

Submitted in Response to
RFP# MED-19-011

Proposal to the
State of Iowa
Department of Human Services

Technical Assistance and Program Support for Iowa Medicaid

Proposal Submitted by:

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Proposal Submitted on:

August 3, 2018



1.0 Tab 1 (RFP Section 3.2.1)

1.1 Transmittal Letter

August 3, 2018

Ms. Mary Tavegia
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA, 50315

Dear Ms. Tavegia:

Berry Dunn McNeil & Parker, LLC (BerryDunn) is pleased to submit this proposal in response to the State of Iowa (State) Department of Human Services (DHS) request for proposals (RFP) #MED-19-011 for Technical Assistance and Program Support for Iowa Medicaid. We understand the critical importance of these services in supporting the future success and sustainability of Iowa Medicaid and the State's Children's Health Insurance Program (CHIP)—known as Healthy and Well Kids (hawk-i).

The State, DHS, and your Medicaid program will benefit from a long-term partner that can provide the Medicaid policy expertise and recommendations necessary to help promote DHS' vision of helping Iowans achieve healthy, safe, stable, and self-sufficient lives through the programs and services DHS provides. As BerryDunn has done for the West Virginia Bureau of Medical Services (BMS) since 2003, we will support and promote your vision, mission, and policy goals, which include:

- Improving quality and access to care
- Promoting accountability for patient outcomes
- Creating a more predictable and sustainable Medicaid budget

As your partner, our project team members will bring their decades of experience in Medicaid, CHIP, and policy analysis and development to provide DHS with:

- Technical assistance and support for federal and State program changes
- Policy support services to help ensure federal compliance
- Ad hoc analysis

DHS—and the Iowans served by DHS—will benefit from BerryDunn's responsive, data-driven approach to help:

- Examine your Medicaid program holistically and as a system in order to take advantage of current policy options—and align individual programs and populations with managed care to help ensure the State is driving value in healthcare for a sustainable program

- Maximize the benefits available from regulatory changes while maintaining compliance
- Ensure your Medicaid program is efficiently and effectively supporting your policy goals

Our approach to partnering with you on a long-term basis, and promoting the success of the State's Medicaid program, integrates and reflects:

- **Extensive relevant experience and success in supporting similar projects**

BerryDunn and our proposed team, led by a Project Management Professional (PMP), bring the experience necessary to examine your Medicaid system as a whole, analyze individual programs, and identify opportunities to integrate care and improve quality outcomes while reducing unnecessary, inappropriate, and duplicative services.

BerryDunn and our team have been supporting state health and human services (HHS) agencies for more than 20 years, helping them drive their policies and develop effective solutions for dealing with the rollout of the Affordable Care Act (ACA). Our experience includes projects such as assisting West Virginia BMS with the creation, negotiation of, and now implementation of its substance use disorder (SUD) waiver. BerryDunn also offers expertise in actuarial and economic analysis, rate setting, and working with providers to improve efficiency, access, and outcomes in the populations they serve. For example, we consult with most of the visiting nurse associations in northern New England to help them improve their operational efficiency. We can help you understand how policy and rate changes will impact your providers and their calls to legislators.

Our proposed project team has provided consulting services similar to those requested in the State's RFP to HHS agencies in states such as Arkansas, Mississippi, New Mexico, Ohio, and West Virginia. In addition, our team includes former state Medicaid executives—Frank Spinelli (Rhode Island), Jean Sullivan (Massachusetts), Terence Dougherty (Massachusetts), John Stephen (New Hampshire), and Richard Kellogg (Washington)—who successfully helped their state Medicaid agencies navigate many of the same questions and challenges facing the Iowa Medicaid program. This level of experience will help ensure that DHS has the support you need to look at your Medicaid program as a system and transform it into a sustainable model.

- **DHS' guiding principles**

DHS will benefit from having a partner that not only incorporates the same organizational core principles and values into their project approach, but also demonstrates these principles on a daily basis. This alignment of organizational values will help ensure that an effective, collaborative, and long-term relationship develops between BerryDunn and DHS. Our project approach will integrate DHS' guiding principles, including:

- **Customer focus** – As an independent consulting firm, BerryDunn has no affiliations with any entities that would cause a conflict of interest during this project. Our independence helps to ensure that our project work and recommendations focus solely on the best interests of the State and DHS. Our

team will bring a fresh and unbiased perspective to supporting the continued success of the Iowa Medicaid program.

- **Excellence** – As demonstrated in the eight letters of reference provided in Tab 5 of our response to RFP requirement 3.2.5.1.4, HHS agencies in states such as Arkansas, Massachusetts, Mississippi, New Hampshire, Ohio, and West Virginia attest to our project team’s dedication to exceeding client expectations and providing valuable, high-quality services. We will help you achieve your policy and project objectives.
- **Accountability** – We use a data-driven project approach to make sure DHS has the information needed to make informed decisions that create positive impacts for the State’s Medicaid program. Our project team can provide detailed analysis on program design and financing, such as analyzing the value received from Integrated Health Homes (IHH) and measuring it against alternatives, or delivering services under a managed care organization (MCO) capitation rate.
- **Teamwork** – Our project approach emphasizes collaboration across the BerryDunn project team, as well as between BerryDunn and DHS. This includes proactively engaging and helping to manage stakeholders with varied goals, such as the Centers for Medicare and Medicaid Services (CMS), legislators, tribes, recipients, and advocates. Our project principal and project manager are both PMP-certified and have successfully collaborated with large project teams across diverse HHS agencies in states such as Hawaii, Missouri, New Mexico, and West Virginia.
- **Comprehensive project management**
Our proposed project approach reflects our 20 years of project management experience and includes starting our partnership by meeting with DHS to develop a plan to support you throughout the engagement. We will meet with your key team members to understand roles and responsibilities, along with the governance model for this engagement. We will also meet with stakeholders to help create a plan for engagement and overall communication. Based on the information we gather, we will work with you to identify risks and develop response strategies. Starting the engagement by meeting with you in person will help ensure we understand your needs and priorities, and generate next steps to provide a solid foundation for our partnership.

The Partner Iowa Needs

The State will benefit from a partner that will help drive your policy goals with an approach that combines the rigor of project management best practices with extensive relevant experience and expertise. BerryDunn has used this approach in all our Medicaid engagements, allowing us to support our clients’ successes and create and maintain partnerships with many states, including Hawaii, Massachusetts, Missouri, New Hampshire, Ohio, and West Virginia.


Ms. Mary Tavegia

August 3, 2018

Page 4

After 44 years of helping clients, we still appreciate every new opportunity. Thank you for your consideration. We very much look forward to having the opportunity to partner with DHS on this critical initiative.

Sincerely,



William A. Richardson, PMP, ITIL, Prosci® Certified Change Practitioner
Principal

1.2 Bid Proposal Security

The bidder shall submit a bid bond, a certified or cashier's check, or an irrevocable letter of credit in favor of or made payable to the Agency in the amount of \$5,000.00. The bid proposal security must be valid beginning on the Bid Proposal due date for 120 days. The bidder understands that if the bidder elects to use a bond, a surety licensed to do business in Iowa must issue the bond on a form acceptable to the Agency. The bidder understands that the bid proposal security shall be forfeited if the bidder is chosen to receive the contract and withdraws its Bid Proposal after the Agency issues a Notice of Intent to Award, does not honor the terms offered in its Bid Proposal, or does not negotiate contract terms in good faith. The bidder further understands that the bid proposal security submitted by bidders will be returned, if not forfeited for reasons stated above, when the Bid Proposals expire, are rejected, or the Agency enters into a contract with the successful bidder, whichever is earliest.

BerryDunn has submitted a bid bond in the amount of \$5,000.00. The bid proposal security is valid beginning on the Bid Proposal due date of August 3, 2018, and will be valid for 120 days from this date. BerryDunn understands that a surety licensed to do business in Iowa must issue the bond on a form acceptable to the State. To that end, we are utilizing the following firm as the underwriter for the bond:

Frankenmuth Mutual
Insurance Company
One Mutual Avenue
Frankenmuth, MI 48787

Please see Appendix A, where we have included our bid bond. Please note that it is the obligation of the State to retain the bid bond, and after the contract has been signed and approved, to return said bid bond to BerryDunn and provide evidence of receipt.

2.0 Tab 2 (RFP Section 3.2.2)

2.1 Table of Contents

Section	Page
1.0 Tab 1 (RFP Section 3.2.1)	i
1.1 Transmittal Letter	i
1.2 Bid Proposal Security	i
2.0 Tab 2 (RFP Section 3.2.2)	ii
2.1 Table of Contents	ii
3.0 Tab 3- RFP Forms (RFP Section 3.2.3)	1
3.1 Release of Information Form	2
3.2 Primary Bidder Detail and Certification Form	3
3.3 Subcontractor Disclosure Form (One for Each Proposed Subcontractor)	5
3.4 Certification and Disclosure Regarding Lobbying	15
4.0 Tab 4 (RFP Section 3.2.4)	17
4.1 Understanding of Your Project Objectives	17
4.2 Detailed Work Plan	19
5.0 Tab 5 (RFP Section 3.2.5)	52
5.1 Experience (RFP Section 3.2.5.1)	52
5.2 Personnel (RFP Section 3.2.5.2)	84
Appendix A – Proposal Bid Bond	101
Appendix B – Resumes	102

3.0 Tab 3- RFP Forms (RFP Section 3.2.3)

3.1 Release of Information Form


MED-19-011
Technical Assistance and Program Support for Iowa Medicaid

Attachment A: Release of Information
(Return this completed form behind Tab 3 of the Bid Proposal.)

Berry Dunn McNeil & Parker, LLC (name of bidder) hereby authorizes any person or entity, public or private, having any information concerning the bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The bidder is willing to take that risk. The bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Berry Dunn McNeil & Parker, LLC
Printed Name of Bidder Organization


Signature of Authorized Representative

7/27/2018
Date

William A. Richardson
Printed Name

3.2 Primary Bidder Detail and Certification Form

MED-19-011

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Exceptions to RFP/Contract Language (See Section 3.1)			
RFP Section and Page	Language to Which Bidder Takes Exception	Explanation and Proposed Replacement Language:	Cost Savings to the Agency if the Proposed Replacement Language is Accepted
2.8.1.2, p. 39	Name the State of Iowa and the Agency as additional insureds or loss payees on the policies for all coverages required by this Contract, with the exception of Workers' Compensation, or the Contractor shall obtain an endorsement to the same effect	We are unable to name the State and the Agency as additional insureds on our Professional Liability policy, but may list them as Certificate Holders	Ensured protection of the Firm's Professional Liability Insurance Coverage
2.7.1.3	"The Contractor's performance or attempted performance of this Contract,"	BerryDunn has a robust professional liability policy for acts or omissions of BerryDunn, our agents, employees and subcontractors. This policy contains language within it that states that it will not apply if BerryDunn takes on additional liabilities under contract, such as the agreement to indemnify a client for its own negligence. In order to help ensure that our clients have the protection of this policy, as requested by this RFP, we ask to clarify that required indemnification language only applies where BerryDunn has failed to perform its obligations under the contract. Proposed Language: "The Contractor's negligent performance or attempted performance . . ."	Ensured protection of the Firm's Professional Liability Insurance Coverage

PRIMARY BIDDER CERTIFICATIONS

1. BID PROPOSAL CERTIFICATIONS. By signing below, Bidder certifies that:

- 1.1 Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal. The bidder accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract;
- 1.2 Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein;
- 1.3 Bidder has received any amendments to this RFP issued by the Agency;
- 1.4 No cost or pricing information has been included in the Bidder's Technical Proposal; and,
- 1.5 The person signing this Bid Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and, Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier.

2. SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Bidder certifies that:

- 2.1 Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
- 2.2 Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract;
- 2.3 Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP; and,
- 2.4 Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at: <http://www.state.ia.us/tax/business/business.html>.

3. EXECUTION.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. The Bidder has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	
Printed Name/Title:	William A. Richardson
Date:	7/27/2018

3.3 Subcontractor Disclosure Form (One for Each Proposed Subcontractor)

BerryDunn will be the prime offeror, lead this project, take full responsibility for the successful completion of tasks and deliverables, and serve as the primary point of contact with the State. BerryDunn will collaborate with the following subcontractors on this engagement to support the success of DHS and this project:

- **Independent Consultant**

- Karin Hoyt, MPPM

As an independent consultant, Karin works with diverse clients on a broad range of projects. Recent work includes assisting a client in supporting CMS with regulatory decisions around the Medicaid managed care rule. Additionally, Karin supports clients in Medicaid program assessment and strategy; review and refinement of existing publicly funded programs; and targeted Medicaid market research and analysis.

- **Pogis Consulting, LLC (Pogis)**

- Dot Ball, MA

Pogis is a business management and organizational performance improvement consultancy with specialization in healthcare systems, government programs, technology, policy, and regulatory compliance based in Albuquerque, New Mexico, with a national clientele. With over 25 years of population, business, technology, public policy, and healthcare economic analysis, Pogis offers superior analytics and consulting services for public- and private-sector, academic, nonprofit, and philanthropic clients.

- **The Stephen Group**

- Sheila Cooper, MBA
- Richard Kellogg, MEd
- Lindsay Littlefield, MPA
- Dr. Stephen Palmer
- Frank Spinelli
- John Stephen, JD

The Stephen Group provides expert consulting services for state and local governments that range from cutting-edge and reform-oriented healthcare policy to technical assistance with a number of state programs. Senior members have served as former state Medicaid directors, commissioners, and related state HHS leadership positions. They use their vast experience and knowledge at the highest levels of state government and the private sector to assist states in program development, management, informatics and strategic planning advice, management training, and health and social services reform. Their core competencies involve government efficiency and reform, project management, financial and analytical services, HHS reform, organizational

redesign and regulatory reform, and offering innovative private-sector solutions to government.

University of Massachusetts Medical School (UMass Medical School)

- Hillary Deignan, JD, MEd
- Terry Dougherty, MPH
- Rachel Gershon, JD, MPH
- Matthew Maughan, JD
- Marybeth McCaffrey, JD
- Jean Sullivan, JD

UMass Medical School was founded in 1962 to provide affordable medical education for Commonwealth of Massachusetts (Commonwealth) residents and increase the number of primary care physicians in underserved areas. Today, it is an academic health sciences center with 6,180 employees, and has a reputation for being a world-class research institution and a leader in primary care education. UMass Medical School is a public institution, part of the Commonwealth’s statewide university system.

In addition, UMass Medical School’s services and expertise help state and federal agencies and other healthcare organizations create and apply the healthcare solutions they need—from offering innovation on clinical, policy, and financial challenges to developing and administering entire programs serving vulnerable populations. With staff members who have worked in state and federal government as well as in the private sector, UMass Medical School has extensive experience working with federal oversight agencies. With UMass Medical School’s help, government agencies, nonprofits, and MCOs are able to meet today’s healthcare challenges—and are prepared for what is to come. UMass Medical School’s work extends well beyond the Commonwealth; the school currently operates in 28 states.

On the following pages, we have provided completed forms for each subcontractor.

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 3 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Berry Dunn McNeil & Parker, LLC (BerryDunn)
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Karin A Hoyt
Address:	1300 Donahey Street, Columbus, Ohio 43235
Tel:	614-893-3538
Fax:	N/A
E-mail:	khoyt2@gmail.com

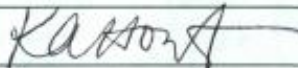
Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Karin A. Hoyt
"Doing Business As" names, assumed names, or other operating names:	Not Applicable
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	Independent Consultant
State of Incorporation/organization:	Ohio
Primary Address:	1300 Donahey Street, Columbus, Ohio 43235
Tel:	614-893-3538
Fax:	N/A
Local Address (if any):	N/A
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	N/A
Number of Employees:	1
Number of Years in Business:	1
Primary Focus of Business:	Health care consulting
Federal Tax ID:	
Subcontractor's Accounting Firm:	N/A
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	N/A
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	20%
General Scope of Work to be performed by this Subcontractor	
Assist with managing SMEs to leverage SME expertise and experience as needed throughout the project, serve as backup first point of contact for project manager due to vacation or illness, provide policy and waiver analysis, development, and implementation support, conduct fact-finding, review, and analysis activities, contribute to development of deliverables	
Detail the Subcontractor's qualifications for performing this scope of work	
Ms. Hoyt has been managing and improving spot public health care programs for more than 20 years. Most recently, she assisted CMCS in policy issues around the Medicaid Managed Care rule. She managed all value-based purchasing initiatives for the Ohio Dept of Medicaid, including SPAs and administrative code. She managed all general policy for ODM, including 1915i work supporting behavioral health redesign. She has served as project manager for large statewide evaluations of 1915c waivers.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor; and,
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Karin A. Hoyt
Date:	7/31/18

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 3 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Berry Dunn McNeil & Parker, LLC (BerryDunn)
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Dorothy Ball
Address:	P.O. Box 57106 Albuquerque, NM 87187
Tel:	505-323-5594
Fax:	N/A
E-mail:	dotball@pogisworks.com

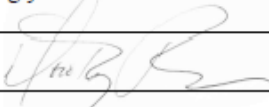
Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Pogis Consulting, LLC
"Doing Business As" names, assumed names, or other operating names:	
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	LLC
State of Incorporation/organization:	New Mexico
Primary Address:	P.O. Box 57106 Albuquerque, NM 87187
Tel:	505-323-5594
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	2
Number of Years in Business:	11
Primary Focus of Business:	Government Consulting
Federal Tax ID:	26-1228412
Subcontractor's Accounting Firm:	Verian Advisors & CPAs
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	10-20%
General Scope of Work to be performed by this Subcontractor	
Contribute to development of deliverables, provide policy analysis and support, and provide Medicaid and policy subject matter expertise	
Detail the Subcontractor's qualifications for performing this scope of work	
Pogis has over 30 years experience working with public policy and over 20 years with Medicaid policy and information technology services.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor; and,
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Principal
Date:	July 26, 2018

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 3 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Berry Dunn McNeil & Parker, LLC (BerryDunn)
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	The Stephen Group, LLC
Address:	814 Elm Street, Suite 309, Manchester, NH
Tel:	6034199592
Fax:	
E-mail:	jstephen@stephengroupinc.com

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Same as above
"Doing Business As" names, assumed names, or other operating names:	Same as above
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	LLC
State of Incorporation/organization:	New Hampshire
Primary Address:	Same as above
Tel:	Same as above
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	Same as above
Number of Employees:	10
Number of Years in Business:	8
Primary Focus of Business:	Health and Human Services Consultation
Federal Tax ID:	45-5280316
Subcontractor's Accounting Firm:	Baker, Newman & Noyes
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	20% to 25%

General Scope of Work to be performed by this Subcontractor

- Provide strategic analysis and recommendations
- Guide policy development of strategic State initiatives impacting Medicaid and CHIP
- Guide drafting required federal authority documents necessary to secure federal approval for strategic Medicaid or CHIP policy changes

Detail the Subcontractor's qualifications for performing this scope of work

The Stephen Group (TSG) has completed complex and successful projects for HHS agencies in Mississippi, Arkansas, Texas, Florida, Pennsylvania, South Carolina, Illinois and Maine over the past 5 years. Senior TSG members have also served as former state Medicaid directors, commissioners and related state health and human service state leadership positions. They bring a team of senior consultants, each having over 15 year's experience in state Medicaid and Human Service roles. They have spent a number of years providing state health and human services agencies with many of the same services being requested by Iowa DHS. Project experience includes designing, drafting and

negotiating CMW Waivers, assessments of an entire state Medicaid program, Medicaid IT program, Medicaid Fraud Benefit Recovery Program, and Medicaid Long Term Care program; Medicaid cost analysis and plans for Medicaid Cost Containment, as well as assessments of state Child Protective Services programs.

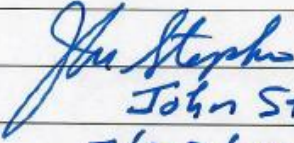
For additional examples of the relevant expertise and experience that TSG brings to this project, please see our response to section 3.2.5.1.2 where we have provided examples of projects similar in scope that TSG has supported over the past 24 months and our response to section 3.2.5.1.4 where we have included two letters of reference for the TSG which attests to their ability to successfully support this project and DHS's Medicaid program objectives.

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor; and,
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	John Stephen, Managing Partner
Date:	7/27/18

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 3 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	BerryDunn
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Marybeth McCaffrey
Address:	529 Main Street, 6th Floor
Tel:	617-886-8302
Fax:	
E-mail:	Marybeth.McCaffrey@umassmed.edu

Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	University of Massachusetts Medical School
"Doing Business As" names, assumed names, or other operating names:	
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	State entity
State of Incorporation/organization:	Massachusetts
Primary Address:	55 Lake Avenue North
Tel:	508-856-2000
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	The Schrafft Center 529 Main Street, 3rd and 6th Floor Charlestown, MA 02129-1120
Number of Employees:	6,180
Number of Years in Business:	56
Primary Focus of Business:	Medical education, health care consultation
Federal Tax ID:	04-3167352
Subcontractor's Accounting Firm:	Grant Thornton, LLP
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	As needed

General Scope of Work to be performed by this Subcontractor

Providing subject matter expertise regarding HCBS/1115 waivers support, assessment, and evaluation

Detail the Subcontractor's qualifications for performing this scope of work

UMass subject matter expertise that has been allocated to this project includes two former Medicaid directors and additional staff. We will be leveraging our average of 26 years relevant State Medicaid experience to aid Iowa in assessing the Iowa Medicaid program and providing technical assistance as needed.

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor; and,
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	<i>Jean C. Sullivan</i>
Printed Name/Title:	Jean C. Sullivan, Director, Center for Health Law and Economics
Date:	7/27/18

3.4 Certification and Disclosure Regarding Lobbying

MED-19-011
Technical Assistance and Program Support for Iowa Medicaid

Attachment E: Certification and Disclosure Regarding Lobbying *(Return this executed form behind Tab 3 of the Bid Proposal.)*

Instructions:

Title 45 of the Code of Federal Regulations, Part 93 requires the bidder to include a certification form, and a disclosure form, if required, as part of the bidder's proposal. Award of the federally funded contract from this RFP is a Covered Federal action.

- 1) The bidder shall file with the Agency this certification form, as set forth in Appendix A of 45 CFR Part 93, certifying the bidder, including any subcontractor(s) at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.
- 2) The bidder shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the bidder or subcontractor(s) at any tier (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action, which would be prohibited under 45 CFR § 93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the bidder and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance


The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a pre-requisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 for each such failure.

I certify that the contents of this certification are true and accurate and that the bidder has not made any knowingly false statements in the Bid Proposal. I am checking the appropriate box below regarding disclosures required in Title 45 of the Code of Federal Regulations, Part 93.

- The bidder is NOT including a disclosure form as referenced in this form's instructions because the bidder is NOT required by law to do so.
- The bidder IS filing a disclosure form with the Agency as referenced in this form's instructions because the bidder IS required by law to do so. If the bidder is filing a disclosure form, place the form immediately behind this Attachment E in the Proposal.

Signature:	
Printed Name/Title:	William A. Richardson/Principal
Date:	7/27/2018

4.0 Tab 4 (RFP Section 3.2.4)

4.1 Understanding of Your Project Objectives

To create the foundation for a successful engagement, we will begin our work with you by holding an initial planning meeting to:

- Understand your policy priorities
- Learn about your key stakeholders
- Define standards and processes that work for you

We recommend that this meeting include DHS executives such as your Medicaid director, the contract manager, and the federal compliance officer, along with others who may have an interest in policy, such as your MCO oversight and support bureau chief and your Medicaid and long-term services and supports (LTSS) bureau chief.

Based on this initial planning meeting, we will develop a Project Plan tailored to your needs that sets forth our project approach and agreed-upon methods for managing communications, scope, quality, and risks.

Understand your policy priorities

By discussing your policy priorities, we will understand what technical assistance and policy support is needed for this project. For example, we understand that some of your 1915c waivers have expired or are set to expire. Depending on policy priorities, you may desire assistance in renewing those waivers. Conversely, your policy priorities may entail a broader redesign that incorporates these waivers into other authorities, meaning we should focus on assisting you with communicating your intentions to CMS while also assisting in the broader design. We will also gain an understanding of the level of support you are seeking from us with respect to activities such as monitoring regulations and conducting in-depth analyses.

Learn about your key stakeholders

To help increase the success of your policy priorities, we will work with you to learn about your key stakeholders. For example, certain provider groups exert more influence on legislators than others do, similar to certain patient advocate groups. Understanding those dynamics will help us contemplate how stakeholders will influence policy changes and, in turn, enable us to help you develop a strategy for communicating and managing those stakeholders.

In addition to providers and patient advocates, it will be important for you to engage federal and State agencies and legislators. Depending on your needs and policy goals, we may also propose establishing a legislative stakeholder group to provide early engagement for major

BerryDunn Differentiators:

- ☑ We create a project team culture driven by collaboration, teamwork, and shared success.
- ☑ We provide comprehensive, inclusive planning at project outset to minimize future risks and issues.
- ☑ We adapt our approach to the State's goals.
- ☑ We bring a library of successful templates and tools.

policy initiatives. This could include leveraging the existing Legislative Health Policy Oversight Committee.

Define processes and standards that work for you

During our initial planning meeting, we will discuss and document processes and standards that we will leverage throughout our partnership. We will start with a Deliverable Expectation Document (DED) and our initial understanding of your requirements. We will leverage the DED process throughout the project for deliverables to help ensure a common understanding of expectations. This will help document processes such as:

- **Communication.** Through what means and with whom DHS will communicate requests. In addition, we will document DHS preferences for communication and reporting from our project team to DHS.
- **Analysis.** What level of proactive policy monitoring and analysis, if any, DHS requests.
- **Quality.** The processes that BerryDunn will use to help ensure that deliverables meet your expectations and are delivered error-free. We understand that DHS expects deliverables to be free of grammatical errors and meeting notes to be delivered within eight business hours after a meeting. BerryDunn employs a quality group to review all client deliverables, and this team will support our project team and help ensure that we meet the State's performance measures as detailed in the RFP.
- **Meeting.** The processes that BerryDunn will use to support DHS in meetings, such as producing meeting agendas at least eight business hours prior to the meeting and completing notes within eight business hours after a meeting.
- **Risk.** The processes that DHS would like BerryDunn to use, if any, to track and manage policy risks.

After meeting with you, we will enhance the DED to make a full project plan based on your input. We have used a similar approach at the start of projects with other states in order to establish common understandings. This approach has also allowed us to introduce a formal risk management process in our policy work to help clients manage and prioritize project risks.

4.2 Detailed Work Plan

BerryDunn will employ a proven and comprehensive approach to ensure that we provide the support requested in the State’s RFP. Below, in Figure 1, we illustrate the major BerryDunn project team activities associated with each of the Task Areas as detailed in Section 1.3 of the RFP – Scope of Work. Following this overview, we have provided a detailed narrative to our approach to successfully supporting each Task Area.

- Task Area 1 – Technical Assistance and Support for Federal and State Program Changes
- Task Area 2 – Policy Support Services to Help Ensure Federal Compliance
- Task Area 3 – Ad Hoc Analysis

Figure 1: BerryDunn Project Team Activities
Our team will successfully support each project Task Area.



Task Area 1: Technical Assistance and Support for Federal and State Program Changes

DHS will find it easier to make, communicate, and implement policy decisions with BerryDunn's technical assistance and support. Among other actions, we will:

- Monitor federal and State policy drivers
- Analyze and translate concrete and potential impacts to your Medicaid programs with your interests in mind—including policy impacts, and everything *policies impact*, from finances and business operations to stakeholders and systems
- Provide you with informed and responsive options for next steps, as members of our team have done for states such as Arkansas, New Hampshire, Ohio, and West Virginia

We understand that you are looking for a partner to help navigate complex and changing federal and state policy landscapes in order to achieve compliance and take advantage of opportunities for a more sustainable future, with more integrated care and improved quality outcomes. We know from experience that even a “simple” policy change is usually far from simple. Policies are the foundation of everything a Medicaid agency does. Different stakeholder groups (e.g., providers, members, federal partners, state legislators) have competing priorities, competing approaches, and varying receptiveness to change, which is why we will include stakeholder analysis and engagement in our approach. Our research will consider these factors holistically when drawing conclusions or offering options.

“We have a highly collaborative relationship with BerryDunn and we remain impressed with their team’s willingness to be flexible with their approach...while remaining within scope of the project.”

- Ms. Meredith Nichols,
Assistant Administrator,
Deputy Medicaid
Director
State of Hawaii Med-
QUEST Division

Leveraging our initial meeting and planning with you will help us adapt our services to your existing environment. This approach avoids imposing an artificial structure and forms a foundation for our ongoing support—although we recognize there will always be a need for adaptability as we learn more and as personnel responsibilities and program priorities shift.

On the following pages, we detail our approach to providing each of the services requested for this Task Area.

Activity A: Complete analysis of required or proposed state or federal legislative policy changes impacting the Iowa Medicaid programs.

DHS needs support from a partner experienced in analyzing federal and state program changes. We understand that state and federal legislative policy changes are not written specifically for Iowa Medicaid, and therefore must be applied to your specific environment that may be organized differently or use different terminology. This analysis can be complex, and the stakes to pursue opportunities that support your goals, and help you remain compliant, are high. Our proposed project team—which includes multiple former state Medicaid executives—brings the necessary expertise from providing similar consulting services in states such as Arkansas, Mississippi, New Mexico, Ohio, and West Virginia. The State will receive a full range of experience as our team analyzes impacts to the key aspects of your enterprise, from State Plan Amendments (SPAs) to funding opportunities.

Ultimately, you need to know about changes as soon as possible, according to the medium and frequency that fit best into your schedule, with information you can trust to act upon. Our approach to meeting these objectives involves two key components that are described in depth later in this section:

1. Prioritized and scalable federal and state source monitoring, according to specifications we work with you to set
2. Analysis designed to meet your needs, with content and detail adapted to the topic's purpose, priority, and timeline

We offer transparent and collaborative support. Our team includes former state commissioners/directors responsible for policy understanding, monitoring, interpretation, opportunity/risk assessment, and implementation. We propose proactive monitoring because we have seen it benefit clients in the past, and know you may find it helpful for us to alert you to new information sooner rather than later. For example, due to your range of 1915(c) Home- and Community-Based Services (HCBS) waivers, you may have interest in the recent HCBS bulletin that notes the possibility of enhanced Federal Medical Assistance Percentage (FMAP) for helping states implement Model Practices. (Although this is an example involving sub-regulatory guidance, the approach we detail in this section will also apply to sub-regulatory guidance.) On the other hand, if you already have a system in place that you find effective and would prefer to initiate specific requests with us, we will follow that approach.

