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BerryDunn's Proposal in Response to Request for Proposal #CRFP 0507 HCC1600000001

Proposal to Provide Consulting Services for the Development of a State Health Plan for the West Virginia Health Care Authority

Submitted on:

September 30, 2015

Submitted by:

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BerryDunn

September 30, 2015

Mr. Robert P. Kilpatrick, Senior Buyer
Department of Administration, Purchasing Division
2019 Washington Street, East
Charleston, WV 25305-0130

Dear Mr. Kilpatrick:

Berry Dunn McNeil & Parker, LLC (BerryDunn) is pleased to submit this response to the West Virginia Health Care Authority's (HCA's) Request for Proposal (RFP) #CRFP 0507 HCC1600000001 seeking consulting services for the development of West Virginia's State Health Plan (SHP).

Since 2003, BerryDunn has served as a trusted advisor to State of West Virginia by providing project management, policy analysis, and health and human services subject matter expertise. Through our work on initiatives with the Bureau for Medical Services, the Department of Health and Human Resources, the Children's Health Insurance Program, and the Offices of the Insurance Commissioner, BerryDunn is familiar with West Virginia's healthcare landscape and system of providers, insurance companies, and government payers.

*We understand the challenges facing West Virginia's healthcare delivery system and the importance of this state health planning effort to **improve the availability, cost-effectiveness, and quality of healthcare** to West Virginians.*

Our proposed project team has the right combination of experience necessary to develop a comprehensive SHP for West Virginia, including team members with expertise in population health, healthcare financing, healthcare delivery, data analytics, public health, strategic planning, and strategy development. In addition, as a Certified Public Accounting and Consulting firm, we bring a unique perspective to this project through our work with providers to prepare Certificate of Need (CON) applications, conduct feasibility studies, and collaborate with regional healthcare associations through the legislative process to analyze, recommend, and support changes to CON standards.

We have read the RFP and the Addenda, we understand them, and we agree to the terms and conditions therein. Our proposal is a firm and irrevocable offer that is valid for a minimum of 180 days from the September 30, 2015, due date. As a Principal in our firm's Government Consulting Group, I am authorized to bind BerryDunn to the commitments made herein. Should you have any questions regarding our proposal, please contact me directly at (207) 541-2249 or cleadbetter@berrydunn.com.

Thank you for providing us the opportunity to submit this proposal. **We would enjoy the opportunity and consider it a privilege to work with the HCA on this important project** and would be pleased to present our proposal, team, and corporate qualifications in person and answer any questions the Evaluation Team may have.

Sincerely,

Charles K. Leadbetter, PMP
Principal

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ATTACHMENT A: VENDOR RESPONSE SHEET

Qualifications and Experience

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 where and how they were met. Vendors should demonstrate their knowledge of West Virginia's health care delivery system as it has been applied to their experience and qualifications. Vendors should indicate which past projects pertained specifically to efforts to improve the health and wellbeing of West Virginia citizens.

*Also include the following (**Vendor response is mandatory for these items**):*

- *A proposed staffing plan for the project implementation and support, including the responsibilities and FTE allocation for key project staff.*
- *A detailed description that shows three (3) project minimum experience determining and implementing state health improvements, strategies, objectives and/or goals in partnership with a state health care agency and providers, insurers and/or other stakeholders.*
- *A minimum three (3) health care projects demonstrating the vendor possesses the knowledge of a state's health care delivery system where the vendor was required to develop and perform project management for health improvement projects that impacted and served to improve the health and well-being of a state's citizens. (These latter two qualifications may be covered by the same three projects.)*

Vendor Response:

Firm Qualifications and Experience Completing Similar Projects

BerryDunn is a national Consulting and Certified Public Accounting firm with a dedicated Government Consulting Group. We were formed in 1974 and have experienced steady growth throughout our 41-year history – including work with clients in 45 states, as shown in Exhibit A. Today, BerryDunn employs 275 personnel with offices in Maine, Massachusetts, New Hampshire, and West Virginia, and satellite offices in Arizona and Minnesota.

