



# Request for Quotation

State of West Virginia  
 Department of Health & Human Resources  
 Office of Purchasing  
 One Davis Square, Suite 100  
 Charleston, WV 25301

RFQ NUMBER
MED12001

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
DONNA D. SMITH
304-957-0218

V E N D O R	
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S H I P  T O	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706
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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND
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BID OPENING DATE: 9/20/2011      BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
	1. TO PROVIDE VENDORS QUESTIONS AND ANSWERS PER THE ATTACHED.  2. TO CHANGE RFP LANGUAGE IN SECTION 2.5.3. <b>CHANGE FROM:</b> 2.5.3 PROVIDE QUALIFIED STAFF OF PERSONS WITH A MINIMUM OF ONE (1) YEAR EXPERIENCE IN SUPPORTING INDIVIDUALS IN HOME AND COMMUNITY BASED SETTINGS AND A BACHELORS DEGREE IN A HUMAN SERVICE FIELD FOR INSTATE PROJECT MANAGEMENT AND RC THAT ENSURES STATEWIDE COVERAGE AT A RATIO OF NO MORE THAN ONE (1) RC TO EVERY SIXTY (60) SELF-DIRECTION MEMBERS. <b>CHANGE TO:</b> 2.5.3 PROVIDE AND MAINTAIN STAFF TO CONDUCT MEDICAL ELIGIBILITY ASSESSMENTS THAT ARE A REGISTERED NURSE, LICENSED SOCIAL WORKER, LICENSED PROFESSIONAL COUNSELOR, LICENSED REHABILITATION COUNSELOR OR LICENSED PSYCHOLOGIST WITH A MINIMUM OF ONE (1) YEAR EXPERIENCE.					
	REQUISITION NO.: MED12001					
	ADDENDUM ACKNOWLEDGEMENT					
	I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.					
	ADDENDUM NO.'S"					
	NO. 1 <u>  X  </u> NO. 2    _____ NO. 3    _____ NO. 4    _____ NO. 5    _____					
	I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF PROPOSAL.					

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE <i>Jul McConough</i>	TELEPHONE 914-288-4738	DATE 9-13-2011
TITLE Chief Financial Officer	FEIN 39-2013972	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"



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<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p>						
				 SIGNATURE		
				Innovative Resource Group LLC d/b/a APS Healthcare Midwest (APS) COMPANY		
				9-13-2011 DATE		
END OF ADDENDUM NO. 1						

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 914-288-4738	DATE 9-13-2011
TITLE Chief Financial Officer	FEIN 39-2013972	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 2		
TO CORRECT CURRENT RFP LANGUAGE IN 2.5.3 THAT WAS INCORRECTLY REFERENCED IN ADDENDUM 1. <b>CHANGE FROM:</b> 2.5.3 Provide and maintain staff to conduct medical eligibility assessments that possess a bachelors degree and is a Registered Nurse, Licensed Social Worker or Licensed Psychologist with a minimum of one (1) year experience. <b>CHANGE TO:</b> 2.5.3 Provide and maintain staff to conduct medical eligibility assessments that are a Registered Nurse, Licensed Social Worker, Licensed Professional Counselor, Licensed Rehabilitation Counselor or Licensed Psychologist with a minimum of one (1) year experience.						
REQUISITION NO.: MED12001						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S"						
NO. 1	<u>  X  </u>					
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NO. 3	<u>      </u>					
NO. 4	<u>      </u>					
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SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE <i>Carl M. Honoy</i>		TELEPHONE 914-288-4738	DATE 9-13-2011
TITLE Chief Financial Officer	FEIN 39-2013972	ADDRESS CHANGES TO BE NOTED ABOVE	

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				 SIGNATURE		
				Innovative Resource Group LLC d/b/a APS Healthcare Midwest (APS) COMPANY		
				9-13-2011 DATE		
END OF ADDENDUM NO. 2						

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 914-288-4738	DATE 9-13-2011
TITLE Chief Financial Officer	FEIN 39-2013972	ADDRESS CHANGES TO BE NOTED ABOVE

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				ADDENDUM NO. 3		
1. TO ANSWER A VENDOR QUESTION INADVERTENTLY NOT RESPONDED TO IN ADDENDUMS #1 OR #2. SEE ATTACHED.						
REQUISITION NO.: MED12001						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
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SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE <i>John Milonow</i>	TELEPHONE 914-288-4738	DATE 9-13-2011
TITLE Chief Financial Officer	FEIN 39-2013972	ADDRESS CHANGES TO BE NOTED ABOVE

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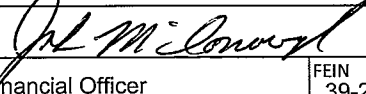
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				9-13-2011 DATE		
END OF ADDENDUM NO. 3						

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SIGNATURE 	TELEPHONE 914-288-4738	DATE 9-13-2011
TITLE Chief Financial Officer	FEIN 39-2013972	ADDRESS CHANGES TO BE NOTED ABOVE

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**BUREAU FOR MEDICAL SERVICES**

**MED PURCHASING AFFIDAVIT**

**West Virginia Code §5A-3-10a states:** No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, Limited Liability Company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (**West Virginia Code §61-5-3**), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

**WITNESS THE FOLLOWING SIGNATURE**

Vendor's Name: Innovative Resource Group LLC d/b/a APS Healthcare Midwest (APS)

Authorized Signature: *[Signature]* Date: 9/13/11

State of New York

County of Westchester, to-wit:

Taken, subscribed, and sworn to before me this 13<sup>th</sup> day of September, 2011.

My Commission expires 2/2, 2013.

*[Signature]*

**AFFIX SEAL HERE**

**NOTARY PUBLIC**



**WEST VIRGINIA  
STATE TAX DEPARTMENT  
BUSINESS REGISTRATION  
CERTIFICATE**

ISSUED TO:  
**INNOVATIVE RESOURCE GROUP LLC  
DBA APS HEALTHCARE MIDWEST  
44 S BROADWAY 1200  
WHITE PLAINS, NY 10601-4425**

**BUSINESS REGISTRATION ACCOUNT NUMBER: 1029-1738**

This certificate is issued on: 06/2/2011

*This certificate is issued by  
the West Virginia State Tax Commissioner  
in accordance with Chapter 11, Article 12, of the West Virginia Code*

*The person or organization identified on this certificate is registered  
to conduct business in the State of West Virginia at the location above.*

**This certificate is not transferrable and must be displayed at the location for which issued.**

**This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.**

**Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.**

**TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.  
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of  
this certificate displayed at every job site within West Virginia.**



# State of West Virginia



## Certificate

*I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that*

**INNOVATIVE RESOURCE GROUP, LLC**

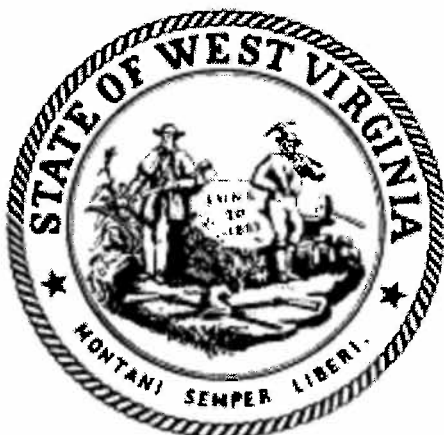
made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on April 1, 2004. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company's most recent annual report, as required by West Virginia Code §31B-2-211, has been filed with our office and that a Certificate of Termination has not been issued.

Accordingly, I hereby issue this

### **CERTIFICATE OF EXISTENCE**



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of  
September 12, 2011*

*Natalie E. Tennant*

Secretary of State

Rec 3/7/11

STATE OF WEST VIRGINIA  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON STREET, EAST  
 POST OFFICE BOX 50130  
 CHARLESTON, WEST VIRGINIA 25305-0130  
 03/02/2011

MICHELLE SMITH  
 INNOVATIVE RESOURCE GROUP LLC  
 44 SOUTH BROADWAY STE 1200

WHITE PLAINS NY 10601

THIS IS TO CONFIRM RECEIPT OF YOUR VENDOR REGISTRATION FEE. PAYMENT OF THE FEE ENABLES YOU TO PARTICIPATE IN THE PURCHASING DIVISION'S COMPETITIVE BID PROCESS AND ENTITLES YOU TO A ONE-YEAR SUBSCRIPTION TO THE WEST VIRGINIA PURCHASING BULLETIN. A NEW ISSUE OF THE WEST VIRGINIA PURCHASING BULLETIN IS POSTED ON OUR WEB SITE EACH WEEK. BID OPPORTUNITIES ESTIMATED AT \$25,000 OR MORE ARE ADVERTISED IN THIS PUBLICATION. WE ENCOURAGE YOU TO LOG ON AND VIEW THE BULLETIN EVERY FRIDAY SO AS NOT TO MISS IMPORTANT BIDDING OPPORTUNITIES. OUR WEB ADDRESS IS:

[HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE](http://www.state.wv.us/admin/purchase)

IN ORDER TO ACCESS THE WEST VIRGINIA PURCHASING BULLETIN, YOU WILL NEED YOUR VENDOR NUMBER, GROUP NUMBER (IF ANY), AND YOUR PASSWORD WHICH ARE PRINTED BELOW. YOUR ACCESS WILL BECOME EFFECTIVE ON THE FIRST MONDAY AFTER 03/02/2011, STATE HOLIDAYS EXCLUDED.

HELPFUL TIPS: YOUR COMPUTER-GENERATED VENDOR NUMBER BEGINS WITH AN ASTERISK, BUT DO NOT USE THE ASTERISK WHEN LOGGING IN. ALSO, OUR LOGIN SCRIPT IS CASE SENSITIVE. THEREFORE, IF YOUR VENDOR NUMBER CONTAINS A CHARACTER LIKE A, B, OR C, PLEASE TYPE IT IN UPPER CASE.

IF YOU HAVE QUESTIONS, FEEL FREE TO CONTACT US AT 304-558-2311 OR JEANNE.B.BARNHART@WV.GOV. THANK YOU.

SINCERELY YOURS,

*Jeanne Barnhart*

VENDOR REGISTRATION

VENDOR NUMBER : \*323140235  
 GROUP NUMBER :  
 PASSWORD : 180003402



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/11/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> 1-818-539-2300 Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. License #0726293 505 North Brand Boulevard, Suite 600 Glendale, CA 91203-3944	<b>CONTACT NAME:</b> Robin Johnston <b>PHONE (A/C. No. Ext):</b> 818-539-1354 <b>E-MAIL ADDRESS:</b> robin_johnston@ajg.com <b>FAX (A/C. No):</b> 818-539-1654																					
<b>INSURED</b> Innovative Resource Group, LLC dba APS Healthcare Midwest 44 South Broadway, 12th Floor White Plains, NY 10601	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Great Northern Ins Co</td> <td>20303</td> </tr> <tr> <td>INSURER B:</td> <td>FEDERAL INS CO</td> <td>20281</td> </tr> <tr> <td>INSURER C:</td> <td>WAUSAU UNDERWRITERS INS CO</td> <td>26042</td> </tr> <tr> <td>INSURER D:</td> <td>EMPLOYERS FIRE INS CO</td> <td>20648</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Great Northern Ins Co	20303	INSURER B:	FEDERAL INS CO	20281	INSURER C:	WAUSAU UNDERWRITERS INS CO	26042	INSURER D:	EMPLOYERS FIRE INS CO	20648	INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

**COVERAGES**

CERTIFICATE NUMBER: 22245558

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			35809570	06/30/11	06/30/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73551981	06/30/11	06/30/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			79842253	06/30/11	06/30/12	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A			WCJ-Z91-454866-011	06/30/11	06/30/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<b>Managed Care E&amp;O</b> Claims-Made - Subject to Policy Retro Dates			MCP-5024-11	06/30/11	06/30/12	Per Claim 10,000,000 Policy Aggregate 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Subject to all policy terms, conditions, limitations and exclusions.

West Virginia Department of Health and Human Resources, Bureau of Medical Services Department of Administration Purchasing Division is named as additional insured as required by written contract for general liability arising out of the operations of the Named Insured.

**CERTIFICATE HOLDER****CANCELLATION**

State of WV - DHHR  2019 Washington St. E.  Charleston, WV 25311  USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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ACORD 25 (2010/05)

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robi joh

22245558

STATE OF WEST VIRGINIA

## Offices of the Insurance Commissioner

**EARL RAY TOMBLIN**  
Governor**MICHAEL D. RILEY**  
Acting Insurance Commissioner

September 13, 2011

INNOVATIVE RESOURCE GROUP LLC  
C/O NATIONAL REGISTERED AGENTS, INC.  
300 KANAWHA BLVD. EAST  
CHARLESTON, WV, 25301

RE: Fein #392013972

To Whom It May Concern:

This letter is to serve as notification that INNOVATIVE RESOURCE GROUP LLC is in compliance with the Offices of the Insurance Commissioner. They have an active workers compensation policy with Wausau Underwriters Insurance Company effective from 6/30/11 to 6/30/12. If you have any questions you may contact me at 304-558-6279 ext 3200.

Sincerely,

Leisa J. Bostic  
Employer Coverage

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



**Office of Clinical Standards and Quality**

---

Ms. Dody McClair  
Director of Quality Improvement  
APS Healthcare  
44 South Broadway  
Suite 1200  
White Plains, NY 10601

Dear Ms. McClair:

We have reviewed your application of April 14, 2011, requesting that the Centers for Medicare and Medicaid Services recertify Innovative Resource Group (dba APS Healthcare) as a Quality Improvement Organization (QIO)-like entity for the States of Florida, Georgia, Maine, Oklahoma, West Virginia and Wyoming. As a result of this review, we have determined that APS continues to meet the requirements to be a QIO-like entity, namely:

- It is a physician-access organization under section 1152 of the Social Security Act (The Act);
- It is able to perform limited medical and quality review functions required under Section 1154 of the Act;
- It has one individual who is representative of consumers on its governing body under section 1152 of the Act; and
- It is not a health care facility, health care facility affiliate, or health care facility association defined in 42 CFR 475.105.

This certification designates APS as a QIO-like entity eligible to operate in the above-referenced states. Your certification is granted for a period of 3 years and will expire on August 31, 2014.

This certification of eligibility permits your organization to seek a contract with the states for review activities. States have specific qualifications and performance requirements depending upon the scope of work they desire to procure. This certification

Page 2- Dody McClain  
APS Healthcare

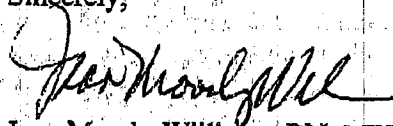
does not reflect a determination as to whether your organization has the ability to meet those requirements. The state is responsible for making that determination. We have certified your organization to review cases and analyze patterns of care related to medical necessity and quality review. We have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

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

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

If you have questions, please contact Don Forgiione of my staff on (410) 786-3504 or Email, [donald.forgiione@cms.hhs.gov](mailto:donald.forgiione@cms.hhs.gov).

Sincerely,



Jean Moody-Williams, RN, MPP  
Director  
Quality Improvement Group  
Office of Clinical Standards and Quality



Earl Ray Tomblin, Governor  
Russell L. Fry, Acting Executive Director  
Keith Burdette, Cabinet Secretary

August 30, 2011

INNOVATIVE RESOURCE GROUP, LLC, DBA  
APS HEALTHCARE MIDWEST  
300 N EXECUTIVE DR  
BROOKFIELD WI 53005-6034

Account Number: 92385-0

Dear Employer:

Workforce West Virginia has, at your request, researched their records and has found this account is in compliance with the West Virginia Unemployment Compensation Law.

Very truly yours,

Beverly Morris  
Assistant Director

cac

Audit and Compliance Section, Unemployment Compensation Division  
1321 Plaza East Suite 106, PO Box 2633, Charleston, WV 25329-2633  
Telephone: 304-558-2451 Fax: 304-558-6532

An agency of the Department of Commerce

An equal opportunity employer/program and auxiliary aids are available upon request to individuals with disabilities.

[www.workforcewv.org](http://www.workforcewv.org)



## Table of Contents: Required Documentation

1. Addendum #1
2. Addendum #2
3. Addendum #3
4. Bureau of Medical Services Purchasing Affidavit
5. State Tax Department Business Registration Certificate
6. State Certificate of Existence
7. Vendor Registration Payment Confirmation
8. Certificate of Insurance
9. Office of the Insurance Commissioner: Letter of Coverage
10. CMS QIO Certification Letter
11. Unemployment Letter of Good Standing



# Yvonne Adekale

## Provider Relations Specialist, Wyoming, APS Healthcare

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### Contact Information

APS Healthcare  
6101 Yellowstone Road Suite 320, Cheyenne, WY  
Phone: 307-433-0970  
yadekale@apshealthcare.com

### Professional History

#### APS Healthcare, Cheyenne, WY

##### *Provider Relations Specialist*

- Assist in the development, implementation, and maintaining referral relationships with various healthcare providers including: acute care hospitals, physician offices, Federally Qualified Healthcare Centers, and community mental health centers.
- Research potential Medicaid providers within the state of Wyoming and conduct onsite visits and orientation meetings for potential providers.
- Contribute to the ongoing development and assessment of providers and network quality measurements.
- Complete provider education and assist in the development and enhancement of the provider manuals and other related publications.

#### Developmental Resource Center, Cheyenne, WY

##### *Executive Vice President*

- As an agency providing 24-hour services and supports to individuals with developmental disabilities and acquired brain injuries, monitor all departments to ensure compliance with Medicaid rules and regulations, including the identification of non-compliance items and completing corrective action plans to address any findings of non-compliance.
- Implemented strategic goals and objectives of the agency including maintaining the 5 year strategic plan of the organization.
- Maintained annual operations plan and budget.
- Analyzed performance management processes and evaluate progress.

#### State of Wyoming, Cheyenne, WY

##### *Provider Support Specialist*

- Completed provider certifications for initial and existing Medicaid providers for the HCBS Home and Community Based Waivers, including the Children, Adult, and Acquired Brain Injury Waivers.
- Completed site surveys and complaint and critical incident investigations of community-based Medicaid waiver providers.
- Completed dual investigations on critical incidents, including reports of suspected abuse, neglect, and exploitation, with Department of Family Services and Protection and Advocacy.
- Performed a variety of tasks in the analysis and design of program services and consumer schedules.
- Monitored and assure the delivery of the appropriate services as outlined in the Individual Plan of Care (IPC), including the areas of therapies, vocational, educational, communication training, equipment, and health services.
- Reviewed documentation to support or refute changes in treatment program implementation.
- Conferred with and advised staff regarding individuals' treatment implementation and interacted with other departments/agencies accordingly.

## **Yvonne Adekale**

### **Provider Relations Specialist, Wyoming, APS Healthcare**

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- Provided training to staff and services providers; attended and participated in an array of individual, agency, and inter-agency meetings.
- Assisted with the promulgation of Wyoming Medicaid Rules pertaining to the program.
- Assisted with the submission of the DD Children, Adult, and ABI Waivers to the Centers for Medicaid and Medicare Services.
- Assisted in the development of self-directed services for participants on DD Children's, Adult, and ABI Waiver's, submitted amendments to CMS for approval, and assisted in the implementation and training of the new program and services.

#### **Child Development Center of Natrona County, Casper, WY**

##### ***Classroom Educator***

- Provided a developmentally appropriate curriculum for children age's three to five who have been deemed eligible to receive early intervention services based on state and federal regulations, test results, and observations.
- Screened children birth through age five who have been referred by local physicians, public health nurses, and area preschools to determine any further health or developmental testing is necessary.
- Worked with children and families in the attempt to build the children's expressive language, gross and fine motor skills, as well as adaptive, personal, and social skills.

#### **Student Support Services (SSS), Laramie, WY**

##### ***Student Support Specialist/Tutor***

- Performed small group presentations to students receiving services through SSS, on the college application process, and assisted student on a 1:1 basis in the actual processes.
- Traveled throughout the state presenting information on types of financial aid available to students, how to find financial aid, and determining if they are eligible for the aid, and the assisting those students with the application processes.
- Tutored SSS and other TRIO program participants in the areas of computers, math, science, history, sociology, and psychology.

### **Education**

University of Wyoming; B.A. Psychology, 2004

Laramie County Community College; A.S. Accounting, 2001

Laramie County Community College; A.S. Business Administration, 2001

## Jennifer W. Britton, Ph.D.

### Executive Director, West Virginia ASO, APS Healthcare

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#### Contact Information

APS Healthcare  
100 Capitol Street, Charleston, WV  
Phone: (304) 343-9663  
Fax: (304) 343-9010  
jwbritton@apshealthcare.com

#### Professional History

##### APS West Virginia ASO, APS Healthcare, Inc., WV

###### *Executive Director*

- Responsible for the overall administration and leadership of the WV ASO Program including: Medicaid Behavioral Health, Medicaid FFS Medical, BHHF Charity Care & Federal Block Grants, BCF Socially Necessary Services, IDD Waiver Program and Aged & Disabled Waiver Program.
- Provides leadership and supervision for all local staff.
- Manages all day-to-day operations.
- Oversees the design, development and implementation of all services and products related to the ASO functions.
- Primary contact for all the Department Bureaus.
- Responsible for executive-level provider, consumer and state relationships and problem solving on issues.
- Responsible for state, regional, and community relations.
- Responsible for all contractual obligations related to the WV ASO Contract.
- Responsibility for financial management related to the WV Contract.
- Provides consultation to DHHR on issues and direction for healthcare.
- Responsible for meeting the CMS Waiver Quality Improvement criteria.
- Responsible for assuring effective, efficient programs for various member populations.

##### ValueOptions, Inc./FHC Health Systems, Inc.

###### *Vice President of Government Relations*

- Designed and implemented the Government Relations functions for both companies.
- Provided the oversight and direction of all government relation's functions as they related to strategic planning, business development and implementations, and business maintenance of all public sector, commercial, health plans and federal products.
- Provided supervision and leadership for Government Relations staff and contractors.

##### ValueOptions, Inc. (post merger)

###### *Vice President of Public Sector Development*

- Developed new behavioral health care programs and services for public and private sector companies.
- Identified and proposed business opportunities.
- Lead development efforts within an assigned region.
- Conducted forums and provided marketing presentations.
- Assisted with strategic planning.
- Collaborated with corporate and regional staff to develop products and improve existing operations.
- Conducted research and analysis of political and competitive environments, legislative/regulatory mandates, and health/social systems.

## Jennifer W. Britton, Ph.D.

### Executive Director, West Virginia ASO, APS Healthcare

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#### OPTIONS, Inc.

##### ***Vice President of Development***

- Developed new behavioral health care programs and services for public and private sector companies
- Identified and proposed business opportunities.
- Lead development efforts within an assigned region.
- Conducted forums and provided marketing presentations.
- Assisted with strategic planning.
- Collaborated with corporate and regional staff to develop managed care products and improve existing operations.
- Conducted research and analysis of political and competitive environments, legislative/regulatory mandates, and health/social systems.

#### Shawnee Hills, Inc.

##### ***Vice President of Corporate Services***

- Responsibilities included: coordination and management of the marketing, clinical, and operations functions of First Choice Health Systems, Inc. (a statewide, horizontal behavioral healthcare company).
- Designed and coordinated Outcomes Evaluation Programs for First Choice and Aspire, Inc. (a regional, vertical Behavioral Healthcare network).
- Directed Shawnee Hills' Research and Development Department.
- Designed, piloted and implemented a functionality assessment for consumers with MI/SA/DD.
- Coordinated the center's quality improvement efforts.
- Provided center-wide and national training on Managed Care and Total Quality Management.

##### ***Vice President of Quality Planning and Development Services***

- Quality Planning: developed and provided oversight of the Center's Total Quality Management plan; developed and monitored the Center's Strategic Plan; monitored JCAHO and other regulatory requirements; developed, implemented and monitored the Staff Development and Orientation programs; provided training and technical assistance for external training contracts.
- Development Services: implemented and monitored the Medicaid Waiver Program for developmentally delayed individuals; provided senior leadership for the Early Intervention/Family Support Division.

##### ***Associate Director of Residential Services***

- Provided direction and management for various residential programs serving persons with mental illness, developmental disability including TBI, and dual diagnosis – over 250 beds.

##### ***Associate Director of Youth and Adolescent Services***

- Provided direction and management for all outpatient and residential programs serving children and youth with emotional disturbance and developmental disabilities.

##### ***Director of Day Programs***

- Provided direction and management for day treatment, sheltered work and supportive work programs serving persons with mental illness, developmental disabilities and substance abuse.

**Jennifer W. Britton, Ph.D.**

**Executive Director, West Virginia ASO, APS Healthcare**

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**Education**

The Ohio State University, Columbus, Ohio; Ph.D. Education, Major: Low Incidence Handicapping  
Conditions; Minor: Educational Administration

West Virginia University, Morgantown, WV; M.A. Special Education

University of Charleston, Charleston, WV; B.A. Speech and English

**Certification**

Permanent Teaching Certificates for Mental Retardation/DD and Behavior Disorders

## Jennifer Eva

### Lead Service Support Facilitator, West Virginia ASO, APS Healthcare

#### Contact Information

APS Healthcare  
100 Capitol Street, Charleston, WV  
Phone: (304) 343-9663  
Fax: (304) 343-9010  
jeva@apshealthcare.com

#### Professional History

##### APS West Virginia ASO, APS Healthcare, Inc., WV

###### *Lead Service Support Facilitator*

- Responsible for oversight of 13 staff statewide.
- Responsible for training staff and agencies serving individuals on the I/DD Waiver Program on the upcoming changes to the Federal Program.
- Assist in development of policy and revision of the I/DD Waiver Program.
- Responsible for oversight of the initial and annual certification of over 4000 individuals on WV's I/DD Waiver Program.
- Responsible for coordination of fair hearings process for individuals denied entrance into the Waiver Program to ensure due process is met.
- Responsible for development of monthly trainings to assist in staff development and leadership.
- Responsible for development and implementation of Quality Improvement process through data review and onsite reviews to ensure quality of service is provided.
- Coordination of Fair Hearings with the Board of Review and the Attorney General's office to ensure due process is being met.
- Perform ASO functions for a variety of populations including those with traumatic brain injuries.

##### APS West Virginia ASO, APS Healthcare, Inc., WV

###### *Service Support Facilitator*

- Responsible for assessing caseload of 560 individuals annually to determine annual budget for the I/DD Waiver Program.
- Responsible for providing individualized education for each Member and their families on the I/DD Waiver Program.
- Responsible for providing training to agencies I work with to provide education on the Individualized Budgeting Process.
- Responsible for coordination of assessments with multiple agencies to ensure timely completion of the assessment as to not disrupt services on the program.
- Responsible for development and implementation of paperless process for myself and my coworkers to increase quality of service provided, eliminate paper and to streamline the assessment process.
- TBI Experience includes completion of annual assessments for individuals on the Title XIX Waiver Program. Assessments completed includes: ICAP, SIS, Structured Interview and Extraordinary Care assessments as applicable.
- Perform ASO functions for a variety of populations including those with traumatic brain injuries.

