



Alaska's Department of Health and Social Services Finance Management Services

Feasibility Study of the Privatization of Alaska Psychiatric Institute

Technical Proposal

June 22, 2016 4:00PM AKST

RFP#: 160000079

Jon Geselle
350 Main Street, Room 125
Juneau, AK 99801



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June 22, 2016

Department of Health and Social Services
Finance Management Services
Attention: Jon Geselle
350 Main Street, Room 125
Juneau, AK 99801

Solicitation Title: Feasibility Study for the Privatization of Alaska Psychiatric Institute
Solicitation Number: RFP # 16000079

Dear Mr. Geselle,

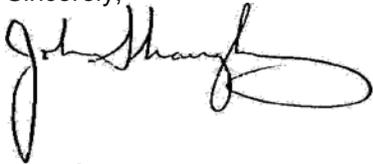
As Alaska's only public psychiatric hospital, the Alaska Psychiatric Institute (API) serves as the sole safety net for the entire state of Alaska. Understanding that API treats the most acute phase of a psychiatric illness, Public Consulting Group, Inc. (PCG) seeks to support Alaska's Division of Behavioral Health (DBH) in their goal to ensure statewide access to psychiatric inpatient acute care beds for one of Alaska's most vulnerable populations.

The Division has requested a feasibility study for the privatization of API that successfully includes the complex nature of the populations served by the facility and stakeholders' needs. PCG is excited for the opportunity to apply our national mental health consulting expertise, experience conducting privatization feasibility studies, and our knowledge of the State of Alaska. As DBH reads our proposal, please note the following highlights, which make us unique in our ability to meet the state's primary goal to provide the best psychiatric care at the best cost:

- **PCG knows mental health systems**, with decades of expertise consulting state facilities and state legislators on cost reporting, revenue enhancement, system assessments, hospital strategic planning, rate setting and policy development. PCG has worked with mental health stakeholders both at the state and provider level to help them improve and streamline their financial process and leading strategic planning efforts as organizations attempt to figure out their place in an ever-changing environment.
- **PCG knows privatization studies**, utilizing our tried method for assessing current cost and programmatic operations, facility models across the nation, and stakeholder engagement and feedback. PCG understands the fine balance of cost savings without adversely impacting the quality of care for patients.
- **PCG knows Alaska**, having successfully completed studies and projects on behalf of health and human service systems in Alaska, such as a performance review of the Department of Health and Social Services' behavioral health service. Furthermore, PCG has served as the Medicare and Medicaid cost report and reimbursement vendor for the Alaska Psychiatric Institute since 1998

In this proposal, we have outlined our understanding and approach to this project. Please do not hesitate to contact our Engagement Manager, James Waldinger at 617-426-1123 or jwaldinger@pcgus.com if you have any questions about this proposal, which will be valid for the required 90 days following submission. No special terms or conditions apply. In addition, we acknowledge the acceptance of all addenda related to this RFP. Finally, by signature on this proposal, we certify that all services provided under this contract by PCG shall be performed in the United States.

Sincerely,

A handwritten signature in black ink, appearing to read "John Shaughnessy". The signature is fluid and cursive, with a large loop at the end.

John Shaughnessy
Practice Area Director
Public Consulting Group, Inc.

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1. Offerors Checklist
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I. Introduction



I. INTRODUCTION (RFP SECTION 6.02)

6.02 Introduction

Proposals must include the complete name and address of offeror's firm and the name, mailing address, and telephone number of the person the state should contact regarding the proposal.

Proposals must confirm that the offeror will comply with all provisions in this RFP; and, if applicable, provide notice that the firm qualifies as an Alaskan bidder. Proposals must be signed by a company officer empowered to bind the company. An offeror's failure to include these items in the proposals may cause the proposal to be determined to be non-responsive and the proposal may be rejected.

A. Offeror's Name & Contact Information

According to this Request for Proposal (RFP), the State of Alaska Department of Health and Social Services (DHSS), in partnership with the Alaska Mental Health Trust Authority (AMHTA), seeks a qualified contractor who can successfully conduct a study of the feasibility of privatizing the Alaska Psychiatric Institute (API). This work includes both identifying and analyzing potential options for privatization of the Alaska Psychiatric Institute. Alaska's Division of Behavior Health (DBH) aims to ensure statewide access to psychiatric inpatient acute care beds for all those who are in need.

Public Consulting Group, Inc. (PCG) is a management consulting firm that primarily serves public sector education, health, human services, and other state, county, and municipal government clients. We do so by using the skills and experience of more than 1,700 employees operating from over 60 offices across the U.S., in London, England, Montreal, Canada and Lodz, Poland. Established in 1986 in Boston, Massachusetts, we help public sector clients achieve their performance goals and better serve populations in need using our wide range of management consulting and technology solutions. These include our dedicated behavioral health team whose members are specifically trained to provide the services requested in this RFP. For this project, our contact information is as follows:

Offeror Contact Information	
Vendor:	Public Consulting Group, Inc.
Contact:	James Waldinger, Engagement Manager
Address:	148 State Street Boston, MA 02109
Phone:	617-717-1123
Email:	jwaldinger@pcgus.com

B. Location of Work

Under RFP Section 1.05, we acknowledge the work to be performed for this contract will be done at our place of business and also include the site visits listed below. Finally, by signature on this proposal, PCG certifies that all services we provide under this contract shall be performed in the United States.

- PCG will make at least two site visits to the Alaska Psychiatric Institute in Anchorage;
- PCG will provide in-person facilitation of meetings in Anchorage to gather stakeholder input;
- PCG will participate in at least two in-person meetings with Department and Alaska Mental Health Trust Authority leadership in either Juneau or Anchorage;
- PCG will present either in person or telephonically at legislative hearings in Juneau.

C. Human Trafficking

As stated under RFP Section 1.06, by our signature on this proposal, PCG certifies that we are not established and headquartered or incorporated and headquartered in a country recognized as Tier 3 in the most recent United States Department of State's Trafficking in Persons Report.

D. Offeror's Certification

According to RFP Section 1.17, by signature of this document, PCG certifies that we will comply with all of the requirements of this procurement as they are set out in the RFP in subsections (a) – (h).

E. Conflict of Interest Statement

Per RFP Section 1.18, PCG is verifying that to the best of our knowledge neither the firm nor any individuals who would be working on this contract have any conflicts of interest. PCG is currently contracted with the Alaska Psychiatric Institute as its Medicare and Medicaid cost reporting and reimbursement vendor. We have a proven track record of objectivity with regard to the Alaska Psychiatric Institute. In 2015, for example, PCG conducted an evaluation of the Division of Behavioral Health on behalf of the Division of Legislative Audit, in which expenditures and service delivery at the hospital were a major focus of PCG findings and recommendations. In this recent evaluation, we demonstrated our capacity to remain critical, independent and impartial. PCG ensures that the project team for the proposed project will maintain a strict organizational separation between the project team studying privatization and the team serving on our current contract. PCG also ensures that all data and information acquired between the two projects will remain separate and confidential. PCG certifies that this contract does not compromise our ability to provide impartial and comprehensive recommendations to the state of Alaska.

F. Site Inspection

We acknowledge as indicated under RFP Section 1.19 and 2.03 that the State of Alaska may inspect PCG's places of business to evaluate our capacity to perform the services of this contract. We agree to provide reasonable assistance and access to the relevant portions of our work sites. We also understand that individuals designated by the procurement officer will make these visits at the state's expense.

G. Authorized Signature

Per RFP Section 2.01, John Shaughnessy, as Practice Area Director at PCG, is authorized to bind the firm to all statements, including services and prices, contained in this proposal as evidenced by her signature on the cover letter and forms. Our proposal will remain open and valid for at least 90-days from the date set as the deadline for receipt of proposals.

H. Vendor Tax ID

As requested under RFP Section 2.10, PCG's vendor tax ID/EIN# is **04-2942913**.

I. Alaska Business License

In response to RFP Section 2.11, we affirm that PCG is licensed to do business in the State of Alaska. Our license number is: **231362**. A copy of PCG's Alaskan business license is also included in this proposal under Attachments.

II. Understanding of the Project



II. UNDERSTANDING THE PROJECT (RFP SECTION 6.03)

6.03 Understanding of the Project

Offerors must provide comprehensive narrative statements that illustrate their understanding of the requirements of the project and the project schedule.

Understanding of Purpose and Scope

The State of Alaska's Medicaid spending is predicted to grow a little more than eight percent annually over the next 14 years.¹ With state suicide² and substance abuse³ rates considerably higher than the national average, coupled with limited options for quality treatment, particularly in remote villages, improving the behavioral health system continues to be an area of focus and intensive concern for Alaskans. In many respects, API lies at the center of this fragile network of services. As a part of a larger effort to increase access to behavioral health and reduce costs in Alaska, the Legislature mandated an analysis of the feasibility of privatizing services delivered at API.

The Department has indicated that the primary objective of this proposal is to identify potential options that will provide the best value to the State of Alaska, considering both the costs and benefits to the State, including financial savings, improved service delivery, enhanced quality of patient care and patient outcomes, as well as community impact. The State is looking for a comprehensive review that offers privatization options that evaluate: the State's legal obligations, cost benefit analysis, service delivery and quality of care considerations, capital asset considerations and a review of other states' psychiatric hospital privatization efforts. PCG is confident that we can deliver recommendations that will provide the best value to the State of Alaska and deliver the highest quality of care and best outcomes for API's patients.

PCG brings to this engagement a thorough understanding of API and its role within the broader service continuum, due in part to a recent evaluation we performed of statewide behavioral health services on behalf of the Division of Legislative Audit. In completing our 2015 evaluation of Alaska's behavioral health system, PCG interviewed over 100 system stakeholders, including the executive team at API, state officers within DHSS, AMHTA leadership, and officials from the Department of Corrections (ADOC) and the Alaska Court System (ACS), as well as numerous community behavioral health providers, consumers and consumer advocates, and other community leaders. PCG's team members visited sites in every region of the state, including Alaska's three metropolitan areas of Anchorage, Juneau, and Fairbanks, but also smaller hub communities in Kenai, Soldotna, Dillingham, Bethel, and Kotzebue. As a result of our previous work, we believe we have a well-grounded understanding of the multi-faceted roles that API plays within the behavioral health system and within the social safety net more generally. We also appreciate the unique organizational responsibilities of DHSS and AMHTA in relation to API, as well as the hospital's relationship to ADOC and to the ACS. Despite the geographic expansiveness of Alaska, the telebehavioral and forensic psychiatric expertise provided by API renders it as central to the service systems of remote communities as it does to the larger, nearby communities of Anchorage, Kenai, and the Matanuska-Susitna Valley.

Understanding of Pertinent Issues and Challenges

¹ http://dhss.alaska.gov/fms/Documents/MESA_2030.pdf

² http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/AKSuicideStatistics.pdf

³ <http://dhss.alaska.gov/dbh/Pages/Prevention/programs/substanceabuse/default.aspx>

While we pride ourselves on our ability to bring a national perspective to privatization feasibility studies, PCG also recognizes that the geographic and cultural uniqueness of Alaska presents added challenges to potential opportunities to privatization that have to be evaluated on their own terms, and not as a straightforward application of privatization models and expectations developed in other service systems. Questions of scale, both in terms of geographic size and population density, are of far greater importance for Alaska when considering privatization than many other service systems. The feasibility of privatization often involves a number of assumptions about market viability, which as PCG has seen in the context of community behavioral health services, do not necessarily hold for Alaska. In some instances of hospital privatization, desirability and profitability have depended on establishing specialized service niches of sufficient scale within a broader service system for privatized facilities to play a productive role alongside traditional state-retained service functions. Along with the issue of provider “cherry-picking” that inevitably arises within a privatized setting, PCG is cognizant of the fact that efficiencies typically derived from functional specialization may not be as readily available for a private provider in Alaska as they are for other state systems.

These issues of scale are also pertinent to the labor market, where workforce issues are of major concern for behavioral health in Alaska generally, but also for API in particular. Because API is the only source of certain types of behavioral health expertise within the state, defining operational roles and responsibilities facilitating privatization could be a significant challenge to Alaska in determining feasibility. Moreover, given chronic workforce shortages at API and throughout the system, service delivery at the hospital is likely to be extremely sensitive to changes in compensation and staffing levels that frequently accompany privatization efforts. PCG understands that determining the effect of compensation and staffing ratios on quality of care and worker safety will require careful analysis of service conditions and legal and contractual requirements specific to API, and not just the extrapolation of results observed elsewhere.

Understanding of Project Deliverables and Time Schedules

Given our comprehension of the general and Alaska-specific issues surrounding the feasibility of privatizing inpatient services, PCG has endeavored to develop a projected methodology and work plan designed to provide significant focus to major challenges and to meet the specific policy needs detailed in the RFP. In the next section, we have articulated our approach in detail, connecting each work step and analytic requirement to concrete deliverables and detailed timelines for completion. PCG believes the approach described in the next section are fully responsive to the deliverable expectations and time schedules requested in the RFP.

III. Methodology Used for the Project



III. METHODOLOGY USED FOR THE PROJECT (RFP SECTION 6.04)

6.04 Methodology Used for the Project

Offerors must provide comprehensive narrative statements that set out the methodology they intend to employ and illustrate how the methodology will serve to accomplish the work and meet the state's project schedule.

PCG's project methodology demonstrates our ability to conduct a comprehensive study of the feasibility of the privatization of the Alaska Psychiatric Institute (API). The RFP demands a firm with a strong mix of financial, programmatic and regulatory expertise related to state facility mental health and developmental disability operations. Our focused approach uniquely qualifies us to provide this knowledge and expertise to the State of Alaska. Our 27 years of experience working with mental health and developmental disability agencies has shown us that a comprehensive privatization feasibility study assesses cost, quality, access and state ownership and patient responsibility. From this experience and knowledge, we have created baseline and comparative models that can accurately capture the fiscal, service delivery, policy and programmatic elements of a state hospital in order to assess their performance under a variety of operational scenarios.

PCG's approach to address the scope of work outlined in the procurement is detailed in the following eight steps, all of which culminate in a final report to Alaska's Department of Health and Social Services. Our approach focuses on establishing solid analysis, baseline models, comparative models, and privatization scenarios that accurately assess the following:

- The State's legal obligations;
- All costs associated with service delivery and facility operations under the various privatization options;
- The role of API in Alaska's behavioral health and medical care systems;
- The quality of care in various privatization options;
- Transferring responsibility for deferred maintenance, on-going maintenance, and repair of the physical plant and land to a private operator;
- The history of privatization of public psychiatric hospitals across the country, including evidence-based evaluations and key challenges.

Throughout the eight steps of our approach, PCG will submit monthly progress reports and project milestone summaries (as outlined in the work plan) to the Department.

1. Project Initiation

PCG will begin the project with a comprehensive project kick-off meeting that includes stakeholders for the Department, the Alaska Mental Health Trust Authority (AMHTA), and API to review the project work plan, develop detailed list of contacts, conduct preliminary interviews, and finalize the project schedule. PCG anticipates that the project kick-off will take place within two weeks from the date of the contract award.

2. Data Collection

To conduct a comprehensive review of API, the PCG Team will need access to data and information for both API as well as relevant state Medicaid reports and policy. PCG's data collection process will be thorough to ensure that the models developed and recommendations presented to the Department are comprehensive and compliant with all relevant state and federal regulations.

PCG's data collection process will begin with the collection of the necessary regulatory information. Through this process, PCG will document the state regulations and statutes that pertain to both state operated and private hospitals and ICF/MRs, as well as any applicable statutes pertaining to forensic units, adolescent units and extended-care and/or difficult-to-place units. PCG will also review the relevant federal regulations for the privatization of hospitals and ICF/MRs and for the care of clients housed in medium-secure, forensic units, adolescent units and extended-care and/or difficult-to-place units.

In addition to the regulatory analysis, PCG will also collect utilization and financial data specific to the Alaska service system, focusing on both the state facilities and the private facilities. For the state facilities, PCG's data request will include:

- Medicare (CMS-2552) and Medicaid cost reports to document facility based expense, revenue, FTE, utilization, and capacity;
- Medicaid Disproportionate Share Hospital (DSH) payments and reports;
- State Plan Amendments for State Operated Psychiatric Hospitals and ICF/MRs;
- Medicaid Provider Tax (if applicable);
- State Mental Health/Forensic Commitment Policy and Regulations;
- Other data (to be determined).

PCG will also look to collect existing process flow charts/maps, regulatory/compliance manuals, operational policies and procedures, FTE counts and roles/job descriptions, organizational charts, budgetary information, and service information. The combination of information will help PCG build baseline reports that inventory all financial and programmatic data for use in the modeling analysis and plan development. PCG understands the importance of gathering, understanding, and organizing information in a short period of time. Our team has expertise with all areas identified and will provide the best value to the Department and the State.

PCG will work with the Department, API, as well as all relevant State staff throughout the data collection process to ensure that all information necessary to complete a comprehensive analysis is collected and included in the analysis.

3. Stakeholder Input

PCG has found that both internal and external stakeholders can provide valuable information about existing processes, the opportunity for improvement and the system's ability to change. As such, PCG will identify key stakeholders in the privatization efforts and conduct an on-site visit to gather stakeholder input. The goal of the interviews will be to obtain feedback on three important topics:

1. Perceptions of the overall strengths of API;
2. Perceptions of the overall weaknesses or gaps within the current service delivery at API;
3. Opinions related to privatization options.

One important respect in which PCG brings significant value to the study is our thorough understanding of Alaska's current stakeholder networks. In completing our 2015 evaluation of Alaska's behavioral health system, PCG interviewed over 100 system stakeholders, including the executive team at API, state officers within DHSS, AMHTA leadership, and officials from the Department of Corrections (DOC) and the Alaska

Court System (ACS), as well as numerous community behavioral health providers, consumers and consumer advocates, and other community leaders. PCG's team members visited sites in every region of the state, including Alaska's three metropolitan areas of Anchorage, Juneau, and Fairbanks, but also smaller hub communities in Kenai, Soldotna, Dillingham, Bethel, and Kotzebue. PCG also participated remotely in public meetings held in Juneau, Anchorage, and Fairbanks.