Our team includes members of a cross-project internal workgroup that monitors and discusses new federal guidance on a regular basis, meaning you will have access to day-to-day expertise as well as expertise from team members working with Medicaid clients around the nation. For example, members of our proposed team have direct experience working with Arkansas on its community engagement requirement. In addition, we have been monitoring the inclusion of work and community engagement requirements in 1115 waivers throughout administration changes, applications submitted, approvals, the recent federal court decision on Kentucky's waiver, Kentucky's next steps, and how other states with approved or pending waivers are responding. To help us better serve clients, we have analyzed waivers for Arkansas, Indiana, and Kentucky,

and attended CMS calls to learn more about federal and state interests and/or concerns related to these requirements. We will bring this continuous improvement mentality to our work in Iowa. While you may or may not have an interest in this waiver trend, we have strengthened our approach to monitoring and analyzing pending and approved waivers through this and similar efforts. Our increased expertise means we will provide stronger support as your partner and will continue exploring better ways to serve you.

Although we cannot fully know what matters most to you without your input, we know that some changes matter more than others. Sometimes you may wish to receive immediate notification of a change, followed by a comprehensive analysis. For example, we understand that landmark mental health legislation was passed in Iowa this spring that—among other changes—established a statewide Children’s Mental Health Board. This would merit analysis to determine any impacts to your Children’s Mental Health 1915(c) waiver services. Sometimes you may wish for us to describe a change in 10 seconds on a PowerPoint slide and move on, such as when providing technical clarification for a previously published final rule. Our proposed project manager, Ethan Wiley, will meet with you on a weekly basis (or at your preferred frequency) to help ensure we understand your priorities and are prepared to assist you.

In addition to being minimally intrusive, our analysis will be useful and easy to digest because we will work with you to tailor our two-part solution—monitoring and analysis—to your preferences. This solution is described below in two phases: Initiation and Ongoing.

- **Initiation** will explain the steps involved to set up our work for the project (although we will make changes if our services are not meeting your needs, or if your needs change). Based on past experience, a small time investment at this stage will mean we can operate more seamlessly for the duration of the project. As a result, DHS will see minimal impact on your day-to-day time, and experience more satisfaction with our services.
- **Ongoing** activities show how our approach moves from planning into implementation—and how simple that implementation can be.

On the pages that follow, we have detailed our approach to these two phases.

Initiation

1. **Prioritized and Proactive Monitoring.** We will collaborate with you to create a list of federal, state, and industry sources that you would like us to monitor based on an initial list we will provide. While some sources seem likely to be on your list, we will confirm those items, discuss any additional state legislative sources or important stakeholder associations we need to be aware of, and ask if you have specific interests in industry best practices for current and

We will work with you to determine sources of policy change that you would like us to monitor, how frequently, and how proactively. Examples include:

- *Federal Register*
- *Iowa Legislature Bills and Rules Watch*
- *CMS FAQs*
- *CMCS Informational Bulletins*
- *State Medicaid Director Letters*
- *MedPAC and MACPAC Studies*

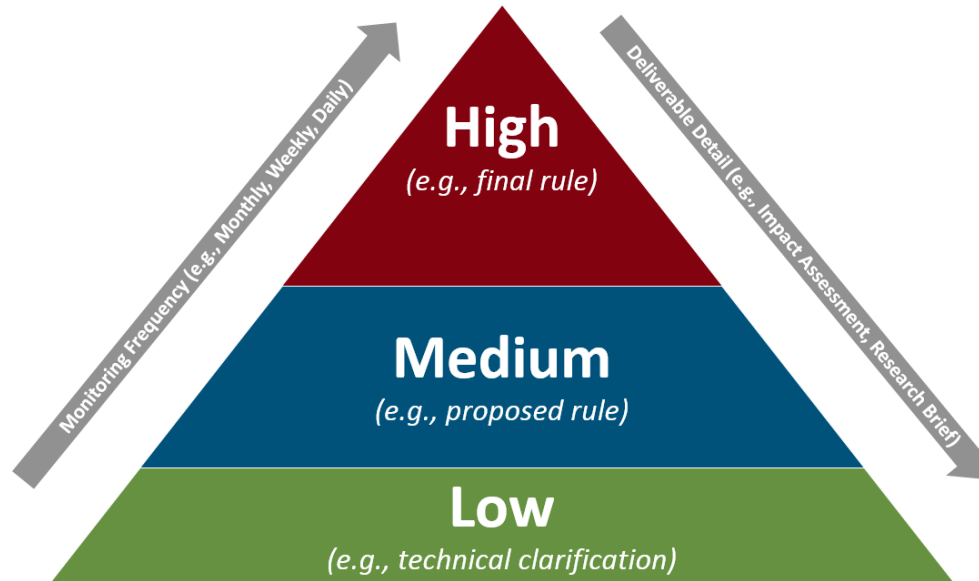
future initiatives. For example, it is important for a current client implementing a SUD 1115 waiver to be familiar with American Society of Addiction Medicine (ASAM) criteria. Any updates to those criteria may result in policy changes.

Based on your preferences, you may choose for us to not monitor any of these sources on your behalf or to monitor many of them. You may wish for us to monitor certain sources daily, weekly, monthly, or on an ad hoc basis (when specifically requested by Iowa). We will tailor our monitoring level and frequency by listening to you.

2. **Analysis Designed to Meet Your Needs.** We understand the work we just described may span many sources and will require agreed-upon prioritization in order to be useful. We propose **differing levels of analysis** in alignment with prioritization criteria that we will work with you to establish (e.g., sources, topics, compliance timeframes, and any other factors that make updates more or less important to you). According to this prioritization, we will monitor sources more or less frequently (e.g., daily vs. monthly), notify you more or less frequently, and produce different outputs. Figure 2, on the following page, illustrates how prioritization will impact our work.

Figure 2: Scalable and Prioritized Analysis

Our team will prioritize analysis based on your needs, as shown in this example for prioritizing federal rules.



To elaborate on the deliverables mentioned in Figure 2, we propose to align outputs to your needs at each priority level. Previous clients have found these differing levels of analysis to be useful; however, we will tailor this list in consultation with you, and provide the analysis you need. Our proposed outputs are as follows:

- **High Priority**
 - **Alert Emails.** We will create an alert distribution list with you during project initiation. Alerts will go out no later than two business days after our team discovers a high-priority policy change. This short delay will allow us to conduct an initial high-level analysis, which we will include in the body of the email for your awareness. (We can also send an alert that simply notifies you without the delay or analysis, if you prefer.) The email will also request your input on whether you agree this is a high-priority item and should receive detailed analysis.
 - **Impact Assessment.** If you respond to our alert email and state you would like detailed analysis, we will perform an impact assessment. We propose that the impact assessment will include the following sections (but will deliver a DED for discussion at the start of the engagement and modify the structure and content to your preferences):
 - Summary of Assessment Findings.
 - Introduction: Will include purpose, background, and methodology (including a list of sources consulted).

- Detailed Review and Analysis: Will examine the source material in depth (i.e., will dissect language closely, at a word-by-word level if relevant) and compare it to the current environment to highlight changes to state Medicaid and/or CHIP programs, including current understanding, policy, delivery models, and practice. We will assess the interrelatedness of new and recent CMS policy and rule changes across the State's Medicaid program. If the source material is state-specific, we will consider differences between state policy and federal policy and identify potential federal compliance concerns.
- Impacts: Will assess the specific impacts of these changes to State Medicaid and/or CHIP, including policy, financial, business operations (according to the most recent version of the Medicaid Information Technology Architecture [MITA] Framework), stakeholder management, and systems.
- Appendices: Will include at least a list of acronyms and the source text being referenced.

Our impact assessment structure—based on our successful work in West Virginia—will be tailored for DHS based on your needs and our lessons learned, and is depicted in Figure 3 on the following page.

Figure 3: Impact Assessment Sample

Our team will develop impact assessments—our analysis deliverable with the most comprehensive and detailed information—for items of interest that you designate as high priority.



Technical Assistance and Program Support for Iowa Medicaid



Iowa Department of Human Services
 Technical Assistance and Program Support for Iowa Medicaid
 Impact Assessment #01

TITLE
DATE

Submitted by:
 Bill Richardson, PMP, Principal
 Ethan Wiley, PMP, Project Manager
 BerryDunn
 100 Middle Street
 Portland, ME 04104
 Phone: 207-541-2200
brichardson@berrydunn.com
ewiley@berrydunn.com



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Iowa Department of Human Services
 Technical Assistance and Program Support for Iowa Medicaid
 Impact Assessment #01
Confidential DRAFT – For DHS Internal Discussion Only

Title of Policy Change Source	Reference
Brief Description	
Type	(Mandatory or Optional)
Federal Guidance	
State Guidance	
Findings	Policy: (Yes, No, Possible) Financial: (Yes, No, Possible) Business Operations: (Yes, No, Possible) Stakeholder Management: (Yes, No, Possible) Systems: (Yes, No, Possible)

Version	Created by	Date Delivered	Status
1.0	Team Members	MM/DD/YYYY	Initial submission for DHS review.

Impact Assessment #01
Delivered MM/DD/YYYY
Page 1 of 19
Confidential DRAFT
For DHS Internal Discussion Only

- **Medium Priority**

- **Alert Emails.** We understand you will not want to receive an excessive number of emails; therefore, if you prefer not to receive emails for medium-priority items, we will follow a similar process for the low-priority items (described below) and only summarize medium-priority items according to an agreed-upon schedule during status meetings. However, we can alert you to these items and request input on whether you would like us to proceed with analysis.
- **Research Brief.** If you respond to our alert email or tell us in a status meeting that you would like further analysis for medium-priority items, we will prepare a research brief. We propose that the research brief will include the following sections (but will deliver a DED for discussion at the start of the engagement, and modify the structure and content according to your preferences):
 - Introduction: Will include purpose, background, and methodology (including a list of sources consulted).
 - Review and Analysis: Will examine the source material in depth (i.e., will summarize key areas for consideration with examples) and compare it to the current environment to highlight changes to state Medicaid and/or CHIP programs.
 - Next Steps: Will offer a high-level list of actions DHS may wish to consider.
 - Appendices: Will include at least a list of acronyms and the source text being referenced.

- **Low Priority**

- **Monitoring List.** Items marked as low priority will be noted in an appendix to our weekly meeting according to an agreed-upon schedule and will be discussed briefly during status meetings. We propose that these PowerPoint slides will include the item's title, topic, source, date, and link (if applicable). As always, we are happy to modify the content and structure according to your preferences.

At any point, for items of any priority, you can notify us that you would like a more detailed analysis. Perhaps you would like a research brief for an item presented during one of our regular meetings, an impact assessment after reading our research brief, or an ad hoc meeting with some of our proposed subject matter experts (SMEs) to help determine next steps. As an example, proposed rules will generally be lower priority than final rules, with analysis geared toward awareness rather than action. It may not always make sense to analyze proposed rules at an impact assessment level of detail because there are presently no impacts, and the finalization timeline is usually unclear. However, you may see a particular proposed rule as meriting more detailed analysis. A client of ours had significant interest in the Access to Care-related Notice of Proposed Rulemaking (NPRM) that CMS released in March 2018, due to its potential long-term impact on the state's need to analyze data and monitor access to care. We

assisted this client with developing a monitoring plan that accommodated current requirements and planned for the possibility of this rule becoming finalized.

After creating a list of agreed-upon sources and prioritization criteria, we will develop a monitoring library to enable traceability and transparency for our monitoring activities. We propose this library as a SharePoint list, either on your site or on our BerryDunn KnowledgeLink (SharePoint). However, we can also provide the library in an alternate format, such as Microsoft Excel, if that is easier for you. The library will document all items discovered during source monitoring, including the date, source, prioritization (if applicable), and reasons to present (or not present) that item for your review. This library will be the source of monitoring updates in our appendices to weekly meetings (according to an agreed-upon schedule). We will also use it to track your decisions on each item, with options such as the following:

- Closed
- Deferred (with a specific date you choose to resume discussion)
- Further BerryDunn Research/Outreach Required
- Further State Review Required
- Develop Research Brief
- Develop Impact Assessment
- Develop Policy Options
- Develop Draft Work Plan

Ongoing

1. **Prioritized and Proactive Monitoring.** We will monitor changes according to your criteria.
2. **Analysis Designed to Meet Your Needs.** We will provide alerts and analysis, recording your decisions for each item and acting accordingly.

We understand the inherent risk that the national and state landscapes driving policies are always changing. Our approach mitigates this risk through continuous monitoring to identify changes early and scalable analysis to use time efficiently.

If you choose to pursue more detailed analysis and/or action to implement changes in response to an item, we will support you as described in our approach to Activity C of this section.

Activity B: Complete analysis of federal sub-regulatory guidance and program clarifications issued by CMS for impacts to the Iowa Medicaid and CHIP Program.

The State will receive an integrated policy monitoring and analysis approach that, based on your priorities, applies the same focus to federal sub-regulatory guidance and program clarifications as any other federal changes, but modifies the level of effort to ensure we are spending time on the topics and sources that DHS identifies as priorities. We will be proactive and responsive, and adhere to the performance measures detailed in the State's RFP. We understand from your performance measures that quality, timeliness, and responsiveness are important. We will meet these measures and appreciate their importance as key aspects of our client service.

We will follow the approach outlined above in Activity A to:

1. Include all desired sources of federal sub-regulatory guidance in our list for monitoring.
2. Assign, based on your input, prioritization to sources and/or topics of federal sub-regulatory guidance. For example, perhaps you decide that Center for Medicaid and CHIP Services (CMCS) bulletins are generally a low priority, but—due to your range of HCBS waivers—you would like a research brief on any HCBS bulletins, such as the June 2018 bulletin “Health and Welfare of Home and Community-Based Services (HCBS) Waiver Recipients,” which notes the possibility of proposed performance metrics and enhanced FMAP for helping states implement Model Practices.
3. Include sub-regulatory guidance in our monitoring library.
4. Monitor changes according to your criteria.
5. Provide alerts and analysis on an ongoing basis, recording your decisions for each item and acting accordingly.

An example excerpt of a research brief on sub-regulatory guidance is included in Figure 4, on the following page.

Figure 4: Research Brief Example

Our team will develop research briefs for items of interest that you designate as medium priority, which will summarize key findings and offer high-level next steps.



Technical Assistance and Program Support for Iowa Medicaid Research Brief #01	
Subject	Health and Welfare of HCBS Waiver Recipients
Source	CMCS Informational Bulletin (June 28, 2018)
Delivery Date	August 3, 2018
Request Date	July 9, 2018
Requested By	DHS Representative
Purpose of Request	Summarize the sub-regulatory guidance in this bulletin as it relates to DHS.
Prepared By	BerryDunn Team Member

1.0 Introduction

1.1 Purpose

In this bulletin—the first in a series—CMCS follows up on an HHS report recommendation that they “encourage states to implement compliance oversight programs for group homes, such as the Model Practices, and regularly report to CMS.” CMCS notes states can contact their Regional Office to discuss enhanced federal matching funds for activities to implement Model Practices. Future guidance is expected on proposed performance metrics and utilization of Model Practices in HCBS delivery.

1.2 Background

The Joint Report was published by three HHS agencies on January 17, 2018. The Report...

1.3 Methodology

Table 1 identifies the sources consulted during the review and preparation of this research brief.

Table 1: Sources Consulted

Title	Author	Date/Version
HHS Joint Report: Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight.	Administration for Community Living (ACL), Office for Civil Rights (OCR), and Office of Inspector General (OIG)	January 17, 2018
CMCS Informational Bulletin: Health and Welfare of Home and Community Based Services (HCBS) Waiver Recipients.	Timothy B. Hill, Acting Director	June 28, 2018

- If you choose to pursue policy options and/or draft work plans in response to an item, we will support you as described in our approach to Activity C, below. With sub-regulatory guidance in particular, it will be important to identify stakeholders who need to be made aware of changes to existing State Medicaid programs, and determine ripple effects across existing documentation and business processes.

Activity C: Present the Agency with policy options and draft work plans to guide the State's implementation of program changes.

If DHS chooses to pursue policy options and/or draft work plans—whether in response to a previously researched item or a new item that you want to send directly to this stage of analysis—our project team can collaborate with DHS throughout the implementation life cycle to help you understand the full implications of your options, from policy and finance to operations. Our project team is experienced in finding creative solutions that will help you save costs, maximize federal funding, and improve outcomes for stakeholders. For example, members of our proposed project team:

- Provided the Arkansas Health Care Reform Task Force with recommendations for alternatives to current programs and options for modernizing Medicaid programs serving the indigent, aged, and disabled. These findings were nationally recognized by the Kaiser Family Foundation, were adopted by the Arkansas Governor and DHS in securing an 1115 waiver, and led to the recent passage of legislation implementing many of the recommendations.
- Helped West Virginia's Medicaid and Behavioral Health agencies assess options for maximizing federal match rates, then helped them reallocate grant funds to increase net reimbursements to West Virginia's comprehensive behavioral health centers while saving money for the State overall.
- Assessed Testing Experience and Functional Tools (TEFT) grant options for Arizona in support of electronic Personal Health Records and LTSS.
- Researched the financial and quality-of-care impacts for treating infants with neonatal abstinence syndrome (NAS) in neonatal intensive care units versus infant drug rehabilitation centers, including outreach to other states. The research—which concluded that specialized centers are a far less expensive option and have better outcomes for infants and their caretakers—was used to support West Virginia in becoming the first state Medicaid program to offer NAS treatment services, recognizing infant drug rehabilitation centers as Medicaid-reimbursable facilities.

We will present options with expert and factual assessment of the pros and cons according to DHS policy goals. We understand that it is our responsibility to give you the information you need to decide and ask questions to help you think through the solution for the State, but not try to make the decision for you.

During past engagements providing similar services to those requested in this RFP, we have frequently seen that moving from research to implementation means broader stakeholder engagement will be necessary. For example, in the West Virginia Behavioral Health Reallocation Project, we facilitated fact-finding interviews with Behavioral Health employees and engaged comprehensive behavioral health centers; when helping West Virginia analyze and implement Mental Health Parity, we facilitated MCO workgroups. We will work with you to identify stakeholders, then organize interviews and/or workgroups to help promote sponsorship

of changes throughout your enterprise, and help ensure our policy options and work plans are realistic and comprehensive.

In addition to engaging stakeholders within the State, we will include an assessment of other states' policies (if public) and outreach to other states—with your permission—if we identify opportunities for leveraging their experiences. Some clients prefer to be the main point of contact for outreach to other states, and if that is the case, we can still offer assistance in developing draft communications.

When we present policy options, we will focus on what is required for sustainability and compliance. We will also discuss with DHS how you would like to see policy options presented, including the following organizational examples:

- Degree of change to current operations
- Cost savings/federal funds available
- Stakeholder satisfaction

We can collaboratively develop a standard ranking system so you always know what to expect when you receive our policy options (for example, perhaps you always wish to see the most financially beneficial option first), or we can consult with you each time because priorities can change depending on the initiative and timing.

When we present draft work plans, we propose including two components: a narrative and a tentative schedule. The narrative could include the structure and content depicted in Figure 5, on the following page.

Figure 5: Draft Work Plan Structure

Our team will draft work plans that are actionable and aligned with industry standards.



Table of Contents

Revision History i

Document Purpose i

1.0 Executive Summary 1

2.0 Introduction 2

 2.1 Purpose 2

 2.2 Background 2

 2.3 Methodology 2

3.0 Scope of Work 3

4.0 High-Level Timeline 4

5.0 Stakeholder Analysis 5

6.0 Resource and Level of Effort (LOE) Analysis 6

7.0 Risks and Mitigation 7

Attachment A: Glossary of Terms and Acronyms 8

Attachment B: Related DHS Analysis Deliverables 9

If helpful for DHS, we will provide the second component—a tentative schedule—in both Microsoft Project format and Portable Document Format (PDF). As with any other deliverable, we will provide a DED for discussion that will allow us to tailor draft work plans to your preferences.

We understand that DHS needs its partner to provide actionable and adaptable plans for the success of the initiative. Our draft work plans will be developed in alignment with Project Management Body of Knowledge (PMBOK) standards and industry best practices, such as determining predecessors, successors, and the critical path. We will take our planning a step further by considering impacts to key stakeholders and building associated tasks into the plan. For example, we understand from the October 2017 Iowa Marketplace Choice Final Report that enhanced outreach for initiatives such as the Healthy Behaviors Program is important, and we will incorporate tasks for communication and education as applicable. We will also identify known risks (identified by DHS or our team) and mitigation strategies, including risks to your programs, beneficiaries, providers, taxpayers, budget, and compliance. For example, policy changes are likely to have a downstream impact on provider reimbursement, and there will be times when we need to consider and mitigate that impact to help ensure continued access to services.

Our policy options and draft work plans—like any other deliverable or service we provide—will be high quality and on time. Our long relationships with clients such as West Virginia, where we have provided comprehensive technical assistance and program support since 2003 without any corrective action plans (CAPs), demonstrate that we have the ability to meet your performance measures. Moreover, our experience providing excellent client service means our draft work plans will be more feasible. We know you need to be able to trust our expected deliverable submission dates to plan your resources, that you need time to review deliverables, that you will have competing priorities, and that we must incorporate time to address feedback.

While we will always endeavor to deliver policy options and draft work plans that are ready for immediate action, there will be times when new information comes to light or you find areas where we have further work to do. In that case, we will review your feedback against the entire document rather than tweaking isolated pieces, hoping to find a quick solution that is “good enough.” Good enough, for our team, means we understand your vision and are providing a plan that supports it.

Activity D: Research and identify Medicaid and CHIP program national best practice standards for State leadership consideration.

DHS will benefit from a streamlined approach to researching national best practice standards that integrates cleanly with our approach for analyzing required or proposed state and federal legislative policy changes and federal sub-regulatory guidance. You will not be bombarded with information from all sides. As detailed in our approach to Activities A and B above, we will collaborate with DHS to determine your priorities, preferred communication frequency and methods, and how to provide information in the most usable format possible. Because of this streamlined and tailored approach, when we do send you information for State leadership consideration, it will better meet your needs and reduce your time needed to review.

We will leverage our team's expertise with national best practices and how they impact federal and state policies. For example:

- SME Richard Kellogg previously served as the Washington Department of Social and Health Services director of Integrated Health Services—a position involving advising the DSHS secretary on all aspects of Medicaid, managed care, and national health reform. DHS can leverage this experience for developing innovative strategies that stay abreast of important changes in national best practices and contribute to more sustainable costs for state Medicaid programs (e.g., review of managed care strategies for developmental disabilities and long-term care [LTC] populations).

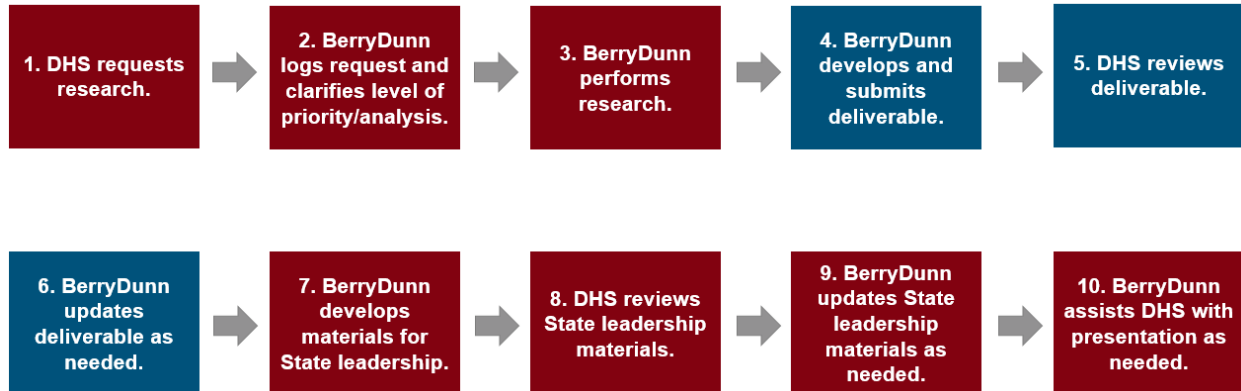
We understand there are differences between federal requirements—which DHS must comply with—and national best practices. If best practices align with DHS goals to increase program sustainability and more fully integrate care, and to improve quality outcomes, then it would be beneficial to implement them, but every initiative takes time and resources. It is not possible to do everything at once. We will help you track and research best practices so State leadership can make informed decisions about whether (and when) to implement them. For instance, we analyzed CMS guidance on collecting face-to-face encounter documentation for durable medical equipment and home health services in a state's Medicaid Management Information System (MMIS) for a previous client. While the client's policies were in federal compliance, the state was considering whether it should work with its system vendor to implement more stringent CMS recommendations.

For research on national best practice standards, we propose producing similar initial outputs to our approach detailed to Activities A and B above—research briefs or impact assessments, according to priority—and providing a separate Executive Summary that cites key points and sources, and accompanies a PowerPoint presentation (or presentation materials of your choice).

However, if Iowa leadership is interested in a set of national best practices, we understand DHS may prefer to accelerate the timeline for our analysis. Figure 6, on the following page, shows all steps we plan to take between identification of best practices and delivering research, but **red** boxes demonstrate the tasks that we feel are critical to complete before we deliver information

that you can be confident in presenting for executive decision-making. **Blue** boxes can be eliminated if it is necessary to “fast-track” the analysis.

Figure 6: Process to Provide State Leadership With National Best Practice Standards Research
Our team understands that this task may have a faster-than-average turnaround time, and will work with you to provide results quickly without compromising the integrity of our work.



We can also concurrently prepare materials for State leadership while you review the research deliverable if that better fits the timeline, though we would otherwise keep those steps separate to reduce rework (and therefore inefficiency). As our final step states, when helpful, we would be happy to present this information on best practices to your leadership or help you prepare with speaker notes and/or a dry run.

Activity E: Serve as the technical resource to State staff, using Contractor’s expertise to anticipate CMS questions and minimize CMS approval timeframes.

DHS will experience shorter CMS approval timeframes and stronger relationships with federal partners due to our team’s expertise. While many vendors claim to know the “secrets” of CMS negotiations and a magic combination of words that will expedite federal review and approval, we know that the best tools for success are sound planning and design that conforms to CMS technical specifications (and other available guidance, ranging from CMS Administrator letters to the 2015 HCBS Instructions, Technical Guide, and Review Criteria manual). CMS provides the magic words; the key is in demonstrating the State’s understanding and application of them.

Our team members have learned this from our experience negotiating cutting-edge approaches to transforming Medicaid, including support for the following projects:

- The **Rhode Island** Global Compact Waiver, which received unprecedented and rapid approval covering the entire program under a cap allotment methodology
- Development, approval, and current implementation of the **West Virginia** SUD Waiver, which includes care coordination, revising MCO contracts, and establishing high-risk/high-need member metrics

- Implementation of **Ohio**'s standard assessment tool for all waiver recipients, including value-based payments
- Evaluation of **New Mexico**'s waivers and consultation with stakeholder groups, including tribal consultations

Because CMS appreciates prompt and earnest dialogue, we will work with DHS to share the State's proposed approach with CMS at an early stage. This will help prevent DHS from going through an entire development process and submitting your proposal without knowing whether CMS and DHS are in alignment. Engaging CMS proactively and maintaining regular communication will reduce potentially time-consuming snags and pitfalls, with our team facilitating efficient and effective dialogue for you and your federal partners throughout the approval process.

Task Area 2: Policy Support Services to Ensure Federal Compliance

Our project team will provide the policy expertise and experience that you need to ensure federal compliance with your policies. Members of our project team have seen first-hand, both as consultants and as Medicaid directors, the vital role that effective policy support plays in promoting federal compliance—and more importantly – the overall success of a state's Medicaid program. From this experience, we will bring our success in collaborating with federal agencies in ensuring State Medicaid program policies are federally compliant and are able to be implemented and evaluated. As a result, one of the benefits DHS will receive from working with BerryDunn is our proven methodology for providing a broad range of program support that is continually enhanced by our work and lessons learned from our experience providing policy support to states such as Massachusetts, Mississippi, and West Virginia. Below, we detail our approach to providing the major activities of Task Area 2.

Activity A: Provide support for policy development of State initiatives impacting Medicaid and CHIP, as requested.

Our approach to supporting DHS is grounded in direct experience from across the country and will provide the support you need with system-wide changes to be successful. Changes such as the integration of HCBS into managed care, or more targeted 1915c waiver updates, can help ensure that the services delivered are necessary and appropriate while not being duplicative. The current policy environment has a number of opportunities that may be right for DHS, and we look forward to helping you strategize which ones may be best.

Our approach to Activity A has the following key components:

- **Understanding your policy priorities.** As part of our proposed initial planning meeting with you, we will discuss your policy priorities. We will supplement this knowledge with the review of publicly available information that we have already completed, such as the minutes from the Health Policy Oversight Committee and articles about the State's capitation rates. Through these activities, we can infer policy priorities, such as assisting

with legislative expectations related to Medicaid spending. During this initial period, we will confirm our understanding of your priorities and the current policy environment, particularly as it relates to federal compliance. Our project team brings extensive experience in strategy and prioritization efforts if you would like assistance in these areas.

- **Creating a plan to drive policies forward.** Based on your policy priorities, we will develop a plan to help you drive identified policies forward. These plans can be holistic for your entire Medicaid program or for targeted policies based on specific requests. In addition, the plans can range from documenting elements from an email or meeting notes to a more detailed deliverable, such as a work plan. For deliverable plans, we will discuss what pieces of the plan are necessary to provide the level of support you would like through the DED process. Based on past experience on similar projects, these plans typically include items such as:
 - **Timeline** – with steps such as gaining legislative support and ensuring required stakeholder consultation and time required for CMS review and consultation, along with potential required system changes or MCO contract updates
 - **Stakeholder Analysis** – to understand the impacted stakeholders and what is required to engage them to help the initiative be successful
 - **Communications Plan** – to help ensure that stakeholders are informed about the policy and the plan, either through communications from us or communications from you with our support
 - **Feasibility** – to understand what can be accomplished while also operating your program and maintaining compliance
- **Executing policies forward.** Our proposed team provides the expertise and experience required to help DHS execute your policy initiatives. Ethan Wiley, our proposed PMP-certified project manager, brings experience with Medicaid and CHIP policy and waiver development, such as policy changes in support of International Classification of Diseases (ICD)-10, the ACA, federal reporting and compliance, and 1115 waiver design for SUD. The State has many policy priorities, and in order to have the support you need and to execute those plans, we understand that a project manager alone is not enough. As such, we are proposing a team with broad experience to support DHS and our proposed project manager. For example, our team includes John Stephen, who previously served as the commissioner of the New Hampshire Department of Health and Human Services and has since engaged in efforts in numerous states to transform aspects of HHS to provide better quality and access for beneficiaries. This experience includes projects such as supporting the Arkansas DHS, where John led a team in helping the Arkansas State Medicaid agency through system transformation. The transformation included identifying best practices in contract management, oversight of managed care, and organizational re-design to meet the needs of the Arkansas' State agency responding to legislative Medicaid reform changes.