## Jennifer Eva

### Lead Service Support Facilitator, West Virginia ASO, APS Healthcare

#### **APS West Virginia ASO, APS Healthcare, Inc., WV**

##### ***Provider Educator***

- Responsible for education of approximately fifty providers statewide on the integration of an Administrative Service Organization into the I/DD Waiver Program.
- Development and implementation of trainings to assist in the education of providers about the implementation of the Person Centered Planning Model.
- Assists in the development of departmental procedures as related to the I/DD Waiver Program.
- Coordination of training sites for regional provider trainings.
- Development of retrospective review process to ensure provider involvement in the movement into Person Centered Planning.
- Participated as a tester for the computer program developed by APS to centralize consumer and provider information related to Person Centered Planning.
- Assisted in the scheduling and completion of APS Assessments as it pertains to the Individualized Budgeting Process.
- APS cross trains each of its employees in order to keep the highest level of quality customer service.

#### **CAMC/WVU Charleston, WV Division**

##### ***Research Review Coordinator***

- Served as centralized Institutional Review Board Manager for Investigators.
- Responsible for monitoring the integration of the scientific review process into the research approval process.
- Responsible for Institutional Review Board and meetings and secure preparation of minutes for approval.
- Responsible for coordination of all files and materials subject to federal inspection by the FDA.
- Managed the database system for protocols and generate reports as needed.
- Reviewed and evaluated of all research protocols for committee review, distribution of these forms to the Institutional Review Board and the Institutional Scientific Review Board.
- Directed support staff to carry out duties as assigned.
- Annually reviewed and revised the Institutional Review Board policies and procedures.
- Interpreted of the policies and regulations on the federal, state, and institutional levels and applied appropriately.
- Developed and provided educational materials and training programs for potential researchers, investigators, and Board members regarding the Institutional Review Board process and procedures.
- Provided periodic monitoring of research misconduct issues.
- Carried a pager to serve as the alternate for the Institutional Review Board Chair for Emergency Use occurrences.
- Developed and implemented quality improvement activities for the department and institution.
- TBI experience- assisted in facilitation of medical research studies related to TBI treatments through the IRB to ensure state and federal guidelines were followed in the research studies: Hypothermia Treatment Study included community education on hypothermia treatment related to TBI injuries.

## Jennifer Eva

### **Lead Service Support Facilitator, West Virginia ASO, APS Healthcare**

- The individuals enrolled in these trials were considered high risk because they were often times unconscious when enrolled in the trial due to an accident, which resulted in the TBI- so oversight of trial completion involved multiple educational and quality checks to ensure proper guidelines were followed and patient safety was addressed.
- I had the specific responsibility of working directly with the researchers and their assistants to ensure state and federal guidelines were met for each person enrolled. I also had to provide regular updated data of enrollment and treatment process to the Institutional Review Board.

#### **The ARC of the Three Rivers, Charleston, WV**

##### ***Human Resources Manager/Quality Assurance Manager***

- Start up of Human Resources Department for a behavioral healthcare organization experiencing 60% growth rate.
- Increased staff counts from 94 employees in December 2002 to a level of 150 staff with an additional 130 independent contractors.
- Designed and implemented corporate human resources, employee relations, compensation and benefits program.
- Wrote job descriptions, implemented performance evaluation program, and revised employee policies and procedures.
- Recruited and interviewed professional, administrative and aid level staff.
- Worked with WV State Waiver auditors and Licensure to provide required human resources information.
- Implemented new health insurance plan as cost savings to the organization.
- Administered all workers' compensation claims, all unemployment claims and represented the organization at unemployment appeals hearings.
- Responsible for mediating employee conflicts and handled investigations of allegations of misconduct, client abuse or neglect.
- Worked with training staff to coordinate and implement state mandated training program.
- Conducted new employee orientation.
- Developed and wrote training program and trained Community Coordinators to assist with aid level interviewing and selection.
- Attended professional training course in Neuro-Linguistic Programming (NLP) to better serve the organization by applying the techniques in daily human resource duties and training staff in certain techniques.
- Start up and development of Quality Assurance department.
- Organization of team approach to monitoring the quality of documentation and services provided.
- Organized recommendations to the training staff on additional training to improve quality of documentation.

#### **The ARC of the Three Rivers, Charleston, WV**

##### ***Service Coordinator***

- Under the I/DD Waiver Program: Coordinated treatment team meetings, wrote treatment plans, linkage and referral to various doctors, therapist and services in the community
- Completed and submitted new I/DD Waiver applications for individuals applying for the program
- Provided advocacy, crisis response, annual assessments, and monthly home visits to clients.



## Jennifer Eva

### Lead Service Support Facilitator, West Virginia ASO, APS Healthcare

- TBI Experience: Provided Service Coordination to two individuals on my caseload with TBI's. This included assisting the families with finding and securing medical providers; coordination of their cases to ensure they are receiving the services they need; oversight and coordination of therapies; submission of annual documentation related to re-eligibility onto the program; oversight of member trainings associated with the I/DD Waiver program.

#### **Shawnee Hills, Inc, Charleston, WV**

##### ***Case Manager***

- Under Title XIX Waiver: Coordinated treatment team meetings, wrote treatment plans, linkage and referral to various doctors, therapist and services in the community.
- Completed and submitted new MR/DD Waiver applications.
- Provided advocacy, crisis response, annual assessments, and monthly home visits to clients.
- TBI Experience: Provided Service Coordination to two individuals on my caseload with TBI's. This included assisting the families with finding and securing medical providers; coordination of their cases to ensure they are receiving the services they need; oversight and coordination of therapies; submission of annual documentation related to re-eligibility onto the program; oversight of member trainings associated with the I/DD Waiver program.

#### **Education**

Marshall University Graduate College, South Charleston, WV; M.A. Counseling  
West Virginia State College, Institute, WV; B.S. Psychology

#### **Additional Coursework and Certifications**

LP Practitioner Certification - The study of the fundamental dynamics between a person's mind and language and how to apply them to interpret a person's communication styles and patterns

Employment Law & Leadership Training

Conflict Resolution Training

WV Police CIB Fingerprint Training

QMRP Certified

## Nancy A. Gore

### Registration Coordinator, West Virginia ASO, APS Healthcare

#### Contact Information

APS Healthcare  
100 Capitol Street, Charleston, WV  
Phone: (304) 343-9663  
Fax: (304) 343-9010  
ngore@apshealthcare.com

#### Professional History

##### APS West Virginia ASO, APS Healthcare, Inc., WV

###### *Registration Coordinator*

- Responsible for reviewing and registering WV MR/DD Waiver purchases and services.
- Provide technical assistance on waiver CareConnection®.
- Assistant providers with understanding policies and procedures of the waiver manual.

##### Rescare Inc., Dunbar, WV

###### *RN Supervisor*

- Supervised three ICF/MR group homes with adults and children, including consumers who had experienced brain injury trauma.
- Three years experience working with the waiver program.
- Supervised LPN's and directed case staff workers.
- Adhered to ResCare policies and the ICF/MR state and federal regulations.
- Ensured the general health and wellbeing of the consumers, and they receive quality health care through monitoring of their psychiatric and medical wellbeing.
- Completed or oversaw the consumer medical care, ensuring they receive the necessary exams, assessments, treatments, and appropriate documentation.
- Worked closely with the consulting physician.

##### Shawnee Hills, Inc, Charleston, WV

###### *Nursing Staff*

- Received extensive training and psychiatric experience working with patients of all ages.
- Completed medication and psychiatric assessments, crisis screenings and intervention, consultation with other agencies, client referrals, medication administration, education to the patients and their families, supportive therapy, scheduled appointments, ordered supplies, completed thorough patient intakes and histories, arranged CEU in-services for staff, maintained the consumers medical charts, etc.
- Worked in the Crisis Residential inpatient unit for severely mentally ill who needed medication adjustments and therapy.
- Saw patients of all ages in the outpatient unit and I worked closely with the physicians in assessment, evaluation, treatment, and documentation of the patients psychiatric and medical needs.
- Also worked as medical nursing supervisor of RN's and LPN's in ICF/MR group homes monitoring their daily medical and psychiatric wellbeing.
- Have done patient home visits and socialization training as well as obtained lab specimens and venipunctures as ordered.

## **Nancy A. Gore**

### **Registration Coordinator, West Virginia ASO, APS Healthcare**

#### **Boone Memorial Hospital, Madison, WV**

##### ***Nurse***

- Worked in the ED with the physician on call or present.
- Did all paper work, admitting, patient evaluation, assessment, and treatments as ordered by the physician.
- Dispensed all medications.
- Made referrals, once the patients were stable, to larger hospitals as necessary.

#### **Education**

West Virginia State University and Marshall University – college credits towards subject of interest  
St. Mary's School of Nursing, 3 year Diploma

#### **Additional Course Work and Certifications**

Licensed with WV Board of Examiners for Registered Professional Nurses; License #27894  
Certified with the American Nurses Association, Division of Psychiatric and Mental Health Nursing  
Practice, Certificate #0041251-03  
Certified in CPR training and renewed annually

# Catherine A. Hayes

## Quality Improvement Coordinator, West Virginia ASO, APS Healthcare

### Contact Information

APS Healthcare  
100 Capitol Street, Charleston, WV  
Phone: (304) 343-9663  
Fax: (304) 343-9010  
cahayes@apshealthcare.com

### Professional History

#### APS Healthcare, WV

##### *Quality Improvement Coordinator*

- Responsible for coordinating and facilitating all internal and external Quality Improvement activities related to all APS-WV programs. This includes oversight of the CMS Quality Improvement Assurances and multiple Performance Measures for both the I/DD Waiver and Aged & Disabled Waiver programs.
- Responsible for monitoring internal and external Quality Improvement activities and initiating corrective action as necessary to ensure the high quality of all the APS-WV products for each program.

##### *Care Manager*

- Responsible for review of clinical assessments to determine medical necessity for services provided under the West Virginia Medicaid Clinic, Rehabilitation and Targeted Case Management Options. Provide clinical training and consultation to WV Behavioral Healthcare Providers.

#### Family Services of Kanawha Valley, Charleston, WV

##### *Director of Professional Services*

- Director of Professional Services - Clinical Director, responsible for supervision and training of professional staff (masters level therapists and case manager). Responsible for quality improvement, utilization management and meeting requirements for all licensures and accreditations (including COA) as related to the clinical program. Also provided directed counseling services to caseload of children, adults and families, including consumers who had experienced brain injury trauma.

##### *Therapist*

- Mental Health counselor working with children, adult and families, including consumer who had experienced brain injury trauma. Provided individual, family and group therapy.

### Education

Marshall University Graduate College, South Charleston, WV; M.A. Counseling  
Bethany College, Bethany, WV; B.S. Chemistry

### Licenses

West Virginia Licensed Professional Counselor  
Approved Supervisor for LPC licensure candidates  
West Virginia Licensed Social Worker  
National Certified Counselor  
Approved Critical Incident Stress Debriefing Counselor

# Sandra Jensen, Ph.D.

## Program Director, PASRR, APS Healthcare

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### Contact Information

APS Healthcare  
2728 Centerview Drive, Suite 203; Tallahassee, FL  
Phone: (866) 880 -4076  
SJensen@apshealthcare.com

### Professional History

#### APS Healthcare, FL

##### *Program Director, Florida PASRR*

- Provide administrative and clinical oversight of PASRR program for State of Florida.
- Coordinate activities with contract manager; oversee completion of monthly activity reports; oversight of program staff and budget in excess of \$1.3 million per year; development and maintenance of policies and procedures; program operations; and quality assurance and quality improvement activities.
- Conduct legislative and policy analyses; serve as clinical consultant to programs located throughout agency; conducting process, workflow, and business analyses; develop process maps; serve as content expert and business analyst to integrate clinical processes with software development; and conduct program evaluation.
- Also serve as proposal writer for prospective bids for programs located throughout the United States and Puerto Rico. Developed Gap Analysis for Nevada Medicaid program and designed, implemented, and analyzed customer service survey for APS Florida programs.

#### Clinical Assessment and Treatment Services

##### *Owner*

- Owner of business that provides consulting services to businesses, state, non-profit, and private organizations.
- Also conduct program evaluations, statistical analyses, research, and specialized evaluations including sex offender risk assessment, developmental disability evaluations, juvenile dependency, competency evaluations of adolescents and adults, Not Guilty by Reason of Insanity evaluations, and disability determinations.

#### Taylor Correctional Institution

##### *Senior Psychologist, Mental Health Management Services (MHM Services)*

- Conducted sex offender screens, crisis intervention, suicide and risk assessments, individual and group counseling, sex offender treatment, psychological assessments, and parole evaluations.
- Also supervised clinical and support staff, oversight of budget, Quality Assurance, and accreditation review.

#### Salus Behavioral Health

##### *Psychologist*

- Group practice delivering psychotherapy, educational programs, mental health consulting services and behavioral management assistance to residents and staff of residential facilities.

## **Sandra Jensen, Ph.D.**

### **Program Director, PASRR, APS Healthcare**

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- Duties included performing evaluations, providing diagnoses, formulating treatment plans, providing crisis intervention, facilitating conflict resolution, providing short- or long-term individual, group, and or family therapy to patients of nursing homes, adult living facilities, or hospitals.
- Also interfaced and collaborated with facility's interdisciplinary team regarding client treatment planning, progress, and observations.

#### ***APS Healthcare, Inc.***

##### ***Psychologist***

- Specialty healthcare company providing care management and behavioral healthcare services.
- Duties included reviewing relevant historical documentation, assessments, behavioral plans, nursing notes, physician orders and plans regarding the developmentally disabled individual's service needs and the annual cost plan. The documentation was reviewed to determine whether the individual's services meet the health and welfare requirements and whether they were medically necessary in accordance with Florida Administrative Code Section 59G-1.010(166).
- Also provided expert assistance and testimony for reconsideration requests or administrative hearings.

#### **Greenville Hills Academy**

##### **Clinical Director, Psychologist and Program Supervisor**

- Moderate risk residential facility for delinquent adolescent males.
- Duties included clinical supervision to staff, facilitating treatment teams, monitoring/coordinating assessments, preparing for accreditation audits, behavioral interventions, and acting as liaison with referral sources.
- Provided specialized psychological services to mental health and developmental disability programs.
- Additional duties included research, program evaluation, quality assurance and quality improvement, tracking of services, analyzing effectiveness of clinical services and developed policy and procedures for several programs, including sex offender program.
- Also provided sex offender assessments, treatment, and clinical supervision to program specializing in adolescent sex offenders.

#### **DISC Village, Inc.**

##### **Mental Health Systems Analyst**

- Duties included the design, implementation, and evaluation of Community Assessment and Intervention Center; training and clinical supervision of professional personnel responsible for the administration of assessment instruments and conducting family, group, and individual therapy.
- Assessment of children and families.
- Development and evaluation of Selected Family Interventions (SFI), an empirically-based, manualized strength-based treatment for children and their families.
- Development of statistical databases to investigate treatment effectiveness and track client-related data.
- Grant writing.

## **Sandra Jensen, Ph.D.**

### **Program Director, PASRR, APS Healthcare**

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#### **Capital Psychology Consultants**

##### ***Psychological Examiner***

- Duties included personality, academic, and intellectual assessment of adults, children, and adolescents.

#### **Florida State Hospital**

##### ***Psychology Intern***

- With a major emphasis in Forensic Psychology and Developmental Disorders.
- Duties included individual and group psychotherapy, intellectual and personality assessment, competency evaluations, Not Guilty by Reason of Insanity evaluations, court staffing, and malingering assessments in an inpatient setting.
- Conducted sex offender therapy with adult males found incompetent to proceed and Not Guilty by Reason of Insanity.
- Also assumed duty of providing psychological services, including program administration, for inpatient unit during a 4-month leave of absence by unit psychologist.

#### **Florida State Hospital, Forensic Services**

##### ***Psychological Specialist***

- Duties included individual and group psychotherapy, intellectual and personality assessment, competency evaluations, court staffing, and malingering assessments in an inpatient setting housing males adjudicated Incompetent to Proceed or Not Guilty By Reason of Insanity.
- Also conducted sex offender therapy with Forensic clients.

#### **Florida State University**

##### ***Psychological Trainee***

- Duties included assessments, court-ordered evaluations, individual, family, and couples psychotherapy.

#### **Easter Seal Society of North Florida**

##### ***Psychological Examiner***

- Duties included vocational rehabilitation evaluations consisting of clinical interviews and achievement, intellectual, and personality assessments.

#### **Dozier School for Boys**

##### ***Graduate Therapist***

- Duties included individual and group psychotherapy, assessment of juvenile males adjudicated by the court, and supervising ongoing research project.
- Provided individual psychotherapy to adolescent sex offenders.

#### **Arizona State University**

##### **Crime Analyst, Tempe, Arizona Police Department**

- Duties included creation of various databases, computer programming, analyzing call-for-service and crime data, recognizing, analyzing, and reporting crime serials, trends, and patterns, and preparing strategic and tactical maps to be used by police personnel.
- Specialized in homicide and sex offense cases.

## Sandra Jensen, Ph.D.

### Program Director, PASRR, APS Healthcare

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#### Treatment Alternatives to Street Crime (TASC), Phoenix, AZ *Outreach Counselor*

- Duties included researching grants, writing grant proposals, providing computer training and programming for substance abuse treatment center on a part-time basis.

#### **Specialized Training**

July 17, 2003	<i>Children Who Molest Children</i> (5 hrs) HMA Youth Services Tallahassee, Florida
February 25, 2004	<i>Asperger's Syndrome: Clinical Features, Assessment, and Intervention Guidelines</i> New England Educational Institute Presented by: Ami Klin, Ph.D. Tallahassee, FL
January 27-28, 2005	<i>Sex Offenders and Victims</i> (14hrs) Specialized Training Services Inc. Presented by: Anna Salter, Ph.D. Orlando, Florida
February 22, 2005	<i>Testing the Limits: The Precursors of Psychopathy in Youth.</i> (2 hrs) Presented by: Adel Forth, Ph.D. Tallahassee, FL
April 1, 2005	<i>Risk Assessment of Sex Offenders in Community Treatment</i> (5 hrs) Florida Association for the Treatment of Sexual Abusers Tampa, Florida
October 27, 2006	<i>Forensic Evaluation and Juvenile Justice</i> (6.5 hrs) University of South Florida Presented by: Randy Otto, Ph.D. Tampa, Florida
December 7-9, 2006	<i>Florida Forensic Examiner Training</i> (18.25 hrs) University of South Florida Presented by: Randy Otto, Ph.D. Chris Slobogin, J.D., LL.M Tampa, Florida



## Sandra Jensen, Ph.D.

### Program Director, PASRR, APS Healthcare

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- January 25-26, 2007     *The Sexually Violent Offender*  
(14 hrs)  
Specialized Training Services Inc.  
Presented by: Roy Hazelwood, MS  
Orlando, Florida
- February 17, 2007     *Use of the STATIC-99 in conducting evaluations for the Department of Children and Families Sexually Violent Predator Program*  
(6 Hrs)  
Department of Children and Families  
Presented by: Karen Parker, Ph.D.  
Tallahassee, Florida
- February 26, 2007     *SOAP100: STATIC-99: Sex Offender Risk Assessment*  
(14 Hrs)  
Justice Institute of British Columbia  
Presented by: R. Karl Hansen, Ph.D.  
Web Based Instruction
- March 8-9, 2007     *Violence Risk and Threat Assessment*  
(14 hrs)  
Specialized Training Services Inc.  
Presented by: Reid Meloy, Ph.D.  
Orlando, Florida
- March 26-29, 2008     *Preventing Sexual Abuse: Advances in the Evaluation and Treatment of Youthful and Adult Sexual Abusers*  
(17 hrs)  
Family Justice Center and Florida ATSA  
Tampa, Florida
- August 23-24, 2008     *Assessing Psychopathy with the Psychopathy Checklist-Revised (PCL-R)*  
(14 hrs)  
Specialized Training Services Inc.  
Presented by: Reid Meloy, Ph.D.  
San Diego, California
- February 4-5, 2009     *Actuarial Risk Assessment*  
(16 hrs)  
Florida Sexually Violent Predator Program  
Tallahassee, Florida

#### **Education**

Florida State University, Tallahassee Florida; Ph.D  
Arizona State University, Tempe, Arizona; M.S.  
Northern Michigan University , Marquette, Michigan; B.S.

**Sandra Jensen, Ph.D.**  
**Program Director, PASRR, APS Healthcare**

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**Professional Memberships**

Member American Psychological Association  
Member Division 33 (Developmental Disabilities) of American Psychological Association  
Member of National Register of Health Service Providers in Psychology  
Clinical Member Association for the Treatment of Sexual Abusers (ATSA)  
Clinical Member American Association on Intellectual and Developmental Disabilities  
Board of Directors, National Association of PASRR Professionals  
Secretary, National Association of PASRR Professionals  
Consultant, Florida Department of Health, Board of Psychology

# Peggy Madore

## Clinical Care Manager, West Virginia ASO, APS Healthcare

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### Contact Information

APS Healthcare  
100 Capitol Street, Charleston, WV  
Phone: (304) 343-9663  
Fax: (304) 343-9010  
pmmadore@apshealthcare.com

### Professional History

#### APS West Virginia ASO, APS Healthcare, Inc., WV

##### *Clinical Care Manager*

- Utilize clinical experience and managed care knowledge while reviewing prior authorization requests for psychiatric and substance abuse services for the public sector client.
- Perform ASO functions for a variety of populations including those with traumatic brain injuries.
- Offer alternative recommendations/services to meet individual client needs.
- Establish individualized recommendations for provider technical assistance and training related to clinical practices, based on information obtained through provider audits and utilization data analysis.

#### New Hampshire Hospital, Concord, NH

##### *Nursing Coordinator*

- Planned, supervised, coordinated and evaluated the work of professional and paraprofessional nursing staff.
- Managed a 25 bed inpatient acute care psychiatric unit with 24 hour accountability.
- Served as a clinical resource to nursing staff in assessment of clinical problems.
- Made unit rounds to observe, monitor and evaluate patient care being rendered.
- Balanced clinical need with the most cost-effective solution and available resources to provide quality patient care.

#### Stormont-Vail Regional Medical Center, Topeka, KS

##### *Intake Coordinator/Clinical Coordinator*

- Responsible for screening, assessing, and pre-certifying clients for inpatient admission to the senior, adult, and child/adolescent psychiatric units.
- Responsible for management of requests from non-physician professionals, seeking psychiatric treatment for clients. Refer to appropriate unit for inpatient hospitalization.
- Lead Stormont-Vail initiative in public education regarding psychiatric services provided to the public and health care providers in this and surrounding communities.
- Concurrently responsible for the clinical education of the professional/licensed staff assigned to the psychiatric units.

#### Prison Health Services, Topeka, KS

##### *Staff Nurse*

- Staff Nurse at the outpatient clinic, providing healthcare to 400 female inmates.

## **Peggy Madore**

### **Clinical Care Manager, West Virginia ASO, APS Healthcare**

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#### **Palo Duro Hospital, Canyon, TX**

##### ***Nursing Supervisor***

- Assisted in the merging of existing chemical dependency unit with a newly created psychiatric unit in a community hospital.
- Responsible for hiring and training the nursing staff and the development of policies and procedure for the unit.
- Responsible for assessing, planning, directing and evaluating patient care.

#### **Psychiatric Services, St. Anthony's Hospital, Amarillo, TX**

##### ***Assistant Director***

- Accountable for patient care and materials resource on two psychiatric units within a medical center.
- Supervised a nursing staff of 21 including responsibility for hiring, evaluating and corrective action.
- Conducted clinical reviews with insurance carriers and public assistance to assure appropriate, quality care following managed care guidelines.

#### **Correctional Medical Services, Smyrna, DE**

##### ***Unit Manager***

- Managed the Health Care Unit (inpatient/outpatient) at a 1700 bed adult male correctional facility.
- Supervised 21 professional staff.
- Responsibilities included development and implementation of policy and procedure for the Unit.
- Served as liaison between the Warden, public health authorities and the nursing staff.
- Accomplishments included: successfully operating the Unit within the budget, coordination of inmate medical appointments to maximize efficiency of escort officer utilization, development of living will and declaration and management of death and dying issues with inmate patients, and development of a TB tracking system.

#### **St. Francis Hospital, Wilmington, DE**

##### ***Staff Nurse***

- Senior Team Leader on an 18 bed medical-surgical unit.
- Trained as a preceptor and oriented new staff to the unit.
- Member of the Quality Assurance Committee.

#### **Powell County Memorial Hospital, Deer Lodge, MT**

##### ***Nursing Service Administrator***

- Responsible for planning and administration of all nursing care.
- Directly supervised all nursing personnel.
- Interviewed, hired, oriented, and evaluated nursing personnel.
- Determined staffing requirements and scheduling of nursing staff.
- Developed policy and procedure for operation of Nursing Services.
- Developed the annual budget for the Department.
- Acted as the Hospital Administrator in his absence

## **Peggy Madore**

### **Clinical Care Manager, West Virginia ASO, APS Healthcare**

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#### **Montana State Hospital, Warm Springs, MT**

##### ***Psychiatric Nurse***

- Supervised the nursing staff of a 24 bed admission unit of the state psychiatric hospital.
- Responsible for assessing, implementing and evaluating the needs of the patients with chemical dependency and/or psychiatric issues.

#### **Powell Co. Memorial Hospital/ Anaconda Hospital, MT**

##### ***Staff Nurse***

- Staff nurse at two small community hospitals.

#### **Children's Hospital and Medical Center, Cincinnati, OH**

##### ***Staff Nurse/Charge Nurse***

- Charge nurse on a 60 bed Newborn Special Care Unit, a Level III Unit for neonates.
- Member of the Transport Team, a team of RN's and Neonatologists who retrieve and transport critically ill newborns from outlying hospitals to the Special Care Unit.

#### **Physicians & Surgeons Hospital, Atlanta, GA**

##### ***Staff Nurse/Charge Nurse***

- Charge nurse on 36 bed medical/surgical unit.

#### **Education**

University of Maine, Portland, ME; B.S. Nursing

#### **Additional Course Work and Certifications**

Licensed Registered Nurse in WV

ANCC Certification in Psychiatric/ Mental Health

## Lori McGurty

### Lead Provider Educator, West Virginia ASO, APS Healthcare

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#### Contact Information

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Fax: (304) 343-9010  
lmcgurty@apshealthcare.com

#### Professional History

##### APS West Virginia ASO, APS Healthcare, Inc., WV

###### *Lead Provider Educator*

- Develop and implement statewide training programs, materials and protocols for providers of the WV MR/DD Waiver Program related to utilization management, compliance with federal and state regulation, electronic records, Person-Centered Planning, individualized budgeting and prior authorization.
- Continually assess provider training needs and promptly follow-up through technical assistance.
- Develop process for and conduct retrospective utilization reviews for MR/DD Waiver service providers to ensure compliance with federal and state documentation requirements.
- Collaboratively assist in developing ongoing interpretive guidelines for prior authorization and utilization review processes.
- Develop, chair, and implement the APS Provider Quality Improvement Council related to the WV MR/DD Waiver Program.
- Developed Utilization Management guidelines.
- Electronic Records; part of the team which identified required data elements, functionality, user rights, and synergies between the provider, APS prior authorization agent, the Bureau for Behavioral Health and Health Facilities, and the WV MMIS claims payer.
- Developed Web User Guides with detailed instruction and screen shots to assist users in learning to navigate electronic records system.

