PUBLIC
CONSULTING GROUP

OPTION 3: CONTACT TRACING
AND VACCINE HELPLINE
TECHNICAL SUBMISSION

State of Nebraska
State Purchasing Bureau

Nebraska Request for Proposal for Contractual
Services: Contact Tracing and Vaccine Helpline
Services

RFP #: 6499 Z1

April 26, 2021

Connie Heinrichs/Annette Walton, Buyer(s)
1526 K Street, Suite 130
Lincoln, NE 68508

CONTENTS

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

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

BIDDER 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 Contractors. This information is for statistical purposes only and will not be considered for contract award purposes

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

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

_____   I   hereby certify that I am a blind person licensed by the Commission for the Blind & Visually

Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the

award of this contract.

FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

FIRM:	**Public Consulting Group LLC**
COMPLETE ADDRESS:	**816 Congress Avenue** **Suite 1110** **Austin, Texas 78701**
TELEPHONE NUMBER:	**(512) 407-9680**
FAX NUMBER:	**(512) 407-9249**
DATE:	4/23/2021
SIGNATURE:	DocuSigned by: *William Mosakowski* E1469818E195471...
TYPED NAME & TITLE OF SIGNER:	**William Mosakowski, President & CEO**

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FORM A: BIDDER POINT OF CONTACT

Form A Bidder Point of Contact
Request for Proposal Number 6499 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:	Public Consulting Group LLC
Bidder Address:	816 Congress Avenue Suite 1110 Austin, Texas 78701
Contact Person & Title:	Christian Jones, Senior Consultant
E-mail Address:	Cjjones@pcgus.com
Telephone Number (Office):	(720) 274-6399
Telephone Number (Cellular):	(412) 493-3179
Fax Number:	(512) 407-9249

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Public Consulting Group LLC
Bidder Address:	816 Congress Avenue Suite 1110 Austin, Texas 78701
Contact Person & Title:	Christian Jones, Senior Consultant
E-mail Address:	Cjjones@pcgus.com
Telephone Number (Office):	(720) 274-6399
Telephone Number (Cellular):	(412) 493-3179
Fax Number:	(512) 407-9249

SECTION II: TERMS AND CONDITIONS

Bidders should complete Sections II through VI as part of the proposal. Bidder 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 reject or negotiate the bidder's 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 reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this RFP.

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. 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:
WM			

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. Contractor's proposal (Contractor's response to the solicitation and properly submitted documents); and
5.
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) Amendments and addendums to the executed Contract with the most recent dated amendment or addendum, respectively, having the highest priority, 2) Amendments to the solicitation, 3) Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the contractor's submitted Proposal.

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

B.   NOTIFICATION

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

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, electronically, or mailed. All notices, requests, or communications shall be deemed effective upon receipt, unless mailed and in such case, notices, requests, and communications will be deemed effective within five (5) calendar days following deposit in the mail.

C.   BUYER'S REPRESENTATIVE

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

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

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

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

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

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

G.   CHANGE ORDERS OR SUBSTITUTIONS

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

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.

H.   VENDOR PERFORMANCE REPORT(S)

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

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:
WM			

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

J.   BREACH

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

WM			

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. 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, 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:
WM			

Allowing time to cure or the acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party, including, but not limited to the right to immediately terminate the Contract for the same or a different breach, or 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:
WM			

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

M. INDEMNIFICATION

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

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 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 (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 818,302), 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. ALL REMEDIES AT LAW
Nothing in this agreement shall be construed as an indemnification by one Party of the other for liabilities of a Party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this contract. Any liabilities or claims for property loss or damages or for death or personal injury by a Party or its agents, employees, contractors or assigns or by third persons, shall be determined according to applicable law.

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

N. ATTORNEY'S FEES

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

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. LIQUIDATED DAMAGES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		WM	PCG proposed the amended language (included below the RFP text) to provide greater clarity around the expectations of notification verification and the initiation of the liquidated damages assessment.

Failure to initiate contact with an individual upon receiving notification from DHHS within three (3) business days may result in an assessment of liquidated damages due the State of $1,000 (one thousand dollars) per day, per individual that is to be contacted until contact is initiated. Contractor will be notified in writing when liquidated damages are assessed. Damages will be assessed against Contractor's subsequent submitted invoice(s).

Proposed Amendment:

Failure to initiate contact with an individual upon receiving notification from DHHS within three (3) business days may result in an assessment of liquidated damages due the State of $1,000 (one thousand dollars) per day, per individual that is to be contacted until contact is initiated. Liquidated damages may be assessed only after DHHS verifies that it provided valid notification to the Contractor, and only beginning on the third day after such notification. Contractor will be notified in writing when liquidated damages are assessed. Damages will be assessed against Contractor's subsequent submitted invoice(s).

P.   ASSIGNMENT, SALE, OR MERGER

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

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

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

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

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

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:
WM			

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.

Consistent with the purpose of this Agreement – to obtain from the Contractor contact tracing services to combat the COVID-19 pandemic – the Parties agree that default or delay in the performance of obligations caused by the COVID19 pandemic shall not constitute a Force Majeure Event.

S.   CONFIDENTIALITY

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

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

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

All information entered into the State's Systems or otherwise collected while performing services under this agreement shall not be sold by Contractor. This provision shall survive the termination or expiration of this contract.

All information entered into the State's Systems or otherwise collected while performing services under this Agreement shall not be shared or disclosed by Contractor with any other entity or individual, unless (a) required by applicable law, or (b) authorized by the State in writing, prior to such disclosure or sharing. This provision shall survive the termination or expiration of this contract.

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:
WM			

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:

WM			

No later than 30 days after termination or expiration of the contract, the Contractor shall, unless stated otherwise herein:

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

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

SECTION III: CONTRACTOR DUTIES

A.   INDEPENDENT CONTRACTOR / OBLIGATIONS

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

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

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

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

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

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

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

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

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

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

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

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

B.   EMPLOYEE WORK ELIGIBILITY STATUS

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

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

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

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

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

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

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

C.   COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment

Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

D.   COOPERATION WITH OTHER CONTRACTORS

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

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.   PERMITS, REGULATIONS, LAWS

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

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.

F.   OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

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

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.

G   INSURANCE REQUIREMENTS

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

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, 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.

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

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within two (2) years 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 two (2) years following termination or expiration of the contract.

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

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

1. **WORKERS' COMPENSATION INSURANCE**
   The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter**. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. **COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**
   The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily

injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

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

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$5,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$1,000,000 per occurrence
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$3,000,000
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 selfinsurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. **EVIDENCE OF COVERAGE**
   The Contractor shall furnish the Buyer, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

State of Nebraska
State Purchasing Bureau
Attn: Connie Heinrichs
RFP: 6499 Z1
Email: connie.heinrichs@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.

H. ANTITRUST

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

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.

I. CONFLICT OF INTEREST

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

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.

J.   SITE RULES AND REGULATIONS

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

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.

K.   ADVERTISING

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

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.

L.   NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)
Contractor shall review the Nebraska Technology Access Standards, found at http://nitc.nebraska.gov/standards/2201.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.

M.   DISASTER RECOVERY/BACK UP PLAN

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

WM			

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.

N.   DRUG POLICY

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

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.

O   WARRANTY

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

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse the State all fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

SECTION 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.   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).

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

E.   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:
WM			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (0.5%)

of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

F. **INVOICES**

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

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Invoices shall be sent bi-weekly to:

Department of Health and Human Services ATTN: Director of Contact and Care 301 Centennial Mall S. Lincoln, NE 68509
An email address will be provided upon contract execution.

Invoices shall include itemization of training hours, active hours, back-up capacity headcount with tier, and total amount due. Invoice shall also include documentation log of hours per rep each week.

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.

G. **INSPECTION AND APPROVAL**

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

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.

H. **PAYMENT (Statutory)**
Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic

means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

SECTION V: TECHNICAL APPROACH

1. CONTACT TRACING
1.1. Understanding of Project Requirements

> *1. Describe your understanding of the project requirements, including but not limited to the Performance Requirements. Describe your approach of how you will accomplish the project requirements.*

Public Consulting Group LLC (PCG) understands the State of Nebraska requires a trusted partner to help it respond to the COVID-19 pandemic. PCG affirms with certitude that, based on our 30+ years of continual and steady growth in providing valuable services to public health and human service agencies, we have the ability to meet and significantly exceed all requirements. In this proposal, we demonstrate the resources that we will bring to this effort to recruit, onboard, train, and monitor the work of contact tracers and investigators. With over 10,000 tracers and investigators in place, we have the experience, expertise, infrastructure, and resources to ensure the success of this effort for the State of Nebraska.

The PCG Virtual Call Center model has positioned PCG to become the nation's leading provider of contact tracers and case investigators. This model has proven to successfully match the traditional brick-and-mortar call center approach in quality and productivity, while introducing flexibility to quickly meet changes in demand. It has diversified our workforce; enabling us to reach all communities all across a state, not just those within a commute of a physical office. Successfully managing thousands of virtual call center staff positions us well for a successful effort. Benefits of the model include:

- ▶ **Scalable** remote call center staffing.
- ▶ **Portable** cloud-based, Voice over Internet Protocol (VoIP) telephony platform that only requires internet access.
- ▶ **Secure** Virtual Private Network (VPN) connectivity for required systems.
- ▶ **Remote training** program delivered to the homes of support staff.
- ▶ **Quality Control** for effective oversight.

This proven model has a demonstrated ability to perform services seven days a week - 8:00AM to 8:00PM or as needed by the State.

Technology

Data Systems
As a leading provider of contact tracing services, PCG is adept at learning, teaching, and managing work in various systems needed. The systems utilized by the State will be no exception. PCG's contact tracing workforce currently uses data systems ranging from existing communicable disease reporting systems to custom-built COVID-19 data reporting systems. For each project, PCG learns the ins and outs of the systems to better train and manage our staff. Our expertise runs deep; PCG has provided help desk services for some clients based on our level of knowledge on the data system. Regardless of the data collection system the State of Nebraska uses, PCG is ready to learn and adopt the systems.

Telephony
PCG will use Amazon Connect to provide a telephony platform for all inbound and outbound calls. PCG is an approved partner with AWS, which allows us to seamlessly assist and support for AWS Connect contact center product suite. PCG is deeply experienced and knowledgeable in call center functionalities including incoming and outgoing calling through work queues, call channeling and assignment, historical and real-time analytic reporting, and staffing models.

Our staff currently utilize AWS in New York, New Jersey, and Ohio. *To date, PCG tracers and investigators have made more than three million calls using Amazon Connect.* Amazon Connect offers range of benefits:

▶ **Interactive Voice Response (IVR):** Amazon Connect provides natural interactive voice response (IVR), and interactive chatbots that operate seamlessly with web and mobile chat contact flows. For customer conversations that require additional work (e.g., email, ticket, or claim), follow-up tasks are created in Amazon Connect Tasks without the agent's need to switch between applications.
▶ The PCG team will work with the State to co-create the IVR script and will implement once finalized. We will be able to make adjustments / rapid changes to scripts or agents/flows within a few hours of opening a ticket. Our standard turnaround time is four hours.
▶ **Text, SMS Confirmation / Reminders:** PCG can deploy Amazon Pinpoint, as a part of the Connect platform, to send outbound confirmation and reminder texts.
▶ **Chat:** With Amazon Lex, Amazon Connect offers a chatbot capability that can serve as alternative to a live agent—using voice and text. Lex is designed to build highly engaging user experiences and lifelike conversational interactions.

Equipment
PCG understands under the scope of this contact, we are responsible for ensuring and providing all necessary computer software and equipment to our workforce. We have found that the fastest and lowest cost approach to getting staff up and running is for them to use their own computer (this also allows the staff member to use a machine with which they are comfortable). As all PCG contact tracing and case investigation applications are cloud-based, tracers conducting tracing and investigation via a secure connection can safely use their own computer while keeping all PHI and PII protected and confidential. The candidate's computer must meet standards to ensure security. PCG conducts technology verification to ensure new hires have computers with a microphone, speaker, and are compatible with the telephony system. This step also includes verification of anti-virus software or other computer applications to complete work. If the State requires that PCG issue a company-owned laptop instead of using a personal device, we are prepared to provision laptops to all tracer/investigators.

Reporting
Data collection and reporting is integral to making evidence-based decisions. PCG is adept at generating reports quickly and accurately. Furthermore, we can learn the ins and outs of various data collection systems to generate reports needed. For example, in the State of New York, we have established automated data reporting mechanisms that allow PCG to generate summary statistics and monitor the progress of the contact tracing initiative. We are prepared to do the same with Nebraska.

The technology systems we use allow us to easily generate reports and monitor performance. We provide details on how we will meet reporting requirements in section 1.8 Ability to Meet Reporting Requirements.

Workforce
The State of Nebraska requires a flexible, bilingual workforce to meet the State's contact tracing needs. PCG is prepared to meet that need. PCG can recruit and hire staff in as little as one week. Currently, in New York, New Jersey, Arkansas, and Ohio, our contact tracing workforces are providing operation assistance for 10 to 12 hours a day, seven days a week. We discuss in further detail our approach to implementation and capacity planning in sections 1.4 Staffing Availability and 1.5 Workforce Planning.

Once hired, PCG is prepared to train new staff. PCG has utilized multiple methods to teach new staff including live instruction, self-paced trainings, and a combination of both live and self-paced trainings. PCG understands the State will utilize a "train-the-trainer" approach and PCG would be responsible for teaching new staff. PCG also understands scripts and guides will be provided by the State to help coach new staff and be used for reference. We discuss our capabilities and approach with training and onboarding in section 1.7.

The most efficient way to meet linguistic needs of patients contacted is by having a bilingual workforce. PCG is ready to provide a workforce with at least 10% Spanish proficiency in reading, writing, and speaking.

We describe in section 1.2 Language Capabilities our experience and approach with recruiting and hiring bilingual candidates. Bilingual employees not only diversify the language capabilities of the workforce, they also serve as a bridge to potentially hard-to-reach populations. PCG makes strong efforts to hire within the communities the contact tracing workforce serves. Having local community members on the workforce helps build rapport. For the populations described in section 1.10 Overcoming Cultural Barriers, PCG has found it essential to have Spanish speakers who are in the community to build trust and confidence in the contact tracing process.

Lastly, with workforce management, PCG uses reporting to make data-driven decisions. We use reporting capabilities from data and telephony system for quantitative metrics. PCG has also developed qualitative metrics to evaluate staff performance and receive a more comprehensive picture of how employees are doing. PCG has established a corrective action process specific to our contact tracing workforces to coach employees to their maximum potential. **Our depth of expertise in managing a remote contact tracing workforce uniquely qualifies us to serve the State of Nebraska.**

Performance Requirements

PCG is prepared to meet all performance requirements. We understand initial calls to a new patient are required to be within eight business hours of being assigned to PCG within the system. PCG will design workflows and capacity plan to ensure this performance expectation is being met.

PCG also understands the time-sensitive nature of case investigation and contact tracing. Therefore, PCG is prepared to complete at least five subsequent contact attempts if the initial call is not designated a "Completed Call" or until an interview is completed. The subsequent attempts will be made following criteria in the State training guide and/or using reasonable discretion. PCG's workforces across the United States are trained to complete multiple attempts and utilize strategies to encourage a response rate. Our work in the State of Nebraska would be no different. PCG is also prepared to leverage our telephony solution's capabilities, including sending SMS messages, to assist in the success rate of calls.

Lastly, PCG understands that if we fail to meet the performance requirements, we will submit a Corrective Action Plan as directed by the State. We acknowledge the timeline for submission would be no later than 15 days after the request for a corrective action plan. Should the Corrective Action Plan require more than three revisions, the contact may be terminated. This is consistent with the corrective action process PCG has in place for the workforce; we are prepared to hold ourselves to the same standard. In the event a corrective action plan be required, PCG will conduct a root cause analysis and provide strategies and timelines for performance improvement.

1.2. Language Capabilities

2. Describe your language capabilities, including the percentage of contact tracers who are bilingual in English and Spanish, and any other languages available.

PCG effectively serves thousands of non-English speakers in-person and through our call centers across the country, leaning heavily on our bilingual customer service representatives. We understand the need for a contact tracing workforce that represents the communities they serve, including effectively communicating through language. PCG currently has approximately 350 identified bilingual contact tracers on staff, and we are increasing this number each week. Through our experience, hiring bilingual staff is the most effective way to improve call center and outreach functions. It reduces call time by limiting the need to pause for translation. This increases the amount of calls that can be conducted by staff in a day. Furthermore, it builds rapport with the client being contacted by making the exchange more conversational.

> **PCG finds diverse and multilingual candidates to increase the effectiveness and reach of our workforce.**

PCG is adept at finding qualified multilingual candidates to increase the effectiveness of our workforce. We create specific job postings to recruit and hire bilingual employees. We have partnerships to help us identify and recruit talent in niche populations. For example, in New York, we are specifically recruiting Yiddish speakers to better communicate with the Jewish community. In Arkansas, we hired staff who speak Marshallese to serve the state's unique population of immigrants from the Marshall Islands. In New Jersey, we recruited heavily for Spanish and Portuguese speakers. We understand Nebraska has a Spanish-speaking population and we will seek bilingual tracers to fit this need.

PCG will ensure at least 10% of our contact tracing workforce is fluent in Spanish. Additionally, we will work with Nebraska to identify other languages which should be high priorities in evaluating applicants. Then during the recruiting process, PCG will specifically focus efforts to identify and recruit those bilingual speakers.

When recruiting, PCG can also go a step further to assess our recruits and ensure they would properly communicate with those they interview. In several of our projects, we verify non-English language proficiency before hiring and deploying staff into the field. **We have high standards for hiring multilingual individuals**, often requiring a rating of "advanced," "professional," or "native" to be cleared to conduct non-English interviews.

1.3. Experience Handling Protected Health Information

3. Describe your experience handling Protected Health Information, including any HIPAA training that employees have previously received. If you are a covered entity under HIPAA, please provide the number of breach notifications you reported to Office of Civil Rights in the last 3 years. If you are a business associate under HIPAA, please provide the number of security incidents which required notifications to Office of Civil Rights for any covered entities for which you are a business associate in the last three (3) years.

HIPAA and PHI Protection

PCG remains committed to maintaining strict security and confidentiality standards. PCG will securely handle and store sensitive participant and provider information in accordance with HIPAA requirements, including the Health Information Technology for Economic and Clinical Health (HITECH) Act amendments. PCG's resources are compliant with industry standard physical and procedural safeguards (NIST SP 800-114, NIST SP 800-66, NIST 800-53A, ISO 17788, etc.) for confidential information (HITECH, 45 CFR Part 164).

PCG currently manages sensitive Protected Health Information (PHI) across more than 1,000 active projects and is well versed with maintaining data integrity and protection of PHI in the community and our offices. PCG uses technologies such as secure e-mail, FTP, and a secure, web-based Quality Review System to document, maintain, and report on our findings securely. We also put an emphasis on thorough training of our employees to ensure they understand how to appropriately manage PHI to ensure security and minimize risks of breaches.

PCG is responsible for the integrity and privacy of a vast collection of health information for clients in states all over the country. We are committed to safeguarding confidential information, specifically including information subject to HIPAA. Our duties are not only to our clients but to the individuals whose data we store on our servers, and we will not share or otherwise disclose such confidential information to anyone outside of PCG. The use and disclosure restrictions apply to PCG business information, including security codes, passwords, trade secrets, strategies, employee compensation, and the dollar value and scope of services of PCG contracts.

Training

Every PCG staff member receives instruction on confidentiality, signs a confidentiality agreement and completes Basic and Advanced Security Awareness Training annually. We have an in-house compliance officer who was the former General Counsel to the Massachusetts Executive Office of Health and Human Services as well as the founding General Counsel of the Massachusetts Ethics Commission. He leads a company-wide, robust, cross-functional compliance committee that reviews all of our contract and confidentiality obligations, establishing the appropriate processes and procedures.

PCG's security methodology follows the Plan-Do-Check-Act method as identified in ISO 27001 and NIST SP 800-53 for establishing an Information Systems Management Framework. This model embodies PCG's core principle and approach: security is not a destination or check box activity, but rather an integral part of the solution. As information security threats become more common and increasingly sophisticated, we routinely adapt our security posture and controls and in doing so continue to earn our clients' trust.

As per PCG Security Awareness Policy, PCG has deployed a training suite that was designed by Inspired eLearning, an external market-leading provider of security training recognized for adherence to security standards. The trainings are customized to include additional PCG-specific security training content and are updated annually by Inspired eLearning to reflect required changes to regulations or the security climate. Everyone in the PCG workforce is required to complete three trainings on an annual basis: Basic

Security Training, Advanced Security Training, and HIPAA Training for Covered Entities. We default to the higher training requirement to ensure the ability of our workforce to effectively recognize and address security situations that may arise. The security training suite was developed to include the following types of content in order to accommodate various learning styles:

- ▶ Practice exercises in security and privacy awareness training that simulate actual cyber-attacks.
- ▶ Recognizing and reporting potential indicators of an insider threat.
- ▶ Practical exercises in security and privacy training that reinforce training objectives.
- ▶ Recognizing suspicious communications and anomalous behavior on PCG's information systems.

As part of PCG Security Awareness and Training Policy, there is a scope section that indicates that this policy applies to anyone, including but not limited to employees, contractors, and third parties, with access to PCG assets, such as information systems, facilities, and data. This PCG policy enforces the following PCG requirements:

1. All employees participate in security and privacy awareness training within thirty (30) days of starting work and within thirty (30) days of the annual anniversary of the training completion date thereafter.
2. Re-training shall occur sooner if there are material changes in security requirements or whenever PCG determines necessary to ensure firm-wide security awareness.
3. Training is completed by employee prior to them receiving any access to Protected Health Information (PHI).
4. PCG's security and privacy training ensures that all PCG employees understand their security and privacy responsibilities.
5. PCG's security and privacy training ensures that all PCG employees understand their security and privacy responsibilities. The organization provides role-based security-related training to personnel with assigned security roles and responsibilities.

Special Provisions with Contact Tracing and Case Investigations

Safeguarding data and personal health information is crucial when doing contact tracing and case investigations. PCG understands this and has proven experience managing and handling sensitive information with these initiatives. **With our experience in New York, Arkansas, New Jersey, Ohio, and Wisconsin, PCG has taken measures to protect patient information and ensure that our employees are actively maintaining privacy policies with contact tracing and case investigation operations.**

PCG Tracing and Investigation staff are also required to take General Data Protection Regulation (GDPR) & Information Security Training. This is a 45-minute course which explains the concepts of data privacy, GDPR, information security, and asset protection in clear, understandable terms and examples. Employees gain a stronger understanding of their roles and responsibilities in protecting personal and confidential information and keeping information systems secure.

Once onboarded, contact tracers are provided additional training on confidentiality including appropriate places to conduct interviews and using headphones as a security measure. PCG takes data protection and privacy policies very seriously and can assure Nebraska that we will implement procedures and trainings aimed to protect the information of all citizens.

If PCG does find that there has been a breach in confidentiality or data protection, we have policies in place to investigate and determine the source of the privacy infraction. PCG will then take measures to implement a corrective action plan. Depending on the severity of the infraction, PCG will move to termination or retrain the individual on the importance and necessity of data protection and privacy policies.

Based on the determined software solution chose by Nebraska, security solution needs will vary as detailed in the next section. Some solutions are secure websites such as Amazon WorkSpaces. This is a Desktop-as-a-Service (DaaS) solution that allows for higher data

security because no user data is actually stored on the user's device.[1] PCG also has the systems and infrastructure in place to distribute secure laptops and equipment to contact tracers or case investigators to provide another level of privacy protection.

PCG understands the importance and gravity of ensuring that all data is protected and there are policies in place safeguarding PHI. **Since PCG was founded in 1986, we have been handling and maintaining PHI and ensuring its protection and privacy. We pride ourselves on following all current guidelines and policies to most effectively protect our clients' health information.**

PCG did not have any breach notifications to report to the Office of Civil Rights in the last three years.

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[1]   https://aws.amazon.com/workspaces/?workspaces-blogs.sort-by=item.additionalFields.createdDate&workspaces-blogs.sort-order=desc

1.4. Staffing Availability

4. Describe your staffing availability, including whether you can meet the required hours specified in Section V.C.3. Provide the maximum number of contact tracers that can be provided, and the timeframe additional contact tracers can be on-boarded.

Staffing Availability

The spread of COVID-19 does not follow a 40-hour business week and thus nor do our Contact Tracing schedules. As demonstrated by our work in other states, PCG operates a seven-day tracing operation and currently have 10,000+ staff covering extended shifts.

New Jersey	8 AM to 8 PM, 7 Days / Week
New York	9 AM to 7 PM, 7 Days / Week
Arkansas	8 AM to 8 PM, 7 Days / Week

The 8:00AM to 8:00PM Central Time Sunday through Saturday required hours specified in Section V.C.3 will not be a problem for PCG, and we will be able to provide the State of Nebraska this Contact Tracing coverage. PCG will also be able to provide contact tracing coverage outside the State mandated hours of operation should a contacted individual request a scheduled time outside the hours.

Contact Tracers to be Provided

To date, PCG has hired over 10,000 contact tracing staff in the previously referenced states and offers the expertise to immediately launch a scalable solution that meets the needs of the State of Nebraska. PCG is fully prepared to establish a team of 1,000 contact tracing staff for the State of Nebraska within seven days of contract execution. Should the State require additional contact tracers to be onboarded, PCG has the hiring experience and knowledge to quickly fulfill any potential additional staffing request within a seven-day timeframe.

Seven-Day Implementation Plan

We are at the point where every moment counts with COVID-19 work. With our experience managing the largest, most demanding COVID-19 Contact Tracing projects in the country, our firm has rapidly developed processes, best practices, and lessons learned to apply to Contact Tracing Services in Nebraska. At PCG, we are aware of this and follow a Seven-Day Implementation Plan that directly applies to a much swifter and reliable process. PCG's Seven-Day Plan is not theoretical. Instead, it is based on exactly what we have already completed in previous large-scale Contact Tracing and Case Investigations implementations in New York, New Jersey, Ohio, and Arkansas. For most firms, much of the time in the first seven days is consumed with a learning curve, and true productivity comes after a considerable amount of "spinning your wheels," "false starts," and tracking down answers to questions. PCG has smoothed out these wrinkles by applying lessons learned from our implementation experience in New York, New Jersey, and Arkansas, leading to a much swifter and reliable seven-day implementation plan—at the very point where every minute counts.

We include below a comprehensive plan that accounts for all components of a contact tracing operation. We understand that some aspects of this plan may not apply if the State does not expect PCG to be responsible for all components of the scope below. PCG is prepared to quickly modify this plan to exactly align with the State's expectations of PCG.

Day 1

Activity	PCG Team	Dependency
Meet with Nebraska Department of Administrative Services	PM, PMO staff, and Key Personnel	Availability of Nebraska Department of Administrative Services

Activity	PCG Team	Dependency
Obtain scripts, policies and protocols, scripts and workflows developed by Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska
Obtain any available data on existing, incumbent staff.	PM, PMO staff, and Key Personnel	Format of data, delivery of data, extent of prescreening
Obtain Nebraska Developed Work Schedule	PMO staff	Availability of Nebraska
Obtain Nebraska required deliverables schedule	PM, PMO staff, and Key Personnel	Availability of Nebraska
Establish a recurring meeting schedule and Points of Contact between key Nebraska staff and PCG	PM, PMO staff, and Key Personnel	Availability of Nebraska
Meet with contact for disease investigation data management system regarding guidebook, training and details of system status	PM, PMO staff, Key Personnel, and Technical team	Availability of Availability of Nebraska /System vendor
Obtain training curriculum for review and input	Lead Trainer and Training Team	Format of Materials
Revise and supplement training materials	Lead Trainer and Training Team	Format of Materials
Begin initial Screening of candidates	Onboard Lead and Onboarding team	Quality and availability of data of hiring pool
Review disease investigation data management system reporting/ monitoring functions	QA/QI Team	Availability of Nebraska /System vendor
Day 1 Close out call with Nebraska	PMO	

Day 2

Activity	PCG Team	Dependency
Stand-up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final Screens of candidates to begin: Team Supervisors	Onboarding lead and Onboarding Team	Pool information is available. Prescreening data on candidates includes qualifications, determination of position best qualified, contact information (phone and e-mail)
Send selected Team Supervisors candidates' information to internal Hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Team Supervisor candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool

Activity	PCG Team	Dependency
Offers and new hire welcomes packages sent to selected Team Supervisor candidates	PCG HR Offices	Availability of selected/accepted candidates
Training for Team Supervisors prepared/finalized	Training Team	Materials are ready from Nebraska; determination needed if training must occur on equipment
Discuss and provide questions and possible updates to disease investigation data management system reporting/ monitoring functions	QA/QI Team	Availability of system vendor
Review all protocols, guides and policies – create list of questions	PMO	Received Day 1
Create initial week 1 schedule framework	PMO	Candidate availability data in the information on the pool of candidates
Meet with Nebraska to go through Deliverable and Project Plan	PMO	Availability of Nebraska
Review questions with Nebraska	PMO staff	Availability of Nebraska
Meet with state system team / representatives for demo / instructions on use.	Technical team, PMO staff, and Reporting team	Availability of system vendor
Review Remote Distribution of equipment logistics plan	Technical team, PMO staff	Nebraska Remote Distribution capability
Create a distribution communication plan to Nebraska for equipment deployment as candidates are onboarded	Technical Team, PMO staff	Nebraska team requirements for distribution of equipment to new hires
Day 2 Close out call with Nebraska	PMO staff	

Day 3

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability Nebraska team
Final Screens to begin: Contact Tracers	Onboarding Team, Public Health Lead	Quality of data including Phone and e-mail
Prepare & Finalize Training for Contact Tracers	Lead Trainer and Training Team	Format of Material

Activity	PCG Team	Dependency
PCG Trains Contact Tracers	Lead Trainer and Training Team	Availability of candidates and ability to train on candidate equipment
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG internal HR	
Send new hire information for equipment deployment to candidate	Tech team	Remote Distribution capability
Begin building units schedule frameworks	PMO staff	
Day 3 Close out call with Nebraska	PMO staff	

Day 4

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final Screening continue: Contact Tracers	Onboarding Team, Public Health Lead	Quality of data including Phone and e-mail
Send selected Contact Tracer information to internal Hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Contact Tracer candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool
Offers and new hire welcomes packages sent to selected Contact Tracers candidates	PCG HR Offices	Availability of selected/accepted candidates
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG HR Hiring offices, Tech, Training Onboarding	
PCG Trains Contact Tracers	Training Lead, Training Team Public Health Lead	Availability of Candidates; Approval to conduct training on candidate personal equipment
Send new hire information to Nebraska for equipment deployment to candidate	Tech team	Nebraska Remote Distribution capability
Review units schedule with Nebraska	PMO staff	Availability of Nebraska
Day 4 Close out call with Nebraska	PMO staff	

Day 5

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final screening (to continue daily until all offers are made and accepted)	Onboarding Team, Public Health Lead	Quality of data including Phone and e-mail
Send selected Contact Tracer information to internal Hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Contact Tracer candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool
Offers and new hire welcomes packages sent to selected Contact Tracers candidates	PCG HR Offices	Availability of selected/accepted candidates
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG HR Hiring offices, Tech, Training Onboarding	
PCG Trains Contract Tracers	Training Lead, Training Team, Supervisors	Availability of Nebraska Training
Send new hire information to Nebraska for equipment deployment to candidate	Tech team	
Confirm Candidates have received equipment	Tech team	
Day 5 Close out call with Nebraska	PMO staff	

Day 6

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final screening (to continue daily until all offers are made and accepted)	Onboarding Team, Public Health Lead	Quality of data including phone and e-mail
Send selected Contact Tracer information to internal Hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Contact Tracer candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool
Offers and new hire welcomes packages sent to selected Contact Tracers candidates	PCG HR Offices	Availability of selected/accepted candidates

Activity	PCG Team	Dependency
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG internal HR Hiring offices, Tech, Training Onboarding	
Equipment deployment to candidate	Tech team	
Confirm Candidates have received equipment	Tech team	
Test remote capability with Vendor disease investigation data management system	Technical team, PMO staff, and Reporting team	Availability of Nebraska System support
PCG Trains Contract Tracers	Training Lead, Training Team, Supervisors	Availability of Candidates; Approval to conduct training on candidate personal equipment
Day 6 Close out call with Nebraska	PMO staff	

Day 7

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final screening (to continue daily until all offers are made and accepted)	Onboarding Team, Public Health Lead	Quality of data including Phone and e-mail
Send selected Contact Tracer information to internal hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Contact Tracer candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool
Offers and new hire welcomes packages sent to selected Contact Tracers candidates	PCG HR Offices	Availability of selected/accepted candidates
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG internal HR Hiring offices, Tech, Training Onboarding	
PCG Trains Contract Tracers	Supervisor support	Availability of Nebraska Training Resources
Send new hire information to Nebraska for equipment deployment to candidate	Tech team	Nebraska Remote Distribution capability
Confirm Candidates have received equipment	Tech team	Nebraska Remote Distribution capability

Activity	PCG Team	Dependency
Test remote capability with State data management systems	Technical team, PMO staff, Reporting team	Availability of system vendor
Ready to deploy confirmation meeting	PMO staff and all leads	
Day 7 Close out call with Nebraska	PMO staff	

Figure 1.4.1: PCG's Seven-Day Implementation Plan for Contact Tracing.

1.5. Workforce Planning

5. Describe your approach to workforce planning, including the speed, agility, and flexibility necessary to match your workforce to the fluctuating demand of this contract. Response should include a description of equipment provided to staff.

When state and local governments face a crisis, they need a trusted partner who has proven their ability to do whatever is necessary—as quickly as necessary—to get the job done. Time and time again, government agencies have turned to PCG in times of crisis to help them solve their most important, urgent, and unprecedented challenges, including Contact Tracing Services. PCG is ready to start work immediately with Nebraska and understands the urgency of the situation. PCG is well prepared and experienced in executing tight timelines to complete tasks and deliverables as expeditiously as possible. In New York, PCG **hired more than 2,000 contact tracers in 30 days**. In New Jersey, PCG assumed and transitioned approximately **800 contact tracing staff already in place under Rutgers University in less than 30 days**. In Ohio, we onboarded **over 200 tracers in two weeks**. As mentioned above, we have a Seven-Day Implementation Plan for project initiation and hiring, onboarding, and training staff.

A few key attributes of our critical response approach include:

▶ **Agile**. Each crisis requires a swift and methodical assessment of its unique risks and needs. PCG's approach is flexible, and our answers are designed to meet the issue at hand.
▶ **Quick.** When a crisis strikes, it is necessary to be able to act with tight turnarounds. In each step of the process, PCG can quickly identify problems, assess risks, develop solutions, act and react to new challenges, and adjust on the fly.
▶ **Innovative.** When encountering an unprecedented crisis, old approaches may not work. PCG is continually developing new approaches based on data, technology, and what we have found to be most successful, sometimes in other settings.
▶ **Dependable.** PCG's unique responses are executed by highly skilled and trained staff who have decades of experience using sound methodologies and proven client relationships.

Hiring Plan

No other vendor is more proven this pandemic in recruiting high-quality staff on rapid timelines than PCG. We built on our years of proven methodologies to accelerate and expedite our recruiting cycle to bring in staff quickly and smoothly. PCG has onboarded more than 10,000 COVID-19 response call center staff in multiple states and offers the expertise to immediately launch a scalable solution that meets the needs of Nebraska.

As demonstrated by our work in other states, PCG can find qualified individuals to fill vital roles through our internal staffing partner, Staffing Solutions Organization LLC (SSO). SSO provides staffing and talent consulting services to public sector organizations. Our work has shown us that having staff who are from and reflect the communities in which they are working produces more successful results. If selected, we will endeavor to provide staff that is from and of the communities of Nebraska.

Recruiting

PCG will be ready on Day 1 to execute our Hiring Plan. We will work with the Department quickly to make any needed adjustments to the Hiring Plan and/or job descriptions and will quickly begin to execute the plan in posting the positions. PCG has refined a process to quickly evaluate, hire, onboard, and train staff to complete this important work.

As the nationwide leading provider of contact tracing staff, we are very experienced in exactly how and where to post positions, tap into community networks, and attract top, quality candidates that represent the communities with which they work. In New York, we had over 100,000 individuals applying to join our efforts. Thanks to this pipeline, *we hired more than 2,000 contact tracers in 30 days.* While general interest is important, PCG also realizes the importance of targeting messaging and ensuring a diverse workforce. PCG has partnerships in place to help recruit diverse candidates.

Our unique experience positions us to hire qualified candidates who are well suited for potentially **sensitive situations that require empathy, emotional intelligence, and trust-building.** There are many call center agencies and staffing firms that can provide "bodies," and many can provide staff that meet the minimum qualifications. However, with our workforce of seasoned experts in the healthcare field, including nurses, social workers, and even physicians, *PCG is uniquely poised to staff this project with staff possessing the _preferred qualifications_*—experience in healthcare, medical, public health, community social services, and conducting interviews. We screen staff to be technically proficient and capable of working remotely. As we discuss in detail in this proposal, we strive to hire people with experience working with diverse populations and individuals with complex needs and have the language skills to assist non-English speakers.