Activity B: Provide policy guidance to Agency staff to support ongoing operations of Iowa's current Medicaid and CHIP programs.

DHS can be confident that it can maintain the ongoing operations of the current Medicaid and CHIP programs with the support from BerryDunn's experienced team. We understand the need to be inclusive when designing overall goals so that ongoing operations are not neglected. This attention allows you to make forward progress, confident that the future doesn't come at the expense of the present. One of the key features of our approach is to provide a project manager who can quickly assist you and also access additional expertise to support you for operational items in addition to long-term policy priorities. DHS will benefit from our team, which includes members of a cross-project internal workgroup that monitors and analyzes new federal guidance on a regular basis. This means you will have access to day-to-day insights as well as expertise from BerryDunn staff working with Medicaid clients around the nation.

The key components of our approach to Activity B include:

- **Responsiveness to support operational items.** Our project manager, Ethan Wiley, will serve as the primary coordinator for projects and assistance to DHS. Ethan will ensure you receive the operational support requested and will respond to your requests within eight business hours of receiving them, and frequently even more quickly. To meet the performance measures detailed in the State's RFP, we will implement tools to help ensure that if you communicate with us, we get the message quickly and respond rapidly. For example, we will utilize an email distribution list and automatic forwarding so that there is no single point of failure in the event of illness. We will also plan for out-of-office events and communicate those to you in advance, along with backups. We know, however, that the best way to be responsive is to create a direct and functional system, rather than asking you to contact a myriad of different people based on vacation schedules.
- **Experience and expertise based on DHS and project needs.** Based on experience, we understand that operational issues, like ad hoc analysis, require a responsive partner to get quick results. To help ensure you receive the expertise you need to support your operations throughout this project, our project team includes a team expertise lead, Karin Hoyt. Ethan will leverage Karin's additional policy expertise, and together these team members will collaborate to help ensure that our SMEs' experience and technical knowledge is available when needed to support the success of the project.
- **Operational support balanced with policy priorities.** In understanding your policy priorities, we will work with you to help ensure both your team and ours has the capacity to help ensure your operations are continuing in a sustainable manner. We realize that resources are limited, and we approach the design of new policies in a way that doesn't undercut established programs and business functions.
- **Knowledge from a healthcare working group.** The State will benefit from a team that is part of BerryDunn's internal healthcare transformation working group. This working group meets monthly to review the healthcare landscape from the perspective of the

work we do across the country, including supporting visiting nurse associations (VNAs) in the Northeast, managed care plans in Pennsylvania, the state legislature in Massachusetts, and Medicaid programs nationwide.

Our proposed approach to providing policy guidance is based on the support we've recently been providing to West Virginia to help its staff conduct ongoing operations of its Medicaid and CHIP programs. In the past, we have conducted detailed analyses of CMS Managed Care, HCBS, and Mental Health Parity Rules. During the West Virginia Gap Analysis and Project Management Services (GAPMS) Project, our team—led by Ethan Wiley—provided research summaries and a presentation on the Medicaid and CHIP Managed Care Final Rule (e.g., identifying updated minimum standards for provider screening and enrollment), along with an overview of the December 2016 FAQs concerning Medicaid HCBS beneficiaries, as part of project efforts to continually monitor, analyze, and communicate potential impacts of new federal guidance to our client.

Activity C: Assist in drafting required federal authority documents necessary to secure federal approval for new or updated Medicaid or CHIP policy changes.

To help DHS achieve your policy goals, BerryDunn's team starts by listening to your goals, needs, and objectives, and leveraging our team's knowledge of the available federal authorities and tools available to realize your program goals. Our team's experience helps us work with you to determine the best policy vehicle to achieve your goals. For example, our experience helps us understand that a section 1115 waiver provides incredible flexibility in how DHS is able to manage its program including implementing managed care. However, an amendment to your existing 1915b waiver may provide you a quicker path to achieving a goal if the full flexibility of a section 1115 waiver is not required.

If DHS determines that a waiver is the best policy option, we will work with you to plan a comprehensive approach to designing it. Planning for your waiver design will allow you to move through the design and approval process more quickly by helping to ensure that all requirements of the waiver are accounted for, and that a strategy to anticipate CMS questions and concerns has been established. Our team will work with DHS at every step of the process to accomplish the following:

- Outline your goals by listening to you and the stakeholders you may wish to engage in order to understand the need and your goals
- Create core objectives to guide the development of the waiver and inform its eventual evaluation
- Design primary elements of the waiver, such as target population, eligibility, services, and financing
- Create a project plan for the waiver's implementation
- Overcome obstacles identified through reviewing precedent from other jurisdictions and the best practices used to help overcome them

- Demonstrate required budget neutrality, potential financing strategies, and estimated impact by working with your actuaries to conduct the actuarial and financial analysis required
- Help to ensure the waiver application meets your needs and expectations
- Provide effective stakeholder engagement by facilitating public and tribal notices
- Facilitate successful waiver negotiations with your federal partners
- Develop draft policies, administrative rules, and stakeholder materials related to implementation

In order to simplify the points above, we envision the waiver design process as three phases as shown in Figure 7, below. Within these phases the waiver can be designed, developed, and financed in line with federal compliance guidelines:

Figure 7: High-Level Phases of Waiver Design

Our team envisions distinct phases to the work of designing, drafting, and negotiating your waiver, from which we can build a comprehensive work plan.



If desired, BerryDunn and our proposed team are experienced at implementing policy related to federal regulatory authorities, whether it involves provider outreach, working with your MCOs, developing policy and administrative rules, or developing and assisting with training.

DHS will be confident in the drafting of required federal authority documents development because of our team's experience in:

- Helping Arkansas with its system-wide Medicaid changes
- Assisting Massachusetts, Ohio, and Vermont with their 1915(c) waivers
- Providing guidance to Massachusetts and New Mexico with their 1915(i) waivers
- Helping Massachusetts, New Hampshire, Rhode Island, Vermont, and West Virginia with their 1115 waivers
- Assisting with planning and drafting SPAs in many of these states, as well supporting transformation efforts. For example, one of our team members, Jean Sullivan, previously

served as the executive leader for Massachusetts' Medicaid agency, and directed all legal aspects of the original MassHealth Section 1115 Demonstration waiver design and related federal negotiations during her tenure.

In order to achieve successful federal compliance, our team has assisted with the public and tribal notices in states such as Massachusetts and New Mexico. To further support DHS with addressing diverse stakeholder needs, our team brings experience in engaging unique special populations like Foster Care and focusing on accountability in negotiations with Managed Care entities. Members of our team bring this experience from projects such as providing technical support to the State of Texas when contracting with one managed care company to cover 30,000 children in foster care.

Activity D: Assist in drafting state-specific documents for program implementation.

To assist in drafting state-specific documents for program implementation, we start by understanding the policy goals that the document will support. The wrong communication or document can be just as bad as or worse than no communication. For example, miscommunicating to stakeholders that are vocal with the legislators which can lead to creating incorrect expectations around topics such as rate changes or fee schedules. For more extensive communications and documentations, we may suggest creating a DED to help ensure our common understanding of what the communication will look like. The key steps of creating and finalizing the DED include:

- BerryDunn creates a draft document that undergoes editing to help ensure DHS receives a communication that is of high quality and meets your expectations.
 - Deliverables may undergo an additional review from Bill Richardson, the proposed project principal.
- BerryDunn delivers the document to DHS, providing you time to read it and then we will meet with you to review it.
- BerryDunn incorporates any changes to the document requested by DHS.
- BerryDunn delivers a final document to DHS.

Some specific features unique to the requested document types include:

- **State administrative rules.** To support drafting your administrative rules, we will leverage our knowledge from other states and understand the State's process for constructing and implementing administrative law. We know from work in states such as New Mexico that—by placing an emphasis on format, structure, and conforming to regulations—simple issues can be avoided. Our team includes Marybeth McCaffrey, who is an expert on state administrative rules and brings tremendous experience in drafting and implementing such rules in a wide variety of contexts. Ms. McCaffrey served for 18 years in Vermont's Agency of Human Services, where she participated in developing and supporting numerous administrative rules with three departments.

- **Communications to Medicaid or CHIP members, Medicaid providers, and other interested stakeholders.** For our West Virginia client, we have led the design, drafting, and presentation of a variety of communications material for Medicaid and CHIP. From assisting in the preparation of yearly provider workshops to managing the release and response to new and updated state policy, our team has served West Virginia as a trusted advisor since 2003. We will tailor our support approach to the type of communication being created and use our teams understanding of federal regulations related to stakeholder communication to help ensure we fully support your needs. We will also take State preference and policy into account when interacting on the State's behalf with providers, members, managed care partners, and other stakeholders. In our experience providing materials for stakeholder consumption, we've learned that it is essential to develop a comprehensive understanding of the target audience in order for the communications to be effective.
- **Draft work plans for policy implementation.** Based on the priorities for which *you request* support, we will develop a plan to help you drive identified policies forward. As part of our engagement, we will produce a standard format for work plans. These work plans will use both narrative and visual elements to communicate DHS goals and necessary elements for implementation. Our team frequently makes use of industry standard project management tools such as Microsoft Project to draft project plans, and we plan to work with DHS in determine the level of specificity involved for each particular work plan. Project planning is a core component of our project management approach, and we anticipate producing, updating, and maintaining a variety of work plans as part of our engagement with DHS. Our work plans will contain the following elements:
 - **Timeline** – The plans will include a timeline with steps such as gaining legislative support and ensuring required stakeholder consultation and time required for CMS review and consultation, along with potential required system changes or MCO contract updates.
 - **Stakeholder Analysis** – The plans will also include stakeholder analysis to understand the impacted stakeholders and what is required to engage them to help the initiative be successful.
 - **Communications Plan** – Communication plans for those stakeholders to help ensure that stakeholders are informed about the policy and the plan, either through communications from us or communications from you with our support.
 - **Feasibility** – A demonstration of practical reality to understand what can be accomplished while also operating your program and maintaining compliance.

A recent project example that highlights our team's success in assisting with administrative rules, drafting communications to stakeholders, and implementing policy using a work plan that we devised, can be seen in BerryDunn's support to West Virginia BMS with the implementation of its 1115 SUD waiver. During this project, the project team:

- Provided regular communications, training materials, provider policy manual updates, and additional documents on behalf of West Virginia. The audience for these documents included West Virginia’s federal partners, managed care entities, members, advocacy groups, and diverse provider associations.
- Led the development of the waiver’s implementation plan on behalf of West Virginia, which was later approved by CMS. The plan outlined the need for new and updated policy, and supplied a framework for rolling it out.

Activity E: Assist State staff in responding to Federal inquiries regarding Medicaid and CHIP programs.

We know that the State will need to promptly respond to a wide range of federal inquiries throughout our partnership. DHS will benefit from our consistent process to assist in responding to inquiries, which includes the following key steps as shown in Figure 8:

Figure 8: Process for Responding to Federal Inquiries
Our process to assist in responding to inquiries follows a consistent process.



1. Receive request for assistance

- Inquiries regarding federal compliance will most likely come from your federal partners. In addition, these inquiries can also come from entities such as legislators, stakeholders, or patient advocates. Regardless of the source, being able to generate an accurate reply is important. Our project manager will provide an initial response within eight business hours of receipt as requested in the State’s RFP.

2. Assess implications

- Based on the organization or individual that has submitted the inquiry and the level of information sought, we will work to assess the implications. For example, inquiries related to the status of in-progress work will require less time and BerryDunn project team resources than those requests that require more research and analysis, such as more detailed inquiries from U.S. senators or representatives. We will scale and adapt our approach to different audiences, leveraging our team’s experience and expertise to help ensure DHS is fully supported during these inquiries.

3. Discuss response strategy

- Once the scope of the request is established, we will work with you develop an effective response, or for more significant inquiries, a response strategy.

Throughout this process, we will keep you informed about progress and options, particularly when considering significant inquiries, such as Freedom of Information Act (FOIA) requests.

4. Develop response

- We will develop a draft response for you to review that is tailored around the parameters we developed in our strategy discussion during Step 3. Following feedback received, we will incorporate your feedback and provide a final, proofed document for you to provide as an official response.

Our project manager, Ethan Wiley has provided similar technical assistance and program support to West Virginia for over four years, including leveraging additional experts. This support has included receiving, triaging, and organizing responses to a large number of federal and other stakeholder inquiries. For example, Ethan recently assisted West Virginia in the response to a federal inquiry related to network adequacy. Like the State, West Virginia has a large percentage of its Medicaid program covered by managed care. Ethan acquired the needed managed care data and quickly responded to the client's request, bringing in additional SME support related to network adequacy to fully respond to CMS in a way that led to no follow-ups from CMS.

Activity F: Provide policy guidance and requested support to Agency staff regarding required federal reporting.

As part of your ongoing operations, the State complies with a variety of federal reporting processes. The timeliness and quality of your response can have significant financial and policy implications. We will swiftly provide DHS high-quality policy guidance and other support as you respond to required federal reporting. Our consistent approach to supporting you will utilize a similar process as to what was described in our approach to Activity E, above, and includes the following steps:

1. Receive request for assistance

- Whether the request is a recurring obligation or a unique request from your federal partners, a compliant and timely response is essential. Our project manager will provide an initial response to the request within a minimum of eight business hours, as requested in the State's RFP.

2. Assess implications

- Our project manager will triage the request to understand if it can be responded to via email, requires voice communication, or requires additional analysis and support from members of our project team.

3. Discuss strategy

- Once the scope of the request is established, we will work with you to provide support, responding by either email or voice conversation to ensure that we will

provide DHS the policy guidance or support needed regarding required federal reporting. During this call, we will agree on an approach to meeting your needs and providing you with the expertise required.

4. Develop response

- We will provide DHS with the requested policy guidance and/or support for your federal reporting. If additional support or guidance is needed, Ethan Wiley will collaborate with DHS to develop an approach to providing any follow-up support needed.

Several members of our proposed team have provided similar policy guidance and support to West Virginia. In that time, we have received, assessed, and analyzed the responses to a large number of West Virginia inquiries for support and technical assistance. For example, on our West Virginia Access to Care project, our project team conducted ongoing analysis and collection of data to support West Virginia's related federal reporting requirements.

Activity G: Participate in meetings and calls with State staff, CMS staff and other federal or state partners.

DHS will have a partner to support you in dialog (phone or in-person) with CMS, your federal partners, and/or your State partners. We will tailor our support to the needs of DHS and the meeting or call being conducted. This approach will include all preparation, participation or facilitation of the call/meeting, and follow up support needed to help ensure successful meetings and calls with State staff, CMS staff, and other partners throughout the duration of this project. Below we provide an overview of our approach to meeting and call:

- Preparation support
- In-progress support
- Follow-up support

"BerryDunn facilitated our interactions with CMS and fully supported us in the successful negotiation of our waiver's Standard Terms and Conditions."

- Ms. Sarah Young,
Deputy Commissioner,
West Virginia BMS

Preparation Support

We will work with you to assess the level of support needed for a meeting or call. For example, sometimes you may need full support, including a pre-meeting to strategize on potential questions, a potential response, and supporting research or data. This could also include preparing an agenda for the meeting. Other times, you may need someone to listen in, observe, help ensure the information most relevant to the State is being captured, or attend an information sharing call when you are unable to.

As part of our preparation support, we will work with you to align on communication protocols and tools so that we know the level of speaking you would like us to do, when you would like us to raise important topics with you during the call, and how you would like us to bring those items

up. For example, we will discuss your preference for either passing a note in a meeting or using electronic messaging. These types of protocols will also be addressed in early communication discussions when we conduct the planning meeting with you.

In-Progress Support

Once the meeting or call begins, we will support you in the agreed-upon format and approach as discussed during the preparation step detailed above. During these meetings and calls, our project team members with the applicable experience and expertise will be available to attend to help ensure your meeting or call is as successful as possible. We will use the information gained in the call or meeting to contribute to constructive follow-up support, as detailed below.

Follow-Up Support

The meeting and call follow-up support provided by our project team will be based on the level and type of support you requested, for example, we may:

- Develop and deliver meeting notes
- Conduct a follow-up meeting with you to debrief and identify impacts on overall policy goals, determine action items that require follow-up, and establish who on the team will take the action
- Perform additional research or analysis to support identified action items, and move them toward closure

Our plan to participate in and support DHS in meetings and calls with State staff, as well as your federal and other state partners, is based on our experience in working with state HHS agencies to provide similar support over the past 20 years. A great example is the process we recently used to help West Virginia successfully negotiate its section 1115 SUD Waiver Application and final Standard Terms and Conditions (STCs). This support included:

- Helping to prepare West Virginia ahead of meetings with CMS, including preparing materials and requested elements ahead of the meetings or calls
- Following up every call with West Virginia's federal partners, outlining the next steps, and addressing them comprehensively in time for the next checkpoint

Our support contributed to a federal review and approval that moved along a defined track toward successful completion, which helped ensure the project achieved its objectives.

In addition to this relevant experience, our proposed team includes former Medicaid agency directors or commissioners from Massachusetts, New Hampshire, Rhode Island, and Washington, all of whom have had direct and successful one-on-one involvement in designing, negotiating, and implementing groundbreaking waivers with CMS. This experience will contribute to DHS' success during this project.

Activity H: Facilitate weekly calls with State staff and the Contractor.

Connecting with you weekly provides the opportunity to develop a relationship that will be the foundation for our partnership. These weekly meetings will typically be used to:

- Update DHS on policy developments and status
- Provide overall project status
- Discuss previous and newly identified risks and issues

In addition, during these calls, we will ask open-ended questions that seek to understand what is on your mind and provide DHS with the opportunity to brainstorm potential solutions. To help facilitate these discussions, we will develop an agenda and deliver it to DHS a minimum of eight business hours before the meeting, along with any materials that will be reviewed during the meeting. We will also provide meeting notes as an output of the meeting.

Our project team has successfully led and facilitated weekly calls with state HHS clients across the country. For example, BerryDunn has served as the project management office (PMO) for Medicaid and CHIP in West Virginia, where we have provided comprehensive technical assistance and program support since 2003. In our role as the PMO, we have conducted weekly project management team calls which have provided West Virginia with regular status updates and an opportunity to interface directly with our team. With this type of approach, DHS will be able to directly and easily ask our project team questions and quickly receive answers, or our project team will conduct follow-up activities to get the information DHS needs in the timeframe requested by DHS.

Activity I: Serve as a technical resource to State staff.

We have tailored our project team to deliver the technical expertise and experience that DHS will need to be help ensure that the State Medicaid program continues to be successful. Our core project team will be supported by skilled policy and program analysts, as well as SMEs with focused expertise, particularly in federal compliance. Our team members have more than 100 years of combined relevant experience through their work in both providing these consulting services to state government clients and directing state Medicaid agencies. The quality of our service in this area is not limited to the skill and knowledge of our professionals; our team also has the ability to respond to your needs in a timely and professional manner. As in all things, we will respond to any requests within eight business hours. Please see the eight letters of reference included in our response to RFP requirement 3.2.5.1.4, below, which speak to both BerryDunn's and our subcontractors' ability to

Our approach to serving as a technical resource to DHS staff is based on the experience of our team and the knowledge we've gained serving as a partner, providing technical expertise to states like Arkansas, Florida, Rhode Island, Pennsylvania, Massachusetts, Mississippi, Texas, South Carolina, and West Virginia.

provide technical expertise that has enabled state HHS agencies to achieve their policy and project objectives.

During this engagement, our project manager, Ethan Wiley, will serve as your primary point of contact. Ethan will triage your request and work with our project team members to quickly provide the information that DHS staff need. Our project team includes professionals with wide-ranging and deep experience providing technical expertise across Medicaid and CHIP. For example, SME Marybeth McCaffrey served on the National Eligibility Technical Advisory Group (E-TAG) of the National Association of Medicaid Directors from 2004 – 2009, and also served as the chair from 2006 – 2009.

Our project team brings a track record of success in serving as a technical resource to HHS agency staff in states such as Arkansas, Mississippi, Pennsylvania, Rhode Island, South Carolina, Texas, and West Virginia. For example:

- Members of our project team helped HHS agencies across the country in maximizing the performance of their Medicaid and CHIP programs by providing technical analyses on the CMS Managed Care, HCBS, and Mental Health Parity Rules.
- To support the Arkansas Legislative Health Care Task Force, members of our proposed project team were asked to identify capitated, full risk, managed care best practices across the nation and provide the Task Force members with detailed analysis. The Arkansas project team also developed interview guides for all the top Medicaid managed care firms, interviewing each, and putting together a detailed response grid for Task Force members that identified national best practices in value-based payment methodology and outcomes, social determinants, bending the cost curve, and effectively managing the program with desired outcomes.
- During the BerryDunn West Virginia GAPMS Project, Ethan Wiley provided research summaries and a presentation on the Medicaid and CHIP Managed Care Final Rule (e.g., identifying updated minimum standards for provider screening and enrollment), along with an overview of the December 2016 FAQs concerning Medicaid HCBS beneficiaries, as part of project efforts to continually monitor, analyze, and communicate potential impacts of new federal guidance to our client.

We look forward to partnering with DHS to help ensure you have the support you need to look at your Medicaid program as a system, and transform it into a sustainable model.

Task Area 3: Ad Hoc Analysis

To strengthen your efforts to improve quality and access to care, promote accountability for patient outcomes, and create a more predictable and sustainable budget, our project team will serve as a responsive partner to complete or review additional analyses upon your request. Our support will help ensure that DHS has the expertise and support needed to nimbly respond to the increasingly complex and swiftly changing climate in which you operate.

Our ad hoc approach will be directed by our project manager, Ethan Wiley, who will be fully supported by our project team. We have included five former state Medicaid directors and policy experts as part of our project team in order to help ensure DHS receives the assistance and support you need for ad hoc analysis. In addition, our project team brings extensive experience providing ad hoc policy analysis support to Medicaid agencies in states such as Arkansas, Florida, Massachusetts, Mississippi, Texas, and West Virginia. To address your ad hoc requests, our project team members will leverage their relevant experience, as well as the tools and approaches that we proposed in our approach to Task Area 1.

Because our project team will already be monitoring federal and State policy drivers and assessing possible impacts across the State Medicaid enterprise, ad hoc requests for additional analyses or reviews will be informed by holistic, practical insights into the State Medicaid's priorities, challenges and goals, internal policy drivers—and provide information above and beyond what's already addressed in impact analyses in process or completed. During our weekly meetings with DHS, or more frequently as needed, such ad hoc requests can be clarified so that we provide you with the depth of insight that best suits your needs for that issue area.

Some issue-area needs may ebb and flow, such as those dictated by the State legislature. State Medicaid leadership, in our experience, can receive many requests when the legislature is in session. Having a team that is ready to respond to such requests—from the second Monday in January through the 100 day, 110 day, or whenever the session ends—will allow the State Medicaid to provide more thoughtful and thorough responses to the legislature.

We also understand you may want us to review in-house analyses. Our approach will be aligned with the overall engagement approach, and as your responsive partner, we will stand ready to provide the level of service that best meets your needs, maximizes resources, and leverages expertise.

During project initiation, BerryDunn will build on an understanding regarding priority and level of analysis to develop a response protocol with you to manage ad hoc requests. We suggest incorporating this protocol into the monitoring library that would reside on your intranet or our BerryDunn KnowledgeLink (SharePoint), or perhaps as a Microsoft Excel file if you prefer. The tool would assist with tracking requests, requestors, scope of analysis or review needed, intended audience, and due date. The tool will, in part, support our responsiveness and adherence to performance measures, such as responding to your emails and calls within eight

business hours of receipt and providing quality deliverables meaningful to you in the format you prefer. One way the tool can look is shown below in Table 1, below:

Table 1: Sample BerryDunn Ad Hoc Analysis Tracking Tool
BerryDunn brings internally developed tools to support project success

Iowa Medicaid Ad Hoc Analysis Tracking											
Request No.	Type of Request (policy impact analysis, review in-house analysis, other analysis)	Topic/Issue	Requestor	Scope of Request	Intended Audience	Assigned To	Priority	Request Date	Due Date	Status	Outcome
1	Policy Impact Analysis	Restrictions on opioid prescription	A. Carson	Research kinds of restrictions and expected alternative medications, and estimate impact on pharmacy budget	Iowa Medicaid senior leadership	B. Dunlap	2	3/25/2018	4/10/2018	4/3/18 -- Draft version under internal BD review	4/17/18 -- Meeting to be scheduled with pharmacy staff to discuss next steps
2	Review										
3	Other Analysis										

BerryDunn understands that the State Medicaid seeks a partner that can support you in making informed decisions on the fly, taking the latest federal information or request from State policymakers and quantifying potential impacts, or reviewing in-house analyses. By working together to establish clear processes and tools, and leveraging our experience and expertise, BerryDunn can respond quickly, accurately, and thoroughly to meet your needs for ad hoc analyses and review.

5.0 Tab 5 (RFP Section 3.2.5)

5.1 Experience (RFP Section 3.2.5.1)

3.2.5.1.1 - Level of technical experience in providing the types of services sought by the RFP.

The technical experience we bring to this project is not only from the consulting perspective, but also from the perspective of former state Medicaid agency leadership. Our experienced and qualified PMP-led team has successfully provided the types of consulting services sought by the RFP for HHS agencies in states across the country such as Arkansas, Massachusetts, Ohio, Rhode Island, Texas, and West Virginia. Members of our team, through their work as former Medicaid directors and/or commissioners, have also developed relevant technical experience while leading successful state Medicaid agencies in states including New Hampshire, Massachusetts, Rhode Island, and Washington.

Members of our proposed project team have had first-hand involvement in major Medicaid agency reform initiatives as well as reorganizations, which have led to enhancing value to consumers and taxpayers. For example, members of our team consulted with the State of Arkansas Health Care Reform Task Force to provide detailed and accurate information concerning the current state of healthcare programs in Arkansas, as well as recommendations for alternatives to the current programs and options for modernizing Medicaid programs serving the indigent, aged, and disabled. The findings generated through this project were nationally recognized by the Kaiser Family Foundation, were adopted by the Arkansas Governor and DHS in securing a Section 1115 Medicaid Waiver, and also led to the passage of legislation implementing many of the recommendations.

“The 1115 waiver subject matter knowledge that BerryDunn was able to bring, along with their project management discipline, allowed for the successful design and approval of our section 1115 waiver.”

- Ms. Sarah Young,
Deputy Commissioner,
West Virginia BMS

Through this consulting and leadership experience, our project team has acquired the expertise and technical experience needed in the areas crucial to supporting the future success of the Iowa Medicaid program such as:

- Presenting and assisting with strategic policy options and drafting work plans to help guide the implementation of state Medicaid program changes
- Creating, negotiating, and implementing waivers
- Reviewing federal regulations governing administration of waivers
- Developing state-specific, federally compliant waiver evaluation tools

- Researching and identifying Medicaid national best practice standards for state leadership consideration
- Leading policy development with diverse group of stakeholders (e.g., providers, Medicaid managed care plans, advocacy groups, trade groups, government officials)
- Serving as a technical resource to state agency staff by anticipating CMS questions and helping to prepare responses to federal inquiries regarding waiver protocols and federal financing structures

In addition to experience in the areas above, members of our team have extensive technical expertise in the Medicaid and Social Security laws, including all aspects of Medicaid and State Children's Health Insurance Program (S-CHIP) program policies and federal financial participation (FFP) rules; Social Security Act; Medicaid Managed Care rule; Americans with Disabilities Act (ADA); the HCBS Community Rule; the ACA; Preadmission Screening and Resident (PASRR); financing structures for the uninsured safety net providers; and the transformation of healthcare systems.

The State and DHS will also benefit from the deep knowledge of and technical proficiency in Medicaid policy that members of our team bring that enables them to guide health reform programs through the review process for securing federal approvals. Members of our team have advised state government entities on 1915(b)/(c) and 1115 waiver issues in states such as Connecticut, Massachusetts, New Hampshire, New Mexico, Rhode Island, and Vermont. For example:

- Members of our team assisted the Massachusetts Medicaid office on a successful effort to add Delivery System Reform Incentive Payment (DSRIP) to its long-standing 1115 waiver, which was approved in November 2016. As part of this project, team members drafted special terms and conditions, provided legal advice, drafted regulations and legislation, and completed financial analyses, which included modeling options for a new hospital assessment and calculating the state's budget neutrality.
- A member of our team led a large project team in a multi-year evaluation of New Mexico's HCBS waiver providers serving the disabled and elderly, medically fragile, developmental disabled, and AIDS/ARC populations.

"This is to let you know the excellent feedback we received all the way up to the Governor's office on the Waiver Renewal document! I really appreciate all the work your team did in the major support you provided to this effort. I don't know a good way to thank you other than to say THANK YOU."

- Ms. Robin Callahan,
Deputy Director for Policy
and Programs,
Commonwealth of
Massachusetts, EOHHS
Speaking to services
provided by UMass Medical
School

In addition, our project team has gained relevant technical experience through working with large state HHS agencies to help them transform their programs and policies, such as:

- Consulting with the Florida Department of Children and Families to provide support for the Program Management Office for a major transformation of Child Protective Services (CPS). Members of our proposed team from our subcontractor, The Stephen Group, led the Program Management Office that oversaw development of a \$200 million, multi-year transformation of Florida CPS. Partnering with the secretary, the project team defined the strategic objectives of the program and facilitated the work of 10 client teams and two contractor organizations. The project developed the business case for governor and legislative approval to implement a new decision model, a new call center, and staff reorganization statewide. The project team also ran or provided substantial leadership for three statewide client transformation teams, including over 75 client personnel. A key portion of the project was setting up the foundation for change management. To that end, project team members mobilized a series of focus groups to engage a broad range of agency personnel in designing and planning the solutions.

The BerryDunn project team comes to this project with the relevant technical experience needed to help ensure that the State and DHS achieve their Medicaid program objectives.

For additional information on examples of relevant projects from the last 24 months in which our proposed team members have acquired relevant technical experience in the types of services sought by the RFP, please see the eight project overviews provided in our response to RFP requirement 3.2.5.1.2 below.

3.2.5.1.2 - Description of all services similar to those sought by this RFP that the bidder has provided to other businesses or governmental entities within the last twenty-four (24) months.

Our project team offers extensive experience in each aspect of the RFP's scope of work:

- Technical Assistance and Support for Federal and State Program Changes
- Policy Support Services to Ensure Federal Compliance
- Ad Hoc Analysis

In Table 2 on the next page, we have provided an overview of eight engagements from the last 24 months that members of our project team have performed that are similar to the services sought by the State's RFP. In addition, in Tables 3 – 10 on the following pages, we have provided an overview of these projects and how they are similar to the RFP's scope of work.