##### APS West Virginia ASO, APS Healthcare, Inc., WV

###### *Service Support Facilitator*

- Member of a development team to implement the Administrative Service Organization's role in the WV Title XIX MRDD Waiver program.
- Provided education and information to all stakeholders including DHHR staff, providers, consumers, families, and advocates to ensure understanding of the changing system toward a Person-Centered Planning approach to care.
- Developed promotional and training/ educational materials for dissemination to all stakeholders, individualized budgeting process hinged upon member functional assessments, procedures to conduct unbiased individualized member assessments to assist the WV Bureau of Medical Services with determining the fair and equitable distribution of state and federal funding.
- Individual member assessments and education of Person-Centered Planning, rights and responsibilities for program members.
- Reviewed services provided to ensure health and safety needs are met.
- Performed ASO functions for a variety of populations including those with traumatic brain injuries.

## **Lori McGurty**

### **Lead Provider Educator, West Virginia ASO, APS Healthcare**

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#### **Socially Necessary Services, APS West Virginia ASO, APS Healthcare, Inc.-WV**

##### ***Family Support Educator***

- Provided training and education to assist families and providers with accessing WV Medicaid Socially Necessary Services.
- Conducted need-based training for providers to promote quality and awareness of referral, prior authorization, and service provision process.
- Developed brochures to improve understanding of available services.
- Developed Focus Group questions in order to obtain consumer input about services and quality improvement.
- Assisted in facilitation of Consumer Quality Improvement Council.

#### **MR/DD Waiver, Community Services, Inc.**

##### ***Service Coordinator***

- Title XIX Waiver services to assist MR/DD population.
- Case management including: Coordinating, convening, and chairing the IDT process, advocacy, linkage/ referral, crisis response planning, and service plan evaluation.
- Implemented service designed to ensure accessibility, accountability, and continuity of support and services to program participants.
- Provided QMRP services to develop, monitor, and update habilitation training plans; trained direct- service staff to implement plans.

#### **MR/DD Waiver, REM Community Options**

##### ***Service Coordinator***

#### **Burlington United Methodist Family Services**

##### ***Truancy Diversion Social Worker***

#### **Action Youth Care**

##### ***Family Service Specialist***

### **Education**

Marshall University Graduate College; South Charleston, WV; M.S. Health Care Administration  
Marshall University; Huntington, WV; B.A. Communication Disorders, Minor in Psychology

### **Additional Course Work and Certifications**

West Virginia Board of Social Work Examiners, Licensed Social Worker  
Collaborative Institutional Training Initiative (CITI) Institutional Review Board

## Amber Murphy

### Office Manager, I/DD Waiver, West Virginia ASO, APS Healthcare

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amurphy@apshealthcare.com

#### Professional History

##### APS Healthcare, WV

###### *Office Manager*

- Responsible for coordination of office services that ensure efficient and accurate varied and complex administrative functions are performed to meet contract deliverables with effective business process support to include HR Liaison, financial/budget tracking, basic accounting & bookkeeping, coordination of supplies/equipment/etc.
- Contract billing & renewal, petty cash management, record keeping, facility maintenance, and reporting related to these activities.
- Provides non-clinical support to specified programs – BH Outpatient, Social Necessity, BHHF, AD and I/DD Waiver including provider TAs, consumer budget process, call triaging, authorization preparation, caseload management, CEU tracking, caseload tracking, data entry, editing & final quality check of materials.

##### APS Healthcare, WV

###### *Administrative Assistant*

- Provided a broad range of administrative support to behavioral health outpatient department. The position supported numerous office employees with day-to-day office functions, training and clinical support functions (e.g. data entry and report tracking) and performed functions to support external customer access to APS staff and services.
- Arranged training venues, conference calls, assessments and team meetings as necessary.
- Copied and organized materials for training, entered data into various software programs.
- Answered and responded to routine calls, inquiries and questions and route calls appropriately.
- Ensured timely and proper handling and safeguarding of confidential, private or sensitive material.
- Performed special projects as required as well as other duties as assigned to meet business needs.

#### Education

WVU Institute of Technology, Montgomery, WV; B.S. Health Services Administration

WVU Institute of Technology, Montgomery, WV; AS., Office Technology Management/Medical Emphasis



## Ellen Olsen, LCSW

### Supervisor Clinical Services, Florida PASSR, APS Healthcare

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#### Contact Information

APS Healthcare  
2728 Centerview Dr. Suite 203; Tallahassee, FL  
Phone: 866-880-4080  
eolsen@apshealthcare.com

#### Professional History

##### APS Healthcare, Florida

###### *Supervisor Clinical Services*

- Supervises Disease and Case Management Teams, delegates duties to Health Coaches and responds to clinical operational issues/concerns while promoting quality and productivity in the administration of health services.
- Manages the day-to-day operations of work assignments for direct reports to ensure adherence of standard goals/metrics for quality and performance.
- Assists the Clinical Manager with development and on-going refinement of tools and procedures used by APS Healthcare.
- Develops and maintains the Health Coach team, who assure that participants are receiving services in an appropriate and timely manner.
- Assists with problem-solving on clinical and contract-specific issues.
- Provides clinical training of Disease and Case Management teams.

##### APS Healthcare, Florida

###### *Clinical Manager*

- Program Director for Prior Service Authorization (PSA) for the Home and Community Based Developmental Disabilities Waiver.
- Previously the Clinical Manager for Pre-Admission Screening and Resident Review (PASRR), which conducts Level II evaluations of persons with suspected or confirmed diagnoses of mental illness, who are seeking admission to or residing in Medicaid-certified nursing facilities in Florida.

##### Health Management Institute and Canopy Cove, Florida

###### *Program Director*

- Responsible for the health, safety and welfare of all of the patients.
- Supervised and coordinated the entire program and also worked as a clinical therapist treating male and female, adolescent and adult patients with Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder.
- Helped to open and run the new adolescent inpatient residential treatment center at Canopy Cove.

##### Girls and Boys Town of North Florida (Boys Town), Florida

###### *Residential Consultant/Clinical Specialist*

- Supervised three of the five residential group homes in the Residential Program as a Residential Consultant/Clinical Specialist.
- Main role was to ensure the health, safety and welfare of the youth.
- I assessed the youth, developed behavioral treatment plans, and trained all of the direct care staff on implementation.

## Ellen Olsen, LCSW

### Supervisor Clinical Services, Florida PASSR, APS Healthcare

- While employed at Boys Town, I attended over 300 hours of in-service training, including a 6-day Zinger Miller workshop focusing on professionalism and teamwork.

#### **Children's Home Society, Florida**

##### ***Targets Case Manager***

- Provided on-site behavioral services and school support for youth placed in shelter with developmental problems due to abuse and neglect.
- Obtained experience in individual, crisis, and group counseling, as well as behavioral intervention.
- Gained experience in writing psychosocial assessments, service planning and implementations, as well as facilitating access to appropriate services and resources for children who were victims of neglect and abuse.

#### **Education**

Florida State University; Master of Social Work, 2000

Florida State University; B.S. Psychology with Minor in Family and Child Sciences, 1998

#### **License**

Licensed Clinical Social Worker, #8301

## Tami Lee Shamblin

### Registration Coordinator, West Virginia ASO, APS Healthcare

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tlshamblin@apshealthcare.com

#### Professional History

##### APS West Virginia ASO, APS Healthcare, Inc., WV

###### *Registration Coordinator, Title XIX MR/DD Waiver Program*

- Review purchase requests to insure compliance with assessment based needs and health/safety issues.
- Provide technical assistance to providers on the MR/DD Waiver CareConnection®.
- Meet with representatives of state government regarding the implementation and overall program design.
- Exhibit familiarity with ASO functions across a range of programs (including Waiver) and member populations including individuals who have experienced traumatic brain injury.

###### *Clinical Assistant*

- Provided administrative assistance to the clinical staff.
- Reviewed registration requests.
- Resolved duplicate, dual and multiple agency conflicts regarding service requests.
- Provided technical assistance to providers on the APS CareConnection®, national code set, and authorization process.
- Entered rollback information into multiple data bases.
- Assisted with revisions to utilization manuals used by all provider types.

##### VocMed, Inc., Charleston, WV

###### *Vocational Rehabilitation Consultant*

- Conducted initial assessments with individuals receiving worker's compensation to determine their ability to participate in vocational rehabilitation services.
- Met with physicians, employers, and other relevant parties to coordinate services necessary to allow the individual to return to work.
- Monitored individuals participating in job search activities.
- Met with potential employers to seek out employment opportunities for individuals who could not return to their pre-injury employer.
- Met with employers to review individual's progress when returning to work in modified duty positions.
- Provided regular progress reports on each individual to claims managers.

##### Braley and Thompson, Inc., St. Albans, WV

###### *Quality Improvement Coordinator*

- Served as the liaison to regulatory and accrediting organizations.
- Coordinated the process resulting in accreditation by the Council on Accreditation for Children's and Family Services.

## **Tami Lee Shamblin**

### **Registration Coordinator, West Virginia ASO, APS Healthcare**

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- Developed orientation training module in accordance with state licensing and national accrediting agency's guidelines.
- Coordinated training for new staff and on-going staff development.
- Conducted training on multiple topics including but not limited to NASW Code of Ethics, family focused care, and Medicaid clinic, rehabilitation, and targeted case management manuals.
- Developed and coordinated the agency's on-going quality improvement program.
- Conducted internal quality review of agency files to insure compliance with licensing/accreditation standards.
- Chaired the Human Rights Committee and Advisory Board.

#### ***Case Manager***

- Provided linkage and assistance for children in foster care.
- Coordinated treatment team meetings; conducted assessments per New Directions requirements.
- Taught basic living skills.
- Advocated for individuals within community, school, and mental health settings.
- Transported individuals to medical appointments and biological family visits.
- Supervised biological family visits.
- Monitored service implementation.

#### **Westbrook Health Services, Ripley, WV**

##### ***Case Manager***

- Provided linkage and assistance for mentally ill adults living in the community.
- Coordinated treatment team meetings.
- Conducted assessments per New Directions requirements.
- Advocated for individuals within community and mental health settings.
- Participated in after-hours crisis team.
- Coordinated mental hygiene hearings.

##### ***Waiver Service Coordinator***

- Assisted with completion of initial packets for eligibility.
- Facilitated individual program planning meetings.
- Completed cost estimates for services.
- Linked consumers with necessary services.
- Conducted monthly home and school/work visits.
- Linked with the state regarding re-determinations for continuing eligibility.

#### **Shawnee Hills, Inc., Charleston, WV**

##### ***ICF Supervisor***

- Directed clinical treatment provided to the eight consumers who lived in the home.
- Coordinated staff schedules.
- Supervised staff providing direct care.

##### ***Waiver Service Coordinator***

- Assisted with completion of initial packets for eligibility.
- Facilitated individual program planning meetings.
- Completed cost estimates for services.
- Linked consumers with necessary services.

## Tami Lee Shamblin

### Registration Coordinator, West Virginia ASO, APS Healthcare

- Conducted monthly home and school/work visits.
- Linked with the state regarding re-determinations for continuing eligibility.

#### ***Treatment Designer***

- Developed habilitation plans and behavioral support plans.
- Trained day habilitation staff on implementation of these plans.
- Reviewed on-going progress, making modifications to goals, objectives, and/or training methods as needed.

#### ***Case Manager***

- Provided linkage, referral, and advocacy for individuals with mental illness and/or mental retardation/developmental disabilities residing in the community.

#### **Education**

Marshall University Graduate College, Huntington, WV; M.A. Psychology

Marshall University, Huntington, WV; B.A. Psychology, (Cum Laude)

#### **Additional Course Work and Certifications**

Licensed Social Worker (LSW)

Qualified Mental Retardation Professional (QMRP)

Qualified Mental Health Professional (QMHP)

Total Quality Management & Continual Quality Improvement Training

## Robin Sizemore, Jr.

### Data Analyst, West Virginia ASO, APS Healthcare

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rbsizemore@apshealthcare.com

#### Professional History

##### APS West Virginia ASO, APS Healthcare, Inc., WV

###### Data Analyst

- Complete reports to meet CMS deliverables.
- Generate regular and ad-hoc reports on the state's Medicaid population, including consumers with TBI as well as I/DD and A&D Waiver recipients, to meet contract deliverables.
- Create data reports on BHHF Block Grant providers to meet block grant reporting requirements and renewal application needs.
- Create applications for internal use by local staff using T-SQL and Visual Basic.

##### Contracted to Valley HealthCare MIS Department – Morgantown, WV

###### Adecco Temp. Services

- Created browser-based interfaces to CMHC database in the eCET application.
- Wrote reports on consumer information.
- Created scripts to assist with tracking of authorizations.
- Assisted with assorted network maintenance tasks.
- Developed and maintained intranet pages.

#### Education

West Virginia University, Morgantown, WV; B.S. Computer Engineering, 2001

#### Technical Skills

##### Programming Languages:

- Proficient in: ANSI SQL/T-SQL, Visual Basic
- Familiar with: C#, C/C++ , Ada

##### Software and Technologies:

- Proficient with: SQL Server 2008/2005/2000, Crystal Reports, Microsoft Access, HTML/CSS
- Familiar with: CMHC uScript, CMHC eCET software

##### Operating Systems/Environments:

- Microsoft Windows, Linux (various distributions – mostly Ubuntu and Redhat), Unix

# Heather Thompson

## Medical UM Coordinator, West Virginia ASO, APS Healthcare

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### Professional History

#### APS West Virginia ASO, APS Healthcare, Inc., WV

##### *Medical UM Coordinator*

- Responsibilities include the implementation and start-up of the medical Care Connection application that allows West Virginia providers to input prior authorization requests through a direct data entry system, providing oversight, assistance, and training to providers, employees and subcontractors, participating in DHHR activities that promote the development and implementation of our current programs as well as expanded business opportunities, presented at two provider training sessions (2011), and presented over thirty webinars to providers in the state of West Virginia and surrounding areas.

#### RN, West Virginia Medical Institute

##### *Beneficiary Case Review Coordinator*

- Reviewing approximately 450 Medicare appeals and 15 complaints each year, performing quality improvement activities which include meeting with physicians and medical staff quarterly, handling hundreds of telephone calls each year, developing a training manual from inception to completion, performing special projects within the health care community, as well as trained multiple staff members in separate departments of three states (2005), presented at two health care conferences (2005 & 2006), and served as a guest on the local educational television show, Lifeline (2006).

#### Charleston Area Medical Center

##### *RN, Inpatient Psychiatric Unit*

- Assessing, monitoring, and treating adult and geriatric psychiatric patients, traumatic brain injury patients, conducting daily therapy groups and providing education.

#### Thomas Memorial Hospital

##### *RN, Inpatient Psychiatric Unit*

- Assessing, monitoring, and treating adult and geriatric psychiatric patients, administering medications, providing education and leading group therapy.

### Education

M.A. – Organizational Leadership, Wheeling Jesuit University; M.A. Organizational Leadership, 2011  
University of Charleston; B.S. Nursing, Graduated Summa Cum Laude, 2001  
West Virginia State University; A.S. Human Biology, 1997

## Heather Thompson

### Medical UM Coordinator, West Virginia ASO, APS Healthcare

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#### **Additional Course Work and Certifications**

Certified Professional Utilization Review; November, 2007- 2009  
Lifetime Member of Psi Chi, National Honor Society of Psychology  
Member of Biltmore's Who's Who, 2009

#### **Professional Trainings**

Quality Health Summit, 2005, 2006  
American Health Quality Association Annual Conference, 2005  
Medicare Mediation Conference, 2005  
Lean Methodology Training, 2005  
Geriatric Resource Nurse, 2002





## Attachment A: Vendor Response Sheet

*Provide a response regarding the following: firm and staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives were and how they were met.*

*List project goals and objectives contained in Section 2.4:*

### Section 2.4

#### **Project and Goals: The project goals and objectives are:**

The TBI Waiver program will be new to West Virginia adults with an acquired brain injury, providing services and supports to enable Waiver members to safely remain in the community. The Bureau for Medical Services outlined the goals and objectives of the program in the Request for Proposal (RFP) and we describe our approach to reaching the goals and objectives in our response to Sections 2.4.1 through 2.4.8. Our response is a comprehensive approach to ensuring the medical eligibility of members, the qualifications of providers, and management of the program to focus on quality improvement objectives.

#### **Section 2.4.1:**

#### **The Vendor should propose a plan to certify prospective TBI Waiver providers using established criteria in the Waiver application and to provide ongoing support for the provider network. The plan should address, but should not be limited to:**

*Vendor Response:*

A strong community of well-credentialed and qualified providers is a key component of achieving the goals of the TBI Waiver. Just as important is a rigorous quality assurance and improvement process that identifies provider needs and responds with training and technical assistance programs. Our plan to certify prospective TBI Waiver providers builds on the criteria established in the Bureau's Waiver application as well as our experience with waiver management and provider reviews in West Virginia and other states.

In Figures A-1 and A-2 we display our proposed workflow for the provider initial certification and recertification processes. We provide an overall description of our proposed provider certification process and then respond to individual items 2.4.1 (a) through (g).



West Virginia TBI Waiver  
 PROVIDER: ASO CERTIFICATION - INITIAL

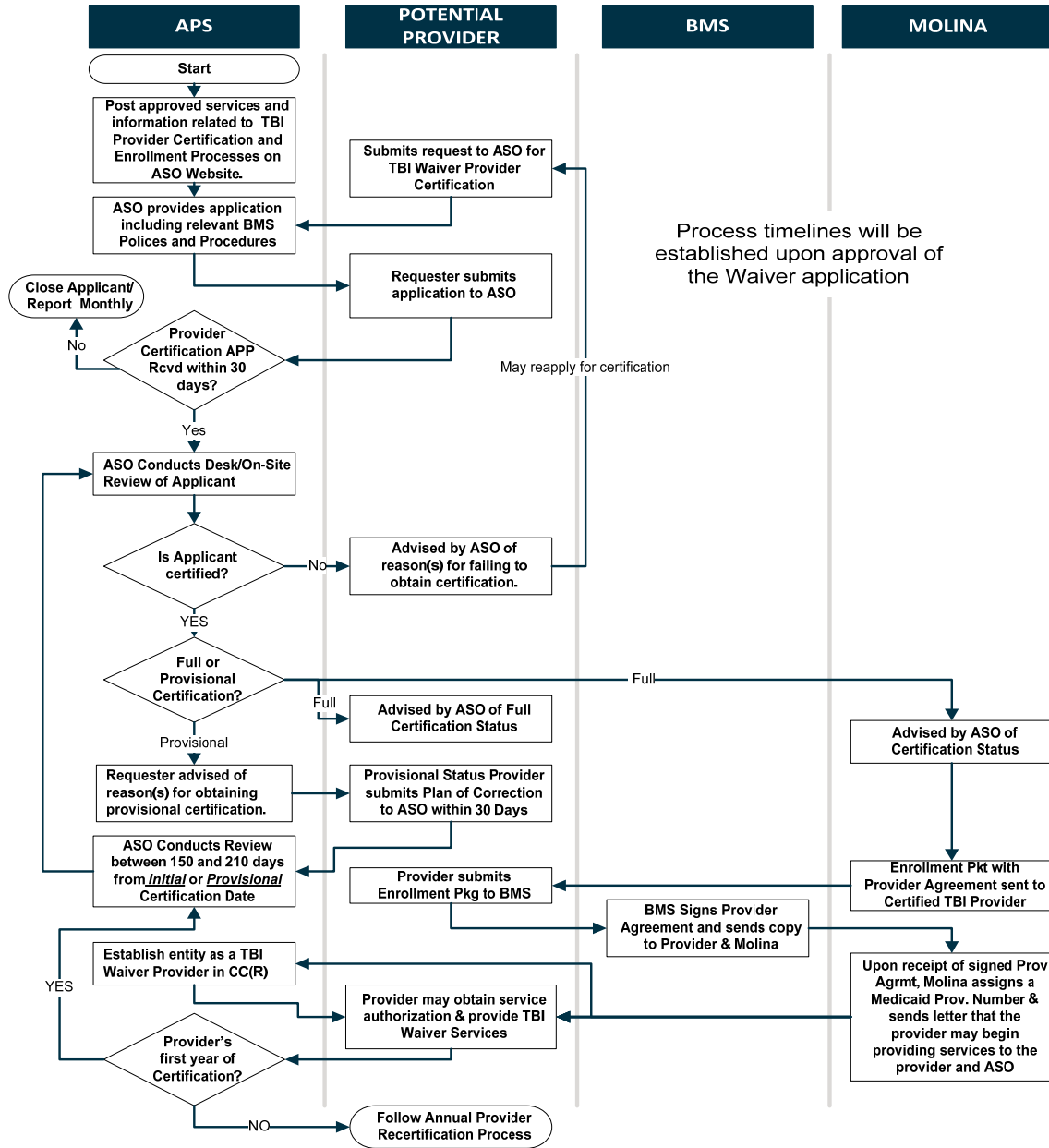


Figure A- 1. Proposed Initial Certification Process

The provider certification process begins with an interested provider requesting an application from APS. To ensure providers understand the requirements of the TBI Waiver, we provide a copy of the policy and procedure manual with the application, and send them to the provider. The provider then completes the application and returns it to APS. Upon receipt of the application, we conduct an initial screening to ensure the application is complete, signed, and dated. We will return incomplete applications to the prospective provider, identifying the missing information and notifying the provider concerning the timeline and procedure for re-



submitting the application once complete. If the provider does not return the complete application within 30 days we will close the application without making a determination. We will report the frequency of closed applications for lack of timely return of information on our monthly activity report.

Upon receipt of a timely and complete application, we initiate the review process. We discuss our approach in draft here to illustrate our understanding of critical elements of the certification process. During implementation we will document the review process in detail, including developing forms/tools for review. Materials will be submitted to BMS at least 30 days in advance of implementing the certification process. Upon approval by the Bureau, we will post all materials on the website and address the tools and process during provider training sessions. For all providers we will review licensing and staffing information, operational policies and procedures, financial or accounting statements (to determine if the provider is financially sound), and references submitted by the provider. We will validate that the provider has not been excluded from the Medicaid or Medicare program for any reason.

We will then verify the background check conducted by the provider. Depending on the type of provider, some or all provider employees may be required to have a background check. The cost of this background check will be the responsibility of the provider. For providers that deliver services to members at the provider site, we will conduct a desk review first, and then conduct an unannounced site review within 30 days of completing the desk review. Providers will be advised in the program manual that an unannounced site visit may be part of the certification review. For individual providers we will conduct a face-to-face meeting to complete the provider certification review.

There are three possible determinations that may result from the review process:

- Full Certification. We will notify the provider, the Bureau and the fiscal agent that the provider has been certified to deliver services as of a specific date.
- Provisional Certification. Provisionally certified providers will be requested to develop a Plan of Correction that addresses deficiencies identified during review. After the plan has been received and reviewed, we will schedule a follow-up review to identify the extent to which providers have implemented the plan of correction. If successful, providers will then be fully certified.
- Not certified. For providers that are not certified, we will provide notification in writing with an explanation of the rationale for our certification determination. Providers may then reapply after a period of time that we will establish in collaboration with the Bureau.

Our proposed provider recertification process is also an efficient approach to ensuring that providers continue to meet certification requirements on an annual basis. Figure A-2 presents this proposed process, which builds on the documentation created for the original certification.



West Virginia TBI Waiver  
 PROVIDER: ASO RECERTIFICATION

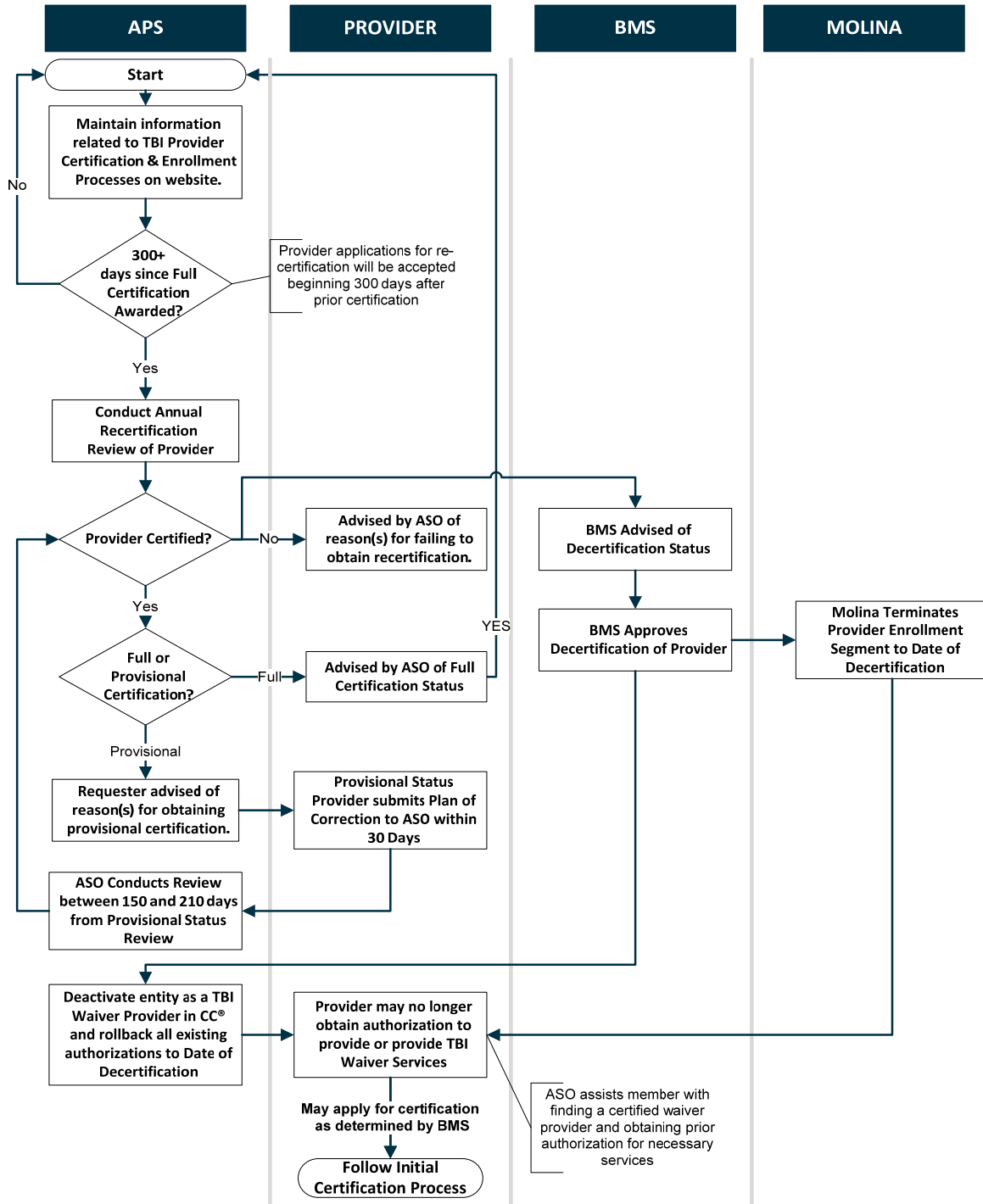


Figure A-2. Proposed Provider Recertification Process



As this workflow indicates, we will follow approximately the same process as in the original certification. We will document the results of the recertification review, and provide notifications to the Bureau, provider, fiscal agent, and member. If a provider is not recertified, we will assist the member with selecting a new provider and facilitate prior authorization so that the member does not experience a disruption in services.