Implementation

In implementing contact tracing operations, PCG's goal is to minimize the operational burden from the State. Department leadership and staff need to be able to focus on the most important and urgent issues at hand, knowing that PCG is managing all operations of the contact tracing initiative in a manner you can trust. In developing a workforce plan, we will apply these and other methodologies:

- ▶ **Staff Forecasting:** Through the application of capacity requirements, we can project future demand for staff based on matching capacity to current and anticipated volumes, respectively.
- ▶ **Capacity Planning:** Determining production (output) capacity based on a measurement of available (actual) time for various distinct levels of transactions.
- ▶ **Strategic Scanning:** Identification of market trends, competition, applicable technology, customers served, state of economy and trends, labor supply, and understanding the political and legislative arena.
- ▶ **Structural Appraisal:** Assessment of staffing plans and alignment with durational and long-term strategic staffing plan; evaluation and planning of workflows through the organization and its ability to adapt and realign as needed; and ongoing monitoring of capacity and associated workloads to ensure staff scheduling is driven by data. This includes assessing the alignment of the organizational structure within the organization's business strategy and the impact of an organization's stage of development on its structure.
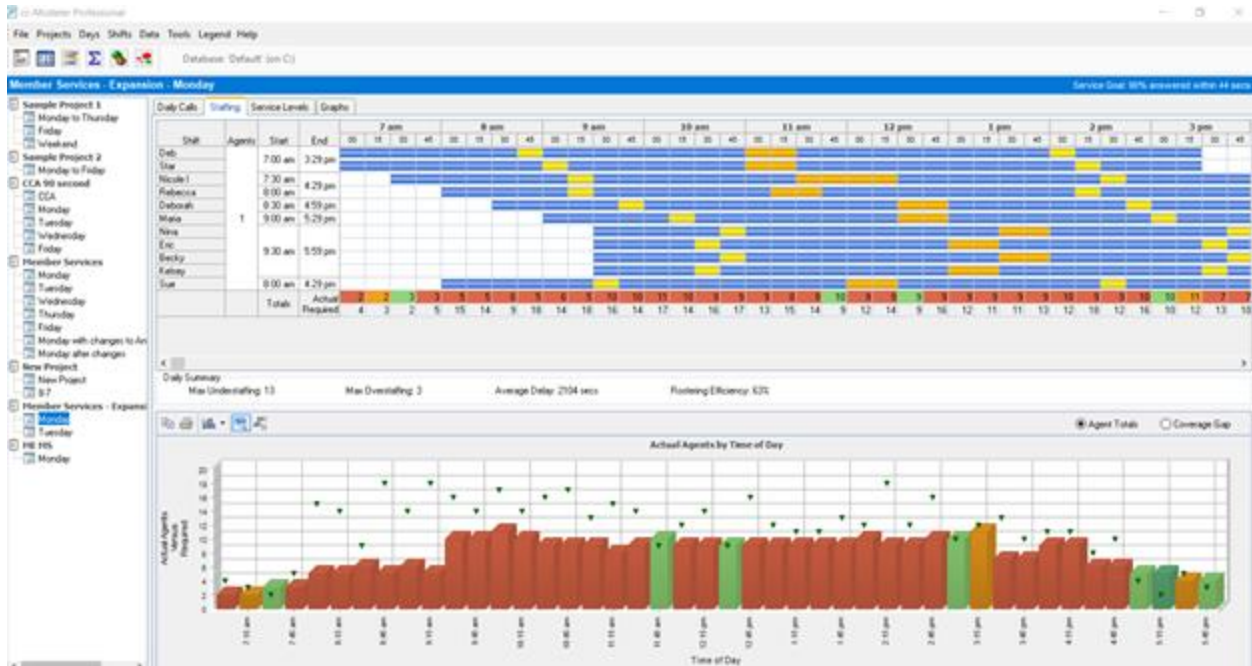
Staffing Model with Associated Staffing Levels and Roles

As such, PCG has the capacity to quickly stand-up large-scale operations in adherence with the Department's expectations of a rapid implementation. PCG will train staff on case investigation and contact tracing. Having staff cross-trained will allow for additional flexibility to adjust to changes in demand— between investigation and tracing, and between inbound and outbound. We will use call center modeling software to ensure the appropriate level of staffing to meet availability requirements daily.

Robust and high-functioning contact center technology is critical to operating a best-in-class call center. PCG employs Workforce Managers (WFMs) with powerful tools to establish baseline staffing models, to perform ongoing forecasting projections, to provide real-time monitoring of contact tracing staff, and to identify changes to resource allocations necessary to optimize contact tracing performance. PCG can deliver a contact tracing workforce solution that provides more efficiency, more functionality, and a better overall customer experience.
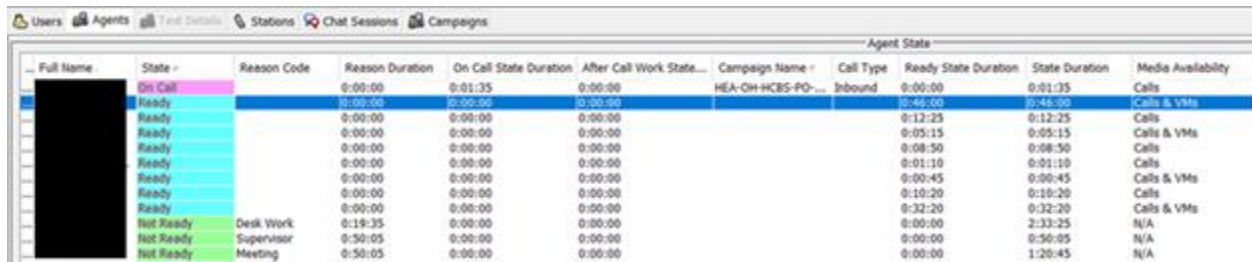
Our Workforce Manager (WFM) focuses on optimizing staff efficiency and utilization. The challenge the WFM faces is always to deliver the necessary staff number despite fluctuating call volumes. To meet this challenge, we provide two powerful tools for our WFM: The first is cc-Modeler Professional, call center modeling software driven by the industry-standard Erlang-C formula; this tool determines staffing needs by interval, based on call volume, handle time, and desired speed of answer, and predictively models the impact of changing shifts, breaks, and lunch schedules. The screenshot below illustrates the ability of the system to determine staffing needs:

Figure 1.5.1: Analysis of Required Staffing by Interval. The WFM uses industry-standard Erlang-C-based software to determine optimal staffing levels.

This modeling software provides PCG with the tools necessary to set dynamic and flexible schedules. In addition, WFM uses Resource Manager to ensure agent adherence to schedule, monitor readiness, and optimize utilization. This tool provides a real-time, comprehensive view of staff and their status throughout the day; the WFM can define tolerance thresholds and set notifications for when thresholds are exceeded. With this information, the WFM can quickly identify when staff are not in the appropriate state, when talk time targets are exceeded, and when shift and/or break expectations are not met. The WFM optimizes productivity using real-time oversight of call center team members' status and availability. The following screenshot illustrates the ability to track system status by staff and measure time spent in that state:

Figure 1.5.2: Resource Manager View of Staff Status.

Our WFM and staffing model resources enable us to manage a workforce efficiently and effectively and scale up and down daily. The PCG team will leverage this strategy for a successful Contact Tracing workforce for the Department. We will work with the Department and utilize our staffing model as explained above to meet coverage requirements.

Equipped with our tools, the PCG team scheduling leads will design and execute a dynamic schedule that meets all demands, for all shifts, seven days a week. An overview of the process is as such:

▶ *Collect and Leverage Baseline Data.* From Day One, PCG will be equipped to collect all necessary data that we will use going forward to inform our data-driven approach to dynamic shift

scheduling. Data points include—tracked by weekday and time— calls made per day, length of call, appointments available, supply available, incoming call volume.

▶ ***Apply Trend Analysis.*** PCG will use the historical data to schedule shifts, not only by the day, but by the hour. Based on demand in previous days sequentially, as well as historic demand on that day of the week in previous weeks, the PCG team will develop a schedule that predicts future volume. This process will not only look back but will also identify and extrapolate trends week-to-week and day-to-day.

▶ ***Apply Predictive Analytics.*** Going forward, once the amount of data collected begins to approach critical mass, this will provide PCG the opportunity to not only apply what *we* see in the data, but to run predictive analytics algorithms to project what the *data itself* tells us about future demands.

▶ ***Plan for Surges in Scheduling "On Call" Resources.*** When we schedule our shifts, we not only schedule for the most likely level of demand, but we also incorporate a "surge risk score," an indicator of likelihood that demand will exceed what is predicted, based on the analytics described above. We schedule "on call" staff in correlation to the surge risk score level.

▶ ***Communicate Shift Changes via Real-Time Alert.*** We will monitor real-time the call demand and response time. If an increase in call demand exceeds capacity, we will activate surge shifts, and alert our on-call staff that they will be needed to work the surge shift for which they were on call.

This will allow us to create agent schedules that align with model output, with expected shrinkage. This approach will allow us to manage call volume in real time, adjusting in staffing levels, and shifting staff between receiving inbound calls and making outbound calls.

As displayed in *Figure 1.5.1 and 1.5.2*, our dashboards routinely report trends over time periods, allowing our root cause analysis to identify when probably may have first arose, even if they were not large enough to immediately identify.

PCG will provide suggestions regarding the components of this approach and reach agreement with the State to solidify that our methodology aligns with the goals and expectations of the state.

Equipment

Devices and Connectivity

PCG's Virtual Contact Tracing approach leverages a *"bring your own device"* approach by which staff use their own laptop or desktop computer, broadband internet connection, and headset. This approach has several advantages:

▶ **Rapid Deployment:** Procuring equipment is often the slowest part of an implementation. The pandemic has significantly slowed this timeline, with manufacturers and suppliers reporting shortages in the millions of demand outnumbering supply. Having staff start with their own equipment on Day 1 is crucial for a rapid deployment.
▶ **Low Cost:** The costs of procuring hardware and software for staff for this effort would be significant. By avoiding these costs, we can keep our rates lower, directing public funds where they are needed most.
▶ **Effective:** Remote virtual staff feel comfortable with their own computer. They know how it operates and require less user support.

Staff Device and Connectivity Requirements

The candidate is required to demonstrate that their physical computer and their internet connection are sufficient to support call center functions without slowdowns or interruptions. Their computer must meet standards for operating systems, performance capability, and security. As a part of the recruiting process, and prior to receiving an offer, each candidate must complete and submit verification of:

Internet Speed Test: to ensure both their machine and connection have the memory, operating capability, and bandwidth.

2. **Amazon Web Services (AWS) Connect Compatibility Test:** to ensure that operating platform, microphone, speakers, and required equipment are operating and compatible.

If candidates are otherwise qualified for this position, but do not own a device that meets that standards established, a PCG laptop can be provided so that good candidates without their own laptops are not excluded from this opportunity.

Equipment Security

The vast majority of PCG's 10,000 contact tracing staff conduct their contact tracing work using their personal computer. They are able to do this securely because all tools are web-based, and all staff are required to have secure internet connections. PCG also has the systems and infrastructure in place to distribute secure laptops and equipment to contact tracers or case investigators to provide another level of privacy protection.

PCG understands the importance and gravity of ensuring that all data is protected and there are policies in place safeguarding PHI. **Since PCG was founded in 1986, we have been handling and maintaining PHI and ensuring its protection and privacy. We pride ourselves on following all current guidelines and policies to most effectively protect our clients' health information.**

1.6. Ability to Meet Timelines

6. Describe your ability to meet the timelines established in this RFP.

PCG is willing and able to meet all timelines established in the RFP:

► **Onboarding**—PCG will recruit, hire, and begin training contact tracers within one week after the receipt of request from the State. We will use a similar process to our seven-day implementation plan described in section 1.4 Staff Availability. Our recruiting team builds a pipeline of candidates to quickly hire and onboard when needed. We continually meet one-week deadlines for new hires for our contact tracing work in New York, New Jersey, Arkansas, and Ohio. **Our record is recruiting hiring 1,170 individuals in one-week for contact tracing operations.**

► **Reporting**—PCG will meet daily, weekly, and ad hoc reporting timelines. We will provide daily reports about the previous day by 2:00 PM Central Time. Weekly reports of the previous business week will be submitted by noon Central Time Tuesdays. Ad hoc reports will be provided by deadlines as defined by the State and PCG. Further details about our reporting capabilities and approach can be found in section 1.8 Ability to Meet Reporting Requirements.

► **Operations**—PCG will meet operational timelines as defined in this RFP. PCG will maintain call center operations from 8 AM to 8 PM Central Time, seven days a week. Initial calls to individuals will be placed within eight business hours of an individual being assigned to PCG's team in the System. Uncompleted calls will receive five subsequent attempts, or until the call is completed, whichever is earlier. Subsequent calls will be made more than 30 minutes after the most recent attempt, or otherwise based on reasonable discretion and instructions prescribed in the State training guide.

► **Corrective Action Plans**—If a Corrective Action Plan is required by the State, PCG will provide the plan for review and approval within 15 business days after the request. We understand that the State will notify if Corrective Action Plan revisions are needed within five business days of submission.

PCG understands that these are initial timelines set to meet operational needs. PCG also understands that operational needs shift. We are prepared to remain flexible and work in partnership with the State of Nebraska to identify and meet any additional timelines that may be needed.

1.7. Training and Onboarding

7. Describe your capacity of in-house trainers and approach to project on-boarding.

Training

PCG understands that Nebraska's contact tracing and case investigation processes are well underway, with established training already in place. After the State-provided train-the-trainer sessions are complete, PCG will utilize the Seven-Day Implementation Plan to design a Nebraska-specific solution. This involves working with the State to determine any gaps related to existing training initiatives. This has become a best practice from our experiences in other states creating and administering training programs. Additionally, in our current tracing projects, we utilized the John Hopkins University COVID-19 Contact Tracing online trainings to enable each tracer to have an in-depth, full-day training that they could complete at their own pace to set a foundational understanding of what novel coronavirus is and how we can not only prevent transmission but also stop the spread.

Training Best Practices

PCG has become strong in training our staff in part from our extensive work in training in health and human services settings. Effective training programs should involve a messaging continuum where ideas and concepts are introduced, reestablished in a variety of formats, and then reinforced at specified time intervals based on the audience and the complexity of the issues being discussed.

Focus on Fundamentals of Investigation and Tracing. PCG has developed training materials and resources to set up the Contact Tracers for success. Before Contact Tracers are shown the documentation system they will use, they are provided this overview to lay the groundwork for the next steps in training to build on. The Contact Tracing Overview created by PCG outlines the process of the information collected at time of Case Investigation, how that information is communicated to the Contact Tracers, and the fundamental process of Contact Tracing. Included in the training is the latest guidance from the CDC on the definition of contact, quarantine release timelines, and COVID-19 testing guidance. Emphasis is placed on taking the appropriate time to ask all necessary questions outlined in the script, as well as any needed follow-up or clarifying questions to ensure that the information that is gathered is complete and accurate.
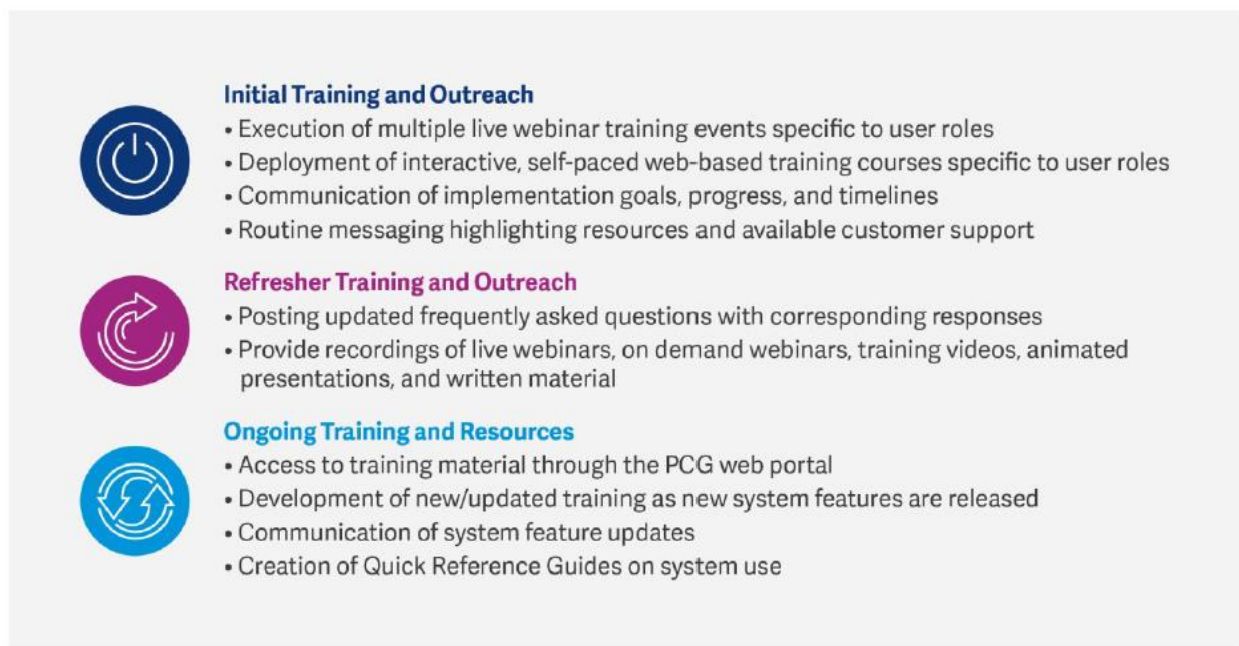
Job Aides. In addition to the trainings developed, PCG has also developed job aides for the Contact Tracers. The job aides include call flows for the Contact Tracers that follow the process and scripts of a Case Investigation, Contact Tracing, and Inbound Call. These job aides serve as tools to use during training and as well as a reference once they are working on their own to ensure that they have the resources they need to be successful. For those tracers identified by Nebraska as needing more training, job aides, workflows and additional coaching will be provided. We have found these to be immensely helpful as tracing is a complex process with guidance that changes frequently. Although the State is providing training, PCG will collaborate with the State and, if necessary, administer a database that follows tracers throughout training modules to ensure the full staff passes all required courses and meets all required core competencies.

Performance Metrics. PCG will supply a list and full description of the performance metrics that we recommend that are used to analyze our tracers' efforts and track progress—especially for those tracers identified as needing extra support after the initial training period. Upon receiving approval of the metrics, we will regularly report on performance using a standard format. On at least a weekly basis, PCG will update a dashboard that shows the performance and progress of our contact tracing team.

Multiphase Trainings. PCG has developed best practices to guide initial, refresher, and ongoing system training in support of large-scale transitions to new processes, programs, and technology systems. While consistent customer support functions and training must be available throughout the contract, there are basic tenets that should characterize and differentiate the activities taking place in each phase of the project. The figure below outlines the ways in which PCG will differentiate the education and outreach activities between initial, refresher, and ongoing training.

Note that for the duration of the Contact Tracing / Case Investigation initiative, any "in person" trainings would be delivered virtually via videoconference.

Initial Training and Outreach
- Execution of multiple live webinar training events specific to user roles
- Deployment of interactive, self-paced web-based training courses specific to user roles
- Communication of implementation goals, progress, and timelines
- Routine messaging highlighting resources and available customer support

Refresher Training and Outreach
- Posting updated frequently asked questions with corresponding responses
- Provide recordings of live webinars, on demand webinars, training videos, animated presentations, and written material

Ongoing Training and Resources
- Access to training material through the PCG web portal
- Development of new/updated training as new system features are released
- Communication of system feature updates
- Creation of Quick Reference Guides on system use

Figure 1.7.1: Differences in Training Phases.

Multimedia. PCG understands the ways in which training activities should differ between initial, refresher, and ongoing trainings to be the most effective. PCG is prepared to provide a range of content, including user guides, FAQ documents, and training videos accessible via web-portal. These training media will introduce users to the new technology while breaking the material down into small, manageable pieces. PCG has had great success with delivering online training in a variety of formats, including PowerPoint, training videos, webinars, and animated presentations. We see the value in all types of training platforms, as each is applicable to a different learning style and situation. PCG has an aptitude for developing high-quality, web-based modules for healthcare staff.

Feedback Loop. Throughout both refresher and ongoing training, PCG will collect data and feedback. The purpose of this process is twofold. First, PCG uses data to evaluate if employed training methods are effective. Second, PCG shares data with the State to inform the systems change process. For both processes, data is used to make decisions. When data verifies effective mechanisms, we continue. When data indicates either training or process is not working as intended, PCG collaborates with the client to adjust the process. We understand that educating on unfamiliar polices and technology must be done in a mindful, precise manner, and our team is ready and able to begin this effort.

A seamless transition from training to operations is crucial. After training concludes, we utilize approaches referred to as "nesting" periods in which staff receive "hypercare" supervision and shadowing. As case investigation and contact tracing operations vary greatly across the nation, we adapt our operating procedures to client needs. Generally, the first step to operations is making sure staff have access to the correct systems to perform the work.

Onboarding

After extending an offer, the PCG team uses our standard criteria and processes, as agreed upon with our client, to onboard staff. The onboarding process includes background checks, reference checks, and other relevant HR business processes to ensure the new hire is ready to begin work.

▶ **Criminal Background Checks and Fingerprinting**

As a regular standard, the PCG team conducts investigative background screens on all new staff. Areas of inquiry include, but may not be limited to: education, identity, sex offender registry, OIG sanctions database, and personal credit records. The review of background check results (pre-employment) will be consistent with the review process for existing employees and in compliance with all applicable State and federal regulations. Results of these checks will be kept in a separate, secure file maintained by PCG with restricted access by general personnel. Records of staff qualifications shall be kept on file and shall be maintained in accordance with specific licensure requirements.

▶ **I-9 and E-Verify**

The PCG team complies with e-verify for the completion of the I-9 Form and other supporting employment documentation.

▶ **Orientation**

On a new hire's first day of work, we welcome them to the team with an orientation. The orientation also covers employment essentials such as timesheets, payroll, HR documentation, training overview, and job overview. We typically provide new hires with a guide to their first week(s) of work to help facilitate a smooth process. The guide includes checklists and helpful resources.

PCG's standardized onboarding / offboarding process is mapped out below in *Figure 1.7.2.*

The Onboarding & Off-boarding Process
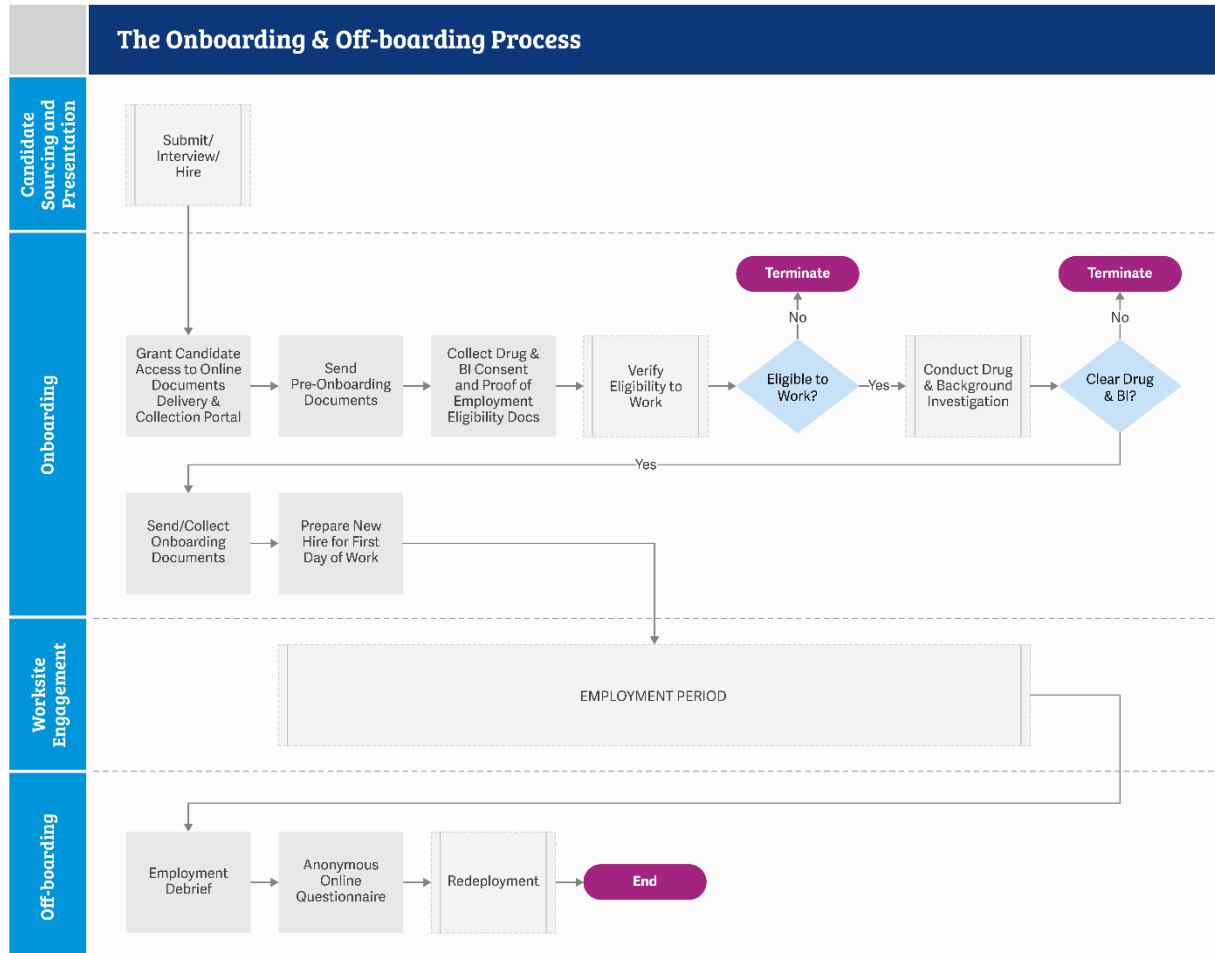
Figure 1.7.2: PCG's onboarding process provides a standardized approach to ensure new hires are ready to begin work on day one.

1.8. Ability to Meet Reporting Requirements

8. Describe your ability to meet the reporting requirements set forth in Section V.F, including ad hoc reporting capabilities.

Daily Reporting Requirement

PCG is willing and able to meet the daily report requirement. Amazon Connect, the telephony system we propose, provides real-time reporting data. This allows us to submit a daily report with the number of contact tracing hours worked for the previous day by compiling minutes on calls. Furthermore, PCG uses Amazon Workspaces, a virtual desktop, which can monitor time worked. This allows us to capture not only time spent on the phone as hours worked, but also time documentation time, training time, and/or other duties contact tracers would perform. We do not foresee any barriers to providing a daily report by 2:00PM Central Time.

Weekly Reporting Requirement

PCG is willing to meet the weekly report requirement. We can provide metrics from our telephony system for number of inbound and outbound calls conducted. For reporting of calls marked "Completed" and "uncompleted," we will require access to the State's System's reporting functionality. PCG is prepared to aggregate and provide metrics like the total number of calls marked "Completed," date and time of all attempts for "uncompleted calls," percentage of individuals with "Completed Calls," and total number of calls made per hour billed.

We are prepared to receive the data in a variety of mechanisms. This includes, but is not limited to, a Secured File Transfer Protocol (SFTP) site, access to systems to generate reports, or through automated data exchanges. PCG built an application programming interface with the State of New York to automatically share data and generate similar reports for the State. PCG is ready to work with the State of Nebraska to identify the easiest mechanisms for data sharing between both parties.

With proper access to the State System's reporting functionalities, we do not foresee any barriers to submitting a weekly report by noon Central Time every Tuesday with requested metrics from the previous business week.

Ad Hoc and Other Reports

When it comes to quickly establishing and managing call center operations specifically, accurate reporting is critical to promoting ongoing quality improvement initiatives. Well-designed reports will provide the State with real-time insights on staff performance, process compliance, and systems operations. PCG provides a variety of additional reports in our contact tracing work and is prepared to generate ad hoc reports as requested by the State of Nebraska. *Figure 1.8.1* below provides potential data we can report on daily.

Start-up Daily Reporting	Operational Daily Reporting
▶ Technology progress ▶ Number of staff onboarded ▶ Number & percent of staff trained ▶ Other areas as identified	▶ Calls received, answered, & made ▶ Hold time & average call length ▶ Other areas as identified

Figure 1.8.1: Potential Daily Reporting Fields.

PCG can also generate reports and dashboards to monitor and trend performance. *Figures 1.8.2 – 1.8.4* below are examples of daily dashboards PCG has used in other initiatives.

Daily Calls Report - Call Statistics

Average Call Volume	3,062	
Highest Call Volume	3,991	
Lowest Call Volume	2,488	

| Date	Day	Calls Received	Calls Answered	Calls Dropped (<=30 seconds)	Calls Abandoned (>30 seconds)	Abandonment Rate	Average Seconds to Answer	Hold time (seconds)	Call Transfer Rate	Call Length (seconds)	FTE's	% Total Calls Handled
9/1/2015	Tue	2,859	2,844	10	5	0.2%	15	112	2.8%	749	187	95%
9/2/2015	Wed	2,613	2,607	3	3	0.1%	8	107	2.2%	747	180	97%
9/3/2015	Thu	2,488	2,477	11	-	0.0%	17	118	2.6%	795	176	97%
9/4/2015	Fri	2,520	2,474	44	2	0.1%	11	98	2.1%	753	172	98%
9/8/2015	Tue	3,545	3,511	11	23	0.6%	39	110	2.5%	735	177	98%
9/9/2015	Wed	3,053	3,040	7	6	0.2%	24	103	1.8%	822	175	95%
9/10/2015	Thu	3,027	3,011	10	6	0.2%	10	113	2.1%	778	174	99%
9/11/2015	Fri	2,864	2,855	6	3	0.1%	15	120	2.2%	925	217	96%
9/14/2015	Mon	3,991	3,947	26	18	0.5%	17	119	2.0%	793	241	97%
9/15/2015	Tue	3,250	3,241	6	3	0.1%	8	117	1.5%	770	253	97%
9/16/2015	Wed	2,966	2,948	12	6	0.2%	16	135	1.9%	856	250	98%
9/17/2015	Thu	2,911	2,904	7	-	0.0%	10	141	1.6%	813	277	100%
9/18/2015	Fri	2,850	2,842	7	1	0.0%	16	120	2.0%	817	265	95%
9/21/2015	Mon	3,921	3,818	50	53	1.4%	88	160	1.3%	959	190	99%
9/22/2015	Tue	3,631	3,595	17	19	0.5%	46	143	1.3%	906	195	98%
9/23/2015	Wed	3,561	3,494	35	32	0.9%	44	158	1.1%	864	199	95%
9/24/2015	Thu	2,816	2,797	16	3	0.1%	24	137	0.5%	770	189	96%
9/25/2015	Fri	2,572	2,538	32	2	0.1%	18	137	0.4%	882	192	99%
9/28/2015	Mon	3,203	3,162	36	5	0.2%	32	125	0.5%	717	232	99%
9/29/2015	Tue	2,910	2,887	22	1	0.0%	12	135	0.5%	800	244	97%
9/30/2015	Wed	2,745	2,698	39	8	0.3%	58	146	0.5%	899	239	100%
Total		**64,296**	**63,690**	**407**	**199**	**0.3%**	**27**	**127**	**1.6%**	**819**	**210.7**	**97%**

Figure 1.8.2: Daily Dashboard Example 1.
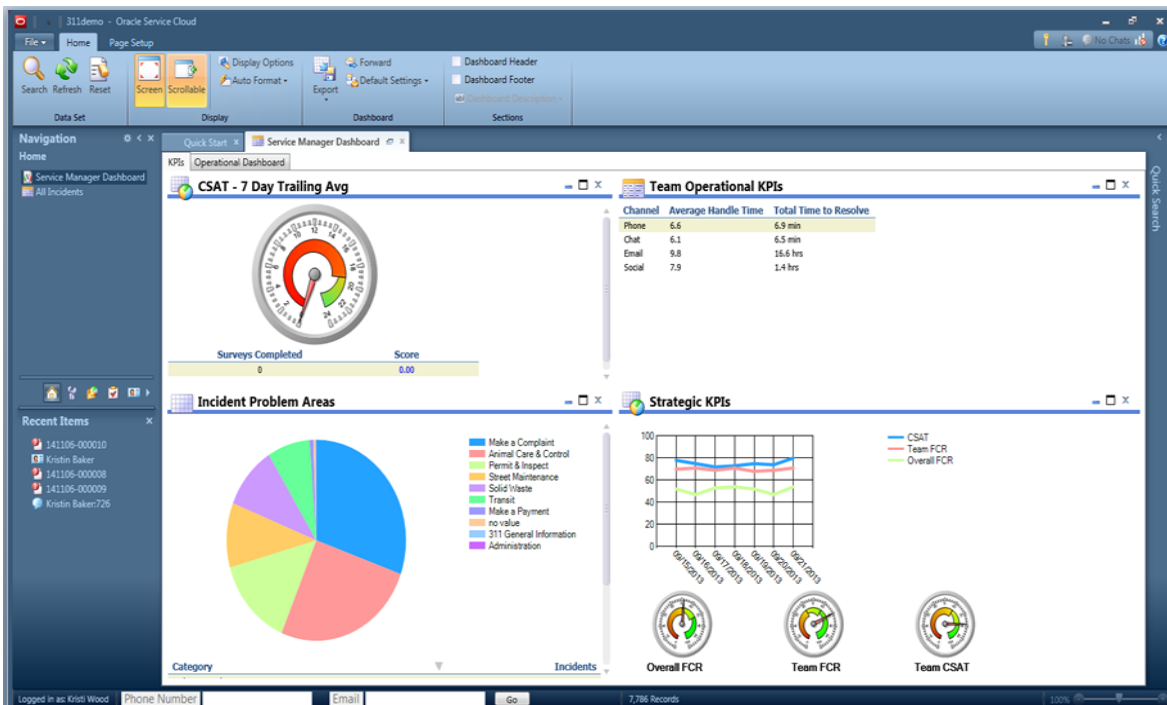
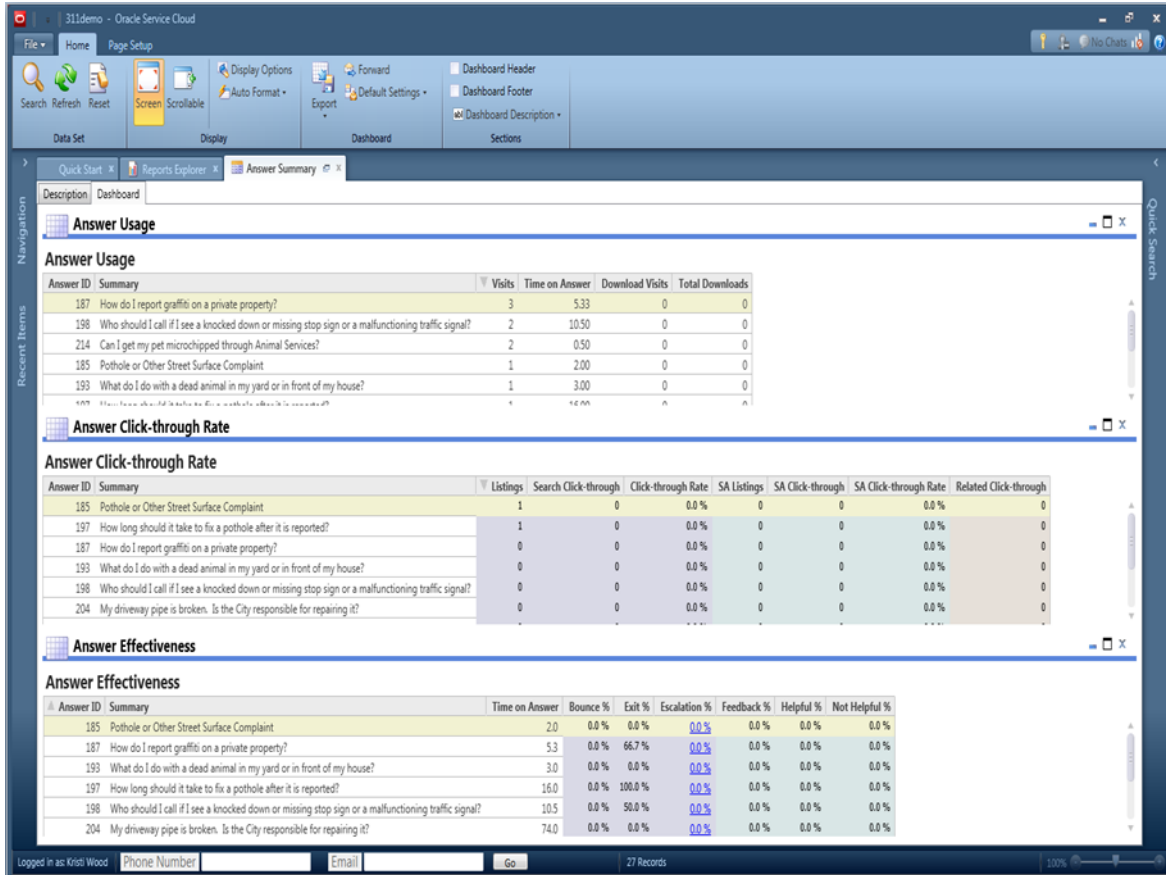*Figure 1.8.3: Daily Dashboard Example 2.*

Figure 1.8.4: Daily Dashboard Example 3.