Table 2: BerryDunn Project Team Experience in Scope of Services Requested
BerryDunn's project team offers extensive relevant experience.

Relevant Experience Examples	RFP Scope of Services Areas		
	Technical Assistance and Support for Federal and State Program Changes	Policy Support Services to Ensure Federal Compliance	Ad Hoc Analysis
Arkansas – Medicaid operational and organizational assessment (5/2015 – 9/2016)	X	X	X
Massachusetts – Section 1115 Waiver Extension (8/2015 – present)	X	X	X
Ohio – Payment Innovation Director (4/2015 – 8/2017)	X	X	X
Rhode Island – Designated State Health Program (DSHP) Claiming Protocol and Workforce Development Initiative for Medicaid 1115 Waiver (8/2016 – present)	X	X	X
Speire Healthcare Strategies, Inc. – Subcontract to Provide Policy Support via Federally Funded Research and Development Centers (FFRDC) Center for Medicaid and CHIP Services (CMCS) Medicaid Managed Care Rule (11/2017 – 1/2018)	X	X	X
Texas – Operational Assessment of the Texas Department of Family and Protective Services (DFPS) Child Protective Services (CPS) program (2/2014 – 8/2016)	X	X	X
West Virginia – SUD 1115 Waiver Design Project (2/2016 – 10/2017)	X	X	X
West Virginia – GAPMS (11/2016 – 6/2018)	X	X	X

Table 3: Arkansas Bureau of Legislative Research Example
We bring proven success in supporting the State of Arkansas.

Customer Name: Arkansas Bureau of Legislative Research	Project Name: Medicaid Operational and Organizational Assessment
Dates of Project: 5/2015 – 9/2016	
<p>Description of Project and Outcomes Achieved</p> <p>Members of our proposed project team from The Stephen Group were chosen to provide the Arkansas General Assembly—The Arkansas Health Care Reform Task Force—detailed and accurate information concerning the current state of healthcare programs in Arkansas, as well as recommendations for alternatives to the current programs and options for modernizing Medicaid programs serving the indigent, aged, and disabled. The project’s findings in Arkansas were nationally recognized by the Kaiser Family Foundation, were adopted by the Arkansas Governor and DHS in securing a Section 1115 Medicaid Waiver, and also led to the recent passage of legislation implementing many of the recommendations. The project included comprehensive analytical analysis and program evaluation, including a 50-state managed care review, and recommendations regarding contract consolidation, administrative efficiencies, cost analysis and state and federal match allocation, department reorganization, best practices in LTC, developmental disabilities, and behavioral health as well as an examination of the roles of other agencies in the state that impact the patient populations, which have all led to the recent DHS and Medicaid transformation plan.</p> <p>Similarities of This Project to Iowa’s RFP Scope of Work</p> <p>Many components of this project are relevant to the needs of DHS as presented in your RFP, including:</p> <ul style="list-style-type: none"> • Conducting comprehensive reviews of the Arkansas state Medicaid policy in a number of significant areas, including high-cost populations and policies related to HCBS, the settings rule, and the managed care rule. • Providing guidance and direction to the state-level human services leaders, in this case, members of the Arkansas Legislative Committee. This analysis and guidance led to significant Medicaid policy changes and reform legislation, such as the recently approved Arkansas Medicaid Work Requirement. • Monitoring at the DHS, the state agency responsible for overseeing the Medicaid program. The project team provided the state-level human services leaders with monthly updates and status reports on Medicaid policy areas needing reform and continually kept those leaders up to date on the DHS’s attempts at implementing the changes. The project team’s monitoring was done with the agency as a partner, and with both sharing best practices and ideas on system reform and implementation that met the Task Force’s goals. 	

Table 4: Massachusetts Executive Office of Health and Human Services (EOHHS) Example
We bring proven success in supporting the Commonwealth of Massachusetts.

Customer Name: Massachusetts EOHHS	Project Name: Massachusetts Section 1115 Waiver Extension
Dates of Project: 8/2015 – present	
<p>Description of Project and Outcomes Achieved</p> <p>The Commonwealth of Massachusetts (Commonwealth) submitted a proposal to CMS to amend and extend the 1115 demonstration waiver that has been in place since 1997. This revision of the waiver proposed a significant transformation of the Commonwealth’s Medicaid program, known as MassHealth. The proposal includes the creation of Medicaid accountable care organizations (ACOs), including behavioral health and LTSS among the services for which ACOs will be financially accountable; transformation-related funding through a DSRIP; and a restructured Safety Net Care Pool.</p> <p>UMass Medical School provided support to the project in multiple ways:</p> <ul style="list-style-type: none"> • With guidance from agency staff, wrote the initial drafts of the demonstration proposal document, as well as the Requested Waivers, Expenditure Authorities, and Proposed Special Terms and Conditions • During the public comment period, summarized the comments received and revised the proposal document prior to final submission to CMS • Performed financial modeling of a proposed hospital assessment and led the budget neutrality analysis for the proposal • Managed the logistics of numerous public meetings the Commonwealth hosted to discuss the proposal as it was being developed, including securing facilities and arranging for accommodations for people with disabilities • Recorded and summarized the oral testimony from the two hearings held during the public comment period • Provided legal consulting on important technical aspects of the proposal and how they interact with federal Medicaid law • Drafted procurement documents, Commonwealth regulations, and protocols to implement elements of the demonstration <p>The demonstration extension was approved by CMS in November 2016.</p> <p>Similarities of This Project to Iowa’s RFP Scope of Work</p> <p>During this project, UMass Medical School has provided critical services to support project success that are similar to those requested by Iowa in this RFP. For example:</p> <ul style="list-style-type: none"> • Analyzed federal policy, sub-regulatory guidance, and program clarifications impacting the Massachusetts Medicaid program • Presented policy options and draft work plans to guide the Commonwealth's implementation of program changes • Researched and identified Medicaid national best practice standards for Commonwealth 	

Customer Name: Massachusetts EOHHS	Project Name: Massachusetts Section 1115 Waiver Extension
Dates of Project: 8/2015 – present	
<p>leadership consideration</p> <ul style="list-style-type: none"> • Served as the technical resource to Commonwealth staff, using Contractor's expertise to negotiate the 1115 renewal, including content of the proposal and budget neutrality analysis, anticipating CMS questions and minimizing CMS approval timelines • Provided support for policy development of Commonwealth initiatives impacting Medicaid, as requested • Assisted in drafting required federal authority documents necessary to secure federal approval for new or updated Medicaid policy changes—including the Waivers, Expenditure Authorities, proposed Special Terms and Conditions, and Public and Tribal Notices—and managed review and synthesis of the public comments related to the Section 1115 Demonstration Waiver • Assisted in drafting state-specific documents for program implementation, including, but not limited to: state administrative rules, communication to Medicaid Members, Medicaid providers, and other interested stakeholders, drafted work plans for policy implementation (e.g., waiver evaluation) • Provided policy guidance and requested support to EOHHS staff regarding required federal financial reporting • Participated in meetings and calls with Commonwealth staff and other Commonwealth partners • Served as a technical resource to Commonwealth staff <p>UMass Medical School looks forward to bringing this relevant experience and expertise in <i>managed care structures, quality measurement, and care integration</i> to support the Iowa Medicaid Enterprise goals of integrating care and improving quality outcomes and efficiencies across the delivery system.</p>	

Table 5: Ohio Department of Medicaid (ODM) Example
We bring proven success in supporting the State of Ohio.

Customer Name:	Project Name:
ODM	Payment Innovation Director
Dates of Project:	
4/2015 – 8/2017	
Description of Project and Outcomes Achieved	
<p>Karin Hoyt, our proposed team expertise lead, served as the payment innovation director for the ODM from April 2015 through August 2017. Karin was responsible for Medicaid oversight of Ohio’s \$75 million Center for Medicare & Medicaid Innovation (CMMI) State Innovation Model (SIM) award, which includes the development of episode-based payments, patient-centered medical homes, and Ohio Medicaid’s participation in the CMS Comprehensive Primary Care Initiative (CPCi), and Comprehensive Primary Care Plus (CPC+) program. Karin also successfully negotiated ODM’s SPAs with CMS, granting federal allowance for value-based payment initiatives.</p> <p>In this role, Karin was responsible for:</p> <ul style="list-style-type: none"> • Directing the regulatory approval process in support of Ohio’s value-based purchasing design, including the development and approval of SPA documents, and writing and managing approval of Ohio Administrative Code; served as agency SME in negotiating approval of SPAs for episode-based payments and patient-centered medical homes • Managing the logistics of ongoing stakeholder meetings with a diverse participant group, including commercial insurers, Medicaid managed care plans, providers, advocacy groups, federal government officials and staff, and state agency staff • Implementing 34 episode-based payment “bundles,” including payment structure for risk-based episodes, ongoing provider and payer training, and budget neutrality analysis • Implementing patient-centered medical homes (PCMH) payment innovation approach, coordinated with CMS’ CPCi and CPC+ and commercial insurer programs, including 111 Medicaid providers and over 830,000 attributed lives in initial year • With input from agency staff, writing drafts of RFPs for contractor support with PCMH; served as lead agency staff throughout the bid process; project manager of the resulting contract 	
Similarities of This Project to Iowa’s RFP Scope of Work	
<p>During this project, Karin provided critical services to support project success similar to the needs outlined in Iowa’s RFP. For example, Karin was responsible for:</p> <ul style="list-style-type: none"> • Directing policy development in support of value-based purchasing initiatives in Ohio, achieving overall program objectives within parameters set forth in federal regulations, including clarifications via State Medicaid Director Letters • Drafting SPAs for review and approval by CMS team, including responses to CMS requests for additional information and informal questions • Drafting Ohio Administrative Code language for implementation of episode-based payments as well as PCMH and PCMH payment • Leading policy development with diverse group of stakeholders (e.g., providers, Medicaid managed care plans, advocacy groups, trade groups, government officials) 	

Customer Name: ODM	Project Name: Payment Innovation Director
Dates of Project: 4/2015 – 8/2017	
<ul style="list-style-type: none">Facilitating weekly calls with federal team, including representatives from CMMI, CMCS, Office of the National Coordinator for Health Information Technology (ONC), State Health Access Data Assistance Center, and RTI International	

Table 6: Rhode Island Executive Office of Health and Human Services (RI EOHHS) Example
We bring proven success in supporting the State of Rhode Island.

Customer Name: RI EOHHS	Project Name: Designated State Health Program (DSHP) Claiming Protocol and Workforce Development Initiative for Medicaid 1115 Waiver
Dates of Project: August 2016 – present	
<p>UMass Medical School supported the documentation and establishment of DSHPs for our Rhode Island Health System Transformation Project under our 1115 Demonstration Waiver.</p> <p>RI OHHS requested support from UMass to help the state meet the requirements contained in the Waiver’s Special Terms and Conditions, approved by CMS in October 2016. The UMass team effectively worked as SMEs to provide essential guidance, document drafting, and federal compliance analysis for RI senior managers to manage this fast-paced, high-volume project.</p> <p>UMass Medical School consulting services included:</p> <ul style="list-style-type: none"> • Serving as a critical technical resource to RI EOHHS staff by anticipating CMS questions and helping prepare responses to federal inquiries regarding the waiver protocols and federal financing structures • Drafting the implementation documents necessary for the establishment of the requisite legal relationships and financial foundations necessary to support RI’s waiver reform initiative to capture new federal funds for DSHPs, specifically: <ul style="list-style-type: none"> ○ Drafting three Interagency Service Agreements (ISAs) between RI OHHS’ Medicaid agency and RI’s three institutions of higher education to secure federal approval of the Claiming Protocol ○ Drafting amendments for the ISAs between RI OHHS’ Medicaid agency and RI’s three institutions of higher education ○ Securing federal approval for the DSHO Claiming Protocols, as required by the waiver • Assisting with the review of monthly presentations; participating in meetings with leadership at the University of Rhode Island, Rhode Island College, and the Community College of Rhode Island; performing critical management functions for meeting facilitation in addition to subject matter expertise. • Managing the production of an Implementation Guidebook that synthesized all information and procedures necessary to operationalize the program within the State Medicaid Agency and across the three public institutions of higher education. <p>Similarities of This Project to Iowa’s RFP Scope of Work</p> <p>During this project, UMass Medical School has provided critical services to support project success. These services are similar to those being requested by Iowa in the RFP, including:</p> <ul style="list-style-type: none"> • Presented the RI EOHHS with policy options and draft work plans to guide the RI’s implementation of program changes • Researched and identified Medicaid national best practice standards for RI leadership consideration 	

Customer Name: RI EOHHS	Project Name: Designated State Health Program (DSHP) Claiming Protocol and Workforce Development Initiative for Medicaid 1115 Waiver
Dates of Project: August 2016 – present	
<ul style="list-style-type: none"> • Served as the technical resource to State staff, using Contractor's expertise to anticipate CMS questions and minimize CMS approval timelines • Provided support for policy development of State initiatives impacting Medicaid and CHIP, as requested • Provided policy guidance to Agency staff to support ongoing operations of RI's current Medicaid program, especially as related to engaging state-funded institutions of higher education to perform traditionally Medicaid-only functions through partnership agreements • Assisted in drafting required federal authority documents necessary to secure federal approval for new or updated Medicaid policy changes, including DSHP Claiming Protocols • Assisted in drafting state-specific documents for program implementation, including communication with interested stakeholders (e.g., institutions of higher education executives, lawyers, and faculty) • Assisted State staff in responding to federal inquiries regarding Medicaid waiver Claiming Protocol • Provided policy guidance and requested support to Agency staff regarding required federal financing structures and requirements of federal financial reporting • Participated in meetings and calls with State staff and other state partners • Served as a technical resource to State staff <p>UMass Medical School looks forward to bringing this relevant experience and expertise in <i>care integration</i> to support the Iowa Medicaid Enterprise goals of integrating care and improving quality outcomes and efficiencies across the delivery system.</p>	

Table 7: Speire Healthcare Strategies Example

We bring proven success in providing policy support regarding the Medicaid managed care rule.

<p>Customer Name: Speire Healthcare Strategies, Inc.</p>	<p>Project Name: Subcontract to Provide Policy Support via Federally Funded Research and Development Centers (FFRDC) Center for Medicaid and CHIP Services (CMCS) Medicaid Managed Care Rule</p>
<p>Dates of Project: November 2017 – January 2018</p>	
<p>Description of Project and Outcomes Achieved</p> <p>Karin Hoyt assisted client with the overall project management and specific policy analysis for a project with MITRE in support of CMS, CMCS. Karin’s project management services included coordinating team analysis and timely response to MITRE and CMS. In addition, Karin provided policy analysis support that included that review of various sections of the Medicaid managed care rule.</p> <p>Similarities of This Project to Iowa’s RFP Scope of Work</p> <p>During this project, Karin provided support to the client that is similar to the needs outlined in the Iowa’s RFP, including:</p> <ul style="list-style-type: none"> • Analysis related to sub-regulatory guidance issued by CMCS, e.g., review of and comment on proposed language and resulting implementation issues • Project management activities, e.g., coordination of team review and analysis, timely response to clients, and thorough review of documents for precision and clarity 	

Table 8: Texas Department of Children and Families Example
We bring proven success in supporting the State of Texas.

Customer Name: Texas Department of Children and Families	Project Name: Operational Assessment of the Texas Department of Family and Protective Services (DFPS) Child Protective Services (CPS) program
Dates of Project: 2/2014 – 8/2016	
<p>Description of Project and Outcomes Achieved</p> <p>In 2014, members of our proposed project team from The Stephen Group performed a detailed operational assessment of the Texas DFPS CPS program, including the delivery of Medicaid Managed Care services to over 30,000 foster care children in Texas. The project team visited each of the state’s 12 regions, documented major workflow processes using the brown paper methodology, conducted a statewide survey and regional focus groups, reviewed data, and met with key internal and external stakeholders. In addition, the project team identified over 160 recommendations for improvement across all areas of program operations, including recruitment and hiring, training, case safety decision making, policy development, organizational changes, continuous quality improvement and data-driven management, and communications.</p> <p>Following completion of the assessment and a concurrent review performed by the Texas Sunset Advisory Commission, DFPS launched the CPS Transformation Initiative to improve health, safety, permanency, and wellbeing outcomes for children and families served by CPS. The project team worked with DFPS to prioritize the project team’s recommendations for implementation. This project also included assisting CPS in completing an initial Transformation work plan and multiple additional reports to communicate progress to the legislature and Sunset Advisory Commission, including an extensive review of the delivery of Medicaid behavioral health services to all of CPS foster care children. From July 2014 to February 2016, the project team assisted DFPS in executing the Transformation plan, including providing technical assistance and subject matter expertise to teams of DFPS/CPS staff, project management and also assisting in drafting requests for information and RFPs in High-Need Child Welfare and Medicaid areas.</p> <p>Similarities of This Project to Iowa’s RFP Scope of Work</p> <p>The scope of work for this project and the services provided demonstrate the ability to support Iowa in statewide, strategic transformation efforts as necessary through the requested scope of work. For example, during this project, the project team served as the state’s project manager for the CPS Transformation. In that role, the project team met weekly with senior leadership at the DFPS, reported on any areas needing immediate attention from senior leadership, and served in the role as the state’s independent monitor. The Texas DFPS hired the project team to assist with its implementation of the many child welfare redesign projects recommended during the operational review and also to keep track of all the projects, milestones, and deliverables and meet weekly with CPS leadership to assess issues/risks and next steps of Transformation.</p> <p>In addition, this project team had been the project manager for the State Department of Children and Families CPS Transformation since its inception in July 2014 and completed its task in June 2017. During the project—as with the requirement in this RFP—the project team worked with the state to keep track of all the Transformation initiatives and milestones and worked with the state to develop its quarterly CPS Transformation Reports, which are filed with the legislature. This was an intensive</p>	

Customer Name: Texas Department of Children and Families	Project Name: Operational Assessment of the Texas Department of Family and Protective Services (DFPS) Child Protective Services (CPS) program
Dates of Project: 2/2014 – 8/2016	
statewide project management effort of the largest child welfare state agency in the United States.	

Table 9: West Virginia SUD 1115 Waiver Design Example
BerryDunn brings experience in successfully leading a CMS-approved SUD 1115 Waiver.

Customer Name: State of West Virginia Department of Health and Human Resources	Project Name: SUD 1115 Waiver Design Project
Dates of Project: 2/2016 – 10/2017	
<p>Description of Project and Outcomes Achieved</p> <p>BerryDunn advised and assisted the State in the design, planning, and successful negotiation of its SUD 1115 Waiver. In addition, we helped guide the State to increase the recovery of Medicaid funds by implementing the portions of the 2016 MCO final rule, allowing MCOs to pay for short-term SUD services provided in Institutions for Mental Disease. As part of this project, we:</p> <ul style="list-style-type: none"> • Carried out the research, design, and development of a concept paper that outlined the waiver goals, objectives, and innovative strategies • Led the organization and creation of a Waiver Implementation Plan • Organized the verification of clinical licensure requirements • Addressed additional documentation required by CMS through regular consultations with State staff • Reviewed SUD best practices conducted by other states • Developed SPAs • Updated provider manual to reflect new processes and procedures under the SUD 1115 waiver • Organized and led meetings between the State and CMS in order to facilitate a successful negotiation of the waiver’s terms and conditions <p>The 1115 Waiver added several new treatment services to the State’s Medicaid plan, and we helped scope the anticipated costs and utilization of each of these treatments and projected an estimated range of State spending growth as the result of the waiver, including projecting the federal share and State share. We helped reconcile the State claims data with State-published CMS64 reports, and completed and certified the CMS required budget neutrality forms.</p> <p>The State retained BerryDunn to assist in the implementation of its SUD 1115 Waiver, a project that is currently in progress. The scope of this effort entails coordinating stakeholders from multiple State agencies, as well as Medicaid MCOs, fee-for-service (FFS) and MCO providers, and other stakeholders to achieve a comprehensive continuum of SUD prevention and treatment services.</p> <p>Further details on the responsibilities and tasks for <i>West Virginia Proposed Medicaid Section 1115 Waiver Application: Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders</i> are available at: http://dhhr.wv.gov/bms/News/Documents/WV%20Proposed%20Medicaid%20SUD%20Waiver%20Application.pdf</p> <p>Similarities of This Project to Iowa’s RFP Scope of Work</p> <p>Related to the needs of DHS, the SUD 1115 Waiver Design Project aligns with Iowa’s needs under this scope of work as we provided technical assistance, program design, and management of the implementation on behalf of West Virginia. As part of the work, BerryDunn assisted the State by providing</p>	

Customer Name: State of West Virginia Department of Health and Human Resources	Project Name: SUD 1115 Waiver Design Project
Dates of Project: 2/2016 – 10/2017	
<p>policy guidance and serving as a technical resource for State staff. Notably, our team drafted the required federal authority documents for their section 1115 waiver application and provided the actuarial analysis to successfully demonstrate budget neutrality. In addition, our team supported State staff with answering a variety of federal inquiries.</p> <p>BerryDunn facilitated meetings and calls with State staff, CMS staff, and other State partners on behalf of West Virginia, driving the waiver negotiation process. As part of the negotiation, BerryDunn routinely prepared State staff in anticipation of CMS teleconferences and other communications. In addition, we facilitated answering federal questions, tracked action items, and researched policy requirements. Through the entire process, we emphasized and maintained a chain of communication that facilitated successful addressing of State concerns and timely response to federal inquiries, which minimized federal approval time.</p> <p>Once the waiver was approved, the BerryDunn team worked on behalf of the State to provide support for policy development of the State's waiver initiative. Our support included presenting the State with a number of policy options for different stages of the work and creating comprehensive work plans to guide the State's implementation. Finally, we provided thorough project management to guide the implementation. During the implementation process, which is currently ongoing, our team has continued to serve as the technical resource to State staff, using our team's expertise to anticipate CMS and other stakeholder questions.</p>	

Table 10: West Virginia Gap Analysis and Project Management Services (GAPMS) Example
BerryDunn brings experience in analyzing policy change drivers from all sources, providing options to state Medicaid programs, and helping implement their chosen option(s).

Customer Name: State of West Virginia Department of Health and Human Resources	Project Name: GAPMS
Dates of Project: 11/2016 – 6/2018	
Description of Project and Outcomes Achieved <p>During the GAPMS Project, BerryDunn met two primary goals established by West Virginia Medicaid:</p> <ol style="list-style-type: none"> 1. Analyzed West Virginia Medicaid’s compliance with over 2,600 impacts from ACA provisions and ensuing federal guidance. 2. Performed ongoing monitoring and ad hoc research and analysis, including responding to 17 formal research requests and managing a portfolio of eight subprojects to help West Virginia launch and/or complete initiatives. <p>More specifically, to conduct the ACA gap analysis, we:</p> <ul style="list-style-type: none"> • Categorized, evaluated, and updated (as needed) 47 ACA impact assessments that BerryDunn had completed for the State shortly after the ACA’s passage. These assessments analyzed impacts to policies, finances, business processes, and systems. • Analyzed the impacts against the current environment, documented outcomes and evidence, and performed SME review and outreach to confirm findings. • Developed a capstone gap analysis report that summarized our methodology, key findings, and remediation strategies. • Developed an automated Traceability Matrix that stored impact information and gap analysis outcomes, provided dashboard-level reporting for the gap analysis, and enabled searching of all 2,619 impacts to easily discover all information related to that impact. <p>For our ongoing monitoring and ad hoc research and analysis, we:</p> <ul style="list-style-type: none"> • Responded to State-initiated research requests with impact assessments, research summaries, technical assistance, and talking points as applicable to the topic and timeline. • Provided potential policy topics presentations for State review and delivered detailed research (impact assessments and research summaries) for those topics the State indicated it would like us to pursue. • Initiated and controlled eight subprojects to help the State launch and/or complete initiatives. For example, subprojects to help analyze mental health parity and assist with writing a SUD provider manual chapter were completed under GAPMS, while GAPMS analyzed the feasibility of and launched a larger project to reallocate funding between the State’s Medicaid and behavioral health agencies in order to obtain a federal match on State dollars and increase available funds for paying providers. 	

Customer Name: State of West Virginia Department of Health and Human Resources	Project Name: GAPMS
Dates of Project: 11/2016 – 6/2018	
<p>Similarities of This Project to Iowa’s RFP Scope of Work</p> <p>Similar to this RFP, West Virginia required a vendor to provide technical assistance, support, and ad hoc analysis for current and new Medicaid programs. We responded to ad hoc research requests according to the timeframe and level of detail the client needed. For example, if the client needed information to bring to a provider association meeting in the near future, we provided that targeted information quickly. If the client was interested in the feasibility of policy changes, we performed more extensive analysis and provided options accordingly.</p> <p>Our scope of work required extensive knowledge of federal and state landscapes, including thorough analysis of federal legislation, regulations, and sub-regulatory guidance, as well as West Virginia’s State Plan, waiver and grant programs, and State-specific policy sources (e.g., provider manual, member manuals) and communication methods (e.g., provider notices and workshop materials). While our scope of work tended to involve analysis of existing policies, waivers, and SPAs rather than developing new ones (with the exception of subproject work assisting with SUD 1115 waiver policies and implementation), our deep and broad expertise from this project can be leveraged for Iowa. We have encountered some of the challenges of changing policies, such as:</p> <ul style="list-style-type: none"> • Ripple effects across existing documentation • Finding a balance between providing details and staying high-level enough that the policy does not need to be updated every time something minor changes <p>Due to our experience with this similar project in West Virginia, we understand that there are many drivers of program changes—such as federal legislation and regulations, state legislation, and your Iowa Medicaid vision—and how to help with each situation. We know it will be important to respond to your requests in a timely and thorough manner. We have also seen the advantages that proactively monitoring the landscape brought to our West Virginia client, and we would be pleased to include that in our approach to supporting DHS and this project.</p>	

3.2.5.1.3 - List any details of whether the bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.

BerryDunn and any owners, officers, primary partners, staffing providing services or any owners, officers, primary partners, or staff providing services from our proposed subcontractors have never had a founded child or dependent adult abuse report, or been convicted of a felony.

3.2.5.1.4 - Letters of reference from three (3) of the bidder's previous clients knowledgeable of the bidder's performance in providing services similar to those sought in this RFP, including a contact person, telephone number, and electronic mail address for each reference. It is preferred that letters of reference are provided for services that were procured in a competitive environment. Persons who are currently employed by the Agency are not eligible to be references.

As consultants, we must assure the quality of our services and our work products to preserve our reputation and help ensure our long-term viability. We encourage you to contact our references that have been identified in the eight letters of reference provided below in Figures 9 – 16 to learn more about how BerryDunn and our proposed project team members' ability to provide the absolute highest-quality project support and promote project success. Below, in Table 11, we have provided an overview of the letters of reference provided.

Table 11: Letters of Reference

The BerryDunn team brings proven success in supporting the needs of clients across the country.

Organization	Clients that Provided Letters of Reference
BerryDunn	<ul style="list-style-type: none"> • Massachusetts Center for Health Information and Analysis • New Hampshire, Department of Health and Human Services (DHHS) • West Virginia, Department of Health and Human Resources, Bureau for Medical Services
The Stephen Group (subcontractor)	<ul style="list-style-type: none"> • State of Mississippi, Department of Human Services • State of Arkansas, Legislative Task Force on Healthcare Reform, Bureau of Legislative Research
UMass Medical School (subcontractor)	<ul style="list-style-type: none"> • State of Rhode Island, Executive Office of Health and Human Services • Commonwealth of Massachusetts, Executive Office of Health and Human Services
Karin Hoyt – Independent Consultant (Subcontractor)	<ul style="list-style-type: none"> • Ohio Department of Medicaid
Pogis (subcontractor)	<ul style="list-style-type: none"> • While we have not included letters of reference for Pogis/Dot Ball, please note that Dot Ball has successfully

Organization	Clients that Provided Letters of Reference
	<p>supported BerryDunn on a range of projects for our West Virginia client since 2009, including the following:</p> <ul style="list-style-type: none"> ○ MITA SME/analyst for West Virginia’s MITA 3.0 SS-A, MITA Health Information Technology (HIT) Assessment, and MITA Lifecycle and Maintenance Projects (08/2012 to Present) ○ Policy Analyst and ACA SME for West Virginia BMS GAPMS Project (11/2016 – 03/2018) ○ Business analyst for the development of West Virginia’s State Medicaid HIT plan and electronic health records (EHR) Incentive Payment Program (02/2010 to 10/2010) ○ Lead policy analyst for the West Virginia DHHR ACA Compliance and Implementation Project (05/2010 to 12/2013) ○ SME providing eLearning content development for the West Virginia ePrescribing training program for physicians (06/2009 to 12/2009) <p>If required by the State during the evaluation process, we would be happy to provide letters of reference for Dot.</p>

BerryDunn Letters of Reference

Figure 9: West Virginia Letter of Reference
BerryDunn successfully supported West Virginia's 1115 SUD initiative.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Bill J. Crouch
Cabinet Secretary

Commissioner's Office
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3712
Telephone: (304) 558-1700 Fax: (304) 558-1451

Cynthia E. Beane
Commissioner

July 24, 2018

To Whom It May Concern:

I am pleased to provide this recommendation for BerryDunn on behalf of the State of West Virginia Department of Health and Human Resources, Bureau for Medical Services.

BerryDunn's Government Consulting Group has provided indispensable technical assistance and program support for Medicaid in West Virginia through their work with the Bureau for Medical Services (the Bureau) since February 2016 on the §1115 Substance Use Disorder Initiative. The services that BerryDunn has provided to the Bureau include:

- Analyzing the federal waiver requirements, leveraging them into the Bureau's goals and waiver objectives, and implementing them into West Virginia's §1115 Waiver Application.
- Using their team's knowledge of federal public comment requirements, allowing the State to seamlessly navigate the waiver's public comment process.
- Advising the State with expert knowledge related to federal policy, Medicaid waivers, and additional program requirements.

BerryDunn's team helped pave the way for a successful negotiation of the Standard Terms and Conditions (STCs) and final approval of West Virginia's first §1115 waiver. Their collaborative approach, policy expertise, and objective recommendations have helped the Bureau achieve our objectives for this project. In addition, BerryDunn has consistently demonstrated their commitment to exceeding the expectations of the Bureau and promoting the success of the project. I would highly recommend BerryDunn's services.

If you have any further questions, please do not hesitate to reach out to me at 304-558-1700 or Cynthia.E.Beane@wv.gov.