Since the TBI Waiver is new, this approach is advisable at least in the first year of waiver operation to establish documentation standards among providers and ensure they are fully informed concerning Medicaid regulations and waiver requirements. After we have developed longitudinal documentation concerning provider certification and quality, the Bureau may consider “deeming” providers for re-certification based on original certification results and quality performance as measured by the Quality Reviews.

**a. Conducting on-site visits of prospective TBI Waiver providers to evaluate and certify qualified providers.**

We propose to conduct unannounced site visits to providers as relevant\* after an initial desk review of the provider application and accompanying materials. During the desk review we will prepare a site review checklist to guide the review process and resolve any issues identified during the desk review. The site review will be conducted by a licensed and qualified member of the APS evaluation team and will include the following types of activities:

- Entrance interview. This meeting is conducted with a responsible manager and other staff who will participate in the site review. The scope, process, and schedule for the site review will be covered. We will also identify any staff members to be interviewed to ensure their availability and schedule a formal tour to inspect the premises.
- Review of Policies and Procedures. We will follow up with providers concerning any issues with provider policy and procedure documents that we identified during desk review. We will also evaluate the extent to which the provider facilitates access to policies and procedures for staff reference and the extent to which staff members are aware of provider policies and procedures.
- Review of staffing documentation. We will follow up to the desk review of the provider’s documentation of employee (if any) resumes, licenses, background check results, etc. In addition, we will interview specific staff members concerning any deficiencies identified during the desk review.
- Review of treatment records. For established providers with an existing client base we will review a sample of treatment records to evaluate documentation standards as well as the adequacy of the Plan of Care.
- Exit interview. During the exit interview we will debrief the provider concerning preliminary findings and allow the provider to submit additional information to supplement information presented during the site review, if available.

Once the site review has occurred, we will complete our evaluation and make a certification determination for the provider based on information obtained through desk and site reviews.

*\*If the provider has a site at which services are delivered to waiver members.*



**b. Referring certified TBI Waiver providers for enrollment in the Medicaid program.**

Once certified, APS will refer providers for enrollment in the Medicaid program if they are not already West Virginia Medicaid providers. APS will complete the referral by notifying the fiscal agent of the provider certification and will include procedures for application to become a Medicaid provider with the approval notification sent to the certified provider.

**c. Providing TBI Waiver providers with Medicaid regulations and policies.**

APS will include reference information about West Virginia Medicaid regulations and policies with the provider application. A TBI Waiver Provider Manual will be sent to providers with the TBI Waiver Provider application. Providers will also be able to download the Provider Manual from the APS website or receive a hardcopy manual on request.

**d. Monitoring TBI Waiver provider compliance with certification criteria.**

APS' certification process will be designed to ensure that TBI Waiver providers will provide high quality services to waiver members. Our monitoring process will contribute to that goal by collecting actionable information for improvements in provider compliance. We will submit the process to the Bureau for review and approval during implementation and upon approval will initiate provider monitoring for providers with at least six months of program experience. During the monitoring process, we will review provider requests for prior authorization, treatment record reviews, and other information such as recertification materials; staffing models; member complaints; requests for technical assistance; and provider site visits to evaluate the overall compliance with certification requirements. On an annual basis we will prepare a formal monitoring report for submission to the Bureau. The results of this report will then be incorporated into the ASO and provider quality improvement plans to ensure that root causes for non-compliance are addressed and that improvement efforts are meaningful and sustained.

**e. Providing technical assistance to TBI Waiver providers to improve policy compliance and service quality.**

APS will provide on-going technical assistance to providers for improvement in compliance with TBI Waiver policies and procedures as well as service quality. We will identify opportunities for improvement through a variety of methods, including, for example:

- Annual monitoring reviews and site visits.
- Needs assessment for training activities.
- Requests for technical assistance from providers.
- Waiver member complaints.
- Bureau referrals for technical assistance and training.

Once the need for technical assistance has been identified, we will develop an appropriate response depending on the specific nature of the assistance needed. For example, we may find a pattern of errors in completing the provider waiver application. For this issue the most appropriate method of technical assistance might be a "FAQ" (frequently asked question) sheet on completing the application. We may also find that errors can be addressed by changing the form and/or clarifying the directions. Other types of technical assistance may be more





substantive. By analyzing member complaints, for example, we may find a consistent pattern of complaints about a specific provider for several, related issues – such as treatment of members during service delivery. Providing technical assistance in response to this type of issue may require immediate onsite assistance to individual providers as well as addressing the issue at the program-wide level through quarterly training sessions.

We will maintain records of provider technical assistance to document how the need for technical assistance was identified, the provider, type of technical assistance (for example, conference call, training session, on-site assistance), and subject matter covered. This database will then enable us to evaluate technical assistance information and incorporate our findings into the policies and procedure manual, waiver application, and training program as relevant.

**f. Maintaining TBI Waiver provider files, including information and reports necessary for the determination of compliance with established program standards consistent with the Waiver application.**

APS will maintain TBI Waiver provider files that support all documentation and reporting requirements for the contract. We will initiate the provider file with the initial application for certification. This will also include any correspondence with the provider, information about technical assistance the provider received, cross-references to any member complaints, cross-reference to any incident reports, and results of provider quality monitoring and site reviews. We will maintain these files in electronic format in our secure and HIPAA-compliant information system. We will provide access to these files and copies in paper format at the Bureau's request. Provider information will be maintained confidentially and released only with the permission of the provider and/or at the direction of the Bureau.

**g. Developing and conducting quarterly TBI Waiver provider trainings. Materials for trainings should be provided to BMS for review and approval seven (7) calendar days prior to utilization.**

APS will develop and deliver quarterly TBI Waiver provider training sessions. Training topics will cover both clinical and administrative topics, such as information about traumatic brain injury; certification requirements; TBI Waiver program features and specifications; Medicaid provider enrollment and requirements; billing and documentation standards; the quality monitoring and improvement process; the Participant Experience Survey (PES) process and results, etc. During the first year of program operations our training will focus on TBI Waiver application requirements, provider certification, and quality monitoring to ensure a comprehensive provider network for newly enrolled members.

All training materials will be developed and submitted to the Bureau for advanced review and approval. In addition, we will submit a quarterly training plan to the Bureau for review and approval, with recommended topics for the upcoming quarter as well as potential locations and timeframes for the training sessions. These materials will be submitted at least seven days prior to the first proposed training session at which they will be used.



**Section 2.4.2:**

**The Vendor should propose a plan to provide day-to-day operations and oversight of the TBI Waiver Program. The plan should address, but not be limited to:**

*Vendor Response:*

APS proposes an approach to the day-to-day operations of the TBI Waiver that is closely modeled on our management of the I/DD and AD Waivers, reflecting an efficient staffing approach that takes advantage of our current statewide West Virginia operation, our Charleston, West Virginia office, and our experienced West Virginia team.

In designing the workflow to address the Waiver application and the RFP Scope of Work we have taken into account all aspects of eligibility determination, enrollment, completing of prior authorizations for member services and initial self-directed service plans, on-going provider monitoring, and provider outreach, certification, and training. Through these processes, APS will manage the TBI Waiver program for optimal results: high quality, medically necessary services delivered by certified providers to medically eligible members in a program that monitors performance and emphasizes quality improvement throughout the system. The proposed workflow displayed in Figure A-3 illustrates our comprehensive approach to the Scope of Work, and we then respond to individual items 2.4.2 (a) through (l).





## TBI Waiver Operations

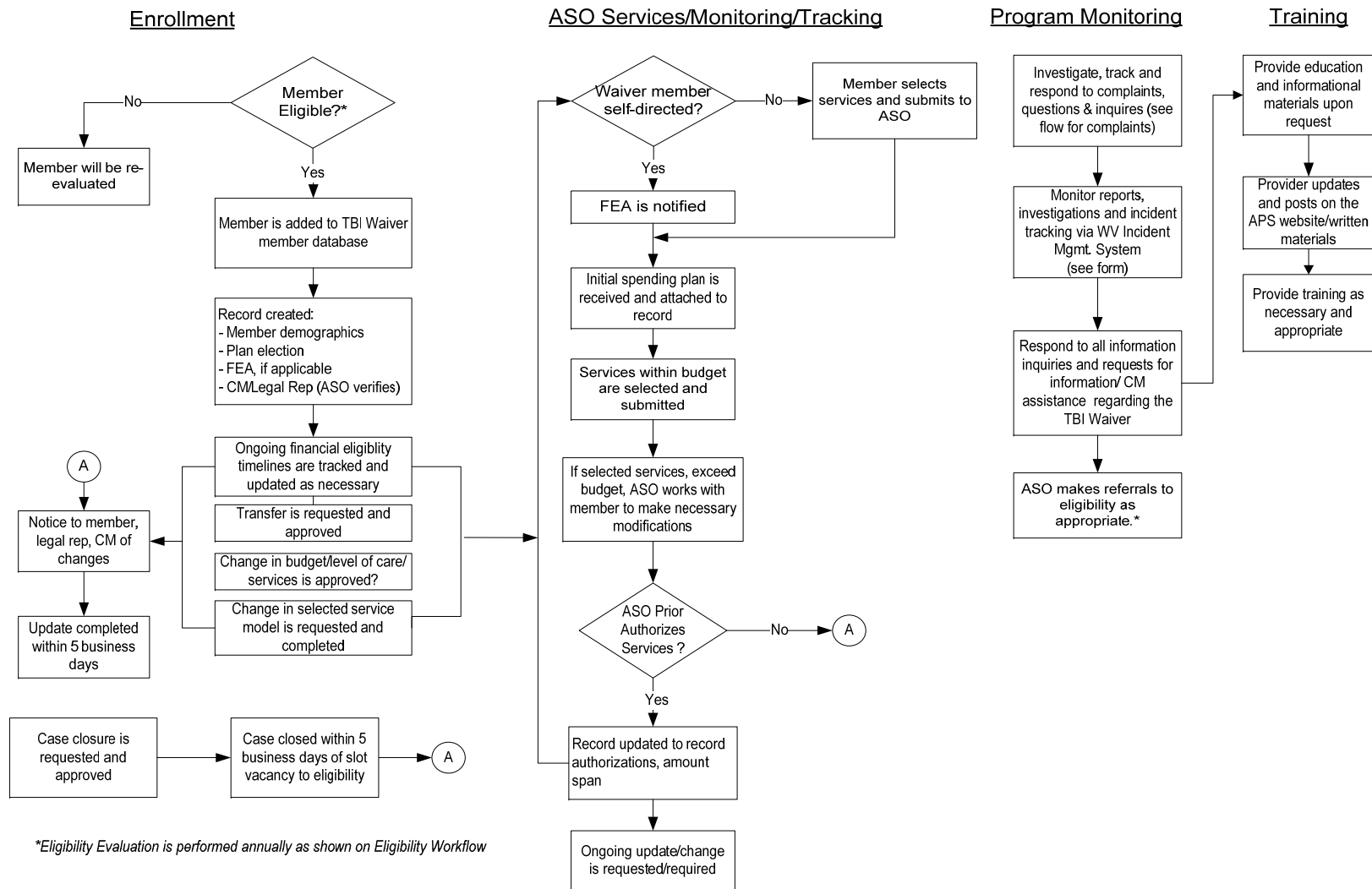


Figure A-3. Proposed TBI Waiver Operations Workflow



**a. Enrolling TBI Waiver members into the program.**

APS will enroll members into the TBI Waiver program, beginning with a medical eligibility determination. Eligible members will then be added to the program database with the eligibility determination date as the enrollment date for the program. We will then notify the Bureau, member, and fiscal agent for members electing self-direction. Members will continue to be enrolled in the program until and unless an annual re-determination indicates that the member is no longer eligible. We will send notices to members who are determined not to be eligible for the program in advance of the determination, including information about requesting a Fair Hearing. Please note: if members are receiving services and are determined not to meet continuing medical eligibility, services will be continued until a Fair Hearing is held or the time period for requesting a Fair Hearing has elapsed.

**b. Maintaining a database so that the status of all enrolled TBI Waiver applicants and members can be tracked.**

Member medical eligibility, enrollment, and plan of care information will be maintained for all assessed members so that we can track the status of each member, including managed enrollment list applicants. We will document member demographics such as name, member number, address, application date, assessment date, authorized representative if any, legal guardian if any, primary physician, etc. This database will be maintained in a secure, HIPAA-compliant system and accessible by TBI Waiver program staff at APS as well as Bureau staff members.

**c. Tracking, verifying, and reporting the status of financial eligibility timelines for TBI Waiver applicants.**

Efficiently determining the financial eligibility of Waiver applicants is essential to the Managed Enrollment list and timely access to waiver services is just as important to facilitate access.. APS will notify applicants and their Case Managers when a waiver slot is available and inform them that financial eligibility needs to be obtained by the applicant and Case Manager. APS will verify the status of financial eligibility for the applicant and will report status of eligibility results to BMS on a monthly basis. Upon verification that financial eligibility has determined the applicant Waiver eligible enrollment is complete and the slot is released. We will track outstanding medical eligibility determinations without financial eligibility results and report to BMS on a monthly basis.

**d. Processing TBI Waiver transfer requests from providers and members.**

Through ongoing TBI Waiver program management, APS will maintain current information about service providers for each member, including the authorized plan of care. If members request a change of service provider, APS will document the request, facilitate access to a different provider if needed, and authorize a new plan as appropriate. In the event there has been a concern or problem with the provider, APS will evaluate the issues and report to the Bureau to ensure on-going safety for all members, including those who continue to use the provider's services. In the event a provider requests to transfer a member to a new provider,



APS will document the request, assist the member if needed to find a new provider, and complete an authorization of the changed plan of care to ensure services are maintained.

**e. Processing TBI Waiver case closures.**

If for some reason members are either no longer eligible, no longer need, or no longer want to participate in the TBI Waiver program, APS will document the case closure in the TBI Waiver database and provide a rationale for the closure if known. The date the case is closed will be the disenrollment date from the program, and this date will be reported to the Bureau as well as to the fiscal agent. Services scheduled or delivered after the disenrollment date will not be authorized or reimbursed. APS will maintain the member's information in the database, and will re-activate the member with a new enrollment date if the member re-applies.

**f. Verifying Waiver members' legal representatives.**

Applicants will be requested to identify any legal representative on the application when they submit it. APS will document this information in the database and verify the legal representative when scheduling an assessment so that the legal representative can attend. If a legal representative is not identified on the application, APS will also verify this information during the scheduling process, and will add the legal representative contact information to the database. In addition to validating the information submitted on the application, APS will also contact the legal representative to verify the status and ensure that notifications and other information is sent to the correct party and address.

**g. Receiving and processing referrals for TBI Waiver members wishing to participate in the Waiver's self-direction option, including verifying financial eligibility.**

During the process of enrollment, members will be able to elect self-direction. APS will refer these members to the fiscal agent. Referrals and financial eligibility verification will be documented in the database for reporting and management purposes. For self-directed members, APS will verify their continuing financial eligibility when conducting the annual medical eligibility re-determination. Results of this verification will also be documented and reported to the Bureau.

**h. Reviewing and approving all self-directed member initial spending plans.**

Upon election of self-direction, members will complete an initial spending plan. APS will review this spending plan (via the service authorization process.) We will verify that the services are consistent with the members' assessed needs to ensure that there are no health or safety concerns and that all aspects of the members' status have been addressed by the plan. If we cannot approve it as originally submitted, we will discuss the plan with the member and Case Manager, and request that the plan be amended to incorporate the results of our discussions. When re-submitted, we will approve the plan and document the plan in our database.

**i. Investigating, responding to, and tracking complaints, questions and inquiries regarding the delivery of TBI Waiver services from members, family members, providers and other interested parties.**



APS will promptly address all communications from members, family members, providers, and other stakeholders. When we are contacted, we will document the contact in our database, indicating the source, the date and time, and nature of the communication (e.g., request for information, technical assistance request, complaint, or problem) as well as the status of the communication (emergency, urgent, routine). This information will allow us to prioritize our response to communications, as well as immediately address any emergencies of which we are notified. In the event we receive a report of member abuse, we will document and handle it as an emergency incident, notifying the Bureau and addressing the incident. APS also has protocols to handle a report of an emergency (such as an accident) and will promptly notify 911 and the Bureau to ensure an immediate response.

**j. Monitoring the reports, investigations, and tracking of incidents reported via the West Virginia Incident Management System.**

APS will use the West Virginia Incident Management System (IMS) to obtain reports on incidents filed concerning TBI Waiver members. We will monitor incident reports for timely follow-up and resolution, presence of multiple incidents for individual members or providers, and patterns of incidents that indicate the need for a policy, technical assistance, and/or training intervention to address the pattern. Figure A-4 displays our framework for handling complaints and incidents.

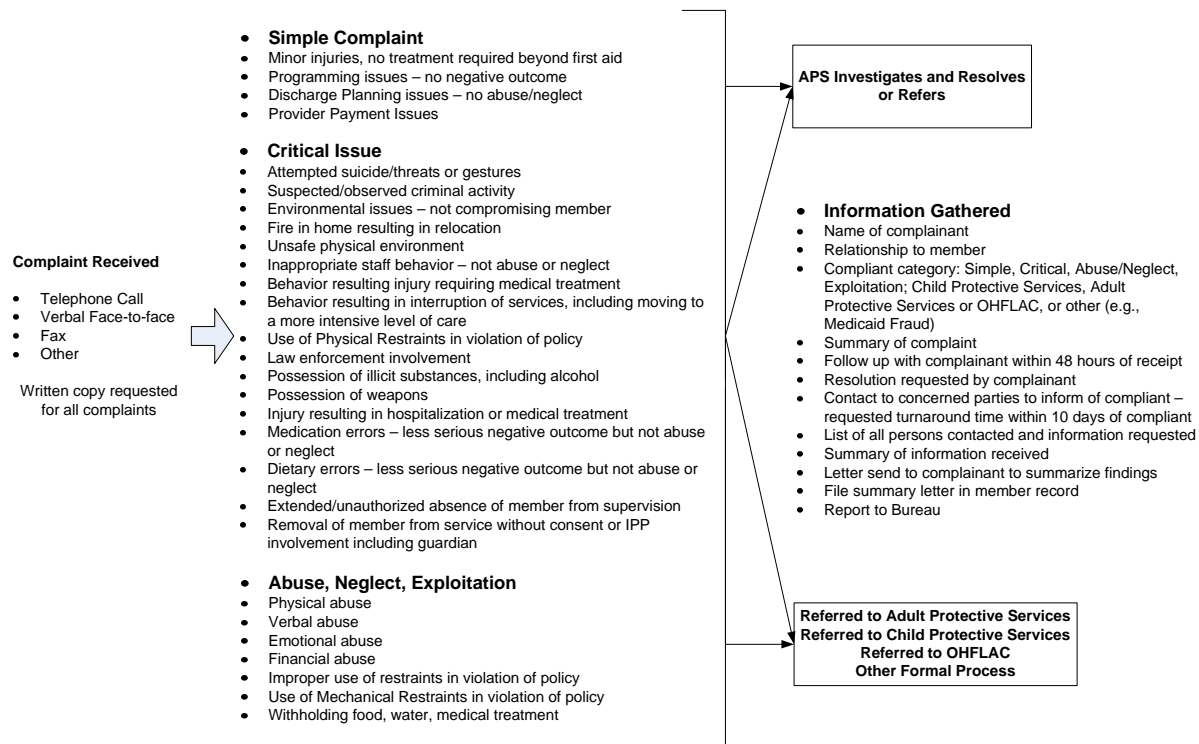


Figure A-4. Framework for Complaints and Incidents



APS will report to the Bureau on a monthly basis and identify any incidents that may require more formal follow-up at the Bureau level.

**k. Prior-authorizing all TBI Waiver services for eligible members.**

The member service plan will be prepared by the member’s Care Team using information from the assessments as well as information about the member’s preferences. This service plan will be documented in our information system when complete. APS will then review the plan to ensure assessed needs have been taken into account, the member has been involved in the decision-making, and other issues such as medical care, health, and safety have been addressed. APS will then approve the service plan and provide authorizations to the fiscal system so that the provider can submit claims. APS will notify the member and provider when services have been authorized.

**l. Responding to all information inquiries and requests for information regarding the TBI Waiver program.**

As we indicate in our response to item 2.4.2(i), APS will thoroughly document and promptly respond to all information inquiries and requests for information regarding the TBI Waiver program, within regulatory requirements and HIPAA-compliance. We will document all requests for information in a tracking database, as well as our response to each request. We will evaluate these requests on a regular basis and provide information tools to handle common requests, for example, a member FAQ on how to complete the application based on member questions and requests for assistance. In the event that an information request is received that we consider inappropriate we will notify the Bureau and proceed with the request only as approved by the Bureau in advance.

**Section 2.4.3:**

**The Vendor should propose a plan to determine medical eligibility for initial TBI Waiver applicants and annual re-evaluations of medical eligibility for Waiver members. The plan should address, but is not limited to:**

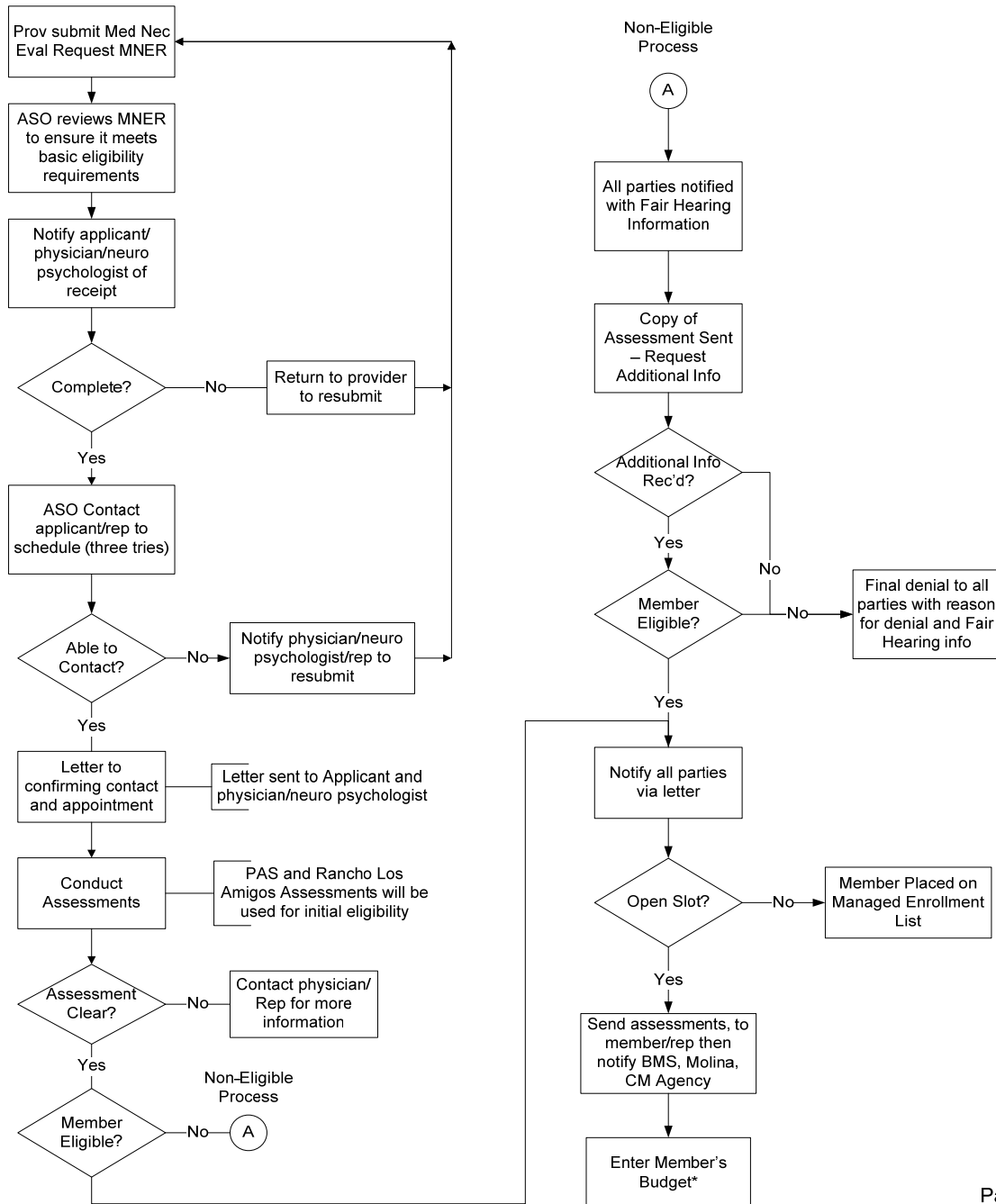
*Vendor Response:*

APS proposes a process of medical eligibility determination that will be timely, equitable, person-centered, and include relevant stakeholders in the determination process. Through this process we will document the member’s initial and continuing medical eligibility for participation in the waiver, and provide notification to relevant parties to ensure a thorough understanding of the process as well as the member’s Fair Hearing rights and process. In this section we provide an overview of the medical eligibility process with a proposed workflow that illustrates our approach. We then respond to specific items in 2.4.3 (a) through (g).