Reporting on longer time horizons provides the opportunity to review trends and update policy and procedures. These longer time horizon reports will be where we are able to review the program's overall success, and review data selected to allow us to analyze the experience citizens of the state and call center staff are having.

Ultimately, these reports will deliver a summary of how we performed within the previous week or month. Such reports provide both PCG and the State an opportunity to conduct a deeper analysis of the project. For example, a higher level of reporting allows leadership to spot trends in call volume and make the necessary adjustment to balance needs with resources. The following heat map (*Figure 1.8.5*) demonstrates how a monthly report can provide general insight into call volumes.
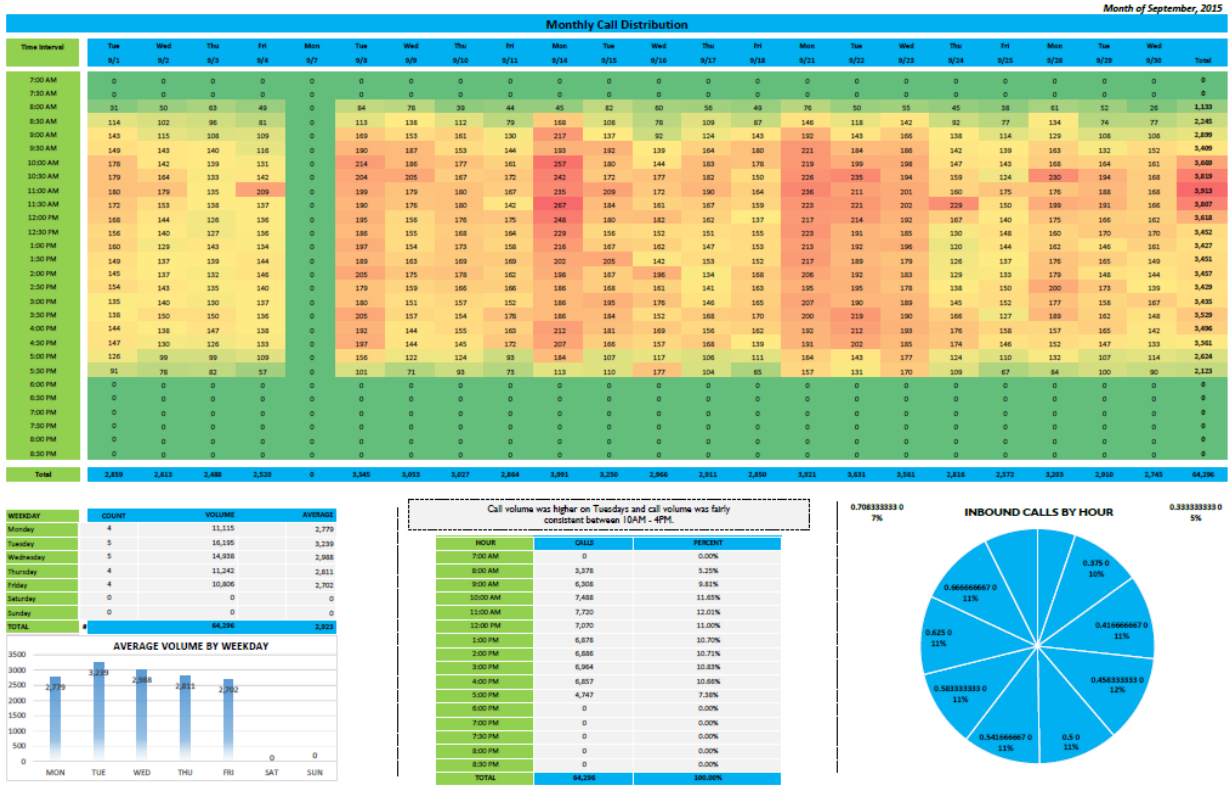
Figure 1.8.5: Monthly Heat Map Report. High-level reporting can provide Nebraska leadership with insight on volume and data trends.

Other metrics that we can deliver in operations reports may include:

- ▶ Staff turnover rate
- ▶ Percent of total calls handled
- ▶ Results of any satisfaction survey
- ▶ Quality control scores
- ▶ Monthly summaries of daily reports

Regardless of the exact information determined to be most useful to this project, our goal with reporting will be to provide a higher-level view for how the project is performing as a whole, creating solutions for any areas that may be underperforming.

1.9. Geographic and Cultural Diversity of the State

9. Describe how you would ensure that contact tracers will reflect the geographic and cultural diversity of the state. Describe how you would ensure proper geographic coverage in both more populated communities versus more rural locations.

PCG celebrates the diversity present in every state in which we work. Diversity and inclusion are strong values that PCG holds in all our lines of work, but it is especially important in Contact Tracing and Case Investigation.

PCG's internal staffing division, Staffing Solutions Organization LLC (SSO) provides staffing and talent consulting services to public sector organizations. SSO is committed to diverse workforces, which reflect our clients and the people they serve.

> **PCG will recruit diverse candidates that reflect the geographic and cultural diversity of Nebraska.**

Contact tracing programs designed by others initially relied on call centers located in "Anywhere, USA." However, as a result of our collaborative partnership with our clients and based on our background in community-based services, PCG knows how important it is to hire tracers who live in and know the communities where they will be contacting. Contact tracers must be able to connect and communicate, quickly building rapport and trust with their case or contact. Common knowledge helps build those connections. Providing effective quarantine assistance and facilitating community supports is, de facto, best done by one (knowledgeable) member of the community with another.

We can work with community partners to make sure our application processes are well understood and effectively disseminated throughout all communities, to encourage a demographically broad and linguistically diverse candidate pool at the micro-level. This process promotes hiring case investigators and contact tracers who are connected to and reflective of the local communities to be served through the State's contact tracing efforts. This, more than any other tactic, helps establish trust with respondents. This process ensures that hyper-local groups are receiving the message from local organizations that they trust.

PCG employs a regional and localized recruitment strategy. We can immediately initiate outreach and recruiting efforts on a local basis to identify case investigation and contact tracing applicants who reflect the ethnic, racial, and geographic makeup of communities impacted by COVID-19. **PCG can do targeted recruitment to ensure that there is coverage and representation for the more populated communities in Nebraska as well as the rural communities in the State. PCG knows that COVID-19 is not centralized**, **and we will do our part to ensure that there are contact tracers hired and deployed to provide coverage to the different geographic areas of Nebraska**.

PCG is aware that immigrants make up seven percent (7%) of Nebraska residents with a large portion of these residents from Mexico, Guatemala, India, Myanmar, and Vietnam.[2] It is crucial that our workforce represents these populations so that we can represent the cultural diversity of the State.

PCG can also provide materials to stakeholders and constituent groups to support outreach to their hyper-local partners such as churches, food pantries, and grassroots advocacy groups. With a pipeline of candidates established locally through these complementary efforts, PCG will have more than enough resources to hire tracers that reflect the communities.

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[2] https://www.americanimmigrationcouncil.org/research/immigrants-in-nebraska

1.10. Overcoming Cultural Barriers

10. Describe how you would overcome cultural barriers in communities that don't typically give personal information over the phone or via the internet. Describe how you would overcome cultural barriers in communities that are fearful of giving personal information to anyone because of fear of legal retaliation.

PCG has experience overcoming cultural barriers in communities that do not typically give personal information over the phone or via internet and reaching communities that are fearful of giving personal information to anyone because of fear of legal retaliation. In New Jersey, PCG's project team has done this and is continuing to work to do outreach and faith building between the State and the communities. PCG's project team created a Community Advisory Board that represents the robust network of stakeholders and community groups in New Jersey with wide religious, ethnic, and lingual diversities. This served as the infrastructure for reaching all communities, especially those considered vulnerable. We have held regular meetings with the community leaders on the Community Advisory Board to ensure their voices are being heard and the State's initiatives are being disseminated and explained. **The Community Advisory Board is dedicated to ensuring safe, secure, and trusted contact tracing efforts across the State**. In addition to the large Community Advisory Board group meetings, PCG has held smaller group meetings with community groups such as LGBTQ+ and South Asian community members, which allows for more targeted communications and information sharing across the parties. PCG works to engage community resources and networks to disseminate information about contact tracing, which has the dual benefit of attracting tracer applicants *and* simultaneously educating the communities about the importance of contact tracing.

Engaging the local communities to overcome the cultural barriers is a major aspect of PCG's New Jersey project and has helped make the contact tracing so successful in the State. PCG will build on what we learned in New Jersey to establish relationships and connect with the Nebraska communities.

We would work to gain approval from Nebraska to include messaging on contact tracing from known, trusted actors who represent an asset in communities with high levels of government distrust. **The best way to establish awareness and trust is to work with trusted messengers from trusted community groups.** Thus, PCG will work with advocacy groups to identify and recruit talent from specific communities in Nebraska that can relate and build trust among the individuals that are fearful and hesitant to participate in contact tracing efforts.

In addition to working with community leaders to share messages and overcome cultural barriers and hiring individuals to build trust among their communities, PCG will ensure that training is tailored to overcome the barriers in communities that do not give personal information over the phone or provide personal information for fear of legal retaliation. PCG will instruct and train our staff to respect boundaries yet provide the case or contact with confirmation that their health information is protected and will not be shared. We will also never ask about immigration status; the call is strictly to ensure that the person is healthy and prevent the spread of COVID-19.

PCG is aware that to prevent the further spread of COVID-19, communities need to work together. We are poised to help Nebraska overcome cultural barriers within the State to build trust among the communities and increase participation in contact tracing efforts.

1.11. Parent or Guardian Communication

11. It is DHHS policy that contact tracing Contractors do not conduct contact tracing directly with minors and that contact tracers speak to one parent or guardian in a household. However, this has occurred in the past and may occur in the future during times of peak infection rates. Describe your experience with these situations.

PCG remains compliant with State statutes and regulations regarding communicating with minors. Throughout our various contact tracing projects, the general policy is contact tracers are not permitted to interview minors without the consent of a parent or guardian. If a contact is determined to be a minor, contact tracers are instructed to receive parent or guardian consent by doing a three-way call with the minor and parent or guardian. If a parent or guardian is not available to provide consent, contact tracers are instructed to ask when the best time to reach a parent or guardian is and end the call. Contact tracers try again at the specified time.

We have developed exceptions to the policy, which allow contact tracers to interview minors based on State specific statues and regulations. For example, in New York, contact tracers are permitted to interview minors without parental consist if consent is not obtainable and the minor meets one of the following criteria:

- ▶ Is a college student,
- ▶ Is married,
- ▶ Is pregnant,
- ▶ Has children,
- ▶ Is living independently from their parent or guardian, or
- ▶ Is traveling without their parent or guardian.

PCG will review Nebraska's statutes and regulations to determine what is legally permissible. We will craft Nebraska-specific policies to ensure interviews are completed in timely manner. We will make sure our state project manager approves of these policies before they are implemented.

1.12. Addressing Individuals with Disabilities

> *12. Describe how you would address individuals with disabilities as part of your contact tracing services*

At PCG, we are passionate about inclusion and eliminating barriers for individuals to live the lives they desire, because we know that in the public sector, good results mean healthy, empowered, and successful individuals, families, and communities. PCG shares Nebraska's mission for individuals with disabilities to be included and accommodated in the contact tracing services.

Experience

PCG's has extensive experience supporting individuals with disabilities. PCG is a recognized leader in Home and Community Based Services (HCBS) waiver policy and services for individuals with intellectual and developmental disabilities (IDD). We have worked with states across the country regarding policy analysis, system redesign and implementation, and person-centered practices. PCG has hands-on experience in performing interviews with people with IDD, families, and providers in other states including Indiana, South Carolina, Massachusetts, California, and New York. For example, in South Carolina, as part of determining compliance with the HCBS Final Rule, PCG conducted all residential and non-residential site assessments for the State, which included scheduling and conducting interviews with individuals with IDD. We understand fully the individual perspectives of the IDD population, and the sophisticated orchestration required to work effectively with each individual to deliver quality contact tracing services to prevent the spread of COVID-19.

New Jersey Department of Human Services

In New Jersey, PCG Holding's Public Partnerships LLC (PPL) was selected by the New Jersey Department of Human Services (DHS) as the statewide Fiscal Intermediary and Cash & Counseling Services for the Division of Aging Services (DoAS), the Division of Developmental Disabilities (DDD), and the Division of Medical Assistance and Health Services (DMAHS). PCG manages and oversees call center functions for these programs. New Jersey's monthly call volume is approximately 20,000. We provide a communications channel for customers with auditory challenges through our teletypewriter (TTY) and telecommunications device for the deaf (TTD). All project staff are trained in cultural diversity and can communicate effectively by voice and TTY/TTD technology with clients who have disabilities, including deaf and the hard of hearing.

Phoenix, Arizona and Seattle/Tacoma, Washington

PPL operates Phoenix, AZ and Seattle / Tacoma, WA call centers that offer multilingual and multicultural support to more than 150,000 providers and participants in a participant-directed service model that allows individuals with disabilities and their families in 23 states to make their own choices about what services they receive, how the services are delivered, and by whom. Together this team handles on an annual basis:

- ▶ Over 1,000,000 inbound calls;
- ▶ Greater than 200,000 outbound agent calls;
- ▶ 600,000 IVR handled calls; and
- ▶ In excess of 1,000,000 automated outbound calls.

Arkansas Health Insurance Marketplace Consumer Assistance

PCG was the prime contractor for the Arkansas Health Insurance Marketplace (AHIM) Navigator Program. As one of the key achievements for this project, PCG promoted best practices among Navigators on culturally and linguistically appropriate services (CLAS), assisting consumers with disabilities, and ensuring protection of personally identifiable information.

PCG will work with Nebraska to establish policies and protocols for addressing individuals with disabilities to best serve the State. PCG is aware of the telecommunications relay services available by dialing 711. This allows anyone with a telephone to access telecommunications relay services (TRS). We have used text telephones (TTY) in our call centers for many years and we will use the current 711 capabilities available for this work. We have extensive experience supporting individuals with disabilities and ensuring they are included in our efforts to serve the public. **We will ensure that individuals with disabilities are served through our contact tracing efforts.**

2. VACCINE HOTLINE
2.1. Understanding of Project Requirements

1. Describe your understanding of the project requirements, including but not limited to the Performance Requirements. Describe your approach of how you will accomplish the project requirements.

Public Consulting Group LLC (PCG) understands the State of Nebraska requires a trusted partner to help it respond to the COVID-19 pandemic. PCG affirms with certitude that, based on our 30+ years of continual and steady growth in providing valuable services to public health and human service agencies, we have the ability to meet and significantly exceed all requirements. In this proposal, we demonstrate the resources that we will bring to this effort to recruit, onboard, train, and monitor the work of vaccine hotline personnel.

The PCG Virtual Call Center model has positioned PCG to become the nation's leading provider of contact tracers and case investigators and can be easily adapted to meet vaccine hotline needs. This model has proven to successfully match the traditional brick-and-mortar call center approach in quality and productivity, while introducing flexibility to quickly meet changes in demand. It has diversified our workforce; enabling us to reach all communities all across a state, not just those within a commute of a physical office. Successfully managing thousands of virtual call center staff positions us well for a successful effort. Benefits of the model include:

- ▶ **Scalable** remote call center staffing.
- ▶ **Portable** cloud-based, Voice over Internet Protocol (VoIP) telephony platform that only requires internet access.
- ▶ **Secure** Virtual Private Network (VPN) connectivity for required systems.
- ▶ **Remote training** program delivered to the homes of support staff.
- ▶ **Quality Control** for effective oversight:100% call recording + screen capture.

This proven model has a demonstrated ability to perform services seven days a week - 8:00AM to 8:00PM or as needed by the State.

Technology

Data Systems
As a leading provider of COVID-19 call center services, PCG is adept at learning, teaching, and managing work in various systems needed. The systems utilized by the State will be no exception. For each project, PCG learns the ins and outs of the systems to better train and manage our staff. Regardless of the data collection system the State of Nebraska uses, PCG is ready to learn and adopt the systems.

Telephony
PCG will use Amazon Connect to provide a telephony platform for all inbound and outbound calls. PCG is an approved partner with AWS, which allows us to seamlessly assist and support for AWS Connect contact center product suite. PCG is deeply experienced and knowledgeable in call center functionalities including incoming and outgoing calling through work queues, call channeling and assignment, historical and real-time analytic reporting, call recording capabilities, and staffing models.

Our staff currently utilize in New York, New Jersey, and Ohio. *To date, PCG tracers and investigators have made more than three million calls using Amazon Connect.* Amazon Connect offers range of benefits:

- ▶ **Interactive Voice Response (IVR):** Amazon Connect provides natural interactive voice response (IVR), and interactive chatbots that operate seamlessly with web and mobile chat contact flows. For

customer conversations that require additional work (e.g., email, ticket, or claim), follow-up tasks are created in Amazon Connect Tasks without the agent's need to switch between applications.

► The PCG team will work with the state to co-create the IVR script and will implement once finalized. We will be able to make adjustments / rapid changes to scripts or agents/flows within a few hours of opening a ticket. Our standard turnaround time is four hours.

► **Text, SMS Confirmation / Reminders:** PCG can deploy Amazon Pinpoint, as a part of the Connect platform, to send outbound confirmation and reminder texts.

► **Chat:** With Amazon Lex, Amazon Connect offers a chatbot capability that can serve as alternative to a live agent – using voice and text. Lex is designed to build highly engaging user experiences and lifelike conversational interactions.

Equipment

PCG understands under the scope of this contact, we would be responsible for ensuring and providing all necessary computer software and equipment to our workforce. We have found that the fastest and lowest cost approach to getting staff up and running is for them to use their own computer (this also allows the staff member to use a machine with which they are comfortable). As all PCG call center applications are cloud-based, employees answer calls via a secure connection can safely use their own computer while keeping all PHI and PII protected and confidential. The candidate's computer must meet standards to ensure security. PCG conducts technology verification to ensure new hires have computers with a microphone, speaker, and are compatible with the telephony system. This step also includes verification of anti-virus software or other computer applications to complete work. If the State requires that PCG issue a company-owned laptop instead of using a personal device, we are prepared to provision laptops to all vaccine hotline staff.

Reporting

Data collection and reporting is integral to making evidence-based decisions. PCG is adept at generating reports quickly and accurately. Furthermore, we can learn the ins and outs of various data collection systems to generate reports needed. For example, in the State of New York, we have established automated data reporting mechanisms that allow PCG to generate summary statistics and monitor the progress of our work. We are prepared to do the same with Nebraska.

The technology systems we use allow us to easily generate reports and monitor performance. We provide details on how we will meet reporting requirements in section 2.8 Ability to Meet Reporting Requirements.

Workforce

The State of Nebraska requires a flexible, bilingual workforce to meet the State's vaccine hotline needs. PCG is prepared to meet that need. PCG can recruit and hire staff in as little as one week. Currently, in New York, New Jersey, Arkansas, and Ohio, our virtual call centers are providing operation assistance for 10 to 12 hours a day, seven days a week. We discuss in further detail our approach to implementation and capacity planning in sections 2.4 Staffing Availability and 2.5 Workforce Planning.

Once hired, PCG is prepared to train new staff. PCG has utilized multiple methods to teach new staff including live instruction, self-paced trainings, and a combination of both live and self-paced trainings. PCG understands the State will utilize a "train-the-trainer" approach and PCG would be responsible for teaching new staff. Staff must be capable of educating callers about all aspects of COVID-19 such as statistics, public health guidance, vaccine information, and the vaccination rollout processes. Staff may need to assist callers with completing online vaccination registration, COVID-19 testing registration, or other online application for COVID-19 related services. The State will provide reference and consultative materials for staff training and reference. We discuss our capabilities and approach with training and onboarding in section 2.7.

The most efficient way to meet linguistic needs of patients contacted is by having a bilingual workforce. PCG is ready to provide a workforce with at least 25% Spanish proficiency in reading, writing, and speaking. We describe in section 2.2 Language Capabilities our experience and approach with recruiting and hiring bilingual candidates. Bilingual employees not only diversify the language capabilities of the workforce, they

also serve as a bridge to potentially hard to reach populations. PCG makes strong efforts to hire within the communities the contact tracing workforce serves. Having local community members on the workforce helps build rapport. For the populations described in section 2.10 Overcoming Cultural Barriers, PCG has found it essential to have Spanish speakers who are in the community to build trust and confidence in the COVID-19 outreach and processes.

Lastly, with workforce management, PCG uses reporting to make data driven decisions. We use reporting capabilities from data and telephony system for quantitative metrics. PCG has also developed qualitative metrics to evaluate staff performance and receive a more comprehensive picture of how employees are doing. PCG has established a corrective action process specific to our contact tracing workforces to coach employees to their maximum potential. **Our depth of expertise in managing a remote COVID-19 call center workforce uniquely qualifies us to serve the State of Nebraska.**

Performance Requirements

PCG is prepared to meet all performance requirements. We understand the time sensitive nature of providing vaccine information to the public. We do not want callers to be frustrated with hold times and abandon their search for vaccine information. PCG's telephony system allows us to monitor hold times and call abandon rates. In our current COVID-19 work, we analyze these metrics to gauge the effectiveness of our workforce. PCG is committed to maintaining a hold time of less than four minutes when operating Nebraska's vaccine helpline.

PCG also understands the urgency of timely responses. We will design workflows and processes to ensure that all vaccine hotline voicemails are responded to within 24 hours. Examples of approaches include a team dedicated to voicemails, flex teams who alternative between inbound and outbound calls, and capacity planning to ensure staff schedules meet hotline needs.

Operations data is a must. As a data-driven operation, we understand the need to monitor metrics like disposition of calls and time spent with each caller. They provide valuable insight to the efficacy of the vaccine hotline. PCG is prepared to train our workforce to enter disposition and call time data into State systems. Additionally, PCG can also explore automated data transfers to provide this information.

Lastly, PCG understands that if we fail to meet the performance requirements, we will submit a Corrective Action Plan as directed by the State. We acknowledge the timeline for submission would be no later than 15 days after the request for a corrective action plan. Should the Corrective Action Plan require more than three revisions, the contact may be terminated. This is consistent with the corrective action process PCG has in place for the workforce; we are prepared to hold ourselves to the same standard. In the event a corrective action plan be required, PCG will conduct a root cause analysis and provide strategies and timelines for performance improvement.

2.2. Language Capabilities

2. Describe your language capabilities, including the percentage of contact tracers who are bilingual in English and Spanish, and any other languages available.

PCG effectively serves thousands of non-English speakers in-person and through our call centers across the country, leaning heavily on our bilingual customer service representatives. We understand the need for a vaccine helpline workforce that represents the communities they serve, including effectively communicating through language. PCG currently has approximately 350 identified bilingual staff, and we are increasing this number each week. Through our experience, hiring bilingual staff is the most effective way to improve call center and outreach functions. It reduces call time by limiting the need to pause for translation. This increases the amount of calls that can be conducted by staff in a day. Furthermore, it builds rapport with the client being contacted by making the exchange more conversational. PCG is adept at finding qualified multilingual candidates to increase the effectiveness of our workforce.

PCG celebrates diversity and strives to identify the multilingual needs of the community and recruit those speakers.

We have partnerships to help us identify and recruit talent in niche populations. For example, in New York, we are specifically recruiting Yiddish speakers to better communicate with the Jewish community. In Arkansas, we hired staff who speak Marshallese to serve the state's unique population of immigrants from the Marshall Islands. In New Jersey, we are recruiting heavily for Spanish and Portuguese speakers. We understand Nebraska has a Spanish-speaking population and we will seek bilingual tracers to assist those individuals. We will work with end users on identifying the most pressing language needs for their community and specifically focus efforts to identify and recruit those bilingual speakers.

PCG will ensure at least 25% of our vaccine helpline workforce is fluent in Spanish. Additionally, we will work with Nebraska to identify other languages which should be high priorities in evaluating applicants. Then during the recruiting process, PCG will specifically focus efforts to identify and recruit those bilingual speakers.

When recruiting, PCG can also go a step further to assess our recruits and ensure they would properly communicate with those they interview. In several of our projects, we verify non-English language proficiency before deploying staff into the field. **We have high standards for hiring multilingual individuals**, often requiring a rating of "advanced," "professional," or "native" to be cleared to conduct non-English interviews.

SeaTac: A PCG Multi-Cultural Call Center
PCG has learned it is preferable, whenever possible, to handle translation and interpretation services inhouse rather than contracting with outside agencies. With this goal in mind, PCG opened the SeaTac Multi-Cultural Call Center in 2015. SeaTac provides multilingual and multicultural supports to more than 150,000 providers and participants involved in our contracts across the United States. The call center is staffed by 50 experienced multilingual customer service representatives who can speak Russian, Vietnamese, Cantonese, Ukrainian, Spanish, Arabic, Somali, Korean, Cambodian, Mandarin, Laotian, and Tagalog. The table below outlines the total number of calls handled by the SeaTac Multi-Cultural Call Center since coming online in 2015. The calls are categorized by the 12 languages the call center can handle without needing to turn to outside translation services.

Language	Number of Calls	Average Call Duration (Minutes)
Arabic	8,049	10:52
Cambodian	4,382	15:32
Cantonese	6,843	08:41
Korean	7,042	13:00
Laotian	1,556	08:39
Mandarin	2,684	09:04
Russian	32,656	10:19
Somali	7,677	11:34
Spanish	22,749	09:43
Tagalog	2,944	11:27
Ukrainian	4,089	09:30
Vietnamese	20,744	08:33
Total	121,415	N/A

Figure 2.2.1: Call Center Details.

As shown in *Figure 2.2.1*, employees at the SeaTac Multi-Cultural Call Center have **handled 121,415 calls across these 12 languages without the need for introducing a third party to the call.**

Additional key features of the SeaTac Call Center include:

▶ State-of-the-art call center technology;
▶ Large volume experience;
▶ Multilingual;
▶ A/B testing;
▶ Automated notification capability;
▶ IVR technology;
▶ Low wait time;
▶ Data analytics; and
▶ Text messaging capabilities.

2.3. Experience Handling Protected Health Information

3. Describe your experience handling Protected Health Information, including any HIPAA training that employees have previously received. If you are a covered entity under HIPAA, please provide the number of breach notifications you reported to Office of Civil Rights in the last 3 years. If you are a business associate under HIPAA, please provide the number of security incidents which required notifications to Office of Civil Rights for any covered entities for which you are a business associate in the last three (3) years.

HIPAA and PHI Protection

PCG remains committed to maintaining strict security and confidentiality standards. PCG will securely handle and store sensitive participant and provider information in accordance with HIPAA requirements, including the Health Information Technology for Economic and Clinical Health (HITECH) Act amendments. PCG's resources are compliant with industry standard physical and procedural safeguards (NIST SP 800-114, NIST SP 800-66, NIST 800-53A, ISO 17788, etc.) for confidential information (HITECH, 45 CFR Part 164).

PCG currently manages sensitive Protected Health Information (PHI) across more than 1,000 active projects and is well versed with maintaining data integrity and protection of PHI in the community and our offices. PCG uses technologies such as secure e-mail, FTP, and a secure, web-based Quality Review System to document, maintain, and report on our findings securely. We also put an emphasis on thorough training of our employees to ensure they understand how to appropriately manage PHI to ensure security and minimize risks of breaches.

PCG is responsible for the integrity and privacy of a vast collection of health information for clients in states all over the country. We are committed to safeguarding confidential information, specifically including information subject to HIPAA. Our duties are not only to our clients but to the individuals whose data we store on our servers, and we will not share or otherwise disclose such confidential information to anyone outside of PCG. The use and disclosure restrictions apply to PCG business information, including security codes, passwords, trade secrets, strategies, employee compensation, and the dollar value and scope of services of PCG contracts.

Training

Every PCG staff member receives instruction on confidentiality, signs a confidentiality agreement and completes Basic and Advanced Security Awareness Training annually. We have an in-house compliance officer who was the former General Counsel to the Massachusetts Executive Office of Health and Human Services as well as the founding General Counsel of the Massachusetts Ethics Commission. He leads a company-wide, robust, cross-functional compliance committee that reviews all of our contract and confidentiality obligations, establishing the appropriate processes and procedures.

PCG's security methodology follows the Plan-Do-Check-Act method as identified in ISO 27001 and NIST SP 800-53 for establishing an Information Systems Management Framework. This model embodies PCG's core principle and approach: security is not a destination or check box activity, but rather an integral part of the solution. As information security threats become more common and increasingly sophisticated, we routinely adapt our security posture and controls and in doing so continue to earn our clients' trust.

As per PCG Security Awareness Policy, PCG has deployed a training suite that was designed by Inspired eLearning, an external market-leading provider of security training recognized for adherence to security standards. The trainings are customized to include additional PCG-specific security training content and are updated annually by Inspired eLearning to reflect required changes to regulations or the security

climate. Everyone in the PCG workforce is required to complete three trainings on an annual basis: Basic Security Training, Advanced Security Training, and HIPAA Training for Covered Entities. We default to the higher training requirement to ensure the ability of our workforce to effectively recognize and address security situations that may arise. The security training suite was developed to include the following types of content in order to accommodate
various learning styles:

- ▶ Practice exercises in security and privacy awareness training that simulate actual cyber-attacks.
- ▶ Recognizing and reporting potential indicators of an insider threat.
- ▶ Practical exercises in security and privacy training that reinforce training objectives.
- ▶ Recognizing suspicious communications and anomalous behavior on PCG's information systems.

As part of PCG Security Awareness and Training Policy, there is a scope section that indicates that this policy applies to anyone, including but not limited to employees, contractors and third parties, with access to PCG assets, such as information systems, facilities, and data. This PCG policy enforces the following PCG requirements:

1. All employees participate in security and privacy awareness training within thirty (30) days of starting work and within thirty (30) days of the annual anniversary of the training completion date thereafter.
2. Re-training shall occur sooner if there are material changes in security requirements or whenever PCG determines necessary to ensure firm-wide security awareness.
3. Training is completed by employee prior to them receiving any access to Protected Health Information (PHI).
4. PCG's security and privacy training ensures that all PCG employees understand their security and privacy responsibilities.
5. PCG's security and privacy training ensures that all PCG employees understand their security and privacy responsibilities. The organization provides role-based security-related training to personnel with assigned security roles and responsibilities.

Special Provisions with Contact Tracing and Case Investigations

Safeguarding data and personal health information is crucial when doing contact tracing and case investigations. PCG understands this and has proven experience managing and handling sensitive information with these initiatives. **With our experience in New York, Arkansas, New Jersey, Ohio, and Wisconsin, PCG has taken measures to protect patient information and ensure that our employees are actively maintaining privacy policies with contact tracing and case investigation operations.**

PCG Tracing and Investigation staff are also required to take General Data Protection Regulation (GDPR) & Information Security Training. This is a 45-minute course which explains the concepts of data privacy, general data protection regulation (GDPR), information security, and asset protection in clear, understandable terms and examples. Employees gain a stronger understanding of their roles and responsibilities in protecting personal and confidential information and keeping information systems secure.

Once onboarded, contact tracers are provided additional training on confidentiality including appropriate places to conduct interviews and using headphones as a security measure. PCG takes data protection and privacy policies very seriously and can assure Utah that we will implement procedures and trainings aimed to protect the information of all citizens.

If PCG does find that there has been a breach in confidentiality or data protection, we have policies in place to investigate and determine the source of the privacy infraction. PCG will then take measures to implement a corrective action plan. Depending on the severity of the infraction, PCG will move to termination or retrain the individual on the importance and necessity of data protection and privacy policies.

Based on the determined software solution chose by Utah, security solution needs will vary as detailed in the next section. Some solutions are secure websites such as Amazon WorkSpaces. This is a Desktop-as-a-Service (DaaS) solution that allows for higher data security because no

user data is actually stored on the user's device.[3] PCG also has the systems and infrastructure in place to distribute secure laptops and equipment to contact tracers or case investigators to provide another level of privacy protection.

PCG understands the importance and gravity of ensuring that all data is protected and there are policies in place safeguarding PHI. **Since PCG was founded in 1986, we have been handling and maintaining PHI and ensuring its protection and privacy. We pride ourselves on following all current guidelines and policies to most effectively protect our clients' health information.**

PCG did not have any breach notifications to report to the Office of Civil Rights in the last three years.

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[3] https://aws.amazon.com/workspaces/?workspaces-blogs.sort-by=item.additionalFields.createdDate&workspaces-blogs.sort-order=desc

2.4. Staffing Availability

4. Describe your staffing availability, including whether you can meet the required hours specified in Section V.J.1.

Staffing Availability

The spread of COVID-19 does not follow a 40-hour business week and thus nor do our Vaccine helpline schedules. As demonstrated by our work in other states, PCG operates a seven-day tracing operation and currently have 10,000+ staff covering extended shifts.

New Jersey	8 AM to 8 PM, 7 Days / Week
New York	9 AM to 7 PM, 7 Days / Week
Arkansas	8 AM to 8 PM, 7 Days / Week

The 8:00AM to 8:00PM Central Time seven days a week required hours specified in Section V.J.1 will not be a problem for PCG, and we confirm to the State of Nebraska that the vaccine helpline will be operated during these hours. Through call center modeling software mentioned in the below sections, PCG will appropriately address vaccine helpline staffing availability to ensure the State's needs are met and that at least 75% of staff are working a full-time schedule. PCG will make any necessary staffing availability adjustments to account for busier or slower times. PCG is fully prepared to onboard the necessary amount of vaccine helpline staff for the State of Nebraska within a seven-day timeline as is outlined below. Should the State require additional Vaccine Helpline staff to be onboarded, PCG has the hiring experience and knowledge to quickly fulfill any potential additional staffing request within a seven-day timeframe.

Seven-Day Implementation Plan

We are at the point where every moment counts with COVID-19 work. With our experience managing the largest, most demanding COVID-19 services projects in the country, our firm has rapidly developed processes, best practices and lessons learned to apply to Vaccine Helpline Services in Nebraska. At PCG, we are aware of this and follow a Seven-Day Implementation plan that directly applies to a much swifter and reliable process. PCG's Seven-Day Plan is not theoretical. Instead, it is based on exactly what we have already completed in previous large-scale Contact Tracing and Case Investigations implementations in New York, New Jersey, Ohio, and Arkansas. For most firms, much of the time in the first seven days is consumed with a learning curve, and true productivity comes after a considerable amount of "spinning your wheels," "false starts," and tracking down answers to questions. PCG has smoothed out these wrinkles by applying lessons learned from our implementation experience in New York, New Jersey, and Arkansas, leading to a much swifter and reliable seven-day implementation plan—at the very point where every minute counts.

We include below a comprehensive plan that accounts for all components of a vaccine helpline operation. We understand that some aspects of this plan may not apply if the State does not expect PCG to be responsible for all components of the scope below. PCG is prepared to quickly modify this plan to exactly align with the State's expectations of PCG.

