



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia Delivery Order

Order Date: 04-25-2025

CORRECT ORDER NUMBER MUST APPEAR
ON ALL PACKAGES, INVOICES, AND
SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CDO 0511 2673 BMS2500000037 1	Change Order No:	0	Procurement Folder:	1666807
Document Name:	Children with Serious Emotional Disorder Waiver - Assessment				Reason for Modification:
Document Description:	Children with Serious Emotional Disorder Waiver - Assessment				
Procurement Type:	Central Delivery Order				
Buyer Name:	Crystal G Hustead				
Telephone:	(304) 558-2402				
Email:	crystal.g.hustead@wv.gov				
Shipping Method:	Best Way				Master Agreement Number: CMA 0511 BMS2300000007 1
Free on Board:	FOB Dest, Freight Prepaid				

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000125086 KEYSTONE PEER REVIEW ORGANIZATION LLC 424 CHURCH STREET NASHVILLE TN 37219 US Vendor Contact Phone: 717-265-7038 Extension: Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Lakendra R Burdette Requestor Phone: 304-352-4319 Requestor Email: lakendra.burdette@wv.gov 2025 FILE LOCATION
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Purchasing Division's File Copy

Total Order Amount: \$359,841.72

CH 4/29/25
PURCHASING DIVISION AUTHORIZATION
DATE: 4/29/25
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 4-29-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Children with Serious Emotional Disorder Waiver - Assessment

Service Period: 05/01/2025-04/30/2026

Total: \$359,841.72

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	80000000	1356.00000	EA	\$265.3700	\$359,841.72
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-05-01	2026-04-30	KEPRO			

Commodity Line Description: All Bureau-Additional Services-Base Year 3

Extended Description:

Utilization Management and Prior Authorization Services

Service Period: 05/01/2025-04/30/2026

Total number of hours 1,356 @ \$265.37 = \$359,841.72

Total Cost: \$359,841.72



Children with Serious Emotional Disorder Waiver - Assessment

Assumptions:

To meet the CMS approved decision to implement a Per Member/Per Month (PMPM) rate for Wrap Facilitation, the completion of a six-month CAFAS assessment will be required for WV SED members. A change order will be required for Kepro to begin providing the additional assessments as outlined in the draft policy and process change that was developed in meetings between the Bureau for Medical Services, the Managed Care Organization and Kepro, the ASO. In addition to the additional assessments, Kepro will also be required to participate in the weekly clinical reviews/staffings of members requesting policy exceptions to their PMPM decision.

Therefore, Kepro will conduct the following ASO Functions:

502.18.1.2 Six-Month Progress Review To conduct periodic reassessment of the child/adolescent's needs, the ASO will conduct a CAFAS/PECFAS every six months for children/adolescents who have met less than 50% of their goals to determine the child/adolescent's acuity level. The acuity level for the CSEDW informs the LOC the child/adolescent will receive while enrolled in waiver services.

The six-month reassessment timeline includes:

The ASO has 72 hours to schedule an independent evaluation (IEN).

- The ASO has 30 calendar days to make contact, with three contact attempts.
- The ASO has 48 hours after assessment completion to send all information to the MCO care manager (CM) and supervisor (POC assessments, CANS).
- The Medical Director from the MCO will review every two weeks.
- The Medical Director from the MCO will determine clinical staffing calls.
- Children/adolescents who are reassessed at moderate LOC or below during the six-month reassessment should begin transition planning. The ASO has 14 calendar days to submit Fair Hearing Forms.

Current Contract ties to this SOW:

Appendix 1, (1.o) – Children with Serious Emotional Disorder (CSED Waiver Services)	Member assessments
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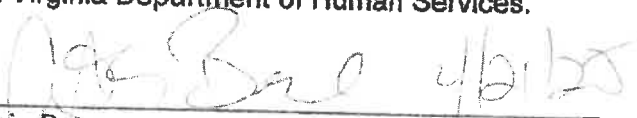
COST PROPOSAL

The following calculations represent the total for the Children with Serious Emotional Disorder Waiver Scope of Work:

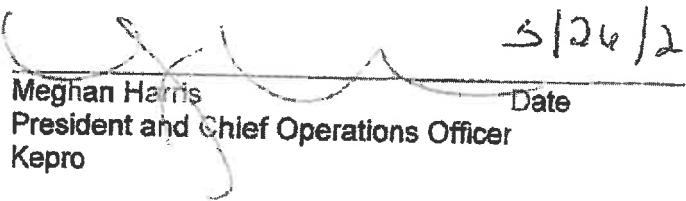
Total Hours per Month	Hourly Rate	Total Monthly Cost
113	\$265.37	\$29,986.81

Year 3	Monthly
5/1/2025 – 5/31/2025	\$29,986.81
6/1/2025 – 6/30/2025	\$29,986.81
7/1/2025 – 7/31/2025	\$29,986.81
8/1/2025 – 8/31/2025	\$29,986.81
9/1/2025 – 9/30/2025	\$29,986.81
10/1/2025 – 10/31/2025	\$29,986.81
11/1/2025 – 11/30/2025	\$29,986.81
12/1/2025 – 12/31/2025	\$29,986.81
1/1/2026 – 1/31/2026	\$29,986.81
2/1/2026 – 2/28/2026	\$29,986.81
3/1/2026 – 3/31/2026	\$29,986.81
4/1/2026 – 4/30/2026	\$29,986.81
Total Cost	\$359,841.72


The following agrees to the provisions of this cost proposal as submitted by Kepro to the West Virginia Department of Human Services.