Sincerely,



Cynthia Beane, MSW, LCSW
Commissioner

Figure 10: New Hampshire Letter of Reference
BerryDunn successfully supported the New Hampshire DHHS.



JEFFREY A. MEYERS
COMMISSIONER

State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 FAX: 603-271-4912 TDD ACCESS: RELAY NH 1-800-735-2964

July 26, 2018

To Whom It May Concern:

I am pleased to provide this recommendation for BerryDunn on behalf of the State of New Hampshire Department of Health and Human Services (DHHS).

In recognition of BerryDunn's expertise in health and human services and Medicaid consulting, the State hired BerryDunn in 2013 to provide consulting services for a bipartisan State commission that studied the option of expanding Medicaid eligibility in New Hampshire. BerryDunn's services were focused on process design for the commission deliberations, as well as report development and writing.

With BerryDunn's support, policy expertise, and commitment to supporting the success of this project, the commission was able to make more informed decisions, as well as to better understand the State's existing Medicaid program, the anticipated changes for eligibility expansion, and arguments for and against the expansion.

BerryDunn has proven to be a trusted partner to the State, and I would not hesitate to work with them again on future projects. In fact, in early 2018, DHHS contracted with BerryDunn to assess the performance and capabilities of the State's Medicaid Management Information System (MMIS) and MMIS Vendor services relative to current industry systems and standards, and to develop potential MMIS re-procurement options—a project that continues to this day.

If you have any further questions, please do not hesitate to reach out to me at (603) 271-9300 or Jeffrey.Meyers@dhhs.nh.gov.

Sincerely,



Jeffrey A. Meyers
Commissioner

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*

Figure 11: Massachusetts Center for Health Information and Analysis (CHIA) Letter of Reference
BerryDunn provided valuable actuarial, health policy, and data analytics support to the CHIA.

Iowa Medicaid Enterprise
Attention: Mary Tavegia
100 Army Post Road
Des Moines, Iowa 50315

Dear Ms. Tavegia:

Please accept the following letter of reference for BerryDunn for purposes of Technical Assistance and Program Support for Iowa Medicaid: MED-19-011. The Massachusetts Center for Health Information and Analysis (CHIA) began working with BerryDunn consultants in their capacity as consultants for their predecessor organization, Compass Health Analytics (Compass). Compass provided consulting services for CHIA for more than a decade before it merged with BerryDunn one year ago. At the time of the merger, the Compass consulting team formed the Health Analytics Practice Area (HAPA) at BerryDunn, which continues in its role to performing various types of policy impact analyses for CHIA.

BerryDunn's actuarial, health policy, and data analytics consultants have worked closely with CHIA staff, and on our behalf interacted with health experts, patient advocates, and other stakeholders, to model concise, well-documented, and objective estimates of the financial impact of proposed legislation, as well as researching and summarizing the state of knowledge about expected impacts on the health of the relevant population. These types of projects require knowledge of state and federal laws and regulations, clinical analysis drawing on expert opinion and literature research, and actuarial analysis drawing on claims and other data sources.

During the time CHIA has worked with BerryDunn, the consulting team has been responsive to requests from various stakeholders and has been flexible with shifting priorities. Often, the MA legislature will prioritize one analysis, and then suddenly change course and request that another analysis is conducted in short order. BerryDunn consistently meets this type of challenge with grace, invariably delivering the requested analysis on time, while maintaining the expected high quality of writing and analysis. Their ability to turn on a dime and reprioritize their deliverables is all the more impressive for the complexity of the analyses they are tasked with. Their work requires both depth and breadth of knowledge, as well as mastery of multiple data sets and sources. BerryDunn's consistent high quality performance is attributable to their team of highly detail-oriented professionals, whose technical expertise, years of experience working in health care, and a fantastic can-do professional attitude sets their work, and the experience of working with them, far apart from others. They consistently deliver a high quality work product that reflects a deep understanding of all the factors affecting each requested analysis and is sensitive to its intended audience. The team is accessible and effectively communicates resulting in reliably successful endeavors. For example, over the course of any given project, the team may flag complexities that CHIA has yet to identify, enabling us to resolve what otherwise might have been an unanticipated issue.

In short, CHIA is thrilled to provide an enthusiastic recommendation for BerryDunn. If you would like additional information, please do not hesitate to contact me at margaret.anshutz@state.ma.us or 617.701.8357.

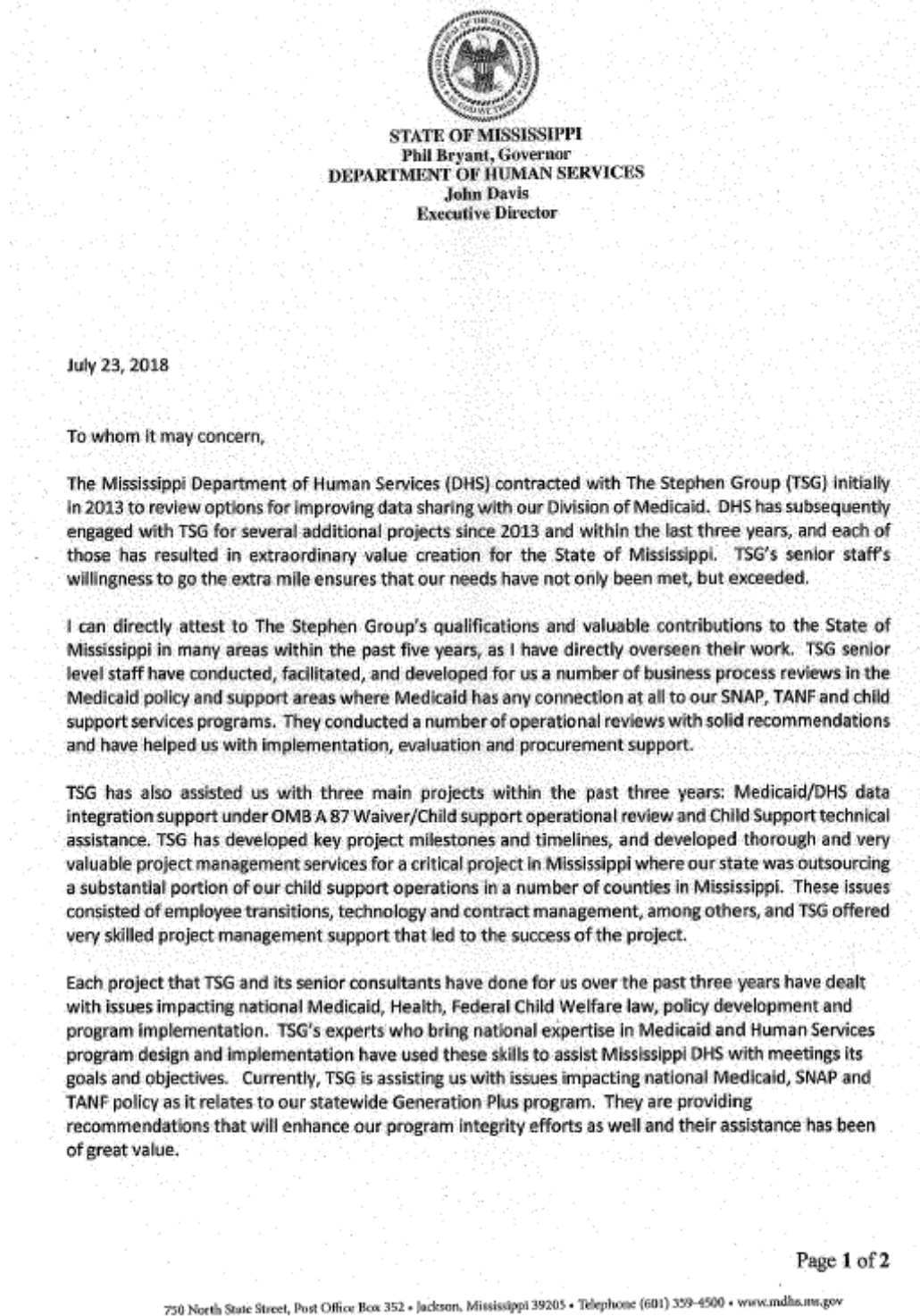
Sincerely,



Margaret K. Anshutz, Manager of Special Project
Center for Health Information and Analysis

The Stephen Group Letters of Reference

Figure 12: Mississippi Department of Human Services Letter of Reference
The Stephen Group has been a trusted advisor to Mississippi since 2013.



Finally, throughout all the TSG projects over the past five years, TSG's senior team has worked with our staff and conducted their own independent rigorous data analysis that has been used by our department in its meetings with federal officials, in setting policy and practice in working with our Medicaid department, and in identifying issues of reform.

I strongly endorse the work and the customer focus provided by TSG. TSG are true professionals who make clear that they are not happy until their client is happy. For these reasons, I highly recommend their services. Please feel free to contact me if you have any questions.

Sincerely,



John Davis
Executive Director
John.Davis@mdhs.ms.gov

JD:zh

Figure 13: Arkansas Legislative Task Force Letter of Reference
The Stephen Group has provided invaluable policy analysis to Arkansas.

REPRESENTATIVE

Charlie Collins
3228 East Piper Glen
Fayetteville, Arkansas 72703-4304

479-383-9303 Business/Residence
ccollins@cox.net

DISTRICT 84

Counties:
Part Washington

COMMITTEES:

Revenue and Taxation
Income Taxes--Personal and Corporate
Subcommittee

Chairperson,
Insurance and Commerce

Joint Budget

July 23, 2018

To Whom It May Concern:

The Bureau of Legislative Research hired The Stephen Group (TSG) in 2016 to assist the Arkansas Legislative Task Force on Healthcare Reform in managing a number of key issues relative to the Arkansas Medicaid program and the future of the Private Option. I served as co-chair for the Task Force, and I can attest to the fact that we have been consistently impressed by TSG's work and highly recommend them.

TSG has provided consistent and excellent decision support on a number of controversial Medicaid issues, and has done so in a way that has won supporters from all sides. The level of professionalism displayed by the TSG senior consultants and their detailed and competent analysis, research, and testimony has given tremendous confidence to legislators that we were making decisions with clear-eyed knowledge and tremendous technical expertise. This could have been a situation that became a firestorm, but instead went as smoothly as one could hope; thanks largely to way that TSG handled the engagement.

Specifically, I can personally attest to the strong work by TSG in the areas of:

Business Process Review and Reengineering: TSG has experts on its team that have demonstrated skills in reviewing high level business process design and reengineering as it applied to a number of complex Medicaid contracts; such as MMIS and the Enhanced Eligibility System Framework.

Project Management Services: TSG early on in the Task Force project developed a project schedule with milestones, timelines, and deliverables. The schedule included a number of meetings with department staff, along with key stakeholders. It also included dates for attending hearings, community forums, reporting back findings at monthly task force meetings, tracking close to 100 project tasks handed out by Task Force members, and following up on progress with the Bureau of Legislative Research on a weekly basis. TSG has seasoned project managers that successfully handled the management of this complex project.

Medicaid, National Health, and Federal Child Welfare Law - Policy Development and Program Implementation: TSG's senior consulting team

Letter Cont.
07/23/2018
Page 2

consists of national Medicaid, Health Care, Child Welfare, and Human Services subject matter experts who have brought their experience to the Task Force and handled complex issues for us dealing with many aspects of these subject areas. The Task Force benefited greatly from the TSG's expert knowledge gained from leading state Medicaid policy development and implementation efforts in the past. They understand the best practices, and develop sound policy recommendations. This knowledge also enables TSG to propose the best implementation strategies. By helping states implement their recommendations, they have created lasting positive impacts.

Data Analytics: Among one of the most impressive attributes TSG brings to any consulting project is the high expertise in data analytics. During the Task Force project, TSG has worked with DHS staff and performed numerous data analytics that helped us understand important trends in Medicaid program and spending. Their data analysis related to the Developmental Disability Wait List, behavioral health spending anomalies, high cost institutional spending, and a number of other Medicaid program areas, will help shape our final Task Force Report. This report will have a long lasting positive impact in Arkansas by helping to sustain the Medicaid program. TSG has also demonstrated great collaboration and partnership in working with Arkansas DHS.

Procurement Support: During the Task Force project, TSG also offered valuable assistance to DHS in procurement support with the recent independent assessment RFP. They have senior consultants that have offered similar procurement support to states in areas of Health and Human Services over the last three years.

When a policymaker goes to TSG for an answer or a solution, you know what you are going to get – a well thought out response that provides the facts and options in a comprehensive fashion. That is precisely what anyone should hope for in a consultant, and TSG delivers this consistently.

We remain very satisfied with TSG's work product, and would recommend this impressive and knowledgeable consulting team without reservation.

Sincerely,



Charlie Collins
State Representative
District 84

UMass Medical School Letter of Reference

Figure 14: Rhode Island Executive Office of Health and Human Services Letter of Reference
UMass Medical School has supported Rhode Island's 1115 Demonstration Waiver.



3 West Road · Cranston, RI 02920 • T: 401-462-8782

July 27, 2018

To Whom It May Concern:

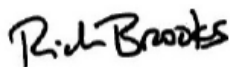
I am pleased to provide this recommendation for The University of Massachusetts Medical School *Center for Health Law and Economics* (UMass), on behalf of the Rhode Island Executive Office of Health and Human Services (OHHS).

For the past two years, UMass has supported the documentation and establishment of Designated State Health Programs (DSHPs) for our Rhode Island Health System Transformation Project under our 1115 Demonstration Waiver. We requested support from UMass to help us meet the requirements contained in the Waiver's Special Terms and Conditions (STCs), approved by CMS in October 2016. Their team of subject matter experts provided essential guidance, document drafting and federal compliance analysis for Rhode Island's (RI) senior managers of this fast-paced, high-volume project. Their technical and skilled assistance included providing *ad hoc* analysis on policy options, serving as a critical technical resource to state agency staff by anticipating CMS questions, preparing responses to federal inquiries regarding the waiver protocols and federal financing structures, and drafting implementation documents, including Interdepartmental Service Agreements between the Title XIX Single State agency and other state entities critical to the success of the Health System Transformation Project and the capture of Federal Financial Participation.

UMass's work for us led to the establishment of three interagency service agreements between RI OHHS's Medicaid agency and three institutions of higher education in RI as well as securing federal approval for the DSHP Claiming Protocols. UMass also managed the production of an Implementation Guidebook that synthesized all information and procedures necessary to operationalize the program. I would highly recommend the facile expertise and responsiveness of UMass services.

If you have any further questions, please do not hesitate to reach out to me using the contact information below.

Sincerely,



Rick Brooks, Director
Healthcare Workforce Transformation
rick.brooks@ohhs.ri.gov



**Figure 15: Massachusetts Executive Office of Health and Human Services Letter of Reference
UMass Medical School has provided extensive policy and 1115 Waiver Development support.**



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth Office of Providers and Plans
One Ashburton Place, Suite 1109
Boston, Massachusetts 02108



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

DANIEL TSAI
Assistant Secretary for
MassHealth

www.mass.gov/eohhs

July 27, 2018

To Whom It May Concern:

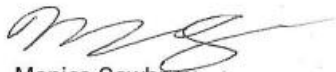
I am pleased to provide this recommendation for The University of Massachusetts Medical School (UMass).

The strong UMass team for this proposal includes Terry Dougherty and Jean Sullivan, formerly Massachusetts Medicaid Director and General Counsel, respectively, as well as other former state Medicaid experts. UMass has provided extensive technical support to the Massachusetts Medicaid program for many years, including to support policy development, state plan amendments, regulations, and administrative rules. For example, UMass supported the drafting of our most recent 1115 demonstration amendment, which focused on restructuring our delivery system (approved in November 2016).

UMass's collaborative approach has built a strong, effective working relationship with our MassHealth team. For the most recent 1115 waiver, UMass contributed to drafting the Special Terms and Conditions, Public and Tribal Notices, summaries and responses to Public Comments, stakeholder-oriented summary documents, and conforming regulatory updates. UMass also conducted financial analyses, which included modeling options for a new hospital assessment and calculating the state's budget neutrality. Their staff also provided extensive support for the state's stakeholder engagement process. UMass provided valuable support to the Massachusetts Medicaid program, and I am confident they would be an asset to your team too.

If you have any further questions, please do not hesitate to reach out to me using the contact information below.

Sincerely,



Monica Sawhney
MassHealth Deputy Chief of Staff
Executive Office of Health and Human Services
p. 617-573-1649
e. monica.sawhney@state.ma.us

Karin Hoyt Letter of Reference

Figure 16: Ohio Department of Medicaid Letter of Reference
Karin provided Ohio with policy analysis and invaluable leadership.



July 23, 2018

To Whom It May Concern:

I am pleased to provide this recommendation for Karin Hoyt on behalf of the Ohio Department of Medicaid (ODM).

Ms. Hoyt served the agency from June 2014 through August 2017. As the Payment Innovation Director for ODM, she was responsible for Medicaid oversight of Ohio's \$75 million Center for Medicare & Medicaid Innovation (CMMI) State Innovation Model (SIM) award, which included the development of episode-based payments, patient-centered medical homes, and Ohio Medicaid's participation in the Centers for Medicare and Medicaid Services (CMS) Comprehensive Primary Care Initiative (CPCI), and Comprehensive Primary Care Plus (CPC+) programs. Ms. Hoyt successfully negotiated Ohio's state plan amendments with CMS, which granted federal allowance for both episode-based payments and patient centered medical homes.

Prior to this role, Ms. Hoyt served as ODM's Section Chief for general Medicaid policy and behavioral health policy. She was responsible for managing general policy issues, including implementation of and compliance with federal regulations put forth via CMS. Additionally, in this role, Ms. Hoyt managed ODM's behavioral health reform efforts in collaboration with Governor Kasich's Office of Health Transformation and the Ohio Department of Mental Health and Addiction Services, including analysis and development of Ohio's 1915(i) state plan amendment to serve individuals with severe and persistent mental illness (SPMI).

Ms. Hoyt's ability to achieve results while effectively interacting with a variety of stakeholders, including providers, payers, federal and state government officials, and advocacy groups proved invaluable to the Ohio Department of Medicaid. She has a unique ability to understand federal regulations and translate them into workable, practical programs. Ms. Hoyt worked tirelessly to inspire the nearly 600 ODM employees to support Ohio's innovative payment reform efforts. Under her leadership, Ohio was successful in implementing payment reform efforts benefiting more than 3 million Ohioans served by the Medicaid program.

If you have further questions, please do not hesitate to reach out to me using the contact information included.

Sincerely,

A handwritten signature in blue ink that reads "Barbara R. Sears". Below the signature, the name "Barbara R. Sears, Director" is printed in a small, black, sans-serif font.

50 W. Town Street, Suite 400
Columbus, Ohio 43215
medicaid.ohio.gov

An Equal Opportunity Employer and Service Provider

3.2.5.1.5 - Description of experience managing subcontractors, if the bidder proposes to use subcontractors.

Over the past 30 years, BerryDunn has collaborated with subcontractors on many engagements to support the success of our clients and their projects. We utilize a rigorous and comprehensive process to vet potential subcontractors and only work with those professionals who share our firm's dedication to quality and commitment to always doing what is right for our clients. Specific to this project, we have carefully selected subcontractors who bring extensive relevant expertise, experience, and a proven reputation for providing value and quality to state HHS agencies. For example, BerryDunn has collaborated with Dot Ball from Pogis since 2009 on several projects for our West Virginia client, we have successfully worked with UMass Medical School since 2012, The Stephen Group brings comprehensive Medicaid and policy expertise due to their consulting experience and background as former state Medicaid directors or commissioners, and Karin Hoyt, an independent consultant, is a public policy expert with over 20 years of experience applying analytic, collaborative, and innovate approaches to HHS programs. We work closely with all of our subcontractors to help ensure they remember that the work we do, and the recommendations we provide, are not just for the benefit of our clients and their projects, but also for the benefit of citizens who may impacted by our work.

Our subcontractors will be managed by our PMP-certified project manager Ethan Wiley. Ethan will be responsible for managing and monitoring the performance of our subcontractors in the same way we manage all of our project personnel. This includes holding weekly status meetings for internal team planning, communication, and coordination with the subcontractors on project responsibilities and the status of work. All deliverables produced by subcontractors will undergo the same internal quality assurance (QA) review process as deliverables produced by BerryDunn personnel; all of our subcontractors will be expected to adhere to BerryDunn's established standards and practices.

Ethan brings nearly four years of experience in directly managing subcontractors. This experience recently includes managing eight subcontractors in his role as the project manager for BerryDunn's GAPMS project for the West Virginia BMS, and in his role as the project manager on BerryDunn's Adult Quality Measures project, also for West Virginia BMS, where he managed the subcontractor performing the majority of the work for BMS. In both cases, Ethan had full responsibility for the successful completion of tasks and the quality of deliverables. Ethan's experience also includes interviewing, onboarding, and training subcontractors.

DHS and this project will benefit not only from Ethan's experience managing subcontractors, but also from our project principal Bill Richardson's experience in managing subcontractors as an engagement manager since 2013. In this time, Bill has managed a variety of subcontractors from independent individuals to a team of subcontractors with a dedicated scope of work. In Bill's work in Missouri and Ohio, he is currently responsible for managing three subcontracting companies.

5.2 Personnel (RFP Section 3.2.5.2)

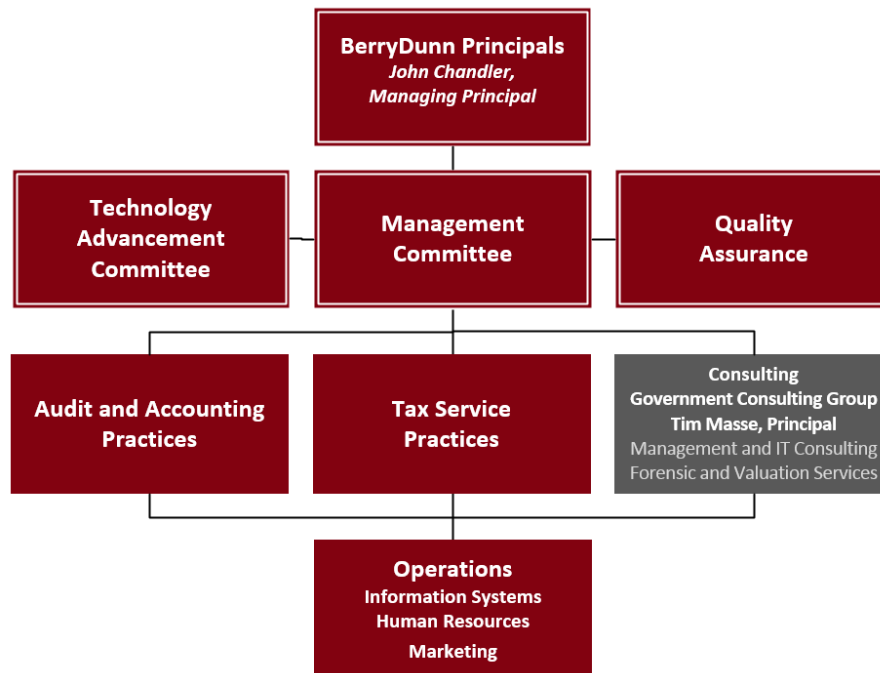
3.2.5.2.1 - Tables of Organization. Illustrate the lines of authority in two tables:

- One showing overall operations
- One showing staff who will provide services under the RFP

The project team that will work with the State includes members from BerryDunn’s Government Consulting Group as well as experienced and qualified subcontractors. The Government Consulting Group is supported by firm-wide administrative processes and systems, as well as policies and procedures to guide the work we perform. Our firm-wide operational functions include human resources, finance, information technology (IT), legal/compliance, marketing, QA, learning and development, and administrative support—enabling our consultants to focus on their work for the State. In addition, we are able to leverage the expertise of our accounting colleagues in the Audit and Accounting and Tax Services Practices as needed and when called upon by our clients to do so.

An organizational chart reflecting BerryDunn’s structure, and where the Government Consulting Group fits within that structure, is presented in Figure 17 below.

Figure 17: BerryDunn Firm Organizational Structure
The BerryDunn project team is included in our Government Consulting Group.



All members of the Government Consulting Group report to Tim Masse. Tim reports to John Chandler, the firm’s managing principal. A Technology Advancement Committee, Management Committee, and QA team also provide oversight to the Government Consulting Group.

Your policy and project objectives will be supported by project team members who have dedicated the majority of their careers to supporting and directly leading state HHS/Medicaid efforts. Our project team brings a national perspective of the HHS/Medicaid landscape, together with extensive, relevant experience in providing consulting support on projects similar in scope to the services being sought by DHS. DHS and this project will benefit from our experienced consultants, including five professionals who were former directors or commissioners for state Medicaid agencies. Each team member was carefully selected not only because of his or her experience and expertise, but also because of how that individual will function within the context of the larger team.

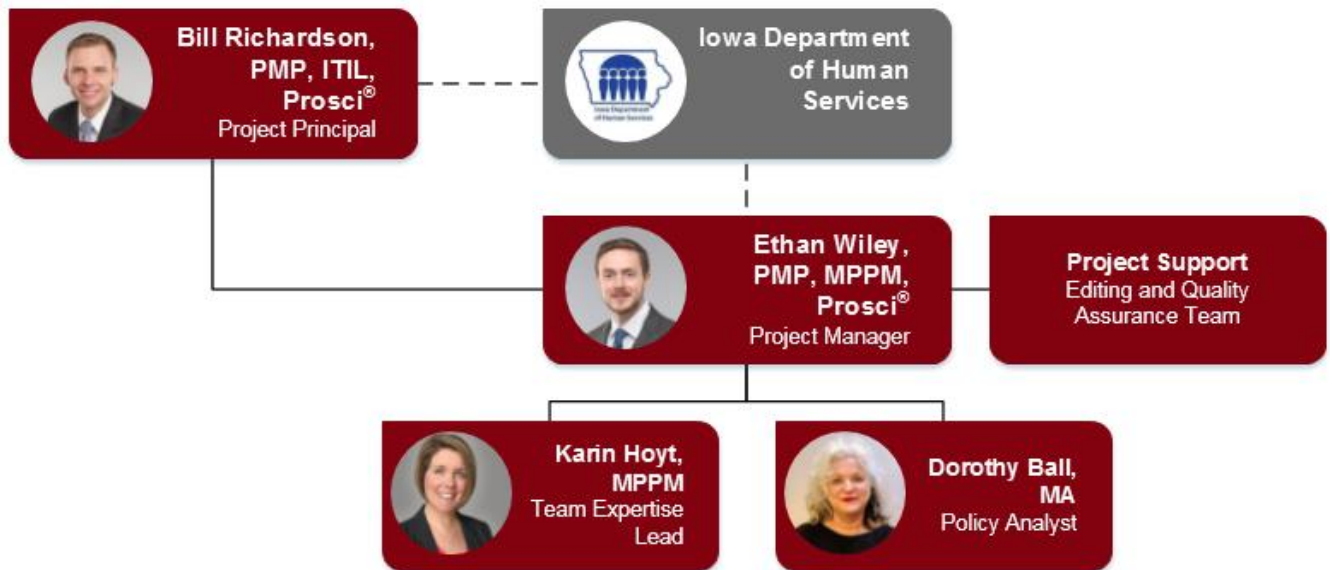
As depicted in Figure 18 on the following page, our core project team will consist of a project principal, project manager, team expertise lead, and a policy analyst. SMEs, a pool of additional policy analysts, and a policy coordinator will augment our core team to provide the State the appropriate level of expertise and capacity as needed throughout the project.

With over 350 employees in offices located across the country, we have the ability to quickly ramp up to support additional DHS projects or to address unplanned needs on existing projects as required by—and in agreement with—the State. Our subcontractor partners on this proposal—The Stephen Group, UMass Medical School, and Pogis—also have additional resources available to support the projects, as needed.

“BerryDunn has been a true partner to West Virginia and is unequivocally the best vendor I have worked with in my nearly 30 years of experience. They bring high-quality people to our projects and have very little turnover in staff, both of which have been key factors contributing to our project successes.”

- Mr. Edward Dolly,
Former CIO, Office of
Management
Information Services,
West Virginia
Department of Health
and Human Resources

Figure 18: BerryDunn Project Team Organizational Structure
The BerryDunn project team will support the success of DHS.



Subject Matter Experts

 <p>Sheila Cooper, MBA</p>	 <p>Richard Kellogg, MEd</p>	 <p>Lindsay Littlefield, MPA</p>
 <p>Stephen Palmer, PhD</p>	 <p>Frank Spinelli</p>	 <p>John Stephen, JD</p>
 <p>Terence Dougherty, MPH</p>	 <p>Marybeth McCaffrey, JD</p>	 <p>Jean Sullivan, JD</p>

In addition to the team above, below in Table 12, we have detailed the policy coordinator and policy analysts who will be available to support our core project team during this engagement. For additional details on their relevant experience and expertise, please see their resumes included in Appendix B.

Table 12: Additional Project Team Resources
The BerryDunn project team will be supported by additional resources as needed

Policy Team Member	Role
Amanda Findlay	Policy Coordinator
Matthew Maughan	Policy Analyst
Hilary Deignan	Policy Analyst
Rachel Gershon	Policy Analyst

3.2.5.2.2 - Names and Credentials of Key Corporate Personnel.

- Include the names and credentials of the owners and executives of your organization and, if applicable, their roles on this project.
- Include names of the current board of directors, or names of all partners, as applicable.
- Include resumes for all key corporate, administrative, and supervisory personnel who will be involved in providing the services sought by this RFP. The resumes shall include: name, education, years of experience, and employment history, particularly as it relates to the scope of services specified herein. Resumes shall not include social security numbers.

BerryDunn Executives/Owners/Partners

BerryDunn is a privately held company and includes the officers and principals (in Table 13 on the following page) detailed below. None of the officers below will have a direct role on this project or be involved in providing the services sought by this RFP.

Officers:

- John M. Chandler, President
- Timothy F. Masse, Vice President
- Janice Latulippe, Vice President
- Renee Bishop, Vice President
- David A. Erb, Vice President, Treasurer, and Secretary
- Michael Quinlan, Clerk

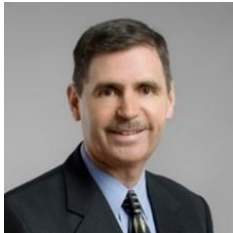
Table 13: BerryDunn Principals
BerryDunn is a stable and strong privately held organization.