In similar engagements concerning privatization, PCG often begins the stakeholder interview process by meeting with the sponsoring legislators. These interviews help provide PCG with a greater understanding of the diversity of pressures and perceived opportunities for states pursuing privatization. At project initiation, PCG will determine whether these initial interviews are warranted in this case. At minimum, PCG will meet with leaders at the Department and API staff. The meetings with the facility staff will provide PCG with greater details on the operations, including the potential issues in privatizing the medium-security, forensic unit, adolescent unit and extended-care and/or difficult-to-place unit. After discussions with state stakeholders, PCG can gather information from member and provider advocacy organizations through key stakeholder interviews, focus groups, public hearings, and surveys.

Finally, PCG will work to interview stakeholders from private hospitals and ICF/MRs. Interviews with the private facilities will allow PCG to develop a comprehensive understanding of the local market for mental health and developmental services with the most complete set of data possible.

Deliverable #1: PCG will submit a summary of stakeholder input findings to the Department.

4. Policy Analysis

PCG understands that effective and realistic privatization recommendations require the coordination of any fiscal and service delivery components with statutory and regulatory requirements. PCG will conduct a comprehensive policy analysis that will focus on two areas:

- 1) A review of both the State's legal obligations related to the provision of psychiatric hospital services and their transferability, and;
- 2) A review of other states' psychiatric hospital privatization efforts. Following the review, PCG will conduct an on-site visit at API to observe how policy influences day-to-day operations.

A review of the State's legal obligations will outline what components, if not all, of the state hospital can potentially be privatized. Furthermore, this legal review provides insight into what statutory or regulatory changes would be required of the various privatization options. A review of other states' psychiatric hospital privatization efforts will offer tested examples of coordination between fiscal and service delivery components and statutory and regulatory requirements. From this, PCG will be able to draw evidence-based evaluations of privatization efforts that utilize measurable indicators of quality and outcomes, such as cited deficiencies, staff to resident ratios, number of nursing staff per resident day, and community involvement.

PCG's policy analysis incorporates two of the necessary project components mandated by the RFP: a Legal Analysis and Review of Other States' Psychiatric Hospital Privatization Efforts.

5. Baseline Model Development

Working with state government agencies for over 20 years, PCG realizes the tension that exists between the need to work within fiscal constraints and experimenting with service systems to generate innovative solutions. For that reason, this segment of the project will be a focal point for our team. We will first use the information gathered in steps two and three above to quickly develop an in depth understanding of the current operations and the budgetary considerations of the following units at API: adult acute, medium-

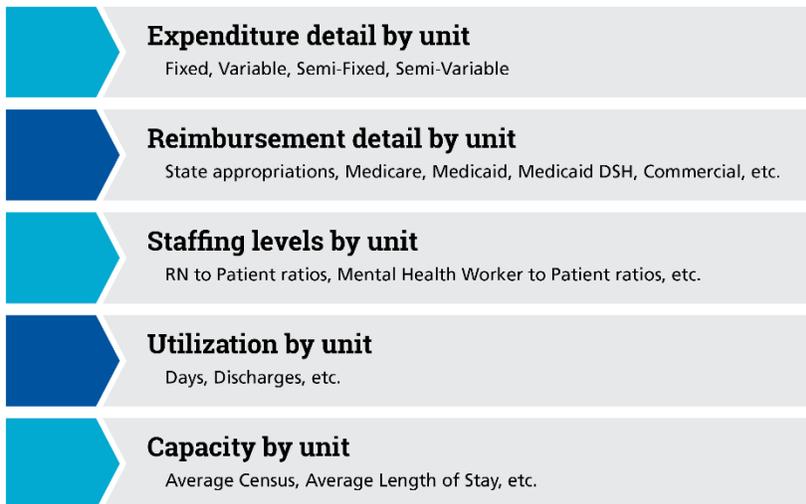
security, forensic, adolescent, and extended-care and/or difficult-to-place. PCG will then work to develop two distinct baseline models against which all comparative models will be compared:



PCG’s assessments for each facility will be comprehensive and will include budgetary efficiency and benchmarking, and policy and organization analysis. The end result of this process will be a thorough assessment of current operations, programs, services, and financials for API.

Financial Baseline Model

We fully understand the magnitude of determining the fiscal impacts of implementing an initiative before undertaking that initiative. Identifying the expense detail and reimbursement detail by unit will be critical in developing a baseline model for identifying the fiscal strengths and weaknesses of each of the privatization options identified. In developing the financial baseline model for API, PCG will focus on the following key elements:



This baseline model will be developed to focus on the medium-security, forensic, adolescent, and extended-care and/or difficult-to-place units at API as distinct units within the facility. Isolating the four units from the rest of API will allow PCG to provide a more accurate representation of the operating costs and revenue of these units to the state. Creating a financial baseline model will allow for a more accurate cost benefit analysis and capital asset considerations to be completed once the models for the private options are finalized.

Service Delivery Baseline Model

PCG understands that it is important for the State not only to identify the fiscal impacts but also to ensure that the level of care for the clients currently housed in API units will be maintained without loss of quality. PCG will therefore ensure that the baseline model developed accounts for service delivery. This model will allow PCG to describe API's role in Alaska's behavioral health and medical care system. In developing the service delivery baseline model for API, PCG will focus on the following key elements:

Staffing and capacity details will help PCG quantify the level of care that is currently provided. This baseline model will be developed to focus on the medium-security, forensic, adolescent, and extended-care and/or difficult-to-place units at API as distinct units within the facility. Isolating the four units from the rest of API will allow PCG to provide a more accurate representation of the level of care provided. Creating a service delivery baseline model will allow for a more accurate comparative analysis once the models for the private options are completed.

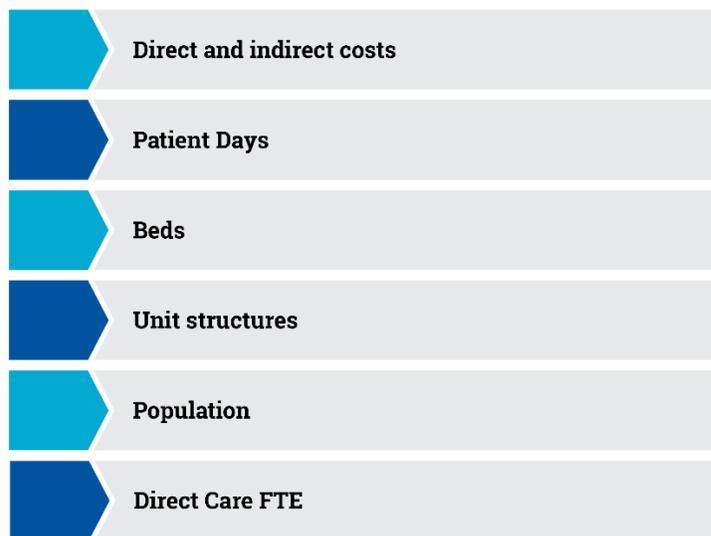


This work step encompasses two of the project components mandated by the RFP: Capital Asset Considerations, and Service Delivery and Quality of Care Considerations.

Deliverables #2 and #3: PCG will submit a summary of the development of both baseline models to the Department.

6. Comparative Model Development

Upon completion of baseline model development, PCG will construct comparative models based on peer facilities to illustrate the range of cost for services and key operating metrics at similar facilities across the country. Understanding that API is Alaska's only public psychiatric hospital, PCG will leverage our extensive knowledge of the state hospital system throughout the United States to identify peer facilities outside of Alaska. In this comparative model, PCG will focus on the following key elements:



In performing this detailed analysis of each facility, PCG can create a side-by-side comparison of standardized data by converting the data to a cost per patient day-based value. Furthermore, PCG will account for geographic differences in cost of living and wages by adjusting direct care costs by a relative wage indices based on each facility's locality.

When informed by PCG's comparative analysis, our financial and service delivery baseline models will be used to generate a comprehensive cost-benefit analysis, serving as the basis for our discussion of privatization scenarios and ultimate recommendations.

This work step encompasses multiple project components mandated by the RFP, including a Cost-Benefit Analysis and Review of Other States' Psychiatric Hospital Privatization Efforts.

Deliverable #4: PCG will submit a summary of the development of the comparative model to the Department.

7. Privatization Scenario Development

Following the baseline and comparative model development, PCG will develop various privatization scenarios available to the state for privatizing API. PCG will consider the following when developing scenarios: costs to the state, costs to the private entity, savings to the state, and quality of services. The privatization scenarios will be created to examine the feasibility of a private entity providing services:

- At or for the facilities at the same cost currently expended for those services;
- At or for the facilities at a lesser cost, but at the same level or a higher level of service than is currently provided;
- At a higher level than is currently provided at the same cost currently expended for those services.

At a minimum, PCG will identify and describe the following potential privatization options:

1. Retention of all capital assets by the State, as a contract with a for profit or nonprofit third party to assume responsibility for hospital management and operations;
2. Formation of a separate public corporation under state supervision to operate the facility;
3. Maintain the facility under state ownership and operation, but review present management for opportunities for increased operational efficiencies and new innovative revenue streams, including updated and improved rates and billing practices;
4. Maintain the facility under state ownership and operations but contract for specific components of hospital services/operations that provide specific advantages.

This workstep is responsive to the RFP's specific requirements for presenting Privatization Options.

Deliverable #5: PCG will submit a summary of the privatization scenarios to the Department.

8. Prepare and Present Final Report

The final step of our approach will be to offer our recommendations in a draft report and final written report to the Department and in a presentation to the Legislature than can be presented up to four times.

In making our recommendation, PCG will utilize the findings from our baseline models, comparative models, privatization scenarios. From this, PCG will be able to make a decision that factors into legal and policy requirements, cost benefit analysis, service delivery and quality of care considerations, capital asset considerations and national best practices. PCG will offer our recommendations in a top-ranked order that incorporates advantages and disadvantages of each option compared to state operations and analysis on the impact to the state, API operations and API patients.

This workstep is responsive to the RFP's requirement to provide specific Recommendations regarding the privatization options.

Deliverable #6: Draft of Complete Written Report on API Privatization Feasibility
Deliverable #7: Final Report on API Privatization Feasibility
Deliverable #8: Participation in up to four legislative presentations on the feasibility study and outline of recommendations, either in person or telephonically

Task No.	Task	Start Date	End Date
1.0	Project Initiation	7/25/16	7/25/16
1.1	Kick-off meeting with the Department, AMHTA, API and key stakeholders	7/25/16	7/25/16
1.2	Decide on monthly progress report schedule with the Department	7/25/16	7/25/16
1.3	Confirm PCG on-site visit dates	7/25/16	7/25/16
2.0	Data Collection	7/26/16	8/5/16
2.1	Create and submit data request	7/26/16	7/29/16
2.2	Collect publicly available data resources (including demographic reports)	7/26/16	7/29/16
2.3	In depth review of data resources	8/1/16	8/5/16
3.0	Stakeholder Input	8/8/16	8/26/16
3.1	Identify individual legislative, departmental, facility and private sector stakeholders	8/8/16	8/11/16
3.2	Draft data collection tools, site visit agendas and interview questions	8/10/16	8/15/16
3.3	Schedule and conduct one day of on-site interviews/meetings with key stakeholders statewide, focusing on services and market areas	8/19/16	8/19/16
3.4	PCG submits summary of stakeholder input findings to the Department (Deliverable #1)	8/26/16	8/26/16
4.0	Policy Analysis	7/26/16	9/9/16
4.1	Review relevant state and federal laws and regulations regarding state obligations to psychiatric hospital services - this will occur as both a stand-alone activity and as part of our on-site interviews	7/26/16	9/9/16
4.2	Identify and research other states' psychiatric hospital privatization efforts	8/22/16	9/8/16
4.3	Conduct one on-site visit to API to observe how policy influences day-to-day operations	9/9/16	9/9/16
5.0	Baseline Model Development	9/12/16	9/30/16
5.1	Collect and organize data for Financial Baseline Model	9/12/16	9/16/16
5.2	Develop Financial Baseline Model	9/19/2016	9/23/16
5.3	PCG submits summary of financial baseline model findings to the Department (Deliverable #2)	9/30/16	9/30/16
5.4	Collect and organize data for Service Delivery Model	9/12/16	9/16/16
5.5	Develop Service Delivery Baseline Model	9/19/16	9/23/16
5.6	Conduct one on-site visit to API to observe current service area analysis examining healthcare needs, available services, and distribution of services	9/30/16	9/30/16
5.7	PCG submits summary of service delivery baseline model findings to the Department (Deliverable #3)	9/30/16	9/30/16
6.0	Comparative Model Development	10/3/16	10/21/16

Task No.	Task	Start Date	End Date
6.1	Identify peer facilities that are similar in unit structure and population	10/3/16	10/7/16
6.2	Use publicly available data to gather information on costs, hospital metrics and variations in cost of living and wages	10/6/16	10/10/16
6.3	Develop Comparative Model	10/11/16	10/14/16
6.4	PCG submits summary of service delivery baseline model findings to the Department (Deliverable #4)	10/21/16	10/21/16
7.0	Privatization Scenario Development	10/17/16	11/4/16
7.1	Compare baseline models to the comparative model	10/17/16	10/21/16
7.2	Develop privatization scenarios	10/24/16	10/28/16
7.3	PCG submits summary of privatization scenarios to the Department (Deliverable #5)	11/4/16	11/4/16
8.0	Recommendations and Final Report	10/31/16	4/17/17
8.1	Draft written report	10/31/16	11/30/16
8.2	Submit complete draft report to the Department (Deliverable #6)	12/1/16	12/1/16
8.3	Receive feedback from client	12/2/16	12/23/16
8.4	Incorporate client feedback into final version of the report	12/26/16	1/13/17
8.5	Submit final written report to the Department (Deliverable #7)	1/15/17	1/15/17
8.6	On-site meeting discussion of final report with the Department, AMHTA, API and key stakeholders	1/20/17	1/20/17
8.7	Draft final report PowerPoint Presentation	1/9/17	1/13/17
8.8	Submit Draft final report PowerPoint Presentation to the Department	1/15/17	1/15/17
8.9	Draft final report PowerPoint Presentation to the Department for approval	1/19/17	1/19/17
8.10	Present either in person or telephonically at legislative hearing in Juneau (Deliverable #8)	1/19/17	4/17/17

IV. Management Plan for the Project



IV. MANAGEMENT PLAN FOR THE PROJECT (RFP SECTION 6.05)

6.05 Management Plan for the Project

Offerors must provide comprehensive narrative statements that set out the management plan they intend to follow and illustrate how the plan will serve to accomplish the work and meet the state's project schedule.

PCG understands the importance of a structured approach to project management in order to guarantee that a project remains on task and under budget while seeking to deliver a high quality product. As a result, PCG will put together a management plan to mitigate common project risks which often stem from insufficient communication, misalignment of goals and objectives, and inadequate resources. In the following pages, PCG has identified key sections of the management plan which will have a significant impact on the project's success. Where appropriate, PCG has proposed a suggested approach to limit or mitigate risks which may arise.

Project Management Approach

To ensure the success of this project, PCG has assembled a highly capable project team with proven experience in the areas of behavioral health, privatization studies, and hospital-based financial reporting. This team will be overseen by the Engagement Manager, Jim Waldinger, who will be responsible for project oversight and will hold the ultimate authority and responsibility to execute this project half of PCG.

As the Project Manager, Coy Jones will be tasked with the management of day-to-day project operations. He will be the designated point of contact for the Department and the AMHTA regarding this project. Mr. Jones will be responsible for all aspects of project planning, including but not limited to: scope management, maintaining workplans, managing PCG staff, and providing status updates to key stakeholders. Additionally, Mr. Jones will oversee all deliverables produced by staff employed on this engagement and will be responsible for providing a final quality review on all deliverables submitted to the Department and the AMHTA. In the unlikely event that the Department and the AMHTA are dissatisfied with an aspect of PCG's performance on this project, Mr. Jones will be responsible for working with all parties on issue resolution and if warranted, developing a Corrective Action Plan to further rectify the issue.

The remaining project staff have been divided into three teams which align with their area of expertise. The **Finance Team** will be lead by Ray Johnson and will receive support from Lauren Rodrigues. This team will be responsible for all tasks which involve hospital financial reporting and data analysis. In addition to project management responsibilities, Coy Jones will also be charged with leading the **Service Delivery Team**, supported by Aja Salazar. This team will be involved with performing all research and analysis pertaining to service delivery, patient care, and patient outcomes. The third and final team is the **Policy Team** which will be lead by Joe Weber and supported by Edwin Roby. This team will be primarily involved with performing research and insight pertaining to the legal analysis and to any other state and federal regulations which may impact the potential privatization. Staff experience and qualifications will be described in more detail in a subsequent section.

Objectives and Goals

The first step in developing a well-thought out management plan, is to determine the objectives and goals of the project. The Department has indicated through the release of this RFP that the primary objective of this feasibility study is for the contractor to provide a comprehensive review to identify potential privatization options which will provide the best value to the State of Alaska and maintain a high standard of care. Within this RFP, PCG has put together a proposed workplan based upon our interpretation of this main objective. At the onset of the project, PCG will meet with the Department, the Alaska Mental Health Trust Authority (AMHTA), and API to review project goals and expectations to determine if there are any project objectives which were insufficiently addressed within the proposed workplan. Preliminary project management documentation, including workplans, organizational charts, and deliverables, may be revised to reflect any changes to objectives and goals. Project objectives and goals will be reviewed on a regular basis during project status updates to reaffirm that the expectations of all parties are aligned.

Prioritize Goals and Tasks

In the previous section, PCG has outlined our approach and methodology, indicating key deliverables and due dates for this project. During the aforementioned kick-off meeting, PCG will review the workplan to ensure that the deliverables and timeframe meets the expectations of the Department and the AMHTA. During this meeting, PCG will discuss the proposed deliverables with the stakeholders to ensure that the deliverables produced fit the expectations and desired format of all involved parties. It is crucial that the scope of the project is clearly defined and documented by all parties. Failure to clearly establish these guidelines could result in problematic delays, unnecessary work, unmet deadlines, or other unintended consequences.