Day 1

Activity	PCG Team	Dependency
Meet with Nebraska Department of Administrative Services	PM, PMO staff, and Key Personnel	Availability of Nebraska Department of Administrative Services
Obtain scripts, policies and protocols, scripts and workflows developed by Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska

Activity	PCG Team	Dependency
Obtain any available data on existing, incumbent staff.	PM, PMO staff, and Key Personnel	Format of data, delivery of data, extent of prescreening
Obtain Nebraska Developed Work Schedule	PMO staff	Availability of Nebraska
Obtain Nebraska required deliverables schedule	PM, PMO staff, and Key Personnel	Availability of Nebraska
Establish a recurring meeting schedule and Points of Contact between key Nebraska staff and PCG	PM, PMO staff, and Key Personnel	Availability of Nebraska
Meet with contact for disease investigation data management system regarding guidebook, training and details of system status	PM, PMO staff, Key Personnel, and Technical team	Availability of Availability of Nebraska /System vendor
Obtain training curriculum for review and input	Lead Trainer and Training Team	Format of Materials
Revise and supplement training materials	Lead Trainer and Training Team	Format of Materials
Begin initial Screening of candidates	Onboard Lead and Onboarding team	Quality and availability of data of hiring pool
Review disease investigation data management system reporting/ monitoring functions	QA/QI Team	Availability of Nebraska /System vendor
Day 1 Close out call with Nebraska	PMO	

Day 2

Activity	PCG Team	Dependency
Stand-up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final Screens of candidates to begin: Vaccine Helpline Team Supervisors	Onboarding lead and Onboarding Team	Pool information is available. Prescreening data on candidates includes qualifications, determination of position best qualified, contact information (phone and e-mail)
Send selected Vaccine Helpline Team Supervisors candidates' information to internal Hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Vaccine Helpline Team Supervisors candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool

Activity	PCG Team	Dependency
Offers and new hire welcomes packages sent to selected Vaccine Helpline Team Supervisors candidates	PCG HR Offices	Availability of selected/accepted candidates
Training for Vaccine Helpline Team Supervisors prepared/finalized	Training Team	Materials are ready from Nebraska; determination needed if training must occur on equipment
Discuss and provide questions and possible updates to disease investigation data management system reporting/ monitoring functions	QA/QI Team	Availability of system vendor
Review all protocols, guides and policies – create list of questions	PMO	Received Day 1
Create initial week 1 schedule framework	PMO	Candidate availability data in the information on the pool of candidates
Meet with Nebraska to go through Deliverable and Project Plan	PMO	Availability of Nebraska
Review questions with Nebraska	PMO staff	Availability of Nebraska
Meet with state system team / representatives for demo / instructions on use.	Technical team, PMO staff, and Reporting team	Availability of system vendor
Review Remote Distribution of equipment logistics plan	Technical team, PMO staff	Nebraska Remote Distribution capability
Create a distribution communication plan to Nebraska for equipment deployment as candidates are onboarded	Technical Team, PMO staff	Nebraska team requirements for distribution of equipment to new hires
Day 2 Close out call with Nebraska	PMO staff	

Day 3

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability Nebraska team
Final Screens to begin: Vaccine Helpline Staff	Onboarding Team, Public Health Lead	Quality of data including Phone and e-mail
Prepare & Finalize Training for Vaccine Helpline Staff	Lead Trainer and Training Team	Format of Material

Activity	PCG Team	Dependency
PCG Trains Vaccine Helpline Staff	Lead Trainer and Training Team	Availability of candidates and ability to train on candidate equipment
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG internal HR	
Send new hire information for equipment deployment to candidate	Tech team	Remote Distribution capability
Begin building units schedule frameworks	PMO staff	
Day 3 Close out call with Nebraska	PMO staff	

Day 4

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final Screening continue: Vaccine Helpline Staff	Onboarding Team, Public Health Lead	Quality of data including Phone and e-mail
Send selected Vaccine Helpline Staff information to internal Hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Vaccine Helpline Staff candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool
Offers and new hire welcomes packages sent to selected Vaccine Helpline Staff candidates	PCG HR Offices	Availability of selected/accepted candidates
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG HR Hiring offices, Tech, Training Onboarding	
PCG Trains Vaccine Helpline Staff	Training Lead, Training Team Public Health Lead	Availability of Candidates; Approval to conduct training on candidate personal equipment
Send new hire information to Nebraska for equipment deployment to candidate	Tech team	Nebraska Remote Distribution capability
Review units schedule with Nebraska	PMO staff	Availability of Nebraska
Day 4 Close out call with Nebraska	PMO staff	

Day 5

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final screening (to continue daily until all offers are made and accepted)	Onboarding Team, Public Health Lead	Quality of data including Phone and e-mail
Send selected Vaccine Helpline Staff information to internal Hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Vaccine Helpline Staff candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool
Offers and new hire welcomes packages sent to selected Vaccine Helpline Staff candidates	PCG HR Offices	Availability of selected/accepted candidates
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG HR Hiring offices, Tech, Training Onboarding	
PCG Trains Vaccine Helpline Staff	Training Lead, Training Team, Supervisors	Availability of Nebraska Training
Send new hire information to Nebraska for equipment deployment to candidate	Tech team	
Confirm Candidates have received equipment	Tech team	
Day 5 Close out call with Nebraska	PMO staff	

Day 6

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final screening (to continue daily until all offers are made and accepted)	Onboarding Team, Public Health Lead	Quality of data including phone and e-mail
Send selected Vaccine Helpline Staff information to internal Hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Vaccine Helpline Staff candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool
Offers and new hire welcomes packages sent to selected Vaccine Helpline Staff candidates	PCG HR Offices	Availability of selected/accepted candidates

Activity	PCG Team	Dependency
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG internal HR Hiring offices, Tech, Training Onboarding	
Equipment deployment to candidate	Tech team	
Confirm Candidates have received equipment	Tech team	
Test remote capability with Vendor disease investigation data management system	Technical team, PMO staff, and Reporting team	Availability of Nebraska System support
PCG Trains Vaccine Helpline Staff	Training Lead, Training Team, Supervisors	Availability of Candidates; Approval to conduct training on candidate personal equipment
Day 6 Close out call with Nebraska	PMO staff	

Day 7

Activity	PCG Team	Dependency
Stand up meeting with Nebraska	PM, PMO staff, and Key Personnel	Availability of Nebraska team
Final screening (to continue daily until all offers are made and accepted)	Onboarding Team, Public Health Lead	Quality of data including Phone and e-mail
Send selected Vaccine Helpline Staff information to internal hiring process	Onboarding, PCG HR Offices	Availability of selected/accepted candidates
Prep welcome packages to go to selected/accepted Vaccine Helpline Staff candidates	Onboarding Lead and Onboarding Team	Quality of candidates for Lead Supervisor and Unit Supervisors from pool
Offers and new hire welcomes packages sent to selected Vaccine Helpline Staff candidates	PCG HR Offices	Availability of selected/accepted candidates
Utilize standard checklist to confirm candidates have completed onboarding package	QA/QI Team and PCG internal HR Hiring offices, Tech, Training Onboarding	
PCG Trains Vaccine Helpline Staff	Supervisor support	Availability of Nebraska Training Resources
Send new hire information to Nebraska for equipment deployment to candidate	Tech team	Nebraska Remote Distribution capability
Confirm Candidates have received equipment	Tech team	Nebraska Remote Distribution capability

Activity	PCG Team	Dependency
Test remote capability with State data management systems	Technical team, PMO staff, Reporting team	Availability of system vendor
Ready to deploy confirmation meeting	PMO staff and all leads	
Day 7 Close out call with Nebraska	PMO staff	

Figure 2.4.1: PCG's Seven-Day Implementation Plan for Vaccine Helpline Services

2.5. Workforce Planning

5. Describe your approach to workforce planning, including the speed, agility, and flexibility necessary to match your workforce to the fluctuating demand of this contract. Response should include a description of equipment provided to staff.

PCG has the capacity to quickly stand-up large-scale operations in adherence with the Nebraska expectations of a rapid implementation.

When state and local governments face a crisis, they need a trusted partner who has proven their ability to do whatever is necessary – as quickly as necessary - to get the job done. Time and time again, government agencies have turned to PCG in times of crisis to help them solve their most important, urgent, and unprecedented challenges. PCG is ready to start work immediately with Nebraska and understands the urgency of the situation. PCG is well prepared and experienced in executing tight timelines to complete tasks and deliverables as expeditiously as possible. In New York, PCG **hired more than 2,000 contact tracers in 30 days**. In New Jersey, PCG assumed and transitioned approximately **800 contact tracing staff already in place under Rutgers University in less than 30 days**. In Ohio, we onboarded **over 200 tracers in two weeks**. As mentioned above, we have a Seven-Day Implementation Plan for project initiation and hiring, onboarding, and training staff.

A few key attributes of our critical response approach include:

- ▶ **Agile**. Each crisis requires a swift and methodical assessment of its unique risks and needs. PCG's approach is flexible, and our answers are designed to meet the issue at hand.
- ▶ **Quick.** When a crisis strikes, it is necessary to be able to act with tight turnarounds. In each step of the process, PCG can quickly identify problems, assess risks, develop solutions, act and react to new challenges, and adjust on the fly.
- ▶ **Innovative.** When encountering an unprecedented crisis, old approaches may not work. PCG is continually developing new approaches based on data, technology, and what we have found to be most successful, sometimes in other settings.
- ▶ **Dependable.** PCG's unique responses are executed by highly skilled and trained staff who decades of experience using sound methodologies and proven client relationships.

Hiring Plan
No other vendor is more proven this pandemic in recruiting high-quality staff on rapid timelines than PCG. We built on our years of proven methodologies to accelerate and expedite our recruiting cycle to bring in staff quickly and smoothly. PCG has onboarded more than 10,000 COVID-19 response call center staff in multiple states and offers the expertise to immediately launch and scalable solution that meets the needs of Nebraska.

As demonstrated by our work in other states, PCG can find qualified individuals to fill vital roles through our internal staffing partner, Staffing Solutions Organization LLC (SSO). SSO provides staffing and talent consulting services to public sector organizations. Our work has shown us that having staff who are from and reflect the communities in which they are working produces more successful results. If selected, we will endeavor to provide staff that is from and of the communities of Nebraska.

Recruiting
PCG will be ready on Day 1 to execute our Hiring Plan. We will work with the Department quickly to make any needed adjustments to the Hiring Plan and/or job descriptions and will quickly begin to execute the plan in posting the positions. PCG has refined a process to quickly evaluate, hire, onboard, and train staff to complete this important work.

As the nationwide leading provider of COVID-19 response call center staff, we are very experienced in exactly how and where to post positions, tap into community networks, and attract top quality candidates

that represent the communities with which they work. In New York, we had over 100,000 individuals applying to join our efforts. Thanks to this pipeline, *we hired more than 2,000 contact tracers in 30 days.* While general interest is important, PCG also realizes the importance of targeting messaging and ensuring a diverse workforce. PCG has partnerships in place to help recruit diverse candidates.

Our unique experience positions us to hire qualified candidates who are well suited for potentially **sensitive situations that require empathy, emotional intelligence, and trust-building.** There are many call center agencies and staffing firms that can provide "bodies," and many can provide staff that meet the minimum qualifications. However, with our workforce of seasoned experts in the healthcare field, including nurses, social workers, and even physicians, *PCG is uniquely poised to staff this project with staff possessing the preferred qualifications*—experience in healthcare, medical, public health, community social services, and conducting interviews. We screen staff to be technically proficient and capable of working remotely. As we discuss in detail in this proposal, we strive to hire people with experience working with diverse populations and individuals with complex needs and have the language skills to assist non-English speakers.

Implementation

In implementing vaccine helpline services, PCG's goal is to minimize the operational burden from the State. Nebraska leadership and staff need to be able to focus on the most important and urgent issues at hand, knowing that the PCG is managing all operations of the vaccine helpline initiative in a manner you can trust. In developing a workforce plan, we will apply these and other methodologies:

- ▶ **Staff Forecasting:** Through the application of capacity requirements, we can project future demand for staff based on matching capacity to current and anticipated volumes, respectively.
- ▶ **Capacity Planning:** Determining production (output) capacity based on a measurement of available (actual) time for various distinct levels of transactions.
- ▶ **Strategic Scanning:** Identification of market trends, competition, applicable technology, customers served, state of economy and trends, labor supply, and understanding the political and legislative arena.
- ▶ **Structural Appraisal:** Assessment of staffing plans and alignment with durational and long-term strategic staffing plan; evaluation and planning of workflows through the organization and its ability to adapt and realign as needed; ongoing monitoring of capacity and associated workloads to ensure staff scheduling is driven by data. This includes assessing the alignment of the organizational structure within the organization's business strategy and the impact of an organization's stage of development on its structure.
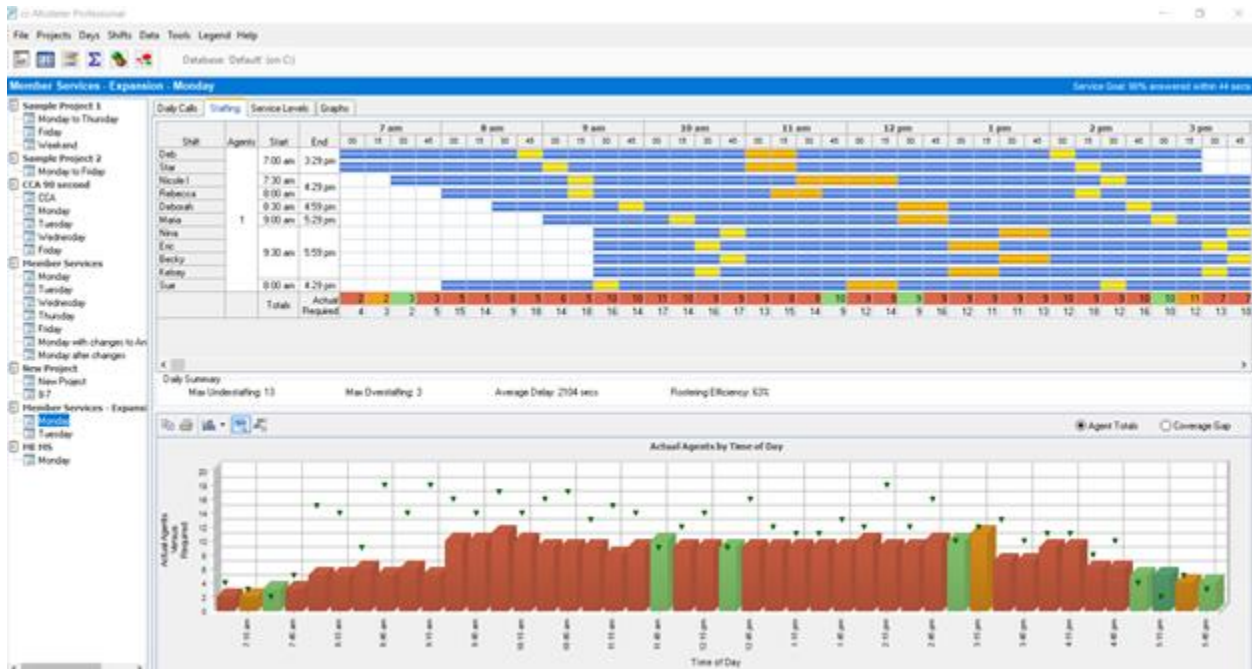
Staffing Model with Associated Staffing Levels and Roles

As such, PCG has the capacity to quickly stand-up large-scale operations in adherence with the Department's expectations of a rapid implementation. We will use call center modeling software to ensure the appropriate level of staffing to meet availability requirements daily.

Robust and high-functioning contact center technology is critical to operating a best-in-class call center. PCG employs Workforce Managers (WFMs) with powerful tools to establish baseline staffing models, to perform ongoing forecasting projections, to provide real-time monitoring of vaccine helpline staff, and to identify changes to resource allocations necessary to optimize vaccine helpline performance. PCG can deliver a vaccine helpline workforce solution that provides more efficiency, more functionality, and a better overall customer experience.

Our Workforce Manager (WFM) focuses on optimizing staff efficiency and utilization. The challenge the WFM faces is always to deliver the necessary staff number despite fluctuating call volumes. To meet this challenge, we provide two powerful tools for our WFM: The first is cc-Modeler Professional, call center modeling software driven by the industry-standard Erlang-C formula; this tool determines staffing needs by interval, based on call volume, handle time, and desired speed of answer, and predictively models the impact of changing shifts, breaks, and lunch schedules. The screenshot below illustrates the ability of the system to determine staffing needs:

Figure 2.5.1: Analysis of Required Staffing by Interval. The WFM uses industry-standard Erlang-C-based software to determine optimal staffing levels.

This modeling software provides PCG with the tools necessary to set dynamic and flexible schedules. In addition, WFM uses Resource Manager to ensure agent adherence to schedule, monitor readiness, and optimize utilization. This tool provides a real-time, comprehensive view of staff and their status throughout the day; the WFM can define tolerance thresholds and set notifications for when thresholds are exceeded. With this information, the WFM can quickly identify when staff are not in the appropriate state, when talk time targets are exceeded, and when shift and/or break expectations are not met. The WFM optimizes productivity using real-time oversight of call center team members' status and availability. The following screenshot illustrates the ability to track system status by staff and measure time spent in that state:

Figure 2.5.2: Resource Manager View of Staff Status.

Our WFM and staffing model resources enable us to manage a workforce efficiently and effectively and scale up and down daily. The PCG team will leverage this strategy for a successful Vaccine Helpline workforce for the Department. We will work with the Department and utilize our staffing model as explained above to meet coverage requirements.

Equipped with our tools, the PCG team scheduling leads will design and execute a dynamic schedule that meets all demands, for all shifts, seven days a week. An overview of the process is as such:

▶ *Collect and Leverage Baseline Data.* From Day One, PCG will be equipped to collect all necessary data that we will use going forward to inform our data-driven approach to dynamic shift scheduling. Data points include—tracked by weekday and time— calls made per day, length of call, appointments available, supply available, incoming call volume.

▶ *Apply Trend Analysis.* PCG will use the historical data to schedule shifts, not only by the day, but by the hour. Based on demand in previous days sequentially, as well as historic demand on that day of the week in previous weeks, the PCG team will develop a schedule that predicts future volume. This process will not only look back but will also identify and extrapolate trends week-to-week and day-to-day.

▶ *Apply Predictive Analytics.* Going forward, once the amount of data collected begins to approach critical mass, this will provide PCG the opportunity to not only apply what *we* see in the data, but to run predictive analytics algorithms to project what the *data itself* tells us about future demands.

▶ *Plan for Surges in Scheduling "On Call" Resources.* When we schedule our shifts, we not only schedule for the most likely level of demand, but we also incorporate a "surge risk score," an indicator of likelihood that demand will exceed what is predicted, based on the analytics described above. We schedule "on call" staff in correlation to the surge risk score level.

▶ *Communicate Shift Changes via Real-Time Alert.* We will monitor real-time the call demand and response time. If an increase in call demand exceeds capacity, we will activate surge shifts, and alert our on-call staff that they will be needed to work the surge shift for which they were on call.

This will allow us to create agent schedules that align with model output, with expected shrinkage. This approach will allow us to manage call volume in real time, adjusting in staffing levels, and shifting staff between receiving inbound calls and making outbound calls.

As displayed in *Figures 2.5.1* and *2.5.2*, our dashboards routinely report trends over time periods, allowing our root cause analysis to identify when probably may have first arose, even if they were not large enough to immediately identify.

PCG will provide suggestions regarding the components of this approach and reach agreement with the State to solidify that our methodology aligns with the goals and expectations of the state.

Equipment
Devices and Connectivity
PCG's Virtual Call Center approach leverages a *"bring your own device"* approach by which staff use their own laptop or desktop computer, broadband internet connection, and headset. This approach has several advantages:

▶ **Rapid Deployment:** Procuring equipment is often the slowest part of an implementation. The pandemic has significantly slowed this timeline, with manufacturers and suppliers reporting shortages in the millions of demand outnumbering supply. Having staff start with their own equipment on Day 1 is crucial for a rapid deployment.
▶ **Low Cost:** The costs of procuring hardware and software for staff for this effort would be significant. By avoiding these costs, we can keep our rates lower, directing public funds where they are needed most.
▶ **Effective:** Remote virtual staff feel comfortable with their own computer. They know how it operates and require less user support.

Staff Device and Connectivity Requirements
The candidate is required to demonstrate that their physical computer and their internet connection are sufficient to support call center functions without slowdowns or interruptions. Their computer must meet

standards for operating systems, performance capability, and security. As a part of the recruiting process, and prior to receiving an offer, each candidate must complete and submit verification of:

Internet Speed Test: to ensure both their machine and connection have the memory, operating capability, and bandwidth.

2. **Amazon Web Services (AWS) Connect Compatibility Test:** to ensure that operating platform, microphone, speakers, and required equipment are operating and compatible.

If candidates are otherwise qualified for this position, but do not own a device that meets that standards established, a PCG laptop can be provided so that good candidates without their own laptops are not excluded from this opportunity.

Equipment Security

The vast majority of PCG's 10,000 COVID-19 response team conduct their work using their personal computer. They are able to do this securely because all tools are web-based, and all staff are required to have secure internet connections. PCG also has the systems and infrastructure in place to distribute secure laptops and equipment to staff if needed to provide another level of privacy protection.

PCG understands the importance and gravity of ensuring that all data is protected and there are policies in place safeguarding PHI. **Since PCG was founded in 1986, we have been handling and maintaining PHI and ensuring its protection and privacy. We pride ourselves on following all current guidelines and policies to most effectively protect our clients' health information.**

2.6. Ability to Meet Timelines

6. Describe your ability to meet the timelines established for the vaccine helpline.

PCG is willing and able to meet all timelines established in the RFP:

► **Reporting**—PCG will meet weekly and establish ad hoc reporting timelines. Weekly reports of the previous business week will be submitted by noon Central Time Tuesdays. Ad hoc reports will be provided by deadlines as defined by the State and PCG. Further details about our reporting capabilities and approach can be found in section 2.8 Ability to Meet Reporting Requirements.

► **Operations**—PCG will meet operational timelines as defined in this RFP. PCG will maintain call center operations from 8:00AM to 8:00PM Central Time, seven days a week. We will ensure that callers are not on hold for more than four minutes and all voicemails are responded to within 24-hours.

► **Corrective Action Plans**—If a Corrective Action Plan is required by the State, PCG will provide the plan for review and approval within 15 business days after the request. We understand that the State will notify if Corrective Action Plan revisions are needed with five (5) business days of submission.

PCG understands that these are initial timelines set to meet operational needs. PCG also understands that operational needs shift. We are prepared to remain flexible and work in partnership with the State of Nebraska to identify and meet any additional timelines that may be needed.

2.7. Training and Onboarding

7. After State provided train-the-trainer session is complete, describe bidders capacity of in-house trainers and approach to project on-boarding.

PCG is well positioned to host a call center for the state of Nebraska that has the capacity to handle incoming vaccination and testing appointment registration, as well as public questions about vaccine distribution and administration. Evidence of PCG's capabilities to perform this scope of work goes back decades. Our approach is nimble and flexible while concurrently stable and dependable—the very balance that Nebraska needs at this moment. PCG is prepared to onboard and train the requested number of concurrent call center agents and has laid out a plan to onboard and train this staff in the following sections.

Training

PCG understands that Nebraska's vaccine distribution program is well underway, but the State may not have a fully established training program in pace. Acknowledging that fact, PCG will be prepared to quickly provide staff to take the existing training immediately to begin work and PCG is also prepared to provide additional value in relation to trainings. PCG will work with the State to determine any gaps related to existing training initiatives.

PCG has become strong in training our staff in part from our extensive work in training in health and human services settings. Effective training programs should involve a messaging continuum where ideas and concepts are introduced, reestablished in a variety of formats, and then reinforced at specified time intervals based on the audience and the complexity of the issues being discussed. When it comes to providing for initial, refresher, and ongoing support to system users, PCG can design and manage multiple activities, detailed in the figure below (*Figure 2.7.1*).

PCG knows that well-trained, competent staff are the most essential component needed to produce high-quality work. We take pride in exceeding our contractual agreements with states on employee training. We use a multifaceted combination of proven teaching methods to ensure employees are competent in their roles before they start working.

If needed to supplement the existing training, PCG's project management and training team will immediately begin assembling and developing all policies, procedures, protocols, scripts, workflows, reference guides, and other documentation required to develop the training curriculum and training materials. PCG will house all training videos in our Learning Management System (LMS), Brainier. Brainier is a user-friendly training tool that allows for interactive quizzes and tests to assess subject matter mastery and can track who has taken (and/or passed) each training module. Brainier also services as our Knowledge Management System in which all reference materials are maintained and accessed.

Nebraska can expect the following from PCG Team's staff training:

► **Orientation:** The first 1-2 days of hire include training on universal concepts, with a strong focus on HIPAA, privacy and security, as well as active listening and customer service. We will then move to more specific foundational background information around vaccine distribution. PCG has an in-house Governance, Risk, and Compliance program as well as Security Officers who ensure the utmost organizational and staff compliance with information security and HIPAA. During this strong focus on HIPAA, PHI, and security, staff will be instructed to never store any PHI outside of state systems.
► **Initial Training:** After the fundamentals, we then thoroughly cover Nebraska's vaccine distribution policies, protocols, scripts, workflows, data management, and the vaccination registration system. Staff will undergo virtual training covering these topics as well as role-based simulations to ensure competency in all call center functions.
► **Ongoing Training:** In addition to a comprehensive onboarding process mentioned above, we routinely provide refresher trainings to our employees. PCG's internal quality assurance team

will routinely review the work of staff and supervisors and provide analysis to identify retraining needs to ensure contract compliance, current program knowledge, quality, and accuracy.

PCG recommends the State stagger the onboarding of new hires, which will help to facilitate the knowledge transfer from more experienced staff to new staff. Working with Nebraska, our team will assist to quickly plan and implement, and State identified supplementary training and any gaps in training requested by Nebraska. Staff will be carefully placed with qualified senior personnel. Working together with Nebraska, the team will also ensure that newly hired senior staff possess the requisite skill sets and qualifications for their respective jobs.

As part of the onboarding process, we will actively work with Nebraska to ensure newly hired staff are provided with all the required onboarding paperwork and security requirements equipment. Additionally, PCG staff receive "soft skills" training to learn how to establish rapport on the phone. We support the need for a skills assessment that staff must pass and can work to refine the existing test used by the State if needed.

Our proposed training plan and topic outline PCG is prepared to offer is included below as *Figure 2.7.1.*

Day 1		
General HR Orientation and Day 1 Orientation Tasks		• I-9 • Acknowledgment of Forms in DayForce
Program Overview		
Customer Service		• Customers on the Phone (30 min) - This practical course provides tips and techniques in learning how to effectively communicate with customers over the phone and enhance your customer service skills. Execute a call skillfully from start to finish and leave your customers with a positive impression of you and your organization. • Handling Difficult Customers (50 min) - Dealing with difficult customers is not only an important part of your service, but essential for building lasting and mutually beneficial relationships. This course provides strategies for helping you understand your customers from their point of view so you can identify their hidden needs. You will learn how to control your own behavior and communicate effectively to maintain your professional image under pressure, helping you to provide win-win solutions. Lastly, you will learn how to follow up with the customer to secure their future business. • Quality Customer Service: Phone Calls (7 min) - Designed to leave your clients with a positive lasting impression of your institution, this course is specially designed for employees of financial institutions. In this course, you will learn to engage in professional and proper conversation over the phone, transfer and hold calls successfully, and manage delicate conversations. The course will also help you optimize your automated phone systems to provide better customer service. This engaging 7-minute course with audio narration also includes calls to action, a coursework document, and a final exam. Make your valued customers feel comfortable and satisfied after a phone call by training your employees with this course. • Customer Service Confrontation and Conflict (10 min) - In business, conflict is inevitable. However, if mismanaged or ignored, conflict can become bad for business. If you do not

		adequately address and resolve conflict with customers, it can negatively impact customer retention, loyalty and brand awareness. So, how do you handle angry and confrontational customers? Well, by following a few simple techniques such as letting the customer vent, and expressing empathy towards the customer's situation, you can usually defuse tense situations.
Self-paced Time to Complete Online Modules (Consumer and Vendor Representatives)		• HIPAA (35 min)– already in place for PCG employees • Data Privacy/InfoSec (45 min) - already in place for PCG employees • Customers on the Phone (30 min) • Handling Difficult Customers (50 min) • Quality Customer Service: Phone Calls (7 min) • Customer Service Confrontation and Conflict (10 min) • Learning to Listen (30 min) • Keys to Remote Accountability (10 min) • Applying Coaching Remotely (10 min) • 4 Strategies for Building Collaboration (30 min) • Time Management Techniques (45 min)
Day 2		
Employee Schedule		
Language Line/Understanding Accents		
Phone System Overview		
QA Expectations		
Listening for Understanding		• Learning to Listen (30 min) – Learning to Listen is the communication training tool that will help you to achieve immediate, lasting results. With a focus on both visible and invisible aspects of listening behavior, Learning to Listen evaluates current skill level, shows individuals how to take an active role in the listening process, and then provides ample opportunities for practice and development. The result? Employees who are well equipped to handle customer complaints, negotiate contracts, perform as team members, and lead departments. And that translates into a competitive advantage for your organization. Learning to Listen is appropriate for all individuals, but it is especially useful for supervisors, managers, customer service representatives, sales professionals, consultants, negotiators, and anyone who spends a significant amount of time in a listening role.
System Overview		
Accessing Knowledge Repository		
10 Question Written Test		
Additional Training Topics		• Keys to Remote Accountability (10 minutes)-Successfully lead your remote employees by establishing clear expectations that encourage them to take ownership over their tasks and be more accountable. In this course, you will learn how to build a culture of accountability by setting clear expectations for your remote employees' personal conduct and work results. Next, you will pick up tips on how to conduct a positive, productive employee meeting that shares expectations, establishes ground rules and engages your team members in the process.

|	
	• Applying Coaching Remotely (10 minutes)- Discover effective techniques for keeping your team on track for success, even at a distance, with this management training course covering remote coaching and feedback. First, we will review the challenges of being a virtual leader and discuss how to select a coaching model that works for you. Then, you will learn how to build trust with your team by focusing on 3 core elements. Lastly, you'll discover how to implement an intentional, scheduled approach to leadership and guidance. • 4 Strategies for Building Collaboration (30 minutes)- Pooling ideas and team-based projects result in higher-performing workplaces. Effective collaboration however requires understanding of people's different work and communication styles, and the willingness to suspend judgement and let go of stubborn beliefs. Peter Quarry outlines ways collaboration can be "killed" and how it can be designed for improved outcomes. • Time Management Techniques (45 minutes)- This mobile-ready SkillBuilder is designed to develop practical skills and techniques for effective time management. Skills include evaluating how to use your time, understanding common time management tools, applying effective time management techniques, identifying why you should keep your workspace organized, create a basic file system, ask decision-making questions, identify and minimize common time-wasters, and manage interruptions effectively.

Inbound Call Protocol	
Registration for Inbound Calls	• Consumer calls new call center number • Agent collects registration information • Agent enters information into state system • Agent confirms data and provides confirmation number, which is a unique code
Scheduling Inbound Calls	• Pre-registered consumer calls to schedule vaccine appointment, provides unique code as reference • Agent checks consumer eligibility within Nebraska's scheduling system • Agent accesses consumer account for scheduling • Agent provides PODS (point of dispensing) appointment time/availability and location
Reminder Calls	• Agent checks missed second-dose appointments or those who are pre-registered but did not schedule an appointment • Agent calls consumer with a reminder • Agent updates status of consumer account

Figure 2.7.1: Proposed Training Plan for Call Center Agents.

Training Best Practices

PCG has developed best practices to guide initial, refresher, and ongoing system training in support of large-scale transitions to new processes, programs, and technology systems. While consistent customer support functions and training must be available throughout the contract, there are basic tenets that should characterize and differentiate the activities taking place in each phase of the project. The figure below outlines the ways in which PCG will differentiate the education and outreach activities between initial, refresher, and ongoing training. When it comes to providing for initial, refresher, or advanced content–

related topics, and ongoing support to system users, PCG can design and manage multiple activities detailed in *Figure 2.7.2* below.
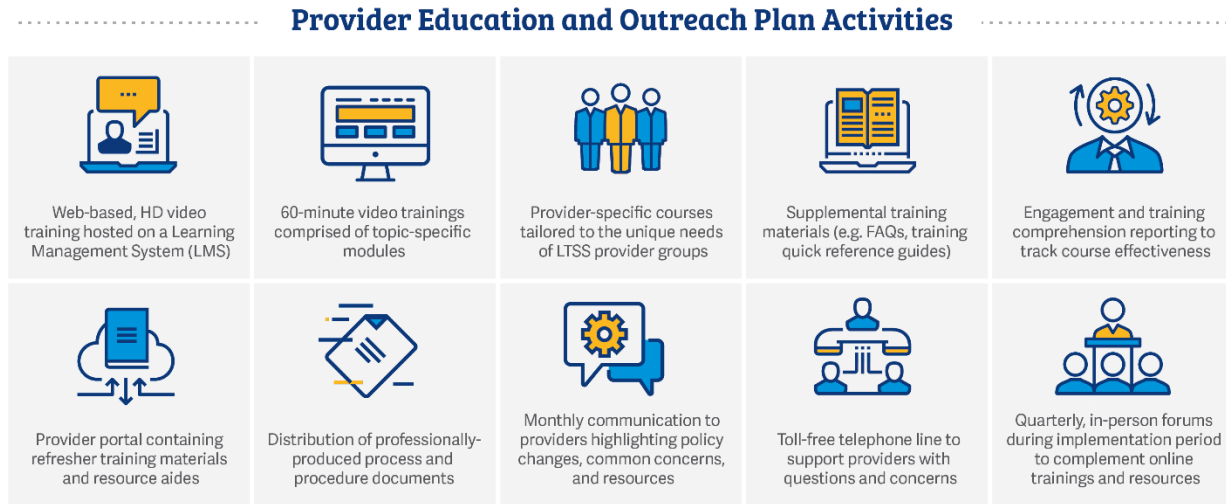
Figure 2.7.2: PCG's Best Practice Set.

Note that, for the duration of the Vaccine Call Center initiative, any "in person" trainings will be delivered virtually via videoconference.
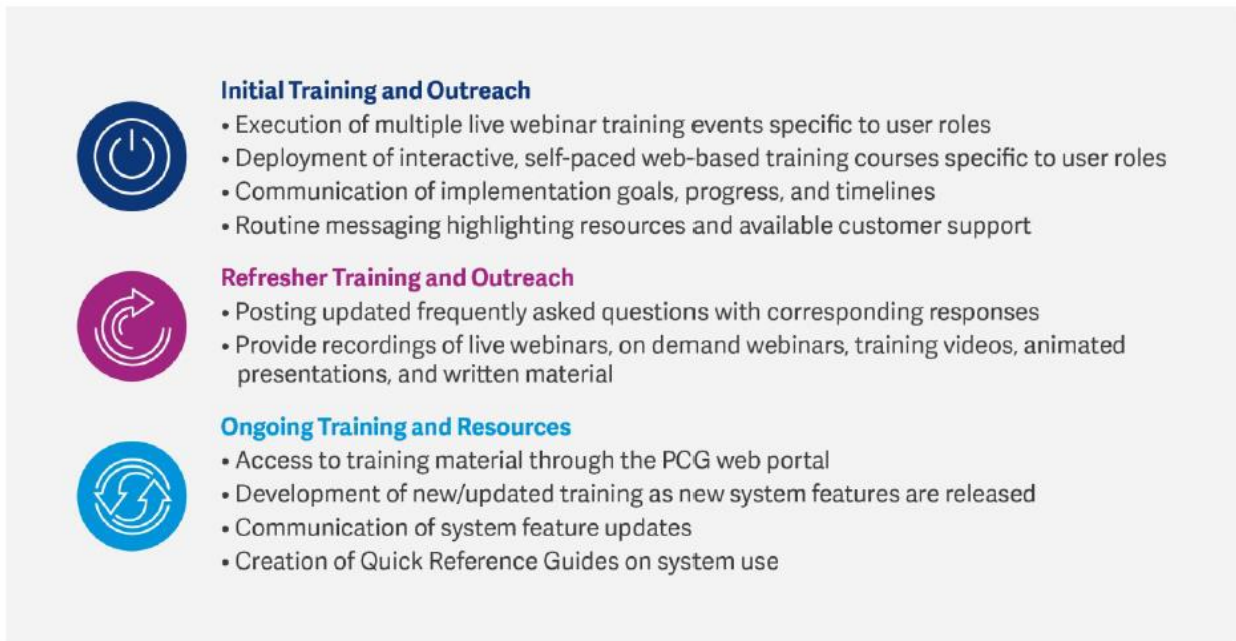
Figure 2.7.3: Differences in Training Phases.

PCG is prepared to provide a range of content, including user guides, FAQ documents, and training videos accessible via web-portal. These training media will introduce users to the new technology while breaking the material down into small, manageable pieces.

PCG has had great success with delivering online training in a variety of formats, including PowerPoint, training videos, webinars, and animated presentations. We see the value in all types of training platforms,

as each is applicable to a different learning style and situation. PCG has an aptitude for developing high-quality, web-based modules for healthcare staff.

Throughout both refresher and ongoing train-the-trainer programs, PCG will collect data and feedback. The purpose of this process is twofold. First, PCG uses data to evaluate if employed training methods are effective. Second, PCG shares data with the state to inform the systems change process. For both processes, data is used to make decisions. When data verifies effective mechanisms, we continue. If data indicates either training or process is not working as intended, PCG collaborates with the client to adjust the process. We understand that educating on unfamiliar polices and technology must be done in a mindful, precise manner, and our team is ready and able to begin this effort.

Onboarding

The PCG team uses our standard criteria and processes, as agreed upon with our client, to onboard staff. The onboarding process includes background checks, reference checks, and other relevant HR business processes to ensure the new hire is ready to begin work.

► **Criminal Background Checks and Fingerprinting**
As a regular standard, the PCG team conducts investigative background screens on all new staff. Areas of inquiry include, but may not be limited to: education, identity, sex offender registry, OIG sanctions database, and personal credit records. The review of background check results (pre-employment) will be consistent with the review process for existing employees and in compliance with all applicable state and federal regulations. Results of these checks will be kept in a separate, secure file maintained by PCG with restricted access by general personnel. Records of staff qualifications shall be kept on file and shall be maintained in accordance with specific licensure requirements.

► **I-9 and E-Verify**
The PCG team complies with e-verify for the completion of the I-9 Form and other supporting employment documentation.

► **Orientation**
As shown in the training section above, on a new hire's first day of work, we welcome them to the team with an orientation. The orientation also covers employment essentials such as timesheets, payroll, HR documentation, training overview, and job overview. We typically provide new hires with a guide to their first week(s) of work to help facilitate a smooth process. The guide includes checklists and helpful resources.