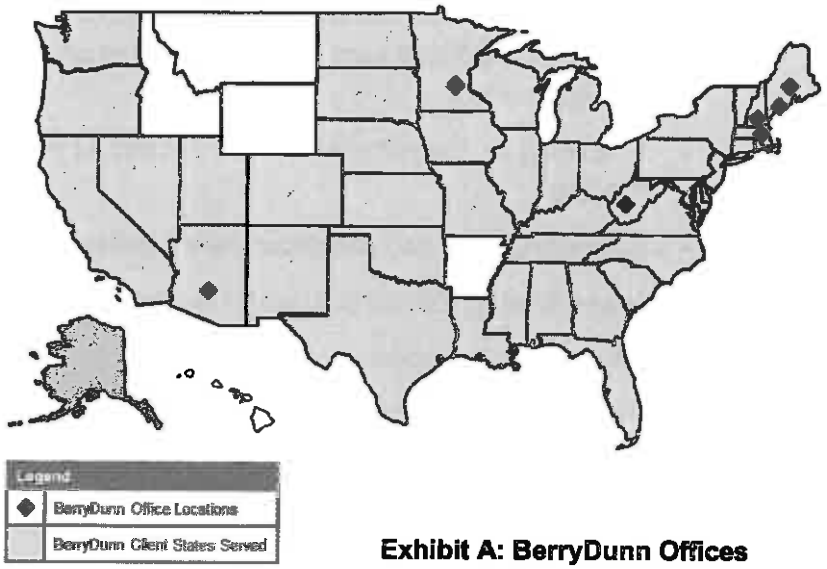


Exhibit A: BerryDunn Offices and National Presence

Core Service Areas

BerryDunn's core services are broken into three areas, as shown in Exhibit B. The services proposed for the West Virginia Health Care Authority (HCA) will be provided by BerryDunn's **Government Consulting Group**, a national leader in providing independent consulting services for state health and human services agencies. Since 1986, our Government Consulting Group has been assisting state agencies, municipal and county governments, and quasi-governmental entities with the following services:

Exhibit B: BerryDunn's Core Services

- Project and program management
- Strategic planning
- Healthcare reform planning and implementation
- Data analytics and assessment of data sharing needs
- Policy analysis
- Financial and regulatory analysis
- Program and fiscal guidance

In addition, our team will be supported by members of BerryDunn's **Healthcare Accounting practice**, which provides accounting, audit, and financial advisory services to healthcare providers—including hospitals, rural health providers, and long-term care facilities. We have a deep bench of tax and accounting advisors that are focused on helping healthcare providers with a range of business challenges, including:

- Developing Certificate of Need (CON) applications, conducting CON feasibility studies, and assisting healthcare facilities with managing major capital spending on new facilities and equipment
- Preparing for the Affordable Care Act (ACA) and the resulting long-term reductions in funding
- Evaluating third-party Medicare and Medicaid reimbursement opportunities
- Implementing Electronic Health Records (EHRs) and cost-effective healthcare IT
- Preparing cost reports
- Providing cost allocation planning
- Providing modeling, sensitivity analyses, and budget analyses
- Providing attestations

Proposed Subcontractor

In order to customize our project support to clients, BerryDunn regularly partners with subcontractors to provide necessary subject matter expertise. We are pleased to propose **Atlas Research** to serve as a strategic partner to BerryDunn for this engagement and provide subject matter expertise in the areas of healthcare delivery systems, public health, care coordination, rural health, and quality of care, as well as expertise with several of the leading health indicators impacting West Virginians.

Atlas Research is a national consulting firm providing strategic advisory and applied research services to government health and social services agencies. Their work spans studies and analyses, strategic planning, technical assistance and facilitation, education and training, performance improvement, and strategic communications. A Service-Disabled Veteran-Owned Small Business (SDVOSB), Atlas is nationally recognized for its commitment to improving the health and well-being of people—primarily underserved populations, including those who are Veterans, women, minorities, homeless, or rural. Built on a foundation of real-world expertise, Atlas Research is personally invested in delivering impactful, evidence-based solutions for clients' most pressing challenges.

ATLAS RESEARCH

BerryDunn's Principal and Project Manager will monitor subcontractor performance throughout the course of the engagement to ensure that the subcontractor's performance meets BerryDunn and HCA expectations. We are accustomed to managing teams of BerryDunn employees and subcontractors and have established processes for integrating subcontractors into our project team so that our team structure is "seamless" to the client. All deliverables produced by subcontractors will undergo the same internal quality assurance review process as deliverables produced by BerryDunn personnel. In addition, all of our subcontractors are expected to adhere to BerryDunn's established standards and practices.

Industry Participation

Through our participation in the industry associations shown below, BerryDunn stays abreast of the most current regulations and best practices impacting state healthcare agencies, providers, and other health and human services professionals.

Provide a detailed description that shows three (3) project minimum experience determining and implementing state health improvements, strategies, objectives, and/or goals in partnership with a state healthcare agency and providers, insurers, and/or other stakeholders.

Provide a minimum of three (3) health care projects demonstrating the vendor possesses knowledge of a state's health care delivery system where the vendor was required to develop and perform project management for health improvement projects that impacted and served to improve the health and well-being of a state's citizens. These projects should be those in which public health and health care was directly improved so vendors should specifically state what improvement resulted from the project on which they worked. (These latter two qualifications may be covered by the same three projects).