As the project progresses, it is possible that changes to project approach will be required. In the event that project modifications are requested by the stakeholders mid-stream, PCG will revise the project workplan and adjust timelines accordingly. Any deliverables which will be negatively impacted by these changes will be brought to the attention of the Department and the AMHTA. Any changes to project management documents will be shared with the group for review and agreement by all parties.

Create Assignments and Timelines

Once the project workplan and deliverables have been finalized, PCG will develop a work breakdown structure to organize all project components into manageable sections. This work breakdown structure will be imported into the project management tool Wrike© as the preferred method to monitor and maintain project progress. Tasks will be assigned to each of the staff involved in the project within Wrike© so that staff are aware of their individual responsibilities. When assigning tasks, special attention will be paid to the expertise of staff and the estimated time required to complete the assigned tasks. Once a task has been completed, staff will mark this as 'complete' within Wrike©. As project manager, Mr. Jones will be responsible for monitoring the progress of project tasks based upon the marked completion of these tasks within the system. This ability to monitor progress in real-time will enable Mr. Jones to identify any potential issues early and redistribute staff time and resources as needed. Staff assignments will be reviewed within Wrike© on a daily basis and revised as necessary, since workload may fluctuate from prior estimations of task length. This daily review of staff tasks will be crucial to maintaining the ambitious schedule requested in this proposal and will help to mitigate the risk of late deliverables due limited staff resources.

Communications Tracking and Reporting

As a component of the management planning process, PCG will establish with the Department and the AMHTA the preferred method for evaluating PCG's progress. This may be accomplished through the establishment of weekly, biweekly, or monthly status meetings to review tasks completed to date. Another option would be for PCG to produce a written status report to be submitted in the frequency requested. The Department and the AMHTA may also request access to PCG's web-based project management tool Wrike© so that they are able to review and monitor the completion of tasks in real-time.

PCG will work with the Department, the AMHTA, and API to identify the stakeholders to be included in regular project communication as well as the process for escalating matters that may impact the project. This would also include the identification of key individuals at the departments that can be a resource to PCG. PCG will also identify the preferred communication method of the stakeholders, whether by phone or by email, and the desired frequency of project status meetings.

As a component of this communication plan, PCG will identify the reports and communications expected as a component of the project. This plan section will detail:

- What information will be distributed
- How the information will be communicated
- The frequency of distribution
- The party distributing the communication
- The party receiving the communication

Below is a preliminary communication plan which identifies the key reports and communication required of this project. This plan may be revised or expounded upon during the kick-off meeting.

Communication Type	Description	Frequency	Format	Participants / Distribution	Deliverable	Owner
Weekly Status Report	1 page or less summary of project status	Weekly	Email	All Stakeholders	Status Report	Project Manager
Weekly Project Team Meeting	Meeting to review action items and next steps	Weekly	Conference Call	Project Team	Updated Work Breakdown Structure	Project Manager
Bi-Weekly Status Call	Present key findings and project updates	Bi-Weekly	Conference Call	All Stakeholders	Meeting Minutes	Project Manager
Major Deliverables	Deliverables #1-#8 as defined in the workplan	As Needed	Email	All Stakeholders	As defined in the workplan	Project Manager

Risk Mitigation

In preparation for the kickoff meeting, PCG will compile a list of known project risks which may have the potential to jeopardize the timely delivery of project deliverables. Upon review of these risks, PCG will develop risk mitigation strategies to minimize the impact of these risks upon project timelines. This

compilation will include all internal and external factors that impact project tasks. For instance, availability of departmental agency staff to meet with PCG personnel will impact the PCG team's timeline for project completion. This list of risks and mitigation tactics will be reviewed with the Department, the AMHTA, and API for completeness and augmented based upon stakeholder feedback and the identification of additional risk factors.

As part of the risk mitigation process, special attention will be paid to the availability of PCG resources, including but not limited to, staff availability. As a company with over 1,700 employees who maintain a wide breadth of experience, PCG has the ability to call upon additional staff resources to ensure objectives are being met, as necessary. Any changes to the proposed organizational chart, whether by the addition or substitution of staff will be discussed with the Department, the AMHTA, and API prior to the execution of the proposed staffing change.

Project Tools and Resources

PCG presently has all of the tools and resources in place to begin working on this project. Each employee is provided with their own laptop with the hardware and software necessary to conduct research and analysis, draft reports, and create presentations on behalf of this project. All staff assigned to this engagement have access to our project management tool Wrike® and have utilized this tool within other projects. Additionally, PCG has access to regulatory resources such as LexisNexis which will help to support the policy research required of this endeavor.

As the cost reporting vendor for a number of state owned hospitals and psychiatric facilities across the country, PCG has access to the financial data of these hospitals including the submitted Medicare and Medicaid cost reports. While these reports are publicly available, this data can be time consuming to obtain. PCG's access to these reports will be a significant advantage to the Department, the AMHTA, and API as PCG will be able to begin conducting an analysis of financial data as soon as the project commences.

V. Experience and Qualifications



V. EXPERIENCE AND QUALIFICATIONS (RFP SECTION 6.06)**6.06 Experience and Qualifications**

Offerors must provide an organizational chart specific to the personnel assigned to accomplish the work called for in this RFP; illustrate the lines of authority; designate the individual responsible and accountable for the completion of each component and deliverable of the RFP.

Offerors must provide a narrative description of the organization of the project team and a personnel roster that identifies each person who will actually work on the contract and provide the following information about each person listed:

- a. title,
- b. resume,
- c. location(s) where work will be performed,
- d. itemize the total number of estimated hours for each individual named above.

Offerors must provide reference names and phone numbers for similar projects the offeror's firm has completed.

Offerors must provide evidence within this section that they meet the minimum requirements specified in Section 2.08 Minimum Qualifications along with any certifications and credentials referenced in the resume or their proposal may be found non-responsive and may be rejected.

PCG's experience with privatization reviews coupled with its intimate knowledge of mental health systems, and hospital financial data makes PCG a clear choice to conduct API's feasibility study.

In 2010, PCG conducted a feasibility study to review the prospect of privatizing the forensic units in Utah State Hospital and Utah State Development Center. The services provided by PCG for this project closely resembles those requested by the RFP, with our study exploring the financial, organizational, and service delivery consequences resulting from privatization. In developing our recommendations, we thoroughly examined the causal link between the reduction in employee compensation and the potential risks to continuity and quality of care for patients. The analysis, findings, and recommendations provided to the state were supported by factual research and objective data sources conducted and scrutinized by PCG.

More recently, within the Commonwealth of Massachusetts, PCG conducted a privatization analysis of the Department of Mental Health's Emergency Service Programs (ESP) in the Southeast region. For any proposed privatization in the Commonwealth, Chapter 296 of the Acts of 1993 (the "Privatization Law") requires that a particular process be followed in assessing whether privatization would be cost effective. As part of this process, PCG was tasked with completing the required analysis and ensuring its adherence to the Privatization Law, which included the completion of a management study to assess the current state of services and identify cost savings measures; conducting a cost analysis of current program expenditures; and identifying costs to the Commonwealth resulting from privatization. This project culminated in the submission in 2015 of a comprehensive report to the Office of the State Auditor (OSA) with the proposal for privatization of the ESPs, which received approval from OSA following a rigorous audit process.

In 2011-2012, PCG was also commissioned by the Texas Health and Human Services Commission (HHSC), Department of State Health Services (DSHS), to conduct a comprehensive assessment of the public behavioral health system in Texas. Although the mandate of the study encompassed the entire public behavioral health system, not only inpatient care, state hospital expenditures were a central focus of the study, and PCG provided an extended discussion and recommendations regarding the feasibility of privatizing a subset of the psychiatric hospitals operating with the state.

Our qualifications in conducting privatization studies demonstrate PCG's proficiencies in conducting privatization studies of the type exactly required by the RFP, as well as recent instances of our work within the last five years. The project team proposed for this engagement includes staff who worked on all three of these previous projects.

In addition to PCG's privatization work, PCG has extensive experience with state hospital financial data as the premiere vendor of Medicare and Medicaid state hospital cost reporting services for over 20 years. PCG has been working with agencies across the United States including Massachusetts, Florida, Louisiana, Missouri, Arizona, and Alaska to submit Medicare 2552 and Medicaid cost reports for state hospitals. PCG staff has familiarity with the financials of API as the current cost reporting vendor for the facility.

Not only are we a national leader in cost reporting for state psychiatric facilities, but we are deeply acquainted with the expenditures and revenues of the privatized facilities that serve as the chief case studies for determining the feasibility and effects of privatization. To take the most prominent example, South Florida State Hospital (SFSH) in 1998 became the first state psychiatric hospital in the country to be completely privatized, and subsequent operations at the hospital have been cited by privatization advocates and critics alike as a paradigm case for observing the results of privatization efforts. Since 1997, PCG has served as the cost reporter for SFSH as well as three state-operated psychiatric hospitals in Florida. Due to our extensive acquaintance with the financial impacts of privatization on the hospital and on other facilities within the state, we have a unique perspective on the financial arguments for and against SFSH privatization and, in many respects, a privileged vantage point to adjudicate many of the competing claims made about SFSH's privatization experience.

PCG has completed all types of Medicare and Medicaid cost reports for various state-owned and operated facilities throughout the country. This work has included the completion of CMS – 2552, CMS – 2088, CMS – 2540, and CMS – 287 Medicare cost reports and their accompanying CMS-339 questionnaires and state specific Medicaid cost reports. In this time, our project team has acquired a comprehensive understanding of the operations of state facilities including familiarity with all reporting systems used within these facilities and their respective management agencies. As a result, our team has access to cost data from a number of psychiatric facilities across the country. This information will be useful for the development of comparative models to illustrate a range of costs and key operating metrics for analogous institutions across the country.

Last but not least, PCG knows mental health systems, particularly those in the State of Alaska. Our staff have worked hand-in-hand with state facilities and state legislators on revenue enhancement, system assessments, hospital strategic planning, rate setting and policy development. In 2014, PCG was selected by the Alaska Division of Legislative Audit (DLA) to conduct a comprehensive review of Alaska's behavioral health services. This engagement required an evaluation of all aspects of behavioral health services within the State, and included such areas as service delivery, organizational structure, quality indicators, information technology, and the use of available funding sources. This engagement was led by James Waldinger as Director and managed by Coy Jones as Project Manager, the same leads proposed for this privatization study. For that evaluation, we traveled extensively to every region of Alaska, completing a study of significant depth and breadth, both on time and on budget. We believe the State's experience of our project management technique and capacities on that engagement is reflective of our performance more generally.

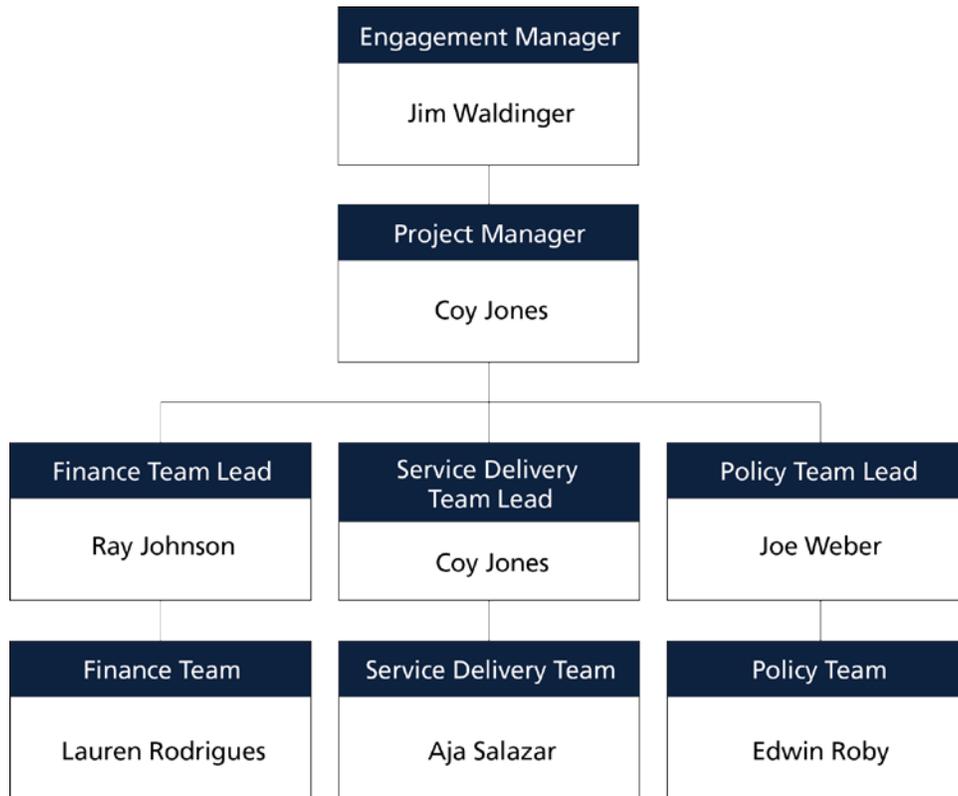
PCG is currently assisting the Virginia Department of Behavioral Health and Developmental Services in behavioral health system transformation efforts. This engagement has involved a comprehensive analysis of the Commonwealth's psychiatric hospital systems and a capacity review of the community-based system. Our comprehensive assessment of the public behavioral health system in Texas, already discussed, similarly demonstrates our ability to contextualize hospital operations within the broader service continuum. PCG provided recommendations to the State for actionable items pertaining to intermediate and long-term system redesign in key areas such as service utilization, patient outcomes, improved access to services, and system efficiencies.

PCG strives to provide value for our clients by ensuring that our projects remain on task and under budget. We use a variety of project management and organizational tools to ensure that our staff have the time and resources available to completed allotted tasks. At the onset of any project, our team will meet with the project owner to review timelines and expectations. Occasionally, deadlines may be missed due to circumstances out of PCG's control. In these instances, PCG will work with the agency to review current timelines and determine whether timelines for other deliverables need to be shortened to make up for the lost time, or whether the project timeline can be extended.

Proposed Engagement Team

PCG's proposed engagement team includes leaders of our health practice with decades of experience working with program transitions such as those outlined in this proposal. Our engagement team will be comprised of three smaller teams which most closely align with the chosen staff's area of expertise. As most of our staff have a skill set which spans across more than one selected team, we will be able to leverage these staff in additional areas as the need arises.

This project will be lead by Jim Waldinger as the Engagement Manager and Coy Jones as the Project Manager, who both have substantial experience with behavioral health transformation initiatives. The remaining staff involved in this engagement will be included on one of three teams: finance, service delivery, and policy. These teams will be comprised of staff with expertise in healthcare finance, privatization studies, and policy research. In the following pages, we highlight our staff's relevant experience which most closely align to the needs laid out in this scope of work. Full resumes for key staff will be included in the Attachments.



Jim Waldinger
Associate Manager
Boston, MA

As an Associate Manager at PCG, Mr. Waldinger has had substantial involvement working with state agencies regarding mental health and substance abuse policy and reimbursement. Mr. Waldinger has significant experience working with systems redesign and has worked with a number of states across the country including Virginia, Ohio, and Alameda County, California, providing assessments of behavioral health services. As Engagement Manager of this project, Mr. Waldinger will be primarily responsible for project oversight and will assist Mr. Jones as the project manager with key policy and service delivery insight.

Mr. Waldinger currently serves as the Engagement Manager for Mental Health System Transportation Efforts with the Department of Behavioral Health and Developmental Services in the Commonwealth of Virginia. This project has included performing an organizational assessment and an evaluation of hospital and community mental health system capacity. Mr. Waldinger's role in the project has involved serving as lead consultant to the Commissioner of DBHDS.

Mr. Waldinger also serves as Engagement Manager to the State of Alaska's Division of Legislative Audit. On behalf of the Division of Legislative Audit, PCG is performing evaluations on the state agencies in charge of the behavioral health and long term care services. PCG is also tasked with performing as system organizational and capacity analyses for behavioral health and longer term care services as well. As Engagement Manager for these projects, Mr. Waldinger has largely been involved in organizing staff and resources.

Coy Jones
Senior Consultant
Austin, TX

Coy Jones is a Senior Consultant based in PCG's Austin, Texas office, who specializes in behavioral health and health care finance, delivery system reform, performance review, quality management and regulatory compliance. With a strong understanding of rate setting and payment methodologies, he has played a central role in numerous behavioral health cost studies and rate setting projects, including initiatives for Arkansas, Georgia, the District of Columbia, and St. Louis County, Missouri. As Project Manager of this engagement, Mr. Jones will be responsible for ensuring that each component and deliverable of the agreed upon workplan is executed on time and with a high degree of quality. Mr. Jones will be the key point person for the Department, the AMHTA, and API for this engagement. Mr. Jones will also oversee the Service Delivery Team, delegating tasks and responsibilities to staff and drafting key deliverables related to the review of API's service delivery process.

Within the State of Alaska, Mr. Jones worked with Mr. Waldinger on the Division of Legislative Audit's Performance Review of the Department of Health and Social Services' Behavioral Health Services to complete a statewide behavioral health system performance review for the State of Alaska. Mr. Jones was responsible for overseeing the project, identifying key stakeholders, conducting onsite visits and interviews, and delivering the final recommendations and report.

In the Commonwealth of Virginia, Mr. Jones has also been working in tandem with Mr. Waldinger on the transformation planning process to provide mental health services for the Department of Behavioral Health and Developmental Services. As part of these efforts, Mr. Jones conducted a psychiatric hospital reorganization study, and was responsible for performing a needs assessment for home- and community-based services.

Joseph Weber
Associate Manager
Albany, NY

Joe Weber is an Associate Manager located in the Albany, New York office. Mr. Weber has an intricate understanding of federal and state regulations governing cost accounting and has significant experience with Medicare and Medicaid hospital based cost reporting, having both completed and reviewed cost reports for state hospitals in the State of Missouri and the Commonwealth of Massachusetts. Mr. Weber leveraged these skills when working on the feasibility study of the privatization of Utah State Hospital. Within this present engagement, Mr. Weber will function as the team lead for the Policy Team, where he will leverage his expertise to manage staff in researching state and federal policies which may impact this privatization analysis.