PCG's standardized onboarding / offboarding process is mapped out below in *Figure 2.7.4.*
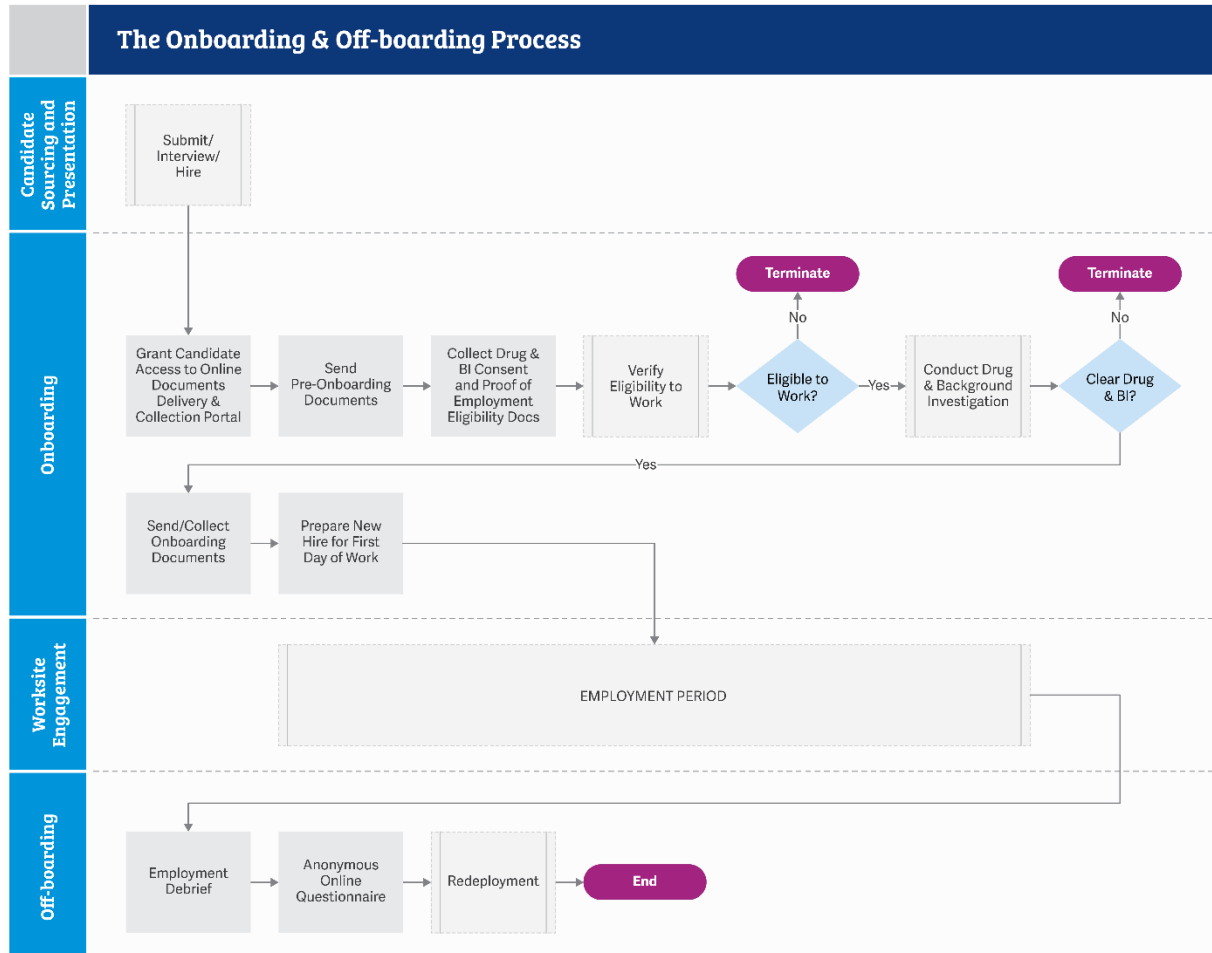
Figure 2.7.4: PCG's onboarding process provides a standardized approach to ensure new hires are ready to begin work on day one.

2.8. Ability to Meet Reporting Requirements

> *8. Describe your ability to meet the reporting requirements set forth in Section V.L, including ad hoc reporting capabilities.*

Weekly Reporting Requirement

PCG is willing to meet the weekly report requirement. We do not foresee any barriers to submitting a weekly report by noon Central Time every Tuesday with requested metrics from the previous business week. Our telephony system provides dynamic reporting capabilities. We can easily summarize the number of calls per hour, average talk time per call, number of voicemails left, number repeat callers, average wait time, longest wait time, number of call abandonments, and longest and average wait time of abandonments on a weekly basis.

For the most frequently asked questions/topics of concern, most frequently used resources, and number of vaccine registrations submitted per hour/day/week, PCG can develop a data collection system, or utilize data from the State's documentation system. For data store in the State's documentation system, we will require system reporting capabilities. We are prepared to send and receive the data in a variety of mechanisms. This includes, but not limited to, a Secured File Transfer Protocol (SFTP) site, access to systems to generate reports, or through automated data exchanges. PCG built an application programming interface with the State of New York to automatically share data and generate similar reports for the State. PCG is ready to work with the State of Nebraska to identify the easiest mechanisms for data sharing between both parties.

Ad Hoc and Other Reports

When it comes to quickly establishing and managing call center operations specifically, accurate reporting is critical to promoting ongoing quality improvement initiatives. Well-designed reports will provide the State with real-time insights on staff performance, process compliance, and systems operations. PCG provides a variety of additional reports in our COVID-19 call center work and is prepared to generate ad hoc reports as requested by the State of Nebraska. *Figure 2.8.1* below provides potential data we can report on daily.

Start-up Daily Reporting	Operational Daily Reporting
▶ Technology progress ▶ Number of staff onboarded ▶ Number & percent of staff trained ▶ Other areas as identified	▶ Calls received, answered, & made ▶ Hold time & average call length ▶ Other areas as identified

Figure 2.8.1: Potential Daily Reporting Fields.

PCG can also generate reports and dashboards to monitor and trend performance. *Figures 2.8.2 – 2.8.4* below are examples of daily dashboards PCG has used in other initiatives.

Daily Calls Report - Call Statistics

Average Call Volume	3,062
Highest Call Volume	3,991
Lowest Call Volume	2,488

Date	Day	Calls Received	Calls Answered	Calls Dropped (<=30 seconds)	Calls Abandoned (>30 seconds)	Abandonment Rate	Average Seconds to Answer	Hold time (seconds)	Call Transfer Rate	Call Length (seconds)	FTE's	% Total Calls Handled
9/1/2015	Tue	2,859	2,844	10	5	0.2%	15	112	2.8%	749	187	95%
9/2/2015	Wed	2,613	2,607	3	3	0.1%	8	107	2.2%	747	180	97%
9/3/2015	Thu	2,488	2,477	11	-	0.0%	17	118	2.6%	795	176	97%
9/4/2015	Fri	2,520	2,474	44	2	0.1%	11	98	2.1%	753	172	98%
9/8/2015	Tue	3,545	3,511	11	23	0.6%	39	110	2.5%	735	177	98%
9/9/2015	Wed	3,053	3,040	7	6	0.2%	24	103	1.8%	822	175	95%
9/10/2015	Thu	3,027	3,011	10	6	0.2%	10	113	2.1%	778	174	99%
9/11/2015	Fri	2,864	2,855	6	3	0.1%	15	120	2.2%	925	217	96%
9/14/2015	Mon	3,991	3,947	26	18	0.5%	17	119	2.0%	793	241	97%
9/15/2015	Tue	3,250	3,241	6	3	0.1%	8	117	1.5%	770	253	97%
9/16/2015	Wed	2,966	2,948	12	6	0.2%	16	135	1.9%	856	250	98%
9/17/2015	Thu	2,911	2,904	7	-	0.0%	10	141	1.6%	813	277	100%
9/18/2015	Fri	2,850	2,842	7	1	0.0%	16	120	2.0%	817	265	95%
9/21/2015	Mon	3,921	3,818	50	53	1.4%	88	160	1.3%	959	190	99%
9/22/2015	Tue	3,631	3,595	17	19	0.5%	46	143	1.3%	906	195	98%
9/23/2015	Wed	3,561	3,494	35	32	0.9%	44	158	1.1%	864	199	95%
9/24/2015	Thu	2,816	2,797	16	3	0.1%	24	137	0.5%	770	189	96%
9/25/2015	Fri	2,572	2,538	32	2	0.1%	18	137	0.4%	882	192	99%
9/28/2015	Mon	3,203	3,162	36	5	0.2%	32	125	0.5%	717	232	99%
9/29/2015	Tue	2,910	2,887	22	1	0.0%	12	135	0.5%	800	244	97%
9/30/2015	Wed	2,745	2,698	39	8	0.3%	58	146	0.5%	899	239	100%
Total		**64,296**	**63,690**	**407**	**199**	**0.3%**	**27**	**127**	**1.6%**	**819**	**210.7**	**97%**

Figure 2.8.2: Daily Dashboard Example 1.

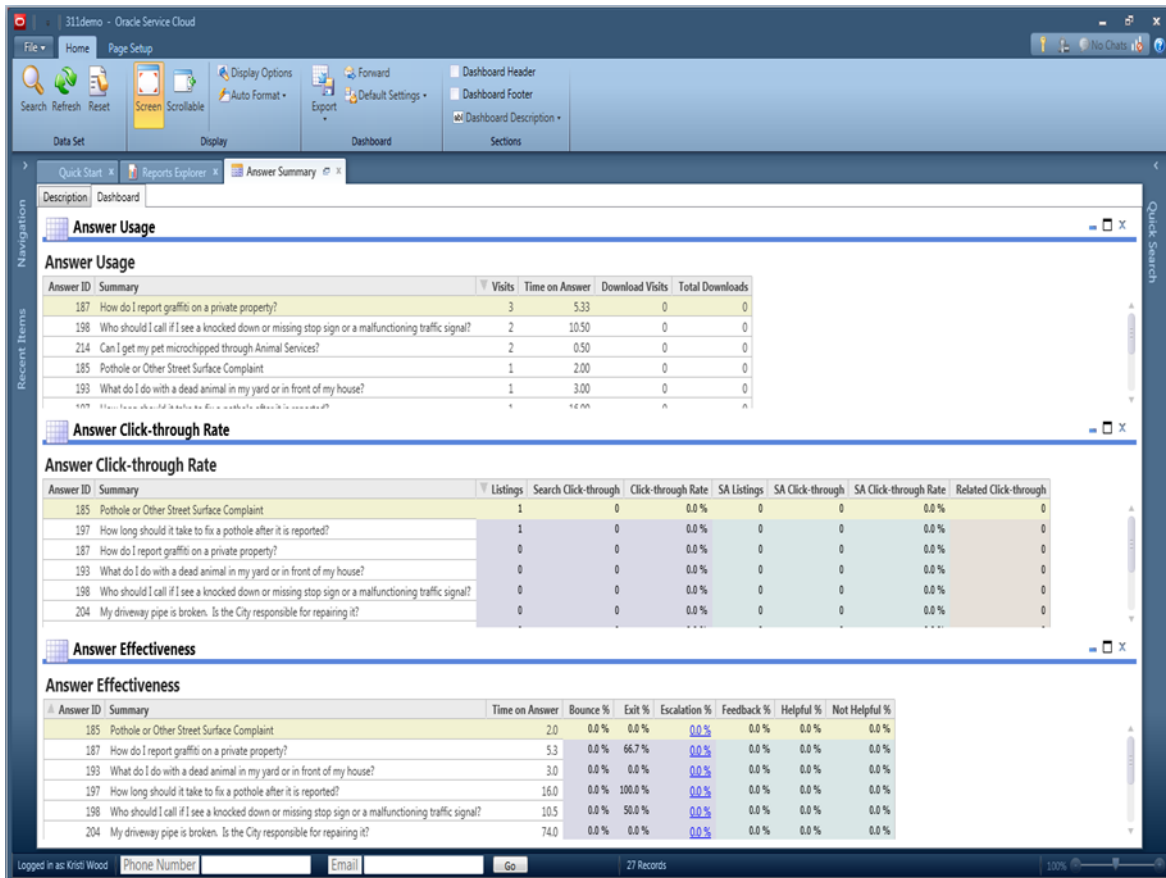
*Figure 2.8.3: Daily Dashboard Example 2.*

Figure 2.8.4: Daily Dashboard Example 3.

Reporting on longer time horizons provides the opportunity to review trends and update policy and procedures. These longer time horizon reports will be where we are able to review the program's overall success, and review data selected to allow us to analyze the experience citizens of the state and call center staff are having.

Ultimately, these reports will deliver a summary of how we performed within the previous week or month. Such reports provide both PCG and the State an opportunity to conduct a deeper analysis of the project. For example, a higher level of reporting allows leadership to spot trends in call volume and make the necessary adjustment to balance needs with resources. The following heat map (*Figure 2.8.5*) demonstrates how a monthly report can provide general insight into call volumes.
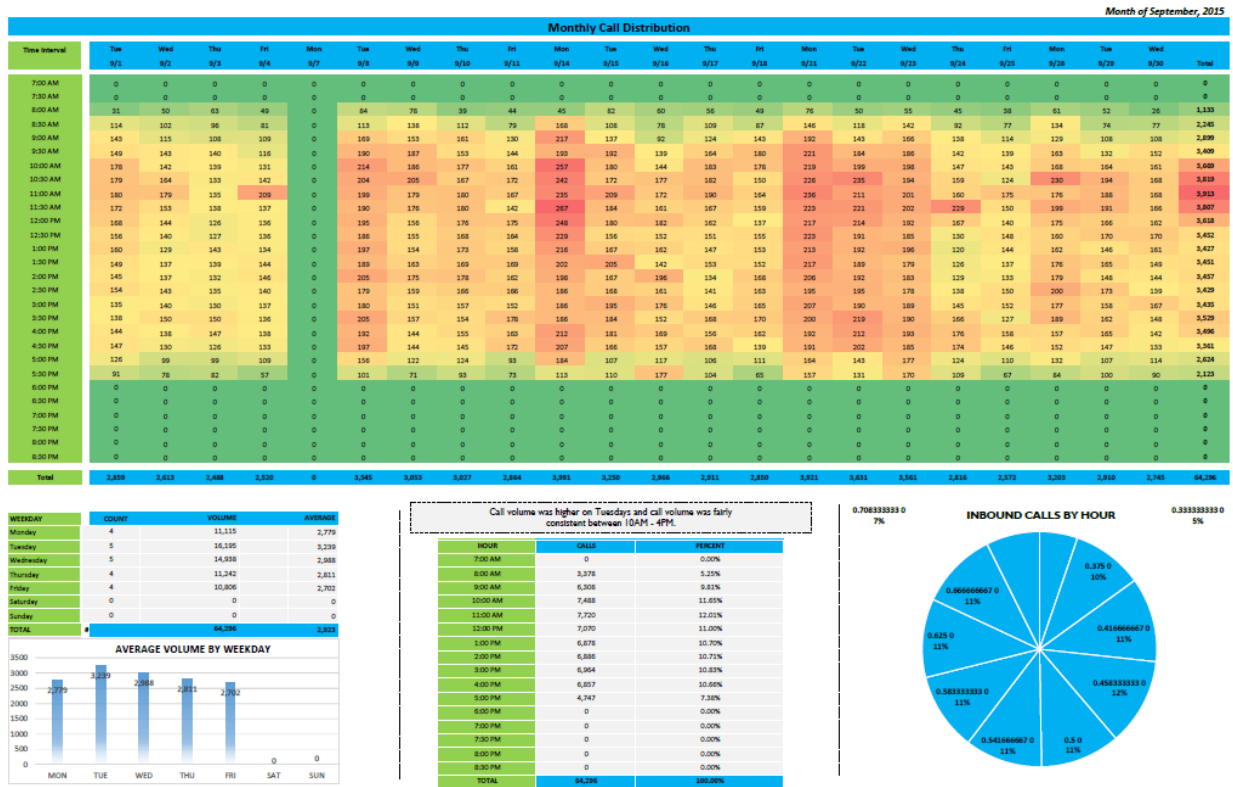
Figure 2.8.5: Monthly Heat Map Report. High-level reporting can provide Nebraska leadership with insight on volume and data trends.

Other metrics that we can deliver in operations reports may include:

▶ Staff turnover rate
▶ Percent of total calls handled
▶ Results of any satisfaction survey
▶ Quality control scores
▶ Monthly summaries of daily reports

Regardless of the exact information determined to be most useful to this project, our goal with reporting will be to provide a higher-level view for how the project is performing as a whole, creating solutions for any areas that may be underperforming.

2.9. Geographic and Cultural Diversity of the State

9. Describe how you would ensure that Vaccine Helpline staff will reflect the geographic and cultural diversity of the state. Describe how you would ensure proper geographic coverage in both more populated communities versus more rural locations.

PCG celebrates the diversity present in every state in which we work. PCG effectively serves thousands of non-English speakers in-person and through our call centers across the country, using a combination of bilingual customer service representatives and a third-party translation service, Language Line. We understand the need for a Vaccine Helpline workforce that represents the communities they serve, including effectively communicating through language.

PCG's internal staffing division, Staffing Solutions Organization LLC (SSO) provides staffing and talent consulting services to public sector organizations. SSO is committed to diverse workforces, which reflect our clients and the people they serve.

Vaccine Helpline programs designed by others initially relied on call centers located in "Anywhere, USA." However, as a result of our collaborative partnership with our clients and based on our background in community-based services, PCG knows how important it is to hire staff who live in and know the communities where they will be contacting. Vaccine Helpline staff must be able to connect and communicate, quickly building rapport and trust with their caller. Common knowledge helps build those connections. Providing accurate vaccination information and facilitating community supports is, de facto, best done by one (knowledgeable) member of the community with another.

We can work with community partners to make sure our application processes are well understood and effectively disseminated throughout all communities, to encourage a demographically broad and linguistically diverse candidate pool at the micro-level. This process promotes hiring Vaccine Helpline staff who are connected to and reflective of the local communities to be served through the State's vaccination efforts. This, more than any other tactic, helps establish trust with respondents. This process ensures that hyper-local groups are receiving the message from local organizations that they trust.

PCG employs a regional and localized recruitment strategy. We can immediately initiate outreach and recruiting efforts on a local basis to identify Vaccine Helpline applicants who reflect the ethnic, racial, and geographic makeup of communities impacted by COVID-19. **PCG can do targeted recruitment to ensure that there is coverage and representation for the more populated communities in Nebraska as well as the rural communities in the State. PCG knows that COVID-19 is not centralized**, and we will do our part to ensure that there are Vaccine Helpline staff hired and deployed to provide coverage to the different geographic areas of Nebraska.

PCG is aware that immigrants make up seven percent (7%) of Nebraska residents with a large portion of these residents from Mexico, Guatemala, India, Myanmar, and Vietnam.[4] It is crucial that our workforce represents these populations so that we can represent the cultural diversity of the State.

PCG can also provide materials to stakeholders and constituent groups to support outreach to their hyper-local partners such as churches, food pantries, and grassroots advocacy groups. With a pipeline of candidates established locally through these complementary efforts, PCG will have more than enough resources to hire Vaccine Helpline staff that reflect the communities.

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[4] https://www.americanimmigrationcouncil.org/research/immigrants-in-nebraska

2.10. Overcoming Cultural Barriers

10. Describe how you would overcome cultural barriers in communities that don't typically give personal information over the phone or via the internet. Describe how you would overcome cultural barriers in communities that are fearful of giving personal information to anyone because of fear of legal retaliation.

PCG has experience overcoming cultural barriers in communities that do not typically give personal information over the phone or via internet and reaching communities that are fearful of giving personal information to anyone because of fear of legal retaliation. In New Jersey, PCG's project team has done this and is continuing to work to do outreach and faith building between the State and the communities. PCG's project team created a Community Advisory Board that represents the robust network of stakeholders and community groups in New Jersey with wide religious, ethnic, and lingual diversities. This served as the infrastructure for reaching all communities, especially those considered vulnerable. We have held regular meetings with the community leaders on the Community Advisory Board to ensure their voices are being heard and the State's initiatives are being disseminated and explained. **The Community Advisory Board is dedicated to ensuring safe, secure, and trusted communication efforts across the State**. In addition to the large Community Advisory Board group meetings, PCG has held smaller group meetings with community groups such as LGBTQ+ and South Asian community members which allows for more targeted communications and information sharing across the parties. Engaging the local communities to overcome the cultural barriers is a major aspect of PCG's New Jersey project and has helped make the project so successful in the State.

PCG will build on what we learned in New Jersey to establish relationships and connect with the Nebraska communities. PCG will work to engage community resources and networks to disseminate information about vaccine helpline services which had the dual benefit of attracting vaccine helpline applicants *and* simultaneously educating the communities about the importance of vaccines.

We would work to gain approval from Nebraska to include messaging on vaccines from known, trusted actors who represent an asset in communities with high levels of government distrust. **The best way to establish awareness and trust is to work with trusted messengers from trusted community groups.** Thus, PCG will work with advocacy groups to identify and recruit talent from specific communities in Nebraska that can relate and build trust among the individuals that are fearful and hesitant to participate in vaccine efforts.

In addition to working with community leaders to share messages and overcome cultural barriers and hiring individuals to build trust among their communities, PCG will ensure that training is tailored to overcome the barriers in communities that do not give personal information over the phone or provide personal information for fear of legal retaliation. PCG will instruct and train our staff to respect boundaries yet provide the caller with confirmation that their health information is protected and will not be shared. We will also never ask about immigration status; the call is strictly to provide information about vaccines to prevent the spread of COVID-19.

PCG is aware that to prevent the further spread of COVID-19, communities need to work together. We are poised to help Nebraska overcome cultural barriers within the State to build trust among the communities and increase participation in vaccination efforts.

2.11. Addressing Individuals with Disabilities

11. Describe how you would address individuals with disabilities as part of your vaccine helpline services.

At PCG, we are passionate about inclusion and eliminating barriers for individuals to live the lives they desire, because we know that in the public sector, good results mean healthy, empowered, and successful individuals, families, and communities. PCG shares Nebraska's mission for individuals with disabilities to be included and accommodated in the vaccine helpline services.

Experience

PCG's has extensive experience supporting individuals with disabilities. PCG is a recognized leader in Home and Community Based Services (HCBS) waiver policy and services for individuals with intellectual and developmental disabilities (IDD). We have worked with states across the country regarding policy analysis, system redesign and implementation, and person-centered practices. PCG has hands-on experience in performing interviews with people with intellectual and developmental disabilities (IDD), families, and providers in other states including Indiana, South Carolina, Massachusetts, California, and New York. For example, in South Carolina, as part of determining compliance with the HCBS Final Rule, PCG conducted all residential and non-residential site assessments for the state, which included scheduling and conducting interviews with individuals with IDD. We understand fully the individual perspectives of the IDD population, and the sophisticated orchestration required to work effectively with each individual to deliver quality vaccine helpline services to prevent the spread of COVID-19.

New Jersey Department of Human Services

In New Jersey, PCG Holding's Public Partnerships LLC (PPL) was selected was selected by the New Jersey Department of Human Services (DHS) as the statewide Fiscal Intermediary and Cash & Counseling Services for the Division of Aging Services (DoAS), the Division of Developmental Disabilities (DDD), and the Division of Medical Assistance and Health Services (DMAHS). PCG manages and oversees call center functions for these programs. New Jersey's monthly call volume is approximately 20,000. We provide a communications channel for customers with auditory challenges through our teletypewriter (TTY) and telecommunications device for the deaf (TTD). All project staff are trained in cultural diversity and can communicate effectively by voice and TTY/TTD technology with clients who have disabilities, including deaf and the hard of hearing.

Phoenix, Arizona and Seattle/Tacoma, Washington

PCG Holding's Public Partnerships LLC (PPL) operates Phoenix, AZ and Seattle / Tacoma, WA call centers that offer multilingual and multicultural support to more than 150,000 providers and participants in a participant-directed service model that allows individuals with disabilities and their families in 23 states to make their own choices about what services they receive, how the services are delivered, and by whom. Together this team handles on an annual basis:

- ▶ Over 1,000,000 inbound calls;
- ▶ Greater than 200,000 outbound agent calls;
- ▶ 600,000 IVR handled calls; and
- ▶ In excess of 1,000,000 automated outbound calls.

Arkansas Health Insurance Marketplace Consumer Assistance

PCG was the prime contractor for the Arkansas Health Insurance Marketplace (AHIM) Navigator Program. As one of the key achievements for this project, PCG promoted best practices among Navigators on culturally and linguistically appropriate services (CLAS), assisting consumers with disabilities, and ensuring protection of personally identifiable information.

PCG will work with Nebraska to establish policies and protocols for addressing individuals with disabilities to best serve the State. PCG is aware of the telecommunications relay services available by dialing 711. This allows anyone with a telephone to access telecommunications relay services (TRS). We have used text telephones (TTY) in our call centers for many years and we will use the current 711 capabilities available for this work. We have extensive experience supporting individuals with disabilities and ensuring they are included in our efforts to serve the public. We will ensure that individuals with disabilities are served through our vaccine helpline efforts.

SECTION VI: CORPORATE OVERVIEW

A. Bidder Identification and Information

The bidder's legal name is Public Consulting Group LLC (PCG). PCG is a subsidiary of Public Consulting Group Holdings, Inc. (PCG Holdings).

The address of the firm's headquarters is:
148 State Street, 10th Floor
Boston, MA 02109.

PCG is a Delaware single-member limited liability company (LLC).
Organized in 1986, Public Consulting Group LLC (PCG) was formerly organized as Public Consulting Group, Inc., an S Corporation in Boston, Massachusetts.

B. Financial Statements

PCG's financial statements have been included as Proprietary Information under separate cover.

C. Years in Business

Established in 1986, Public Consulting Group LLC (PCG), formerly Public Consulting Group, Inc., has been serving public sector clients nationally and globally for over 34 years.

D. Change of Ownership

PCG is not anticipating a change in ownership nor control of the company during the twelve (12) months following the proposal due date. If there is any unexpected change of ownership, PCG will notify the State.

E. Office Location

PCG will designate the Austin, Texas corporate office as the primary office responsible for the performance of this contract. However, the work being performed will be conducted in a virtual office environment, staffed primarily with individuals from local Nebraska communities.

The address for the PCG Austin, Texas corporate office is listed below.

816 Congress Avenue
Suite 1110
Austin, Texas 78701

F. Relationships with the State

Please see below for detailed information on PCG's dealing with Nebraska over the previous two years.

Project Title	Project Code	Project Dates	Contract Number	Other Info
NE DHHS – AVS	P0049777	September 2018 – Present	NESCO 12017	Health
NE DHHS Consulting Service – MITA SS-A	P0051190.1	August 2019 – Present	87262 O4	Health
NE DHHS Modernizing Systems Consulting Services	P0051190	August 2019 – Present	87262 O4	Health

Figure F.1. PCG's Relationship with Nebraska

G. Bidder's Employee Relations to State

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

H. Contract Performance

In the last two (2) years, PCG has not had a contract terminated for cause or default. Otherwise, PCG entered into a one-year contract with the Mississippi Department of Rehabilitation Services (MDRS), effective July 1, 2019, to provide individualized pre-employment transition services (Pre-ETS) for students with disabilities. While the contract was renewed by MDRS, for an additional year, MDRS sought to exponentially expand Pre-ETS and issued a new request for proposals. PCG was again awarded the expanded procurement. As a result, in February 2021, MDRS (i) executed with PCG a new Pre-ETS contract that both incorporated the scope of services from its old contract and the new procured services and (ii) terminated for convenience the original Pre-ETS contract with PCG. The expanded contract with MDRS remains in effect. Also, in the fall of 2019, PCG's contract with vendor TALX Corporation was terminated for convenience after a PCG Texas State client, for whom PCG provides asset verification services, directed PCG to no longer use the vendor's services/products in support of PCG's services. PCG's contract with the Texas State client remains ongoing.

I. Summary of Bidder's Corporate Experience

When it comes to experience, a few key differentiators position PCG for success in the Contact Tracing and Vaccine Helpline Services initiative. These factors hinge on experience in the following:

- ✔ **Investigations**
- ✔ **Onboarding**
- ✔ **Training**
- ✔ **Call Center Support**
- ✔ **Quality Assurance**

PCG will draw on more than three decades worth of applicable experience that will allow us to understand the Nebraska landscape and deliver innovative yet proven contact tracing and vaccine helpline services in response to the pandemic. We can do so quickly and effectively due to our extensive experience in rapidly deploying contact tracing and case investigation services and other operations and are able to draw on our interdisciplinary team of subject matter experts.

In the table below, PCG includes a list of relevant projects, specifically calling attention to how these projects relate to the scope features and experience detailed in this section. As is evident from the information provided in the table, PCG has extensive experience conducting investigations, operating call centers, executing onboarding and training efforts, and ensuring quality assurance.

Following the table, we provide more details on three specific projects.

State	Program	Investigations	Onboarding	Training	Call Center	Quality Assurance
NY	COVID-19 Contact Tracing & Case Investigation	✔	✔	✔	✔	✔
NJ	COVID-19 Contact Tracing & Case Investigation	✔	✔	✔	✔	✔
AR	COVID-19 Contact Tracing & Case Investigation	✔	✔	✔	✔	✔
OH	COVID-19 Contact Tracing & Case Investigation	✔	✔	✔	✔	✔
CA	COVID-19 Vaccine Support		✔	✔	✔	✔
WI	COVID-19 Contact Tracing and Tracking Operations Support	✔		✔		✔
NC	Program Integrity Investigation & Oversight	✔	✔	✔	✔	✔
IL	Service Quality Investigations	✔	✔	✔	✔	✔
WI	Compliance Onsite Investigations	✔	✔	✔	✔	✔
CA	Compliance Onsite Investigations	✔	✔	✔	✔	✔
IN	Consultation and Investigation Services	✔	✔	✔	✔	✔
NY	HCBS Statewide Transition Plan Implementation	✔	✔	✔	✔	✔
Multi	Public Partnerships LLC (PPL) Self-Directed Supports		✔	✔	✔	✔

Figure I.1: PCG Relevant Project Experience

New York Contact Tracing

PCG has worked hand-in-hand with the New York State Department of Health (NYSDOH) since April 2020 as the primary vendor to stand up and manage the Contact Tracing Workforce for the State of New York, one of the largest, most urgent, and most complex jurisdictions in the country. When New York became the epicenter for the COVID-19 pandemic in the United States, NYSDOH turned to PCG to provide Contact Tracing Workforce Management. Our full-service Contact Tracing scope of work has included:

- ▶ **Project Management.** From Day 1, NYSDOH collaborated closely with PCG developing the staffing solution and problem solving all issues that developed along the way.
- ▶ **Recruiting.** For a recruiting effort of this scale, PCG revamped our infrastructure to quickly be able to handle an historically large pool of candidates and manage the sizeable influx quickly.
- ▶ **Onboarding and Payroll.** In less than 30 days, PCG was up and running starting cohorts of several hundred tracers per week, three times per week.
- ▶ **Development of Policies and Procedures.** PCG ensures a highly organized and consistent operation by mapping out all processes, documenting them, instructing staff on proper protocols, and making them available for reference.
- ▶ **Employee Engagement and Training.** PCG put in place a support structure to ensure that staff performing the fast-paced and demanding work are able to do so in a sustainable way.
- ▶ **System Configuration and Integration.** PCG played a crucial role in ensuring that CommCare and Amazon Web Services (AWS) were configured for this contract and ensuring that all users had proper access.
- ▶ **Performance Management / Productivity Monitoring,** developing and implementing metrics and reports to ensure a high number of calls are being made and contacts established in an empathetic, confidential, and timely manner.
- ▶ **Quality Control / Quality Assurance.** Implemented quality control tools to met standards.
- ▶ **Analysis and Reporting.** Data analysis to set baselines, monitor progress, and confirm standards are being met.
- ▶ **Schools Specialists.** PCG has a team of tracers focused on tracing in school-based settings.
- ▶ **Travel Monitoring.** To support New York's travel restrictions, PCG monitors the required quarantine period of each known traveler arriving via plane from out of state.

Today, **PCG is recruiting, onboarding, training, and managing over 7,500 contact tracers in New York State.** The PCG Contact Tracing Workforce Management team in New York is contracted to grow to a scalable group of more than 6,000 contact tracers/investigators, community support specialists, and supervisors ensuring the rapid ramp up and successful implementation of contact tracing in the State.

The project was originally projected to end in May of 2021 with a projected budget of $205,000,000. The project is currently projected to end in August of 2021 with a projected budget of $320,000,000.

New York Contact Tracing – *Client Contact Information*	
Project Time Period	April 2020 – Present
Name & Title	Denisse Licon McClure, Director of Contact Tracing Initiative
Agency	NYS Department of Health
Contract	New York State Contact Tracing Initiative
Email	denisse.liconmcclure@health.ny.gov

New Jersey Contact Tracing

PCG was awarded the competitively procured contract for **the New Jersey Community Contact Tracing Corps Deployment**, whereby we currently manage **nearly 2,000 tracers, investigators, and supervisors** as the primary vendor**.** The scope for our work in New Jersey includes:

- ► **Recruiting and Onboarding Contact Tracers and Supervisors.** In New Jersey, PCG has partnered with specialized staffing agencies to deploy a process to recruit people who live in the communities in which they will serve. We have developed a promotion evaluation rubric to evaluate and promote our strongest performers to supervisor positions.
- ► **Deployment and Management of Staff.** PCG contract management works intimately with the state at multiple levels, specifically PCG's three Regional Coordinators, who oversee their team of supervisors in coordination with the State and regional agencies.
- ► **Transitioned a Large Existing Staff.** When PCG was hired, an existing staff was in place with Rutgers University. One of PCG's first tasks was to transition this staff over quickly and smoothly to PCG in a manner in which tracing and investigation continued uninterrupted.
- ► **LHD Assignment and Coordination.** Onboarding staff is only the first set of steps, which are followed by the effort of coordinating with regions and local health departments to ensure that all tracers are quickly and efficiently assigned to a specific local health department. When local staff are busy and decentralized, PCG brings forth a structured and organized way to track where each tracer is assigned (or not), to ensure we are maximizing the productivity of each resource.
- ► **Administration and Payroll.** PCG and our subcontractors are solely responsible for all administration and payroll activities, removing this extensive burden from the State.
- ► **Compliance and Oversight.** PCG provides a team of supervisors to oversee our staff. Our supervisors continually monitor quality and productivity, providing performance improvement instructions, and when necessary, termination decisions, to maintain the highest performing workforce available. This ensures that reviews and investigations are completed in an empathetic, confidential, and timely manner.

In New Jersey, PCG assumed and transitioned approximately 800 contact tracing staff already in place under Rutgers University in less than 30 days. Following the initial transition, PCG onboarded over 1,000 investigators and contact tracers and 80 supervisors to expand the Contact Tracing Corps Deployment. PCG manages the contact tracer workforce to ensure efficient and effective contact tracing operations in the State of New Jersey.

The project was originally projected to end in July 2021 with a projected budget of $60,000,000.
The project is currently projected to end in July 2021 with a projected budget of $75,000,000.

New Jersey Contact Tracing – Client Contact Information	
Project Time Period	August 2020 – Present
Name & Title	Thalia Sirjue, Deputy Chief of Staff
Agency	New Jersey Department of Health
Contract	New Jersey Community Contact Tracing Corps Deployment Provider
Email	Thalia.Sirjue@doh.nj.gov

California Vaccine Support

PCG was awarded the competitively procured contract for **Project Management Services in Support of Vaccine Distribution in California.** The scope for our work in California includes:

- ▶ **Project Management**. Developing and maintaining the Master Project Schedule encompassing all Workstream tasks, including logistics, communications, IT and interoperability, stakeholder engagement, and data and analysis
- ▶ **Project Support**. Supporting vaccine operations project meetings including development of agendas, tracking tasks, and reporting.
- ▶ **Risk Tracking**. Identifying risks and issues to include in the development of contingency and mitigation plans, as they relate to the Vaccine Task Force.
- ▶ **Operational Support**. Support Operational / Logistical Plan development through meeting facilitation, tracking, and correlating all Vaccine task Force, vaccine stand-up operations meetings outcomes into a master project schedule.
- ▶ **Facilitation**. Scheduling and facilitating meetings as necessary or required to keep COVID-19 vaccine–related projects on schedule.

In California, PCG is providing project management services related to the efficient and effective distribution and administration of the COVID-19 vaccine.

PCG has developed the state's Vaccine State SharePoint site including document repository, action items, risks/issues, news, home page with links to dashboards and stakeholder lists. In addition, we created the vaccine's TPA SharePoint site including document repository, action items, risks/issues, news, home page with links to dashboards and stakeholder lists. We have made the project management framework and structure including creating Workstream Meeting invitations, agendas, and minutes. We also maintain Project Schedule and Milestone reports.

The project was originally projected to end in September 2021 with a projected budget of $1,250,000. The project is currently projected to end in September 2021 with a projected budget of $1,250,000.

California Vaccine Support – Client Contact Information	
Project Time Period	March 2021 – Present
Name & Title	Yolanda Richardson, State Secretary of Government Operations
Agency	Government Operations Agency
Contract	CA CalGovOps COVID Vaccine Distribution PM Services
Email	Yolanda.Richardson@govops.ca.gov

Call Center Experience

One Size Does Not Fit All: PCG Designs and Implements our Call Centers to Meet the Unique Requirements of each Client

In addition to our contact tracing phone support, PCG has also provided health and human services call center and operations support to low-income Medicaid and State-based Marketplace populations over the past 25 years. PCG is aware that one call center structure will not satisfy the needs for every State, so PCG will adapt our proven designs to fit the needs of Nebraska. PCG applies our extensive call center operations experience along with our industry-leading call center technology to design, launch, and provide high-performing call center services at all levels of call volume.

One example of PCG's ability to handle a broad range of project scopes and call volumes is our Augusta, Maine call center. Our staff handles over 10,000 calls in an average month, while meeting service level agreements across a range of projects. For this group of projects, call volumes range widely—from a few hundred per month up to over 10,000 inbound calls per month on our MaineCare member services project where we serve over 300,000 members.