The initial eligibility process will begin with the receipt of the person’s referral application. Applications will be considered on a First-In, First-Out basis. We will conduct an initial screening of the application to ensure that it is complete and correct. We will notify the member and provider in the event additional information is required. Once the application is complete, we will request a meeting with the member to conduct the PAS and Rancho Los Amigos



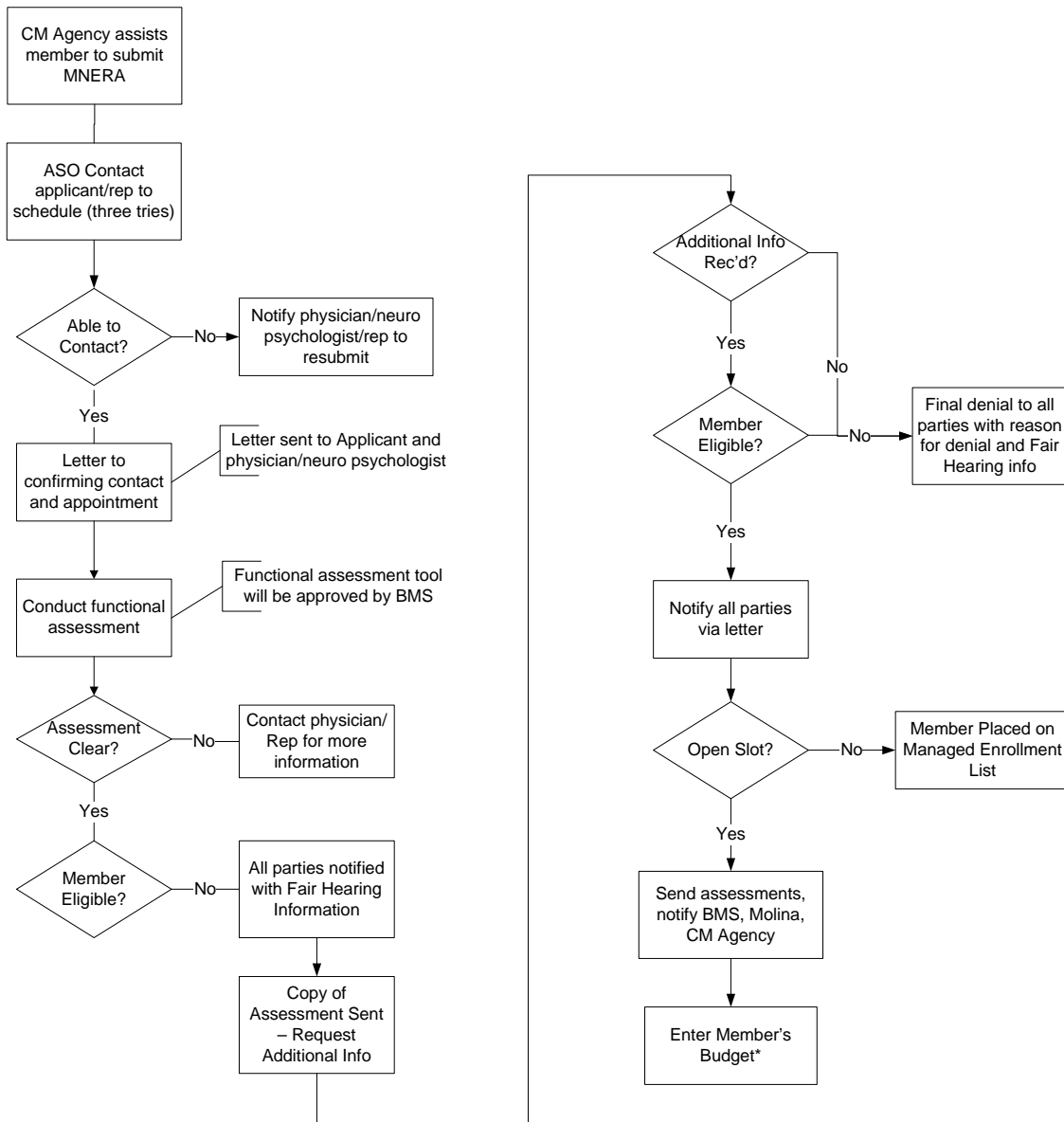
assessments. APS will make three (3) attempts to contact the member/representative to arrange for an assessment. If the assessments are not completed, we will discontinue the medical eligibility process and notify the relevant parties to reinitiate the process. With the completion of the assessment, we will make a medical eligibility determination and notify the member/representative. We will provide a copy of the assessment, and the member/representative may provide additional information in the event the determination results in a denial of eligibility. Members will be notified of Fair Hearing rights in the event of a denial. Additional information will be considered if received, and a new determination may be made. If we find that the member is eligible, we will notify all parties, and prepare a budget if there is a Waiver slot open. Members who are eligible when no Waiver slot is available will be placed on a managed enrollment list. Figures A-5 and A-6 present the proposed workflows for eligibility review.



\*Notes – In the first year of operation – TBI Waiver Member's budgets will be determined on a methodology approved by BMS. Once utilization or budget histories for members are established an individualized budgetary algorithm will be established and individual budgets created.

Figure A-5. Proposed Initial Member Determination Process





\* Notes – After qualified members have had one year claims experience in the program the algorithm for individualized budgetary will be developed for the program

**Figure A-5. Workflow for Annual Redetermination of Member Eligibility**

*Note: References to the member include the member’s designated representative as relevant.*





**a. Accepting and processing all referrals for medical eligibility determinations.**

Referrals will be made in the form of an application to the Waiver program. APS will accept all applications for medical eligibility determinations, and process them on a first-come, first-served basis. Incomplete applications will not be processed. In the event additional information is needed, we will notify the applicant and representative (including the referral source if relevant) and request the additional information. The Waiver application process will be pended until new information is received.

**b. Conducting initial medical eligibility assessments for applicants of the TBI Waiver Program utilizing the Pre-Admission Screening and Rancho Los Amigos assessment tools.**

Only qualified and licensed professionals will conduct eligibility assessments. Once a waiver application is complete, we notify the member and medical professionals to arrange for a face-to-face assessment. We will make three attempts to contact the member/representative. If we are unable to reach the member/representative after three attempts, we will discontinue the process. The member will then be notified to re-apply for waiver enrollment.

The initial assessment will take place in the member's home, a facility, or in another location selected by the member. APS reviewers will conduct the assessment and inform members about the process that will occur, relevant timeframes, and respond to any questions from the members, their representatives, or family members. If the assessment was conducted using a hardcopy form, we will enter assessment data into the database for analysis and reporting.

**c. Conducting annual re-evaluation of member medical eligibility using a functional assessment tool approved by BMS.**

The date of the original eligibility determination will be used as the renewal date for re-evaluations of medical eligibility. This date will be documented in the database and reported to the Bureau. We will initiate the renewal process 90 calendar days from the annual renewal date to allow time for all process steps. APS will notify the case management agency of the annual renewal timeframes and process. We will identify and recommend a tool and the tool will be agreed upon by the vendor and BMS once the contract has been awarded and must be TBI population appropriate. The re-evaluation process then follows the same steps as the initial determination, including providing the opportunity for additional information and notification of eligibility.

If the re-evaluation process results in the loss of waiver status for the member, notifications to the member/representative will be made including information about the Fair Hearing process. Upon completion of all appeal levels, we will formally notify the fiscal agent for self-directed members that the member has been disenrolled from waiver participation and copy the Bureau on this notification.



**d. Evaluating the findings of medical eligibility assessments to determine whether individuals meet or continue to meet eligibility criteria for the TBI Waiver with accordance with the TBI Waiver application.**

The APS waiver reviewer will evaluate the results of the functional assessment and make a determination of continuing medical eligibility. If the assessment results indicate that the member is no longer eligible, APS will then notify the member/representative, Bureau, and fiscal agent concerning the eligibility determination. At this time additional information from the member's physician/psychologist may be submitted for further information. The waiver renewal date then becomes the new annual re-evaluation date.

**e. Establishing individual member budgets based on assessed needs.**

APS will develop a methodology for initial budgeting that incorporates member assessment results. We will submit this methodology to the Bureau for review and approval. After the first year of the program when we are able to access historical utilization for waiver members, we will create an individualized budgeting model that uses both historical utilization and the assessed needs of the member to create an annual budget. As with the initial budgeting approach, we will submit the draft budgeting model to the Bureau for review and approval.

To ensure members and providers understand the assessed budget, we will include information on the assessment in the provider training materials, as well as providing information to members and their representatives during face-to-face assessment meetings. In the event that members experience a critical juncture, APS will be available to reevaluate the assessed needs that could result in changing waiver services and prior authorizations as needed. In this way we help ensure services continue to meet assessed needs and are medically necessary.

**f. Notifying applicants of initial medical eligibility determinations including information on Fair Hearing rights and process.**

A critical step in the process is to ensure that members have timely information about their medical eligibility for participation in the waiver. APS will notify members and their representatives/family members of the eligibility determination, using appropriate lay language at the relevant grade level so that members can understand the meaning of the eligibility determination. Notices informing members that they do not meet eligibility criteria for waiver participation will include language that clearly identifies the members' Fair Hearing rights and the process to request a Fair Hearing. These notices will be sent in hardcopy format to the address of record for the member. The member's designated representative will receive a copy under separate cover. APS will be available by telephone to respond to any questions about the Fair Hearing process.

**g. Notifying members of annual re-evaluation medical eligibility determinations including information on Fair Hearing rights and process.**

APS will follow the same process to notify members concerning results of their annual re-evaluation of medical eligibility to make it easier for members/representatives to understand the results of the medical eligibility determination and process to request a Fair Hearing.



Section 2.4.4:

The Vendor should propose a plan to implement a Quality Improvement System consistent with CMS expectations. The plan should address, but is not limited to:

Vendor Response:

APS proposes to implement a Quality Improvement System that is consistent with the expectations of the Centers for Medicare and Medicaid Services (CMS) and the CMS Home and Community-based Quality Framework. The Quality Framework builds on the program design – which in the TBI Waiver program is described in the waiver application – through a process of discovery, remediation, and continuous improvement.

The HCBS Quality Framework is shown in Figure A-6. The focus areas represent assurances that CMS expects for HCBS programs such as the TBI Waiver. APS will contribute to data collection

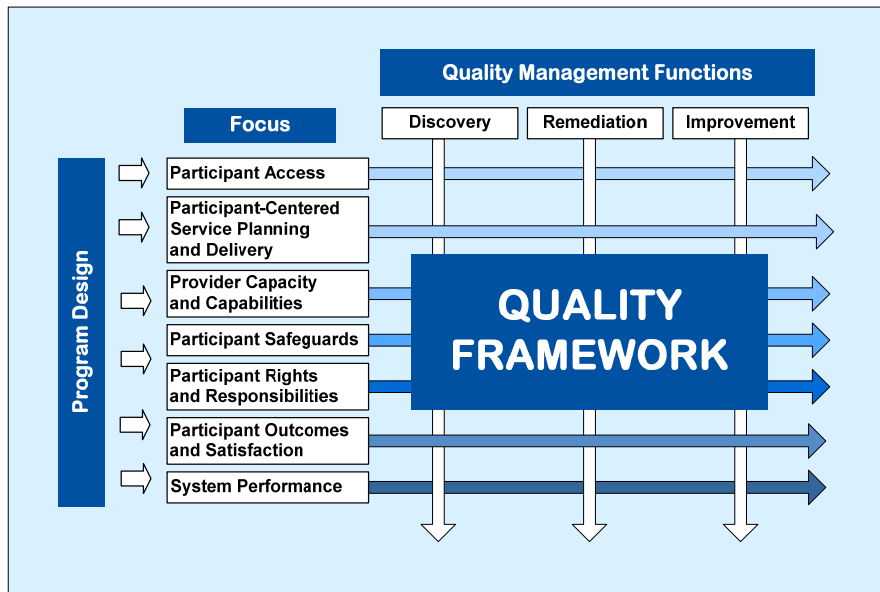


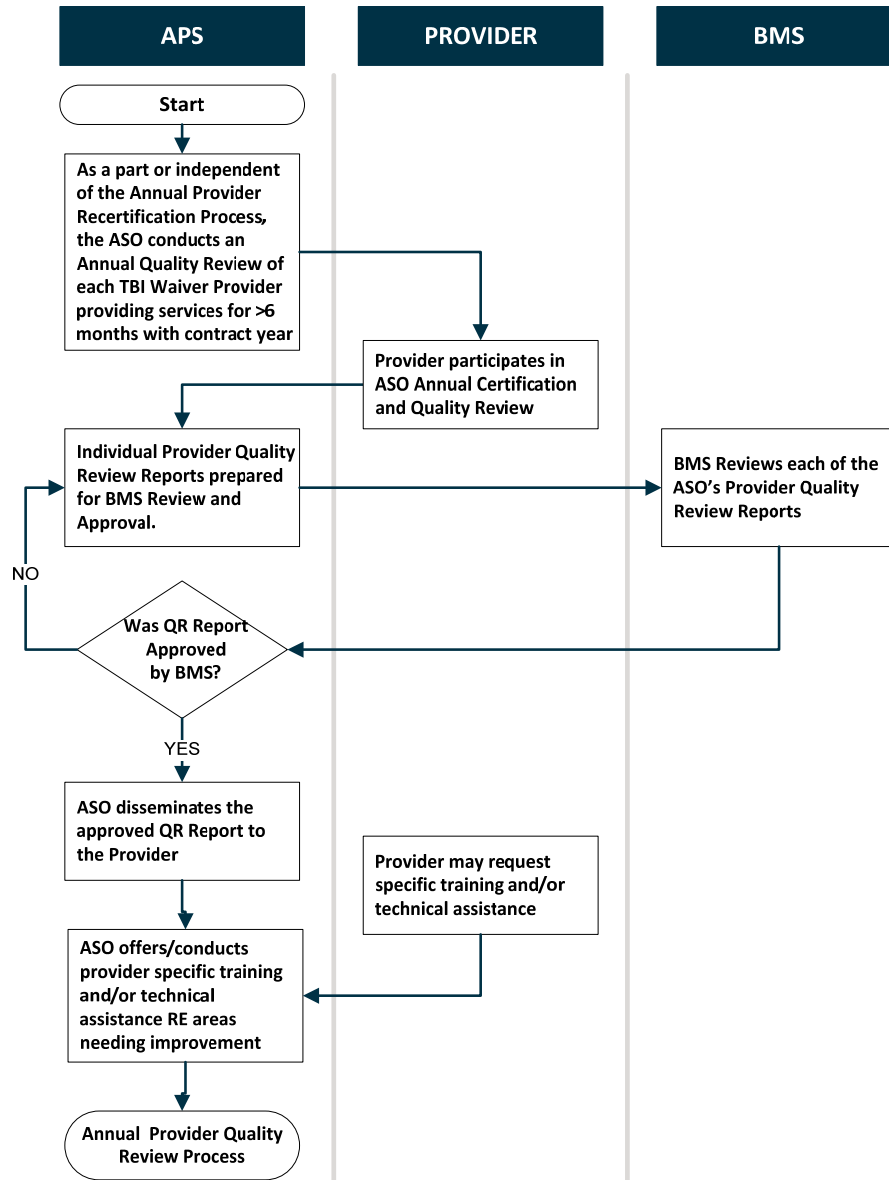
Figure A-6. CMS HCBS Quality Framework

for these assurances through provider certification, member enrollment and eligibility determinations, prior authorization, and ongoing quality review. We also propose to conduct the Participant Experience Survey (PES), using the version designed for use with TBI programs. The discovery process is one of data collection – identifying appropriate sources, compiling

reliable and timely information, and identifying program strengths and opportunities for improvement. During the remediation process, root cause analysis is used to understand the source of improvement opportunities, prioritize those opportunities in terms of impact on members, and identify strategies to address improvement opportunities. An emphasis on continuous quality improvement is an essential one – to create a cycle of discovery and remediation that results in a program where performance is transparent, information is shared with all constituencies, and the goal of sustaining members in the community is realized through medically necessary services. In this section we present our framework for quality improvement, describe the provider quality review process, and respond to items 2.4.4 (a) through (g). Figure A-7 shows our proposed provider quality review process.



West Virginia TBI Waiver  
 PROVIDER: ASO QUALITY REVIEWS



- Annual Provider Quality Reviews, Review Reports, Trainings and Technical Assistance activities are tracked and report monthly to BMS.
- Annual Provider Quality Review and Certification/Recertification Data/Findings are analyzed and reviewed by BMS Contract Management.
- Quarterly Provider Trainings are conducted each contract year.

Figure A-7. Proposed Workflow for Quality Reviews



Providers with more than six months of program experience are subject to the provider review process. APS will develop a tool that is relevant to the TBI Waiver program and incorporate the HCBS Quality framework focus areas. APS will develop a tool for provider review and submit to the Bureau for review and approval. After it is approved, we will post it on the APS website for access by providers. Training sessions will also cover the tool and the use of the data it will collect. Data sources for the annual Quality Review will include provider certification and recertification data; prior authorizations; treatment record data collected during site visits, incident and complaint data, and other information from members and stakeholders. In this phase of the Quality Review process the Waiver Quality Improvement Advisory Council will provide important feedback and observations on elements of provider quality and performance that should be prioritized in terms of data collection – helping us weight review results to emphasize program goals and provider performance.

As with the certification review, we will conduct a desk review of information such as provider policies and procedures. In addition, we will conduct a site visit for all providers that provide services through a business location. With approval from the Bureau and members, we may incorporate a visit to a member location for providers that deliver services in members’ homes. We will document all information collected for analysis and reporting. The Provider Quality Report will be shared with the individual provider and submitted to the Bureau. If necessary, we will request an improvement plan to address opportunities identified in the review. An important consideration of this process is to ensure that it does not place an undue administrative burden on providers. APS currently conducts a similar review of providers in the I/DD Waiver program and is therefore well-prepared to collect valid and actionable information through a quality review process that does not burden providers.

**a. Annual review and analysis of provider certification standards, compliance with Bureau policy at [www.dhhr.wv.gov/bms](http://www.dhhr.wv.gov/bms), and quality of services provided.**

APS will develop and implement an annual review process that evaluates the extent to which providers continue to meet certification requirements and are in compliance with Bureau policy. This review will evaluate the quality of services provided through site visits, record reviews, and other information. The annual quality review will be initiated through a notice to providers concerning the schedule for review and materials that will be required for a preliminary desk review and those that will be inspected during site review. This notice will be sent to each provider at least 30 days in advance of the review to allow time for materials to be gathered and submitted and to ensure that provider staff members will be available for interviews and discussions. The site review will then be conducted similarly to the certification site review, including a brief entrance and exit review. In the event that requested materials cannot be provided before or during the site review, APS will allow providers to submit materials retrospectively under certain conditions that the Bureau will approve in advance.

**b. Collection and analysis of other data for quality purposes including complaints, incident management reports, public forums, etc.**

The Discovery process is intended to be comprehensive, collecting and compiling a variety of data that can then be used to evaluate the quality of services and the extent to which the



provider is compliant with certification requirements and regulation. APS will document information in the TBI Waiver data system for analysis and reporting, including provider-specific incidents and complaints, feedback from Public Forums, member comments that are received informally, and information submitted by the Waiver Quality Improvement Advisory Council. This information will be discussed with the provider, who will have an opportunity to comment on information that has been compiled and used for the quality review. Provider comments will also be compiled and documented, and included in our Annual Report on the TBI Waiver.

**c. Development and support of a Waiver Quality Improvement Advisory Council.**

The Waiver Quality Improvement (QI) Advisory Council will be instrumental in our efforts to facilitate communication with and through the stakeholder community. APS therefore looks forward to developing and supporting the Council. We will compile an initial list of potential Council members by contacting stakeholders and requesting recommendations for Council membership. This draft member listing will be forwarded to the Bureau for review and approval. We suggest the following for the Waiver QI Advisory Council:

- 12-15 members are an optimal size for the Council: fewer and it may limit our ability to achieve a broad perspective on the program if members are absent; too many and Council meetings become cumbersome to administer.
- Term of membership should be one year. Our rationale for this time period is that it can be difficult to recruit stakeholders for a longer period of time; members should be replaced over time to allow other interested stakeholders to participate; and the term should be long enough for members to develop an understanding of Council expectations and activities.
- Membership should be balanced, with waiver participants, family members, providers, and other stakeholders such as advocates included in the membership. We have found that if properly facilitated, Councils that include both members and providers can produce very insightful comments and recommendations even though it is important to ensure that members are not intimidated by others in the group.
- Recommendations from people who know the potential Council member should be considered as part of the process of volunteering for the Council. This information will help determine how potential Council members are perceived in the community and what strengths and perspectives they will bring to Council meetings.
- Meetings can be held quarterly in person if possible and regionally so that various members have a chance to attend in person and also by conference call.
- Materials such as agendas, meeting minutes, and meeting notices should be distributed in advance to attendees and also posted on the website for access to other interested parties.

**d. Identification of quality improvement priorities and the implementation and evaluation of quality improvement strategies.**

APS will identify quality improvement priorities on an on-going basis as well as on a more formal basis as a result of the quality review process. As part of the annual review, we will compile information from individual provider reviews that represents an opportunity for





improvement that is relevant to other providers; has implications for program members as a whole; is of a significant enough nature to warrant system-wide quality improvement; or represents important lessons learned or best practices that should be shared with all providers. These opportunities will be presented first to the Bureau to evaluate the nature, scope, and significance of the opportunities. APS will then develop a presentation to the Waiver Quality Improvement Advisory Council that discusses the information we have compiled and the improvement opportunities that result from our review process. We will include recommendation strategies to address these opportunities as part of the presentation. In collaboration with the Bureau and Waiver QI Advisory Council, we will prioritize opportunities and discuss the improvement strategies with Council members. Figure A-8 reflects this quality improvement system and process.

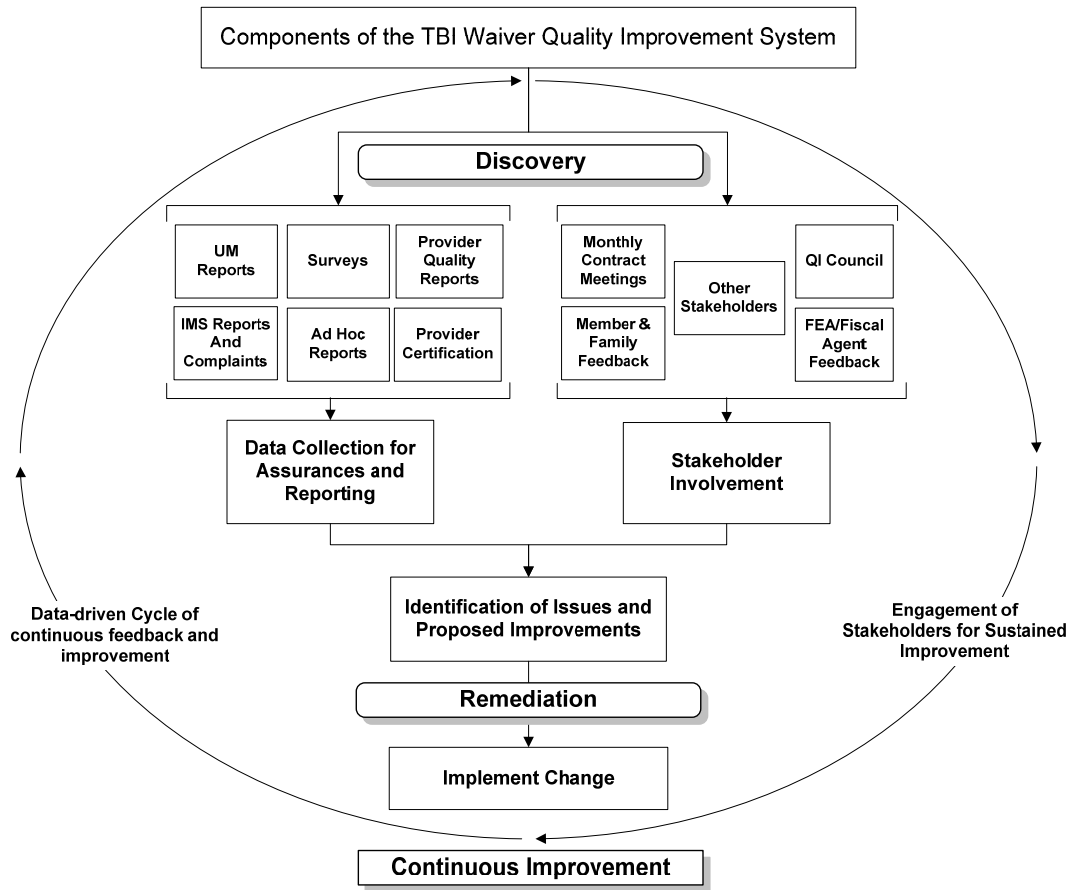


Figure A-8. Overview – Proposed TBI Waiver Quality Improvement System

This process will result in a quarterly prioritized list of improvement opportunities and strategies to address those opportunities that have the consensus of the Waiver QI Advisory Council, APS, and the Bureau. Working with the provider community, we will then implement the strategies with the Bureau’s approval. It is possible that some modification to recommended strategies might be necessary to reflect operational circumstances and APS will make these modifications with the Bureau’s approval. The results of improvement strategies



will be tracked and reported to the Bureau and the Waiver QI Advisory Council for further action if necessary. We will also amend the Provider Manual, training materials, etc. to reflect quality improvement activities related to program management and provider performance.





**Section 2.4.5:**

**The Vendor should be willing to provide additional services to comply with externally driven changes to BMS programs and requirements, including any state or federal laws, rules and regulations. Services provided by the Vendor could include assistance with policy development impact analysis, requirements definition and testing activities that require substantial subject matter expertise derived from experience in other states, other healthcare organizations or participation in federal activities. Provide implementation support as requested.**

*Vendor Response:*

The West Virginia Department of Health and Human Services, Bureau for Medical Services is a flagship client for APS and has been since 2000. APS will be pleased to provide resources necessary to provide additional support as needed through our capable West Virginia staff and/or APS employees across the country. This support may include providing supplemental information for finalization of the waiver, analyzing proposed policies and procedures to identify the potential impact of those policies on waiver and other relevant programs, development of policies and procedures on behalf of BMS, developing communication materials for use in the program, data analysis to support program initiatives, etc.

Jennifer Britton, the APS Executive Director, will be the point of contact for additional services, and will facilitate identifying and organizing services at the request of BMS.

**Section 2.4.6:**

**The Vendor should propose a work plan that demonstrates their understanding of the scope of services requested in this solicitation.**

*Vendor Response:*

Based on our experience with relevant projects in West Virginia and other states, we have developed a work plan to efficiently implement all aspects of the TBI Waiver Program ASO. Table A-1 presents our work plan. Upon award of the contract, APS will meet with BMS to review the timeline and tasks and finalize an implementation work plan for BMS approval.