Mr. Weber worked as the Financial Analysis Lead for the State of Utah Study on the feasibility of privatization of parts of the Utah State Hospital and Utah State Developmental Center. This project required an assessment on the feasibility of privatizing the Forensic Unit at Utah State Hospital (USH) and the semi-secure units at the Utah State Developmental Center (USDC). Mr. Weber's role required him to conduct a peer state analysis of like facilities and to prepare an analysis of key areas of cost savings through privatization. Mr. Weber submitted a report to the state summarizing his research and assessing the feasibility of privatizing the units identified.

Mr. Weber also has experience with transformation and system design due to his key role in the review of Texas' public behavioral health system on behalf of the Texas Department of State Health Services. Mr. Weber met with mental health and substance abuse providers, advocacy groups, and other stakeholders to develop an assessment and produce a report on the state of the current system. He developed recommendations for system redesign in preparation for federal health care reform and conducted an additional seven public stakeholder forums to gain stakeholder feedback on the proposed recommendations. Finally, Mr. Weber produced a final report for the State outlining recommendations for system redesign in three key areas: service delivery system, governance and oversight, and funding and financing.

Raymond Johnson
Senior Consultant
Raleigh, NC

Raymond Johnson, a Senior Consultant working in our Raleigh, NC office has a wealth of experience in healthcare finance. In his previous work, Mr. Johnson was responsible for the performance & supervision of Medicaid audits for the State of North Carolina, including audits of state-owned psychiatric hospitals. Presently at PCG, Mr. Johnson has performed quality reviews of drafted Medicare (CMS-2552) and cost reports on behalf of over 22 facilities in Massachusetts and Missouri. Mr. Johnson will be charged with leading the Finance Team for this engagement and will be required to oversee staff with the financial analysis of API and its comparison to like facilities.

Mr. Johnson has performed quality control reviews of drafted Medicare and Medicaid cost reports for 15 facilities in the Commonwealth of Massachusetts from the Department of Public Health, Department of Mental Health, Department of Developmental Services and Soldiers' Homes. In Missouri, Mr. Johnson has performed quality control reviews of the drafted CMS-2552 cost reports for Medicare and Medicaid on behalf of the 7 state operated psychiatric facilities. This review included a detailed analysis of charges,

revenue and expenditures and a thorough review of all expenditures to ensure that all allowable costs were captured within the cost reports.

Support Staff

Lauren Rodrigues
Consultant
Boston, MA

Lauren Rodrigues is a healthcare consultant located in Boston, MA. She has over five years of experience working on healthcare finance projects ranging from cost reporting and rate setting to healthcare auditing. She has experience completing and providing quality reviews of Medicare and Medicaid cost reports for state psychiatric facilities in Massachusetts, and she has assisted Massachusetts state psychiatric facilities with Medicaid rate setting on a biannual basis. As part of this engagement, Ms. Rodrigues will assist Mr. Johnson as part of the Finance Team to deliver a review of API's financials and to provide a comparative analysis of like-facilities across the country.

Ms. Rodrigues was also involved in a Privatization Analysis of the Commonwealth of Massachusetts's Department of Mental Health (DMH) Emergency Services Programs due to her intimate knowledge of DMH cost reports and financial data. Ms. Rodrigues lead an analysis of current program costs and provided a comparison to projected program costs under privatization. Ms. Rodrigues also supported the delivery of a management study which proposed cost savings measures to the Department and the projected cost savings from these initiatives.

Aja Salazar
Business Analyst
Austin, TX

Aja Salazar, MS, is a Business Analyst with previous experience working for the Department of Public Social Services (DPSS) for Los Angeles County, California. While at DPSS, Ms. Salazar worked both in a strategy role and in a direct service role. As a member of the Strategic Planning committee, Ms. Salazar collaborated closely with departmental leaders to pilot self-service kiosks, a mobile application and the reorganization of customer service triage. Within her direct service role as an Eligibility Combo Worker for Medi-Cal and CalFresh programs, Ms. Salazar was able to utilize her state and federal regulatory knowledge, as well as her fluency in Spanish to better serve Los Angeles County families. Ms. Salazar will provide key support to Mr. Jones as part of the Service Delivery Team.

Edwin Roby
Business Analyst
Austin, TX

Edwin Roby is a Business Analyst based in Austin, TX with a focus on behavioral health delivery systems. He possesses strong research and analytical skills which will make him a critical asset in supporting the Policy Team under Mr. Weber. Mr. Roby is currently assisting the Commonwealth of Massachusetts in assessing the future state of mental health, substance abuse, PTSD and TBI service delivery for veterans. He is also engaged in an initiative with the State of Missouri to increase access to primary and behavioral health care to school aged children. His role has involved developing cost and financial models to inform stakeholders on fiscal impact, and performing demographic analysis. Prior to PCG, Mr. Roby worked as a Research Specialist for the Texas Department of State Health Services where he analyzed and reported on financial and utilization trends for all Texas hospitals.

Personnel Roster

The grid below provides an estimation as to the total project hours required for each staff listed as part of this engagement:

Project Team	Role	Estimated Project Hours
James Waldinger	Engagement Manager	40
Coy Jones	Project Manager	110
Ray Johnson	Finance Team Lead	65
Joe Weber	Policy Team Lead	50
Lauren Rodrigues	Finance Team Staff	65
Aja Salazar	Service Delivery Team Staff	250
Edwin Roby	Policy Team Staff	250
Total Estimated Hours, All Staff:		830

Similar Projects Performed by PCG with References

On the following pages, PCG illustrates its performance of studies which considered the feasibility of privatizing governmental health or social services. The first two were completed in the past five years.

Client	COMMONWEALTH OF MASSACHUSETTS Department of Mental Health		
Project	Privatization Analysis of Emergency Service Programs		
Timeframe	April 2015 – December 2015		
Scope	<p>The Department of Mental Health (DMH) is considering privatizing its state-operated Emergency Service Programs (ESPs) in the DMH Southeast Area. Chapter 296 of the Acts of 1993 (the “Privatization Law”) requires that a particular process be followed in assessing whether privatization would be cost effective. As part of this process, PCG was tasked with completing the required analysis and ensuring its adherence to the Privatization Law:</p> <ul style="list-style-type: none"> • Conducted the required cost analyses and prepared necessary documentation to determine the Commonwealth’s current cost of providing ESP services; • Assisted in developing and executing a procurement plan for ESPs; Offered necessary support to any employee organization interested in bidding on the procurement; • Completed a management study which assessed the current state of services and identified cost savings measures and subsequent savings from applied initiatives; • Documented all analyses and conclusions; • Compiled all information into a cohesive report for submission to the Office of the State Auditor (OSA); • Provided audit support throughout OSA’s review process. 		
Key Achievements	<ol style="list-style-type: none"> 1. Submitted a comprehensive report to OSA in compliance with the Privatization Law. 2. Received approval from OSA of DMH’s proposal to privatize the Southeast ESP services 		
PCG Staff Contacts	Aaron Holman Associate Manager 617.426.2026 aholman@pcgus.com	Lauren Rodrigues Consultant 617.426.2026 lrodrigues@pcgus.com	
Client Contact	Jay Tallman Director of Policy Department of Mental Health Central Office 25 Staniford Street Boston, MA 02114 jay.tallman@dmh.state.ma.us 617 626-8179		

Client	Department of State Health Services Health and Human Services Commission State of Texas		
Project	Behavioral Health System Analysis		
Timeframe	July 2011 – October 2012		
Scope	<p>The State of Texas, Health and Human Services Commission (HHSC), Department of State Health Services (DSHS) contracted with PCG to conduct a comprehensive assessment of the public behavioral health system in Texas and to provide recommendations for intermediate and long-term system redesign, focusing on improved access, service utilization, patient outcomes and system efficiencies. In completing the assessment and developing recommendations, PCG was tasked with conducting 14 public stakeholder forums across the state as well as over 25 individual stakeholder meetings with providers, advocates, and state staff. The primary objectives for this engagement were divided into two phases. Phase I was a study of the current public behavioral health system, including a review of DSHS' current service delivery mechanisms and revenue sources, stakeholder forums, and analysis of best practices. Phase II comprised the development of recommendations for system redesign, privatization of state facilities, maximization of resources, and quality measurement, as well as additional stakeholder engagement. The project concluded with the completion of a final report that was submitted to the Texas State Legislature, along with the Phase I and Phase II reports.</p>		
Key Achievements	<ol style="list-style-type: none"> 1. Review of DSHS' current service delivery mechanisms for outpatient and inpatient mental health and substance abuse care, and of revenue sources and strategies used to purchase behavioral health services. 2. Facilitation of 14 public stakeholder forums to collect feedback on the current system and share recommendations. 3. Review of national best practices in areas of evidence-based and innovative clinical practices, system governance and oversight, integrated care, funding and financing strategies, state hospital management, and cross system care coordination. 4. Development of comprehensive recommendations for short and long-term system redesign, including service delivery options to reduce reliance on inpatient behavioral health treatment services, and strategies to maximize resources for clients currently served by DSHS. 5. Completion of Phase I, Phase II, and final reports, and successful submission to Texas State Legislature. 		
PCG Staff Contacts	Matthew Sorrentino Manager (512) 287-4663 msorrentino@pcgus.com	Joe Weber Associate Manager (617) 426-2026 jweber@pcgus.com	
Client Contact	Mike Maples Deputy Commission Department of State Health Services 1100 W. 49 th Street Austin, TX 78756 (512) 776-7792 Mike.maples@dshs.state.tx.us		

On the following pages, PCG illustrates its experience with analysis, development, operation, and evaluation of psychiatric hospitals and behavioral health providers. Our qualifications exhibit three years of experience within the past six years.

Client	Division of Legislative Audit State of Alaska		
Project	Performance Review of the Department of Health and Social Services' Behavioral Health and Long-Term Care Services		
Timeframe	September 2014 – 2015		
Scope	<p>In 2014, Public Consulting Group (PCG) was selected by the Alaska Division of Legislative Audit (DLA) to conduct a comprehensive review of the behavioral health services facilitated by the Department of Health and Social Services (DHSS) Division of Behavioral Health (DBH). The purpose of this engagement was to evaluate the effectiveness and efficiency of all aspects of DBH, including but not limited to service delivery, organizational structure, quality indicators, information technology, and the use of available funding sources. In addition, PCG was also awarded the contract to conduct a comprehensive review of long-term care services during the same time period. The PCG behavioral health services review team worked alongside the long-term care services review team in order to develop a more complete overview of the services taking place in the system. The initiative was in response to the Legislature's request for DLA to contract a review of each division under DHSS at least once every ten years.</p>		
Key Achievements	<ol style="list-style-type: none"> 1. Initial research and analysis of nationwide best practices in the provision and funding of behavioral health services 2. Development of detailed methodologies listing planned procedures and proposed interviewees in achieving each review objective proposed by DLA 3. Onsite visits to DBH administrative offices and providers in order to conduct interviews with administrators and relevant stakeholders within the system 4. Analysis of system databases provided by DLA in order to compare Alaska demographic, utilization, and expenditure statistics with peer state and nationwide figures from outside sources. 5. Development of key findings and recommendations resulting from PCG's research and onsite interviews pertaining to each review objective proposed by DLA 6. A final report detailing the research and analysis that generated PCG's findings and recommendations 		
PCG Staff Contacts	Jim Waldinger Associate Manager (617) 426-2026 jwaldinger@pcgus.com		
Client Contact	Kristin Curtis, Legislative Auditor State of Alaska Division of Legislative Audit (907) 465-3830 Kris.curtis@akleg.gov		

Client	Department of Behavioral Health and Developmental Services Commonwealth of Virginia	
Project	Transformational Planning Process	
Timeframe	March 2015 – Present	
Scope	Public Consulting Group, Inc. (PCG) is assisting the Department of Behavioral Health and Developmental Services (DBHDS) in its behavioral health system transformation efforts. This includes assisting Transformation Work Groups in identifying areas for improvement, and drafting four reports that analyzes the Commonwealth’s psychiatric hospital systems, the capacity of the community-based system, and a review of DBHDS’s organizational structure. A key component of this project is to provide the necessary recommendations to allow Virginia to ramp up community based mental health services to ensure improved outcomes for patients.	
Key Achievements	<ol style="list-style-type: none"> 1. Conduct onsite interviews with state run mental health hospitals, Community Service Boards, and private providers to gather both clinical and demographic data, as well as in-the-field perspectives on how each provider functions 2. Collection and analysis of claims data to understand the populations in question 3. Conduct Peer State analyses to give context as to what policies other states have successfully implemented 4. Project population change over time across various providers, and assess the financial impact and feasibility of moving patients between them 5. Provide a report specific to Catawba and Piedmont Geriatric Hospitals, giving recommendations about options Virginia faces with these two hospitals moving forwards 6. Provide a report on the overall state of behavioral care in Virginia across all levels of state-run care. 	
PCG Staff Contacts	Jim Waldinger Associate Manager (617) 426-2026 jwaldinger@pcgus.com	Coy Jones Consultant (512) 287-4691 coyjones@pcgus.com
Client Contact	Daniel Herr Assistant Commissioner of Behavioral Health Services Department of Behavioral Health and Developmental Services P.O. Box 1797 Richmond, VA 23218 Phone: (804) 786-3921 Fax: (804) 371-6638 daniel.herr@dbhds.virginia.gov	

Client	STATE OF UTAH Utah State Legislature - Executive Appropriations Committee		
Project	Feasibility Study on Privatizing State Hospital and Developmental Center		
Timeframe	April 2010 – September 2010		
Scope	<p>The Utah State Legislature contracted with Public Consulting Group (PCG) to conduct a feasibility study to determine if the forensic units of the Utah State Hospital (USH) and the semi-secure units at the Utah State Developmental Center (USDC) can be operated by a private entity. Through the Request for Proposals (RFP) released in November 2009, the Executive Appropriations Committee of the legislature sought a qualified person or entity to:</p> <ol style="list-style-type: none"> 1. Conduct a feasibility study to determine whether one or both of the facilities (USH and USDC) can be operated by a private (non-governmental) entity in a manner that will result in one of the following: <ol style="list-style-type: none"> a. The provision of services that are currently provided at or for the facilities, at the same cost at which those services are currently provided at or for the facilities; b. A savings to the state while providing services at the same level or a higher level than is currently provided at or for the facilities; or c. The provision of services at a higher level than is currently provided at or for the facilities, at the same cost at which current services are provided at or for the facilities. 2. Advise the EAC of the best options and methods to obtain a result described above and the benefits and drawbacks of each option and method. 3. Provide the EAC with a detailed report of the data, assumptions, financial analysis, and other criteria considered in making the determination and rendering the advice described above. 		
Key Achievements	<p>PCG examined the available literature, requested peer state privatization proposals, conducted interviews, and analyzed other resources on privatization of institutional mental health/forensic and developmental disability services. We talked to state mental health and developmentally disability agencies as well as private organizations that operate such units. At the end of our exhaustive research and analysis we were left with one universal definition of quality which is staff. Our analysis demonstrated that private vendors could provide care in both units for less costs with the same amount of resources. However, this was an immaterial savings and we could not account for the affect a privatization change would have on the quality of staff and thus care provided. Thus, it was PCG’s recommendation to not privatize the facilities in the state.</p>		
PCG Staff Contacts	Joe Weber Associate Manager (617) 426-2026 jweber@pcgus.com		
Client Contact	Stephen Jardine Office of the Legislative Fiscal Analyst W310 State Capitol Complex Salt Lake City, Utah 84114-5310 Office: (801) 538-1034 ext. 1233 Email: sjardine@utah.gov		

VI. Attachments



OFFEROR'S CHECKLIST

IMPORTANT NOTE TO OFFERORS: This checklist is provided to assist offerors and the Procurement Officer in addressing and/or locating specific requirements identified in the RFP for the offeror's proposal. **Offerors are to complete and return this form.** Completion of this form does not guarantee a declaration of responsiveness.

Offeror: Public Consulting Group, Inc.

1. Evidence that the offeror holds a valid Alaska business license. (**Note:** Proof of business license is not required at time of proposal submission but is required prior to contract award if any of the services will take place in Alaska).
Evidence is provided on page # 4.
2. Per section 1.04, the budget does not exceed \$185,000.
Evidence is provided on page # Pg. 1, of Cost Proposal
3. Per section 1.16, provide a statement regarding Offeror's Certification.
Evidence is provided on page # 3.
4. Per section 1.16, proposal has been **signed** by an individual authorized to bind the offeror to the provisions of the RFP.
Evidence is provided on page # 3.
5. Per section 1.17, provide a Conflict of Interest statement.
Evidence is provided on page # 3.
6. Per section 2.08, evidence that the offeror meets the minimum prior experience requirements.
Evidence is provided on page # 20-33.

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

This is to certify that

PUBLIC CONSULTING GROUP INC

148 STATE STREET, 10TH FLOOR BOSTON MA 02109

owned by

PUBLIC CONSULTING GROUP INC

is licensed by the department to conduct business for the period

December 15, 2014 through December 31, 2016

for the following line of business:

54 - Professional, Scientific and Technical Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

Fred Parady
Commissioner

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED
TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ THE INSTRUCTIONS ON THE FOLLOWING PAGE WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)

(1) The prospective recipient of Federal assistance funds certifies, by submission of this bid, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this Proposal.

John Shaughnessy, Practice Area Director

Name and Title of Authorized Representative



06/15/16

Signature

Date

JAMES WALDINGER
ASSOCIATE MANAGER AT PUBLIC CONSULTING GROUP, INC.

James Waldinger, an Associate Manager at PCG, works to align behavioral health policy and reimbursement to ensure access to high-quality care for those in need. Mr. Waldinger is an experienced Medicaid policy professional who focuses on provider reimbursement strategies, mental health and substance abuse policy and integration, and health care reform and its impact on Medicaid programs and providers.