On the following pages, we have provided detailed descriptions of eight projects that were led by BerryDunn to demonstrate our experience and qualifications in implementing state health improvements, strategies, objectives, and goals, as well as knowledge of states' healthcare delivery systems and work that resulted in improvements to public health and healthcare.

In addition, we have provided descriptions of relevant projects conducted by team members Lisa Dulsky Watkins, Atlas Research, and Alison Buckser to further demonstrate the experience and prior work of our team in the areas of public health, healthcare delivery systems, and healthcare improvement.

Client/Project	West Virginia Bureau for Medical Services – ePrescribing Project		
Client Project Manager and Contact	Ms. Vicki Cunningham (304) 356-4857	**BerryDunn Project Manager and Contact**	Ms. Nicole Carrier (207) 541-2200
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** In 2009, the Division of Pharmacy (within the Bureau for Medical Services or BMS) was seeking a way to increase interest in the benefits of ePrescribing within the West Virginia provider community. Toward this effort, BMS contracted with HID (Health Information Designs) to provide ePrescribing functionality via the Health Information Exchange portal (MediWeb portal). This functionality allows all prescribing providers to ePrescribe for both Medicaid and non-Medicaid members, using just a computer and Internet connectivity (no need to purchase a separate ePrescribing service). BerryDunn was contracted to develop a program to incentivize, educate, and generate interest in the benefits of ePrescribing within the West Virginia physician community. **How They Were Met:** Approximately 250 prescribing providers were invited to participate in a Pilot Community Incentive Program, which provided financial incentives, two free Continuing Medical Education units via a customized online training program, and free online ePrescribing via the MediWeb portal. In addition, another 250 providers were given the opportunity to participate in the free online training and were provided free access to the MediWeb portal. BerryDunn developed a campaign to build awareness of ePrescribing within the provider community. We brought in creative talent to produce a project-specific mascot that would be used in communications related to ePrescribing. We also provided communications and outreach; developed a strategy to conduct in-person meetings throughout the State in designated locations; and met with providers to demonstrate and guide providers in how to use the online training program. **Outcome:** West Virginia providers were given the opportunity to engage in ePrescribing practices with little to no initial financial investment and to leverage the benefits of ePrescribing, including: • Preventing medication errors that arise due to difficulties in reading or understanding handwritten prescriptions • Reducing the likelihood of Adverse Drug Events (ADEs) by making information such as drug interactions and contraindications available electronically to prescribers at the time they are preparing a prescription • Reducing patients' out-of-pocket costs by placing formulary, coverage, and copayment information at prescribers' fingertips		

Client/Project	West Virginia Bureau for Medical Services – Adult Quality Measures Grant		
Client Project Manager and Contact	Ms. Suzanne Lopez (304) 356-5162	BerryDunn Project Manager and Contact	Ms. Laura Killebrew (207) 541-2200
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** In 2012, CMS launched the Adult Medicaid Quality Measures (AQM) Grant Program: Measuring and Improving the Quality of Care in Medicaid. This two-year grant program was designed to support state Medicaid agencies in developing staff capacity to collect, report, and analyze data on the Core of Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set). The three main goals of this grant are: 1. Testing and evaluating methods for collection and reporting of the Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid in varying delivery care settings 2. Developing staff capacity to report the data, analyze, and use the data for monitoring and improving access and the quality of care in Medicaid 3. Conducting at least two Medicaid quality improvement projects related to Initial Core Set Measures West Virginia was one of 26 states selected to participate in this grant program. The Bureau hired BerryDunn to assist with the development of the AQM grant application and, upon award of the grant, to provide advisory services and project management support for the AQM grant project. **How They Were Met:** BerryDunn's work on this grant has entailed: • Facilitating information gathering and planning sessions, project management team meetings, and stakeholder meetings with physicians from across West Virginia to collect information for inclusion in the AQM Grant, which was vetted by the Bureau and received funding for $2 million dollars over two years • Researching and reporting selected adult core quality measures • Validating data reported for the selected adult core quality measures • Outlining data elements and creating a crosswalk from the measures/data elements to the systems where they are housed • Identifying barriers for collection and reporting of measures • Assisting in the development and submission of CMS reports • Assisting in the development of no-cost extension documents • Assisting in the development and implementation of the Quality Improvement Projects • Working with BMS leadership and the Stakeholder Advisory Board to refine the implementation plan		

Client/Project	West Virginia Bureau for Medical Services – Adult Quality Measures Grant
	• Monitoring and communicating project status; identifying and resolving questions, decisions, and action items; and providing overall project coordination and support **Outcome:** BMS will have a fully functional, newly created Quality Unit as a result of this AQM grant initiative, which will be guided by the goals of the CMS Quality Strategy of better health, better care, and lower cost through improvement. The Quality Unit will continue to maintain, develop, and report on selected child and adult quality measures in order to drive decisions for quality management strategies that support the achievement of positive outcomes for BMS and the individuals it serves. In addition, the Quality Unit will define processes for ongoing collaboration with providers, WV Medicaid Managed Care Organizations, and other state agencies on quality improvement initiatives, including two quality improvement projects focused on postpartum care and follow-up after hospitalization for mental health illness.