<b>Table A-1. Work Plan for West Virginia TBI Waiver</b>	
<b>Task</b>	<b>Responsible</b>
<b><i>Pre-Implementation begins upon completion of contract award and CMS application approval</i></b>	
1. Develop program policies and procedures	APS Implementation Team
2. Develop provider materials, including manual, certification and review tools, initial training programs	APS Implementation Team
3. Develop member materials, including guide; model notifications and other letters	APS Implementation Team
4. Submit program policies, procedures, and materials to BMS for review	APS
5. On approval of system requirements, APS initiates configuration process for TBI Waiver system	APS IT



**Table A-1. Work Plan for West Virginia TBI Waiver**

Task	Responsible
6. TBI Waiver QI Advisory Council (QIAC) charter/guide developed to provide framework for QIAC operations	APS Implementation Team
7. Potential QIAC members identified	APS Senior Management
8. QIAC member listing and member guide submitted to BMS	APS Implementation Team
9. Potential QIAC members contacted and invited to participate	BMS/APS
10. QIAC members receive annual meeting schedule and member guide	APS Implementation Team
11. Staff Job descriptions approved and posted	APS Implementation Team
12. Recruitment for program manager started	APS HR
13. Recruitment for training and assessor positions started	APS HR
14. Program Director position starts	30 days prior to Go Live
15. Positions hired and started employment	15 days prior to Go Live
16. BMS approval of policies, procedures and materials	APS Implementation Team
17. Requirements for information system identified and documented	APS IT
18. Revise materials after BMS review and finalize	APS Implementation Team
19. BMS approves guide and recommended list of QIAC members	BMS
20. Website activated	APS Marketing
21. Approved provider and member materials published to website (at least 30 days prior to implementation)	APS Management Team
22. If requested Readiness review for Go Live (at least 30 days prior to implementation)	APS
23. Finalize and publish provider training sites and dates	APS Implementation Team
24. Program orientation for FEA and Molina	APS Waiver Team
25. Program orientation for members, families, stakeholders	APS Waiver Team
26. Assessor staff training (completed at least 5 days prior to Go Live)	APS Implementation Team and Waiver Team
27. Staff conducts provider training (completed at least 10 days prior to initiation of provider certification activities)	APS Waiver Trainer
<b>Implementation: Provider Certification Activities</b>	
28. APS accepts provider certification applications and desk review materials	APS TBI Waiver Team
29. Desk review of provider applications initiated	APS TBI Waiver Team
30. APS schedules site visits for facility-based providers if required	APS TBI Waiver Team
31. APS conducts site visits and creates site reports for each provider	APS TBI Waiver Team
32. Certification and non-certification notices issues to providers	APS TBI Waiver Team
33. Certified providers can begin serving members	APS TBI Waiver Team
34. APS begins Technical Assistance activities	APS TBI Waiver Team
<b>Implementation: Applicant Assessment Begins</b>	



**Table A-1. Work Plan for West Virginia TBI Waiver**

Task	Responsible
35. APS contacts Waiver applicants to schedule assessment	APS TBI Waiver Team
36. APS conducts first round of assessment	APS TBI Waiver Team
37. Members enrolled in open slots on FIFO basis	APS TBI Waiver Team
38. Member notices distributed to eligible and non-eligible members; members not enrolled because slots are filled	APS TBI Waiver Team
39. Managed Enrollment List created for eligible members not enrolled in waiver	APS TBI Waiver Team
40. APS provides additional review as requested for member determinations	APS TBI Waiver Team
41. APS provides supports for Fair Hearings	APS TBI Waiver Team
42. APS supports members through toll-free number with information	APS TBI Waiver Team
<b>Implementation: Quality Improvement Activities</b>	
43. Initial meeting of QIAC held	APS-WV Executive & TBI Waiver Teams
44. Planning for member and Case Manager/provider surveys begins	APS TBI Waiver Team
45. Scheduling of provider reviews begins for 3 <sup>rd</sup> quarter of operations (providers operating for at least 6 months)	APS TBI Waiver Team
46. Complaints, Incident reports monitored and follow up as needed	APS TBI Waiver Team
47. Reporting initiated to BMS and QIAC	APS TBI Waiver Team
<b>Year One Operations: Post-Implementation</b>	
48. APS continues quarterly training for providers	APS TBI Waiver Team
49. On-going assessments are conducted for newly applying members	APS TBI Waiver Team
50. On-going certifications are conducted for newly applying providers	APS TBI Waiver Team
51. APS schedules reviews for providers with 6 months experience with program	APS TBI Waiver Team
52. Provider quality reviews implemented	APS TBI Waiver Team
53. Routine and special provider technical assistance continues	APS TBI Waiver Team
54. QIAC quarterly meetings continue	APS TBI Waiver Team, QIAC
55. Year one surveys conducted and results reported	APS TBI Waiver Team
56. APS/BMS prepare for Year One review and report	APS TBI Waiver Team, BMS
57. APS, BMS, and QIAC review Year One results and prepare program-level QI recommendations for Year Two	APS TBI Waiver Team, BMS



Section 2.4.7:

The Vendor should propose a staffing plan that includes highly skilled team members who bring a breadth and depth of TBI ASO knowledge, skills and experience with a background in Medicaid. The vendor’s proposal should describe how their staffing plan provides the array of skills needed to fulfill the requirements and scope of work in the RFP. The Vendor’s proposed staffing plan should include, but not be limited to, the following components:

a. Organization Chart.

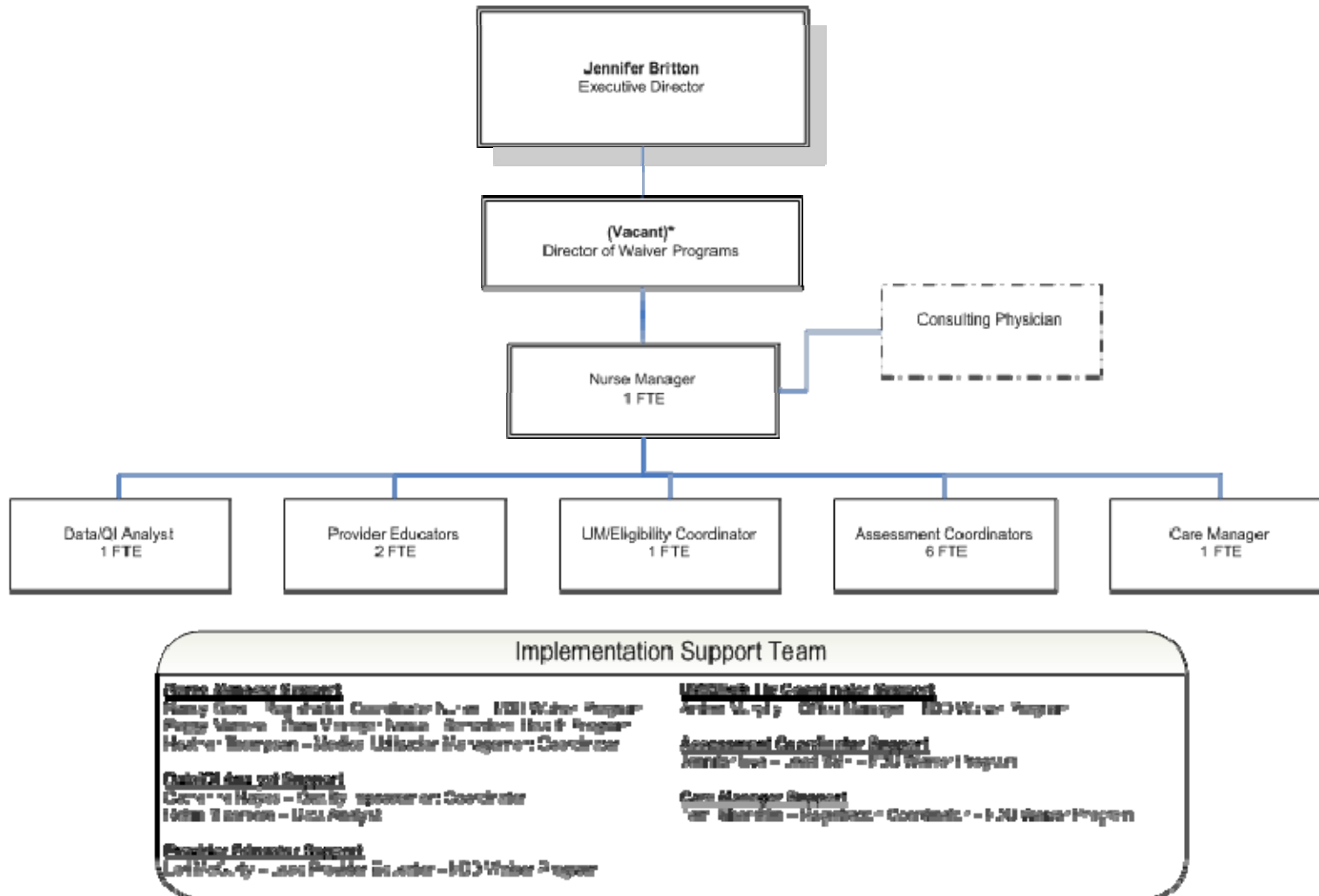
Vendor Response:

APS-WV has 11 years of experience providing ASO functions to the WV Bureau for Medical Services. We have successfully completed seven Implementations during this time period. In addition to extensive ASO experience, APS has served persons with Traumatic Brain Injury through our various programs. The knowledge and skills obtained serving this population will enhance the program dedicated entirely to persons with TBI. Figure A-9 demonstrates the staffing plan to fulfill the requirements and scope of work in this RFP. Additionally, APS will provide an experienced ASO team for Implementation and on-going support as defined in Table A-2. These current employees have performed in similar roles, conducted implementations, administered various service models, and provided operational functions for several Waivers and different populations. Resumes for these individuals are included in Exhibit 1.

Table A-2. WV TBI Waiver Program Implementation Team	
Staff Member	TBI ASO Role
Yvonne Adekale	TBI Waiver Specialist – Provider certification policies and procedures
Jennifer Britton, PhD	Executive Director – Oversight of program implementation and operations
Jennifer Eva	Lead Service Support Facilitator – Policy/procedure development
Nancy Gore, RN	Registration Coordinator – Implementation support, provider training
Catherine Hayes	QI Coordinator – QIAC and quality management implementation
Sandra Jensen, PhD	PAS Technical Expert – Member eligibility policies and procedures
Peggy Madore, RN	Clinical Care Manager – Member eligibility policies and procedures
Lori McGurty	Lead Provider Educator – Provider training and certification
Amber Murphy	Office Manager – I/DD Waiver – Coordination and administrative support
Ellen Olsen, LCSW	Waiver Program Specialist – Medical eligibility policies and procedures
Tami Shamblin	Registration Coordinator – Training program assistance
Robin Sizemore, Jr.	Data Analyst – Development of reporting and database
Heather Thompson, RN	Medical UM Coordinator – Medical eligibility policies and procedures



## TBI Waiver Organizational Chart



\* Ask for Waiver authority from the state

Figure A-9. Project Organizational Chart



**b. A description of the roles, responsibilities and skill sets associated with each position on the organization chart.**

The following presents a description of the roles, responsibilities and skill sets associated with each position on the organization chart in Figure A-9.

**Nurse Manager**

■ ***Roles & Responsibilities***

- Responsible for the management & deliverables of the TBI Waiver Program.
- Ensures all ASO functions are performed to the highest standards & contract requirements.
- Provides leadership & supervision to assigned staff.
- Coordinates appeals/hearings.
- Assures appropriate & timely customer service to all stakeholders.
- Provides consultation to the Contract Manager as requested.

■ ***Required skills &/or credentials/education***

- Registered Nurse in good standing with licensure board.
- Minimum 1 year experience.
- Supervisory/leadership experience.
- Medicaid/Public Sector service experience preferred.
- Knowledge of population and service models.
- ASO experience a plus.

**Care Manager**

■ ***Roles & Responsibilities***

- Integrates the information related to service authorization budget requests for TBI recipients.
- Approves plans (participant directed & traditional) to assure health & safety needs are met.
- Conducts case discussions when appropriate regarding service requests, utilization & spending plans.
- Assists with UM Criteria, review protocols, technical assistance to providers, trainings, and inter-rater reliability studies.
- Assures appropriate & timely customer service to all stakeholders.

■ ***Required Skills &/or credentials/education***

- Licensed Social Worker, Licensed Professional Counselor, Licensed Rehabilitation Counselor or Licensed Psychologist.
- Minimum 1 year experience.
- Knowledge of population & service models.
- Medicaid/Public Sector service experience preferred.
- ASO experience a plus.



## Assessment Coordinators

### ■ **Roles & Responsibilities**

- Performs assessment process of TBI members that determines eligibility and program needs.
- Provides assessment summary and budget for service planning by the member's team.
- Conducts member satisfaction surveys.
- Assists members who serve as own CM in performing CM functions.
- Assists with assessment protocols, technical assistance, trainings, inter-rater studies.
- Assures appropriate & timely customer service to all stakeholders.

### ■ **Required Skills &/or credentials/education**

- Licensed Social Worker, Licensed Professional Counselor, Licensed Rehabilitation Counselor or Licensed Psychologist.
- Minimum 1 year experience.
- Knowledge of population & service models.
- Medicaid/Public Sector service experience preferred.
- ASO experience a plus.

## Provider Educator

### ■ **Roles & Responsibilities**

- Performs the certification/re-certification process of TBI providers.
- Conducts retrospective reviews of service plans as part of the Quality Improvement System.
- Provides training and on-going technical assistance to providers.
- Assures appropriate & timely customer service to all stakeholders.

### ■ **Required Skills &/or credentials/education**

- Licensed Social Worker, Licensed Professional Counselor, Licensed Rehabilitation Counselor or Licensed Psychologist.
- Minimum 1 year experience.
- Knowledge of population & service models.
- Medicaid/Public Sector service experience preferred.
- ASO experience a plus.

## Data/QI Coordinator

### ■ **Roles & Responsibilities**

- Responsible for assuring all CMS quality standards are reviewed & met.
- Responsible for internal performance standards.
- Recommends plans to correct/modify/add program policies & procedures.
- Develop report formats to meet contract deliverables.
- Design, generate & analyze specified data for regular reports & ad hocs.
- Conducts QI Meetings.
- Provides oversight & monitoring of WV IMS.





- Responsible for Complaint Management.
- Provide appropriate & timely customer service.
- **Required Skills &/or credentials/education**
  - Minimum Bachelor's Degree in a related field
  - Minimum 1 year quality analysis & reporting experience.
  - Proficient with related software applications.
  - Knowledge of Medicaid and/or the Medical system preferred.

### UM/Eligibility Coordinator

- **Roles & Responsibilities**
  - Provides a wide range of administrative support – data entry, mailings, scheduling, tracking, correspondence/notifications, file maintenance, call response, etc.
  - Provides timely & appropriate customer service.
- **Required Skills**
  - Minimum High School Diploma or GED.
  - Proficient computer skills.
  - Data entry skills.
  - Ability to manage multiple tasks & projects.
  - 2 years of experience, preferably in healthcare setting.

For each position identified with named staff on the organization chart in Figure A-9, APS provides resumes demonstrating experience with TBI and best practices for TBI for each key staff member performing ASO related work in Exhibit 1, Resumes.

### Additional Expertise

APS- WV also has access to the following consultants to provide expertise in the best practices for TBI Programs:

- University Health Associates (WVU)
- Craig A. Taylor, MD
- Yvonne R. Adekale

### **c. Key staff positions identified with named individuals and resumes demonstrating experience with TBI and best practices for TBI for each key staff member performing ASO related work.**

Exhibit 1 presents resumes for all named personnel who will participate on the Implementation Support Team as well as key personnel who will provide on-going medical assistance, program expertise and provider supports. Individuals designated as named key personnel include:

- Jennifer Britton, PhD, Executive Director
- Sandra Jensen, PhD, Interim Program Director and neuropsychology consultant for medical assessments and peer review
- Ellen Olsen, LCSW, Interim Manager
- Yvonne Adekale, Provider Relations and Waiver System Design Consultant.





**d. FTE assigned to each key staff indicated.**

Jennifer Britton, Executive Director of the WV ASO will provide executive oversight of the TBI Waiver program. During the start-up of operations, the program will be staffed by our fully trained and available Implementation Support Team as defined in Figure A-9. During the implementation period, APS will hire fully dedicated operational personnel to support TBI ASO Waiver operations, including the following:

- Director of Waiver Programs
- 1 FTE – Nurse Manager
- 1 FTE – Data/QI Analyst
- 2 FTE – Provider Educators
- 1 FTE – UM/Eligibility Coordinator
- 6 FTE – Assessment Coordinators
- 1 FTE – Care Manager.

**Section 2.4.8:**

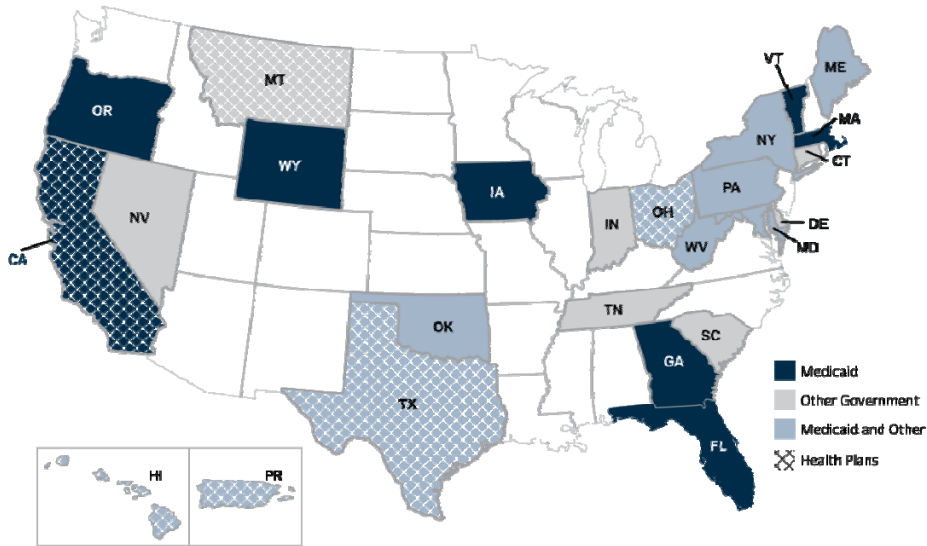
**Vendor should provide detailed information from three (3) verifiable references detailing evidence of their experience in providing Medicaid ASO services described in this RFP performed in the past five (5) years. References should include a contact name, phone number, email address and the responsible project administrator familiar with the firm's performance.**

*Vendor Response:*

APS offers the West Virginia Bureau for Medical Services (BMS) proven expertise across numerous disciplines that interface with CMS, state Medicaid programs and long-term care systems, including programs that provide comprehensive member evaluations and utilization management of services for individuals with a Traumatic Brain Injury through PASRR programs in Florida, Georgia, Maine, West Virginia and Wyoming. We also have experience with Home and Community-Based Services Waiver programs in California, Florida, Missouri, Oregon, Vermont, West Virginia, and Wyoming. APS and its related entities serve public sector recipients through contracts in 24 states and Puerto Rico. Of these programs, 30 serve Medicaid recipients, including PASRR contracts in Georgia, Florida, West Virginia, Wyoming, and Maine. Figure A-10 illustrates our national presence in state programs relevant to the TBI Waiver.



**30 Medicaid Programs | Government Programs in 24 States and Puerto Rico**



**Figure A-10. APS Program Locations**

APS was founded as a managed behavioral health care company, and has evolved into a leading specialty healthcare management company that provides customized, integrated healthcare solutions across medical and behavioral health product lines. We contract with a national Behavioral Health Network of over 18,500 independently licensed behavioral health professionals. We serve more than 20 million beneficiaries through our corporate office and dedicated service centers located throughout the United States and Puerto Rico.

APS is a “go-to” resource for states to help them achieve CMS compliance for their Medicaid programs. We are officially designated by CMS to conduct quality improvement activities in all states (QIO-like), entitling states to receive an enhanced federal match for eligible services.

In addition to the clinical expertise required to conduct PASRR evaluations, APS’ technical expertise plays a critical role in the administration of all our care management programs. We have developed and delivered comprehensive care management information systems via secure, HIPAA-compliant online access since 1999 when we introduced APS CareConnection®. Since then, CareConnection has undergone numerous enhancements with expanded capabilities that meet our program needs including using the resources of CareConnection to deploy client-specific web portals and automated interfaces with data warehouses and other client-specific information systems. CareConnection integrates information across various providers and disparate sources and is highly configurable to specific state requirements as well as clients’ specific eligibility specifications and condition-specific plan of care algorithms. Its use alleviates administrative burden, streamlines work flow, and improves overall efficiency in the delivery of APS care management services, including administration of waiver programs. It helps to streamline data input, collection and reporting across stakeholders—clients, the provider community, and APS.



APS brings over 20 years of experience in the public sector arena and over eight years of experience providing PASRR Level II evaluations. We have chosen to highlight APS' experience conducting comprehensive psychiatric evaluations through our contracts to perform PASRR Level II evaluation services in Florida, Georgia, and Maine. These programs demonstrate our ability to identify and evaluate persons with mental illness, mental retardation, and other related conditions, including Traumatic Brain Injury (TBI). Our experience working in these states is a value-added benefit for BMS as we will share data, best practices and lessons learned in achieving CMS compliance, assessing and enhancing states' current capabilities; providing training and education for providers and facilities; conducting comprehensive mental health evaluations; and hiring compassionate, qualified staff.

**APS References**

In this section, we provide details on our three references, specifying the number and type of staff designated to each program, number of years we have conducted comprehensive reviews to assess medical eligibility, contract duration, a full description of the products delivered, and contact information for the responsible project administrator who is familiar with APS' performance. Furthermore, we specify experience related to the long term care system and highlight special techniques skills and abilities APS considers necessary to accomplish the RFP requirements. We describe selected relevant Medicaid Waiver programs which demonstrate our ability to assess mental and functional status and make level of care determinations for Medicaid populations, including recipients with TBI. Tables A-3, A-4, and A-5 present reference information required by the RFP.

Table A-3: Reference	
The State of Florida, Department of Children and Families	
Name, address, and telephone of the POC	Jackie Beck, Chief, Adult Mental Health Program, 1317 Winewood Blvd., Building 6, Tallahassee, FL 32399-0700; 850-245-3285
Type of staff assigned	Board-certified psychiatrist (Medical Director), Licensed reviewers (Registered Nurse, Licensed Mental Health Counselor, and Licensed Clinical Social Worker), administrative assistant, and Clinical Psychologist (Program Director)
Products delivered	Level II for Mental Illness evaluations, reporting, training, and technical assistance
Duration	10/2007 – 6/2013

In 2007, APS was awarded a statewide contract by Florida's Department of Children and Families to provide Level II pre-admission screening and resident review evaluations of persons with suspected or confirmed diagnoses of mental illness (MI), mental retardation (MR) and/or a related condition (RC) who are seeking admission to or residing in Medicaid-certified nursing facilities. The purpose of PASRR is to prevent individuals with MI/MR/RC from inappropriately being placed in nursing facilities. APS' role in the project is to conduct PASRR Level II evaluations on behalf of the State Mental Health Authority. These evaluation services are conducted directly and exclusively by APS staff. We receive approximately 4,800 referrals annually from the Department of Elder Affairs, the Children's Multidisciplinary Assessment



Team and nursing facilities. APS conducts more than 4,000 Level II PASRR evaluations annually using state of the art data management and technology practices via CareConnection designed to be compliant with PASRR policies and procedures. We have achieved a 100% compliance rate in the state since 2008 with turnaround times consistently between 2 - 4 days from the receipt of a completed referral submission to formal notification to the state agency, facility and consumer.

Under this program, a Pre-Admission Screen is conducted by the Department of Elder Affairs to determine eligibility for waivers and determine priority scores for placement. As part of the PASRR Level I screen, the initial screen includes various components including cognitive performance (e.g., memory problems), behavior (e.g., wandering, abusive, aggressive or disruptive behavior), activities of daily living (e.g., bathing, eating, transfer, etc.) and instrumental activities of daily living (e.g., light housework, shopping, meal preparation, taking medication, etc.). If a Serious Mental Illness is suspected, APS is responsible for conducting the PASRR Level II evaluation prior to admission to a nursing facility. When a patient who is already residing in a nursing facility exhibits a significant change in their physical and/or mental status, APS conducts an additional evaluation (known as a Resident Review). Please note that if the resident already resides at a nursing facility, APS utilizes the Minimum Data Set (MDS), which is a required document for all Medicaid/Medicare nursing facilities.

Level II reviews are conducted by Florida PASRR Reviewers who are licensed medical and mental health professionals. The credentials of the our PASRR Reviewers includes, but is not limited to, a Licensed Clinical Psychologist, Licensed Physician, Licensed Mental Health Counselors, Licensed Clinical Social Workers, and Registered Nurses. All PASSR Reviews have at least three (3) years of mental health experience and geriatric knowledge.

As part of the Level II review, APS' PASRR Reviewers work together to evaluate the appropriateness of NF placement, the presence of a serious mental illness, and the need for Specialized Services for each person referred. The Level II evaluation requires evidence supporting a MI/ID/DD/RC diagnosis (as applicable), a Level of Care determination for a NF as well as their ability to perform activities of daily living (e.g., bathing, eating, transfer, etc.), and a determination of whether or not the individual needs specialized services. Level II evaluations rely on the review of available psychiatric, psychological, medical, nursing, and social work reports/notes. The APS field team of locally recruited, licensed professionals conducts face-to-face evaluations in cases when more information is needed to make an accurate determination. This process consists of a review of available medical records and progress notes, administration of structured clinical interviews, a complete mental status exam using the Folstein Mini Mental Status Exam (MMSE), completion of the approved behavioral observation check list, and administration of the Geriatric Depression Scale (GDS) for those suspected of having a mood disorder. Additionally, the clinician determines the patient's ability and willingness to participate in treatment.

If a person does not meet Level of Care for a nursing facility, APS offers alternatives such as assisted living facilities, potential in-home placement services, inpatient psychiatric programs and contacts the Department of Elder Affairs to see if they can research possible alternatives, such as a waiver. If a person does not meet LOC for a NF, APS also provides recommendations



for other rehabilitative services to maintain or improve the patient's physical and/or psychological functioning (e.g., recommend physical therapy, dietician assessment, medication evaluation, psychotherapy, etc.) as well as assisted living facilities, inpatient psychiatric programs, etc. as part of our determination. We strive to serve as an informational resource and have resources regarding providers and services available. APS maintains a database of all Florida Medicaid providers as well as access to directories from the Department of Elder Affairs and Department of Children and Families.

In Florida, Specialized Services are defined as those services needed to avert an inpatient hospitalization and are provided through nursing facilities that meet this criteria. If such services are needed, APS develops a Plan of Care that is individualized and includes an identification of the patient's needs, the Specialized Service(s) to address this need, whether Specialized Services can be provided in the nursing facility, the anticipated outcome goals, recommended service providers (e.g., psychiatrist for psychotropic medication management, psychologist for psychological testing, Licensed Masters-level provider for psychotherapy, etc.), and the approximate duration, intensity, and frequency of services that will be needed to accomplish the identified goals. APS then follows-up with the facility to ensure an appointment has been scheduled, that the patient was provided recommended services, and ascertains the outcome for each recommendation. Outcomes include whether or not the patient was referred, if the Specialized Services was rendered as recommended, and if the identified goals were met.

Level II evaluations rely on the review of available psychiatric, psychological, medical, nursing, social work, etc. reports/notes. When necessary, face-to-face assessments are conducted by licensed mental health professionals at mental health facilities, hospitals, and nursing facilities. The face-to-face assessment involves meeting with the patient, nursing/medical or direct care staff, and possibly a family participant if they are present at the time of the evaluation. It consists of a compilation of medical and psychiatric history based upon medical records, progress notes, structured clinical interview of the patient, a complete mental status exam using the Folstein Mini Mental Status Exam (MMSE), completion of the approved behavioral observation check list, administration of the Geriatric Depression Scale (GDS) for those suspected of having a mood disorder, and an evaluation of the patient's ability and willingness to participate in treatment.

Under delegated authority from the State Mental Health Authority and State Medicaid Agency, APS auto-generates a letter which is sent to the patient/legal representative indicating the determination. The determination notice includes the patient's right to appeal this decision and how they may request an appeal. While we have had no appeals thus far, APS has a formal process to handle such appeals.

Our program operations extend beyond the review process as the State's vendor partner. We also provide technical assistance to nursing facilities to ensure the individual receives the most appropriate care in the most appropriate setting. For example, we make frequent calls to facility leadership to explain the referral and review process and answer questions about the program. We document the types of questions or concerns discovered during this process and





when we identify a pattern or trend, we fax informational one-page flyers to the nursing facilities that address frequently asked questions or other issues.