As the former Chief Financial Officer and Budget Director for the Massachusetts Medicaid Program, MassHealth, and the CFO for the Massachusetts Behavioral Health Partnership, Mr. Waldinger was responsible for building, updating and tracking all provider reimbursement calculations, policies and impacts. Specifically, Mr. Waldinger led efforts related to calculation and tracking hospital payment mechanisms, including Upper Payment Limit (UPL), Disproportionate Share Hospital (DSH) and other supplemental payments and was responsible for the financial aspects of numerous State Plan Amendment (SPA) and waiver submissions and negotiations.

Mr. Waldinger's current role at PCG included heavy involvement in mental health and substance abuse policy and reimbursement, as well as Medicaid reimbursement policy transformation. He currently leads Massachusetts' efforts to transition to the hospital outpatient reimbursement to an EAPG methodology. Mr. Waldinger also led efforts to create RBRVU-based rates for a behavioral health system, in addition to numerous cost modeling, cost settlement, and UPL projects. Mr. Waldinger's efforts include developing sophisticated cost modeling tools to determine efficacy of various system scenarios.

RELEVANT PROJECT EXPERIENCE

BEHAVIORAL HEALTH-RELATED CONSULTING

Department of Behavioral Health and Developmental Services (DBHDS), Commonwealth of Virginia

System Transformation Efforts (March 2015 – Present): Project Manager

Project: Assist Department by providing support to mental health and DD/ID Transformation Teams, perform organizational structure assessment, perform assessment of hospital and community mental health system capacity.

Mr. Waldinger: Serves as the Engagement Manager for this set of projects and the lead consultant to the Commissioner of DBHDS.

Division of Legislative Audit (DLA), State of Alaska

Program Performance Evaluations (October 2014 – Present): Project Manager

Project: On behalf of the Division of Legislative Audit, PCG is performing evaluations on the state agencies in charge of the behavioral health and long term care services, as well as system organizational and capacity analyses.

Mr. Waldinger: Serves as the Engagement Manager for both of these projects, organizing teams and resources.

Massachusetts Behavioral Health Partnership, Commonwealth of Massachusetts

Emergency Services System Development (June 2013 – Present): Project Manager

Project: Assisted in the redesign Massachusetts's Emergency Services Program (ESP).

Mr. Waldinger: Worked closely with MBHP and State staff to design programmatic elements and determine cost impact of various options. Developed sophisticated cost modeling tool that was used by the state to determine efficacy of various system scenarios.

Behavioral Health Care Services (BHCS), State of California: Alameda County

Assessment of the BHCS Finance Unit (May 2012 – Present): Project Lead

Project: Performing an organizational assessment on BHCS, specifically focusing on the finance unit. The goal is to position BHCS to play a significant role in the county's health care delivery system.

Mr. Waldinger: Served as key member in performing the assessment.

Division of Behavioral Health, State of Colorado

Cost Report Training (July 2012 – December 2013): Project Support

Project: Reviewed the Accounting and Auditing Guidelines for Community Mental Health Centers of Colorado.

Mr. Waldinger: Worked with DBH and HCPF to develop and deliver on-site provider trainings for the new supplementary cost report.

Department of Mental Health and Department of Alcohol and Drug Abuse Services, State of Ohio Behavioral Health System Administrative Cost Study (May 2010 – August 2010): Project Lead

Project: The State ODMH and ODADAS agencies sought a comprehensive review of the current business operations and system structure of Ohio's public behavioral health system.

Mr. Waldinger: Assisted in producing a report with 15+ major recommendations to improve the efficiency and effectiveness of the administrative processes within the state organizations.

Massachusetts Providers' Council, Commonwealth of Massachusetts

Health Care Reform Training Subject Matter Expert (May 2011 – June 2012): Project Lead

Project: Provided consultative services to the Council's Board of Directors, providing presentations on provider impacts of accountable care organizations and providers reimbursement changes.

Mr. Waldinger: Led ACO/ICO and Payment Model conference sessions.

Stanley Street Treatment and Resource Center, Fall River, Massachusetts

Global Payment Readiness (August 2012 – January 2013): Staff

Project: Assist SSTAR prepare to contract with the state on a "global payment" basis.

Mr. Waldinger: Working with program and IT staff, identifying available data, analyzing data for payment negotiation, and developing management reports to track outcomes.

Casa Esperanza, Roxbury, Massachusetts

Strategic Planning and Billing Process Improvement (July 2012 – June 2013): Project Lead

Project: Led Casa Esperanza's leadership and Board of Directors through a strategic planning effort.

Mr. Waldinger: Conducted a SWOT analysis utilizing input from internal and external stakeholders, performed a health care landscape and trends assessments, performed financial comparison with peer organizations, and assisted Leadership Team in the development of goals. Also reviewed and provided recommendations for improving the organization's FFS billing policies and procedures.

Department of Public Health, City of San Francisco, California

Primary Care-Behavioral Health Integration Initiative (July 2010 – Present): Finance Lead

Project: PCG was hired to assess and implement a PC-BH Integration project within the city-owned primary care centers.

Mr. Waldinger: As the Finance Lead worked with City Staff to identify existing financial, utilization, and quality metrics that could be used to develop a pre- and post-implementation cost and revenue analysis.

Office of Adult Mental Health Services, State of Maine

Organizational Assessment (October 2008 – March 2009): Project Lead

Project: Review of OAMHS for the State of Maine.

Mr. Waldinger: Served as project lead of subject matter experts. The team performed extensive on-site, organizational, data, and regulatory reviews, which resulted in more than 25 detailed

operational improvement recommendations to the OAMHS Director and Commissioner of DHHS.

Northeast Behavioral Health, Peabody, Massachusetts

Billing Process Review, Billing Process Standardization and Training, and Management Reporting Consulting (July 2011 – December 2011): Project Lead

Project: Assessed NBH's Medicaid contracting processes to proactively identify any issues that could have financial impact (an example is approved site location requirements); Assessed NBH's billing practices to proactively identify problems that could result in payment issues, as well as the interface with and the practices of their 3rd party vendor. Based on findings from the Billing Process Review, was contracted to develop and document a standardized in-take process across multiple sites, and provide training, as needed. Also based on findings and work during the Billing Process Review, was contracted to work with their data vendor to create reports for Leadership and Site Managers.

Mr. Waldinger: Assisted in all project processes.

Wayside Youth and Family Support Network, Framingham, Massachusetts

Strategic Planning (May 2010 – December 2010): Project Lead

Project: Led the Leadership Team and Board of Directors through a 6-month strategic planning initiative.

Mr. Waldinger: Conducted a SWOT analysis utilizing input from internal and external stakeholders, performed a health care landscape and trends assessments, performed financial comparison with peer organizations, and assisted Leadership Team in the development of goals.

Crotched Mountain Rehabilitative Center, New Hampshire

Financial Turn-Around (May 2008 – December 2008): Interim CFO

Project: Hired by Crotched Mountain Rehabilitative Center to serve as interim CFO to assist in financial turn-around.

Mr. Waldinger: Tasked with stabilizing financial unit and improving finance processes and procedures, as well as the organization's financial management tools.

Department of Human Services, State of New Mexico

Behavioral Health Provider Claims Audits (February 2013 – December 2013): Project Lead

Project: Led intensive 4 month audit of 15 behavioral health statewide providers.

Mr. Waldinger: Organized and led 6 on-site data collection teams, managed clinical and administrative audit, and edited 400+ page final report. Findings amounted to \$36 million in extrapolated overpayments over a 2.5-year period.

MEDICAID AND BEHAVIORAL HEALTH REIMBURSEMENT

Office of Medicaid, Commonwealth of Massachusetts

Enhanced Ambulatory Patient Grouping (EAPG) Rate Setting (July 2014 – Present): Project Manager

Project: Assisting MassHealth in the implementation of a new outpatient hospital reimbursement methodology. This includes working through impact scenarios with MassHealth hospital leadership during a transition year, followed by implementation of a full EAPG methodology.

Mr. Waldinger: Serves as the Project Manager, providing client support and managing project resources.

Children's Services Fund (CSF), St. Louis County, Missouri

RBRVS Rate Setting (July 2014 – Present): Engagement Manager

Project: Developed the Children's Services Fund's change from a fee-for-service reimbursement methodology to a Resource Based Relative Value System methodology. This included meetings with providers, identifying RVU's consistent with program descriptions, and presenting findings to the Fund's Board and providers.

Mr. Waldinger: Led methodology development efforts, client relationship, and drafting of final report.

DC UPL

Upper Payment Limit Calculations (September 2014 - Present): Engagement Manager

Project: Consistent with CMS guidance, DC contracted with PCG to calculate Upper Payment Limit (UPL) demonstrations for inpatient hospitals, institutes for mental disease (IMDs), outpatient hospitals, nursing facilities, physicians, clinics, and PRTFs.

Mr. Waldinger: As Engagement Manager, leading methodology development, overseeing and quality control reviews of calculations.

MA EMS Claiming

Public Emergency Medical Services (EMS) Program Claiming (July 2014 – Present): Engagement Manager

Project: Developed Massachusetts' first public EMS claiming program, developing a process that is compliant with all state and federal claiming rules and regulations. Developed cost reports, trained providers, worked with providers to properly complete the cost reports, desk reviewed the cost reports, and calculated the final settlements. The first year of this project yielded \$5.9 million in federal revenue to the Commonwealth.

Mr. Waldinger: As Engagement Manager, oversaw methodology and calculations.

Executive Office of Health and Human Services (EOHHS), Commonwealth of Massachusetts

Intensive Care Coordination and Family Partners Program Alternative Payment Methodology (October 2014 - Present): Project Manager

Project: Changing reimbursement methodology for the intensive care coordination set of services from a 15-minute billing unit to a per diem unit. PCG worked with providers to understand costs and developed a cost-based methodology for a set of providers, where the rate will be implemented on a pilot basis. PCG is also implementing a time study to ensure appropriateness of rate.

Mr. Waldinger: Led all efforts related to provider communication and rate development.

Executive Office of Health and Human Services (EOHHS), Commonwealth of Massachusetts

Chapter 766 Claiming Calculations (September 2014 – Present): Project Manager

Project: Calculated Medicaid eligibility rates for use in Commonwealth's claiming of school-based services.

Mr. Waldinger: Managed data collection and calculation.

DC FQHC Alternative Payment Methodology

FQHC Alternative Payment Methodology (December 2014 – Present): Project Lead

Project: Working to assess the current FQHC cost reports, providing recommendations on changes that should be made to the cost reports in order to collect data necessary to develop rates for medical services, behavioral health services, dental services, and care management services.

Mr. Waldinger: Reviewed cost reports, provided recommendations for changes, and discussed with leadership alternative payment options for District FQHCs.

COST REPORTING AND COST SETTLEMENT

Various State Medicaid Agencies

School-Based Services Medicaid Claiming (December 2014 – Present): Project Lead

Project: For Pennsylvania, West Virginia, New Jersey, and Delaware, PCG performs various roles in the development of the Medicaid school-based services cost settlement process. This includes collection and quality control review of cost reports, providing customer support to school districts, and calculation of cost settlements.

Mr. Waldinger: Provides team leadership throughout process.

Executive Office of Health and Human Services (EOHHS), Commonwealth of Massachusetts

Hospital Cost Report Completion (2014-Present): Engagement Manager

Project: Since 1997 PCG has collected data and completed cost reports for all state-owned hospitals.

Mr. Waldinger: Manage all resources during cost reporting process.

Missouri Hospital CR

Hospital Cost Report Completion (2014 - Present): Engagement Manager

Project: PCG collects data and completed cost reports for all state-owned hospitals.

Mr. Waldinger: Manage all resources during cost reporting process.

Walden Behavioral Health Cost Report, Commonwealth of Massachusetts

Hospital Cost Report Completion (2014 - Present): Engagement Manager

Project: PCG collects data and completed cost reports for all state-owned hospitals.

Mr. Waldinger: Manage all resources during cost reporting process.

Division of Health Care Finance and Policy, Commonwealth of Massachusetts

Health Safety Net Audits (January 2010 – June 2012): Project Lead

Project: Conducted provider compliance field reviews of Health Safety Net (HSN) claims (formerly uncompensated care pool). The objective of this review was to ensure hospital compliance with the HSN regulations. Conducted reviews of 20 hospitals and 5 community health centers, identifying findings that resulted in recommended recoveries. Prepared a final report detailing HSN billing error trends and made recommendations for tightening regulations.

Mr. Waldinger: Assisted in all project processes.

Division of Medical Assistance Services (DMHAS), Commonwealth of Virginia

Community Behavioral Health Provider Auditing (July 2009 – March 2012): Project Lead

Project: As a subcontractor, PCG is supplying audit process and clinical auditing expertise.

Mr. Waldinger: Assisted with organizational set-up of audit protocols and development of audit tools. Manage the clinical auditors, whose reviews have produced 15%-20% in recovery opportunities.

CARE MANAGEMENT AND HEALTH HOMES INITIATIVES

Division of Medicaid and Medical Assistance, State of Delaware

Health Home Program Development (September 2012 – June 2013): Project Lead

Project: Assisting Delaware with the design, development, and implementation of a Health Home initiative.

Mr. Waldinger: Developing state plan amendment, working on provider readiness, and performing data analysis.

Department of Health and Social Services, State of Alaska

Person Centered Medical Home Feasibility Analysis (February 2012 – June 2013): Project Lead

Project: Led Alaska's human services department through a readiness review feasibility assessment for a person centered medical home model.

Mr. Waldinger: Led statewide physician stakeholder meetings to gain insight into physician readiness. Drafted educational materials for state policymakers related to PCMH standards, metrics, and reimbursement models.

Division of Health Care Policy and Financing, State of Colorado

Benefits Design Assistance (November 2010 – Present): Project Lead

Project: Assist the state in designing and implementing Medicaid programs for expansion populations, including buy-in programs for the disabled, adults without dependent children, and dually eligible.

Mr. Waldinger: Performed research on state options, drafted recommendation memos to Medicaid leadership, led consumer and provider stakeholder meetings, drafted state plan amendment language, calculated cost models, and provided general consulting services.

Division of Health Care Financing and Policy, State of Nevada

Care Management and PCMH Assessment Report (September 2010 – March 2011): Project Lead

Project: Performed analysis and produced with a preliminary identification of the number of individuals whose utilization patterns may improve with the introduction of care management interventions.

Mr. Waldinger: Assisted in developing a high-level initial estimate of potential net savings that could occur with implementation of a care management strategy. The goal of this PCG report was to assist DHCFP in analyzing its options to improve care for its FFS clients, as well as achieve cost savings through various care management interventions, including the person-centered medical home. Additionally, in its report, PCG identified budget estimates in order to complete a high-level analysis of FFS claims and eligibility dates. This project has led to a contract to assist Nevada with the design and implementation of Health Homes.

Virginia Premier Health Plan, Commonwealth of Virginia

Hospital Re-Contracting (October 2008 – December 2009): Project Lead

Project: Working with VP of Network Development to formulate hospital negotiation strategies. Involves the pulling of hospital cost, efficiency, and outcomes data from a number of sources, including the CMS-2552 hospital cost report. Once the data is collected and metrics calculated, the negotiation strategy and appropriate back-up materials are created. Output used during contract negotiations with network hospitals to achieve more favorable, fair rates.

Mr. Waldinger: Assist with all project processes.

Department of Health and Human Services, State of Wisconsin

Medicaid FFS Care Management Assessment (March 2010 – June 2010): Project Lead

Project: Scan Wisconsin Medicaid's FFS population and identified five major recommendations to reduce ER visits and achieve over \$6 million in short term savings.

Mr. Waldinger: Led a team of subject matter experts in achieving project goals.

Various Clients

Hospital Administrative Reporting

Mr. Waldinger: Produce hospital reports that measure major hospital cost metrics against local and national peer facilities. Data is used by clients to develop rate negotiation strategies with contracted hospitals.

HEALTH INSURANCE EXCHANGE AND HEALTH CARE REFORM

New Mexico Health Insurance Exchange, State of New Mexico

State-Based Exchange Project Management (June 2013 – Present): Client Executive

Project: In charge of PMO activities related to the implementation of the state-based SHOP in 2013 and development and implementation of the state-based individual marketplace in 2014.

Mr. Waldinger: Managed all PMO and professional services activities, including plan management, consumer assistance, and financial management.

Commonwealth Care Customer Service Center, Commonwealth of Massachusetts

Financial and Reporting/ Training and QA (July 2008 – Present): Reporting Manager

Project: The Customer Service Center serves as the premium billing and call center entity for the Massachusetts CommCare products.

Mr. Waldinger: Documented all contractual reports, improving accuracy and client satisfaction. Reporting has changed from a contractual obligation to a management tool. Financial Manager reviews and reports on daily, weekly, and monthly financial metrics related to bank account

balances, member invoices, and related day-to-day fiscal issues. Documented financial internal controls for all premium billing processes.

Department of Health and Human Services, State of North Carolina

ACA Consulting and Work Plan Development (March 2011 – September 2012): Project Manager

Project: help organize and provide technical expertise to DHHS in planning, implementing, and managing all relevant facets of Affordable Care Act (ACA).

Mr. Waldinger: Led PCG's efforts. Project accomplishments included: 1) creation of centralized work plans for all Affordable Care Act (ACA) initiatives; 2) developed DHHS communication and oversight plan; 3) develop IT gap analysis; 4) assisted in drafting NC Division of Insurance's Health Benefit Exchange Level I Cooperative Agreement Application.

Department of Insurance, State of North Carolina

Exchange Planning Consultant (December 2011 – June 2013): Project Manager

Project: Assist with NCDOL's exchange planning efforts. Tasks include the development of work plan and budget documents for submission of Level I and Level II grant applications, assistance in preparation of CCIO Reviews, and the development of an Exchange Evaluation Plan.

Mr. Waldinger: Served as Project Manager, providing day-to-day consultation to NCDOL staff.

Arkansas Insurance Department, State of Arkansas

Navigator Program Development (April 2012 – September 2013): Project Manager

Project: Assisting AID with the development of a comprehensive Navigator Program.