Client/Project	West Virginia Bureau for Medical Services – Health IT Planning		
Client Project Manager and Contact	Mr. Ed Dolly (304) 558-4961	BerryDunn Project Manager and Contact	Mr. Bill Richardson (207) 541-2200
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** As part of the Health Information Technology for Economic and Clinical Health (HITECH) Act, BMS was required to develop a State Medicaid Health IT Plan (SMHP). The SMHP defines activities BMS will undertake to administer West Virginia's Electronic Health Record (EHR) Incentive Payment Program, which was established to improve the quality and coordination of care by connecting providers to patient information instantly through the use of certified EHR technology (CEHRT). In addition, the SMHP serves as the "Medicaid Volume" of the West Virginia Statewide HIT Plan and describes how the vision set forth in the Statewide HIT Plan will be made a reality for citizens covered by Medicaid. BMS hired BerryDunn to lead the development of the SMHP. **How They Were Met:** BerryDunn performed the following activities in the development of the SMHP: • Engaged key partners—including the WV HIT Collaborative, WV Medicaid HIT Planning Workgroup, WV Health Information Network (WVHIN), Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP), HCA, the Offices of the Insurance Commissioner, Public Employees Insurance Agency, WV Health Improvement Institute, Community Health Network of WV, Primary Care Association, Hospital Association, and WV State Medical Association, and providers • Evaluated the State's "As-Is" Medicaid HIT landscape • Worked with BMS and its stakeholders to develop the Bureau's "To-Be" vision for HIT and the EHR Incentive Payment Program • Identified the activities necessary to administer and oversee the EHR Incentive Payment Program • Developed the Incentive Payment Program Audit Strategy • Developed the State's Medicaid HIT Roadmap for submission to and approval by CMS BerryDunn then led the development of the HIT Implementation Advance Planning Document (I-APD), which set forth the funding request and plans for administering the EHR Incentive Payment Program and HIT initiatives. **Outcome:** As a result of BerryDunn's work on the SMHP and HIT I-APD, BMS established the EHR Incentive Payment Program and has provided more than $85 million in financial incentives to eligible hospitals and healthcare professionals for adopting, implementing, upgrading, and demonstrating meaningful use of CEHRT, with the end goal of improving the quality and coordination of care by connecting providers to patient information instantly through the use of CEHRT.		

Client/Project	West Virginia Bureau for Medical Assistance – ACA Planning and Implementation Assistance		
Client Project Manager and Contact	Ms. Cindy Beane (304) 356-4844 Mr. Ed Dolly (304) 558-4961	**BerryDunn Project Manager and Contact**	Ms. Laura Killebrew (207) 541-2200
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** The Affordable Care Act (ACA), the Health Care and Education Reconciliation Act of 2010, and the Manager's Amendment to H.R. 3590 had numerous provisions that impacted West Virginia's Medicaid program and other bureaus within the Department of Health and Human Resources (DHHR). BMS hired BerryDunn to provide assistance to determine the impact of the healthcare reform legislation on policies, processes, budgets, and communications. **How They Were Met:** Working in collaboration with the State's Policy Team, our team analyzed 88 ACA provisions and provided the following services to assist BMS in addressing and complying with the provisions: • Development of weekly summaries identifying updates to final rules and changes related to the ACA provisions, grants and funding opportunities, and further guidance from the federal government on compliance with the new healthcare law • Provision of subject matter expertise and process tracking for ACA initiatives, policy changes, compliance requirements, and collaborative efforts between agencies • Identification, research, and analysis of ACA-related funding sources/grant opportunities, and development of grant applications • Development of impact analyses for each ACA provision as it relates to the State Plan, state policy framework, financial management/business process framework, information systems • Development and tracking of State Plan Amendments • Facilitation of workgroup meetings • Development of ad hoc communications, including presentation material, legislative communications, updates for BMS website, summary analysis, as-is/to-be assessments, and action item and issue management • Assistance with CMS reporting **Outcome:** With BerryDunn's assistance, the State's healthcare programs under DHHR achieved compliance with the provisions of the ACA. In addition, the State secured funding for new programs and program expansions to better serve the citizens of West Virginia. As a result of the planning and implementation assistance provided by BerryDunn in collaboration with State agency stakeholders, DHHR and its agencies were positioned for future transformation of programs, services, and systems necessary to support and comply with ACA regulations.		