PCG Holding's Public Partnerships LLC (PPL) operates Phoenix, AZ and Seattle / Tacoma, WA call centers that offer multilingual and multicultural support to more than 150,000 providers and participants in a participant-directed service model that allows individuals with disabilities and their families in 23 states to make their own choices about what services they receive, how the services are delivered, and by whom. Together this team handles on an annual basis:

- ▶ Over 1,000,000 inbound calls;
- ▶ Greater than 200,000 outbound agent calls;
- ▶ 600,000 IVR handled calls; and
- ▶ In excess of 1,000,000 automated outbound calls.

Additional examples include:

- ▶ *New Jersey Health and Human Services Fiscal Intermediary and Cash & Counseling Services* where we answer over 20,000 monthly New Jersey Calls.
- ▶ *Arkansas' Health Insurance Marketplace* where we assisted over 19,000 consumers navigating the Marketplace, while asking questions and completing eligibility applications and facilitated health plan enrollment/re-enrollments.
- ▶ *Commonwealth of Massachusetts, Massachusetts Health Care Connector Authority* where PCG provided customer service operations from 2008 through 2016, working under a prime vendor.
- ▶ *Commonwealth of Massachusetts, Executive Office of Health and Human Services* where PCG provided call center and application processing operations to supplement state staff in 2019.

We would be happy to provide details on each of these qualifying engagements upon request, including a description of our responsibilities and key achievements, the start and end dates of the contracts, and recent statistics.

J. Summary of Bidder's Proposed Personnel/Management Approach

PCG Project Management

PCG understands the urgency of the current situation. We are committed to ensuring the needs of Nebraska are met and the deliverables requested are conducted quickly, accurately, and on time. Our project management approach provides the framework we will follow to ensure all deliverables and milestones are clear and deadlines are met. Similarly, PCG employs project management tools to ensure projects are completed on budget and on time. We will be utilizing those very tools on this engagement to meet all deadlines and budget constraints.

The project management tools PCG has in place will ensure a seamless transition for Nebraska. PCG can incorporate work already completed and adapt formats of our reporting to meet the preferences of Nebraska to ensure there is no duplication of work already completed.

PCG will bring project management support to this engagement including development and maintenance of tools, templates, RACI matrix, risk management, issues management, schedule management, and communication plan. PCG brings our own differentiating yet substantiated "3-5-3" Project Management Methodology (PMM).

PCG's "3-5-3" PMM includes: three best practice sources, five industry standard processes, and three differentiating tenets that our team brings to all project management engagements.

PCG relies on three best-practice resources to stay educated and up to date on all project management standards:

▶ The Project Management Institute's (PMI®) Project Management Body of Knowledge (PMBOK),
▶ The Institute of Electrical and Electronics Engineers, Inc. (IEEE) Standards, and
▶ The Software Engineering Institute (SEI): The Capability Maturity Model Integration (CMMI).

The Project Management Institute Body of Knowledge (PMBOK) recognizes that the practice of project management includes five key processes: **Initiation, Planning, Execution, Monitoring & Control, and Closing**. PCG has prepared a detailed, albeit preliminary, work plan that closely mirrors these processes. The outline is in the form of a work breakdown structure and includes such elements as detailed activities, tasks, task relationships and dependencies, resource assignments, deliverables and artifacts, and key milestones.
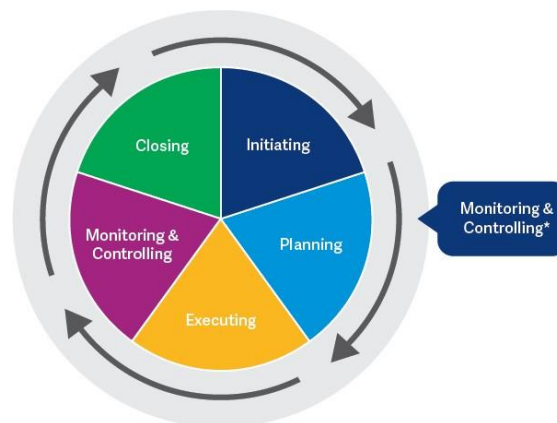
Figure J.1: PMBOK® Project Management Process. PCG uses the PMBOK® Project Management Process to manage our projects efficiently and effectively.

Additionally, PCG adheres to the Association of Change Management Professional (ACMP) Standards for Change Management. We rely upon this collection of generally accepted practices in change management as our guide for organizational change management, for any type of change and in leading the way change works.

Generally accepted practices and processes that PCG uses are:

- Evaluating Change Impact and Organizational Readiness
- Formulating Change Management Strategy
- Developing Change Management Plans
- Executing Change Management Plans
- Closing Change Management Effort

Lastly, we differentiate our methodology by constantly employing **three tenets** that guide the way our team approaches project management engagements. These three tenets are:

1. Understand the Goal
2. Be Proactive
3. Results

Status Reporting and Updates

The PCG status reporting approach is standardized to provide effective and efficient updates, yet flexible enough to address the specific needs expressed by our clients. Our repeatable approach is based upon industry standards and best practices. The keys to PCG's status reporting process are:

- **Accuracy –** The information must be both timely and complete.
- **Usefulness –** The information must be pertinent and insightful, not simply "project data."
- **Consistency –** The sources and methods of reporting must be consistent by reporting period; status reports must reflect the information reported in previous reports.
- **Efficiency –** The project management reporting process must be efficient and not be a drain on the task of managing the project and meeting the project's goals and objectives.
- **Meets Expectations –** The format, contents, level-of-detail, and method of delivery must meet the requirements of both the Nebraska and PCG project teams.
- **Traceability –** The reports must be reviewed and approved by Nebraska.

PCG recommends providing regular status updates to Nebraska and program stakeholders.

Managing Project Meetings

As demonstrated in several states, PCG has extensive experience in executing PMO processes and applying project management best practices. PCG's standardized meeting guidelines will include:

Project Meetings	
Meeting Agenda	Agendas will be distributed at least 24 hours in advance of the meeting. The Agenda should identify the presenter for each topic along with a time limit for that topic. The first item on the agenda should be a review of action items from the previous meeting.
Meeting Minutes/Notes	Minutes/notes will be distributed within 48 hours following the meeting. Meeting minutes/notes will include the status of all items from the agenda along with new Action Items and the Parking Lot list.
Project Repository	Agendas, minutes, and other meeting materials will not only be distributed to meeting invitees, but also stored in a project repository.

PCG's proposed standard templates for meeting agendas and minutes are included in PCG's PMP document library and will be used for all project meetings and interviews to ensure consistency.

Control Book

The project control book helps keep track of critical project documents, status, issues, and other action items. It can go a long way to improving stakeholder communications, be it a formal meeting or random encounter. PCG's experience with large-scale implementations and industry best practices has developed a comprehensive library of sample project management plans.

During project delivery, project managers are met with a barrage of questions, concerns, issues, and problems that require a prompt response. The project control book helps the project manager keep track of critical project documents, status, key communications, decisions, and other project control documents. In its simplest form, the project control book is a three-ring binder or Excel workbook with different tabs to separate key project documents and allow the project manager to quickly access project information.

PCG's format for a project control book includes the following tabs or sections:

Project Control Book	
Project Scope	This section includes an executive overview of the project. Depending on the size of the project charter, the overview may be the project charter or just an executive summary.
Project Finance	This section provides a snapshot of the project Financials including the approved budget, appropriation requests, and financial forecast including year-to-date project spends.
Communications	This section contains the critical communication components, including the team roster, relevant organization chart, communication plan, and any project critical communications.
Project Schedule	This section is frequently referenced in the project control book. Depending on the size of the project schedule, the hard copy may be limited to the 2nd-level roll up.
Project Status	This section includes the most recent project status report and any relevant supplemental reporting.
Issue/Risk/Action Items	This section is an optional section depending on how the organization maintains issues, risks, and action items.
Project Closure	This section includes any project close documents such as lessons learned or project completion notifications.
Supplemental Deliverables	This section is a catchall for any other critical project documents. Key meeting minutes, focus group presentations, and training plans are just a few of the key documents that can reside in the project control book

Upon contract award, we will customize the control book to include survey results and analysis, analysis of training, help desk analytics, checklist statistics, and other evaluation metrics, developed during this engagement.

Quality Assurance

As described, PCG has an established project management approach that we employ with all our projects to ensure we are providing quality products and services and meeting project timelines. Our quality control procedures are designed to ensure that actual project performance will exceed that of anticipated project performance in terms of time, cost, and deliverables. PCG regularly reviews data and deliverables to ensure it meets the standards agreed upon by PCG and Nebraska.

PCG will work closely with the key stakeholders in Nebraska for each task to ensure that all deliverables meet expectations and are easily understood. PCG will also be responsive to requested changes to deliverables by Nebraska and will maintain drafts of deliverables for future reference. PCG has built a robust quality model that is centered on statistical methods and Lean concepts, as documented in *Figure J.2* below.

Quality Management Model

Quality Planning	Quality Assurance	Quality Control
How PCG plans to work with the client to define quality standards that are relevant to the project and how we will satisfy them. Quality metrics, quality checklist, and process improvements are all components of quality planning.	How PCG plans to apply the quality activities to ensure that the overall project employs all processes that are needed to meet requirements.	How PCG will monitor and report on specific project results to determine whether or not they comply with the quality standards previously defined.

Figure J.2: PCG's Quality Model: PCG uses a quality model that follows a three-stage process.

The model was developed and designed by Lean Six Sigma (LSS) practitioners and focuses on continuously improving work through eliminating issues at their root and focusing on activities that add value to the process. PCG's quality model follows a three-stage process.

The process starts with a **Quality Planning** phase. During this phase, PCG quality experts work with the client to define the relevant quality standards that apply to the project, as well as define how we will satisfy them. Another element within this phase includes tasks where PCG defines the quality metrics and the specific tools it will use to monitor and report on. The next phase is **Quality Assurance**. In this phase, PCG applies the tools and techniques identified during the planning phase. The final phase is the **Quality Control** phase. Within this phase, PCG provides continuous monitoring of the metrics and tools implemented during the Quality Assurance phase to determine if there are any defects occurring.

PCG's quality control involves review of project progress and results by project management and expert technical advisors. Our quality control procedures are designed to ensure that actual project performance will exceed that of anticipated project performance in terms of time, cost, and deliverables.

PCG Project Team

PCG proposes the project team as show in Figure J.3.

Figure J.3: PCG's Project Team: PCG proposes the project team above.

Executive Sponsor: *Sean Huse*

Mr. Sean Huse is a PCG Center of Excellence (COE) Director. An experienced health management consultant who focuses on management, strategic planning, policy analysis, and management reporting for state health and human service agencies Mr. Huse leads PCG's Health Innovation, Policy, and Information Technology (HIPIT) COE. For the past year Mr. Huse has worked on PCG's Executive Steering Team that oversees all the COVID-19 responses for contact tracing, vaccination, and other COVID-19 operational and consulting engagements. Most recently Mr. Huse helped the State of Arkansas with contact tracing and nurse investigation staffing with our partner GDIT. Mr. Huse received his Bachelor of Arts in Economics and Neuroscience & Behavior from Wesleyan University and completed a Master's Degree in Business Administration (MBA) with a concentration in health care administration from Clark University.

Project Manager: *Christian Jones*

Christian Jones is a seasoned project manager for multiple health care redesign and reform programs. During his ten years with the company, Mr. Jones has successfully led contact tracing projects in both New Jersey and Wisconsin. Christian manages all internal aspects of the project for PCG and is the main client interface as well. He works to ensure client goals are understood, clearly articulated to the PCG team, and are responded to quickly and in a quality manner.

Contact Tracing and Vaccine Call Center SME: *Matt Sorrentino*

Mr. Matthew Sorrentino is a Manager, shareholder, and senior management team member (SMT) within PCG's Health Practice Area. Mr. Sorrentino is an experienced management consultant with nearly 20 years of experience. Mr. Sorrentino has assisted state and local government agencies with a number of critical projects surrounding strategic planning, financial management, operational review and management, policy analysis, among other efforts to help the public sector meet their project goals and objectives. For the past year, Mr. Sorrentino has worked on PCG's Executive Steering Team that oversees all the COVID-19 responses for contact tracing, vaccination, and other COVID-19 operational and consulting engagements. Most recently, Mr. Sorrentino helped the State of Wisconsin establish their Contact Tracing effort. Mr.

Sorrentino supported our staff and the client to establish project management processes, develop needed policies and procedures, including detailed workflows, training content and platform, as well as provided recommendations on a prospective governance structure. On behalf of the State of New Jersey, Mr. Sorrentino helped to hire, train, and operationalize a remote workforce of over 2,000 contact tracers to support the Department of Health with contact tracing and investigation efforts. Mr. Sorrentino is a certified Project Management Professional (PMP), as well as having received his Bachelor of Arts in Finance from Bentley University and completed a Master's Degree in Business Administration (MBA) with a concentration in health care administration from Clark University.

Contact Tracing and Vaccine Call Center SME: *Rawson Pino*

Ms. Pino is an experience management consultant with advanced skills in project management, strategic communications, and policy analysis. She has diverse professional experiences with federal, state, and local government organizations, having worked for Booz Allen Hamilton, the National Park Service, and the City of Eugene, Oregon. Ms. Pino serves as Project Manager for the NYSDOH Contact Tracing Initiative. In this role, she oversees all project areas including staffing and hiring, workforce management, technical coordination, and client deliverables. She uses leadership skills to coordinate and manage the efforts of diverse team members and uses her experience in policy analysis and strategic communications to ensure project planning and outcomes are clearly defined, executed, and communicated internally and externally. She holds a Master of Science degree from the University of Oregon and a Bachelor of Arts degree from the University of Virginia.

Contact Tracing and Vaccine Call Center SME: *Brendan Evitts*

Mr. Brendan Evitts is a Business Analyst in the Health division at Public Consulting Group. His current areas of focus include contact tracing operations, reimbursement initiatives, and programmatic reviews. Mr. Evitts is thoroughly involved with the California Government Operations in a project management capacity to support and to ensure the state transition to a TPA for the creation of a vaccine network for the distribution and allocation of COVID-19 vaccine for California residents. He is also very involved in the New Jersey and Ohio contact tracing initiatives providing data analytics and operations support. Prior to working at PCG, Mr. Evitts attended the College of the Holy Cross where he received a Bachelor of Arts degree in Biology.

Contact Tracing Lead: *Jamin Barber*

Mr. Barber is a Senior Consultant at Public Consulting Group and is an executive leader with 20 years of experience in healthcare and social service administration who is skilled at solving operational challenges in healthcare settings. As operational coordinator for the northern region in the State of New Jersey, Mr. Barber provides leadership and operational support to approximately 46 contact tracer supervisors who manage the day-to-day operations of some 9 counties and approximately 60 local health departments. Mr. Barber provides policy and procedure development, human resource support, and operational strategy and support coordination of subcontractor and client needs for the Northern region of New Jersey as part of their contact tracer operations.

Vaccine Call Center Lead: *Alicia Holmes*

Alicia Holmes (MBA) is a Senior Consultant with over 10 years of experience working in health research and healthcare management. Ms. Holmes has provided subject matter expertise to support state healthcare reform efforts, including strategy development and implementation planning for behavioral health, commercial health insurance, and Medicaid. Ms. Holmes has supported all our recent engagements with Departments of Insurance, providing analysis and recommendations for Rhode Island, West Virginia, Tennessee, Pennsylvania, Illinois, Mississippi, and the District of Columbia. Her policy development experience includes planning and execution of key communication strategies that effectively engage both internal and external stakeholders.

Recruiting*: Tobi Russell*

Ms. Tobi Russell is PCG's Executive Vice President of Human Capital Management. With 33 years of Human Resources experience, Ms. Russell is a Human Resource leader who drives business results by aligning HR operational improvements and delivering customer-focused value for the organization and its stakeholders. Ms. Russell has a track record of accomplishing high employee engagement scores, building workforce plans for high-volume hiring, improving employee retention, and using people metrics to achieve

efficient, effective, and compliant operational excellence. Ms. Russell currently oversees the team who recruit for PCG's contact tracing projects in New Jersey, New York, and Arkansas. She has an undergraduate degree from Boston College in Human Development and a master's degree from University of Massachusetts in Instructional Design.

Onboarding: *Kayte Bellusci*

Ms. Kayte Bellusci is a Solutions Manager in PCG's Boston, MA office. In her role as a Solutions Manager, Ms. Bellusci has most recently been working with the state of New Jersey on their response to the COVID-19 pandemic. Ms. Bellusci is currently working with NJ DOH as one of three regional coordinators focused on supporting over 150 supervisors and over 1500 contact tracers. Responsible for the direct supervision of approximately one-third of these supervisors and their teams, including monitoring of ongoing operations, identification and execution of process improvements, and development of team leadership and supervisory skills. Ms. Bellusci is a Certified SCRUM Product Owner and holds an undergraduate degree from Boston College.

Training: *Jennifer Wingenbach*

Ms. Jennifer Wingenbach is a Training Consultant in PCG's Health Practice Area. In the healthcare field since 2003, Ms. Wingenbach has extensive experience with patient education, employee training, care coordination, and process development. As it relates to this opportunity, she currently serves as the Training Lead for the contact tracing initiative for our Arkansas project. In this role she has overseen the training of contact tracers in an online setting using a combination of PowerPoint, video clips, and live demonstrations to provide a comprehensive training to each person in the training class. On an ongoing basis she answers questions and provides process update summaries when regulatory guidance updates occur. She has a Bachelor of Science in Nursing from the University of Phoenix and has been a registered nurse for 10 years.

Telephony & Technology: *Kevin Carlson*

Mr. Kevin Carlson has been the Chief Technology Officer of PCG's Health Practice area since 2015. Kevin has over 25 years of Healthcare experience and supports the entire breadth of PCG Healthcare applications and infrastructure that are used by our clients and internal staff. As related to this opportunity, over the last year Mr. Carlson played key technical roles in our New Jersey, New York, and Arkansas contract tracing projects. Mr. Carlson has a Bachelor of Science degree in Computer Science from Northeastern University, Boston, MA.

Reporting: *Julia Le*

Ms. Julia Le is a Business Analyst in the Denver office focusing on public sector healthcare projects including contact tracing, the individual market, Medicaid, and health system reviews. She specializes in conducting quantitative analyses and creating visualizations. For the Ohio contact tracing initiative, Ms. Le *s*upports training including creating training material. She provides training completion reports and does follow up with supervisors for training completion of workforce. For the New Jersey contact tracing project, Ms. Le provides contact tracer onboarding and operations support, provides and facilitates orientation for newly hired contact tracers, manages contact tracer and supervisor data, and communicates with the State on contact tracer assignments and needs. Ms. Le holds a Bachelor of Science in Science-Business and Master of Science in Global Health from the University of Notre Dame.

Operations: *Kaitlyn Gilbert*

Ms. Kaitlyn Gilbert is a Business Analyst in PCG's Nashville, TN office. Ms. Gilbert has been working with Wisconsin, New Jersey and Ohio on their response to the COVID-19 pandemic. Ms. Gilbert provided project management and operations support to the state of Wisconsin with their contact tracing initiative and is now currently assisting New Jersey and Ohio with their contact tracing efforts and operations. Ms. Gilbert has a strong focus on project management and operations to deliver value-added solutions to her clients. Ms. Gilbert holds a Master of Business Administration degree from Mississippi State University.

PCG Project Team Resumes

Please find resumes for the proposed project team in Appendix A.

K. Subcontractors

PCG will not use subcontractors in our provision of contact tracing and vaccine hotline services for the State of Nebraska.

APPENDIX A. RESUMES

SEAN HUSE
MANAGER AT PUBLIC CONSULTING GROUP LLC

Sean Huse (MBA, CHFP), a Manager at Public Consulting Group, is an experienced health management consultant who focuses on financial management, strategic planning, policy analysis, and management reporting for Medicaid agencies. He currently serves as the Center of Excellence (COE) lead for PCG's Health Innovation, Policy, and Information Technology (HIPIT) unit. The HIPIT unit leads the firm's national efforts in Health Delivery System Transformation and Health Marketplace consulting. These projects include DSRIP, payment reform, patient centered medical home and health home program design, delivery system incentive payments, health data analytics, behavioral health system design, dual eligible population management, health exchange development, and system innovation consulting. Mr. Huse currently oversees a wide variety of projects acting as the main point of contact between Clients and PCG for the HIPIT COE. These contracts include the State of Tennessee's Strategic Project Management Office (SPMO) where PCG plays a key role managing the State's Tennessee Eligibility Determination Systems (TEDS), Primary Care Transformation, MMIS, Health Information Exchange, Enterprise Infrastructure Improvements, and Security initiatives for TennCare. Mr. Huse received his Bachelor of Arts in Economics and Neuroscience & Behavior from Wesleyan University and completed a Master's Degree in Business Administration (MBA) with a concentration in health care administration from Clark University. He is also a Certified Healthcare Financial Professional (CHFP) with the Healthcare Financial Management Association (HFMA).

RELEVANT PROJECT EXPERIENCE
Arkansas Department of Health, State of Arkansas
Contact Tracing Initiative (July 2020-Present): Executive Sponsor
Mr. Huse: Served as Executive Sponsor, ensuring that the project team functioned smoothly and met client needs. As the project authority, oversaw project finances, participated in client calls, and met with client as needed on any project concerns.

Department of Finance and Administration, Division of Health Care Finance and Administration (HCFA), State of Tennessee
Provide Strategic Program Management Office (SPMO) services to support the State in completing the Medicaid Modernization Program (MMP) (November 2015 – Present):
PCG has been selected to implement a large-scale MMP for HCFA as the SPMO. The SPMO provides MMP Project Management Office services, ensures that the State-approved project management framework is used for the management and implementation of each MMP project, and provides the necessary SPMO services to assist the State in completing the identified MMP projects. To date, PCG has established the SPMO for HCFA and is managing multiple projects and programs under the Medicaid Modernization Program (MMP) to include the Tennessee Eligibility Determination Systems (TEDS), Primary Care Transformation, MMIS, Health Information Exchange, Enterprise Infrastructure Improvements, and Security initiatives.

Department of Health, State of New York
Delivery System Reform Incentive Payment Program (August 2014 – Present): Engagement Manager
Project: Responsible for execution of key project deliverables, including development of oversight requirements for $6.2B state funding to 25 large hospital-led Performing Provider Systems (PPSs). Develops oversight requirements for areas such as: PPS Governance, Workforce Development, Financial Sustainability and Flow of Funds, Technology Infrastructure, and project compliance. Develops quality measure specification procedures for NQF quality measure baselines and performance as part of Pay for Performance payment methodology.
Mr. Huse: Responsible for all project deliverables, resources, and contract management.

Office of Financial Management, State of Washington
Governor's Behavioral Health Initiative (July 2016 – Present): Subject Matter Expert, Finance
Project: The Washington Office of Financial Management contracted Public Consulting Group (PCG) to examine the structure and financing of the adult mental health system, as required by Engrossed Substitute Senate Bill 6656. PCG was asked to consider several options including but not limited to: 1) refining the role of state hospitals to serve the right patients in the right environment, 2) improving early identification and treatment of behavioral health needs, 3) increasing collaboration and redesigning system to achieve patient centered care, 4) supporting workforce development efforts and use of best practices to attract and retain staff, 5) increasing focus on outcomes to ensure the system delivers desired results and continuous improvement, and 6) establishing a robust continuum of care and support for transitions.
Mr. Huse: Provide financial management recommendations to the State of Washington on the report.

Administration and Finance, Commonwealth of Massachusetts
Bridgewater State Hospital Forensic Analysis (June 2016 – October 2016): Engagement Manager
Project: PCG provided the Commonwealth with an analysis and implementation report to improve the operation of BSH and the quality of care for the civilly committed persons or prisoners. The goal of this project was for a firm to complete a study on options and advise and make a final report to the Executive Office of Public Safety and Security (EOPSS) and the Department of Corrections (DOC) regarding Bridgewater State Hospital (BSH) operations. The Commonwealth accepted our findings and will be transitioning operations to specially trained mental health workers and moving 100+ inmate holds from the forensic facility to a correctional setting.
*Mr. Huse: M*anaged all deliverables and contract for the engagement.

Department of Behavioral Health and Developmental Services (DBHDS), Commonwealth of Virginia
System Transformation Efforts (March 2015 – Present): Engagement Manager
Project: Assist Department by providing support to mental health and DD/ID Transformation Teams, perform organizational structure assessment, perform assessment of hospital and community mental health system capacity.
Mr. Huse: Manage all contract deliverables and resources.

Division of Health Care Policy and Financing, State of Colorado
CMS Integration of Dual Eligible Initiative (December 2009 – June 2016): Engagement Manager
Project: PCG is the lead contractor assisting the State with the development of the dual eligible initiative. PCG is examining best practices in shared savings and financing models, and will develop a fiscally sound, shared risk mechanism for Medicare and Medicaid to equitably and appropriately share in the administrative costs, medical costs, and savings of this proposed model.
Mr. Huse: Responsible for the entire scope including 5 other sub-projects.

Division of Health Care Policy and Financing, State of Colorado
Nursing Facility Pay for Performance (P4P) Review: (July 2007 – Present): Engagement Manager
Project: PCG was tasked with reviewing, evaluating, and validating whether nursing facilities that applied for additional reimbursement related to the Pay-For-Performance program have implemented, and are in compliance with, performance measures, as defined by the Department, that provide high quality of life and high quality of care to their residents. PCG successfully provided final evaluation results of the Pay-For Performance applications to the Department and a report detailing the recommendations to the Department for continuing and improving this project that might be used in a future solicitation process.
 Mr. Huse: Responsible for the entire scope including all deliverables and resources.

Hawai'i SMHP, State of Hawai'i

Hawaii SMHP Project
Project: Plan the State's Medicaid IT plan and HIE strategy for continued statewide electronic information exchange.
Mr. Huse: Provide oversight to Hawai'I SMHP project and planning. Assist in implementing a Master Patient Index, Enterprise Service Bus, and Clinical Data Warehouse.

Department of Health and Human Services, State of Delaware
Health Benefit Exchange Planning
Project: Assist the State of Delaware in all planning activities for the establishment of a health insurance exchange in compliance with the Patient Protection and Affordable Care Act.
Mr. Huse: Manage all project deliverables, including developing a financial model and budget for the Exchange implementation and operation to ensure feasibility. Assist in identifying funding opportunities to support Exchange sustainability. Help draft applications for additional Exchange funding opportunities.

PROFESSIONAL BACKGROUND
Public Consulting Group LLC, *Boston, MA*   ***1998 – Present***

EDUCATION
Clark University, *Worcester, MA*
Master of Business Administration, Concentration in Health Care Finance

Wesleyan University, *Middletown, CT*
Bachelor of Arts in Economics and Neuroscience & Behavior

CERTIFICATIONS/ PUBLICATIONS/ SPECIAL SKILLS
- Healthcare Financial Management Association (HFMA), Massachusetts Chapter

REFERENCES
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State & Local - Personnel Vetting & Security (S&L - PVS) Sector
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CHRISTIAN JONES
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP LLC

Christian Jones is a seasoned project manager for multiple health care redesign and reform programs. During his ten years with the company, Mr. Jones has successfully led contact tracing projects in both New Jersey and Wisconsin. Previously, he managed an extensive Behavioral Health System Assessment in the State of Washington. Here, Mr. Jones helped create an initial findings report and a recommendations report. His work also includes leading a Needs Assessment for the Veterans' population in Colorado as well as a network adequacy study of health plans. Additionally, in Colorado, Mr. Jones has overseen a project that focuses on the intersection of the jail-involved and Medicaid. This work involved facilitating meetings on challenges and best practices with county jail administrators. Prior to working at PCG, Mr. Jones' experience includes working in Washington, DC at the national trade association for health insurance plans.

RELEVANT PROJECT EXPERIENCE
Department of Health, State of New Jersey
Community Contact Tracing Corps Deployment Provider (July 2020 – Present)
Project: Public Consulting Group LLC is working with the New Jersey Department of Health to identify and recruit qualified individuals to execute contact tracing activities. PCG ensures that the potential contact tracer staff has familiarity with the communities and the geographies in which they are working. PCG works closely with the State to implement mandated training materials and curriculum and tracks successful completion of the required training. PCG coordinates with DOH operation leads to ensure that the contact tracers are effective and efficiently deployed to support State and LHD contact tracing operations.
Mr. Jones: Manages all internal aspects of the project for PCG and is the main client interface as well. He works to ensure client goals are understood, clearly articulated to the PCG team, and are responded to quickly and in a quality manner.

Department of Health Services, State of Wisconsin
COVID-19 Contact Tracing and Tracking Operations Support (May 2020 – August 2020)
Project: Public Consulting Group LLC worked with the Wisconsin Department of Health Services to manage, facilitate and develop Department directed activities to stand up a statewide contact tracing program. PCG identified materials to be developed or updated and created new materials for training of contact tracers. PCG developed organizational structure documents to manage limited term employment contact tracers and developed standard operating procedures for contact tracing and tracking operations.
Mr. Jones: Managed all aspects of the project for PCG, including maintaining client relationships, overseeing the PCG team, and ensuring project deliverables were completed on time and with quality.

Washington Office of Financial Management, State of Washington
Assessment and Reform of State Mental Health System (May 2016 – February 2019): Project Manager
Project: Assess the current mental health system infrastructure and programming in Washington State, making recommendations for reform of community programs and hospital care.
Mr. Jones: Led a team of consultants who recommended future roles for the two state psychiatric hospitals with regard to civil and forensic care. The project also considered steps to integrate behavioral health into commercial managed care and establishment of new mobile crisis units and step up/step down transitional care facilities.

Office of Financial Management, State of Washington
Inpatient Psychiatric Care Risk Model Development (October 2017– January 2018): Project Manager
Project: PCG was contracted by the State to develop a capitation risk model for long-term inpatient psychiatric care. The model was to address the following: 1) integrate civil inpatient psychiatric hospital

services including ninety and one-hundred entity day commitments provided in state hospitals or community settings into Medicaid managed care capitation rates and non-Medicaid contracts; 2) phase in the financial risk such that managed care entities bear full financial risk for long-term civil inpatient psychiatric hospital commitments beginning January 2020; 3) address strategies to ensure that the state is able to maximize the State's allotment of federal disproportionate share funding. PCG's work included data analysis of utilization and costs, stakeholder interviews, best practices for MCO benefit expansion, and legislative analysis
Mr. Jones: Project Manager overseeing all components and tasks in the scope of work. Regularly met with client to ensure project was meeting milestone on time and on budget.

Department of Behavioral Health and Developmental Services, Commonwealth of Virginia
Behavioral Health Delivery Transformation (January 2016 – January 2017): Senior Consultant
Project: Support development of Certified Community Behavioral Health Centers (CCBHCs) by developing recommendations for strategic, financial, and operational transformations that are necessary to effectively serve the MH/SUD population.
Ms. Jones: Supported the development of a community needs assessment to assess the unmet need for mental health and substance use disorder services across the Commonwealth.

Department of Health Services, State of Wisconsin
Federal Funding for Childless Adult Waiver 2.0 (November 2015 – Present): Project Manager
Project: Development of an amendment to the BadgerCare Reform Waiver, Wisconsin's existing 1115 waiver that extended coverage to adults without dependent children with household income of up to 100% of the federal poverty level (FPL).
Mr. Jones: Led development of policy positions, writing of waiver amendment, stakeholder engagement process, and creation of budget neutrality calculation.

Arkansas Health Insurance Marketplace, State of Arkansas
State Based Marketplace Professional Services Consulting and Project Management Office (April 2014 – April 2017): Project Manager
Project: Develop and assist in the implementation of a State Based Marketplace (SBM) from a State Partnership Marketplace (SPM). This includes overseeing the tasks of setting up a project management office (PMO), inventorying key decisions related to a marketplace the state had made thus far, performing a needs assessment, and providing key project support.
Mr. Jones: Serves as the Project Manager for AHIM. Specifically, Mr. Jones has overseen the managing and updating of Key Activities Roadmap, Performing Financial Sustainability Analysis, writing RFPs to onboard contractors, supporting ongoing negotiations with Arkansas Department of Human Services, and designing a Consumer Assistance Program.

Department of Human Services, Veterans Community Living Centers, State of Colorado
Statewide Needs Assessment (May 2014 – February 2015): Project Manager
Project: Analyze the future needs of the State Veterans Community Living Centers (CVCLC) over a 5, 10 and 20 year time horizon. Create a project model to show projected needs on a geographic and service basis. Provide recommendations on future construction of new facilities and future services the CVCLC should consider.
Mr. Jones: Serves as project manager and created the project model with staff. Developed final report and recommendations. Managed relationship with client.

Department of Regulatory Agencies, Division of Insurance, State of Colorado
Network Adequacy Study (May 2014 – June 2016): Project Manager

Project: Project focused on a review and analysis of the adequacy of current healthcare provider networks across the State of Colorado. Focus was placed on composition of: 1) provider networks in different geographic areas (urban vs. rural), 2) the similarities and differences between networks offered inside of Connect for Health Colorado and networks offered in the marketplace outside of the Exchange, 3) issues in specific geographic regions of the state, and 4) analyzed specific carrier's networks where provider coverage may be insufficient to ensure adequate access to care. Network provider data was collected from carriers, cleansed, placed in a template and mapped using a GIS software.

Mr. Jones: Served as the Project Manager for the Network Adequacy review of Plan Year 2014 data.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Denver, CO*   April 2011 – Present

America's Health Insurance Plans, *Washington, DC*   2004-2008

Stateside Associations, *Arlington, VA*   2002-2004

Representative David Mayernik, *West View, PA*   2001-2002

Ron Klink for US Senate, *Pittsburgh, PA*   2000-2001

EDUCATION

The University of British Columbia, *Vancouver, BC*
Master's in Business Administration, December 2010

Pennsylvania State University, *State College, PA*
Bachelor of Arts in Political Science, May 2000

REFERENCES

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Thalia.Sirjue@doh.nj.gov

609-376-0952

MATTHEW SORRENTINO, PMP, MBA
MANAGER AT PUBLIC CONSULTING GROUP LLC

Mr. Sorrentino, a Manager and Center of Excellence (COE) in PCG's Austin office, is a health management consultant with 16 plus years of extensive Medicaid experience, specifically focusing on financial management services and solutions, program reviews, policy analysis, third party administrator services, and payment transformation for Medicaid agencies. In addition, Mr. Sorrentino has an in depth understanding of CHIP, Medicare, and other publicly funded healthcare programs. Mr. Sorrentino's experience has included a particular focus within Medicaid reimbursement, both within institutional and community-based settings. Pertinent to institutional services, Mr. Sorrentino has assisted Medicaid programs to develop and implement inpatient and outpatient hospital payment methodologies, including transforming from cost based systems to acuity based rate methodologies, establishing inpatient and outpatient base rates, calculating upper payment limits (UPLs), designing provider assessments to generate new Medicaid funding streams, determining and designing disproportionate share hospital payments, and assisting states to implement pay for performance methodologies. Mr. Sorrentino has also led community based rate setting efforts, including: the establishment of fee schedules for physician services, mental health services, school based services, substance abuse services, and long term care services, among others. Mr. Sorrentino has assisted Medicaid programs to implement and administer Medicaid cost settlement and reconciliation programs, with a particular focus on school-based, emergency medical services, and county-based services. This experience includes developing cost-based reimbursement methodologies, drafting and obtaining approval of Medicaid state plan amendments, and establishing best practices for ongoing operations. Mr. Sorrentino also spearheaded the development of PCG's web-based software solution to allow State Medicaid programs to manage and streamline Medicaid cost settlement program processes through the development of the Medicaid Cost Reporting and Claiming System (MCRCS) and now the PCG Claiming System.Mr. Sorrentino has oversight for PCG Health's third-party administrator and claims processing services. Mr. Sorrentino oversees claims processing of over $500 million in annual claims per year. Furthermore, Mr. Sorrentino assisted in developing new services offerings, including case management and utilization management functions. Most recently, Mr. Sorrentino has assisted Medicaid programs to implement innovative service delivery and payment strategies, from preserving UPL and uncompensated care funds as Medicaid agencies expand managed care delivery systems, to transforming Medicaid service delivery and payment systems with the establishment of delivery system reform incentive payment (DSRIP) programs. Mr. Sorrentino has navigated Medicaid agencies through all facets of these strategies from program design, to facilitating stakeholder engagement and feedback, to negotiating CMS approval, and ultimately program implementation.

RELEVANT PROJECT EXPERIENCE
Department of Health, State of New Jersey
Community Contact Tracing Corps Deployment Provider (July 2020 – Present)
Project: Public Consulting Group LLC is working with the New Jersey Department of Health to identify and recruit qualified individuals to execute contact tracing activities. PCG ensures that the potential contact tracer staff has familiarity with the communities and the geographies in which they are working. PCG works closely with the State to implement mandated training materials and curriculum and tracks successful completion of the required training. PCG coordinates with DOH operation leads to ensure that the contact tracers are effective and efficiently deployed to support State and LHD contact tracing operations.
Mr. Sorrentino: Served as Executive Sponsor, ensuring that the project team functioned smoothly and met client needs. As the project authority, oversaw project finances, participated in client calls, and met with client as needed on any project concerns.