Mr. Waldinger: Work with both AID staff and a Consumer Assistance Advisory Committee to discuss policy options and alternatives. Present options and alternatives to Advisory Committee and the Arkansas FFE Partnership Steering Committee. Working with AID staff to turn policy recommendations into AID policy and procedures. Assisting in the recruitment of Navigator entities and individuals

Department of Finance and Administration, Benefits Administration, State of Tennessee

Strategic Planning Session (April 2011 – March 2013): Financial and Operational Analyst

Project: As part of two year contract, perform day-long policy strategic planning session with Tennessee Exchange officials.

Mr. Waldinger: Assisted in all planning events.

Design Review Preparation (April 2011 – March 2013): Financial and Operational Analyst

Project: Assisting the state with the development of the material for upcoming Design Review with CCIO.

Mr. Waldinger: Creating and managing schedule and creation of documents, policies, and other materials, as needed.

Department of Health, State of Utah

Medicaid Expansion Analysis (2013): Project Manager

Project: Provided Utah with a comprehensive analysis of programmatic, public health, and cost implications of Medicaid expansion options. Full report provided to DOH and testified in front of state legislature on findings.

Mr. Waldinger: Led data and information collection and data modeling efforts.

PROFESSIONAL BACKGROUND

Public Consulting Group, Boston, MA

April 2008 – Present

Massachusetts Behavioral Health Partnership (MBHP), Boston, MA

March 2006 – March 2008

Commonwealth of Massachusetts, Boston, MA

February 2001 – March 2006

EDUCATION

Northeastern University, Boston, MA
Master of Public Administration (MPA), 2002

University of Connecticut, Storrs, CT
Bachelor of Arts, Communications, 1994

CERTIFICATIONS/ PUBLICATIONS/ SPECIAL SKILLS

- Training: SAS Visual Analytics, 2015
- Training: Patient Centered Medical Home NCQA Recognition Process, 2014
- Publications: *Models to Manage Quality and Costs of Individuals with Multiple Chronic Conditions: US Experience*, 2011

COY JONES**CONSULTANT AT PUBLIC CONSULTING GROUP, INC.**

Coy Jones is a Consultant based in PCG's Austin, Texas, office, who specializes in behavioral health and health care finance, performance review, delivery system reform, quality management and regulatory compliance. He is currently conducting a psychiatric hospital reorganization study for the State of Virginia and recently completed a statewide behavioral health system performance review for the State of Alaska. Mr. Jones is well-acquainted with a variety of payment models and performance measurement protocols, and recently drafted a legislative report for the State of Minnesota examining the capacity of the state's managed care system to deliver value to the Medicaid program in comparison to fee-for-service payment models in the key performance areas of cost, quality, and access. With a strong understanding of rate setting and payment methodologies, he has played a central role in numerous behavioral health cost studies and rate setting projects, including initiatives for Arkansas, Georgia, the District of Columbia, and St. Louis County, Missouri. Mr. Jones also has significant expertise in Medicaid waiver reform and supplemental payment programs, and is involved in revenue enhancement projects for the states of North Carolina and Wisconsin.

RELEVANT PROJECT EXPERIENCE**Department of Medical Assistance, State of North Carolina**Revenue Maximization/Physician UPL (April 2012 – Present): Project Staff

Project: PCG administers revenue maximization to the Medicaid upper payment limit for the University of North Carolina and East Carolina University's physician practice plans. PCG performs annual Average Commercial Rate calculations, processes supplemental payments and annual reconciliations, and provides necessary audit support.

Mr. Jones: serves as the primary client contact, manages project operations, maintains database functionality, performs calculations, produces project documentation, and establishes uniform processes for ACR, supplemental payments and annual reconciliations.

Department of Health Services, State of WisconsinRevenue Maximization/Physician UPL (June 2012 – Present): Team Lead

Project: PCG administers revenue maximization to the Medicaid upper payment limit for the University of Wisconsin Medical Foundation's physician practice plans. PCG performs annual Average Commercial Rate calculations, processes supplemental payments and annual reconciliations, and provides necessary audit support.

Mr. Jones: serves as the primary client contact, manages project operations, maintains database functionality, performs calculations, produces project documentation, and establishes uniform processes for ACR, supplemental payments and annual reconciliations.

Department of Mental Health, State of Missouri

Division of Developmental Disabilities

Targeted Case Management Cost Report Development (January 2016 – Present): Project Manager

Project: PCG is developing a streamlined cost report for capturing the costs of Targeted Case Management, advising the State on required cost categories and statutory language to support the reimbursement program.

Mr. Jones: overseeing report construction, gathering stakeholder feedback, and leading training for providers using the new tool.

Department of Social Services, State of Missouri

Division of Finance and Administrative Services

School-Based Medicaid Reimbursements (November 2015 – Present): Project Staff

Project: PCG is providing consulting services related improving the reimbursement methodology for two school-based services: transportation and school-based health clinics.

Mr. Jones: serving on the SBHC project team, and is developing a methodology for implementing clinic models in Missouri able to maximize Medicaid and CHIP funding streams.

Office of the Senior Vice President and General Counsel, Rutgers University

Physician Upper Payment Limit Services Consulting (November 2015 – Present): Project Manager

Project: PCG is providing physician Upper Payment Limit consulting services to evaluate the viability of the physician UPL program on behalf of the Rutgers Biomedical Health Sciences, the New Jersey Medical School, the Robert Wood Johnson Medical School, and the Rutgers School of Dental Medicine. PCG is also assisting to operationalize the program.

Mr. Jones: serves as the project lead for the engagement, advising the plans on the responsibilities of each stakeholder group and best practices for maintaining the integrity of the program.

Department of Developmental Disabilities, State of Ohio

Intermediate Care Facility Reimbursement Methodology (October 2015 – Present): Project Manager

Project: PCG is developing an improved reimbursement methodology that adjusts payments for acuity more robustly, encouraging ICF providers to take high-need consumers while incentivizing community services for consumers with lower-intensity needs.

Mr. Jones: overseeing all aspects of the project, including developing a new acuity instrument, analyzing cost reports, establishing rate-setting and fiscal impact models, and drafting recommendations for implementing a quality incentive program to accompany the reimbursement methodology.

Industrial Commission of Arizona, State of Arizona

Resource-Based Relative Value Scale Fee Schedule Feasibility Study (August 2015 – Present): Project Manager

Project: PCG is conducting assessing the economic impact and feasibility of a transition to a Resource-Based Relative Value Scale (RBRVS) fee schedule from the current Arizona Physician and Pharmaceutical Fee Schedule, which is calculated using an algorithm that synthesizes fee schedules used in several peer states. PCG's completed study will include: a) the development of a cost neutral RBRVS fee schedule and conversion factors specific to the needs and requirements of the ICA; b) an analysis of potential economic indicators to be used as the basis for advancing conversion factors over time; and, c) detailed recommendations for implementation and transition.

Mr. Jones: is serving as the project lead.

Department of Behavioral Health and Developmental Services, State of Virginia

Transformation Planning Process to Provide Mental Health Services (March 2015 – Present): Project Team

Project: PCG is providing DBHDS with subject matter expertise in national behavioral health and disability best practices and trends, in order to lead the State's multi-stakeholder transformation planning work groups in key transformation efforts. PCG will also help the state in developing a strategy for de-institutionalizing its behavioral health system.

Mr. Jones: responsible for performing a needs assessment for home- and community-based services and exploring opportunities for meeting these service needs through the development of a Medicaid 1915(i) waiver.

Division of Legislative Audit, State of Alaska

Performance Review of Dept. of Health and Social Services' Behavioral Health Services (December 2014 – Present): Project Manager

Project: PCG is conducting a performance review of the State's behavioral health system on behalf of DLA in order to evaluate the efficiency and effectiveness of services administered by the DHSS' Division of Behavioral Health. The review encompasses all aspects of the public behavioral system, including opportunities for cost collaboration with federal agencies such as Veterans Affairs and the Indian Health Service.

Mr. Jones: responsible for overseeing the project, identifying key stakeholders, conducting onsite visits and interviews, and delivering the final recommendations and report.

Department of Health Care Policy and Financing, State of Colorado

Policy and Methodology for Medicaid Rate Review (August 2014 – January 2015): Project Manager

Project: PCG developed a rate review methodology for the State of Colorado to determine the adequacy of its fee-for-service rates for maintaining the state's Medicaid provider network and ensuring beneficiary access to services.

Mr. Jones: was responsible for overseeing the project, determining the direction of methodology development, and implementing PCG's approach into a rate review once completed.

Children's Services Fund, St. Louis County, Missouri

Rate Validation for CSF Mental Health and Substance Abuse Services (May 2014 – October 2014): Project Manager

Project: PCG conducted an independent review of the fund's relative value unit (RVU)-based system of service reimbursement.

Mr. Jones: was responsible for validating the RVU methodology and the accuracy of service descriptions, developing rate methodologies for additional procedures and non-traditional services, as well as conducting site visits and presenting findings to affiliated providers.

Department of Behavioral Health, District of Columbia

Cost Study for Community Residential Facility Rate Setting (April 2014 – Present): Project Manager

Project: PCG conducted a cost survey for a sample of the District's Community Residential Facility providers, performed in-depth analysis, reported all findings, and made rate-setting suggestions for DC DBH. On account of the provider relationships formed during the project, the PCG team was awarded an additional contract to facilitate transition training to the service providers to help them adjust to and thrive within the new rate structure.

Mr. Jones: was responsible for managing all aspects of the project, including conducting site visits, constructing the rate models, and served as a liaison to the sampled providers.

Arizona Health Care Cost Containment System, State of Arizona

Phoenix Children's Hospital Safety Net Care Pool Evaluation (May 2014 – August 2014): Project Manager

Project: PCG conducted an independent evaluation of PCH's use of Safety Net Care Pool funds, in alignment with federal requirements stipulated in the Medicaid 1115 waiver establishing the fund.

Mr. Jones: was responsible for reviewing the expenditures involved in SNCP financing and to determine the continuing necessity of SNCP funding for the hospital in the post-ACA environment.

Department of Medical Services, State of Arkansas

Behavioral Health Program Rate Analysis (October 2013 – Present): Project Staff

Project: PCG is assisting Arkansas with a rate analysis of its behavior health programs. This initiative includes a comprehensive review of current practices, a peer state analysis, rate setting for all BH services, and detailed financial modeling.

Mr. Jones: was responsible for completing the peer state analysis as well as constructing the final rate setting model and final report.

Green Door, District of Columbia

Provider Business Analytics (February 2014 – Present): Project Staff

Project: PCG assisted Green Door, a community behavioral health provider in the District of Columbia, in understanding how to optimize its revenue from the District's recently revised reimbursement structure.

Mr. Jones: performed an analysis of the Green Door's service mix and produced a set of provider metrics to compare Green Door's performance with similar area providers.

Health Care Authority, State of Washington

Local Health Jurisdiction Medicaid Administrative Claiming Audit (September 2013 – January 2014): Team Lead

Project: PCG conducted an audit of the Medicaid Administrative Claiming program operated by the state's county public health departments, known as Local Health Jurisdictions.

Mr. Jones: served as the team lead for PCG auditors working throughout the state, completing an analysis of the state's Certified Public Expenditure (CPE) financing system and drafting findings and recommendations for the final report.

Department of Mental Health, District of Columbia

Cost Study for Rate Setting (May 2013 – September 2013): Project Staff

Project: PCG conducted a cost survey for Medicaid behavioral health providers and community-based waiver programs, performed in-depth analysis, reported all findings, and made rate-setting suggestions for DC DMH.

Mr. Jones: assisted in constructing the rate models, and served as a liaison to the sampled providers.

Department of Human Services, State of Minnesota

Managed Care Evaluation (April 2013 – September 2013): Project Staff

Project: PCG authored a high-profile legislative report on the value of managed care for state public health care programs, with the intent to determine the value of managed care for Minnesota Health Care Programs (MHCP) in comparison with a Fee-For-Service (FFS) delivery system.

Mr. Jones: played a key role in providing the research and analysis for the report, as well as overseeing development of the draft writing and report conclusions.

Department of Veteran Services, State of Ohio

Examination of Veteran Services (April 2013 – August 2013): Project Staff

Project: PCG conducted a study to collect, among a sampling of 50 states, functional models that examine four key categories: the structure and function of veterans services offices at the state and local level, including the process of appointing officials; funding both for state and local/county veterans services; the function and capabilities of power of attorney services for veterans claims; and marketing, outreach and advocacy to veterans.

Mr. Jones: played a central role in the project as a researcher and data analyst.

University Medical Center of Southern Nevada, Clark County, Nevada

Delivery System Reform and ACO Feasibility Study (February 2012 – May 2013): Project Staff

Project: PCG advised UMCSN and Clark County, Nevada, on the feasibility of implementing major health care delivery system at the hospital to allow for better care coordination and integration of medical care with county social services.

Mr. Jones: served as the chief advisor on how best to implement an Accountable Care Organization structure for the county, reviewing operational requirements, potential financing models, and possible legal and regulatory barriers to reform. He also consulted with county officials to determine how tax levies could be restructured to facilitate more efficient delivery of county services.

University Medical Center of Southern Nevada, Clark County, Nevada

Medicaid 1115 Waiver Feasibility Study (June 2012 – December 2012): Project Staff

Project: PCG advised UMCSN on a potential Medicaid 1115 Waiver to secure current federal funding levels and take advantage of new revenue opportunities through quality improvements and cost-saving reforms.

Mr. Jones: served as the lead researcher, drafting the white paper detailing current state waiver initiatives and identifying policy options for the State of Nevada.

Health and Human Services Commission, State of Texas

Medicaid 1915(c) NEMT Waiver Audit (November 2012 – January 2013): Project Staff

Project: PCG conducted an independent assessment of the State's Non-Emergency Medical Transportation waiver program, evaluating the cost-effectiveness, accessibility, and quality of State services.

Mr. Jones: was responsible for reviewing project costs and revenues to confirm the program's budget neutrality under the terms of the waiver, and for assessing program compliance with recent legal settlements.

Health and Human Services Commission, State of Texas

DSRIP Project Proposal Screening (November 2012 – January 2013): Project Staff

Project: PCG reviewed and vetted over 200 RHP applications for incentive payments for delivery system reform projects.

Mr. Jones: served as a core team member on the project, establishing an efficient business process to ensure quality review, and bringing strong delivery system reform expertise to the project.

Department of Behavioral Health and Developmental Disabilities, State of Georgia

Cost Study for Rate Setting (June 2012 – September 2012): Project Staff

Project: PCG conducted a cost survey for Medicaid behavioral health providers and community-based waiver programs, performed in-depth analysis, reported all findings, and made rate-setting suggestions for Georgia DBHDD.

Mr. Jones: performed database calculations for project setup, constructed and presented dynamic rate models, and co-authored and edited the final cost report.

PROFESSIONAL BACKGROUND

Public Consulting Group, Austin, TX April 2012 – Present

Teach Newark Public Schools, Newark, NJ March 2012 – September 2013

Holy Cross College, St. Joseph County, IN August 2002 – May 2011

EDUCATION

University of Chicago

Doctor of Philosophy, candidate in Religion, June 2012

Claremont School of Theology

Masters of Arts in Theological Studies, May 2002

University of Georgia

Bachelor of Arts in Philosophy, May 2000

JOSEPH WEBER
ASSOCIATE MANAGER AT PUBLIC CONSULTING GROUP, INC.

Joe Weber is an Associate Manager located in the Albany, New York office. Mr. Weber has an intricate understanding of both federal and state regulations governing cost accounting and third-party compliance reporting. Mr. Weber has previously led PCG's efforts as the WIMCR program coordinator, overseeing the efforts of PCG's project team through the audit and reporting processes. Mr. Weber also led PCG's efforts in reviewing the reimbursement methodology for county based public health services on behalf of the Georgia Department of Public Health. He is currently assisting the Colorado Office of Behavioral Health in establishing a web-based cost reporting application to be used in capturing financial data of community based substance use disorder providers and to calculate provider and service specific cost per unit rates.

In addition to his experience working with community based public health and behavioral health providers, Mr. Weber has extensive experience assisting states in developing and implementing cost based reimbursement methodologies for school based health service programs. He is currently leading PCG's efforts in assisting the New York State Department of Health in implementing a certified public expenditure (CPE) reimbursement methodology for pre-school and school based health services. As part of this effort he is working directly with DOH staff in responding to CMS questions and comments on the state plan amendment and all supporting documents. Mr. Weber is also currently assisting New Jersey, Pennsylvania and West Virginia in these efforts and has previously assisted in similar efforts in the District of Columbia and Georgia.

Mr. Weber is also currently serving as one of PCG's leads in assisting the New York State Department of Health to implement and oversee the Delivery System Reform Incentive Payment (DSRIP) program. As the Independent Assessor for the New York DSRIP program, PCG is responsible for developing the DSRIP project plan application, evaluating and scoring all project plan applications, and for overseeing all approved project plans over the five year waiver period.

RELEVANT PROJECT EXPERIENCE**Department of Health, State of New York**

Delivery System Reform Incentive Payment (DSRIP) Program Independent Assessor (August 2014 – Present): Project Manager

Project: Assisting the state with the implementation of the DSRIP program, including the development of an application and scoring methodology for Performing Provider Systems (PPS). Developing validation review protocols and policies to conduct ongoing assessments for PPS performance for the purpose of determining performance payments. Providing ongoing support through the development of policy guidance. Facilitating statewide PPS Learning Symposiums to share the best practices being implemented across the state. Assisting the state in completing mandatory reporting requirements on quarterly progress to CMS.

Mr. Weber: Manage the overall project effort for all tasks associated with PCG's role as the DSRIP Independent Assessor. Provide technical assistance to the state in ensuring all aspects of the program are implemented consistent with the waiver. Monitor financial aspects of the program including calculation of semi-annual performance payments.