Client/Project	West Virginia Bureau for Medical Assistance – Medicaid Eligibility Group Policy and Analysis		
Client Project Manager and Contact	Mr. Ed Dolly (304) 558-4961	BerryDunn Project Manager and Contact	Mr. Jamie Brennan (207) 541-2200
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** CMS updated the Medicaid eligibility rules, which impacted BMS, as well as DHHR and the Children's Health Insurance Program (WVCHIP). BMS hired BerryDunn to manage the Medicaid Eligibility Group Policy and Analysis project. **How They Were Met:** As part of our work, BerryDunn's team: • Led a workgroup comprised of stakeholders from across DHHR and the WVCHIP and facilitated resolutions on each of the 108 CMS eligibility decision points • Assisted BMS with the development of CMS-mandated deliverables, including the MAGI Verification Plan, MAGI Conversion Plan, the Federally Facilitated Marketplace Data Collection Tool, and targeted enrollment strategies published by CMS • Conducted a compliance review of West Virginia's Income Maintenance Manual (IMM), which contains the rules used to evaluate eligibility for Medicaid and other programs, and worked with the Policy Unit to resolve inconsistencies between the IMM and federal rules **Outcome:** As a result of the work conducted by BerryDunn on this project, the Bureau was able to make timely decisions on options related to the updated Medicaid eligibility rules. In addition, they were positioned to maximize adult enrollment in Medicaid during open enrollment and comply with West Virginia's IMM.		

Client/Project	West Virginia Offices of the Insurance Commissioner – Project Management and Strategic Planning for Health Insurance Exchange		
Client Project Manager and Contact	Mr. Jeremiah Samples (802) 828-2919	**BerryDunn Project Manager and Contact**	Mr. Charles Leadbetter (Principal) (207) 541-2249 Ms. Kristan Drzewiecki (Project Manager) (207) 541-2276
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** BerryDunn was hired by the Offices of the Insurance Commissioner (OIC) to lead the development of a Health Insurance Exchange (HIX) IT Strategic Plan and provide project management; IT, business, and operational planning; grant writing; and procurement assistance. This project stemmed from the ACA, which required states to offer their citizens "one-stop shopping" for health insurance through these marketplaces by 2014 in either a state-based or a federally facilitated model. **How They Were Met:** As part of our work, BerryDunn: • Conducted an assessment of the current IT environment through review of background documentation, observations of current systems, and interviews and work sessions with stakeholders from the OIC, the West Virginia Office of Technology, DHHR, the Department of Administration, and other agencies • Developed strategic IT issues and constraints that would need to be addressed as part of the OIC's HIX strategic planning effort and walked through these issues and constraints with OIC and other agency leaders to review, validate, and prioritize the list • Facilitated work sessions with State stakeholders to document the vision, goals, and objectives for the Exchange • Researched related HIX initiatives being undertaken by states • Developed strategic IT initiatives in collaboration with State stakeholders, including interface strategies with other State agency systems, federal systems, and producer systems; data and reporting strategies; consumer interface and usability strategies; and funding and sustainability strategies **Outcome:** Like many states, the OIC spent several months carefully evaluating the feasibility and sustainability of a state-based Exchange. In part based on tools and reports developed by BerryDunn such as the IT Strategic Plan, Business Plan, Implementation and Operating Budget, and Financial Sustainability Model, West Virginia decided that proceeding with a State Partnership Exchange with the US DHHS was in the best interest of the State's stakeholders. Pursuant to that decision, BerryDunn's resources and efforts shifted to assisting the OIC with planning for and implementing Plan Management and select Consumer Assistance functions in an Exchange. Based on its efforts, the State was fully prepared to perform these responsibilities in partnership with the federal government in 2014.		