Medicaid Rate Setting & Reimbursement
Department of Health Delivery System Reform Incentive Payment Program, State of New York
Mr. Sorrentino: Responsible for execution of key project deliverables, including development of oversight requirements for $12B state funding to 25 large hospital-led Performing Provider Systems (PPSs). Develops oversight requirements for areas such as: PPS Governance, Workforce Development, Financial

Sustainability and Flow of Funds, Technology Infrastructure, and project compliance. Assisted to develop financial models to determine the valuation of achievement values, as well as provide recommendations on funds flow. Develops quality measure specification procedures for NQF quality measure baselines and performance as part of Pay for Performance payment methodology.

Executive Office of Health and Human Services, Commonwealth of Massachusetts
Public Emergency Medical Services (EMS) Program Claiming (January 2014 – Present): Project Advisor
Project: Developed Massachusetts' first public EMS claiming program, developing a process that is compliant with all state and federal claiming rules and regulations. Designed the methodology, including developing the Medicaid State Plan amendment and obtaining CMA approval for the cost reporting methodology. The first year of this project yielded $5.9 million in federal revenue to the Commonwealth.
Mr. Sorrentino: As Project Director, oversaw methodology and calculations.

Department of Health and Human Services, Division of Medical Assistance, State of North Carolina
Medicaid Physician Upper Payment Limit Project (July 2010 - Present): Project Manager
Project: Implemented Medicaid Upper Payment limit program for state university physician practice plans to provide supplemental payments in addition to prevailing Medicaid reimbursement rate. Evaluated commercial payer reimbursement rates for a variety of eligible groups and calculated Average Commercial Rate (ACR) for all procedure codes paid by Medicaid. Drafted State Plan Amendment (SPA) outlining eligible providers and reimbursement methodology. Supported DMA in SPA approval and provide ongoing payment processing.
Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all UPL calculations.

School & County Based Cost Reporting and Cost Settlement

Department of Health Services, State of Wisconsin
School Based Services Cost Reporting / Reconciliation Initiative (January 2009 - Present): Project Manager
Project: Led the compilation and settlement of initial school-based cost reports under new Medicaid State Plan. Assumed management responsibility of the integrated random moment time study process for both direct services as well as administrative claiming. Compiled time study rosters, trained school district staff on revised procedures and successfully implemented a web-based cost reporting and Medicaid reconciliation system. Managed the processing of over 400 school district desk audits and processing of Medicaid cost settlements.
Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all project deliverables.

Kansas Department of Health Environment, State of Kansas
Medicaid Cost Reimbursement for School Based Services (July 2009 - Present): Project Manager
Project: KHDE contracted with PCG to develop a cost reimbursement methodology for the services provided by school districts and covered under the Medicaid program. Led the development of the public notice and Medicaid state plan amendment. Assisted KHDE in responding to CMS questions and requests for additional information. Designed web-based cost reporting application to facilitate Medicaid cost settlement process. Managed trainings to school districts on the new annual cost reporting process. Directed the processing of Medicaid cost settlements. Responsible for the development of interim rates. Developed onsite field audits of LEAs to validate cost reports and supporting documentation.
Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all project deliverables.

Third Party Administrator & Claims Processing Services

Commonwealth Care Alliance (CCA), Commonwealth of Massachusetts
Third Party Administrator (TPA) Services (July 2016 – Current): Executive Sponsor
Project: Executive sponsor for TPA and claims processing services on behalf of CCA. Oversee adjudication of annual claims exceeding $500M per year, as well as customer service, appeals, and other back office

operations. Worked to restructure team by implementing structural changes, which led to operational efficiencies.

Department of Financial Services, State of New York
Medical Indemnity Fund & Third Party Administrator (TPA) Services (July 2016 – Current): Executive Sponsor & Implementation Project Manager
Project: Executive sponsor for TPA and claims processing services on behalf of the New York State Medical Indemnity Fund (MIF). Responsible for the launch of the MIF Administrator services, including organizing the procurement of a case management platform, recruiting and hiring a case management team, and working to develop policies and procedures for implementation of MIF administrator operations, which includes enrollment, prior authorization and utilization management, as well as case management functions.

PROFESSIONAL BACKGROUND
Public Consulting Group, Austin, TX   October 2002 – Present
Healthcare Financial Management Association (HFMA) October 2002 – Present
Financial Management Association Honor's Society (FMA) October 2002 – Present

EDUCATION
Clark University, *Worcester, MA*
Master's in Business Administration, 2006
Bentley College, *Waltham, MA*
Bachelor of Science in Finance, 2002

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
- Project Management Professional
- Microsoft Access, Excel, Word, PowerPoint
- KPMG CMS 2552 Cost Reporting Software
- KPMG CMS 2540 Cost Reporting Software
- KPMG CMS 287 Cost Reporting Software
- KPMG CMS 288 Cost Reporting Software
- Training: SAS Visual Analytics, 2015

REFERENCES
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RAWSON BAYLOR PINO
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP LLC

Ms. Pino is an experienced management consultant with advanced skills in project management, strategic communications, and policy analysis. She has diverse professional experiences with federal, state, and local government organizations, having worked for Booz Allen Hamilton, the National Park Service, and the City of Eugene, Oregon. Ms. Pino applies hers experience in project management, research, and policy analysis to the Health team at PCG and supports projects for government health organizations. Specifically, Rawson serves in key roles managing projects, business development initiatives, reporting and analysis efforts, and communication programs. She holds a Master of Science degree from the University of Oregon and a Bachelor of Arts degree from the University of Virginia.

RELEVANT PROJECT EXPERIENCE
Department of Health, New York State
New York State Contact Tracing Initiative (May 2020 – Present)
Project: PCG was selected by the New York State Department of Health (NYS DOH) to recruit, hire, and employ contact tracers to help ensure a safe transition from the pandemic closures and stay-at-home orders. NYSDOH currently has over 8,000 staff within the Virtual Call Center performing diverse functions related to contact tracing, staff management, and specialized school-related contact tracing, and case investigation work. PCG is executing a scope of work that includes: recruiting and onboarding, supervision and training, technology management, and project management. The 1-year engagement has a dedicated project management staff of 10 FTE.

Ms. Pino: serves as Project Manager for the NYSDOH Contact Tracing Initiative. In this role, she oversees all project areas including staffing and hiring a workforce of 8,000, ensures strong workforce management practices are established and maintained, and oversees the execution of diverse client deliverables. She uses leadership skills to coordinate and manage the efforts of 10 team members and ensures project planning and outcomes are clearly defined, executed, and communicated internally and externally.

Department of Human Services, State of Arkansas
Electronic Visit Verification (March 2019 – December 2019): Associate Project Manager
Project: PCG was selected by the Arkansas Department of Human Services (AR DHS) to implement a pilot Electronic Visit Verification (EVV) system for Home and Community Based Services to prevent inappropriate billing/payment, improve program oversight, and enhance quality of services. The 6-month EVV pilot included participation from seven provider agencies and over 150 caregivers and provided valuable data, insight, and analysis for AR DHS to continue planning EVV efforts moving forward.

Ms. Pino: served as the Associate Project Manager, a role responsible for creating key project deliverables, including status updates, reports, and project management documents, to provide focus for the project team and key project insights for the AR DHS project stakeholders. Additionally, Ms. Pino executed multiple progress reports to measure the project performance against key performance indicators, benchmarks, and milestones. Further, she ensured project artifacts were created, submitted, and revised in scope and on time and were accessible to the project team and project stakeholders.

PROFESSIONAL BACKGROUND
Public Consulting Group, *Asheville, NC*   March 2019 - Present
Senior Consultant
Responsible for managing projects within the Provider Management/Payer Services team in PCG Health. In her role, Ms. Pino served as the Associate Project Manager of the Implementation team for the Arkansas Department of Human Services EVV project and currently serves as Project Manager for the New York State Contact Tracing Initiative project.

City of Eugene, *Eugene, OR*   November 2016 – September 2017
Program Coordinator

Supported Intergovernmental Relations by facilitating legislative input, analyzing legislative policies, and coordinating research. Managed and improved the Boards and Commissions program with 200+ volunteer members including recruitment, communications, and staff support. Collaborated with City Manager's Office staff to ensure effective communication and coordination of City Council actions and objectives.

National Park Service, *Crater Lake National Park, OR*   June 2016 – November 2016
Graduate Student Intern
Gathered data and analyzed information to create an adaptive use and interpretation plan for an underutilized campground within Crater Lake National Park. Conceptualized and drafted walking tour of Rim village; published product available to park visitors.

University of Oregon, Eugene, OR   September 2015 – June 2016
Graduate Fellow
Selected for prestigious year-long graduate fellowship to assist with multiple projects supporting the Program Director. Created outreach and marketing materials. Assisted with special events, arranged visiting speaker series, met with prospective students, and served on university committees.

Wittenberg Weiner Consulting, Washington, DC   September 2012 – August 2013
Communications Analyst
Assisted with managing the communication and analysis projects for a 3,000 person office within the Department of Defense (DoD). Worked with senior executives to monitor and assess programs through collaborative engagements and rigorous reporting, created internal and external analytical presentations, and improved internal communications through the development of a staff newsletter and email outreach.

Booz Allen Hamilton, Washington, DC   June 2009 – September 2012
Senior Consultant
Analyzed and interpreted legislative priorities and federal policies for the Department of Defense (DoD). Created diverse research and analysis products for DoD clients. Served as analyst and subject matter expert within intelligence community, which included giving presentations to senior government officials and facilitating work sessions with analysts from diverse organizations.

EDUCATION
University of Oregon, *Eugene, OR*
Master of Science, 2017

University of Virginia, *Charlottesville, VA*
Bachelor of Arts, 2009

CLIENT REFERENCES
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Heidi Reukauf, Assistant Director, Contact Tracing Unit
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Heidi.Reukauf@health.ny.gov

Sherri Holman, Assistant Director, Contact Tracing Unit
90 Church St, New York, NY 10007
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BRENDAN EVITTS
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP LLC

Mr. Brendan Evitts is a Business Analyst in the Health division at Public Consulting Group. His current areas of focus include contact tracing operations, reimbursement initiatives, and programmatic reviews. Prior to working at PCG, Mr. Evitts attended the College of the Holy Cross where he received a Bachelor of Arts degree in Biology.

RELEVANT PROJECT EXPERIENCE

California Government Operations (GovOps), State of California
CA Vaccine Project (CAVax) for COVID 19 Team Support (February 2021 – Present)
Project: Public Consulting Group LLC. is working with California Government Operations in a project management capacity to support and to ensure the state transition to a Third-Party Administrator (TPA) for the creation of a vaccine network for the distribution and allocation of COVID-19 vaccine for California residents.
Mr. Evitts: supports the management of the Supply Chain, Operations, and Data & Technology Workstream including meeting facilitation, tracking of action items, risks, issues, decisions, and provides daily reporting metrics which are used by the Secretary for Governor briefings.

Department of Health, State of Ohio
COVID-19 Contact Tracing and Case Interview Service Data & Reporting Team Lead (February 2021 – Present)
Project: Public Consulting Group LLC is working with the Ohio Department of Health (ODH) to identify and recruit qualified individuals to execute contact tracing and case interview activities. PCG will work closely with the State to implement mandated training materials and curriculum and will track successful completion of the requiring training. PCG will coordinate with ODH operation leads to ensure that the contact tracers are effective and efficiently deployed to support State and LHDS contact tracing operations.
Mr. Evitts: leads the data and reporting workstream; provides operational support; special data reporting and research to support key decision making.

Department of Health, State of New Jersey
Community Contact Tracing Corps Deployment Provider (July 2020 – Present)
Project: Public Consulting Group LLC is working with the New Jersey Department of Health to identify and recruit qualified individuals to execute contact tracing activities. PCG must ensure that the potential contact tracer staff have familiarity with the communities and the geographies in which they are working. PCG will work closely with the State to implement mandated training materials and curriculum and will track successful completion of the requiring training. PCG will coordinate with DOH operation leads to ensure that the contact tracers are effective and efficiently deployed to support State and LHD contact tracing operations.
Mr. Evitts: provides data and operations support; special data reporting and research to support key decision making

Department of Health Services, State of Wisconsin
COVID-19 Contact Tracing and Tracking Operations Support (May 2020 – August 2020)
Project: Public Consulting Group LLC is working with the Wisconsin Department of Health Services to manage, facilitate and develop Department directed activities to stand up a statewide contact tracing program. PCG identified materials to be developed or updated and created new materials for training of contact tracers. PCG developed organizational structure documents to managed limited term employment contact tracers and developed standard operation procedures for contact tracing and tracking operations.

Ms. Evitts: works on creating process flows for end to end contact tracing operating procedures for the contact tracing operations; provides research to support key decision making

Chelsea Soldiers' Home, Commonwealth of Massachusetts
Staffing Assessment (July 2020-January 2021): Team Member
Project PCG provided a detailed analysis of the Soldiers' Home's organizational structure and functions including identifying the business' strengths, weaknesses, limiting factors, opportunities, and risks (SWOT analysis) as it relates to its current and future staffing needs. Project deliverables included the creation of a proposed resource plan reflecting recommended staff to meet priorities and a summary of findings and recommendations to present to the facility's leadership team to assist them with the budget and operational planning required to successfully open and operate a new, modern facility currently under construction. Mr. Evitts served as a team member for this engagement, with a focus on stakeholder outreach, research and analysis, and development of the final report document.

Health Care Authority, State of Washington
Ground Emergency Medical Transportation Program (October 2019 – Present): Team Lead
Project: Worked with local emergency services providers to complete the cost reports in compliance with the newly established EMS Medicaid supplemental payment program, desk reviewed the cost reports, and calculated the final settlements along with variance analyses.
Mr. Evitts: Responsible for 12 different clients in the Washington area. Responsible for all day-to-day communication, data collection and analysis, and cost report preparation and submission.

Commonwealth Care Alliance (CCA), Commonwealth of Massachusetts
Third Party Administrator for One Care and Senior Care (October 2019 – Current): Client Lead Support
Project: PCG provides CCA with claims administration including data entry, claims processing, and payment services for medical, behavioral health, and non-clinical support claims. PCG manages member eligibility and enrollment as well as vendor and provider network data. The claims adjudication system maintained by PCG facilitates proper processing of payments by implementing benefit rules that pend claims that require prior authorizations. The system also adheres to validation routines that process claims according to plan limitations. To provide customer service and assist with claims processing, PCG staffs a call center which handles over 3,000 calls per month. PCG has worked with CCA since its inception in 2004, and in that time CCA has grown to more than 17,000 members with over $400MM in disbursements in 2015.

Department of Health, State of New York
School Supportive Health Services Program (SSHSP) (November 2019 – February 2020): SSHSP Desk Review Support
Project: Implemented a cost-based reimbursement methodology for the school-based health services program known as SSHSP. Conducted financial trainings to assist the Local Education Agencies (LEAs) in completing an annual cost report. Provided support to school districts and counties in the completion of the fiscal year 2016 and 2017 Medicaid cost reports to identify the Medicaid allowable and non-allowable costs for school-based health services*.*
Mr. Evitts: Reviews completed reports for accuracy and reasonability. Provides support to LEAs throughout the desk review process.

Health and Human Services Commission, State of Texas
Ambulance Supplemental Payment Program (ASPP) (January 2020 – July 2020): Cost Reporting Lead Support

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the ASPP, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Mr. Evitts: Supports the client leads with the preparation of annual cost reports and provides comprehensive support throughout the State's desk reviews.

Department of Health Care Policy and Financing, State of Colorado
EMS Supplemental Payment (March 2020 – Present): Project Support
Project: Developed Colorado' first public EMS claiming program, developing a process that is compliant with all state and federal claiming rules and regulations. Developed cost reports, trained providers, worked with providers to properly complete the cost reports, desk reviewed the cost reports, and calculated the final settlements.

Mr. Evitts: Creates and presents trainings to providers to facilitate their understanding of the cost reporting and cost settlement process. Reviews data submitted by providers through the annual cost report for reasonability. Assists providers with questions regarding the annual cost report through the phone hotline and by email. Works closely with developers to implement enhancements to the PCG claiming system.

Department of Health Care Policy and Financing, State of Colorado
Nursing Facilities Pay for Performance Review (March 2020 – Present): Business Analyst
Project: Evaluate nursing facilities applications for the Colorado's Department of Health Care Policy and Financing Pay for Performance program. The Pay for Performance program offers financial incentives to providers who are able to document specific quality of life and quality of care initiatives, as well as provide metrics supporting continued improvements in the quality of life and quality of care of residents.

Mr. Evitts: Performs objective reviews of the Nursing Facility applications to the DHCPF Pay for Performance program. Scored facility applications per the requirements set forth by DHCPF. Conducted site visits of facilities to validate the accuracy of the application materials submitted.

PROFESSIONAL BACKGROUND
Public Consulting Group, *Boston, MA*   October 2019 – Present

EDUCATION
College of the Holy Cross, *Worcester, MA*
Bachelor of Arts, Biology, 2019

PROJECT REFERENCES
Greta Anschuetz – STD Director/DHSTS
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Jamie Adams – Deputy Division Administrator of Research &Policy with the Wisconsin Dept. of Revenue
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608-266-6785

Jody Ryan – Project Manager at Chelsea Soldiers' Home
91 Crest Ave, Chelsea, MA 02150
617-887-7138

JAMIN BARBER
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP LLC

Mr. Barber is a Senior Consultant at Public Consulting Group and is an executive leader with 20 years of experience in healthcare and social service administration who is skilled at solving operational challenges in healthcare settings. Through his project management and business architecture experience, he excels at identifying new business opportunities, achieving aggressive objectives and developing strong working relationships with customers and stakeholder through communication and program/product vision. Mr. Barber is a results-driven leader who can institute proven metrics to improve services and financial strength.

RELEVANT PROJECT EXPERIENCE
Department of Health, State of New Jersey
Community Contact Tracing Corps Deployment Provider (July 2020 – Present)
Project: Public Consulting Group LLC is working with the New Jersey Department of Health to identify and recruit qualified individuals to execute contact tracing activities. PCG ensures that the potential contact tracer staff has familiarity with the communities and the geographies in which they are working. PCG works closely with the State to implement mandated training materials and curriculum and tracks successful completion of the required training. PCG coordinates with DOH operation leads to ensure that the contact tracers are effective and efficiently deployed to support State and LHD contact tracing operations.
Mr. Barber: As operational coordinator for the northern region in the State of New Jersey, Mr. Barber provides leadership and operational support to approximately 46 supervisors who manage the day-to-day operations of some 9 counties and approximately 60 local health departments. Tasks include policy and procedure development, human resource support, and operational strategy and support coordination of subcontractor and client needs for the Northern region.

Public Consulting Group LLC
Senior Consultant/Program Director
Mr. Barber led the proposal and winning bid for a $3.5 million contract with the State of Illinois to provide enhanced quality oversight services in the development of evidentiary-based quality improvement and management strategies for the State's Home and Community Based Waiver Services (HCBS). As director, He has successfully implemented quality assurance reviews for five HCBS Waivers for Illinois. In addition, he performs special consulting projects aimed at improving quality in HCBS Waiver projects. He served as PM on the development and implementation of a secure web-based platform design, development, and deployment for exchange of documentation and Performance measures between PCG and the IL State Medicaid Agency.

- Developed and built operations including project planning, staffing, policy and procedures, and development of performance measure instruments for data collection purposes.
- Recruiting and leads a clinical review team consisting of RNs, medical doctors, operational and administrative staff.
- Manages the development of a web-based software (PIVOT) that collects, aggregates, and reports data back to the state of IL and provides formatted reports for exchange of dashboarding and other key contract requirements.
- Leads a team of consultants in the implementation of project and executed project plan while managing all constraints of project Lifecyle.

Senior Consultant (January 2017 – 2018)
Mr. Barber provides expertise focused on RFP development, contract language assistance, and integration of health population management and cost containment for the State of Mississippi's Coordinated Access Network. The Mississippi Division of Medicaid (DOM) contracted with PCG to support the expansion and administration of managed care for the State's Medicaid and Children's Health Insurance Program (CHIP) programs.
Mr. Barber's technical and consulting services for this engagement focused on several project management roles including procurement services, evaluation, design/implementation, and mitigating the financial and organizational impact risk of managed care. He planned the readiness review and Implementation phases of the Managed Care contracts for the State. Key Deliverables include:

- Developed and oversaw the implementation of a revised CHIP managed care Vendor Reporting Manual for three health plans' reporting requirements
- Provide regulatory analysis of current CMS Managed Care Organization Regulations
- Designed and implemented all panning documents for the implementation of re-procured Managed Care contracts including Requirements gathering, schedule development, and WBS build-out and communications plan with all three Health plans
- Led a large Kickoff meeting with all stakeholders including external health plans to initiate the readiness review process
- Provide analysis and options regarding options for Medicaid cost reduction and improved efficiency
- Revise the current Managed Care Organizations Contract to comply with CMS regulations Develop procurement, planning and communication documents for Managed Care Organizations' readiness review

He also develops enhanced evaluation instrument for Mississippi's Department of Medicaid as part of the managed care re-procurement project and delivers SME on business requirements for Provider Representatives programs, quality management, vendor selections, and procurement evaluation best practices.

Beyond supporting the logistics of managed care expansion, Mr. Barber also provide research and recommendations toward the design, development, and implementation of new healthcare delivery initiatives. These initiatives aim to improve access to care for the State's rural and vulnerable beneficiaries and improve health outcomes for the population.

PROFESSIONAL BACKGROUND
Public Consulting Group, *Austin, TX*   January 2017 – Present

The Stephen Group, *Austin, TX*   2016 – 2017
Senior Consultant (2016 – 2017)
Mr. Barber led Medicaid reform project focused on population health, cost containment, and integrated delivery network design to realize savings for the State of Arkansas; produced financial model for Medicaid programs as part of a 5 year net savings plan of $400 mil; generated path for federal matching dollars ($1.5 mil/yr.) for clinical assessment redesign efforts; guided and led a team of business consultants on a $50+ mil procurement management project; and delivered SME on business requirements for clinical assessment procurement related to quality management, IT requirements, vendor selections, and individual assessment best practice.

Chrysalis, Inc., *Statewide TX*   2013 – 2016
Operations Executive (2016 – 2017)
Mr. Barber achieved long-range improvements goals, contract negotiations, sales, and growth by leading the Texas division in start-up environment, increased P&L oversight and operations leadership for $55 mil HCBS / Social Services provider resulting in revenues to $1.3 mil with positive profits in a tight-cost budget environment, introduced product differentiation resulting in aggressive contract growth of 500%, improved quality contract management requirements and dispute resolution with stakeholders, and delivered project goals and objectives ahead of schedule with focus on cost and quality constraints.

Texas Health & Human Services Commission, *Austin, TX*   2009 – 2013
Consultant Manager (2009 – 2013)
Mr. Barber increased engagement volume by 37% and grew new clients by 12% through program evaluation, developed and trained clinical and IT consultants on determinants of health, improving KPIs for patients, performed gap analysis and developed health intervention strategies improving prescriber behavior and interdisciplinary processes, improved integrated care services between healthcare providers as the principle investigator for Texas Nursing Facility Behavioral Health Project, and maximized public interface on IT enhancement project to provide electronic access to regulatory inspection results in an agile environment.

MHRST, Inc., *Houston, TX* 2008 – 2009
Chief Operations Officer (2008 – 2009)
Mr. Barber reduced overhead and administration costs optimizing $2 million annual budget by delivering organizational restructure project, expanded partnership with Menninger Clinic increasing bed occupancy by 28% over six months, increased web traffic by 30% through successful social marketing and SEO campaign, and grew strong 40+ employee clinical team including physicians, psychologists, and nurses through development program

Chrysalis, Inc., *Salt Lake City, UT* 2002 – 2006
Behavior Analyst & Unit Manager (2002 – 2006)
Mr. Barber designed and supervised treatment interventions using functional analyses processes and interpreted and presented data and treatment results to care team, trained and supervised 60+ managers and staff on treatment plans and intervention techniques which improved data integrity for treatment plans by 30%, led a program evaluation the results of which improved overall clinical treatment, medication management processes, and staff performance, and managed operations of three residential care programs, supervising 36+ healthcare staff.

EDUCATION
Washington University in St. Louis, *St. Louis, MO*
Master of Science, Healthcare & Social Service Administration

University of Utah, *Salt Lake City, UT*
Bachelor of Science, Social Work Research

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
Project Management Professional #1974272 from Project Management Institute, Certified Management Professional from the State of Texas, Research Certification from Washington University in St. Louis
Business Administration Certification from Washington University in St. Louis
Applied Research Certification from Washington University in St. Louis

REFERENCES
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Mississippi State Department of Health
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Angela Friedenreich
(Former) Director of Protection from Harm
Department of Intellectual and Developmental Disabilities -State of Tennessee
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ALICIA HOLMES
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP LLC

Alicia Holmes (MBA) is a Senior Consultant with over 10 years of experience working in health research and healthcare management. Ms. Holmes has provided subject matter expertise to support state healthcare reform efforts, including strategy development and implementation planning for behavioral health, commercial health insurance, and Medicaid.

Beginning in 2011, Ms. Holmes led several engagements with states analyzing and implementing Health Benefit Exchanges (HBE). Following the initial push for HBE development, Ms. Holmes has continued to support insurance regulators in their efforts to monitor and ensure compliance with ACA requirements. Ms. Holmes has supported all our recent engagements with Departments of Insurance, providing analysis and recommendations for Rhode Island, West Virginia, Tennessee, Pennsylvania, Illinois, Mississippi, and the District of Columbia. Her policy development experience includes planning and execution of key communication strategies that effectively engage both internal and external stakeholders.

HBE AND PRIVATE INSURANCE RELATED EXPERIENCE

Hillsborough County Florida
Pharmacy Program Evaluation (November 2019 – January 2020): Project Manager
Project: Hillsborough County contracted PCG to complete a Board of Supervisors requested evaluation of the County's pharmacy program for uninsured, low-income residents. The program consists of a PBM, network of retail pharmacies, and a pharmacy assistance program to provide discounted brand name drugs.
Ms. Holmes: Ms. Holmes serves as project manager, overseeing project execution and policy evaluation.
Medical Management Vendor Evaluation (August 2020 – December 2020): Project Manager
Project: Hillsborough County again contracted PCG to complete a Board of Supervisors requested evaluation of the County's medical management program for uninsured, low-income residents. The program consists of vendor-managed prior authorization, utilization management, case management, and quality improvement monitoring.
Ms. Holmes: Ms. Holmes serves as project manager and lead analyst, overseeing project execution and policy evaluation.

Office of the Insurance Commissioner, State of Rhode Island
Consumer Protection and Market Conduct Support (May 2017 to Present): Project Manager
Project: Support Rhode Island's efforts to enforce the consumer protections required of the ACA and the Mental Health Parity and Addiction Equity Act. Conducted comprehensive formulary reviews for PY18 issuer submissions. Review submitted plan information to prevent discriminatory benefit design. Draft requests for information and support communication with insurers to address the impacts of network adequacy, provider reimbursement, and non-quantitative treatment limits on consumer access to care. PCG also completed a traceability matrix portal to support OHIC trend analysis and data reporting. PCG continues to support operation and development work for the portal.
Ms. Holmes: Serves as the Project Manager and ensures all project work is completed on time and on budget. Drafted and reviewed requests for information to ensure the full scope of potential discriminatory benefit design is represented. Provide additional research to the client related to peer state actions and issues impacting behavioral health access.

Insurance Department, Commonwealth of Pennsylvania
Consumer Protection and Market Conduct Support (July 2017 to October 2020): Project Manager
Project: Support Pennsylvania's efforts to enforce the consumer protections required of the ACA and the Mental Health Parity and Addiction Equity Act through each annual form review cycle. Review submitted plan information to prevent discriminatory benefit design, with specific focus on prescription drug coverage. Draft requests for information and support communication with insurers to address the impacts of network adequacy, provider reimbursement, and non-quantitative treatment limits on consumer access to care.
Ms. Holmes: Serves as the Project Manager and ensures all project work is completed on time and on budget. Drafted and reviewed requests for information to ensure the full scope of potential discriminatory

benefit design is represented. Provide additional research to the client related to issues impacting prescription drug access for behavioral health and national best practices.

Offices of the Insurance Commissioner, State of West Virginia
<u>Issuer Validation Tools</u> (October 2018 – September 2019): Project Manager
Project: The West Virginia Offices of the Insurance Commissioner (WVOIC) contracted with PCG to assist in review of individual and small group formularies for ACA compliance, with a key focus on Mental Health Parity and Addiction Equity.
Ms. Holmes: Serves as the Project Manager and ensures all project work is completed on time and on budget.

Department of Insurance, State of Illinois
<u>Issuer Validation Tools</u> (March 2018 – February 2019): Project Manager
Project: The Illinois Department of Insurance (IDOI) contracted with PCG to assist in the development of tools to facilitate the review of forms and filings within health benefit plans filed with IDOI for certification. PCG's work includes a focus on essential health benefits, preventive services, prescription drug coverage, network adequacy, and mental health/substance use disorder services.
Ms. Holmes: Serves as the Project Manager and ensures all project work is completed on time and on budget. Ms. Holmes managed the development of a review tracker workbook and associated training manual that supports review of issuer compliance with both State and federal requirements.

Department of Insurance, Securities, and Banking, District of Columbia
<u>Market Reforms Technology</u> (October 2017 – September 2019): Project Manager
Project: The District of Columbia Department of Insurance, Securities, and Banking (DISB) engaged PCG to provide services in support of DISB's implementation of Insurance Market Reforms under Part A of Title XXVII of the Public Health Service Act ("PHSA"). DISB engaged PCG to develop tools and processes to review plans for discriminatory benefit design as restricted under section 2707 of the PHSA; and to develop tools and processes for a more efficient review of health plan compliance with parity requirements in coverage of mental health and substance use disorder services, as specified forth under section 2726 of the PHSA.
Ms. Holmes: Serves as the Project Manager and ensures all project work is completed on time and on budget. Ms. Holmes has provided research and analysis specific to mental health parity and is currently managing a formulary review analysis related to MH/SUD conditions of interest for the District.

ADDITIONAL EXPERIENCE

San Diego County, State of California
<u>Behavioral Health System Assessment</u> (March 2019 – Present): Project Director
Project: San Diego County contracted PCG to collect and analyze data across sectors and regions to define current need, outcomes, and resources. This assessment will address services across the care continuum, as well as the coordination of behavioral health care with primary care, social services, housing, education and public safety.
Ms. Holmes: Ms. Holmes serves as lead, responsible for overseeing project delivery related to system evaluation, program governance, and stakeholder communication.

Dane County, State of Wisconsin
<u>Mental Health Feasibility Study</u> (February 2019 – November 2019): Stakeholder Communication Lead
Project: Dane County contracted PCG to determine the value and feasibility of operating a central crisis restoration center as part of the County's behavioral health system.
Ms. Holmes: Serves as the stakeholder communication lead, responsible for developing and managing the collection and communication of qualitative data across impacted sectors in the community.

Department of Health, State of New York
<u>Delivery System Reform Incentive Payment Program Independent Assessor</u> (April 2017 to May 2018):
Senior Advisor
Project: Manages the publicly transparent and impartial review of delivery system transformation implementation projects across 25 provider systems. Evaluates integrated delivery systems, including coordination with health homes. Conducts ongoing monitoring and assessment of use of funds (including funding contingent on improvement in health quality and population health metrics). Develops payment methodology to approved provider systems contingent on completion of designated project milestones. Devises operational, clinical and population health metrics and milestones to evaluate applicants and measure performance for payment.
Ms. Holmes: Supports review of provider progress toward achieving quarterly milestones related to practice transformation for behavioral health and chronic disease management.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA*	October 2015 – Present
CVS Health, *Woonsocket, RI*	May 2013 – October 2015
Public Consulting Group, *Boston, MA*	February 2010 – May 2013
University of Vermont, *Burlington, VT*	May 2005 – August 2009

EDUCATION
University of Vermont, *Burlington, VT*
Master of Business Administration, 2009

University of Vermont, *Burlington, VT*
Bachelor of Science, Molecular Genetics, 2005

REFERENCES
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Selina Rambo
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Behavioral Health Services, County of San Diego Health & Human Services Agency
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TOBI-LEE RUSSELL
EXECUTIVE VICE PRESIDENT, HUMAN CAPITAL MANAGEMENT AT PUBLIC CONSULTING GROUP LLC

Ms. Tobi-Lee Russell is a Human Resource Leader who drives business results by aligning HR operational improvements and delivering value for the organization and its stakeholders. Ms. Russell has a track record of accomplishing high employee engagement scores and enabling career progression through talent management strategies. Ms. Russell is a developer of bench strength by creating trust and loyalty.

RELEVANT PROJECT EXPERIENCE

Public Consulting Group LLC, Boston, Massachusetts
(June 2019 – Present): Executive Vice President, Human Capital Management
Mrs. Russell: Serve as the firms' HR executive and a member of the Public Consulting Groups' (PCG) executive team, reporting directly to the President. Responsible for the Human Capital strategic development and implementation of human capital initiatives. Functional oversite for all talent acquisition, workforce planning and analytics, talent development and performance management, business partnership, employee relations, benefits, operations, risk management and compliance, compensation, HRIS and learning and development programs for a rapidly growing global consulting firm.

Cumberland Gulf Group of Companies, Westborough, Massachusetts
(May 2012 – October 2018): Vice President, Human Resources
Mrs. Russell: Transformed HR across a $10B convenience store and petroleum business, with 600 retail stores in 8 states, 9 gas terminals, distribution center/fleet and a commissary. Drove organizational change through strategic design, development and implementation of talent and organizational models and culture development programs, including core values and employee engagement for 9000 employee population.

- Achieved significant decrease in employee turnover from 110% to 62% resulting in approximately $3M annual cost reduction.
- Reengineered the high-volume recruiting function to increase applicant flow from 62K applicants to 100K per year. Developed staffing plan to create commissary.
- Developed succession model to ensure all critical roles have 1 or more "ready now" successors. Designed Leadership model and assessment to select and assess potential.
- Designed new hire training to ensure time to productivity for new store members improved from 1 week to 3 days.
- Improved employee engagement survey results by 13 points enabling the company to be a Fortune Top 100 Great Places to Work certified organization.
- Actively supported the divestiture of Gulf Oil.
- Developed a benefits strategy for a $44M benefits budget, enabling no budget increase for the company or employees.

Hanover Insurance Company, Worcester, Massachusetts
(2009 – 2012): Vice President, Human Resources
Mrs. Russell: Accountable for all HR functions for a $5B global property and casualty publicly traded insurance business with 5,000 employees.

- Accountable for driving efficiencies for 80 person HR organization with budget responsibility of approximately $10M.
- Developed strategy and managed execution for HR Shared Services, Employee Relations, Talent Acquisition, HR Operations, Benefits H&W and Retirement Administration, Payroll, PMO, Training, HRIS and Compensation consulting functions.
- Created efficiencies and enhanced effectiveness through resource management, technology strategies and process improvements, risk mitigation, quality and manager tools and services.

- Established and maintained partnerships with vendors and third-party providers including those off-shore, yielding headcount savings of 20 eliminated HR positions.

Fidelity Investments, Marlborough, Massachusetts: (1995 – 2009)
Vice President Human Resources, Fidelity Developing Business
Mrs. Russell: Developing business includes various businesses such as charitable gifts, insurance and other key diversified ventures for Fidelity Investments.

- Led process to determine the overall alignment/allocation of resources and HR programs for new acquisitions and business lines.

Vice President, Business Partner, Fidelity Investments Institutional Services
Ms. Russell: Investments Institutional Services Company, Inc. provides investment products and programs to over 4,500 financial institutions and institutional brokerage clients.

- Acted as a trusted advisor, coached and partnered to over 1200 employees in sales, technology, and client services, to achieve sales goals, retention and engagement results.
- Delivered and executed proactive succession planning and managerial effectiveness services that ensured all critical positions have "ready now" successors.
- Partnered with HR core compensation groups to develop and implement variable compensation solutions that drove sales results.
- Worked with finance and Six Sigma team to improve employee retention by 10%.

Human Resource Business Partner, Fidelity Investments Employer Services
Ms. Russell: Large Plan Services consists of over 800 employees who are responsible for delivering human resources/benefit outsourcing services to 401(k) clients with over $300 billion in administered assets.

- Coached the Executive Vice President, on issues ranging from team dynamics, change management, executive & sales compensation and recruiting.
- Introduced management development strategy, specifically designed to be owned and driven by senior line managers, using cross functional teams.
- Instituted a "top talent" process, resulting in retaining 90% of identified talent
- Institutionalized the Gallup Engagement Survey to enhance employee retention.

Human Resource/Recruitment Director, Fidelity Capital
Ms. Russell: Community Newspaper Company published 100 publications. Served as CHRO to Publisher and Senior Leadership Team and managing direct reports across multi-site organization.