Cynthia Beane
Bureau for Medical Services

Date


Meghan Harris
President and Chief Operations Officer
Kepro

Date

Ok





STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Alex J. Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

DATE: April 22, 2025

TO: Crystal Hustead
Senior Buyer
State of West Virginia Purchasing Division

FROM: Althea Greenhowe 
Procurement Specialist, Senior
Office of Shared Administration/Purchasing

RE: PF1666807, CDO BMS25*37
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced CDO for services performed by Keystone Peer Review Organization LLC under PF876562, CMA BMS23*07.

These services are to assist the West Virginia Department of Human Services (DoHS) Bureau for Medical Services (BMS) by providing support for Children with Serious Emotional Disorder Waiver - Assedgment. The service period 05/01/2025-04/30/2026. The total estimated cost is \$359,841.72.

Please feel free to contact if you have any questions or concerns. I can be reached at 304-352-3924 or althea.m.greenhowe@wv.gov. Thank you for your time and consideration in this matter.






STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Alex J. Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

DATE: April 22, 2025

TO: Office of Shared Administration/Finance

FROM: Lakendra Burdette 
Procurement Specialist

RE: PF1666807, CDO BMS25*37
Dept 0511

The West Virginia Bureau for Medical Services (BMS) is submitting this funding memo related to the above-referenced delivery order. BMS anticipates making payments for service period 05/01/2025-04/30/2026 in SFY 26 for Children with Serious Emotional Disorder Waiver - Assessment. The estimated cost of the project is: \$359,841.72.

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-4319 or lakendra.burdette@wv.gov. Thank you for your time and consideration in this matter.



Subject: Governor's Office Approval of contracts over \$100,000



Rosen, Bryan D <bryan.d.rosen@wv.gov>
to Wagner, Roberta A, Price, Robert L

Thu, Jan 23,

I spoke with Curtis early today. He relayed the following information for how we will process these through his office.

1. He would like a synopsis of the purchase. I would suggest in most cases we can pull the extended description populate that in the email to him.
2. Please note if there is a specific timeframe in the request.
3. Contracts will be reviewed at the Master Agreement level meaning that he will not be approving DOs.
4. Renewals for contracts over \$100,000 must be approved.

This process is going to be fluid and will likely morph as we move forward but this is the best information that I have today.

Bryan

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"keystone peer review organization llc" ×

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Business Organization Detail

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KEYSTONE PEER REVIEW ORGANIZATION, LLC

** See Attached **

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	1/17/2023		1/17/2023	Foreign	Profit			

Organization Information			
Business Purpose	5416 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Management, Scientific and Tech Consulting Services (administrative, general, HR, marketing, process, physical distribution, logistics, environmental)		
Charter County	Kanawha	Control Number	9B3T8
Charter State	PA	Excess Acres	
At Will Term	A	Member Managed	MBR
At Will Term Years		Par Value	

**Authorized
Shares****Young
Entrepreneur**

Not Specified

Addresses**Type****Address****Designated Office
Address**1007 BULLITT ST. SUITE 200
CHARLESTON, WV, 25301
USA**Mailing Address**777 EAST PARK DRIVE
HARRISBURG, PA, 17111
USA**Notice of Process
Address**Corporation Service Company
808 Greenbrier Street
Charleston, WV, 25311**Principal Office
Address**777 EAST PARK DRIVE
HARRISBURG, PA, 17111
USA**Type****Address****Officers****Type****Name/Address****Member**KEYSTONE PEER REVIEW ORGANIZATION HOLDINGS, LLC
777 EAST PARK DRIVE
HARRISBURG, PA, 17111**Type****Name/Address****DBA****DBA Name****Description****Effective Date****Termination Date**

ACENTRA HEALTH

TRADENAME

8/8/2023

DBA Name**Description****Effective Date****Termination Date****Annual Reports****Filed For**

2024

Date filed

[File Your Current Year Annual Report Online Here](#)

For more information, please contact the Secretary of State's Office at 304-558-8000.

Monday, April 21, 2025 — 12:01 PM

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Vendor/Customer

Address


Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Ordering	424 CHURCH STREET	NASHVILLE	TN	37219	
Payment	777 EAST PARK DR	HARRISBURG	PA	171112/54	Mark Erb
Ordering	777 EAST PARK DR	HARRISBURG	PA	171112754	Jill Hawthorne

First Prev Next Last

Save [Undo](#) [Delete](#) [Insert](#) [Copy](#) [Paste](#) 

Vendor/Customer : 000000125086


KEYSTONE PEER REVIEW ORGANIZATION LLC


Address Type : [Ordering](#) 

Division/Department :

Additional Address Info. :

Prevent New Spending :

Default Currency : USD - US Dollar 

Active From : 06/08/2023 

Active To : 


Default Record :

Mail Returned :

Active Address : Yes

▼ Address Information

Address ID : AD000001

 Country Phone Code : 1

Street 1 : 424 CHURCH STREET


Phone : 216-392-2833

Street 2 : SUITE 2200

Phone Extension :

City : NASHVILLE

County : 

State/Province : TN 

County Name :

Zip/Postal Code : 37219 

Country : US 

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

► Prenote/EFT

► Remittance Advice

► Contact Information

► Contact Address Information

► Geographic Designation

► Change Management

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