Client/Project	Arizona Health Care Cost Containment System – Strategic Planning for TEFT Grant		
Client Project Manager and Contact	Ms. Lauren Prole (602) 417-4528	BerryDunn Project Manager and Contact	Ms. Gina Austin (207) 541-2223
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** AHCCCS is Arizona's Medicaid agency that offers healthcare programs to serve Arizona residents. AHCCCS received federal funding through the Centers for Medicare & Medicaid Services (CMS) Testing Experience and Functional Tools (TEFT) Grant—a planning and demonstration grant under the ACA, which is designed to test quality measurement tools and demonstrate e-health in Community-Based Long-Term Services and Supports (CB-LTSS). AHCCCS hired BerryDunn to provide strategic planning and project management support services for the Personal Health Records (PHR) component of Arizona's TEFT Grant. **How They Were Met:** BerryDunn's work entailed: • Reviewing documentation and interviewing stakeholders from AHCCCS, the Department of Economic Security (DES)/Division of Developmental Disabilities (DDD), the Arizona Long-Term Care System (ALTCS) Advisory Council, Health IT leaders working on Arizona's health information exchange (HIE), community advocacy groups, and LTSS providers to better understand Arizona's long-term care system and populations • Gathering potential requirements for a PHR solution • Researching and analyzing PHR systems available on the market today and ranking the solutions in terms of best fit given the expected role of a PHR by CMS, AHCCCS, and DDD • Identifying options to further investigate and pursue under years two through four of the demonstration grant • Developing a Work Plan/Roadmap and budget for the next three years of the TEFT Grant period **Outcome:** The Work Plan and budget developed by BerryDunn was submitted to and approved by CMS. Through the TEFT Grant, AHCCCS will be well positioned to advance adult quality measurement activities in support of CB-LTSS under Section 2701 of the ACA.		

Client/Project	Massachusetts Executive Office of Health and Human Services (EOHHS) – State Medicaid Health IT Planning		
Client Project Manager and Contact	Ms. Deborah Schiel (617) 988-3231	**BerryDunn Project Manager and Contact**	Mr. Charles Leadbetter (207) 541-2249
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** Massachusetts EOHHS was required by the Commonwealth's legislation and the HITECH Act to develop a State Medicaid Health IT Plan (SMHP). The SMHP sets forth the activities EOHHS will undertake to administer Massachusetts' EHR Provider Incentive Payment Program, which was established to improve the quality and coordination of care by connecting providers to patient information instantly through the use of certified EHR technology (CEHRT). EOHHS hired BerryDunn to lead the development of the SMHP. **How They Were Met:** BerryDunn conducted the following activities in the development of the SMHP: • Engaged key partners within the Commonwealth—including EOHHS, MassHealth, Massachusetts eHealth Institute, the Massachusetts Technology Collaborative, providers, payors, and the public • Evaluated the State's "As-Is" HIT landscape • Worked with EOHHS and its stakeholders to develop the Commonwealth's "To-Be" vision for HIT and the EHR Provider Incentive Payment Program • Identified the activities necessary to administer and oversee the EHR Provider Incentive Payment Program • Developed the Commonwealth's Audit Strategy • Developed the Commonwealth's HIT Roadmap Upon its completion, the SMHP was submitted to and approved by CMS. Following the completion of the SMHP, EOHHS engaged BerryDunn to lead the development of the HIT Implementation Advance Planning Document (I-APD), which set forth EOHHS' funding request and plans for administering the EHR Provider Incentive Payment Program and associated HIT initiatives. **Outcome:** As a result of BerryDunn's work on the SMHP and HIT I-APD, EOHHS established the EHR Provider Incentive Payment Program and has provided more than $200 million in financial incentives to eligible hospitals and healthcare professionals for the purpose of adopting, implementing, upgrading, and demonstrating meaningful use of CEHRT.		

Client/Project	Department of Vermont Health Access – Vermont Blueprint for Health		
Client Project Manager and Contact	Dr. Craig Jones (802) 654-8927	Project Manager and Contact	Dr. Lisa Dulsky Watkins (802) 734-7922
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** Vermont's Blueprint for Health is a public-private partnership leading statewide health system transformation with a foundation in Advanced Primary Care practice. This program includes nationally recognized Patient Centered Medical Homes (PCMHs) supported by Community Health Teams (CHTs), and a health IT infrastructure that supports evidence-based care, population reporting, and health information exchange. Guiding legislation called for a highly coordinated statewide approach to health, wellness, and disease prevention. The multi-disciplinary CHTs provide support and work closely with clinicians and patients at a local level. Services include individual care coordination, outreach and population management, counseling, and close integration with other social and economic support services in the community. **How They Were Met:** Dr. Lisa Dulsky Watkins served as Blueprint Associate Director at the Department of Vermont Access (DVHA) from 2008 to 2013. During her tenure, the program went from pilot phase to full statewide implementation. Her responsibilities included: • Identifying key healthcare reform partners and opinion leaders throughout the state, and preparing them to help with promotion and implementation of the Blueprint • Establishing and co-leading several Blueprint work groups, including the Executive Committee, the Expansion Design and Evaluation Work Group, the Analytic and Evaluation Work Group, the Provider Advisory Group, and the Payment Implementation Work Group • Guiding the development and adoption of uniform standards of care for a variety of medical conditions for use by physicians, health insurers, and others • Working with public and commercial health insurers to create, plan, and coordinate funding mechanisms and evaluation methods for the Blueprint • Working with other state agency leaders in healthcare reform and quality improvement to align policies and approaches • Representing the Blueprint Executive Director and DVHA on issues related to healthcare reform, quality of care, and healthcare practice • Serving as a spokesperson for systems change, including meeting regularly with physicians and other providers, health insurers, health IT leaders, Blueprint project managers from each health service area, hospitals, and contractors • Networking with the federal Medicare program and other states that were engaged in similar healthcare reform programs		