PROFESSIONAL BACKGROUND
Public Consulting Group LLC, *Boston, MA*   June 2019 – Present

Cumberland Gulf Group of Companies, Westborough, Massachusetts   May 2012 – October 2018

Hanover Insurance Company, Worcester, Massachusetts   2009 – 2012

Fidelity Investments, Marlborough, Massachusetts   1995 – 2009

EDUCATION
University of Massachusetts at Boston, *Boston, MA*
Masters of Education Degree – Organizational Design

Boston College, Boston, MA
Bachelors of Arts Degree – Human Development

PROFESSIONAL ACTIVITIES
Adjunct HR Professor - *Framingham State University Graduate School of Business*   *2016 – Present*

Board of Directors *– Vice Chairman, MetroWest Leadership Academy* *2014 – Present*

Top National Women in Convenience Store winner 2015
Bob Gatti/HRLF Leadership Nominee 2017

REFERENCES
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KAYTE BELLUSCI
SOLUTIONS MANAGER AT PUBLIC CONSULTING GROUP LLC

Ms. Kayte Bellusci is a Solutions Manager in PCG's Boston, MA office. In her role as a Solutions Manager, Ms. Bellusci has most recently been working with the state of New Jersey on their response to the COVID-19 pandemic. Ms. Bellusci previously assisted states and large urban districts with their reporting, policy, and technology needs related to providing educational solutions to specialized student populations. Ms. Bellusci has experience across many public sectors, including Office of Special Education Programs (OSEP) monitoring and federal reporting, School-based Medicaid claiming, and technology centered human and policy change management. She has a strong focus on project management and solution design with the experience to support clients to meet their goals. Ms. Bellusci is a Certified SCRUM Product Owner and holds an undergraduate degree from Boston College.

RELEVANT PROJECT EXPERIENCE
Department of Health, State of New Jersey
COVID-19 Contact Tracing (March 2021 – Present): Regional Coordinator
Ms. Bellusci is currently working with NJ DOH as one of three regional coordinators focused on supporting over 150 supervisors and over 1500 contact tracers. Responsible for the direct supervision of approximately one-third of these supervisors and their teams, including monitoring of ongoing operations, identification and execution of process improvements, and development of team leadership and supervisory skills.

State Department of Education, State of Connecticut
Connecticut Special Education Data System (CT-SEDS (September 2020 – March 2021): Solution Design and Data Integration and Reporting Lead
Project: Public Consulting Group LLC is working with the Connecticut State Department of Education (CSDE) to implement Connecticut's first statewide education data solution to include IEP, Service Plan, 504 Plan, Gifted Plan, and general education supports (MTSS), as well as several other functional areas.
Ms. Bellusci: Acted as the senior advisor to the CSDE team responsible for the design of CT-SEDS. Responsible for the review of program approach to IDEA and other state and federal reporting requirements and overseeing the team designing and building out new reporting solutions.

Department of Education Bureau of Student Support, State of New Hampshire
New Hampshire Special Education Information System (NHSEIS) (April 2008 – March 2021): Project Director
Project: Public Consulting Group LLC currently provides the New Hampshire Department of Education Bureau of Student Support with our EDPlan™ solution platform. PCG provides a customized system to meet the legislative needs of the state in combination with the compliance requirements laid out by the Office of Special Education (OSEP). The New Hampshire implementation of EDPlan, branded as NHSEIS, is used to develop all Individualized Education Plans and Services Plans being used to support students in the state. PCG coordinates with DOE leadership on an ongoing basis to ensure that all state polices and goals are consistently supported across all districts and users in the state.
Ms. Bellusci: Project Director for the statewide EDPlan project, locally referred to as NHSEIS Responsible for bringing outstanding deliverables to successful completion and working with the Department of Education identifying additional functionality that would be beneficial to the State. Also responsible for coordinating support to the individual Districts using NHSEIS for their daily IEP processing.

Department of Public Instruction, State of North Carolina
Every Child Accountability & Tracking System (ECATS) (March 2017– January 2019): Data Migration, Integration, and Reporting Lead

Project: Public Consulting Group LLC is working with the North Carolina Department of Public Instruction to develop and support a statewide educational data solution that supports the individualized needs identification and support planning for every student in the state. PCG Worked with the DPI leadership and internal teams to implement a platform that integrates with existing data sources to bring previously isolated information together to facilitate the early identification of at-risk students and provide planning and monitoring tools to every teacher.

Ms. Bellusci: Data Integration and Reporting Lead for the implementation of the statewide Exceptional Children Accountability Tracking System (ECATS). Responsible for architecting the migration of historical student data for over 75,000 Special Education students, as well as the integration planning and implementation for the ongoing data exchange for the entire student population. Development and implementation of reporting structures and data collections for the ECATS system, which supports IEP, Progress Monitoring, MTSS, and Fee-for-Service functions.

Boston Public Schools, Commonwealth of Massachusetts

EDPlan ™ (July 2014 – July 2019)

Project: PCG is working with Boston Public Schools to expand the implementation of our EDPlan solution platform and provided subject matter expertise necessary for designing a solution and developing a training plan to replace a 20-year-old home grown legacy system, including data migration, and integration with existing district systems. Project included customization and rollout of IEP, 504, Connect, district and state level reporting, automated data exchange points, and implementation of a SAML SSO authentication model.

Ms. Bellusci: Project Director leading the team to expand the existing Fee-for-Service documentation and claiming services and implement a new Special Education solution for Boston Public Schools.

School District of Philadelphia, Commonwealth of Pennsylvania

EDPlan™ (June 2009 – March 2021)

Project: PCG provides a district wide EDPlan implementation providing embedding guidance and compliance monitoring for students with IEPs, 504 Plans, Gifted Plans, and acts as a data collection and claiming platform for Fee-for-Service Medicaid billing activities.

Ms. Bellusci: Project Director, responsible for team providing maintenance of district wide system and ongoing development efforts, including advanced reporting options and portal authentication integration.

Massachusetts Executive Office of Education, Commonwealth of Massachusetts

District Profiles Analysis (January 2014 – April 2014): Project Manager

Project: PCG provided consultant services to guide research, project support, and data oversight for comprehensive review of the state's public information portal for state, district, and school level education data, known as Profiles.

Ms. Bellusci: Managed a team performing research based best practices analysis, including a systematic review of other state, federal, and independent education data websites, organized statewide stakeholder groups to collect data on current and future use, and provided recommendations to improve access, use, and understanding of data.

Department of Education, State of Indiana

Indiana IEP (IIEP) (December 2010 – September 2011): Data Migration and Integration Lead

Project: Public Consulting Group LLC currently provides the Indiana Department of Education with our EDPlan™ solution platform. PCG provides a customized system to meet the legislative needs of the state in combination with the compliance requirements laid out by the Office of Special Education (OSEP). The Indiana implementation of EDPlan, branded as IIEP, is used to develop all Individualized Education Plans,

504 Plans, and Services Plans being used to support students in the state. IIEP also provides a conduit for Fee-for-Service Medicaid reimbursement services.

Ms. Bellusci: Reponsible for leading the pre-initiation analysis and successfully executing a multi-system integration plan and historical data migration for the statewide EasyIEP. Responsible for design and implementation of custom single sign-on functionality and a variety of ongoing data feeds. Coordinated policy reviews necessary to reflect updated state and federal requirements.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Boston, MA*   March 2008 – Present
States Attorneys and Sheriffs, *Montpelier, VT (IT Director)*   *November 2004 – March 2008*
Anichini, Inc, *Tunbridge, VT   (Network Administrator)*   *January 2004 – November 2004*
OnExchange, Inc, *Cambridge, MA   (IT Manager)*   *August 2000 – February 2003*
Nickelodeon Direct/RedRocket, *Cambridge, MA   (IT Manager)*   *August 1999 – August 2000*

EDUCATION

Boston College, *Chestnut Hill, MA*
Bachelor of Arts, May 1997

CERTIFICATIONS

Certified SCRUM Product Owner
Certified SCRUM @ Scale
Notary Public

REFERENCES

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Andrea Alves-Thomas
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Manager of Compliance (Former), Boston Public Schools, Boston, MA
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JENNIFER WINGENBACH
SENIOR AUDITOR AT PUBLIC CONSULTING GROUP LLC

Ms. Wingenbach is an RN with extensive home care experience with Medicaid clients both pediatric and adult. Her experience includes direct patient care, case management, clinical management, patient education, employee training, and clinical compliance. Currently Ms. Wingenbach is the Training Lead for the Contact Tracing Initiative in Ohio for Public Consulting Group. She brings her clinical knowledge, training experience, flexibility, and ability to coordinate across teams to meet deadlines and expectations.

RELEVANT PROJECT EXPERIENCE
Ohio Department of Health
Contact Tracing Initiative February 2021-Present: Training Lead
Engaged in the startup of the Contact Tracing Initiative which included the development of job descriptions, training content, written and recorded resource material for new and transferring employees, and determining the training schedule for both employees already working as Contact Tracers who transferred their employment to PCG and for new hires. The training schedule for transferring employees was one day and focused on onboarding them to PCG quickly and thoroughly to have them resume work as quickly as possible. The training for new hires was delivered over 5 days, which included both live sessions using an online meeting platform as well as self-paced courses and time to read through the training material. Ms. Wingenbach coordinated with supervisory team that transferred their employment to PCG to engage their participation and expertise in training new hires on the two documentation systems in use, OCTS and ODRS. Ms. Wingenbach actively communicated with the project team and supervisory team on trainee progress, identified needs for future training groups, solicited feedback on the training program, and made adjustments to the training program as needed.

Arkansas Department of Health
Contact Tracing Initiative July 2020-Februrary 2021: Training Lead
Engaged in learning the documentation systems and contact tracing processes of the contract prime to effectively teach Contact Tracers in their new role. Provided weekly comprehensive training through an online meeting platform to Contact Tracers that covered customer service, dealing with difficult and emotional customers, understanding unfamiliar accents, language line, and the documentation system, ServiceNow. The training was conducted over a 4-day period and included extensive role plays while using the documentation by the Contact Tracers while they were sharing their screens. This allowed for feedback, guidance, and extensive Q & A to facilitate their understanding of the system, processes, and importance of complete and correct documentation. Ms. Wingenbach identified and trained a second trainer for the initiative to be able to train all systems in her absence and to routinely train in conjunction with Ms. Wingenbach to provide more than one voice with the material being taught. Additionally, Ms. Wingenbach developed training resources for the training team including an FAQ document that could be used by any member of the PCG team to support training if needed. Due to the amount of information that the Contact Tracers were required to learn she developed and maintained updated training aids, including call flow processes, and resources. Ms. Wingenbach attends standing meetings with the contract prime to collaborate on guidance changes that affect training and the documentation system as well as any challenges encountered with each training group.

Department of Health Care Policy and Financing, State of Colorado
Home and Community Based Services Post-Payment Review September 2019-July 2020): Audit Lead
Engaged in effectively re-starting the Colorado Home and Community Based Services (HCBS) Post Payment Review Project. Trained the Clinical Reviewers on navigating the Colorado Code of Regulations (CCR). Developed over 30 review tools specific to the CCR's. The review tools included the main requirements that would need to be met for the specific procedure codes and the CCR that would be cited for each requirement specific to the HCBS waiver service for any areas of non-compliance. Participated in weekly onsite meetings and ad hoc communications with the client to discuss the status of the project. Actively collaborated with the client and made requested changes to the structure of the review findings as requested by the client. Completed several implementation reviews while developing operational protocols. Implemented, managed, and performed various quality assurance measurements to ensure work standards of compliance and quality. Worked in conjunction with the Quality Assurance Specialist and Quality

Assurance Manager to improve QA review tools and processes to increase the quality of work and decrease the number of errors found by the client.

Evergreen Home Healthcare, LLC.
Clinical Compliance Program (January 2018 – August 2019): Clinical Compliance Officer.
Provided clinical oversight to two office locations. Responsible for Quality Assurance and Improvement audits to verify that agency policies, regulations and processes were followed. Provided feedback to Managers on areas identified in audits that required improvement, including expectations and strategies for improvement. In conjunction with the COO developed policies, procedures and processes for IHSS, Homemaker, and PCP services. The specific services for IHSS, Homemaker, and PCP had not started to be provided to clients prior to leaving Evergreen, as the certification was received shortly before leaving the company. Additionally, during the tenure with the company, direct care was provided to Medicaid clients who were on the EBD, CES, CLLI, HCBS, and CHCBS waivers, who were receiving long term skilled home health services. This included in home visits for skilled services, supervision, care coordination, and providing resource information to clients and families for additional services that were covered under their waivers. Participation in Stakeholder meetings for EVV, Medical Services Board, Home Care Advisory Committee, and Home Care Association of Colorado.

Clinical Service Operations (January 2015- January 2018): Administrator/Director.
Ensured that daily operations of the Agency maintained compliance with Federal, State and CHAP regulations. Developed a summary of Medicaid Waivers including services covered under EBD, CES, CLLI, HCBS, and CHCBS waivers for clinical staff to reference regarding services available under each waiver. Participated in PAT tool review for Medicaid patients to ensure accurate scoring as related to the Medicaid Benefit Coverage Standard. Responsible for the Quality Assurance Program which included completing chart audits, implementing and monitoring PDCA's, and ensuring that process changes meant to improve quality were working as intended.

PROFESSIONAL BACKGROUND

Public Consulting Group *Denver, CO.*   September 2019 – Present

Evergreen Home Healthcare*, Fort Collins and Westminster, CO.*   July 2009 – August 2019

Alternative Home Healthcare, *Denver, CO.*   July 2007 – May 2009

North Shore Health and Rehab, *Loveland, CO.*   January 2004 – June 2007

EDUCATION
University of Phoenix *– Lonetree, CO.*
Bachelor of Science in Nursing, 2010

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS
Registered Nurse (RN); CPR.
Microsoft Office
Experienced in the use of the following: Ventilators/Bi-PAP/CPAP, Tracheostomy- care and changing, Gastrostomy/Jejunostomy- care and changing, Feeding Pumps, Nebulizers, Oxygen, Pulse Oximeters, Suction Machines, Colostomy/Ileostomy Stomas, IV Pumps, Elastomeric IV Infusion, Broviac, Mediport, PICC/Midline Catheters, Isufalon Catheter, and administration of IM/SQ injections.

REFERENCES
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Debbie O'Brien, RN
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KEVIN CARLSON
CHIEF TECHNOLOGY OFFICER AT PUBLIC CONSULTING GROUP LLC

Mr. Kevin Carlson has over 20 years in the Healthcare Technology space in capacity of an Entrepreneur and a C-Level Executive. Mr. Carlson has overseen the development and implementation of several large-scale EHR and RCM systems that continue to lead the industry today. He has also taken part in the implementation and roll-out of state-wide HIE systems. Currently, Mr. Carlson, as the CTO at PCG, oversees and architects the development and SAAS development rollouts of all the applications pertaining to the Healthcare division.

RELEVANT PROJECT EXPERIENCE

Public Consulting Group LLC, Boston, Massachusetts
(June 2015 – Present): Chief Technology Officer
Mr. Carlson: Manager of the technology division of the Health Practice Area of Public Consulting Group. Oversees all the infrastructure and development that supports all of the Health applications that provide both internal and external business needs. Chief Architect of all new applications and oversees the development of all the applications which are written in the SQL, C#, and .NET Microsoft technologies. Supervises the development and support for all business intelligence analytical tools, leveraging commercial tools including Tableau and SAS. Member of the PCG Technology Steering Committee that works together to leverage the latest technology to grow and support the infrastructure across the entire company, including dozens of offices worldwide and two geographically separate datacenters. In addition, takes part in the strategic directives that relate to SOC I and II as well as HIPAA compliance. Takes part in supporting client-facing activities, including sales and support. Finally, Mr. Carlson is a member of the Health Management team that provides business development and management experience to that company division.

LogixHealth, New Bedford, Massachusetts
(November 2012 – March 2015): Chief Information Officer
Mr. Carlson: Member of the executive team making tactical and strategic decisions growing the company during Mr. Carlson's tenure. Completely revamped the Technology Department, including going from a 8x5 to a 24x7 Infrastructure support team, migrating from a third-party development team to an in-house team, and cutting technology spending by more than 30%. Oversaw the development of several Web-based applications which provided value-add benefits to the 200+ clients as well as internal operational teams. Those tools included Business Intelligence, data warehouses, and proprietary healthcare-centric applications aimed at improving the efficiency of hospital systems and the RCM process. Worked hand-in-hand with both internal business owners and clients, understanding the operational challenges that revolved around the RCM and hospital administration industry, and leveraged technology to automate or streamline those processes while maintaining HIPAA integrity. Built and managed a technology department with 70 staff members, located in both the U.S. and India. Key stakeholder in starting the India-based subsidiary entirely owned by LogixHealth, and moved 300+ FTEs of technology and business processing positions from outsourced vendors into the entity. This included several trips to Bangalore, India to oversee and manage the process. Coordinated data interfaces with hundreds of clients across the U.S. allowing LogixHealth to provide Coding and RCM services for both the hospitals and the providers.

Carlson Technology Healthcare Solutions, LLC, Derry, New Hampshire
(April 2012 – November 2012): Principal
Mr. Carlson: Provided consulting services as a hands-on Technology Executive working to help companies streamline and scale their Technology Departments by leveraging the latest technology resources on a global level. Performed consulting services for Intersystems on their HIE HealthShare product. Worked as part of the ICE team to implement and deploy HealthShare to the state of Rhode Island (CurrentCare).

Worked with the Intersystems Active Analytics team (Deepsee) on building a Web-based BI tool to hook into their HIE product.

Advantage HealthCare (formerly AMSplus), Salem, New Hampshire

(January 2006 – April 2012): Chief Information Officer
(October 2004 – December 2005): Consultant

Mr. Carlson: Member of the Executive Team and took part in strategic and tactical decisions regarding all aspects of the company's operations and future. This included being a key player in several mergers and acquisitions. Oversaw the development of the Worx application, a Cache Web-based revenue cycle management system. This system was put into production in 2006 continued to be enhanced along with two other medical billing systems—one that was written in MUMPS and one in D3 (Pick). Seamlessly migrated (including data conversion) over 120 billing clients from multiple legacy billing applications to the Worx billing application transparently to both clients and billing operations. Designed, developed, and brought to market a Web-based BI system and back-end data warehouse for both 120+ clients and internal staff. Managed the day-to-day operations of the entire IT Department with 32 staff members, located in 12 offices across the U.S. and India. Traveled throughout the U.S. and abroad to oversee both operational and technology initiatives taken by 10 U.S.-based offices and two India-based technology/data entry offices. Worked seamlessly with the sales and operations team to bring on new clients as well as changes in technology of existing clients. Led the initiative to document all processes and procedures allowing for ISO 9001 certification.

Paradigm Solutions, Inc., Wrentham, Massachusetts

(October 1997 – December 2005): President

Mr. Carlson: Paradigm was founded by Kevin Carlson and William D. Dillon, MD to start a custom medical record development company to write custom electronic medical record software that will integrate seamlessly in medical practices to improve workflow and reduce costs. The company grew to include a transcription division, which synergized with the EMR division, a network division to provide network and computer support to clients, and a Web design and hosting company to complement both medical and other businesses across New England. Developed custom Electronic Medical Record application in Visual Basic and Microsoft SQL Server. EMR applications were deployed to specialties including Internal Medicine, Cardiology, Radiology, Endocrinology, Dialysis, and Orthopedics specialties. Performed IT Consulting Services for over 50 customers ranging from single-employee companies to organizations exceeding 500 employees in multiple countries. Managed a team of developers who worked on Web-based and EMR applications, as well as customized database application. Managed the ISP division which hosted and maintained hundreds of websites, eCommerce sites, email, DNS, and high-speed direct Internet connections. Managed a Medical Transcription division that transcribed medical records from medical practices into the EMR applications that the company designed. Performed management duties, including writing contracts, payroll, HR, and accounting.

Suffolk University, Boston and Franklin, Massachusetts

(September 2001 – June 2004): Adjunct College Professor

Mr. Carlson: Taught Accredited and Non-Accredited College-level classes in Math, Computer Programming, Database Design, and Web Site Development.

Acadia Software, Boxborough, Massachusetts

(February 1996 – June 2004): Software Engineer

Mr. Carlson: Developed custom software applications to clients utilizing Delphi and Web-based technologies. Participated in developing the Web design application called Acadia Infuse, which was later commercialized into Cold Fusion. Primary Delphi developer on a three-person team to write an artificial

intelligence software product that would algorithmically calculate future sales of a retail fast food chain restaurant based upon historical data and automatically schedule staff-based sales demand and the employee skill set.

Charles Stark Draper Laboratory
(June 1994 – February 1996): Software Engineer
Mr. Carlson: Developed software to provide analysis and accuracy improvement for the Trident 1 and 2 GPS-Integrated guidance systems. Application was written and maintained in Fortran 77 and was re-written into Borland C++ during his tenure. Maintained all computer LANs in the test lab. Provided code and database support on all system tests. Attained Secret Clearance allowing classified work on several associated Navy Contracts.

PROFESSIONAL BACKGROUND

Public Consulting Group LLC, *Boston, MA*	June 2015 – Present
LogixHealth, *New Bedford, MA*	November 2012 – March 2015
Carlson Technology Healthcare Solutions, LLC, *Derry, NH*	April 2012 – November 2012
Advantage HealthCare (formerly AMSplus), *Salem, NH*	October 2004 – April 2012
Paradigm Solutions, Inc., *Wrentham, MA*	October 1997 – December 2005
Suffolk University, *Boston and Franklin, MA*	September 2001 – June 2004
Acadia Software, *Boxborough, MA*	February 1996 – June 1998
Charles Stark Draper Laboratory, *Cambridge, MA*	June 1994 – February 1996

EDUCATION

Northeastern University, *Boston, MA*
Bachelor of Science, Computer Science, Minor in Business Administration and Mathematics, June 1998

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Proficient in C#, HTML, ASP .NET, VB .NET, Cache, SSRS/SSIS, TFS, Agile, Waterfall, Windows Server Family, Exchange, SQL Server, UNIX, LINUX, Network architecture and design, Web-based SAAS application architecture, database architecture, HIE System implementations

REFERENCES

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Kelly Friar, Ohio Department of Health
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JULIA LE
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP LLC

Ms. Julia Le is a Business Analyst in the Denver office focusing on public sector healthcare projects including the individual market, Medicaid, and health system reviews. She specializes in conducting quantitative analyses and creating visualizations. Prior to joining PCG, Ms. Le completed her Master's thesis consulting for two public hospitals in The Republic of Uganda to reduce their feto-neonatal mortality rates using both quantitative and qualitative research methods. She has an extensive background in data analysis, data visualization, policy analysis, and research. Ms. Le holds a Bachelor of Science in Science-Business and Master of Science in Global Health from the University of Notre Dame.

RELEVANT PROJECT EXPERIENCE
Department of Health, State of Ohio
COVID-19 Contact Tracing & Case Interview Services (February 2021 – Present)
Project: Public Consulting Group LLC is working with the Ohio Department of Health to identify recruit, onboard, train, and deploy qualified individuals for contact tracing operations.
Ms. Le: Supports training including creating training material. Provides training completion reports. Follow up with supervisors for training completion of workforce.

Department of Health, State of New Jersey
Community Contact Tracing Corps Deployment Provider (July 2020 – Present)
Project: PCG is working with the New Jersey Department of Health to identify and recruit qualified individuals to execute contact tracing activities. PCG ensures that the potential contact tracer staff has familiarity with the communities and the geographies in which they are working. PCG works closely with the State to implement mandated training materials and curriculum and tracks successful completion of the required training. PCG coordinates with DOH operation leads to ensure that the contact tracers are effective and efficiently deployed to support State and LHD contact tracing operations.
Ms. Le: Provides contact tracer onboarding and operations support, provides and facilitates orientation for newly hired contact tracers, manages contact tracer and supervisor data, and communicates with the State on contact tracer assignments and needs.

Department of Health Services, State of Wisconsin
Contact Tracing and Tracking Operations (May 2020 – Present): Training Lead
Project: Support the Wisconsin Department of Health Services (DHS) in contact tracing and tracking operations as the State expands efforts due to COVID-19. Aid in six categories related to implementing contact tracing infrastructure including: 1) Training Development, 2) Organizational Structure Development, 3) Workflow Development, 4) Transition Planning Development, 5) Contact Tracer Support Engagement, and 6) Project Management Support.
Ms. Le: Conducted gap analyses of existing training and curriculum needed for newly hired contact tracers. Developed a digital, independent learning curriculum including topics such as background on the COVID-19 pandemic, Wisconsin's contact tracing process, how to conduct contact tracing interviews, how to enter interview data to the surveillance data system, communications training, and resource referral for clients contacted. Wrote accompanying manuals for select training topics to serve as references. Developed assessment materials for contact tracer comprehension. Maintain and publish trainings, assessments, and assessment results.

Department of Health Care Policy and Financing, State of Colorado
Senior Dental Program Administration Review (March 2020 – Present): Analyst
Project*:* Support HCPF in its administration of the Senior Dental Program.
Ms. Le: Analyze the current system. Create flow charts to visualize current business processes. Created evaluation methodology for process effectiveness. Devised and researched potential solutions for feasibility. Conducted outreach to comparable programs for best practices. Draft report. Provide recommendations.

Department of Health Care Policy and Financing, State of Colorado
Business Process Reengineering (March 2019 – Present): Analyst
Project: Support HCPF in improving accuracy of Medicaid eligibility determinations. Use Lean principles to examine eligibility workflows and identify areas for improvement. Conduct model site visits. Conduct learning sessions to share best practices established nationally and found through the model site visits.
Ms. Le: Create communication materials to HCPF, stakeholders, and eligibility sites. Conduct model site visits. Facilitate learning sessions. Write summary reports.

Behavioral Health Services, County of San Diego, State of California
Behavioral Health Consultant Services (March 2019 – Present): Analyst
Project: Support the County of San Diego in finding solutions to pressing behavioral health needs. Create a governance group for sustainable decision making. Aggregate data resources to create more data driven solutions. Create solutions for law enforcement and behavioral health interactions.
Ms. Le: Research best practices and innovative models for law enforcement engagement with behavioral health cases. Support cross-sector data workshop for data-driven decision making. Create materials for Board of Supervisor reporting and public presentations.

Department of Public Safety, State of Missouri
Veterans' Needs Assessment (March 2019 – Present): Analyst
Project: Assess veterans' needs. Conduct a feasibility study for adding additional care facilities in the State.
Ms. Le: Create maps of veteran population and projects to current veterans' homes and cemeteries using GIS software.

Department of Human Services, County of Dane, State of Wisconsin
Behavioral Health Needs Assessment (February 2019 – Present): Data Lead
Project: Conduct a behavioral health need assessment of resources in the county and utilization. Answer questions surrounding access and demographic disparities.
Ms. Le: Create data request. Conduct quantitative analyses using regression models. Analyze system utilization by insurance payer for the County and statewide.

Department of Health and Human Services, State of South Carolina
1115 Waiver Development (October 2018 – May 2019): Analyst
Project: Developed an 1115 waiver for the State of South Carolina Department of Health and Human Services to implement community engagement requirements for Medicaid eligibility.
Ms. Le: Ran budget neutrality analyses. Created public comment presentation materials. Recorded public comments. Analyzed and summarized public comments received through public hearings, email, and portal.

Office of Financial Management, State of Washington
Washington Mental Health System Assessment (October 2018 – February 2019): Analyst
Project: Assessed the state's adult behavioral health care continuum across various bed and facility types. Prioritized behavioral health facility type by geographic region. Created a systematic method to distribute resources across geographical regions. Conducted a feasibility assessment for establishing state-operated, community-based mental health facilities as required by Substitute Senate Bill 6095.
Ms. Le: Created and conducted analytical methodologies for quantitative analyses of bed types. Created data visualization components including maps and charts. Prepared report materials.

Department of Health Care Policy & Financing, State of Colorado
Pay for Performance Review (September 2018 – Present): Analyst
Project: Review Colorado's nursing home payment system and implement a performance-based payment model. Create and maintain an online portal to process applications. Manage and review applications. Conduct analysis to determine trends.
Ms. Le: Conduct portal user acceptability testing. Provide portal functionality suggestions based on the needs of the clients. Manage online portal. Review and score applications. Conduct site visits. Oversee the appeals process. Draft summary reports.

Office of the Superintendent of Insurance, State of New Mexico
<u>Health Insurance Market Conduct Examination</u> (September 2018 – October 2018): Analyst
Project: Review New Mexico's insurance carriers' network sufficiency, mental health parity, and cost-sharing practices for preventative care services. Ensure compliance with federal and state regulations.
Ms. Le: Conducted legislation research. Prepared report materials.

PROFESSIONAL BACKGROUND
Public Consulting Group, *Denver, CO*   September 2018 – Present

EDUCATION
University of Notre Dame, *Notre Dame, IN*
Master of Science, Global Health, 2018

University of Notre Dame, *Notre Dame, IN*
Bachelor of Science, Science-Business, 2017

REFERENCES
Dr. Katherine Taylor, Director of Global Health Training
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Dr. Brian McCarthy, Adjunct Professor University of Notre Dame, Owner at Maternal and Newborn Global Health Consultants, Inc.
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KAITLYN GILBERT
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP LLC

Ms. Kaitlyn Gilbert is a Business Analyst in PCG's Nashville, TN office. In her role as a Business Analyst, Ms. Gilbert has most recently been working with states on their response to the COVID-19 pandemic. Ms. Gilbert previously assisted the state of Wisconsin with their contact tracing initiative and is now currently assisting New Jersey and Ohio with their contact tracing efforts and operations. Ms. Gilbert has experience across many healthcare scopes of work including Medicaid policy and analysis and behavioral health assessment and reform. She has a strong focus on project management and operations to deliver value-added solutions to her clients. Ms. Gilbert holds a Master of Business Administration degree from Mississippi State University.

RELEVANT PROJECT EXPERIENCE

Department of Health, State of Ohio
COVID-19 Contact Tracing & Case Interview Services (February 2021 – Present)
Project: Public Consulting Group LLC is working with the Ohio Department of Health to identify recruit, onboard, train, and deploy qualified individuals for contact tracing operations.
Ms. Gilbert: provides project management and operations support.

Department of Health, State of New Jersey
Community Contact Tracing Corps Deployment Provider (July 2020 – Present)
Project: Public Consulting Group LLC is working with the New Jersey Department of Health to identify and recruit qualified individuals to execute contact tracing activities. PCG ensures that the potential contact tracer staff has familiarity with the communities and the geographies in which they are working. PCG works closely with the State to implement mandated training materials and curriculum and tracks successful completion of the required training. PCG coordinates with DOH operation leads to ensure that the contact tracers are effective and efficiently deployed to support State and LHD contact tracing operations.
Ms. Gilbert: provides project management and operations support; created project schedule and project management documentation; manages supervisor hiring data and creates dashboard for DOH; performs analysis for supervisor timesheet data and ideal state.

Department of Health Services, State of Wisconsin
COVID-19 Contact Tracing and Tracking Operations Support (May 2020 – August 2020)
Project: Public Consulting Group LLC is working with the Wisconsin Department of Health Services to manage, facilitate and develop Department directed activities to stand up a statewide contact tracing program. PCG identified materials to be developed or updated and created new materials for training of contact tracers. PCG developed organizational structure documents to managed limited term employment contact tracers and developed standard operation procedures for contact tracing and tracking operations.
Ms. Gilbert: Works on creating organizational structures and standard operating procedures for the contact tracing operations and provides project management support.

Department of Health and Human Services, State of Nebraska
Modernizing Systems Consulting Services (November 2019 – Present)
Project: Public Consulting Group LLC is working with the Nebraska Department of Health and Human Services to support the transformational projects and initiatives meant to advance the agency in modernizing systems and processes.
Ms. Gilbert: Works on the DMA Certifications team to ensure correct evidence and criteria is presented in Certifications Evidence Documents to CMS.

Central Procurement Office, Department of Commerce and Insurance, State of Tennessee
The Assessment of Pharmacy Benefit Managers (January 2020 – Present)
Project: PCG is developing an assessment of best practices for Pharmacy Benefit Managers operating within the State of Tennessee. The assessment will review and opine on Tennessee's current statutory scheme impacting PBMs, provide a broad overview of the role of PBMs in the healthcare system, and evaluate how PBMs impact the cost of healthcare in Tennessee.
Ms. Gilbert: Works with the Project Manager to research State case law and provide an assessment with recommendations for best practices for Pharmacy Benefit Managers throughout the State.

Department of Health Care Policy and Financing, State of Colorado
Senior Dental Program Administrative Review (March 2020 – June 2020)
Project: PCG is supporting HCPF in its administration of the Senior Dental Program
Ms. Gilbert: Analyzes Colorado Dental Association recommendations for Program implementation, researched peer programs for consideration, researched potential solutions for feasibility and implementation, and wrote report analyzing current programs and possible recommendations for program administration.

Department of Social Services, State of Missouri
MEDES Data Review (January 2020 – May 2020)
Project: PCG is completing an independent review of the already completed internal analysis of Medicaid Case Closure Reasons. This includes a review of the Department's reported case closure reasons and a review of Medicaid cases in MEDES to validate existing reports and documented closings.
Ms. Gilbert: Reviews the MEDES data and reports related to Case Closure Reasons to determine methods for better reporting primary causes for closure. Ms. Gilbert documents the results of the analysis performed to present a Final Report and Recommendations for modifications of data analytics, reporting, and measures to the State.

Department of Health and Social Services, State of Alaska
Proof of Concept Analysis (June 2019 – August 2019)
Project: PCG developed a proof of concept paper for an 1115 waiver that incorporates the use of the federally facilitated health marketplace to provide health coverage for specified Medicaid enrollees. The proof of concept paper included an analysis of the use of private market coverage for Medicaid enrollees, potential incorporation of a work requirement component into the program and waiver, the potential for use of a block grant to bring forward the concept, and recommendations for items outside of the Medicaid program, such as referenced based rates, that will enhance the redesign concept.
Ms. Gilbert: Worked with the Project Manager to research state waiver histories and identify possible solutions for Alaska.

Human Services Agency, County of Dane, State of Wisconsin
Mental Health Feasibility Study (April 2019 – August 2019)
Project: PCG conducted research and facilitated stakeholder input for a comprehensive review of the existing mental health and substance use services system in Dane County. PCG examined how services are accessed and administered through both public and private systems of care.
Ms. Gilbert: Works with Project Manager to identify research methods and strategies and participates in stakeholder engagement to recognize gaps in the behavioral health care continuum and encourage feedback from behavioral health advocates, providers, and consumers.

Office of Financial Management, State of Washington
Assessment and Reform of State Mental Health System (June 2018 – January 2019)

Project: PCG assisted Washington OFM with an assessment of continuum of care and a prioritization of mental health facility type by geographic region. PCG provided a systemic method to distribute resources across geographical regions and worked on a feasibility assessment for establishing state-operated, community-based mental health hospitals.

Ms. Gilbert: Worked with Project Manager to create Community Needs Assessment to analyze capacity of behavioral health facilities for each region and created matrix to determine priority.

Division of Medicaid, State of Mississippi
Healthcare Delivery Systems Consultant (June 2018 – October 2018)
Project: PCG assisted DOM by providing technical assistance and consulting services in the administration of Medicaid and Children's Health Insurance Program (CHIP) managed care programs. Provided support to DOM in strategic delivery system reform decisions and operational process and technology management was also provided by PCG. Along with this support, PCG was tasked with ensuring the managed care contracts, reporting manuals and all other business rules comply with the most recent CMS.

Ms. Gilbert: Assisted with administrative functions and delivered meeting minutes, drafted review tools for Department of Medicaid to maintain organized records, and worked with Project Manager to ensure deliverables produced were of quality and in a timely matter. Ms. Gilbert also assisted with project management and producing bi-weekly project reports, budgets and project invoicing.

PROFESSIONAL BACKGROUND
Public Consulting Group, *Nashville, TN*   July 2018 – Present

EDUCATION
Mississippi State University, *Starkville, MS*
Masters in Business Administration, May 2018
Mississippi State University, *Starkville, MS*
Bachelor of Business Administration, Finance, May 2017
CERTIFICATIONS
Market Conduct Management

REFERENCES
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PUBLIC CONSULTING GROUP

OPTION 3: CONTACT TRACING AND VACCINE HELPLINE COST PROPOSAL

State of Nebraska
State Purchasing Bureau

Nebraska Request for Proposal for Contractual Services: Contact Tracing and Vaccine Helpline Services

RFP #: 6499 Z1

April 26, 2021

Connie Heinrichs/Annette Walton, Buyer(s)
1526 K Street, Suite 130
Lincoln, NE 68508

Cost Proposal
RFP 6499 Z1
Option 3 - Contact Tracing and Vaccine Helpline

Bidder Name: Public Consulting Group LLC

Bidders must complete the tables below according to the instructions in each section. Costs must be inclusive of all expenses, including personnel, administrative, and travel. Bidders must provide all equipment to perform the services specified in the RFP; the State will not provide any equipment. Bidders must not revise the Cost Proposal to add additional costs, personnel, or contingencies. The State may determine that any bidder's Cost Proposal that does not conform to the format as provided is non-responsive and may reject the proposal.

Table 1: Staff Hourly Rate – Bidder must provide a rate per hour for contact tracers. For purposes of evaluation, the State will calculate the hourly rate for 25 individuals at 40 hours per week.

	Initial Term	Renewal 1	Renewal 2	Renewal 3
Hourly Rate	$35.50/hour	$36.57/hour	$37.66/hour	$38.79/hour

Table 2: Training– Bidder must provide a rate per hour for per training hour per individual required by the State to perform contact tracing role. For purposes of evaluation, the State will estimate 4 hours of training for 425 individuals.

	Initial Term	Renewal 1	Renewal 2	Renewal 3
Hourly Rate	$30.00/hour	$30.90/hour	$31.83/hour	$32.78/hour

Table 3: Vaccine Helpline – Bidder must provide an all-inclusive monthly rate.

	Initial Term	Renewal 1	Renewal 2	Renewal 3
Monthly Rate	$535,827/month	$551,902/month	$568,459/month	$585,513/month