Department of Health Services, State of Wisconsin

Web-Based Cost Report Tool Development (April 2014 – Present): Project Manager

Project: Assist the state to develop a new web-based cost reporting tool for WIMCR. Facilitated meetings with state and county agency staff to get buy-in on proposed cost report changes. Worked with state staff to determine most appropriate approaches for identifying and reporting direct costs and for allocating overhead costs in the new cost report tool. Established a consistent approach for cost reporting for all participating county agencies that streamlined the amount of work for county agency staff. Provided comprehensive training for county agency staff on the new cost report tool and cost reporting requirements. Provide ongoing support to county agency staff throughout the cost reporting period.

Mr. Weber: Manage the overall project effort of PCG's project team. Completing desk reviews of all completed cost reports. Assist in generating the Provider Summary Report (PSRs), the Maintenance of Effort (MOE) calculations, and the County Treasury Reports (CTRs) for all county agencies upon completion of the cost reports and desk reviews.

Department of Health Services, State of Wisconsin

WIMCR Cost Reporting (June 2013 – Present): Project Manager

Project: Assisted the state in the coordinator of the WIMCR program including the completion of desk reviews of all WIMCR cost reports, the review of Provider Summary Reports (PSRs), the calculation of the Maintenance of Effort (MOE), and assistance in determining final payment amounts. Provided technical support to state and county agency staff throughout the annual WIMCR cost reporting process.

Mr. Weber: Manage PCG's project team's effort in conducting desk reviews of all WIMCR cost reports. Oversee the review of Provider Summary Reports (PSRs), the calculation of the Maintenance of Effort (MOE), and assistance in determining final payment amounts.

Department of Health, State of New York

Pre-School and School Supportive Health Services Program Design and Implementation (November 2013 – Present): Project Manager

Project: Assist the state in designing and implementing a cost based reimbursement methodology for the school based health services program known as SSHSP.

Mr. Weber: Assisted in developing the SPA document outlining the new methodology and all accompanying documents including the cost report and cost reporting guide. Prepared responses to CMS' Requests for Additional Information pertaining to the SPA and other related documents. Conducted trainings for school districts across the state to introduce the new methodology and all of the new program requirements. Conducting financial trainings to assist the LEAs in completing the annual cost report.

Department of Human Services, Office of Behavioral Health, State of Colorado

Standardized Coding, Unit Costing, Reimbursement Rate and Web Solution for Substance Use Disorder (May 2012 – Present): Project Manager

Project: Assisted the State in completing a review of current coding standards for substance use disorder (SUD) providers and in developing a new, standardized coding manual for SUD services.

Mr. Weber: Reviewed the existing cost reporting methodology for SUD providers and developed revised cost reporting guidelines and template to more accurately capture the actual cost of providing SUD services. Assisted in the development of a web-based cost reporting form and user guide to be used by all SUD providers in the state for completing the annual cost reports that will be used to inform rate setting efforts.

Department of Health and Human Services, Bureau for Medical Services, State of West Virginia

School Based Health Services Program Design and Implementation (July 2011 – Present): Project Manager

Project: Assist the state in designing and implementing a cost based reimbursement methodology for the school based health services program. Work with the Department of Education to develop consistent practices for the reporting of indirect costs across the state's 57 LEAs.

Mr. Weber: Assisted in developing the SPA document outlining the new methodology and all accompanying documents including the cost report and cost reporting guide. Conducted trainings to introduce the new methodology and all new program requirements to the LEA and RESA staff.

Division of Medical Assistance and Health Services, State of New Jersey

Special Education Medicaid Initiative Program Design and Implementation (July 2011 – Present): Cost Settlement Project Manager

Project: Assist the state in designing and implementing a cost based reimbursement methodology for the school based health services program known as SEMI.

Mr. Weber: Assisted in developing the SPA document outlining the new methodology and all accompanying documents including the cost report and cost reporting guide. Prepared responses

to CMS' Requests for Additional Information pertaining to the SPA and other related documents. Conducted financial trainings to assist the LEAs in completing the annual cost report.

Department of Public Welfare Pennsylvania Department of Education, Commonwealth of Pennsylvania

School Based Access Program Cost Settlement Implementation (July 2013 – September 2014): Cost Settlement Project Manager

Project: Assist the Commonwealth in implementing a cost based reimbursement methodology for the school based health services program known as SBAP. Conducted a review of the recently approved SPA to identify implementation requirements. Worked with DPW and PDE to conduct trainings on cost settlement requirements.

Mr. Weber: Assist in development of a web-based cost reporting template and cost report instructions for the LEAs. Implemented a comprehensive desk review and auditing protocol to support DPW audit efforts.

Department of Community Health, State of Georgia

School Based Health Services Program Design and Implementation (July 2010 – December 2011): SPA and Cost Settlement Lead

Project: Assist the state in designing and implementing a cost based reimbursement methodology for the school based health services program known as CISS.

Mr. Weber: Assist in development of the SPA document outlining the new methodology and all accompanying documents including the cost report and cost reporting guide. Prepared responses to CMS' Requests for Additional Information pertaining to the SPA and other related documents. Conducting financial trainings to assist the LEAs in completing the annual cost report.

District of Columbia Public Schools, District of Columbia

Medicaid Cost Settlement Reports (April 2007 – September 2011): Cost Settlement Lead

Project: Prepared and submitted the Special Education Medicaid Cost Settlement Report on behalf of the District of Columbia Public Schools for fiscal years 2004 through 2009.

Mr. Weber: Assisted in analysis of all costs incurred by the District of Columbia Public Schools in the provision of special education services to Medicaid eligible students. Identified the Medicaid allowable and non-allowable costs for school based health services.

Department of Health Care Finance, District of Columbia

School Based Health Services Program Design and Implementation (January 2009 – September 2011): Project Manager

Project: Assisted DHCF in developing and implementing a cost based reimbursement methodology for the school based health services program.

Mr. Weber: Helped prepare the SPA document as well as the cost report template and instructions. Prepared responses to CMS questions to gain approval of the SPA. Conducted cost reporting trainings for DC Public Schools and DC Public Charter Schools to inform the schools of the new methodology and cost reporting requirements.

Department of Community Health Division of Public Health, State of Georgia

Reimbursement Improvement in Public Health Departments (July 2010 – October 2011): Project Manager

Project: Conduct a comprehensive review of Georgia's public health cost accounting system.

Mr. Weber: Facilitated stakeholder meetings with local public health department representatives. Completed an analysis of the current cost accounting system to identify the system strengths and weaknesses. Reviewed the current methodology for time reporting and allocation. Assisting DPH to develop a revised cost reporting template and time reporting method for public health services.

Department of Children and Families, State of Florida

Crisis Stabilization Unit Reimbursement Conversion (May 2012 – March 2013): Project Manager

Project: Assisted the Department in an evaluation of the current capacity based reimbursement methodology for crisis stabilization unit (CSU) services as directed by a legislative proviso. Developed options for a utilization based reimbursement methodology for CSU services for Department consideration. Conducted an analysis of CSU provider costs compared to existing rates.

Mr. Weber: Assisted the Department in conducting monthly workgroup meetings with providers and other stakeholders. Provided the Department with a final report detailing proposed options for a utilization based reimbursement methodology, recommendations for a preferred methodology, and important considerations for implementation.

Department of Mental Health, Commonwealth of Massachusetts

Federal and State Cost Reporting Compliance (July 2005 – June 2013): Project Manager

Project: Received training on required federal and state cost reports including Medicare (CMS-2552), Medicaid (DHCFP-403), and ICF/MR Medicaid (DHCFP-403a) cost reports. Prepared Medicare CMS-2552 and Medicaid 403 cost reports on behalf of the facility. Obtained specific information from the facilities in order to properly analyze detailed charges, revenue, and expenditures.

Mr. Weber: Completed diligent analysis of the facility expenses to ensure all allowable costs were captured and reported in the cost reports.

Department of Mental Health, State of Missouri

Various Projects (January 2006 – June 2013): Financial Analyst, Project Manager

Projects:

- Physician Billing Conversion Analysis: Provided consulting services related to the implementation of a cost based physician reimbursement system in four state owned and operated teaching hospitals. Methodology will switch these providers from the fee for service system to a cost based reimbursement system under the Medicare program.
- Medicare TEFRA Exception Appeals: Prepared FY 2000-FY 2003 Medicare TEFRA appeals and supporting documentation on behalf of the 5 state owned and operated psychiatric facilities. Appeal submissions included all necessary calculations and written language providing justification for the appeal.
- Federal and State Cost Reporting: Prepared the CMS-2552 cost reports for Medicare and Medicaid on behalf of the 9 state operated psychiatric facilities. Obtained specific information from the facilities in order to properly analyze detailed charges, revenue, and expenditures. Completed a thorough review of all expenditures to ensure that all allowable costs were captured and reported in the cost reports. Conducted an analysis of the current rates set for Medicaid services and the current Disproportionate Share Hospital (DSH) calculation for the state facilities.

Mr. Weber: Assisted DMH with submission of patient logs and provider negotiations with the intermediary. Oversaw completion and submission of all Medicare and Medicaid cost reports on behalf of the DMH state operated facilities.

Health and Human Services Commission, Department of State Health Services, State of Texas

Study of the Texas Public Behavioral Health System (July 2011– October 2012): Financial Analysis Lead

Project: Conducted a review of the current public behavioral health system in Texas. Assessed the system's strengths and weaknesses programmatically and financially to assist in making recommendations for system redesign. Conducted seven public stakeholder forums to gather stakeholder input on the current behavioral health system.

Mr. Weber: Met with mental health and substance abuse providers, advocacy groups, and other stakeholders. Provided the State with a report on the current system. Developed recommendations for system redesign in preparation for federal health care reform as it currently stands. Conducted an additional seven public stakeholder forums to gain stakeholder feedback on the proposed recommendations. Produced a final report for the State outlining recommendations for system

redesign in three key areas: service delivery system, governance and oversight, and funding and financing.

Utah State Legislature, Executive Appropriations Committee, State of Utah

Study on the Feasibility of Privatization of Parts of the Utah State Hospital and Utah State Developmental Center (April 2010 – September 2010): Financial Analysis Lead

Project: Conducted an assessment on the feasibility of privatizing the Forensic Unit at Utah State Hospital (USH) and the semi-secure units at the Utah State Developmental Center (USDC). Conducted a peer state analysis of like facilities and prepared a financial analysis illustrating potential areas for cost savings through privatization.

Mr. Weber: Produced a final report for the state on the feasibility of privatizing the units identified.

Department of Mental Health, State of Ohio

Administrative Cost Reduction Study (May 2010 – August 2010): Financial Analysis Lead

Project: Conducted a study of the administrative cost structure of the Ohio behavioral health system. Reviewed functions as state, county board, and provider levels to identify administrative inefficiencies.

Mr. Weber: Provided the state with a final report detailing areas for administrative cost reduction and recommendations for improving efficiency in the behavioral health system.

Bureau of Behavioral Health and Health Facilities, State of West Virginia

Bureau of Behavioral Health and Health Facilities Redesign (July 2005 – June 2007): Financial Analyst

Project: Provide financial review component of a comprehensive redesign of the Bureau for Behavioral Health and Health Facilities under DHHR.

Mr. Weber: Review funding system for services provided in the community and recommend changes to better support community programs and to maximize federal revenues.

Franciscan Hospital for Children

Strategic Planning Analysis (October 2012 – April 2013): Financial Analysis Lead

Project: Assisted the Franciscan Hospital for Children (FHC) with a comprehensive strategic planning analysis. Provided the FHC administration and Board with a comprehensive strategic planning report outlining those areas that should be considered for continuing investment and those areas that should be considered for consolidation.

Mr. Weber: Reviewed all components of FHC operations including administrative and patient care centers. Conducted a financial analysis of the patient care centers to identify those that were profitable and those that were underperforming. Completed a market analysis of similar providers and programs in the region to determine current and project future market demand for FHC service offerings. Reviewed staffing ratios for all patient care centers and benchmarked against peer facilities.

Department of Social Services Missouri HealthNet Division, State of Missouri

Title XIX Funding for University of Missouri Health Systems Affiliated Program (August 2010 – January 2011): Financial Analyst

Project: Conducted an analysis of Medicaid funding for the University of Missouri Health System (UMHS) and UMHS Programs.

Mr. Weber: Reviewed multiple initiatives geared towards increasing the Medicaid funding for UMHS and UMHS programs including Medicaid Disproportionate Share Hospital (DSH) claiming, Provider Tax, Hospital, EMS, and Physician Upper Payment Limit (UPL). Provided a detailed assessment of current Medicaid funding and opportunities for increased Medicaid funding and the worksteps for implementing the initiative.

Massachusetts Behavioral Health Partnership, Commonwealth of Massachusetts

Various Projects (June 2008 – December 2008): Financial Analyst

Projects:

- Outpatient Rate Review Project: Performed data analysis and review of outpatient costs for four outpatient mental health centers in Massachusetts.
- Emergency Services Program (ESP) Rate Analysis: Performed data analysis and review of costs for all ESP providers in the Commonwealth. Developed a cost model to project the costs of additional services in an enhanced ESP system.
Mr. Weber: Analyzed and compared rates being paid by MBHP and other payers to providers for defined mental health services. Assisted MBHP with the development of an ESP rate and ESP specific cost report document.

Department of Developmental Services, Commonwealth of Massachusetts

State Cost Reporting Compliance (July 2005 – June 2013): Project Manager

Project: Obtained data from Intermediate Care Facilities (ICF/MR) and completed an analysis of facility expenses to capture all costs during the fiscal year.

Mr. Weber: Prepared and submitted Medicaid DHCFP-403A reports for six ICF/MR facilities.

Department of Health Care Policy and Financing, State of Colorado

Nursing Facility Pay for Performance Reviews (April 2009 – June 2013): Project Manager

Project: Reviewed, evaluated, and validated whether nursing facilities that applied for additional reimbursement related to the Pay-For-Performance program implemented, and were in compliance with, performance measures, as defined by the Department, that provide high quality of life and high quality of care to their residents.

Mr. Weber: Successfully provided final evaluation results of the Pay-For-Performance applications to the Department and a report detailing the recommendations to the Department for continuing and improving this project.

Division of Health Care Finance and Policy, Commonwealth of Massachusetts

Various Projects (July 2005 – Jun 2011): Audit Team Leader

Projects:

- Uncompensated Care Pool Audit and Data Analysis: Performed data analysis on discrepancies between UB92 claims and aggregate charge data reported on UC Forms and between UB92 claims and free care applications.
- Health Safety Net Compliance Review: Conducted field audits of 25 providers to ensure compliance with Health Safety Net eligibility and claiming regulations. Areas of review included allowable bad debt, Health Safety Net as secondary payer, reporting of bad debt recoveries, reporting of free care income, and service code eligibility.

Mr. Weber: Analyzed charge optimization strategies by providers and compared UCP payment levels to other government and private payers. Conducted field audits of fifteen providers based on the results of the data analysis. Prepared a final report detailing all findings of the field reviews and recommendations for enhanced compliance.

Executive Office of Health and Human Services, Commonwealth of Massachusetts

Hospital UPL Project (August 2006 – June 2007): Financial Analyst

Project: Calculated Medicaid upper payment limits (UPL) for inpatient and outpatient hospital services in Commonwealth of Massachusetts private, public state-owned and public non-state owned hospitals. Calculated a hospital-specific inpatient charge limit that complies with the requirements set forth at 42 CFR 447.271 and all other applicable regulatory or subregulatory materials. Reviewed the methodology for determining hospital-specific disproportionate share caps and confirm the accuracy of the calculation of each.

Mr. Weber: Provided strategic advice on UPL calculations which will directly impact current and future Medicaid payments to hospitals and the uncompensated care pool in the Commonwealth of Massachusetts.

Department of Human Services, State of North Dakota

Rebasing Medical Services Payment Rates (February 2008 – October 2008): role

Project: Developed a cost survey to determine the current costs of providing Chiropractic and Dental services in North Dakota.

Mr. Weber: Calculated cost based Medicaid rates for Chiropractic and Dental services based on provider costs and utilization data. Conducted an analysis of the current Medicaid fee schedule and the projected cost based rates to determine the additional funding needed by the state to support a rebasing of Medicaid rates to cost.

Crotched Mountain Rehabilitation Center

Acuity Based Rate Setting Project (September 2006 – June 2007): Financial Analyst

Project: Performed review of patient records to determine rates appropriate for level of care provided.

Mr. Weber: Analyzed and compared cost report data for Crotched Mountain and similar facilities to determine costs per day and average lengths of stay.

Program for Assertive Community Treatment, Department of Mental Health, Commonwealth of Massachusetts

Financial Reviews and Billing Database Development (July 2006 – June 2007): Audit Team Lead

Project: Conducted a financial review of 13 Program of Assertive Community Treatment (PACT) to determine if they are compliant with their current contracts.

Mr. Weber: Assisted in recommendations of more efficient billing procedures, and implementation of an improved data collection process.

City of Chelsea, MA and City of Lynn, MA, Commonwealth of Massachusetts

Administrative Activity Claiming (July 2007 – December 2009): Business Analyst

Project: Prepare and submit Administrative Activity Claims (AAC) on behalf of 2 cities in the state of Massachusetts. The cities receive Medicaid FFP reimbursement as a result of this process.

Mr. Weber: Assist in preparation and submission process.

PROFESSIONAL BACKGROUND

Public Consulting Group, Boston, MA

July 2005 – Present

EDUCATION

Clark University, Worcester, MA

Masters of Business Administration, 2009

College of the Holy Cross, Worcester, MA

Bachelor of Arts in Economics, 2005

PROFESSIONAL ASSOCIATIONS

Healthcare Financial Management Association (HFMA)

Project Management Institute, National and Upstate New York Chapters

RAYMOND JOHNSON
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Raymond Johnson, a Senior Consultant, joined PCG in September 2014. Mr. Johnson is currently heading the Business Process Review project for Clark County Department of Social Services in Las Vegas, Nevada. His efforts are to lead in the review of existing business programs and practices of the Department of Social Services, to improve agency efficiency, and customer service within the counties' case management system. This is obtained through research, observations, and interviews, by identifying and presenting recommendations used for outlining, redesigning, and constructing a Policy Manual and a Procedures Manual that will incorporate the best practices of local, state and federal regulations, along with Nevada Revised Statutes, Clark County Administrative City and standard practices.