Client/Project	Department of Vermont Health Access – Vermont Blueprint for Health
	• Staying apprised of evidence-based healthcare reform strategies, recommending strategies for adoption, communicating strategies to key partners, and moving from consideration to adoption • Overseeing statewide implementation of the Blueprint, including developing and managing grant agreements with administrative entities in 14 health service areas to facilitate primary care practice participation and ensure that CHTs were established; managing the rollout to the state's primary care practices; ensuring that health IT is implemented as a tool to improve patient care; assisting with the design and implementation of payment reforms; assisting with the design and implementation of evaluation and reporting systems; and overseeing development of a learning health system infrastructure • Responding to questions and concerns from physicians, mid-level providers, and other stakeholders regarding Blueprint operations • Overseeing the design and implementation of training and technical assistance for primary care practices, quality improvement facilitators, patient self-management educators, Blueprint project managers, and other Blueprint implementation staff • Assisting health IT developers in understanding, incorporating, and implementing system functions that enhance primary care practices' ability to provide high quality healthcare to their patients • In conjunction with the Executive Director, developing objective and transparent methods for evaluating program success, and modifying the Blueprint based on evaluation results • Serving as the primary liaison with the Centers for Medicare and Medicaid Center for Innovation to ensure implementation and evaluation of the Multi-payer Advanced Primary Care Practice Demonstration project in Vermont **Outcome:** As of December 2014, 124 of Vermont's primary care practices are nationally recognized through NCQA as providing transformed care, receiving multi-payer financial support for quality care delivery. These practices serve 80% of the state's population. The Blueprint has several hundred full-time equivalent positions on CHTs providing a wide range of multidisciplinary services at no cost to patients and families. The payment and system reforms are sustainable through statute, but further activity is underway to deepen community integration and broaden payment reforms in the State. A recently published article in *Population Health Management* [1] cites lower costs (driven primarily by inpatient and outpatient hospital expenditures and utilization) and higher rates on 9 of 11 effective and preventive care measures.

[1] http://online.liebertpub.com/doi/abs/10.1089/pop.2015.0055

Client/Project	West Virginia Select Committee on Veterans' Affairs – Veteran Study		
Client Project Manager and Contact	Mr. Aaron Allred (304) 347-4800	Atlas Research Project Manager and Contact	Ms. Hilda Heady (202) 717-8710
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** The Interim Select Committee on Veterans Affairs (the Committee) of the West Virginia (WV) Legislature conducted a 2007-2008 study on WV Veterans indicating issues related to readjusting from military service including depression, Post-Traumatic Stress Disorder (PTSD), and unemployment. The Committee authorized a follow-up study in 2012 aimed at identifying current needs of service members, past and present, from all eras, ages, and services, in order to better utilize state and federal resources to improve services and resources for military heroes and their families. **How They Were Met:** Atlas Research partnered with Joseph Scotti, Ph.D., professor of psychology, and Roy Tunick, Ed.D, professor of rehabilitation counseling and counseling psychology, from West Virginia University to design the survey and analyze results. Both Drs. Scotti and Tunick, along with Atlas Senior Vice President Hilda R. Heady conducted the 2008 survey. The 2012 study conducted by Hilda Heady and the Atlas team, which examined health, work, education, family, retirement, and benefits, was offered to more than 8,000 service members and conducted using an online survey tool and telephone interviews. **Outcome:** Atlas Research authored a report that included a summary of findings, as well as action-oriented recommendations. The results will help build a strategic plan to facilitate critical steps toward expanding service access, and promoting a better understanding of the daily lives and well-being of service members.		