We participate in a PASRR workgroup to share resources and information and identify concerns or issues. Finally, we maintain a database of all Florida Medicaid providers and employ access to directories from the Department of Elder Affairs and Department of Children and Families to ensure individuals and caregivers are aware of available resources. Our ability to collaborate with the long term care system and other valuable local resources to determine the best solution for these individuals is a key skill required to administer effective PASRR programs.

Our effective leadership has made this program succeed, including Program Director Dr. Sandra Jensen. APS coordinates activities among 12 different state entities to develop the program, including the State’s Long Term Care division (the Department of Elder Affairs), AHCA (the State Medicaid Agency), the Children’s Medical Assessment Team, Early Steps program, and the Agency for Persons with Disabilities.

<b>Table A-4: Reference</b>	
<b>Georgia Department of Behavioral Health and Developmental Disabilities</b>	
Name, address, and telephone of the POC	Charlie Bliss, Georgia Department of Human Resources; 2 Peachtree Street, NW, Suite 23; Atlanta, GA 30303; 404-657-2141
Number and type of staff assigned	Support staff and Licensed Clinician (2 FTEs) supported by six contractors (Registered Nurses, Licensed Clinical Social Workers; Licensed Marriage and Family Therapists, and Licensed Professional Counselors).
Products delivered	Level II evaluations, reporting, and technical assistance
Duration	July 1, 2003 to June 30, 2013

Since 2003, APS has held a statewide contract with Georgia's Department of Human Resources, Division of Mental Health, to provide Pre-Admission Screening and Resident Review assessments. APS was selected as the most qualified firm to conduct Preadmission Screening and Resident Review (PASRR) assessments of persons with suspected or confirmed diagnoses of mental illness (MI), mental retardation (MR) and/or a related condition (RC), who are seeking admission to or residing in Medicaid-certified nursing facilities in Georgia. APS conducts approximately 1,200 Level II record reviews and face to face PASRR evaluations annually and we have consistently achieved 100% compliance with contract deliverables every year. To accommodate fluctuating work volume and ensure broad geographic coverage, APS employs a case-tracking system to make evaluation assignments. We supplement our core review team with contracted clinicians, assigned by geographic region, who conduct evaluations throughout the state.

In Georgia, the Level I process is completed by referring facilities or physicians (usually a hospital social worker or staff in a physician’s office). If there is evidence that the applicant for nursing facility admission has experienced MI/MR or RC in the Level I screen, a Level II review is triggered and APS is automatically notified. APS then contacts the referral agency to request



medical records on the patient. Records are faxed to APS for review. This process applies to status changes on people already residing in nursing homes as well as for new admissions.

Licensed clinicians employed by APS review the medical records to ascertain if there is evidence of the presence of a mental illness, mental retardation or a related condition. If there is no evidence, the Level II process is stopped. If there is evidence of a MI, MR, and/or RC, APS staff look for other factors that may cause the Level II process to stop at a record review.

These factors include a primary diagnosis of dementia or certain other medical conditions that overshadows the MI, MR, or RC, or admission to a nursing facility for less than 30 days. If the Level II evaluation is stopped at a record review, information is sent to the referring facility outlining the reason for the process being stopped. Under the current program APS has 48 hours from the time a Level II referral is received to complete the initial record review.

If evidence of a mental illness, mental retardation or a related condition is seen during the record review, APS performs a face-to-face assessment. APS staff contact the referring facility, person seeking admission and family members, as appropriate, to schedule the date/time/location of the face-to-face evaluation. These evaluations with participants are conducted in hospital settings primarily but also in the participant's home or nursing home as necessary. Face-to-face assessments are completed by APS evaluators who are licensed in the State of Georgia. Our current staff includes Registered Nurses and mental health professionals with Licensed Clinical Social Worker or Licensed Professional Counselor credentials.

The assessment evaluates the participant's level of assistance needed to perform specific activities of daily living (i.e., preparing meals, feeding self, bathing, grooming, housework, toileting, etc.), his or her level of ability to monitor health status, schedule and keep health appointments, and administer medications. The assessment also covers mental health history including treatment and medications. APS involves the participant, provider, and if necessary, family members in the assessment process.

Based upon the assessment results, APS develops a Plan of Care that details recommendations of the types of services that the participant needs including case management, individual therapy, medication management, etc. Additionally, if APS determines the participant would be better served through other settings (i.e., residential facility, etc.) rather than a certified nursing facility, our staff assist the participant in accessing such services.

APS has 7 working days from the date the referral was received to complete the face-to-face evaluation, if one is needed after document review. APS evaluators are required to submit a written report that includes a complete PASRR evaluation (including medical history) and a Summary of Findings. APS has delegated authority from the State Mental Health Authority and State Medicaid Agency to make PASRR determinations. An APS board-certified psychiatrist reviews the evaluations and makes final determinations for nursing home placement with supervision from an APS Medical Director. The psychiatrist also authorizes specialized Behavioral Health services.

After reports have been reviewed by an APS physician, APS sends the assessment and Summary of Recommendations, along with an authorization code, to the referral source. Participants may



request a fair hearing with the State if they do not agree with the results of the assessment. APS clinical staff supports fair hearings as required.

### APS Georgia ERO

The performance of PASRR reviews an add-on contract to the APS External Review Organization (ERO) role in place since 1999 when we were awarded the Georgia ERO program by the Department of Human Resources, Division of Mental Health, Developmental Disabilities & Addictive Diseases (DMHDDAD). APS ERO has helped facilitate the transformation of the public behavioral health system in Georgia over the past ten years.

Our external review process includes prior authorization and concurrent reviews, on-site provider audits and technical assistance/training, care coordination, and QI initiatives focused on facilitating recovery, resiliency and self-determination for adults and children who are affected by mental illness, addictive disease and developmental disabilities. Responsibilities were expanded in 2005 to include introduction of UM programming to state-run hospitals and development of a first-in-the-nation encounter and payment processing system for the state's grant in aid program to increase the quality of data for services provided to indigent care recipients. APS saved the state over \$400 million in the first five-year period of our contract. In fiscal year 2009, GA APS ERO provided the following:

- 1,800+ hours of training and on-site technical assistance to 1,500+ provider staff including an intensive three-month orientation program and 400+ on-site audits and review of 9,000+ consumer medical records and 232,424 billing units to measure provider improvement.
- Utilization review service requests for 125,000 consumers totaling \$1.6M, total of ~400,000 requests including ~20,000 requests for hospital authorizations.
- Customized program delivery based on Consumer Advocacy, Education and Quality Improvement Councils (team of consumers, providers, state and regional staff) which evaluates the effect of trends associated with the ERO process.
- Assistance on approximately 6,000 requests for training/technical assistance.
- 2,000+ reports covering provider service provision, claims data, audit trends and more to help the client make data driven decisions regarding service provision.
- Provider scores used for recoupment of inappropriately used funds. The value of services determined to be medically unnecessary was estimated at \$1,115,339.





Table A-5: Reference	
State of Maine Department of Health and Human Services, Office of Adult Mental Health	
Name, address, and telephone of the POC	Don Chamberlain, Office of Adult Mental Health Services, System Manager SHS #11; AMHI Campus-Marquardt Bldg; Augusta, ME 04333; 207-462-4289
Number and type of staff assigned	Master’s Level Clinician with part time clinical and administrative support as well as support from the APS Florida PASRR Clinical Psychologist. We also contract with independent licensed clinicians to ensure maximum staffing.
Products delivered	Prior authorizations for behavioral health services; PASRR Level II evaluations; reporting, training; and technical assistance
Duration	July 1, 2009 (MI); April 15, 2010 (OCR) to June 30, 2012

This program covers both mental health and substance abuse services for approximately 290,000 adults and children who are Maine Medicaid (MaineCare) members. The goal is to improve the accessibility and quality of care and improve outcomes of care while ensuring that clinically appropriate levels of care are delivered with the right amount of service at the right time. Members of mental health and substance abuse services are included in all aspects of program delivery. Open dialogue and partnerships allow us to keep the perspective of the member at the forefront of program design and planning.

As a result of successful collaboration and contract performance to date, DHHS has added to the scope of work six times since contract inception including additional IT components such as an IT provider "batch upload" system and PASRR level I and level II assessments for mental illness for adults being admitted to nursing facilities.

APS has collaborative relationships with multiple DHHS offices including the Office of Adult Mental Health, Office of Child and Family Services and Office of Substance Abuse. The Office of Adult Mental Health championed for APS to manage the PASRR program. To date on this contract APS has conducted over 4,000 Level I reviews and 34 Level II reviews.

Since implementing the PASRR program, we have streamlined the referral process, dramatically increased provider compliance with the PASRR process through education and training, and collected relevant program data to help the state assess and evaluate its PASRR program. Hospital and nursing facility staff and occasionally case managers, assisted living or residential care staff complete the face-to-face Level I Screen. They submit all Level I Screens to APS for review. We then determine the need to conduct a Level II review to assess the existence of a serious mental illness or other related conditions; the appropriateness of nursing facility level of service; and the need for specialized services beyond what the nursing facility can provide.

APS has been a strategic partner for Maine since our program inception. We continue to conduct provider outreach to ensure program compliance by conducting quarterly service-specific conference calls. We offer an open forum for dialogue about the program, answer questions, address concerns and identify challenges. We also conduct in-person or web-based training as requested. All PASRR forms and training materials are available online for download.



APS examines the enrollee's plan of care to determine the need for special services as well as the appropriate level of care. Our ASO program includes prior authorization, continued stay review, retrospective review, provider relations and training, enrollee services, quality management, analysis and reporting. In addition, APS provides a 24/7 customer call center and extensive web-based and IT resources for MaineCare enrollees and providers.

In addition, APS entered into an innovative agreement with the State of Maine to streamline data collection and reduce provider administrative burden. This agreement allows parallel State and APS data processes to merge into a single, streamlined process. This merger of data collection systems reduces provider administrative burden, reduces costs for the State and results in improved data and information for both the state and providers. The process integration was implemented in September 2008.

The program includes provider relations and training, member services, quality management, and analysis and reporting. APS provides a 24/7 customer call center and extensive web-based and IT resources. Program accomplishments include:

- Extensive collaboration within the community including establishment of a Member Advisory Council and Provider Advisory Council to join with APS in keeping the ASO accountable to Maine Medicaid members.
- 71% of children discharged from Child Psychiatric Hospital services are now living in their own or parents' home upon discharge and 20% were discharged to residential settings as a result of care coordination on this contract.
- Improved access to care: ~5,000 (9.4%) more members accessed services in FY 2009 than in FY 2007.
- MaineCare costs have decreased by \$19 million or 5% from FY 2007 to FY 2009.
- Training, outreach and support via site visits, conference calls, and telephone on UM process, clinical matters, IT, billing, and data.
- 60+ reports provided on a daily, monthly, quarterly and annual basis.



## Attachment B: Mandatory Specification Checklist

List mandatory specifications contained in Section 2.5:

### Section 2.5

**Mandatory Requirements: The following mandatory requirements must be met by the Vendor as a part of the submitted proposal. Failure on the part of the Vendor to meet any of the mandatory specifications shall result in the disqualification of the proposal. The terms “must,” “will,” “shall,” “minimum,” “maximum,” or “is/are required” identify a mandatory item or factor. Decisions regarding compliance with any mandatory requirements shall be at the sole discretion of the Bureau.**

*Vendor Response:*

Innovative Resource Group LLC d/b/a APS Healthcare (APS) understands that all requirements expressed with the terms “must,” “will,” “shall,” “minimum,” “maximum,” or “is/are required” identify mandatory items or factors and decisions concerning compliance with mandatory requirements are at the discretion of the Bureau. APS further agrees to meet all mandatory requirements as indicated in the Mandatory Specification Checklist.

#### Section 2.5.1:

**Comply with requirements listed in Attachment D.**

*Vendor Response:*

APS will comply with requirements listed in Attachment D. APS has signed and dated this attachment thereby acknowledging that we agree to meet or exceed each of the specifications as outlined in this Attachment. Since no propriety information is included in the proposal we have not submitted a redacted electronic copy.

#### Section 2.5.2:

**Maintain an in-state office.**

*Vendor Response:*

APS currently maintains an in-state office and agrees to continue doing so as a requirement of this RFP. The APS office is located at the following address:

APS Healthcare  
100 Capitol St # 600  
Charleston, WV 25301

Telephone: (304) 343-9663



### Section 2.5.3:

**Provide and maintain staff to conduct medical eligibility assessments that are a Registered Nurse, Licensed Social Worker, Licensed Professional Counselor, Licensed Rehabilitation Counselor or Licensed Psychologist with a minimum of one (1) year experience.**

*Vendor Response:*

APS certifies that staff members conducting medical eligibility assessments will meet the licensure and experience requirements of this section, related Q&A, and amendment II as documented by resumes for each staff member. These resumes will be available for review by the Bureau upon request.

### Section 2.5.4:

**Have at least five (5) years of experience in providing ASO supports to Medicaid members.**

*Vendor Response:*

APS has more than 15 years of experience providing ASO support to Medicaid members. We have been providing comprehensive health management services, including utilization management, care coordination, complex case management and administrative services, for various state Medicaid programs since 1994. We are distinct among vendors due to the depth and breadth of our state, county and local government contracts serving Medicaid clients. APS is particularly well known for innovative program operations and seamless transitions, and has received high praise from many government agencies regarding our abilities.

For our state Medicaid clients, APS has developed innovative, collaborative models of utilization management, care management, provider relations, and quality improvement that emphasize community partnership, training, technical assistance, and compassionate clinical care. We have been highly successful in providing care coordination, data analyses, and technical assistance, resulting in increased access and improved clinical outcomes, while controlling costs associated with acute care. The APS model advances consumer empowerment and recovery, views members and their families in the context of their communities, their treatment needs, and their ability to access and utilize services. This approach is essential for developing comprehensive rehabilitative services particularly in rural states.

APS and its affiliates serve public sector recipients in 45 public programs through contracts in 25 states and Puerto Rico. We support ASO services for individuals with Traumatic Brain Injury through Pre-Admission Screening programs in Florida, Georgia, Maine, West Virginia and Wyoming. We also have experience with Home and Community-Based Waiver programs in California, Florida, Missouri, Oregon, Vermont, West Virginia and Wyoming. APS also operates programs devoted exclusively to individuals with mental retardation or developmental disabilities such as our Pennsylvania Health Care Quality Unit (HCQU). The Pennsylvania HCQU provides patient and provider information and assistance to empower individuals living with mental retardation or a developmental disability to lead productive lives within the community. In addition to an extensive library of written, audio and video training resources, this program offers an extensive library of ready-to-go PowerPoint© presentations that support one-on-one



and group training. Sample topics that are targeted to consumers include: Traumatic Brain Injury, Seizure Disorder, Anxiety Disorder, and Depression.

The majority of APS' public programs include extensive care coordination services to maximize the effectiveness of mental health treatment through integrated service planning, discharge follow-up, self-help training and support, and appropriate use of community based resources. One example of APS' experience in this arena is the Hawaii statewide Community-Based Case Management program, which has been providing behavioral health care coordination services to SMI/Dual Diagnosed Medicaid members, including individuals with TBI, since 1994. It delivers a consumer-focused recovery program that emphasizes coordinated and cost-effective care for approximately 900 members. Our current Hawaii program was awarded the "Excellence in Healthcare Risk Management Award" in recognition of the positive impact of risk management in the healthcare setting.

APS staff has worked extensively with fee-for-service, eligibility and provider information technology (IT) systems and their accompanying data, producing hundreds of complex analyses on the progress of our Medicaid program initiatives. Our staff of Medicaid program experts, many of them with past government experience, has a multi-faceted understanding of Medicaid waivers, plan services, state and federal policies, clinical program operations, financing and administrative systems. APS also conducts numerous annual research surveys measuring recipient, member and provider satisfaction with health services.

#### APS' ASO Experience

APS has a thorough knowledge of and an outstanding reputation for operating ASO programs. APS and our family of specialty healthcare companies currently provide a variety of QIO, peer, and utilization review, and administrative service programs that serve clients with approximately 14 million consumers. Key values inherent in all of APS' programs are a dedication to local operations; personnel that are focused, knowledgeable and respected by the specific customer base, and support for community stakeholder integration throughout the planning, implementation, operation, and evaluation of the program.

APS and its affiliates offer extensive utilization review and care management experience in both the public and private sector, allowing us to quickly become aware of new approaches and efficiencies that are developed in one sector and adapt them for the other. This broad experience will assure we provide West Virginia with the most forward and technically advanced TBI ASO program that builds on our national experience and current operations within the State.

APS-West Virginia provides comprehensive healthcare management and consultation to DHHR. Through this partnership model, APS conducts administrative, clinical and coordinating activities for the Bureau of Medical Services, Bureau for Children and Families and the Bureau for Behavioral Health and Health Facilities that result in a more effective and efficient system of care for West Virginia. The APS-WV office is located in Charleston with field staff operating throughout the State. One hundred seventy-three (173) West Virginia staff support these contract programs to provide:



- Utilization Management
- Provider Training and Technical Assistance
- Data Analysis and Reporting
- Quality Improvement Councils and Activities
- Consumer and Community Education
- Customized Web and Electronic Files Software
- Interagency Consultation and Collaboration.

Under our current West Virginia operations, we authorize over 325,000 requests for behavioral health and I/DD Waiver services each year within a two-day turnaround. This past State Fiscal Year (July 2010 to June 2011), we audited over 2,200 member clinical records and 890 provider personnel records, provided 330 training sessions and conducted 550 formal provider technical assistance sessions. APS collaborated with State thought leaders to draft extensive policies and training materials to assist with program advancements. The State has rewarded our service by selecting APS via competitive bid to serve in various other contracting capacities, including a landmark "Social Necessity Program" to manage all children's services systems; administration of eligibility requirements for its indigent care systems, and preparation of its federal and state block grant reporting. In 2005, APS was selected to administer a state of the art "Consumer-Directed Care" system for consumers with mental retardation and developmental disabilities.

In 2009, DHHR improved the synergy of its health programs, awarding APS a contract to administer numerous fee-for-service programs, including:

- Medicaid Medical and Dental Services (220,000 Eligible Members and approximately 40,000 Providers)
- Medicaid Behavioral Health In/Outpatient (80,000+ Consumers supported by 78 Licensed Behavioral Health Centers, 127 Psychiatric Practices, 169 Psychologist Practices and 48 Hospitals/Treatment Centers)
- Medicaid MR/DD Waiver Program (5,550 Member Capacity with 4,395 Active Consumers as of January 18, 2011 and 104 Registered Providers)
- Medicaid Aged & Disabled Waiver Program (9,000 Member Capacity)
- Medicaid & Non-Medicaid Nursing Home Bureau for Children and Families: Socially Necessary Services (18,000 Consumers and 1,468 Registered Providers) and Out of State Services (632 Consumers and 72 Registered Providers)
- BHCF Charity Care, Block Grant Reporting and Select Administrative Services (43,400 Consumers and 15 BHCF Contracted Licensed Behavioral Health Centers).

### Technology Supporting Efficiency

The electronic authorization capabilities of APS CareConnection® are unique in the managed behavioral healthcare industry. To our knowledge, no other vendor offers our broad experience in providing Internet-based electronic authorization with 24-hour turn around. No other vendor offers such a thorough integrated medical history that is updated each time new service is requested. And no other vendor offers all of this technology in a manner that is easily customized to the unique needs of the West Virginia Bureau for Medical Services. We currently have versions of CareConnection operational in West Virginia that have been customized to support ASO services for the State's general population of Medicaid enrollees, as well as





participants in State-specific waiver programs and socially necessary programs and in the non-Medicaid population specified within our contract.

### Proven Information Management and Data Exchange

APS and its affiliates' quality assurance and utilization review services are expedited and enhanced through the effective use of internal technology that provides clinical resources, medical histories, and benefit design information to authorized users. We introduced our acclaimed CareConnection tool in 1999 as the first comprehensive Internet-based Plan of Care/authorization tool available to support statewide Medicaid programs. CareConnection expedites the care management process by enabling electronic submission and tracking of authorization requests; automating the notification of certification decisions; facilitating the processing of certification requests; maintaining comprehensive clinical records; providing access to on-line benefit information, eligibility files, program requirements, and clinical criteria; and facilitating provider payments using secure transmission of accurate authorization information to the fiscal agent. CareConnection works expertly with most major MMIS providers in a number of states, serving as the QIO authorization interface as well as Informatics specialists to assist with data and healthcare analyses.

In West Virginia, APS has established file layouts used in the exchange of various data with DHHR Bureaus and the State's Medicaid Claims Payer, as well as individual service providers. APS currently uses secure FTP (SFTP) sites to exchange bidirectional files; these connections are secured using TLS/SSL. In addition, the https-secure CareConnection has a file download function for providers to access APS Response Files.

Additionally, APS-WV uses a secure e-mail system, ZixCorp's ZixMail®. This e-mail encryption service delivers encrypted messages to anyone through flexible delivery options, further enhancing efficient communication. Provider satisfaction with APS technology and customer service is reflected in Figure B-1.

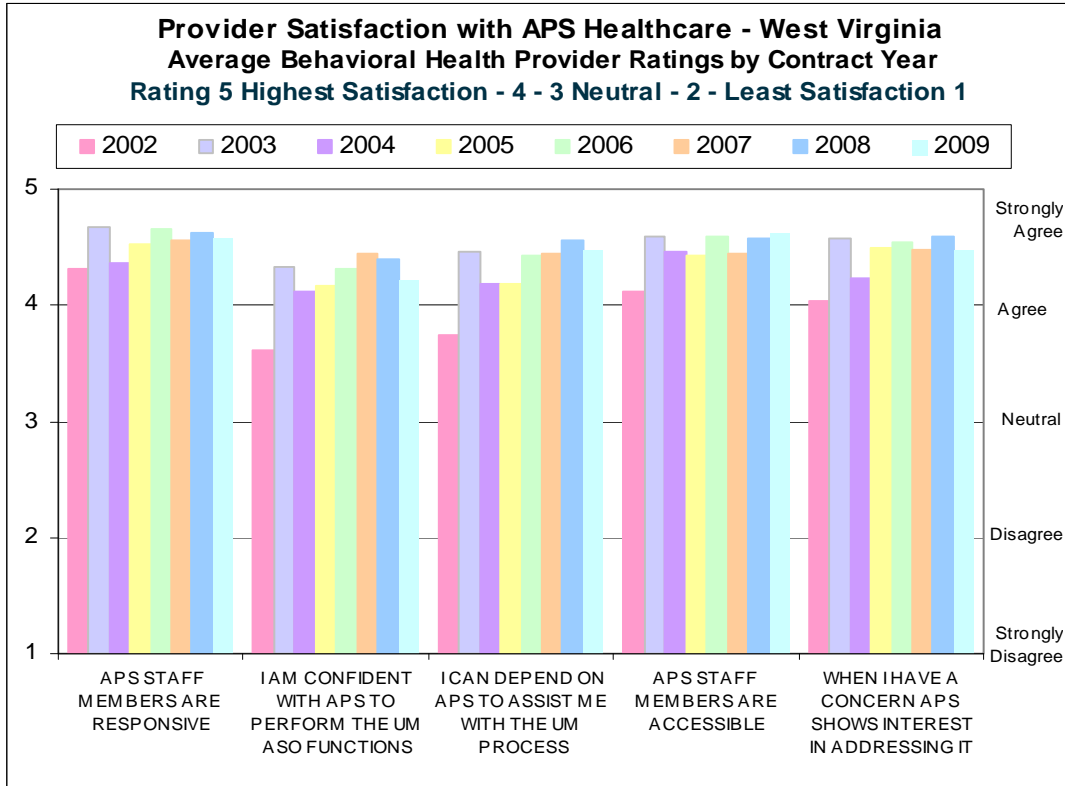


Figure B- 1, West Virginia Provider Satisfaction

The following table presents examples that summarize our experience in data exchange for Medicaid ASO programs.

TABLE B-1. APS DATA EXCHANGE EXPERIENCE ASO CONTRACTS			
	Client	Frequency of Update	Annual Authorization Volume
Prior Authorizations/ Concurrent Review	State of Georgia (1999 )	Daily	450,000
	State of West Virginia (2000)	Daily	300,000
	State of Oklahoma (2006 )	Daily	200,000
	State of Maryland (2009)	Daily	350,000
	State of Maine (2007 )	Daily	240,000

On an annual basis, APS currently transmits over 1.3 million utilization review records; our data exchange experience also incorporates updating our systems with eligibility and claims data to support data analysis and reporting across all our contracts, which support programs serving nearly 11 million Medicaid members. Based on the requirements of the program, we typically





update member eligibility files on a daily basis, provider files on a weekly basis, and claim data on a monthly basis. We use claims data to select retrospective review for quality assurance purposes, validate that approved services have been billed, and compare billed amounts to authorization amounts, as indicated by specific program requirements.

### **Public Sector ASO Experience**

APS currently provides ASO services for medical and behavioral health Medicaid programs in numerous states, applying best practices from our experience across our multiple programs in the execution of specific deliverables to provide services tailored to the unique needs of the contract. In Section A.2.4.8, specific to services provided for members with TBI, we provided three program references, including:

1. The State of Florida, Department of Children and Families, Pre-Admission Screening and Resident Review
2. The Georgia Department of Behavioral Health and Developmental Disabilities, Pre-Admission Screening and Resident Review
3. The State of Maine, Department of Health and Human Services, Office of Adult Mental Health, Pre-Admission Screening and Resident Review.

Below we highlight three additional APS programs that show the depth of our utilization/care management and care coordination services; provider recruitment, credentialing, training, service, and reimbursement supports; customer service responsiveness; reporting capabilities; information technology expertise; data exchange reliability; member responsiveness; fiscal accountability; and quality improvement services to deliver a comprehensive, fully-integrated program. Each of these current ASO programs has been operational for more than the mandatory five years of ASO experience.

### **West Virginia ASO Experience**

APS has provided a comprehensive array of utilization management services in West Virginia since 2000 to assist the State in the development and management of a high quality, accountable, public sector system for behavioral health, medical, socially necessary services; nursing home PAS; I/DD Waiver (formerly known as the MR/DD Waiver) and Aged and Disabled Waiver services. We work collaboratively with multiple state bureaus and consumers, families, and providers throughout West Virginia to continually improve the quality of Medicaid behavioral health services across the state. Program design and delivery are consumer-centric with community outreach, provider education, and technical assistance as key program components.

Serving as the ASO, APS administers utilization management incorporating focused quality improvement services, family support and education, community and consumer education and empowerment activities, regional/statewide as well as on-site provider trainings, provider UM analysis, clinical consultations, technical assistance, data analysis, reporting and other activities in support of the Department's goals. APS works in partnership with all stakeholders to successfully build program accountability, enhance efficiencies, and improve overall behavioral health outcomes.