BerryDunn Principals			
Barbara A. Appleby	Sno L. Barry, CPA	Sarah J. Belliveau, CPA	Renee Bishop, CPA
Brad Borbidge, CPA	William H. Brown, CPA	Tammy J. Brunetti, CPA	Mark A. Caiazzo
Michel Caouette, CPA	John M. Chandler, CPA	Eduardo Daranyi	Clinton E. Davies
Todd J. Desjardins, CPA	William G. Enck, CPA	David A. Erb, CPA	Jason Favreau, CPA
Jason Fournier, CPA	Tracy W. Harding, CPA	Seth Hedstrom	James. P Highland
Mary E. Jalbert, CPA	Michael F. Jurnak, CPA	Julie A. Keim, CPA	M. Dean Kenny, CPA
Mark R. LaPrade, CPA	Janice D. Latulippe, CPA	Charles K. Leadbetter, III	Mathew Litz
Timothy F. Masse	Barbara J. McGuan, CPA	Tammy P. Michaud, CPA	Lisa Openshaw, CPA
Connie Ouellette, CPA	Francis J. O'Shea, CPA	William (Bill) A. Richardson	Jeffrey A. Ring, CPA
Linda L. Roberts, CPA	Charles D. Snow	Jeffrey D. Walla, CPA	Seth E. Webber

BerryDunn Key Corporate Personnel

During this engagement, Bill Richardson, our proposed project principal who will have direct oversight of our project team, will report to Tim Masse, the leader of the Government Consulting Group. Below, we have provided brief biographies for Tim and Bill. For additional information on their experience and expertise, please see Appendix B, where we have included resumes for Tim and all members of our proposed project team.

Tim Masse, MBA



Tim Masse is a principal in our firm and leads BerryDunn's Government Consulting Group. He has more than 30 years of experience consulting in the areas of independent verification and validation (IV&V), strategic business and technology planning, independent project oversight, operational planning, business process improvement, procurement and vendor negotiations, and change management.

Bill Richardson, PMP, ITIL, Prosci® CCP



Bill Richardson is a principal in BerryDunn's Government Consulting Group with over 15 years of experience providing project management, requirements definition, system design, development, and testing for large state Medicaid, eligibility, and related HHS systems. He has demonstrated expertise leading large projects and bridging the gap between technical and business stakeholders.

3.2.5.2.3 - Information About Project Manager and Key Project Personnel.

- Include names and credentials for the project manager and any additional key project personnel who will be involved in providing services sought by this RFP. Include resumes for these personnel. The resumes shall include: name, education, and years of experience and employment history, particularly as it relates to the scope of services specified herein. Resumes shall also include the percentage of time the person would be specifically dedicated to this project, if the bidder is selected as the successful bidder. Resumes should not include social security numbers.
- Include the project manager's experience managing subcontractor staff if the bidder proposes to use subcontractors.
- Include the percentage of time the project manager and key project personnel will devote to this project on a monthly basis.

BerryDunn Core Project Team

BerryDunn has carefully selected a core team of senior professionals who bring expertise and experience in providing the services being requested by DHS. These individuals will be supported by SMEs with focused expertise in relevant areas such as Medicaid systems design and transformation, waiver and policy analysis, development, and implementation, managed care contract management, Medicaid and CHIP program national best practices, and drafting federal authority documents. In addition, our project team will be supported by a project coordinator, a pool of policy analysts who can provide additional support throughout the engagement, and a QA team who will help ensure that our project team meets or exceeds DHS' deliverables performance measures as detailed in the State's RFP. Below, we have provided brief biographies for our team members; we have provided their resumes in Appendix B.

Bill Richardson, PMP, ITIL, Prosci® CCP – Project Principal



Bill Richardson is a principal in BerryDunn's Government Consulting Group with over 15 years of experience providing project management, requirements definition, system design, development, and testing for large state Medicaid, eligibility, and related HHS systems. He has demonstrated expertise leading large projects and bridging the gap between technical and business stakeholders.

Ethan Wiley, PMP, MPPM, Prosci® CCP – Project Manager



Ethan Wiley is a senior consultant in BerryDunn's Government Consulting Group and a healthcare professional and project manager with experience providing technical assistance and support across the breadth of the Medicaid and CHIP enterprise. He specializes in Medicaid waivers, performance management and measurement, program development, policy analysis, and implementation. His most recent experience includes 1115 waiver design, federal negotiation, and implementation, Medicaid policy analysis, compliance, and research, as well as program and waiver evaluation.

As mentioned above in our response to RFP section 3.2.5.1.5, Ethan brings nearly four years of experience in directly managing subcontractors. This experience recently includes managing eight subcontractors in his role as the project manager for BerryDunn's GAPMS project for the West Virginia BMS, and in his role as the project manager on BerryDunn's Adult Quality Measures project—also for West Virginia BMS—where he managed the subcontractor performing the majority of the work for BMS. In both cases, Ethan had full responsibility for the successful completion of tasks and the quality of deliverables. Ethan's experience also includes interviewing, onboarding, and training subcontractors.

Karin Hoyt, MPPM – Team Expertise Lead



Karin Hoyt is a public policy expert with over 20 years of experience applying analytic, collaborative, and innovate approaches to HHS programs. She has a proven track record of engaging diverse clients on a broad range of policy issues, project management, and healthcare policy analysis. Her experience includes working for state Medicaid agencies, state HHS agencies, and healthcare consulting firms.

Dorothy (Dot) A. Ball, MA – Policy Analyst



Dot Ball is a senior consultant with over 25 years of professional experience working in state and federal government, nonprofit and for-profit health services, healthcare policy, HIT, clinical and direct service healthcare business, medical business management, professional education, and online education technologies. She is an experienced public policy expert, business operations, and regulatory analyst with subject matter expertise in healthcare reform—ACA, HIT, health information exchange (HIE)

technology and governance structures, Medicaid business process modeling, MITA, regulatory compliance and quality, Health Insurance Portability and Accountability Act (HIPAA), health professional workforce training and eLearning technologies. She participates in state and national healthcare transformation initiatives including health reform, Health Level 7 (HL7), MITA, National Health Information Network (NHIN), Electronic Health Records (EHR) adoption, and HIE projects and workgroups.

BerryDunn SMEs

Sheila Cooper, MBA



Sheila Cooper is a senior consultant at The Stephen Group, where she focuses on Medicaid IT, performance-based contracting, and HHS subject matter expertise. Sheila spent 20 years at the Texas Health and Human Services Commission (HHSC) working in IT for Medicaid systems including MMIS, Medicaid managed care, and MITA performance-based contracting. Sheila has extensive background in functional contract requirements development, business and use case analysis, root case analysis and issue remediation, business process redesign, advance planning document (APD) preparation and negotiation, integrated eligibility for HHS programs, HIPAA privacy, and security.

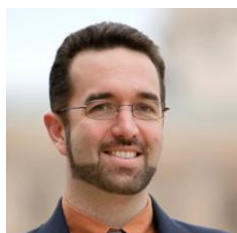
Richard Kellogg, MEd

Richard Kellogg brings years of experience in HHS administration, programming, and consulting. Richard served as CEO for two multi-county mental health, developmental disabilities, and substance abuse services provider organizations in Virginia and as a provider/CSB statewide member of the DMAS Medicaid Executive Committee that created the rules and rates for the initiation of mental health rehabilitation option services and the 1915 (c) HCBS waiver for people with developmental disabilities.

Richard has led aspects of consulting transformation projects in South Carolina, Maine, Texas, Arkansas, and Mississippi as well as Medicaid MCO and behavioral health plan market development, including government, provider, and stakeholder relationship building in New Hampshire, Ohio, New York, and Texas.

Lindsay Littlefield, MPA

Lindsay Littlefield is a senior consultant at The Stephen Group, focusing on Medicaid and Child Welfare projects and specializing in state and federal policy analysis, project management, data analysis, and agency implementation assistance. Her experience includes acting as project manager during the implementation phase of The Stephen Group's engagement with the Texas Department of Family and Protective Services, where she offered extensive data analysis and policy research in the area of Medicaid Managed Care for Foster Care children in Texas and helped the state with designing a program to help children with high complex behavioral health and other chronic conditions receive quality therapeutic care in the home. She also worked as a lead budget analyst for the Medicaid Department of Aging and Disability Services and has a policy and budget background in Medicaid acute care and LTSS.

Stephen Palmer, PhD

Dr. Stephen Palmer is a senior consultant with The Stephen Group and has years of experience in both the public and private sector. As a private-sector HHS consultant, Stephen has worked with federal government clients such as the federal Centers for Disease Control and Prevention (CDC) and ONC; state-level clients such as the Texas Health Services Authority and New York eHealth Collaborative (both state-level HIE organizations); several

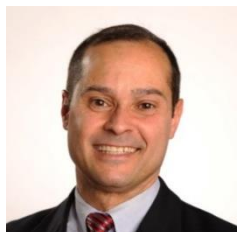
state-level healthcare provider associations; and multiple private-sector HHS provider and technology organizations.

Frank Spinelli

Frank Spinelli is a former Medicaid director with a proven record of innovative, contract management procurements, and successful leadership of healthcare programs in the public and private sector. Frank brings

specialized expertise in organizational restructuring, managed care contract management, LTC transformation, care management, Medicaid, team building, delivery system transformation, and value-based purchasing. He has 40 years of experience working in the public and private healthcare sectors with experience working in contract management and procurement in both sectors.

John Stephen, JD



John Stephen is the founder and managing partner of The Stephen Group. The Stephen Group is a management consulting group made up of public- and private-sector consultants with extensive knowledge of all aspects of HHS, including Medicaid/Medicare and private health funded systems; financial and analytical services; Medicaid cost containment, pharmacy systems management; the aged, blind, and disabled populations; behavioral health, intellectual/developmental disabilities and long-term HCBS waivers; organizational redesign; regulatory reform; contract management efficiency; and child welfare system reform that produce innovative, efficient, and effective solutions for government.

Terence G. Dougherty, MPH



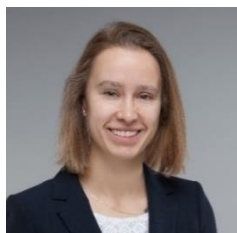
Terence Dougherty is an accomplished, results-driven professional offering a progressive background in senior-level capacities within the healthcare sector. He has excellent leadership qualities and a proven record upholding fiscal and operational accountability for private- and public-sector organizations engaged in healthcare provision and administration. Terence demonstrates an outstanding capacity for generating new revenue streams; maximizing funding from state and federal sources; allocating resources; achieving cost savings and negotiating contracts with private health insurers. He is well versed in Medicaid/Medicare enrollment and reimbursement practices and third-party payment processes. Terence can interface effectively across organizational levels and capably represent organizations in relationships with regulatory agencies, advocacy groups, and industry lobbyists.

Marybeth McCaffrey, JD

Marybeth McCaffrey is an attorney with more than two decades of prior experience in the public sector. Her work focuses on health integration, LTSS, Medicaid 1115 waivers (including Public and Tribal notices), 1915(i) SPAs, administrative rules, and health technology. Prior to joining UMass, Marybeth served for 18 years in Vermont’s Agency of Human Services where she participated in meetings and calls with CMS staff and other state and federal partners in developing and supporting implementation of many SPAs, several 1115 and 1915(c) waivers, and numerous administrative rules with three departments: Disabilities, Aging and Independent Living; Children and Families; and Developmental and Mental Health Services. She also served on the National E-TAG of the National Association of Medicaid Directors from 2004 – 2009, serving as the chair from 2006 – 2009.

Jean C. Sullivan, JD

Jean Sullivan is a recognized leader in Massachusetts health reform efforts over the past 30 years. As an attorney, she is an expert in Medicaid, CHIP and Social Security laws, and the ACA, with specialties in financing structures for safety net providers, federal financial participation rules, disability-related cash and medical benefit programs, and the transformation of healthcare systems. She has served as general counsel and deputy commissioner for the Massachusetts Medicaid agency, a senior advisor to the Massachusetts EOHHS, and as a policy expert in the development and passage of the state’s landmark universal coverage legislation enacted in 2006. During her long career, Ms. Sullivan received the Manuel Carballo Governor’s Award for Excellence in Public Service, Massachusetts’ highest-level performance recognition award, four times. Over her career, she has negotiated and secured approvals of hundreds of SPAs, dozens of Title XIX waivers and reform initiatives, and many dozens of audit and compliance reviews from CMS for Massachusetts and New Hampshire and other clients.

BerryDunn Project Coordinator**Amanda Findlay, CCMP, ECBA™**

Amanda Findlay is a consultant with BerryDunn’s Government Consulting Group providing project support through business analysis, research, fact-finding, requirements gathering, and RFP and project deliverable development. She has a variety of work experience across industries and has performed work in state and international government agencies, health insurance organizations, and corrections. Amanda focuses her work on state Medicaid agencies with business process, procurement, and project management engagements.

BerryDunn Policy Analysts

Hilary Deignan, JD, MEd



Hilary Deignan is an experienced policy analyst with the University of Massachusetts Medical School's Center for Health Law and Economics. She performs policy and data analyses of healthcare and human services topics and issues, which typically require an understanding of the project's goals, the policy context, and the ability to combine and synthesize data and information from multiple sources. With UMass, she prepares written summaries and reports of policy and data analyses and provides input to written reports and other materials in easily understood formats for both internal and external distribution.

Rachel Gershon, JD, MPH



Rachel Gershon's work focuses on the ACA, healthcare affordability, and language access. Most recently, she assisted a state Medicaid agency with preparing and submitting an 1115 waiver application to CMS. She has analyzed opportunities to make healthcare more affordable and accessible for low-income individuals, including the use of a Basic Health Program, Section 1332 waivers, Section 1115 waivers, 1915(c) waivers and 1915(i) SPAs.

Matthew W. Maughan, JD



Matthew Maughan is a senior policy analyst in Health Law in the Center for Health Law and Economics. His work focuses on the social determinants of health, LTSS, Medicaid, and data sharing. He has provided subject matter expertise, technical assistance, and program design support to both the private and public sectors. Matt began his legal career with an internship with the U.S. Department of Health and Human Services Office of General Counsel, and worked at the University of Pennsylvania's Leonard Davis Institute of Health Economics where he helped lead a research team that focused on how every state implemented components of the ACA.

BerryDunn Project Team Roles and Responsibilities

In Table 14 on the next page, we have provided information about our team members' roles and responsibilities and their estimated average percentage of time that each will devote to the project on a monthly basis. These estimated percentages are based on information provided through the question and answer process related to this RFP regarding the level of work that Iowa leveraged for similar services in State Fiscal Year 2017. BerryDunn is happy to discuss and consider adjusting our plan as needed based on the State's needs.

Table 14: BerryDunn Roles and Responsibilities
BerryDunn's team will serve as trusted advisors to the State.

Name/Project Role	Responsibilities	% of time devoted to project on a monthly basis
Bill Richardson, PMP, ITIL, Prosci® CCP <i>Project Principal</i>	<ul style="list-style-type: none"> • Provide engagement management and oversight of our team • Maintain overall responsibility for the quality of BerryDunn's services and deliverables • Confirm the State's satisfaction with our team and services and request feedback on opportunities for improvement • Ensure the full commitment of our firm to this engagement • Provide subject matter expertise in national best practices from Medicaid programs nationwide • Participate in meetings and presentations with State leadership and the project management team, as appropriate • Review and approve invoices for services before submission to the State • Serve as a backup point of contact with the State due to vacation or illness for our proposed project manager 	<p align="center">10%</p>
Ethan Wiley, PMP, MPPM, Prosci® CCP <i>Project Manager</i>	<ul style="list-style-type: none"> • Serve as primary point of contact with the State • Develop and maintain project work plans and schedules • Manage project resources to the best advantage in meeting State technical needs • Oversee the timely completion of tasks as well as the quality of subcontractors • Lead project initiation and closeout activities • Perform day-to-day project and staff oversight • Perform issue and risk management • Facilitate meetings and presentations • Oversee deliverable creation • Ensure effective communication and coordination of team members • Provide Medicaid and CHIP technical guidance, program support, and project management subject matter expertise • Manage project resources 	<p align="center">20%</p>

Name/Project Role	Responsibilities	% of time devoted to project on a monthly basis
	<ul style="list-style-type: none"> Ensure project team performs according to BerryDunn guidelines 	
Karin Hoyt, MPPM <i>Team Expertise Lead</i>	<ul style="list-style-type: none"> Assist with managing SMEs to leverage SME expertise and experience as needed throughout the project. Serve as backup first point of contact for project manager due to vacation or illness Provide policy and waiver analysis, development, and implementation support. Conduct fact-finding, review, and analysis activities Contribute to development of deliverables 	20%
Dot Ball, MA <i>Policy Analyst</i>	<ul style="list-style-type: none"> Contribute to development of deliverables Provide policy analysis and support Provide Medicaid and policy subject matter expertise 	10 – 20%
Sheila Cooper, MBA Richard Kellogg, MEd Lindsay Littlefield, MPA Stephen Palmer, PhD Frank Spinelli John Stephen, JD Terence G. Dougherty, MPH Marybeth McCaffrey, JD Jean C. Sullivan, JD <i>SMEs</i>	<ul style="list-style-type: none"> Serve as project advisors and resources to BerryDunn and the State, drawing on their respective areas of expertise and historical perspective, including, but not limited to: <ul style="list-style-type: none"> Medicaid systems design and transformation Waiver and policy analysis, development, and implementation Managed care contract management Medicaid and CHIP program national best practices Drafting federal authority documents 	20%*
Amanda Findlay <i>Project Coordinator</i>	<ul style="list-style-type: none"> Coordinate and schedule meetings Participate in development of meeting agendas Upload documentation to SharePoint Edit/proof deliverables Take notes in meetings Assist with maintenance of the project work plan 	As Needed
Hilary Deignan, JD, MEd Rachel Gershon, JD,	<ul style="list-style-type: none"> Provide additional policy analysis and development support 	As Needed

Name/Project Role	Responsibilities	% of time devoted to project on a monthly basis
MPH Matthew W. Maughan, JD <i>Policy Analyst Pool</i>		
BerryDunn QA Team <i>Editorial and QA support</i>	<ul style="list-style-type: none"> Review all deliverables Help ensure that deliverables to DHS and CMS are 100% free from grammatical, formatting, or technical errors 	2%

**This is the approximate percentage of one full-time equivalent (FTE) of time that will be devoted across the SME pool on a monthly basis.*

To provide DHS the confidence that you will receive the level of expertise you need to support your policy goals, we have also identified below in Table 15 the percentage of work that we have planned for BerryDunn and our subcontractors during this project. This information can help DHS have confidence that the resumes we have provided in Appendix B will be the same people we have planned to support this project.

Table 15: BerryDunn Roles and Responsibilities
BerryDunn's team will provide the support needed for project success

Organization	Allocated % of Work During this Project
BerryDunn (prime)	30% – 40%
Karin Hoyt (subcontractor)	20%
The Stephen Group (subcontractor)	20%
UMass Medical School (subcontractor)	10%
Pogis (subcontractor)	10% – 20%

3.2.5.3 – Financial Statements

When undertaking a project of this size, scope, and duration, it is important that you partner with a firm that is financially and operationally stable, with a solid track record of growth and success. As a privately held certified public accounting and consulting firm, BerryDunn is not required to prepare audited or un-audited financial statements. However, the financial information and provided in this section exemplify the strong financial condition of our firm. BerryDunn is a well-established firm, and we have maintained steady, managed growth for 44 years by providing consistent, high-quality services to our clients.

Should the State require additional information regarding BerryDunn’s financial stability, we would be pleased to provide at your request. Additionally, for more information on BerryDunn’s financial stability, you may contact William Schad, vice president, Commercial Lending at TD Bank in Portland, Maine, at 207-761-8612 or by email at william.schad@tdbanknorth.com.

Figure 19, below, presents BerryDunn’s revenue for the previous 15 fiscal years.

Figure 19: BerryDunn’s Yearly Revenue Over 15 Fiscal Years
BerryDunn has experienced steady, managed growth in the last 15 years.

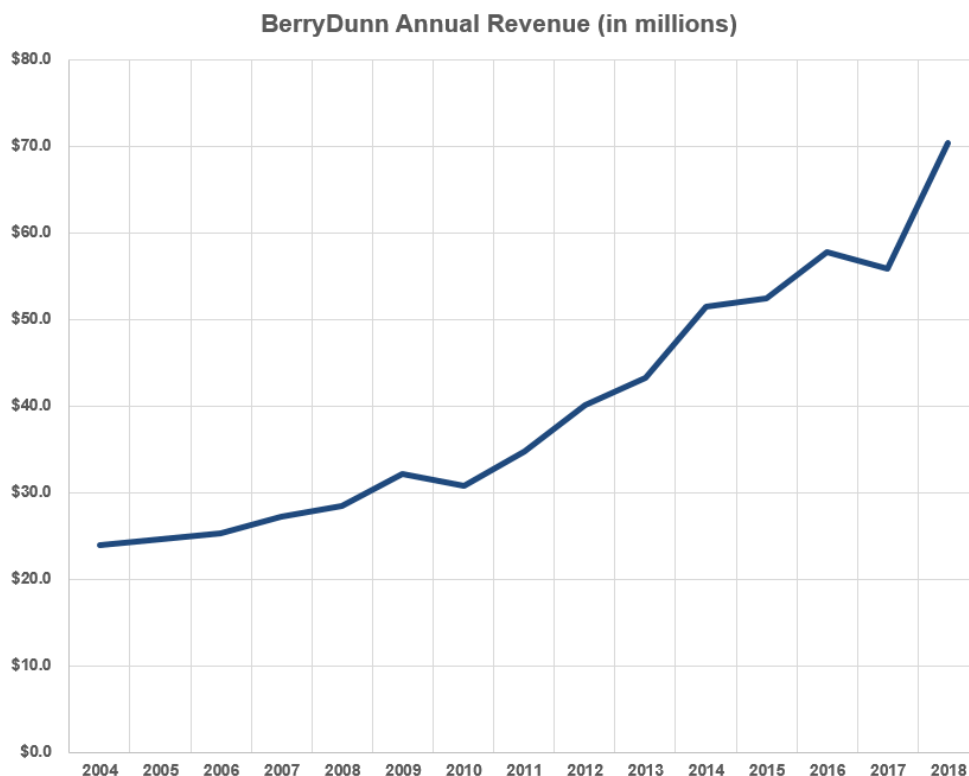


Figure 20 below, provides BerryDunn's Condensed Financial Information for the fiscal years 2015 through 2017.

**Figure 20: Berry Dunn McNeil & Parker
Condensed Financial Information
for the Years Ended June 30**

	<u>FY15</u>	<u>FY16</u>	<u>FY17</u>
Current Assets	\$ 15,677,588	\$ 16,018,242	\$ 14,063,140
Fixed Assets, Net	1,473,153	2,232,806	2,255,209
	<u>\$ 17,150,741</u>	<u>\$ 18,251,048</u>	<u>\$ 16,318,349</u>
Current Liabilities	4,343,472	4,397,332	5,675,684
Amounts due Principals & Principals' Equity	12,807,268	13,853,716	10,642,665
	<u>\$ 17,150,740</u>	<u>\$ 18,251,048</u>	<u>\$ 16,318,349</u>
Operating Revenue	52,403,929	57,664,659	55,801,216
Operating Expenses	(42,236,224)	(46,425,993)	(49,092,487)
Depreciation & Amortization	(410,515)	(591,088)	680,860
Interest Expense	18,906	6,040	(10,694)
Net Income	<u>\$ 9,776,096</u>	<u>\$ 10,653,618</u>	<u>\$ 7,378,895</u>

Operating expenses include all amounts paid out to principals as compensation; accordingly, there is no net income reflected.

The above information is confidential and proprietary to Berry Dunn McNeil & Parker, LLC. Any inquiries on it or requests for additional information should be directed to John M. Chandler, managing partner, at 207-775-2387 ext. 2211.

Appendix A – Proposal Bid Bond

We have included our proposal bid bond in our proposal response marked “original”.

Appendix B – Resumes

Core Project Team

William Richardson, PMP, ITIL, Prosci® - Project Principal



Bill Richardson is a principal at BerryDunn with over 16 years of experience in helping human services agencies address complex challenges by leveraging successful project management. Bill's experience includes the business, policy, and systems aspects of human services programs, and ranges from implementing new programs with the ACA expansion population to implementing MMIS and supporting integrated eligibility solutions.

Recent Relevant Experience

BerryDunn (2011 to present). Bill is a senior manager at BerryDunn focusing on human services programs. His experience includes the following projects:

- **Hawai'i Department of Human Services (DHS) MedQUEST Division (MQD).** Bill is currently serving in the role of program director for the eligibility business process redesign effort for the customer-facing sections of Hawai'i's MQD. Phase Two of the project was recently completed, which culminated in a findings and recommendations report that included recommendations for organizational transformation of eligibility offices and call centers.
- **West Virginia Bureau for Medical Services (BMS).** As a senior manager working with the West Virginia client, Bill has been involved in several projects, including:
 - *PPACA Planning Project:* Bill served as the project manager for West Virginia's program to support implementation of PPACA. This included a wide array of activities, from assisting with the State's verification and negotiating it with CMS to reviewing policy gaps and making recommendations for revised policy. The program also required work to review State policy options and make recommendations to the Medicaid director based on a stakeholder workgroup for adopting certain policies and managing the SPA process. During this work, Bill also facilitated workgroups to review and comment on proposed Code for Federal Regulations (CFRs).
 - *Eligibility and Enrollment:* In addition to the program and policy work related to PPACA, Bill provided oversight on the Eligibility and Enrollment project, which included providing project management support for BMS as it implemented system upgrades and changes to comply with the new regulations and policy.
 - *West Virginia Children's Health Insurance Program (WVCHIP):* Bill served as engagement manager overseeing the BerryDunn team evaluating needs and mapping business processes associated with the WVCHIP to help bring them into compliance with ACA requirements. This project included project management support to transition WVCHIP from its previous Third-Party Administrator (TPA) to an MMIS.
- **West Virginia HIT.** Bill served as the HIT project manager on a variety of strategic planning initiatives, including reviewing and revising the SMHP. This work involved facilitating a group of external stakeholders, such as representatives from the hospital association to refine existing goals and define new goals related to HIT, inclusive of supporting the Triple Aim and workforce development.

- **Ohio Department of Medicaid (ODM).** ODM is implementing its vision for a modular MMIS in the Ohio Medicaid Enterprise System project, and BerryDunn is providing IV&V support. As engagement manager, Bill is helping ODM ensure a modular approach and implementation that will work for Ohioans and support ODM's modular certification process.
- **New Mexico Human Services Division.** BerryDunn provides support to the Health and Human Services 2020 project—New Mexico's modular MMIS replacement project. As the engagement manager, Bill brings his MMIS experience in support of project management and system architecture.
- **Missouri Department of Social Services.** As the engagement manager for BerryDunn's Medicaid engagements in Missouri, Bill has provided leadership for several projects including:
 - *Missouri Medicaid Enterprise (MME) PMO Engagement.* Bill leads BerryDunn's team supporting the MME PMO as it begins implementation of its first MMIS modules. This includes helping the State address topics ranging from strategies for modular certification and requirements traceability to program management best practices and leveraging for a multi-vendor enterprise.
 - *MEDES IV&V Engagement.* Bill brings his experience in eligibility and large systems projects to this modified agile SDLC project. BerryDunn reviews the project and reports on project issues and risks, offering recommendations to address issues, mitigate risks, and contribute to the success of the project. BerryDunn also conducts reviews of the project in preparation for CMS Gate Reviews.

ACS, A Xerox Company – Government Healthcare Solutions (06/2001 to 04/2011).

- *ACS Health Enterprise Program.* As a systems delivery manager, Bill provided team leadership and implementation management for internal and client-facing phases of the development and deployment of the ACS Health Enterprise system.
- *State of North Dakota's MMIS Project.* As a project manager and team lead, Bill was responsible for the business design of the State of North Dakota's largest-ever IT project. He developed and adapted processes to overcome challenges of deployment of the system under a new methodology; managed scope expectations by focusing on minimizing enhancements to the system; managed the creation of use cases and design artifacts to map business processes and reengineering business protocols; and led the development of North Dakota's requirements analysis document for all business functionality related to healthcare claims adjudication and payment.
- *State of North Carolina LEADS Project.* As team lead, Bill was responsible for documenting requirements and a detailed system design for a multi-payer healthcare claims back-end processing system, including application of policy edits and audits.
- *State of Mississippi's Envision Project.* As a consultant, Bill provided design, development, and unit testing of healthcare claims back-end processing modules. He documented and enhanced functionality based on change requests; modified utilization review and prior authorization healthcare claims processing modules; and documented processes based on client input and analysis of the State's legacy system.
- *State of Georgia's Health Partnership Project.* As an analyst, Bill completed development and unit testing of non-inpatient healthcare claim pricing, editing, and mass adjustment modules.

Education and Professional Affiliations

BS, Business, University of Minnesota, Carlson School of Management (Major: Management Information Systems, Minor: Political Science)

Certified Project Management Professional (PMP)

Prosci[®] Certified Change Practitioner (CCP)

ITIL – Foundation Certified in IT Service Management

Ethan Wiley, MPPM, PMP, Prosci® - Project Manager



Ethan is a seasoned healthcare professional with progressive healthcare system experience across the breadth of the Medicaid enterprise. His specialties include 1115 waivers, federal health programs and legislation, health policy and program development, strategic planning, analysis, remediation, and implementation.

An experienced project manager in both Medicaid HIT and policy projects, Ethan has engaged in leadership roles in projects designed to evaluate project, program, and provider performance. These efforts have been inclusive of providing support with determining the implications of, and advising on, federal regulation, design of waiver programs, data collection, managed care compliance, waiver evaluation design, and reporting requirements.

Recent Relevant Experience

BerryDunn (2014 to present). Project highlights include:

- **SUD 1115 Waiver Development.** As lead policy analyst and SME, Ethan assisted in the development and successful negotiation of a Section 1115 Demonstration Project to undertake SUD delivery system transformation efforts in the State of West Virginia. Through this Section 1115 Waiver, West Virginia has the opportunity to test innovative policy and delivery approaches to reform systems of care for individuals with SUD.
- **Adult Quality Measures Grant Project.** As project manager, Ethan oversaw a team tasked with collecting and reporting the Medicaid Adult Core Set Measures as West Virginia's Bureau for Medical Services transitioned from a grant-funded Quality Unit to a state-supported Quality Unit. He organized a team of SMEs tasked to plan, develop, and implement training related to quality and quality improvement, and to determine needs related to furthering the work of the Quality Unit.
- **ICD-10 Systems and Policy Remediation Project.** Ethan analyzed and remediated 78 distinct policies for the West Virginia Bureau for Medical Services and provided project management of the technical ICD-10 implementation, which included oversight of testing design, system integration testing, and user acceptance testing (UAT).
- **Utilization Management and Prior Authorization Services RFP Development Project.** As business analyst, Ethan was brought in to organize and complete the final development of a state Medicaid agency project to develop a major RFP to select a utilization management vendor.

