responsible for the department's business requirements creation supporting an RFP for an Enterprise Data collection solution supporting HCBS waiver
- Managed the teams responsible for creating business requirements documentation – supporting the development efforts for HCBS reporting, data trending, forecasting, individual service plans (ISP) for recipients, incident and investigation, provider information, and department needs for TN Quality Improvement Processes (QIP)
- Managed the team creating the documentation of the business process reengineering supporting the Enterprise Solution meeting the HCBS goals and departments QIP
- Supported federal reporting and the data collection needed for compliancy with Centers for Medicaid Services (CMS)
- Managed a team of analysts and developers/DBAs that were responsible for creating a new data capture system (.NET/Oracle, SQL, SQL reporting)

TN Department of Children Services August 2003 – November 2005

Director of Production Support/Systems Enhancements – Office of Information Systems

Responsibilities:

- Managed an information resource team that was responsible for Federal Reporting on the Departments SACWIS system (State Automated Child Welfare and Information System)
- Communicated directly with Deputy Commissioners, the Commissioner, and Executive Directors about information system limitations and needed enhancements to support policy
- Supported Ad-Hoc report requests from the field, Office of Public Relations, and outside entities
- Provided information on trends and issues supported with the data captured which helped define new business processes and policies
- Communicated with Upper Management, Directors and Executive Directors about changes in program policies and procedures that affect the use and design of application and database
- Analyzed department operations and transitions to the application meeting the department's new change in philosophy

Local Government Data Processing Corporation, Columbia, TN January 2002 – August 2003

Software

Analysis

Responsibilities:

- Documented and designed new areas for the Department of Children Services software
- Worked directly with Program Directors, Regional Administrators, Program Specialists, and Policy Personnel in identifying needs for both federal and state reporting
- Worked directly with the developers, programmers and data modelers/architects to help in the design and functionality to meet the department's program needs

The University of Tennessee – College of Social Work

May 1999 – January 2002

Software Training Consultant and Project Manager

Responsibilities:

- Helped establish the logistics for the rollout of new software for the state of Tennessee's Department of Children Services (DCS)
- Helped in the development of both the TTP and full implementation plans (TTP, the Temporary Transition Plan, was the state's emergency plan due to Y2K issues with the previous application)
- Helped DCS analysts with "gap analysis" of program operations to enhance the development of the TNKIDS

QIO or QIO-Like Entity for the State of Nebraska Medicaid HCBS and State Operated ICFs/DDs

CDI, Inc. Philadelphia, PA March 1993 – May 1999

Training and Organization Development –Arizona

August 1997 – May 1999

Information Services –Tennessee

December 1996 – August 1997

CDI Engineering Group – Tennessee **March 1993 – June 1995; January 1996 – December 1996**

Protemp, Inc. Knoxville, TN

June 1995 – October 1995

Technical Division Coordinator

Blue Ridge Mountain Sports, Knoxville, TN

August 1984 – March 1993

Manager/Sales/Inventory Software Specialist

Education

University of Tennessee

1980 – 1981; 1983 – 1986

East Tennessee State University

1981 – 1983

ITIL Foundations Certification

26 January 2017

References

Curtis Clan, State of Tennessee Chief Information Security Officer, CISO

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