Most recently, Mr. Johnson currently is leading a project with the City of Detroit, Michigan to update the Central Service Cost Allocation Plan (CSCAP) allocation methods to ensure that each cost pool is allocated to the appropriate user Departments; preparing narrative documents to accompany CSCAP schedules; reviewing the budgeted financial data; analyzing statistical data and preparing the data into the proper format to enter into the Cost Allocation Plan (CAP) software to allocate the various central service cost pools; performing quality control review of the CAP report; assisting the City to develop an effective communication plan for administering the CSCAP going forward; and reconciling the CAP once the comprehensive Annual Financial Reporting.

Mr. Johnson's other experience with PCG includes working on the City of Philadelphia Office of the Director of Finance (ODF) Central Services Cost Allocation Plan (CAP); State of Oklahoma Health Care Authority Cost Allocation Plan (CAP); State of Oklahoma Department of Mental Health and Substance Abuse Services Web-Based AlloCAP and Allo Trac Systems; Each agency has recently or is in the process of working with PCG to rewrite their cost allocation plan (CAP) narratives.

In addition to Cost Allocation Plan projects, Mr. Johnson is also providing quality control reviews on the drafted Medicare (CMS-2552) and Medicaid (CHIA-403) cost reports on behalf of over 15 facilities from the Department of Public Health, Department of Mental Health, Department of Developmental Services and Soldiers' Homes in Massachusetts, all for the Commonwealth of Massachusetts - University of Massachusetts Medical School Center for Health Care Financing and for the Federal and State Cost Reporting, as well as the State of Missouri Department of Mental Health

RELEVANT PROJECT EXPERIENCE

University of Massachusetts, Commonwealth of Massachusetts

Medical School Center for Health Care Financing

Federal and State Cost Reporting (August 2015 – current): Senior Consultant

Mr. Johnson: Perform quality control review on the drafted Medicare (CMS-2552) and Medicaid (CHIA-403) cost reports on behalf of over 15 facilities from the Department of Public Health, Department of Mental Health, Department of Developmental Services and Soldiers' Homes in Massachusetts.

Department of Mental Health, State of Missouri

Federal and State Cost Reporting (August 2015 – current): Senior Consultant

Mr. Johnson: Perform quality control review on the drafted CMS-2552 cost reports for Medicare and Medicaid on behalf of the 7 state operated psychiatric facilities. Obtained specific information from the facilities in order to properly analyze detailed charges, revenue, and expenditures. Completed a thorough review of all expenditures to ensure that all allowable costs were captured and reported in the cost reports. Conducted an analysis of the current rates set for Medicaid services and the current Disproportionate Share Hospital (DSH) calculation for the state facilities.

Department of Social Services, Clark County, Nevada

Business Process Review (May 2015 – current)

Mr. Johnson: Lead efforts to review existing business programs and practices of the Department of Social Services to improve agency efficiency, and customer service within the counties' case management system. Through research, observations, and interviews, identified and presented recommendations used for outlining, redesigning, and constructing a Policy Manual and a Procedures Manual that will incorporate the best practices of local, state and federal regulations, along with Nevada Revised Statutes, Clark County Administrative Code and standard practices.

Department of Human and Health Services, State of Michigan

Cost Allocation Plan (CAP) (May 2015 – current): Senior Consultant

Mr. Johnson: Assist in the rewrite of the CAP narrative. Conduct interviews with staff across the Department, conduct status report meetings, provide recommendations for procedural changes in processing the CAP, including rewriting narrative and assisting DHHS with negotiating approval with Cost Allocation Services (CAS). Provide ongoing consultation related to cost allocation and narrative amendments, including those related to Health Care Reform and Personnel Activity Reporting processes.

City of Philadelphia, State of Pennsylvania

Cost Allocation Plan (October 2014 – March 2015): Senior Consultant

Mr. Johnson: Assist in identifying allowable costs for the Office of the Director of Finance (ODF) to allocate across the City's departments. Work with both ODF and the Department of Public Health (DPH) agencies to determine costs that are eligible for reimbursement through various federal and state funding sources. Interviewing appropriate departmental personnel, reviewing financial documents & organizational structure, and performing analysis of statistical data relative to benefit of services provided. Preparation of specific reports, and document the methodology used to identify, measure, and calculate indirect and direct cost to provide for a fair and equitable calculation and claim process through all of the City's and DPH's programs.

Health Care Authority, State of Oklahoma

Cost Allocation Plan (October 2014 – October 2015): Senior Consultant

Mr. Johnson: Assist in the updating of the Cost Allocation Plan's narrative for departmental changes. Assist in the preparation of a more detailed cost pool and allocation method structure. Assist in the training of cost allocation and time studies for the agency.

Department of Mental Health and Substance Abuse Services, State of Oklahoma

Web-Based AlloCAP and Allo Trac (October 2014 – current): Project Manager

Mr. Johnson: Assist in the implementation of our web-hosted cost allocation software, AlloCAP for the department to process quarterly CAP claims. Support the pilot and training for all participants and offer assistance in the review and recommendation of updates to the OKDMHSAS.

Department of Human Services, City of Detroit

Central Service Cost Allocation Plan (September 2014 – current): Project Manager

Mr. Johnson: Leading effort to develop and review the central services cost allocation plan (CSCAP) and make recommendations to ensure the CSCAP is compliant with federal regulations and is allocating costs effectively and efficiently to all benefitting objectives. Analyze, develop, and implement an effective communication plan.

University of North Carolina Health Care System

Government Program Analyst

Mr. Johnson: Lead this special projects to ensure that Medicare and Medicaid requirements are fulfilled by validating the Advanced Practice Providers' (APP's) time reported monthly via auditing the hospital's TimeTrex system. Duties include acquiring and evaluating information relative to APP's job functions and verifying that categorization of time is in compliance with the Centers for Medicare & Medicaid Services (CMS) regulations. This position requires shadowing of APP's as well as written and verbal communications while working alongside other staff members. Additional responsibilities include assistance in the completion and submission of the Medicare and Medicaid

Cost Reports and Home Office Statements. This includes collecting, reviewing, calculating, and verifying data associated with the numerous cost report worksheets, followed by the preparation of reports for the inputting of information into the cost reports. Also responsible for the Attestation of provider-based clinics and ensuring that criterion are met for billing and payment purposes as required by CMS.

Myers and Stauffer PLLCSupervisor

Mr. Johnson: Responsible for the performance & supervision of Medicaid audits for the State of North Carolina. Facilities include: state-owned psychiatric hospitals, state-owned teaching hospitals, Rural Health Clinics (RHC), Intermediate Care Facilities/Mental Retardation (ICF/MR), Federally Qualified Health Centers (FQHC), and non-state acute hospitals. Included in these audits and reviews is a focus on Graduate Medical Education (GME), Indirect Medical Education (IME), Bond Refinancing, Disproportionate Share payments (DSH), Provider-Based Physicians, Certified Registered Nurse Anesthetist (CRNA), and Home Office Cost Statement allocations. Also assist state governments in conducting research and analysis of various health care issues. Internally provide staff training, supervisory reviews, mentoring, and evaluations.

Clifton Gunderson LLPManager

Mr. Johnson: Responsible for the performance & supervision of Medicaid audits for the State of North Carolina. Facilities include: state-owned psychiatric hospitals, state-owned teaching hospitals, Rural Health Clinics (RHC), Intermediate Care Facilities/Mental Retardation (ICF/MR), Federally Qualified Health Centers (FQHC), and non-state acute hospitals. Included in these audits and reviews is a focus on Graduate Medical Education (GME), Indirect Medical Education (IME), Bond Refinancing, Disproportionate Share payments (DSH), Provider-Based Physicians, Certified Registered Nurse Anesthetist (CRNA), and Home Office Cost Statement allocations. Also assist state governments in conducting research and analysis of various health care issues. Internally provide staff training, supervisory reviews, mentoring, and evaluations.

Cambridge Health AllianceReimbursement Analyst III

Mr. Johnson: This senior position is solely responsible for the completion and submission of the Medicare Cost Report and Massachusetts State Cost Report. Other reports include: HCFA91 PIP Interim Review; Research Indirect Cost Proposal; Quarterly Surcharge Payment Report; and the Unmatched Surcharge Payers Report Schedule. Cambridge Health Alliance, which is affiliated with Harvard Medical School, is a teaching facility with a Psychiatric Unit and Skilled Nursing Facility. Exclusively in charge of:

- Collection and analysis of expenses, revenues, miscellaneous income, capital, and statistical data.
- Calculating and verifying Interns & Resident's full-time equivalents for Indirect Medical Education (IME) & Graduate Medical Education (GME) in conjunction with the preparation of the IRIS listing.
- Preparation and input of information on all applicable cost report worksheets, including: Patient Statistics, Expenses, Wage Index, Reclasses, Adjustments, Provider-based Physicians, Statistics, Revenues, Settlement, IME/GME, DSH payments, Balance Sheet, and Income Statement.

Partners Healthcare Systems, Inc.Senior Reimbursement Analyst

Mr. Johnson: Primarily responsible for the preparation and submission of the Home Office State report and the Home Office Medicare cost report. Also, assist in the preparation and filing of the Medicare

cost reports for Partners' member-hospitals: acute, rehabilitation, and psychiatric facilities. Overall requirements include:

- Perform monthly analysis of the P&L and Balance sheet activity; ad hoc analysis of issues to support management inquiries for revenue and expenses; budget/forecasting analysis; calculations for various reimbursement rates and limits; and account analysis to ensure data integrity.
- Development and interpretation of expense trends, and interpretation and application of HCFA regulations to ensure greatest reimbursement impact for hospitals.
- Assist with the coordination and process of audits.

Highmark Blue Cross Blue Shield

Senior Provider Auditor

Mr. Johnson: The nature of this position is to perform routine aspects of auditing Medicare Cost Reports under HCFA regulations and GAAP guidelines. Responsibilities include supervising and conducting audits of different types: Hospitals, Skilled Nursing Facilities, Mental Health Facilities, Home Health Agencies, Comprehensive Outpatient Rehabilitation Facilities, and Ambulatory Surgery Center. Major areas of auditing include Graduate Medical Education, Indirect Medical Education, Bond Refinancing, DSH payments, Bad Debts, Provider-Based Physicians, Funded Depreciation, and Interest. Duties involve:

- Scoping audits; writing and reviewing policies & procedures, interpreting Medicare regulations and policies;
- analyzing financial reports, cost reports; testing claims, invoices; verifying supporting documentation;
- Preparing and presenting computerized adjustment and settlement reports.

PROFESSIONAL BACKGROUND

Public Consulting Group

University of North Carolina Health Care System,

Myers and Stauffer PLLC

Clifton Gunderson LLP

Cambridge Health Alliance

Partners Healthcare Systems, Inc.

Highmark Blue Cross Blue Shield

EDUCATION

West Virginia University

Bachelor of Science, Business Administration

TRAINING

National Association of State Human Services Finance Officers (HSFO)

Reno, Nevada

Advanced Cost Allocation Training

Assist with developing and finalizing basic and advanced CAP training presentations for financial officers on cost allocation plan development, implementation, and modification.

Community Care of North Carolina

Raleigh, North Carolina
Medicaid Training

Assist with developing and presenting basic and advanced Medicaid training presentations for financial officers on Medicaid regulations, claiming fundamentals, waivers, rate setting, and other issues.

LAUREN RODRIGUES
CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Lauren Rodrigues, a consultant in the Health division at Public Consulting Group, has four years of experience working on healthcare finance projects ranging from cost reporting and rate setting to healthcare auditing. Ms. Rodrigues holds a Masters of Business Administration and a Bachelor of Science degree in Finance from Bentley University in Waltham, Massachusetts.

Ms. Rodrigues has worked with multiple states in a number of different capacities providing rate setting services. She is currently assisting the District of Columbia with the creation of alternate payment methodologies for Federally Qualified Health Centers. In addition, Ms. Rodrigues has experience working with the Colorado Office of Behavioral Health to develop a service valuation methodology for substance use disorder treatment through the use of relative value units (RVUs) and modifiers. Ms. Rodrigues also has extensive knowledge of hospital rate setting, working with state psychiatric hospitals to review and adjust Medicaid rates biannually for the past four years.

RELEVANT PROJECT EXPERIENCE**Department of Mental Health, Commonwealth of Massachusetts**
Privatization Analysis of DMH Emergency Service Programs

Project: The Department of Mental Health (DMH) is considering privatizing its state-operated Emergency Service Programs (ESPs) in the DMH Southeast Area. Chapter 296 of the Acts of 1993 (the "Privatization Law") requires that a particular process be followed in assessing whether privatization would be cost effective. As part of this process, PCG was tasked with conducting the required cost analyses and preparing necessary documentation; assisting in developing and executing a procurement plan; assisting in providing necessary support to any employee organization interested in bidding on the procurement; assisting and completing a management study; documenting analyses and conclusions; and compiling this information into a cohesive report for submission to the Office of the State Auditor.

Department of Health Care Finance, District of Columbia**FQHC Alternative Payment Methodologies** (January 2015 – Present): Subcontractor

Project: Assisting with the creation of alternate payment methodologies for District of Columbia's (the District's) Federally Qualified Health Centers (FQHCs). Reviewed the District's current FQHC cost report format to assess the reasonableness of allowable and unallowable costs. Provided a memo of assessment and recommendations for improvement. Assessing the format and data collection capabilities of the cost report to be able to create reasonable and accurate rates for medical services, behavioral health services, and dental services, as well as care management activities.

Office of Behavioral Health, State of Colorado**Standardized Coding, Unit Cost, Reimbursement Rates & Web Solution** (08/01/2012 – Present): Team Lead

Project: Assisted with the creation of uniform service coding standards for substance use disorder (SUD); Created a uniform cost calculation to improve the accuracy and consistency for determining the cost of SUD treatment services; Developed a substance use disorder treatment service valuation methodology and modifiers to set up reimbursement rates; Facilitating the production of a web based cost report application incorporating all of the requirements of the other project phases.

Department of Mental Health, Commonwealth of Massachusetts**Federal and State Cost Reporting Compliance Project** (08/01/2011 – Present): Team Lead

Project: Medicare and Medicaid Cost Reporting: Prepared and submitted the required Medicare (CMS-2552) and Medicaid (DHCFP-403) cost reports for five state mental health facilities. Organized information from the client and completed reports in a timely and accurate manner. Coordinated and led meetings to review final cost report with facilities and explain variances from year to year.

Reviewed and made recommendations for the adjustment of Medicaid rates on a biannual basis.

Executive Office of Health and Human Services (EOHHS), Office of Medicaid, Commonwealth of Massachusetts

Supplemental Payment Program for EMS Providers (07/01/2013 – Present): Project Manager

Project: Worked with EOHHS on CMS approval for, and the implementation of a MassHealth Supplemental Payment Program to generate incremental federal Medicaid revenue for local governmental providers of ambulance/emergency medical services (EMS) to MassHealth beneficiaries. Facilitated the creation of a Medicaid State Plan Amendment and its submission to CMS. Organized a workgroup with 6 EMS providers to understand financial and reporting capabilities and finalize reporting methodologies. Developed cost report and cost reporting guide utilizing feedback from the workgroup.

Department of Health Care Policy and Financing, State of Colorado

Nursing Facilities Pay for Performance Review (03/01/2011 – 06/30/2013): Project Manager

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

Bureau of Medical Services, State of West Virginia

School Based Health Services Program Design and Implementation (07/01/2011 – Present): Team Lead

Project: Assisting the state in designing and implementing a cost based reimbursement methodology for the school based health services program. Revised the State Plan Amendment to outline the new methodology as well as accompanying documents including the cost report and cost reporting guide. Created presentations and conducted financial trainings to assist the LEAs in completing the annual cost report and participating in the Random Moment Time Study.

Department of Education, State of New Jersey

NJ SEMI Program (09/01/2014 – Present): Team Lead

Project: Creates and presents trainings to districts to facilitate their understanding of the cost reporting and cost settlement process. Reviews data submitted by districts through the annual cost report for reasonability. Assists districts with questions regarding the annual cost report through the phone hotline and by email.

Department of Developmental Services, Commonwealth of Massachusetts

Federal and State Cost Reporting Compliance Project (08/01/2011 – Present): Team Lead

Project: Medicaid Cost Reporting: Prepared Medicaid 403A cost reports on behalf of the facilities. Met with facilities to review and analyze expenses for accuracy and to ensure all allowable costs were captured and reported in the cost reports. Coordinated and led meetings to review final cost report with facilities and explain variances from year to year.

Medicaid Cost Reporting, Marquardt Nursing Facility: Prepared and submitted the required Medicaid (HCF-1) cost report for Marquardt Nursing Facility. Organized information from the client and completed reports in a timely and accurate manner. Coordinated and led meetings to review final cost report with the facility and explain variances from year to year.

Division of Health Care Finance and Policy, Commonwealth of Massachusetts

Health Safety Net Compliance Review (05/01/2013 – 06/30/2013): Project Staff

Project: Conducted field audits to ensure compliance with Health Safety Net eligibility and claiming regulations. Areas of review included allowable bad debt, Health Safety Net as secondary payer, reporting of bad debt recoveries, reporting of free care income, and service code eligibility.

District of Columbia Public Schools, District of Columbia

Medicaid Cost Settlement Reports (06/01/2011 – 08/31/2011): Project Staff

Project: Prepared and submitted the fiscal year 2010 Special Education Medicaid Cost Settlement Report on behalf of the District of Columbia Public Schools. Identified the Medicaid allowable and non-allowable costs for school based health services and analyzed all costs incurred by the District of Columbia Public Schools regarding special education services to Medicaid eligible students.

PROFESSIONAL BACKGROUND

Public Consulting Group, Boston, MA

January 2011 – Present

State Street Corporation, Boston, MA

May 2009 – January 2011

EDUCATION

Bentley University, Waltham, MA

Masters in Business Administration, 2010

Bentley University, Waltham, MA

Bachelor of Science, Finance, 2008