Education and Certifications

Master of Public Policy and Management (MPPM), University of Southern Maine Edmund S. Muskie School of Public Service, Concentration: Policy Analysis, Certificates of Graduate Study: Performance Management and Measurement, Applied Research and Evaluation Methods, Social Policy Analysis

BA, Political Science and History, University of Maine at Farmington

Certified Project Management Professional (PMP)

Prosci® Certified Change Practitioner (CCP)

Certified Lean Six Sigma Green Belt

Karin Hoyt, MPPM – Team Expertise Lead



Karin Hoyt is a public policy expert with over 20 years of experience applying analytic, collaborative, and innovating approaches to HHS programs. She has a proven track record of engaging diverse clients on a broad range of policy issues, project management, and healthcare policy analysis. Her experience includes working for state Medicaid agencies, state HHS agencies, and healthcare consulting firms.

Recent Relevant Experience

Independent Consultant (2017 to present). As an independent consultant, Karin works with diverse clients on broad range of projects. Recent work includes assisting a client in supporting CMS with regulatory decisions around the Medicaid managed care rule. Additionally, Karin supports clients in Medicaid program assessment and strategy; review and refinement of existing publicly funded programs; and targeted Medicaid market research and analysis.

Ohio Department of Medicaid (ODM) (2014 to 2017). During her tenure with ODM, Karin held the following positions.

- **Director of Payment Innovation.** Karin directed the overall development and implementation of payment innovation and value-based purchasing efforts, including episode-based payments and PCMH. She also directed agency participation in CMS' CPCi and CPC+ in collaboration with federal government, commercial and Medicaid insurers; coordinated value-based purchasing initiatives with stakeholders, including providers, commercial insurers, cabinet level agency officials, Medicaid managed care plans, advocacy groups, and the federal government; and served the Health Care Payment Learning Action Network (LAN) Maternity Action Collaborative. Her accomplishments included management of Ohio's \$75 million dollar State Innovation Model cooperative agreement with the CMS CMMI; and the development and implementation (including federal approval of SPAs granting regulatory authority) of 34 episode-based payment 'bundles' and Ohio's PCMH program, including payment streams, care delivery model, with successful attribution of over 830,000 Ohioans and enrollment of 111 practices.
- **Section Chief, Bureau of Health Plan Policy.** In this role, Karin managed general Medicaid policy, including all Ohio Administrative Code Chapter 1 rules. She served as designated agency lead for reform of Ohio's behavioral health system, collaborating with the Governor's Office of Health Transformation and the Ohio Department of Mental Health and Addiction Services in Ohio's largest comprehensive behavioral health redesign effort in over 25 years. She participated in the analysis and development in support of Ohio's 1915(i) SPA to serve Ohioans with severe and persistent mental illness. Other duties included coordination of the review of Ohio's 1115 waiver demonstration (MetroHealth Care Plus) under the ACA, managing health plan policy biennium budget initiatives development, including coordination, tracking, and implementation of initiatives; coordinating and co-chairing Ohio's Medical Care Advisory Committee comprised of executives representing various healthcare organizations across Ohio..

Ohio Department of Developmental Disabilities (2003 to 2014). As a Medicaid health systems administrator, Karin provided fiscal oversight, budgeting, compliance, and reporting for federal and state grants in excess of \$14 million. She analyzed impact of program and policy options for Ohioans with developmental disabilities, utilizing person-centered planning principals, and was designated as fiscal agent for state council on developmental disabilities. This included serving as department liaison to

federal and state awarding agencies, and analyzing Medicaid HCBS waiver rates and related policy. Her accomplishments included implementing uniform, statewide HCBS waiver reimbursement system; establishing agency-wide grant management office; implementing Ohio's first standardized individual assessment for people with developmental disabilities; and leading successful development and approval of Medicaid Administration Claiming program through a collaborative process involving stakeholders from two state agencies, 88 county boards of developmental disabilities, advocacy groups and the federal government.

Health Management Associates, Inc. (1997 to 2003). As a senior consultant, Karin led a large team monitoring and evaluating statewide Medicaid waiver programs for disabled and elderly, developmentally disabled, medically fragile, and AIDS/ARC populations. She developed and refined individualized assessment tools for individuals with developmental disabilities; conducted strategic planning processes and outcome evaluations of local, state, and federal programs, survey research, and program implementation. She participated in compliance reviews of Medicaid providers, and established the company's first Ohio office; successful multi-year program evaluation of large Medicaid state waiver program.

Michigan State University, Office of the President (1997). As a healthcare advisory and intern, Karin assisted in developing strategies for streamlining healthcare services at the University. She collaborated with the University President and staff to examine options for restructuring and subsidizing healthcare at the University. Her key accomplishments included the collaborative development of a RFP for pharmaceutical services to be implemented within University community.

Education

Master of Public Policy and Management, The Ohio State University, John Glenn College of Public Affairs
BA, Social Relations and Public Policy, Michigan State University

Dorothy A. Ball, MA – Policy Analyst



Dot Ball is a senior consultant with over 25 years of professional experience working in state and federal government, nonprofit and for-profit health services, healthcare policy, HIT, clinical and direct service healthcare business, medical business management, professional education, and online education technologies. She is an experienced public policy expert, business operations, and regulatory analyst with subject matter expertise in healthcare reform—ACA, HIT, HIE technology and governance structures, Medicaid business process modeling, MITA, regulatory compliance and quality, HIPAA, health professional workforce training and eLearning technologies. She participates in state and national healthcare transformation initiatives, including health reform, Health Level 7 (HL7), MITA, NHIN, EHR, and HIE projects and workgroups.

Recent Relevant Experience

Pogis (2009 to present). As principal consultant for this small veteran-owned analytics and subject matter consultancy, Dot focuses on providing services in the areas of HIT, healthcare delivery systems, and government-funded HHS. She has worked in collaboration with BerryDunn on the following projects:

- MITA SME/analyst for West Virginia’s MITA 3.0 SS-A, MITA HIT Assessment, and MITA Lifecycle and Maintenance Projects (08/2012 to Present)
- Policy analyst and ACA SME for West Virginia Bureau for Medical Services State of West Virginia Medicaid Enterprise GAPMS Project (11/2016 – 03/2018)
- Business analyst for the development of West Virginia’s State Medicaid HIT plan and EHR Incentive Payment Program (02/2010 to 10/2010)
- Business analyst for the development of Massachusetts State Medicaid HIT Plan and EHR Incentive Payment Program (10/2010 to 01/2011)
- Lead policy analyst for the West Virginia DHHR ACA Compliance and Implementation Project (05/2010 to 12/2013)
- SME providing eLearning content development for the West Virginia ePrescribing training program for physicians (06/2009 to 12/2009)

In addition, she has served as MITA SME/business analyst for the New Mexico Human Services Department MITA 3.0 SS-A and Child Protective Services National Human Services Interoperability Architecture (NHSIA)/MITA mapping; lead policy analyst for Alabama’s Medicaid Managed Care External Quality Review project; MITA SME for the Arizona Health Care Cost Containment System (AHCCCS) MITA SS-A; policy manager as part of an IV&V team for Arizona’s HIE implementation; served on the founding board of directors for the New Mexico HIE; policy analyst for business intelligence projects in various states including Arizona, Utah, New Mexico, Illinois, New Hampshire, Florida, Arkansas, and Texas.

FourThought Group, Inc. (2002 to 2009). As senior business analyst, Dot provided policy analysis, regulatory analysis, business process analysis, and change management for state HHS agencies, including work on the following projects:

- Business analyst for the AHCCCS Health Care Cost MITA 2.0 SS-A
- Lead analyst for AHCCCS and the Department of Economic Security to initiate Phase 1 of the State of Arizona’s Technology Interface Project System

- Policy analyst for AHCCCS and the Hawaii Department of Human Services' HIPAA privacy policy compliance project
- Lead business analyst for the Indiana MITA 2.0 SS-A project
- Senior policy analyst for the South Dakota HIPAA Security Policy and Procedures compliance project
- Policy analyst supporting the CMS MITA Initiative Team
- Business analyst/SME for Washington's MMIS procurement project

New Mexico Health Policy Commission (2000 to 2002). As senior policy analyst, Dot was responsible for the management of state policy and planning projects addressing access to healthcare, including:

- Managing task force activities and studies, including Medicaid cost containment, prescription drug access, provider retention issues, workforce shortages, health professional regulation, and rural and immigrant access to healthcare
- Managing population survey and data analysis projects that resulted in significant legislative changes
- Conducting research and monitoring key federal and state health policy issues, including access to care, health professional workforce, Medicare and Medicaid reform issues, managed care, disease management, prescription drug policy, immigrant health, border health, and various public health policy issues
- Analyzing and interpreting state and federal laws and regulations
- Analyzing healthcare legislation and providing technical support to the state legislature, governor, and the New Mexico delegation to the U.S. Congress
- Developing data collection tools and survey instruments
- Conducting comparative health data analysis
- Responding to legislative requests and mandates

Rio Bravo Therapy Services (1996 to 1999). As development director, Dot managed agency development activities, including financial and program development, service delivery, business management budget, and board development activities for a full-service physical/occupational rehabilitation center.

Southwest AIDS Services (1992 to 1994). Dot was responsible for overall agency management activities, including programs, boards, staff, and general operations for a full-service, multi-county nationally recognized AIDS support services organization.

New Mexico Department of Health (1989 to 1992). As disease prevention specialist, Dot conducted state public health infectious disease surveillance activities, including epidemiological investigations, case management, and data analysis; clinical and disease management QA policies and protocols; and border health policy studies for the New Mexico Legislature.

Centers for Disease Control (CDC) 1987 – 1989. As a public health advisor, Dot served as federal liaison to local health departments in San Francisco City/County, Contra Costa, Alameda, Los Angeles Counties in California and the City of Philadelphia, Pennsylvania. She conducted policy and epidemiological analysis, developed disease prevention and community outreach programs; managed staff and surveillance programs; and developed federally compliant QA policies and protocols.

Education and Certifications

Master's degree in Government and International Relations, New Mexico State University

Bachelor's degree in Government, New Mexico State University

Subject Matter Experts

Sheila Cooper, MBA



Sheila Cooper is a senior consultant at The Stephen Group, where she focuses on Medicaid IT, performance-based contracting, and HHS subject matter expertise. Sheila spent 20 years at the Texas HHSC working in IT for Medicaid systems including MMIS, Medicaid managed care, and MITA, performance-based contracting. Sheila has extensive background in functional contract requirements development, business and use case analysis, root case analysis and issue remediation, business process redesign, APD preparation and negotiation, integrated eligibility for HHS programs, and HIPAA privacy and security.

Recent Relevant Experience

The Stephen Group (02/2014 to present). Sheila's relevant project work with The Stephen Group includes the following.

- **Texas Medicaid.** Sheila's current project work includes working with Texas Medicaid health plans to respond to HHSC procurement for managed care and managed care dental programs. She works closely with her clients to respond to HHSC requirements and assist them with the HHSC procurement process.
- **Texas STAR Kids.** Sheila also worked with several Texas health plans to implement the Texas STAR Kids program for SSI and waiver programs. She worked directly with executive management to assist health plans in meeting STAR Kids system readiness contract requirements for all aspects of IT operations including service coordination, service assessment, service planning, service authorization and claims and encounter processing.
- **Arkansas Department of Medicaid.** Sheila served as part of The Stephen Group working in the State of Arkansas to conduct an assessment on state Medicaid organizational best practice, as the department redesigned its Medicaid division. As part of that assessment and redesign effort, Sheila was part of the team that conducted a comprehensive state best practice analysis in Managed Care contract management and procurement practices, related primarily to accountability, organizational efficiency, quality, and oversight, which have led to changes in that state and Medicaid division.

CSG Government Solutions (09/2011 to 02/2014). Prior to working with The Stephen Group, Sheila worked as a client executive for CSG Government Solutions. Project highlights include the following.

- **Iowa Department of Human Services (DHS).** Sheila was lead SME responsible for assisting DHS with the Iowa Health Insurance Exchange (HIX) project in all aspects of planning for a state partnership exchange with a transition to a state-based exchange including facilitating and leading executive decision-making, negotiating with CMS, and HIX integration with the DHS Medicaid and the integrated eligibility project.
- **Texas Health and Human Services Commission (HHSC).** Sheila also led the effort to assist Texas HHSC with transforming the MMIS contract with TMHP into a performance-based contract. Sheila lead a team of consultants focused on improving the procurement and contracting process. Sheila and her team worked with HHSC stakeholders to re-write and improve the contract requirements to move from a process-based "box checking" contract into an outcome-

driven performance-based contract that held the vendor accountable for performance outcomes. She led training for HHSC contract oversight staff. This training focused on educating HHSC staff on the importance of performance-based, outcome-driven contracting.

Education

MBA, Anderson School of Management, University of California Los Angeles

BA, Dartmouth College

Richard Kellogg, MEd



Richard Kellogg brings years of experience in HHS administration, programming, and consulting. Richard served as CEO for two multi-county mental health, developmental disabilities, and substance abuse services provider organizations in Virginia and as a provider/CSB statewide member of the DMAS Medicaid Executive Committee that created the rules and rates for the initiation of mental health rehabilitation option services and the 1915 (c) HCBS waiver for people with developmental disabilities.

Recent Relevant Experience

The Stephen Group (02/2011 to present). Richard has provided expert level consulting services for all areas of HHS. Richard has led aspects of consulting transformation projects in South Carolina, Maine, Texas, Arkansas, and Mississippi, as well as Medicaid MCO and behavioral health plan market development including government, provider, and stakeholder relationship building in New Hampshire, Ohio, New York, and Texas.

- **Mississippi.** Richard worked with The Stephen Group team on restructuring the Temporary Aid to Needy Families (TANF) community-based contracts from one of tracking outputs to a performance/outcome-based contract under the Department of Human Services innovative gen+ program, child support, and A-87 enrollment/eligibility.
- **Arkansas.** Richard served as senior consultant to the Joint Legislative Task Force (5/15-12/16) responsible for developing comprehensive Medicaid program reform options including organization structure of DHS related to Medicaid policy, purchasing strategy options, budget projections (Managed Care, MFSS, PCMH), BH Medicaid Evidence-Based Practices, and BH Health Homes as well as integration strategies. In addition, Richard supported the analytical work on the Arkansas private option for ACA Medicaid expansion that was continued during a Legislative Special Session in 2016 and re-approved by CMS.
- **Texas.** Richard performed as lead team expert for child safety and risk assessment, planning and implementation of Structured Decision Making and IT related integration aspects for Medicaid eligibility for a comprehensive agency transformation consultation for the Texas HHSC, Division of Child Protective Services/DFPS. A function of this work included a comprehensive assessment of the state's carved out Medicaid managed care Contract under STAR Health, HHSC's Medicaid Managed Care solution for foster care children/adolescents which integrated medical/pharmacy, EPSDT, and litigated requirements for mental health/substance abuse services. Richard provided expert consultation to the DFPS Commissioner and Assistant Commissioner during their re-procurement and negotiations with the chosen state vendor and offered areas of performance management that were added to ensure appropriate outcomes to enhance child well-being. These changes have led to many improvements in behavioral health utilization for children in foster care.

Washington Department of Social and Health Services (01/2006 to 1/2011). Richard served in the position of Director of Integrated Health Services, a DSHS-wide leadership position that served as the Secretary's policy advisor on all aspects of Medicaid, managed care, and national health reform impacting a \$13 billion-dollar budget, structural transition of the Single State Medicaid Agency designation, and a member of the Governor's Sub Cabinet on National Health Reform.

Prior to this role, Richard served as the Director of Medicaid Mental Health Systems and was a senior member of the Washington State Medicaid Executive Leadership team focused on comprehensive Medicaid policy, managed care, operations.

New Hampshire Department of Health and Human Services (07/2004 to 01/2006). Richard served as New Hampshire Department of Health and Human Services Director of Community Based Services. In that capacity, Richard was responsible for the Bureaus of Behavioral Health, Developmental Disabilities, and Long-Term Care Services. Under the Commissioner's leadership and Richard's efforts, New Hampshire was able to successfully rebalance the LTC system to a community first choice culture and option, assist in the reorganization of contracting and procurement services for community-based mental health and development disability agencies, and developed a new integrated service delivery system. Richard was also Acting Medicaid Business Director when New Hampshire moved ahead on disease management and effective cost containment strategies.

Tennessee Department of Finance and Administration (04/2001 to 10/2003). While serving as Deputy Commissioner of the Department of Finance and Administration in Tennessee, Richard "brought about significant progress in helping the division address the multitude of challenges" it faced including three DOJ/CRIPA lawsuits and a CMS moratorium on the state's HCBS waiver for the developmentally disabled. "Under Richard's leadership, DMRS has worked with the TennCare Bureau, the Attorney General's Office, and the Commissioner's Office to craft a joint mediation strategy for three (federal) lawsuits.

Virginia Department of Mental Health, Developmental Disabilities, and Substance Abuse Services (12/1994 to 01/2002). As Deputy Commissioner and Commissioner of Virginia's Department of Mental Health, Developmental Disabilities and Substance Abuse Services, Richard served as the designated liaison with the state's single state Medicaid Agency (DMAS), partnered with DMAS on the DHHS Secretary's Executive Committee, and was responsible for all Department contracts.

As Commissioner in Virginia, Richard provided "expert level" leadership and knowledge as Virginia resolved four DOJ/CRIPA lawsuits that had lingered over 12 years while instituting 500 targeted state hospital discharges, permanently closing the beds, increasing state to patient ratios in the state hospitals, expanding community housing options, "hard wiring" discharge partnership between the state hospitals and community services boards, and successfully operationalizing 17 fidelity PACT teams across the commonwealth distributed by an Olmstead-based utilization method.

On December 1, 2001 Governor James S. Gilmore III characterized Richard's expertise as "possesses national level knowledge in the financing methods of public and private healthcare with a concentration in behavioral health. His knowledge of treatment and program methods is that of a national expert."

In addition, Richard served as Chairman of the State Executive Council of the Comprehensive Services Act, Commonwealth of Virginia. The Act mandated special education, foster care, and juvenile justice funding into a statewide-managed "pool" in a wrap-around system. The CSA funding pool included all Medicaid related funding including EPSDT and special services for foster care children/adolescents including FFS mental health services.

Education

MEd, University of Vermont

BS, University of Vermont

Lindsay Littlefield, MPA



Lindsay Littlefield is a senior consultant at The Stephen Group, focusing on Medicaid and Child Welfare projects and specializing in state and federal policy analysis, project management, data analysis, and agency implementation assistance.

Recent Relevant Experience

The Stephen Group (2016 to present). Lindsay's project highlights with The Stephen Group include the following.

- **Texas Department of Family and Protective Services.** Lindsay acted as project manager during the implementation phase of The Stephen Group's engagement with the Texas Department of Family and Protective Services. She established the weekly status reporting structure and was responsible for preparing and submitting The Stephen Group's weekly submissions. She created additional report templates and processes as needed and established issue/risk escalation processes and tracking. Lindsay offered extensive data analysis and policy research in the area of Medicaid Managed Care for foster care children in Texas and helped the state with designing a program to help children with high complex behavioral health and other chronic conditions receive quality therapeutic care in the home. She was also the state's lead consultant in working with the government affairs division in helping to craft legislation that offered a carve-out managed care option for these children representing an intensive care coordination model.
- **Texas Sunset Advisory Commission and Legislature.** Lindsay advised regional management staff in implementation of Transformation initiatives, including providing assistance with change management, project management, and communications. Lindsay used various methodologies including facilitating focus groups, conducting business process mapping, performing data analysis, and conducting literature reviews and best practice research from other states to help them resolve issues. On an as needed basis, Lindsay conducted ad hoc research and data analysis and summarized findings in reports and presentations.

Texas Legislative Budget Bureau (2009 to 2016). Lindsay worked as a lead budget analyst for the Medicaid Department of Aging and Disability Services and has a policy and budget background in Medicaid acute care and LTSS. She developed budget and policy recommendations to improve the efficiency and effectiveness of state government operations, authoring legislative reports on a variety of Medicaid and non-Medicaid topics; monitored trends and innovations at the federal level and in other states and analyzed applicability to Texas; and briefed internal management, state legislative members, and state legislative leadership and staff on areas of research, including providing frequent testimony before policy and budget committees. She managed a cross-agency project team on the Texas state supported living center system and authored the report "Decrease the Number of State Supported Living Centers to Reduce Costs and Improve Care."

MAXIMUS (2002 to 2009). Lindsay served as a senior consultant with MAXIMUS, where she was selected to participate in the Management Development Program. The program provided participants with intensive mentoring resources, management training, and afforded the opportunity to rotate throughout the firm.

Education

Masters, Public Affairs, LBJ School of Public Affairs, University of Texas

BA, Political Science and Communication, Wake Forest University
2002 Harry S. Truman Scholar

Stephen Palmer, PhD



Dr. Stephen Palmer is a senior consultant with The Stephen Group and has years of experience in both the public and private sector. As a private-sector HHS consultant, Stephen has worked with federal government clients such as the federal CDC and ONC; state-level clients such as the Texas Health Services Authority and New York eHealth Collaborative (both state-level HIE organizations); several state-level healthcare provider associations; and multiple private-sector HHS provider and technology organizations.

Recent Relevant Experience

The Stephen Group (10/2015 to present). Dr. Palmer's projects included financial analysis and program evaluation for a state Medicaid program, market research for a private social services provider, Medicaid policy and financial analysis for a healthcare provider association, and healthcare market research for a private equity group.

- **Arkansas Legislative Health Care Task Force.** Dr. Palmer served as a senior consultant on The Stephen Group's Comprehensive Medicaid program Assessment where he conducted detailed financial and claims analysis that was used by legislators in passing a number of the Stephen Group recommendations related to the Department of Human Services, Division of Medicaid reform.
- **Texas Pharmacy Association.** Dr. Palmer served as a senior consultant on The Stephen Group's Medicaid policy and financial analysis where he performed a comprehensive assessment of the Medicaid pharmacy payment reforms being contemplated by the Texas Legislature and Texas Medicaid program and identified alternative approaches.

Waterloo Research and Consulting (01/2014 to present). Dr. Palmer founded and serves as the Principal of Waterloo, through which he has worked on multiple Medicaid projects, particularly relating to Medicaid managed care, including the following:

- Consulting services to two regional Medicaid MCOs where he assisted them with developing proposals in response to Texas RFPs for Medicaid managed care and managed LTSS.
- Consulting services to a large social services provider where he assisted them with developing proposals in response to Texas RFPs for foster care services.
- Consulting services to a statewide provider association where he analyzed Medicaid rate structures for pediatric therapy services and wrote two whitepapers for a Texas Legislative audience.

Texas Health and Human Services Commission (01/2010 to 12/2013). Prior to consulting, Dr. Palmer served as the Director of the Office of E-Health Coordination and as the Texas State Health IT Coordinator. In these roles, he was responsible for leading the Office of E-Health Coordination and coordinating the numerous HIT initiatives that were being implemented within the Texas HHS system and throughout the state. In the role of State Health IT Coordinator, Dr. Palmer managed the Texas state HIE program and coordinated the other federally funded HIT initiatives throughout the state. Dr. Palmer served on the Bipartisan Policy Center's Task Force on Delivery System Reform and HIT, the HIT Standards Committee's Implementation Workgroup, and the Board of the National eHealth Collaborative.

Texas Governor Rick Perry (01/2006 to 12/2009). As a policy advisor, Dr. Palmer also served as the lead policy analyst for the Texas Health Care Policy Council in the Office of the Governor, the Governor's

advisor for HIT, the Project Director for the Texas Health Information Technology Advisory Committee, the Chair of the Texas delegation to the Gulf Coast Health Information Technology Task Force, and an advisory member of the State Alliance for e-Health, an advisory group providing a voice for the states on HIT issues at the national level.

Health Services at the Texas Health and Human Services Commission (06/2005 to 12/2005). Prior to joining the Office of the Governor, Dr. Palmer worked as a Medicaid/CHIP policy advisor to the Deputy Executive Commissioner of HHSC. Dr. Palmer also previously worked on the policy staff of the Texas Senate Health and Human Services Committee. Prior to changing careers into public policy, Dr. Palmer was an information technology consultant focusing on interface programming and database administration.

Education

PhD, Public Policy, LBJ School of Public Affairs, University of Texas

Doctoral research focused on HIT policy

Masters, Public Affairs, LBJ School of Public Affairs, University of Texas

BS, Physics and Philosophy, Rice University

Frank Spinelli



Frank Spinelli is a former Medicaid director with a proven record of innovative, contract management procurements, and successful leadership of healthcare programs in the public and private sector. Frank brings specialized expertise in organizational restructuring, managed care contract management, LTC transformation, care management, Medicaid, team building, delivery system transformation, and value-based purchasing. He has 40 years of experience working in the public and private healthcare sectors with experience working in contract management and procurement in both sectors.

Recent Relevant Experience

The Stephen Group (07/2017 to present). Frank works with clients across the country with The Stephen Group. Highlights include the following.

- **Arkansas.** Frank worked on developing an organizational review for the Arkansas Medicaid program to redesign the oversight and management of its managed care programs. In that role, Frank conducted a comprehensive analysis of state Medicaid contract management, procurement and quality management and offered recommendations to the State related to Medicaid Managed Care contract management that included specific job descriptions, skill sets, and organizational recommendations that are in place today at the Arkansas Department of Human Services, Division of Medicaid.
- **Mississippi.** Frank served as lead consultant in Mississippi in conducting a comprehensive review and recommendations on transitioning eligibility and related contractual responsibilities from the Division of Medicaid to the Department of Human Services, under the Governor's direction.

CMS Pre-Admission and Screening (PASRR) Technical Advisory Group (09/2012 to present). Frank serves on this advisory board which provides technical assistance to states on the administration of the PASRR program, and he has also provided Medicaid and long-term services and support subject matter expertise to private-sector companies who service state Medicaid programs.

Rhode Island Medicaid (07/1978 to 10/2008) While working for the State of Rhode Island, Frank gained numerous experience working with children and their families, and chronic care populations as well as procurement processes, RFP evaluations, contract management, managed care contracting, LTC and HCBS and other state operated health and social service programs.

Under Frank's leadership, Rhode Island designed and implemented its first PACE program, three new HCBS waivers, a Traumatic Brain Injury Resource Center, an Aged and Disability Resource Center, a nursing home transition/diversion program as well as the Connect Care Program – Rhode Island's first person-centered medical home program. During his tenure, Frank was responsible for the contract management and procurement of the Rhode Island MMIS, its pharmacy benefit management programs, the PACE managed care program, various financial management services, utilization management, and eligibility related services. He also assisted in the contract management of the state's managed care contracts and its managed care technical and operational support contract.

While serving as Medicaid Director from 2007 to 2008, Frank had overall responsibility for the agency's procurement activities, information technology, contract management, QA, service delivery, and quality improvement. He also led the efforts to create the RI Global 1115 Waiver which rolled all of Medicaid

including its HCBS programs as well as several state operated programs into one waiver with a focus on rebalancing the LTC system, care management, providing a medical home and value -based purchasing.

Memberships and Professional Affiliations

National Association of Medicaid Directors (NAMD) (alumnus member)

Governor's Council on Behavioral Health (former)

Governor's Brain Injury Commission (former)

CMS' System Technical Assistance Group (STAG) (former)

CMS MITA Business Architecture Review Board (former)

Rhode Island Health's Information Exchange Steering Committee (former)

New England States Consortium System Organization (NESCSO) (former)

John Stephen, JD



John Stephen is the founder and managing partner of The Stephen Group. The Stephen Group is a management consulting group made up of public- and private-sector consultants with extensive knowledge of all aspects of HHS, including Medicaid/Medicare and private health funded systems; financial, and analytical services; Medicaid cost containment, pharmacy systems management; the Aged, Blind and Disabled populations; Behavioral Health, Intellectual/Developmental Disabilities and Long-Term HCBS waivers; organizational redesign; regulatory reform; contract management efficiency and child welfare system reform that produce innovative, efficient and effective solutions for government.

John started his career as Law Clerk for US District Court Judge Martin Loughlin in New Hampshire, and then served as an Assistant Hillsborough County Attorney, where he prosecuted misdemeanor and felony crimes. John was then appointed by Governor Judd Gregg to serve as NH, Assistant Attorney General, by Governor Jeanne Shaheen to serve as NH, Deputy Commissioner of the Department of Safety, and by Governor Craig Benson to serve as Commissioner of the NH Department of Health and Human Services.

Recent Relevant Experience

The Stephen Group (2010 to present). Since founding The Stephen Group, John has led efforts in numerous states to transform various aspects of HHS to provide better quality and access for beneficiaries.

- **Florida Department of Children and Families.** John assisted the Secretary in developing the state's future strategic vision in child welfare. The project known as the Child Protection Transformation project has resulted in child welfare reforms in the State of Florida that has substantially improved the accountability of its community-based programs and operations and has resulted in better outcomes for children and families.
- **Illinois Medicaid.** John has also provided consultation to the State of Illinois with several enhancements to the state's Medicaid eligibility systems and its process for determining eligibility and led Stephen Group teams in other state Medicaid and Human Services organizational and operational assessments.
- **South Carolina.** John led a team that reviewed and analyzed the South Carolina Medicaid Long-Term Care (LTC) program for Governor Nikki Haley and recommended a comprehensive rebalancing program that resulted in a successful transition from high cost nursing home care to and enhancement of cost effective community-based alternatives. John and his team were also able to provide the Governor and Department with a comprehensive set of recommendations that resulted in LTC assessment and program transformation.
- **Texas Department of Family and Protective Services.** John led The Stephen Group efforts in assisting DFPS during the design and implementation of the Child Protective Services Transformation project, where The Stephen Group completed a comprehensive operational assessment of the entire Texas child welfare system and offered over 148 recommendations for change. John then led his team in assisting the Texas agency in implementing the recommendations and John provided testimony on numerous occasions before the Texas Legislature on behalf of DFPS. Major aspects of the implementation led to several changes in the caseworker model for decision-making, as well as other important program reforms, including

changes in contract management of large-scale child welfare provider contracts. Specifically, John led his team's efforts in working with DFPS on several contracting changes that led to the establishment of the State's first child welfare performance-based contracting approach with Child Placing Agencies that provided incentives for short term stay and timely permanency and reunification. John also led The Stephen Group in developing the design, business case and plan that led to the state's first contracting for outsourced private case management in 2017, which was in the El Paso child welfare region. John assisted DFPS in the drafting of the RFP, provided guidance during the evaluation team training and contracting, and developed the department's readiness plan that was used in this most recent successful procurement. John provided testimony in front of the Texas Senate Health and Human Services Committee recently regarding the status of the El Paso procurement.