The State has rewarded our service by selecting APS via competitive bid to serve in various other contracting capacities, including an expanded scope of utilization management and prior authorization, a landmark "Social Necessity Program" to manage children's services systems, administration of eligibility determinations for its indigent care system, and preparation of its federal and state block grant reporting. Program accomplishments include:

- A track record of performance –100% of deliverables met since inception.
- Provision of consumer education which has included: annual focus groups; family support and education; and specialized trainings such as consumer rights/responsibilities and ongoing education and technical assistance to providers.
- Quality Improvement components including the development of a quality plan; and establishment of both a Provider and Consumer Quality Improvement Council.
- Improved care coordination and provider satisfaction
- Development of Title XIX I/DD Consumer Statistical Budgeting Model.
- Review of nearly 2 million requests since program start in 2000.
- 100% of I/DD Waiver providers are reviewed on-site annually. Providers failing to meet overall passing score of 90% receive technical assistance and training from APS review staff and the Bureau of Behavioral Health & Health Facilities.
- 6,000+ in-person assessments with consumers over the past two years.

We have authorized over 250,000 requests for behavioral health service annually (within a two-day turnaround), audited over 1,000 medical records, provided 369 provider training sessions, 1,022 technical assistance sessions and over 300 hours of individual and group contact with members and families each year. Since initiating the program on August 1, 2000 we have reviewed a total of nearly 2 million requests. Our performance for the last fiscal year is presented in Table 1.

Table B-2. APS Productivity Stats for West Virginia		
Activity	Behavioral Health	I/DD Waiver
Requests reviewed	293,337 during State Fiscal Year 07/2010-06/2011	75,530 during State Fiscal Year 07/2010-06/2011
Provider Audit Record Reviews	1,965 Member Records during State Fiscal Year 07/2010-06/2011	334 Member Records and 809 Provider Personnel Records during SFY 07/2010-06/2011
Provider Training Sessions	725 total and 8 during State Fiscal Year 07/2010-06/2011	322 and 106 during State Fiscal Year 07/2010-06/2011
Technical Assistance Sessions	273 total – 173 between 7/1/10 and 6/30/11	452 total – 61 between 7/1/10 and 6/30/11
Authorization Requests Reviews since beginning of program	3,051,282 reviewed in BH APS CareConnection®	312,963 reviewed in I/DD APS CareConnection®



Table B-2. APS Productivity Stats for West Virginia

Activity	Behavioral Health	I/DD Waiver
I/DD waiver face-to-face member assessments for past year (07/01/2010-06/30/2011)	n/a	4,330
I/DD waiver face-to-face member assessments for past year (07/01/2009-06/30/2011)	n/a	4,359

**Experience Supporting Waiver Services in West Virginia**

In 2009 the State of West Virginia, Bureau for Medical Services, consolidated its medical and behavioral health services into a single contract, awarded to APS in 2010. These services include Level of Care determinations and Level I Pre-Admission Screening and Resident Review for nursing home applicants and approximately 6,000 recipients eligible for the state’s Medicaid Aged and Disabled Waiver. We document diagnosis, physical abilities and mental health capacity and make a determination for Waiver service eligibility based upon our assessment.

The A&D Waiver program offers eligible recipients an alternative to the traditional long-term care setting by providing services that enable an individual to remain in the home (or return home) rather than receive nursing facility care. While the setting is an alternative to nursing facility placement, the admission criteria are the same. Therefore, every person who applies for Waiver Services has a face-to-face Level I evaluation with a registered nurse who determines the person’s eligibility for the Waiver and level of care. We document the individual’s diagnosis, physical abilities and mental health capacity and make a determination for Waiver service eligibility based upon our assessment. Services available through this Home and Community-Based Waiver include homemaker assistance with activities of daily living such as bathing, toileting, grooming, and eating; case management; medical adult day care; transportation; and skilled nursing. In addition, the individual receives ongoing assessment and review by a registered nurse every six months. A nurse also provides ongoing oversight for the individual’s homemaker services.

To deliver outstanding services through the I/DD Waiver contract, APS works closely with BMS to facilitate Waiver enrollment and provides a process for the fair and equitable distribution of available Waiver funds. We conduct an objective assessment of members’ abilities, needs and supports, including an analysis of the individual, family and communicatory factors to determine each member’s annual Waiver budget. APS reviews and prior authorizes all purchased supports and services. Our fully established state-of-the-art system (CareConnection) supports data integration, care management, and electronic medical record-keeping to facilitate appropriate utilization of resources, quality improvement, and



performance evaluation activities. Our experienced staff provides individual and family education as well as technical assistance and consultation to participating providers.

The State has rewarded our successful track record of performance with numerous contract expansions since 2000. Additional program accomplishments include:

- Provision of member education which has included: annual focus groups; family support and education; and specialized trainings such as member rights/responsibilities. Also ongoing education and technical assistance to providers.
- Quality Improvement components including establishment of both a Provider and Member Quality Improvement Council.
- Improved care coordination and provider satisfaction through the use of CareConnection.
- Development of Title XIX I/DD Member Statistical Budgeting Model.
- Review of more than 2 million requests since program start in 2000.
- 100% of I/DD Waiver providers are reviewed on-site annually. Providers failing to meet overall passing score of 90% receive technical assistance and training from APS review staff and the Bureau of Behavioral Health & Health Facilities.

Figure B-2 depicts member and family feedback regarding APS services for the West Virginia I/DD Waiver program.

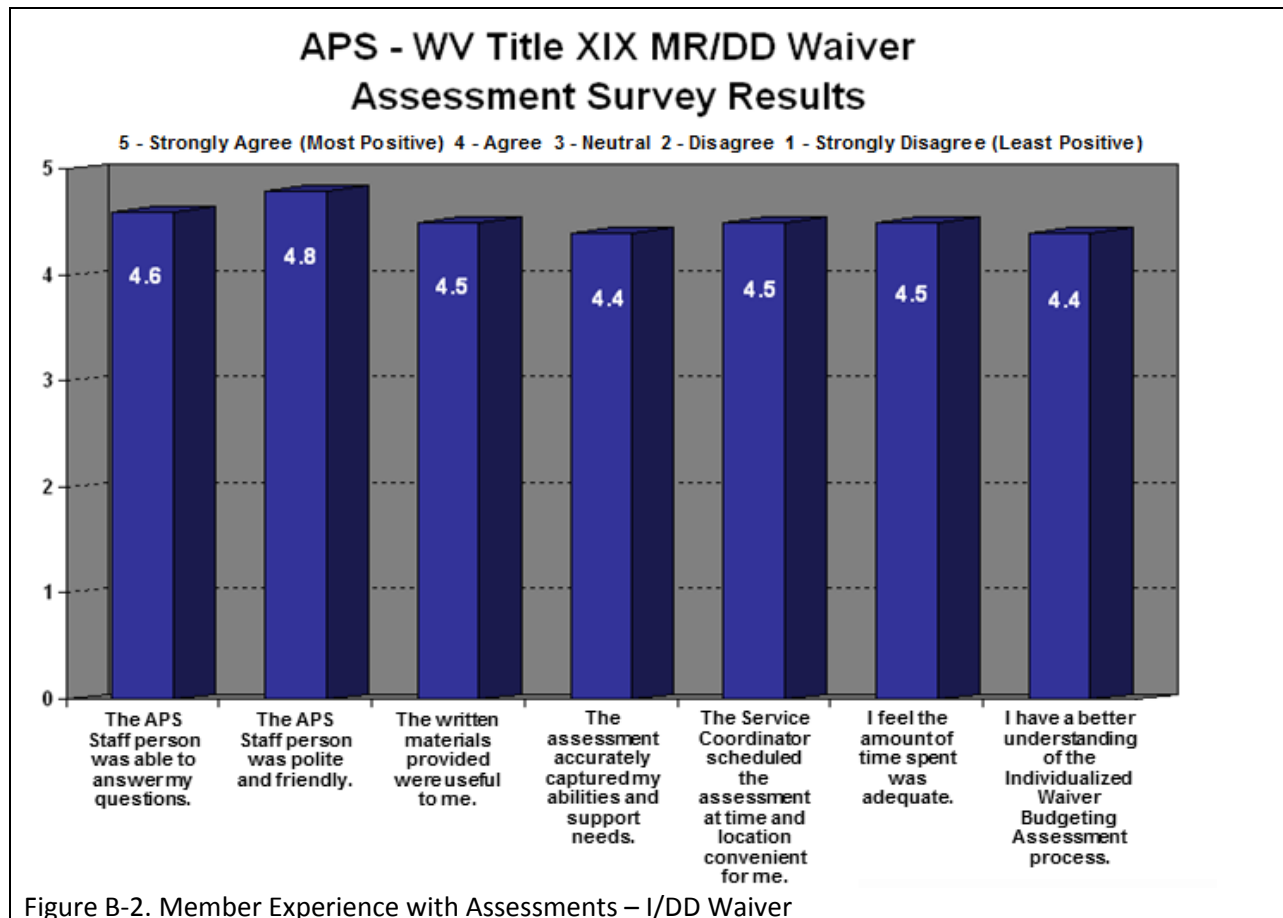


Figure B-2. Member Experience with Assessments – I/DD Waiver



### ***Proven Ability to Successfully Implement West Virginia Programs***

As an example of the advancements APS can make within a short time, we offer the following abbreviated list of activities completed in West Virginia *within the first 120 days of contract award* beginning August 1, 2000. APS met all assigned deliverables and authorization timelines during implementation and beyond, fully and on schedule, as required by the contract with the West Virginia Department of Health and Human Services.

- Developed Utilization Management Guidelines and Medical Necessity Criteria for Services under the Clinic, Rehabilitation and Targeted Case Management Medicaid Options; Guidelines were customized and subsequently approved by the Medical Necessity Workgroup, comprised of providers selected by DHHR, and by DHHR staff.
- Conducted a study to sample specific specialty population, most notably children in residential services served by the Medicaid Program, in order to propose a design for alternative services;
- Conducted numerous Focus Groups with various consumer groups and stakeholders, including Mountain State Parents CAN, to identify and respond to system issues;
- Completed an initial survey of providers' training/consultation needs and developed an initial Provider Training Plan;
- Developed a Provider Survey Instrument and submitted instrument for review and subsequent approval to QI Advisory Councils and DHHR; Survey Instrument included a statistically reliable scoring methodology to assess overall provider competency and accountability;
- Developed an inter-rater reliability process to ensure that APS Care Managers are consistent in their application of the customized, West Virginia Medicaid medical necessity criteria for behavioral health services;
- Implemented a systematic method of generating individualized Provider Survey Reports and developing statistical profiles of each provider agency;
- Provided 24 regional, statewide and provider specific training sessions within the initial three months;
- Produced a Provider Manual, in conjunction with the three QI Advisory Councils, which guided providers through utilization management procedures and associated system changes;
- Developed initial indicators for establishing baseline evaluation of quality improvement activities, provider performance, consumer satisfaction, and ASO performance;
- Provided recommendations regarding a framework model for I/DD services that was subsequently included in the West Virginia's Behavioral Health Advisory Council's "Strategic Plan 2000 and Beyond";
- Facilitated development of a consumer-designed training program and associated educational materials which focus on consumer empowerment, consumer accountability, consumer rights, managed care, alternative services and "what does all this mean for the consumer";
- Designed a Consumer Complaint system to be compliant with all applicable West Virginia policies; and





- Began prior authorization of selected services, as directed by DHHR, within the first 90 days.

### **Oklahoma Health Care Authority (OHCA)**

APS has provided behavioral health utilization management and QIO services to the 751,000 Oklahoma Health Care Authority for SoonerCare members since 2006. The program is designed to enhance the overall quality and effectiveness of the state's healthcare delivery system, while ensuring enrollees receive high quality, medically necessary clinical services. We provide prior authorization, concurrent review and retrospective review for the full range of behavioral health services. In addition we provide focused studies to identify specific areas for targeted interventions and recommendations for changes in processes or policies.

We view utilization review as a collaborative effort between APS and the treating provider to ensure that all services are medically necessary and in accordance with proven best practices. The guidelines that we use incorporate OHCA medical necessity criteria and protocols for both our inpatient and outpatient PA process. These guidelines have been developed with OHCA input and are familiar to SoonerCare providers.

In 2010, APS processed 254,195 outpatient service requests and more than 28,974 inpatient requests for Oklahoma Medicaid. In addition, we developed reports for the OHCA that outline program statistics, such as utilization, expenditures and disease prevalence and targeted reports that focus on fiscal, and program engagement. APS also develops and maintains executive information system reports to improve OHCA program management, and calculate performance measures to evaluate the quality of fee-for-service and primary care case management.

### ***Provider Training to Improve Provider Efficiencies***

As part of this contract, APS conducts provider education and training via SoonerPro.com postings and e-mails, regularly scheduled Web-based trainings and presentations at the annual behavioral health provider training event produced by APS. We see this as an opportunity to dialogue, improve the services that we deliver, and be relevant to the needs of our providers, Oklahoma DHS and OJA supervisors and behavioral health agency staff. APS psychiatrists also present information on best practices, diagnoses and treatment at the annual training as well.

APS currently provides a robust training service on the Prior Authorization process, to providers, Oklahoma DHS and OJA Supervisors and behavioral health agency staff via SoonerPro.com postings and e-mails, regularly scheduled Web-based trainings and presentations at the annual Behavioral Health provider training. APS psychiatrists also present information on best practices, diagnoses and treatment at the annual training as well. Our staff participates in quarterly behavioral health provider meetings, inter-agency workgroups and consumer councils. In addition, a periodic newsletter addressing key issues for providers including rule and process updates and training opportunities is posted on SoonerPro.com.

APS maintains a comprehensive Website, [www.SoonerPro.com](http://www.SoonerPro.com), to enhance collaboration with the provider community. In the last 14 months SoonerPro.com has had 19,754 unique visitors representing 112,447 total visits. The most commonly utilized pages were: resources, manuals and the Community Bulletin board along with visits to the OHCA/ODMHSAS page. Over 2,300



providers registered and we have performed over 140 e-mail blasts with approximately 25% to 30% of the recipients opening our e-mails. SoonerPro.com is updated regularly with fluid documents and reports covering OHCA behavioral health policies, program implementation information, clinical guidelines and crosswalks, and availability of hospital and residential facility beds. It also features monthly Web-based trainings on the CareConnection system, EDI technical support, announcements regarding upcoming forums and in person trainings, provider newsletters and updates, the ability to submit questions via secure e-mail and a bulletin board.

The Annual Behavioral Health Training that is held in Oklahoma City is a collaborative meeting provided in conjunction with OHCA and other state contractors. The training provides relevant updates on OHCA rules, program changes and APS processes. APS has been coordinating this event since 2008. Over 500 providers have attended the conference each year. The annual training also offers continuing education units (CEUs) to Licensed Clinicians in attendance.

APS' provider education approach relies on the providers to participate in shaping and we adapt the content, format, and venues for APS' provider education program. We base our provider education program on core elements: member-related issues, evidence-based practice guidelines, resource tools, evaluation of appropriate treatment of mental health issues, and community resources.

### **Wyoming Utilization Management and Peer Review Organization**

APS has had a contract with Wyoming EqualityCare (Medicaid) to provide utilization management, care management and Peer Review Organization/Quality Improvement Organization services for the State since 2004. The goal of the program is to reduce inappropriate utilization of services, while ensuring EqualityCare enrollees receive high quality healthcare services that meet their needs. There are approximately 89,000 EqualityCare recipients covered through the program. As a part of the utilization management program, APS provides review of admissions, procedures and services to evaluate medical necessity and to ensure efficient use of healthcare services under the provisions of the Wyoming Medicaid program. Our services in Wyoming address the health needs of enrollees holistically with APS serving as the single entity to manage both physical and behavioral health needs and providing both utilization management and care management.

As part of this program, APS implemented and manages a Pay-for-Participation (P4P) program to increase provider participation in making referrals into *Healthy Together* (APS' specialized care management program) and to provide evidence-based care with a focus on prevention and wellness for patients with chronic illness. The P4P program provides physicians with additional codes for reimbursement for completing specific disease, age and gender screenings, providing health education for Medicaid patients with chronic illness, and making referrals.

In the 2009 annual report we identified the following outcomes for the utilization management component of the program:

- Performed 5,100 prior authorizations and concurrent reviews.
- Conducted 472 post payment reviews.
- Achieved a 26% reduction in hospital readmission rates.



- Reduced inpatient days by 8.5%.
- Average Speed of Answer was 11.5 seconds.
- 2,153 calls into the service center and met our call abandonment standard of 5% or less.
- Received 436 Nurse Advise Line calls with increases in volume every month.

APS' Wyoming program developed a peer review committee internally for specific reviews and externally for the majority of our reviews. We uses external reviewers who are board certified, highly credentialed, experienced in peer review, and maintain active medical practices. APS performs "focused reviews" upon request for medical necessity, quality of care, over- or under-utilization of services, billing accuracy, billing appropriateness, or to identify individuals for referral to case management or disease management services.

Through this contract APS also supports members at-risk for or receiving long term care services. APS performs Level of Care (LOC) determinations for nursing facilities, Long Term Care/Home and Community-Based Services (LTC/HCBS), and Assisted Living Facility/Home and Community-Based Services (ALF/HCBS). We conduct Level II evaluations related to Pre-Admission Screening and Resident Review (PASRR) when indications of mental illness, mental retardation or related condition is identified in initial screening. Our review and care management services for this population include members with a TBI. To facilitate care management for these individuals, we have implemented a web-based application that supports a paperless review process through the creation of an electronic consumer record. At least twice a year, APS reviews Multiple Data Set (MDS) and plans of care, and performs other client health risk assessments to determine the feasibility for transition to a lower level of care. We coordinate with the client and family to develop transition plans as appropriate. Our evaluation includes a diagnostic analysis to identify physical factors such as a chronic illness that would impact the individual's ability to be maintained in a community setting. In support of this program, APS also performs provider and facility profiling that includes on-site visits to assess the characteristics associated with the facility and their compliance with program standards. We offer extensive educational interventions and training focused on improving the delivery of care and patient outcomes. APS also provides assistance in developing improvement plans and ensuring that provider policies comply with the terms of the contract, state and federal rules and regulations, and identified best practices. We continually monitor the performance of each provider/facility and provide meaningful feedback that enables performance comparisons among peers. Licensed behavioral health professionals are available 24-hours a day to answer questions and provide support and coordination among the multi-disciplinary team (including Occupational, Physical and Speech Therapy).

### Section 2.5.5:

**Provide timely and accurate Program and Quality Management reports as requested by the Bureau within seven (7) calendar days of the request. All reports must be provided in electronic format.**

#### *Vendor Response:*

APS will provide Program and Quality Management reports as requested by the Bureau within seven days of the request. We will provide these reports in electronic format. When reports are





requested by the Bureau, the APS WV team will meet with Bureau representatives either in person or telephonically to review report requirements and specifications to ensure that the reports provide the information requested. Once the content and format of requested reports have been finalized, we will then create the report for submission to the Bureau. For reports that are standard periodic reports, we will complete the design and review process once at the initiation of the report. Subsequent reports will follow the same design, and APS will revise the report format/content at the request of the Bureau or when program changes indicate. APS-WV has met or exceeded reporting requirements over the last eleven years of its contract.

### Section 2.5.6:

**Establish and maintain a comprehensive policies and procedures manual that must be approved by the Bureau thirty (30) calendar days prior to implementation.**

#### *Vendor Response:*

Upon approval of the waiver, APS will develop and maintain comprehensive policy, procedure, and UM manuals. These manuals will document the procedures and relevant policies for all aspects of the program, and be reviewed and approved by the Bureau at least 30 calendar days prior to implementation. All materials developed to assist providers will be approved by BMS and are based on policies promulgated by BMS. Once approved, the manuals will be posted on the APS West Virginia website for easy access by providers and consumers. On an annual basis, or as needed, we will review and update the manuals. Updated manuals will also be submitted for review and approval by the Bureau at least 30 calendar days prior to the effective date of the policies and procedures. Policies and procedures of the prior manual will remain in effect until a new manual is published.

### Section 2.5.7:

**Transmit Waiver eligibility effective and termination dates to fiscal agent electronically.**

#### *Vendor Response:*

APS will collect and maintain effective and termination dates for member eligibility in CareConnection®, the information system we propose to use for this project. These dates will be submitted to the fiscal agent in electronic format on a schedule to be approved by the Bureau. We will also establish a validation process to ensure that data is accurately and completely submitted and accepted by the fiscal agent, and that data errors are immediately identified and corrected. We have experience through our contract with transmitting and receiving data from the fiscal agent.



### Section 2.5.8:

**Adhere to all Bureau policies and procedures established to implement the TBI Waiver application as approved by CMS.**

*Vendor Response:*

APS has demonstrated its ability to comply with Bureau policies and procedures over our past contract performance in West Virginia, for more than a decade of successful performance. We certify that we will adhere to all Bureau policies and procedures established to implement the TBI Waiver. We understand that these policies and procedures will be developed once the CMS waiver application is approved.

### Section 2.5.9:

**Submit all proposed policy and procedures manual changes to the Bureau within thirty (30) calendar days of the request for approval.**

*Vendor Response:*

APS agrees to submit all proposed policy and procedure manual changes to the Bureau within 30 days of the request for approval as required of this Section.

### Section 2.5.10:

**Participate in readiness review if requested by the Bureau.**

*Vendor Response:*

If requested by the Bureau, APS will participate in a readiness review. APS understands the importance of a smooth implementation for this important waiver program. The APS management team is in place and has extensive experience with the implementation of new programs and updates to existing program operations. Our experience with the West Virginia I/DD Waiver indicates our track record of waiver management. These considerations reflect our understanding of the purpose of readiness review as well as our ability to participate.



### Section 2.5.11:

**Attend and represent the Bureau's interests in all member fair hearings pertaining to TBI Waiver program issues.**

*Vendor Response:*

APS will attend and represent the Bureau's interests in all member fair hearings pertaining to TBI Waiver program issues. When notified of a member hearing, we will review and compile a complete document of activities regarding the member's application, eligibility determination, and other activities relative to the member. This comprehensive documentation will enable us to accurately and completely represent the Bureau's interests. APS currently participates in the fair hearing role with our I/DD Waiver program and A&D Waiver program.

### Section 2.5.12:

**Establish and maintain secure email capacity that complies with HIPAA regulations.**

*Vendor Response:*

APS email policies and procedures are part of our overall HIPAA compliance program, which is in place for our West Virginia operations. As part of this program, APS has and will continue to maintain a secure email capacity that complies with HIPAA regulations. Employees receive initial training on APS security and confidentiality requirements during orientation. An annual update is required for all employees to ensure they are aware of our compliance program.

APS uses ZixCorp® to provide secure email. Staff members create a secure email in the APS Outlook system by typing "Secure" anywhere in the subject line. Recipients can access this secure email through the following actions:

1. Recipients will receive an email and be directed via a link in that email to "create an account."
2. Account creation is only required the first time they receive a secure message. For any future secure messages, recipients only need to click on the link in the email, and then enter in the password they created.
3. After entering the password they created, recipients will be able to read the email.



**Section 2.5.13:**

**Immediately report any incidents of potential fraudulent activity by providers or members to the Bureau's Office of Quality and Program Integrity.**

*Vendor Response:*

APS understands the importance of program integrity and the need to safeguard program resources. APS will be vigilant in identifying and immediately reporting any incidents of potentially fraudulent activity by providers or members to the Bureau's Office of Quality and Program Integrity. The existing programs in the current contract include this requirement and APS complies. All staff are trained on the process and retrained periodically.

I certify that the proposal submitted meets or exceeds all the mandatory specifications of this RFP. Additionally, I agree to provide any additional documentation deemed necessary by the Bureau to demonstrate compliance with said mandatory specifications.

Innovative Resource Group LLC d/b/a APS Healthcare Midwest (APS)  
 (Company)

John McDonough, Chief Financial Officer  
 (Representative Name, Title)  
914-288-4738/914-288-4603  
 (Contact Phone/Fax Number)

September 15, 2011  
 (Date)

  
 (Signature)



## Attachment D: Special Terms and Conditions

*If a vendor's proposal includes proprietary language within the technical proposal, an electronic copy omitting any proprietary language for publishing to the DHHR web-site should be submitted.*

Agree that BMS retains ownership of all data, procedures, programs, work papers, and all materials gathered or developed under the contract with West Virginia.

Vendor Debrief: As the evaluation and award process has been described and documented, unsuccessful vendors have the opportunity to request a Debrief. That Debrief will be conducted at BMS facilities, privately, with the requesting vendor, the buyer and appropriate members of the evaluation committee. The vendor's proposal will be discussed, and the evaluation committee scoring and contract award will be explained. This will help vendors understand the process, be more competitive by improving their proposals, and will increase their potential for winning bids.

I certify that I have acknowledged the additional contract provisions contained in Attachment D and that the proposal meets or exceeds all additional requirements as listed.

Innovative Resource Group LLC, d/b/a APS Healthcare Midwest (APS)

(Company)

John McDonough, Chief Financial Officer


(Representative Name, Title)

Phone: 914-288-4738 Fax: 914-288-4603

(Contact Phone/Fax Number)

September 14, 2011

(Date)



(Signature)



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## Title Page

RFP Subject: West Virginia Department of Health and Human Resources, Bureau for Medical Services Traumatic Brain Injury Administrative Services Organization (ASO)

RFP Number: MED12001

Vendor's Name: Innovative Resource Group LLC d/b/a APS Healthcare Midwest (APS)


Business Address: 44 South Broadway, Suite 1200, White Plains, NY 10601

Telephone Number: 914-288-4738

Fax Number: 914-288-4603

Contact Person: John McDonough, Chief Financial Officer

Email Address: [jmcdonough@apshealthcare.com](mailto:jmcdonough@apshealthcare.com)

Vendor Signature:   
\_\_\_\_\_

Date: September 15, 2011





September 20, 2011

Donna D. Smith, Senior Buyer  
WV Department of Health and Human Resources  
Office of Purchasing  
One Davis Square, Suite 100  
Charleston, WV 25301

RE: Request for Proposal MED12001

Dear Ms. Smith:

Innovative Resource Group LLC d/b/a APS Healthcare Midwest (APS) is pleased to respond to the above-referenced Request for Proposal to provide a comprehensive solution to assist the Bureau for Medical Services to manage the West Virginia Traumatic Brain Injury (TBI) Waiver program. This valuable program will help West Virginians with TBI remain in their communities by providing services and support in community-based settings.

The APS proposal accepts all terms and conditions of the RFP, and acknowledges the RFP and amendments by signing and returning required forms and materials. We will assist the Bureau with implementation of the Waiver, provide support for the development of policies and procedures, certify and provide oversight of a high quality provider network, determine medical eligibility for waiver members and support the managed enrollment listing, as well as assist with quality oversight of the program. We look forward to continuing our relationship with the Bureau and assisting with the implementation and management of the TBI Waiver.

APS meets all mandatory conditions, and is also a QIO-like Entity designated by the Centers for Medicare and Medicaid Services (CMS). This designation enables the Bureau to receive an enhanced match for program management costs. With our current waiver experience with the I/DD and AD Waiver programs, APS is an experienced and local partner for the Bureau. As with all of our West Virginia programs, the TBI Waiver program will be managed by staff through our existing infrastructure and office in Charleston, WV.

Thank you for this opportunity to respond to the RFP and we look forward to your review of this proposal. If further information is required please do not hesitate to contact me at 800-305-3720 extension 3438.

Sincerely,

A handwritten signature in black ink, appearing to read "John McDonough".

John McDonough  
Chief Financial Officer