- **Arkansas Health Care Reform Task Force.** The Stephen Group was chosen to provide detailed and accurate information concerning the current state of healthcare programs in Arkansas, as well as recommendations for alternatives to the current programs and options for modernizing Medicaid programs serving the indigent, aged, and disabled. The Stephen Group's findings in Arkansas were nationally recognized by the Kaiser Family Foundation, were adopted by the Arkansas Governor and Department of Human Services in securing a Section 1115 Medicaid Waiver, and led to the recent passage of legislation implementing many of the recommendations. The project also focused on a deep analytical analysis and program evaluation, including a 50 state managed care review, and recommendations regarding contract consolidation, administrative efficiencies, cost analysis and state and federal match allocation, department reorganization, best practices in LTC, developmental disabilities, and behavioral health as well as an examination of the roles of other agencies in the state that impact the patient populations, which have all led to the recent Department of Human Services and Medicaid transformation plan. John and his team also conducted a deep dive assessment of over 100 of the top contracts at Arkansas DHS and made recommendations on procurement best practice and contract system redesign that has led to successful changes today that have saved the Arkansas taxpayers millions.
- **Arkansas Department of Human Services (DHS).** DHS contracted with The Stephen Group to conduct an Assessment on state Medicaid organizational best practice, as the Department was redesigning its Medicaid division. As part of that Assessment and redesign effort, John and his team conducted a comprehensive state best practice analysis in Managed Care contract management and procurement practices, related primarily to accountability, organizational efficiency, quality, and oversight, which have led to changes in that state and Medicaid division.
- **Mississippi Department of Human Services (DHS).** The Stephen Group team served as the Department's project managers and lead consultants in designing a new and innovative welfare reform model that focused on providing enhanced community-based services designed to build independence and self-sufficiency in the entire family, referred to as generation plus. John led his team's efforts in this reform project in developing new staff training, eligibility assessments, contract management principles and oversight in the department's change to managing one large community-based provider contract that was responsible for new TANF and Special Nutritional Assistance Program (SNAP) program outcomes. John and the Mississippi team also provided consultation to the state in developing its strategy, implementation, and statewide roll out, and assisted them in transforming the contracting to one that is outcome-based.

Prior to the TANF and SNAP project, John led The Stephen Group team that performed a statewide assessment of the Child Support program and contracting. This assessment led to the state issuing an RFP to outsource the entire state child support program to one single vendor. John and his team assisted the state on drafting the RFP, developed the evaluation criteria, and the performance measures system, and designed the contract monitoring oversight system that is in place today in running the successful privatized program in Mississippi.

The Lucas Group (2008 to 2010). John was a partner at The Lucas Group, leading the firm's Government practice. He also assisted the firm's private equity division in evaluating transactions impacted by government regulation and offering strategies for value-based growth.

New Hampshire Department of Health and Human Services (2003 to 2007). As Commissioner, John oversaw the state's largest department, which included Medicaid, the divisions of children youth and families, behavioral health, developmental disabilities, public health, juvenile justice, and financial assistance. John led the DHHS through a period of major innovation and reorganization, including improving Medicaid and child welfare operations and engaging families on assistance in work activities, as well as centralizing vendor management and bringing efficiency to the department's procurement system. John also developed and implemented a nationally recognized Health Care Reform programs that focused Medicaid on prevention, wellness and rebalancing LTC. John initiated disease management and care coordination programs that transitioned New Hampshire Medicaid away from treating the sick to keeping people healthy. Through all of John's efforts, Medicaid LTC home and community placements increased 23%, replacing more expensive nursing home placements, which dropped 11%. Moreover, during each of the four years John was Commissioner, New Hampshire ranked first nationally in the Kids Count survey. During that same period, the enrollment of low income, uninsured children into the State's Medicaid and SCHIP program increased by 7500. John also oversaw the state's welfare program, SNAP and TANF program. In this role, John was also able to transform welfare in New Hampshire, reducing the rolls by 20 percent and dramatically increasing work participation rates by bringing accountability to the program. John also assisted the State of New Hampshire in drafting legislation transitioning the Medicaid Fee-For-Service program to capitated, full risk, managed care for all Medicaid populations and services.

Education

JD, Detroit College of Law, Michigan State University

BA, Whittemore School of Business and Economics, University of New Hampshire

Terence G. Dougherty, MPH



Terence Dougherty is an accomplished, results-driven professional offering a progressive background in senior-level capacities within the healthcare sector. Excellent leadership qualities and proven record upholding fiscal and operational accountability for private- and public-sector organizations engaged in healthcare provision and administration. Demonstrated an outstanding capacity for generating new revenue streams; maximizing funding from state and federal sources; allocating resources; achieving cost savings and negotiating contracts with private health insurers. Well-versed in Medicaid/Medicare enrollment and reimbursement practices and third-party payment processes. Interface effectively across organizational levels and capably represent organizations in relationships with regulatory agencies, advocacy groups, and industry lobbyists.

Recent Relevant Experience

University of Massachusetts Medical School (2011 to present). As the Executive Director for Health System Transformation, Terence acted as strategic business advisor for affiliated business, producing winning results in 2 out of 3 proposals submitted for over \$4M in new revenues. In concert with UMMS leadership, he developed overall business strategy for a new Data Management Group, growing revenues by \$500k in first year of operation, and provided internal consultation to Business Units in support of their operational goals.

Commonwealth of Massachusetts (2007 to 2011). Within the Patrick–Murray Administration, Terence served as the second-in-command for Executive Office of Health and Human Services Secretary JudyAnn Bigby. Other positions included Assistant Secretary for Finance, Assistant Secretary for Administration and Operations, and Director of MassHealth. With MassHealth, he provided executive level sponsorship to “EHS Results!” the first ever performance management/quality improvement system employed across a branch of Massachusetts State government. He led a secretariat-wide strategic planning process “Vision 2014” for Agencies to determine their response to Governor Patrick’s Olmstead Plan, and resulted in a collaborative master planning for all State HHS facilities. In addition, working across agencies, he led the successful development of Agency priorities and funding requirements for incorporation into Governor Patrick’s budgets, and conducting several mid- year Fiscal Recovery Plans, eliminating \$800M in spending and hundreds of FTEs.

Caritas Christi Health Care System (2004 to 2007). Terence served in senior management capacity for the Corporate Services division of New England’s second-largest healthcare system. He oversaw the development and monitoring of \$900M net revenue budget allocated to a six-hospital healthcare delivery network providing community-based medicine and tertiary care in across eastern Massachusetts. Additionally, he was charged with leading advocacy efforts on behalf of the System with and before federal, state, and local government and regulatory agencies. Direct reporting relationship to the System CEO and CFO. He led and successfully completed protracted contract negotiations with Tier 1 payers, capturing nearly \$60M in new net revenue for the system’s hospitals and affiliated 1,400-member physician group practice. Developed strategies for and successfully renegotiated a series of Tier 2 and 3 payer contracts, which contributed an additional \$10M+ to net revenues. He worked to develop a methodology for revamping and merging financial counseling and public assistance enrollment functions within the Patient Access/Admitting functions, designed to minimizing bad debt claims while providing patients with the maximum insurance coverage possible

Children's Hospital (2001 to 2004). Terence, as Director of Government Finance, was charged with and successfully developed and executed strategies to increase net revenue from government payers by \$15M+. He presented recommendations to hospital executive management on issues that included state budget advocacy efforts and maximizing funds received from state agencies, uncompensated care pool reform and Medicaid reimbursement; interpreted Medicaid administrative procedures for the Patient Financial Services, Utilization Management and Patient Care Operations business units; and assessed publicly available data and inflation proxies in preparing and bolstering the hospital's negotiating position for contract discussions with private health insurers.

Commonwealth of Massachusetts (1998 to 2001). Terence served as Deputy Director of a ten-member team tasked with preparing, monitoring, and providing financial reporting for a \$4.5B Medicaid budget. He supported staff efforts to refine budget forecasting techniques, institute rate increases, and link policy and program initiatives within established budgetary constraints. He also directly managed and upheld accountability for the division's \$130M administrative budget, with oversight of Human Resources, IT system administration and all contract procurement expenditures.

As the manager of acute hospital services, he oversaw day-to-day operations of a business unit charged with formulating reimbursement methodologies for acute-care services provided in Massachusetts hospitals and neighboring states, including all inpatient and ambulatory care for 800K MassHealth members.

New England Life Flight, Inc. (1986 to 1988). Terence served in executive management capacity overseeing this air medical transport program sponsored by Boston-area academic medical centers and operating under the Boston MedFlight name. He executed a strategy that led to an expansion into critical care ground transport and the purchase and deployment of aircraft to strategic locations, reducing response times by 15 minutes. Implemented Instrument Flight Rules (IFR) as part of the aviation staff-training program, allowed for a doubling in the number of patients transported and increased margins of safety for all. He gained a broad range of experience in third-party payment processing, from initial claim filing to appeals with administrative law judges and the Division of Insurance, and monitored regulatory agency activities and developments at the local, state, and federal levels.

Education

Masters in Public Health, concentrations in Health Care Systems and Law, Boston School of Medicine
BS, Civil Engineering, Wentworth Institute of Technology

Associate in Applied Science, Building Technology, Wentworth Institute of Technology

Current and Former Professional Affiliations

Chair, New England States System Consortium

Corporator, Wentworth Institute of Technology

Member, Health Care Financial Management Association

Founder and President of Friends of BLS Crew

Former Member, Massachusetts Hospital Association Standing Committee on Finance

First Chairman of Massachusetts EMS Advisory Board Communications Committee

Former President of Wentworth Institute Alumni Association and Investment Committee Chair

Marybeth McCaffrey, JD



Marybeth McCaffrey is an attorney with more than two decades of prior experience in the public sector. Her work focuses on health integration, LTSS, Medicaid 1115 waivers (including Public and Tribal notices), 1915(i) SPAs, administrative rules, and health technology. Prior to joining UMass, Ms. McCaffrey served for 18 years in Vermont's Agency of Human Services where she participated in meetings and calls with CMS staff and other state and federal partners in developing and supporting implementation of many SPAs, several 1115 and 1915(c) waivers, and numerous administrative rules with three departments: Disabilities, Aging and Independent Living; Children and Families; and Developmental and Mental Health Services. She also served on the National E-TAG of the National Association of Medicaid Directors from 2004 – 2009, serving as the chair from 2006 – 2009.

Relevant Employment

University of Massachusetts Medical School, Commonwealth Medicine, Center for Health Law and Economics (2014 to Present). As a principal, Marybeth has worked with the following clients.

- **New England Region Medicaid Training.** Marybeth led the faculty for a *two-day Medicaid LTSS training* for an audience of several federal officials from CMS Region One and New England state representatives (commissioners, program executives, managers, policy analysts, attorneys) engaged in policy development and operations. She also developed and delivered the curriculum for (1) the Medicaid Foundation segment, (2) LTSS eligibility segment, and (3) LTSS Quality segment.
- **Rhode Island Executive Office of Health and Human Services.** For the *Medicaid 1115 Waiver DSRIP Claiming Protocol and Workforce Development Initiative*, Marybeth Assisted with development of University Partnerships for Workforce Development program to establish the requisite legal relationship and financial foundation necessary to support RI's Health System Transformation Program (a waiver reform initiative) to capture new federal funds for Designated State Health Programs
- **MassHealth ACO Waiver Development.** Marybeth provided subject matter expertise for MassHealth ACO *workgroup meetings in four areas (LTSS, Quality, Behavioral Health, and ACO Certification)* assuring notes for MassHealth leaders accurately synthesized high-level themes, areas of agreement, areas of concern/disagreement, and provided summary of the discussions for each work groups. Each group had 30-40 participants and overall included representatives from more than 150 organizations including consumers, providers, advocates, trade organization representatives, and state agency staff. She also led development of updates of *four sets of administrative rules* to incorporate changes to implement ACOs, compliant with new waiver and Medicaid Managed Care rules.
- **MassHealth Office of Long Term Services and Supports.** Marybeth supported updating of *seven sets of administrative rules* to incorporate policy and program changes related to commencement of a third-party administration of clinical eligibility and prior authorization as part of strategic initiative addressing identified Medicaid budget issues.
- **MassHealth One Care Program.** Currently Marybeth leads three areas of UMass operational support related to provider training, quality measurement, and stakeholder engagement with the

consumer-led Implementation Council for the **Massachusetts Duals Demonstration Program**—the first of its kind in the nation.

- **Private National Health Plan.** Marybeth performed an in-depth scan of **all types of waivers in seven target states related to state Medicaid ID/DD programs**, including design of a framework to assess ID/DD Medicaid programs; application of the framework to the ID/DD programs, including review of laws and regulations, technology resources, state DDS operations, and compliance with federal Community Rule. This helped identify how the health plan's managed care software could be enhanced to support various managed payment models for the ID/DD population.

Department of Disabilities, Aging and Independent Living (2010 to 2014). As the Director of Operations and Principal Health Reform Administrator, Marybeth administered Department's ongoing integration of **state plan and waiver** LTSS into a cohesive, financially sustainable and effective health system. Conducted and rendering decisions for commissioner appeal hearings. She also **provided analysis to review proposed policy changes as part of** State Innovation Model grant.

As the Director of the Division of Disabilities and Aging Services, Marybeth participated in meetings and calls with CMS staff and other state and federal partners in developing and supporting implementation of many **SPAs, several 1115 and 1915(c) waivers, and numerous administrative rules**. She maintained and improved Vermont's nationally distinguished comprehensive systems for older Vermonters and people living with physical and intellectual/developmental disabilities who need LTC services and support to live, attend school, work, and fully participate in and contribute to their communities, as well as led the management of budget, program policy, operations, and quality oversight for programs through a large professional and technical staff that supported thousands enrolled in **State Plan services and 1115 (formerly 1915(c)) waiver programs**. She also provided direction to **analyses** needed to build capacity, enhance service delivery, improve efficiency and effectiveness, maximize the use of limited resources, and adapt to the changing social, economic, and political environment by using data for program management, performance indicators, outcome measures, quality improvement, federally-required improvement, federally-required reporting, as well as legislative work, public information, and interdivisional and interdepartmental relations.

Department of Children and Families (1999 to 2009). As a healthcare policy analyst, Marybeth participated in meetings and calls with CMS staff and other state and federal partners in developing and supporting implementation of many **SPAs, several 1115 and 1915(c) waivers, and numerous administrative rules**. She also coordinated healthcare eligibility policy development, regulatory compliance, and contractual fulfillment for programs covering 170,000 Vermonters, in more than 200 coverage groups, costing more than \$800 million annually administered under the **Global Commitment and Choices for Care 1115 Demonstration Waivers**.

Education and Certifications

JD, Northeastern University School of Law

BA, Music, Emmanuel College

State of Vermont, Licensed Attorney, 1990 – present

American Association of Music Therapy, Certified Music Therapist, 1983

Jean C. Sullivan, JD



Jean Sullivan is a recognized leader in Massachusetts health reform efforts over the past 30 years. As an attorney, she is an expert in Medicaid, CHIP and Social Security laws, and the ACA, with specialties in financing structures for safety net providers, federal financial participation rules, disability-related cash and medical benefit programs, and the transformation of healthcare systems. She has served as general counsel and deputy commissioner for the Massachusetts Medicaid agency, a senior advisor to the Massachusetts EOHHS, and as a policy expert in the development and passage of the Commonwealth's landmark universal coverage legislation enacted in 2006.

During her long career, Jean received the Manuel Carballo Governor's Award for Excellence in Public Service, Massachusetts' highest-level performance recognition award, four times. Jean is credited for her leadership and innovative design of the legal architecture of broad-based health coverage expansion programs implemented in Massachusetts from 1988 – 2016. She directed all legal aspects of the original MassHealth Section 1115 Demonstration waiver design and related federal negotiations from 1995 through 2002 and has served on several commissions and advisory boards concerned with the policies and financing challenges relative to LTSS. She was a key drafter of the Massachusetts universal coverage law (C. 58 of 2006) and its landmark health system reform and cost containment law (C. 224 of 2012). Over her career, she has negotiated and secured approvals of hundreds of SPAs, dozens of Title XIX waivers and reform initiatives, and many dozens of audit and compliance reviews from CMS for Massachusetts and New Hampshire and other clients.

Relevant Employment

University of Massachusetts Medical School (2002 to present). Jean is the founder and director of the Center for Health Law and Economics and member of the Executive Leadership Team for Commonwealth Medicine (CWM), which serves state HHS agencies in health policy research, development, analysis, design, and finance. Jean is responsible for health law and policy advice, analysis, and consulting services that CWM provides to health, human services, and elder affairs agencies, Governor's office, and Executive Office of Administration and Finance in Massachusetts. She is an expert in federal- and state-level healthcare reform initiatives; federal and state Medicaid law and programs, Title XIX Demonstration Project waivers and HCBS waivers; and disability law as it relates to LTC and supports programs. Expertise in law related to ADA, ERISA, and Title XIX Medicaid special topics, including provider taxes, DSH payments, ACO models, insurance market regulation, state and federal financial participation (FFP) rules; and broad knowledge of federal policies and practices related to these areas.

Jean brings over 32 years of legal, policy, and legislative experience relative to Medicaid and S-CHIP, Medicare-Medicaid dual eligibility issues, Social Security Disability benefits, HCBS waivers, healthcare reform efforts, uncompensated care financing programs, and healthcare access. She is responsible for strengthening CWM's relationship with the Massachusetts EOHHS; providing strategic and subject matter expertise on health policy to the Secretary of EOHHS, including the design and financial modeling for Chapter 58, the Massachusetts Health Care Reform/Universal Coverage law; and leading key components of the re-organization of CWM.

Massachusetts Division of Medical Assistance (1993 to 2002). Jean served as the executive leader for Massachusetts' Medicaid agency responsible for nearly one million enrollees, a comprehensive Demonstration Project for expanding coverage and access for low-income residents, an \$8 billion annual

budget, over 800 employees, and six offices across the state. She directed the operation of six reporting units with 80+ FTEs, including: management of federal relations, national and state legislative affairs; agency policy development, analysis, and implementation; all federal demonstration projects; the child health insurance program (S-CHIP); fair hearings, constituent relations; media management; external communications and agency publications.

Her additional duties during her time with the division include directing all legal services to the state's Medicaid agency including litigation, contracting, procurements, and state and federal legislation drafting and analysis; providing legal advice and drafting for all policy and program development, internal operations, state finance issues, state and federal oversight and compliance issues, employment and labor issues, federal revenue issues, state and federal legislative and regulatory matters; and directing a legal team for design and legal defense of federal waiver requests and the financing methodologies for support of safety net providers. She also served as Special Assistant Attorney General for supervision of lawsuits brought against the agency.

Education

JD, Boston University School of Law

BA, Mount Holyoke College

Selected Presentations, Reports, and Lectures

Webinar, "Federal Funding under Title XIX Medicaid: The Basics for Medicaid-State University Partnerships," Academy Health, State University Partnerships Learning Network, January 29, 2015.

Panelists, "Putting Health Care Reform in Context: A Civil Discussion," American Democracy Project at Rhode Island College, Providence, RI, November 19, 2014.

Stephanie Anthony, Robert W. Seifert, and Jean C. Sullivan. The MassHealth Waiver: 2009–2011...and Beyond. (Boston, MA: Massachusetts Medicaid Policy Institute and Massachusetts Health Policy Forum, February 2009)

Project Coordinator and Policy Analysts

Amanda Findlay, CCMP, ECBA™ - Project Coordinator



Amanda Findlay is a consultant with BerryDunn's Government Consulting Group providing projects support through business analysis, research, fact-finding, requirements gathering, and RFP and project deliverable development. She has a variety of work experience across industries and has performed work in state and international government agencies, health insurance organizations, and corrections.

Recent Relevant Experience

BerryDunn (12/2015 to present). Amanda works with state agencies on business process, procurement, and project management engagements. Project highlights include:

- **Hawaii Department of Health.** Amanda is a business analyst for this initiative to review studies, analyze documented operational processes, observe current workflow patterns, conduct interviews with key personnel, and gather information on current barriers to improving efficiency. The project will culminate in process improvement recommendations and strategies to implement proposed changes.
- **West Virginia Department of Health and Human Resources (DHHR).** As a business analyst on the Income Maintenance Manual (IMM) Update Project, Amanda has assisted BerryDunn in updating the IMM—a policy and procedures manual used to determine Medicaid, SNAP, and WV WORKS (TANF) eligibility and benefits—for the DHHR. Additional work includes verifying that language and policies in the IMM are current and align with federal regulations, as well as general project support and business analysis.
- **Vermont Agency of Human Services (AHS) Health Services Enterprise (HSE).** Amanda worked with the BerryDunn team to partner with the Vermont AHS on a business process redesign project related to provider data collection and reporting process in preparation for streamlining of those processes using a HHS enterprise IT system. Additional work included evaluating and assessing current data collection methods, and developing as-is narratives and diagrams to support deliverable development and the to-be, desired state framework, as well as general project support and business analysis.

athenahealth Inc. (2015). As an operations analyst for revenue, Amanda evaluated and analyzed issues with unresolved medical claims for commercial and government payers. She diagnosed trends across data sets and identified workflow issues in order to reduce future claim volume, streamline operations, reduce unnecessary expenditures, and increase team-wide productivity and success throughout the revenue cycle.

Maine Department of Corrections (2014). As a Juvenile Justice Advisory Group (JJAG) assistant, Amanda participated in research, collection, and analysis of data pertaining to the Core Protections of the Juvenile Justice & Delinquency Prevention Act: Jail Removal, Deinstitutionalization of Status Offenders, Sight and Sound Separation, and Disproportionate Minority Contact (DMC). She also merged, restructured, and analyzed Relative Rate Index (RRI) data sets for the DMC Reduction Plan in Maine, generated figures/charts, briefs, and reports on juvenile justice issues in the state, and spearheaded and designed outreach ideas and materials for educational publications/brochures.

The Scottish Parliament (2014). Amanda interned in the Office of Rob Gibson MSP (Member of Scottish Parliament), Convener of the Rural Affairs, Climate Change, and Environment Committee. She devised a research project and analytical work regarding Inshore Fisheries Management, and the implications of European Union, United Kingdom, and Scottish policies and laws on the fishing industry in the Highlands. Additionally, she wrote political briefs/reports, conducted research, and analyzed information and data from constituents for parliamentary staff and MSPs.

Goldfarb Center for Public Affairs and Civic Engagement, Colby College (2013). As an assistant, Amanda developed reports, and researched and consolidated information for social media projects; documented information for communication projects, nomination research and information for political awards (e.g., Brody Award). She also collaborated with the Goldfarb Center director to promote outreach, and created ways to make social media more attractive and informative.

Senate Republican Office, State House (2013). Amanda was an intern in the State House, where she created reports for policy and legislation; researched policies and current legislation; performed public outreach and campaign promotion work; and wrote and edited letters for Maine Senators.

Education and Professional Affiliations

BA, Government, Colby College

Parliamentary Programme, Scottish Parliament, University of Edinburgh

Prosci[®] Certified Change Practitioner

Entry Certificate in Business Analysis[™] (ECBA[™]), International Institute of Business Analysis[™] (IIBA[®])

Hilary Deignan, JD, Med – Policy Analyst



Hilary Deignan is an experienced policy analyst with the University of Massachusetts Medical School's Center for Health Law and Economics. She performs policy and data analyses of healthcare and human services topics and issues, which typically require an understanding of the project's goals, the policy context, and the ability to combine and synthesize data and information from multiple sources.

Recent Relevant Experience

University of Massachusetts Medical School (2017 to present). Hilary prepares written summaries and reports of policy and data analyses and provides input to written reports and other materials in easily understood formats for both internal and external distribution.

Cambridge and Somerville Legal Services (2015; 2017). Hilary served as first a legal intern and later a legal volunteer for elder law and the mental health unit. She advocated on behalf of client needs, conducted client intakes, preliminary negotiations with opposing counsel, and all other matters related to complex cases on topics ranging from student school expulsion appeals, disruption of benefits cases, IEP/504 school meetings, reasonable accommodation requests, and eviction cases impacting elderly clients and/or clients with disabilities.

University of Massachusetts Medical School (2016). Hilary served as a graduate law and policy intern for both the Eunice Kennedy Shriver Center and the Center for Health Law and Economics. She created a comprehensive annotated outline and literature review, containing law review articles, disability-related case law, and applicable federal and state disability and emergency preparedness laws for use in funding applications, for strategic planning and for future articles and/or law reviews. She also performed legal and policy analysis, including statutory, regulatory and sub-regulatory research, to assist states with policy development and policy writing in areas of disability, Medicaid and elder law; and contributed to research and analysis to create recommended written certification standards for state enforcement of quality control for Cognitive Disability LTSS providers in one state.

Education

JD with concentration in Health Law and Policy, Northeastern University School of Law

MEd, Counseling, Providence College

BA, Sociology and Fiction, Sarah Lawrence College

Rachel Gershon, JD, MPH – Policy Analyst



Rachel Gershon's work focuses on the ACA, healthcare affordability, and language access. Most recently, she assisted a state Medicaid agency with preparing and submitting an 1115 waiver application to CMS. She has analyzed opportunities to make healthcare more affordable and accessible for low-income individuals, including the use of a Basic Health Program, Section 1332 waivers, Section 1115 waivers, 1915(c) waivers and 1915(i) SPAs.

Recent Relevant Experience

University of Massachusetts Medical School, Commonwealth Medicine, Center for Health Law and Economics (2011 to present). As a senior consultant for Health Law and Policy, Rachel conducts legal and policy work at a university-based center providing consulting services in health economics and public policy analysis to government and not-for-profit clients. Relevant projects include:

- **Massachusetts Medicaid, Payment and Delivery Reform.** Contributed to drafting legal documents related to Massachusetts' request for an 1115 waiver extension, including waiver request documents and state regulations. Advised on compliance with federal waiver law and intersecting Medicaid law (e.g. Sections 1915(i) and 1915(c) of the Social Security Act).
- **Connecticut Health Foundation, Options to Improve Health Care Affordability.** Drafted briefs and presented to policymakers about options for improving healthcare access and affordability, including Section 1115 and ACA Section 1332 waivers. Commented on federal regulations and analyzed the federal Basic Health Plan payment rule.
- **New Hampshire Insurance Department, Recommendations for Payment Reform.** Identified a wide range of cost-containment initiatives and evaluated their potential to contain healthcare costs in New Hampshire, while improving or maintaining quality and access. UMass and its partner, Compass Health Analytics, presented three comprehensive approaches to cost containment, as well as several short-term recommendations.
- **BCBS Foundation, MassHealth Waiver Summary.** Drafted public brief describing in detail the new MassHealth 1115 waiver.

Justice in Aging (2010 to 2011). Rachel, as a Borchard Legal Fellow, analyzed the federal government's handling of overpayments and appeals for Social Security recipients. Published results of a multi-state documentation effort.

AARP Foundation Litigation Health Unit (2009). As a Herbert Semmel Elder Law Fellow, Rachel wrote internal memos on Medicaid due process, preliminary injunctions, pre-emption, and intellectual property law. She also followed passage of the ACA and wrote a paper examining opportunities for states to improve LTSS in Medicaid.

Education

JD, Harvard Law School

Zuckerman Leadership Fellow (Harvard Kennedy School)

Master of Public Health, Health Policy and Management Concentration, Harvard School of Public Health

BA, Psychology, Whitworth University

Select Publications

- Robert Seifert and Rachel Gershon. *Chapter 224 of the Acts of 2012: Implications for Medicaid*. Massachusetts Medicaid Policy Institute (September 2012)
- Jean Sullivan and Rachel Gershon. *State Fiscal Effects and Research Opportunities from the Affordable Care Act's Medicaid Expansion*. American Journal of Law and Medicine (November 2014)
- Robert Seifert, Rachel Gershon, and Katharine London. *Using Waivers to Improve Health Care Affordability and Access to Coverage in Connecticut*. Connecticut Health Foundation (October 2015)
- Robert Seifert, Rachel Gershon, and Katharine London. *How Waivers Work: ACA Section 1332 and Medicaid Section 1115* Connecticut Health Foundation (October 2015)
- Rachel Gershon, *Health insurance access and State Innovation Waivers*. Medical care blog (October 2016)
- Rachel Gershon, Robert Seifert, and Michael Grenier, *The MassHealth Waiver 2016–2022: Delivering Reform*. Blue Cross Blue Shield Foundation (January 2017)
- Rachel Gershon, *Waivers represent a quieter way for Republicans to change health care*, STAT, March 29, 2017.

Select Presentations

- Massachusetts Cost Containment and Chapter 224. University of Massachusetts briefing (February 2014)
- Payment Reform and Language Access. Language Access conference (April 2014)
- New Hampshire's Health Care Financing System: Issues and Recommendations for Reform. New Hampshire Insurance Department forum (April 2015)
- Jean Sullivan, Marybeth McCaffrey, Rachel Gershon, and Josh Krintzman, "Waiver World: A Guided Tour of 1115 and 1332 Waivers," American Association of Health and Human Service Attorneys (November 2016).
- Rachel Gershon, "How state ACA and Medicaid waivers may interact with health reform," Massachusetts Bar Association Health Law Symposium (April 2017)

Matthew W. Maughan, JD – Policy Analyst



Matthew Maughan is a senior policy analyst in Health Law in the Center for Health Law and Economics. His work focuses on the social determinants of health, LTSS, Medicaid, and data sharing. He has provided subject matter expertise, technical assistance, and program design support to both the private and public sectors. Matt began his legal career with an internship with the U.S. Department of Health and Human Services Office of General Counsel, and worked at the University of Pennsylvania's Leonard Davis Institute of Health Economics where he helped lead a research team that focused on how every state implemented components of the ACA.

Recent Relevant Employment

University of Massachusetts Medical School, Commonwealth Medicine, Center for Health Law and Economics (2018 to present). As a senior policy analyst in Health Law working with the Massachusetts Executive Office of Elder Affairs, Office of Long-Term Services and Supports, Matthew assists with Electronic Visit Verification implementation, including business process development and policy decision support. He has also refined Adult Day Health regulations and developed corresponding training programs for providers.

Benefits Data Trust (2015 to 2018). Matthew built and maintained a strong knowledge of Medicaid policy and regulations. He researched state and federal regulations, legislation and state policy options, and drafted formal comments to proposed and final regulations as necessary; provided state Medicaid agencies with technical assistance to improve their Medicaid programs and oversaw policy and regulatory compliance across all internal programs by providing policy impact analysis in response to state and federal policy changes.

Education and Certifications

Juris Doctor, Health Law Concentration with Honors, Drexel University, Thomas R. Kline School of Law

BA, Anthropology, Tulane University

Board Member and Pre-Hearing Advisor, Tulane University Office of Student Conduct

Member in good standing of the Massachusetts Bar

Certified Information Privacy Professional/United States, International Association of Privacy Professionals