Client/Project	National Institute of Health National Heart, Lung, and Blood Institute (NHLBI) – Community Health Worker Health Disparities Initiative		
Client Project Manager and Contact	Ms. Karen Donato (301) 594-2725	**Atlas Research Project Manager and Contact**	Dr. Jamie Hart (202) 717-8710
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** The mission of this initiative was to help reduce and ultimately eliminate health disparities in cardiovascular, lung, and blood diseases among underserved and minority communities. This initiative featured a set of science-based, culturally appropriate health education tools; skill-building opportunities; and sustainable community-based implementation strategies, working in collaboration with Community Health Workers (CHWs), community-based organizations, health departments, and federal agencies working with CHWs. **How They Were Met:** Atlas Research provided the following services on this project (in partnership with the NHLBI and Altarum Institute): • Providing technical assistance • Conducting formative research • Developing a health disparities website • Supporting communities of practice focused on health disparities • Implementing social networking and media strategies • Developing culturally appropriate materials and tools • Funding and managing demonstration programs **Outcome:** As a result of the work performed by Atlas Research and Altarum, in collaboration with the NHLBI and CHWs, community-based organizations, health departments, and federal agencies working with CHWs, the following project goals were accomplished: • Showcased the value and role of CHWs to healthcare administrators, health professionals, public health officials, researchers, and CHW trainers, and educators • Developed new, and expanded existing, partnerships and networks to implement and sustain NHLBI's CHW programs • Implemented, evaluated, and sustained effective NHLBI CHW programs • Built the capacity of CHWs to implement NHLBI's CHW programs		

Client/Project	NESCSO – Rhode Island Real Choices Systems Transformation Grant		
Client Project Manager and Contact	Ms. Nancy Peterson (former Executive Director of NESCSO) (978) 549-0229	Project Manager and Contact	Ms. Alison Buckser (401) 301-2737
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** In 2006, CMS awarded Rhode Island a five-year Systems Transformation Grant called Real Choices. The Rhode Island Office of Health and Human Services contracted with the New England States Consortium Systems Organization (NESCSO) to oversee the grant and provide project management services. Rhode Island used the Real Choices grant to begin transforming its long-term support system for elders and adults with disabilities by focusing on activities in access, quality, and funding. **How They Were Met:** As Research & Evaluation Coordinator, Alison Buckser (a subcontractor to BerryDunn for our proposed work with the HCA, then working under a contract to NESCSO), conducted research and evaluation, provided program management, worked with stakeholders to develop and disseminate educational materials, developed quality indicators, analyzed data, and developed the evaluation report. **Outcome:** Real Choices paved the way for Rhode Island's Global Waiver efforts to rebalance the system of long-term services and supports. Education materials—from brochures to videos—that educate consumers, their families, providers, and discharge planners were developed and distributed statewide. A task force of key stakeholders was created to provide feedback on the system transformation efforts; the group first met in May 2009 and has continued to meet regularly for the past six years. A universal application and assessment tool for LTSS services for elders and adults with disabilities was developed and implemented system-wide. Information technology was used to eliminate paperwork and improve efficiency		

Client/Project	American Cancer Society – Campaign for a Healthy Rhode Island		
Client Project Manager and Contact	Mr. Art Handy (401) 339-0177	**Project Manager and Contact**	Ms. Alison Buckser (401) 301-2737
Project Goals and Objectives and How They Were Met	**Project Goals and Objectives:** The Campaign for a Healthy Rhode Island was funded by the Robert Wood Johnson's Smokeless States Initiative. The long-term goal was to create an infrastructure to achieve policy victories relating to clean indoor air issues and tobacco control. **How They Were Met:** Alison Buckser served as Project Director for the Campaign for a Healthy Rhode Island. Her responsibilities included: • Writing grant proposals, winning $138,000 in new foundation funding, and managing relationships with funders • Overseeing administration of three grants to community organizations, including selection and oversight of grantees • Supervising staff and volunteers and managing contracts with consultants, grantees, and funders • Coordinating collaboration with national partners, businesses, and grassroots organizations • Developing relationships with state agencies and community organizations • Managing funds and yearly budget • Educating and lobbying legislators on smoke free workplace and healthcare access legislation **Outcome:** The Campaign for a Healthy Rhode Island built support for and resulted in passed legislation that made 99% of Rhode Island workplaces smoke free on March 1, 2005. Ten years later, there has been a significant drop in smoking-related deaths in the state.		

Knowledge of West Virginia's healthcare delivery system:
Since 2003, BerryDunn has served as a trusted advisor to State of West Virginia by providing project management, business and technical analysis, policy analysis, and health and human services subject matter expertise. Through our work on various projects and initiatives for the Bureau for Medical Services (BMS), the Department of Health and Human Resources (DHHR), the Children's Health Insurance Program (WVCHIP), and the Offices of the Insurance Commissioner (OIC), BerryDunn is familiar with West Virginia's system of providers, insurance companies, and government payers; the challenges facing West Virginia's healthcare delivery system; and initiatives that have occurred or are underway to improve the availability, cost-effectiveness, and quality of healthcare to West Virginians.

We have augmented our BerryDunn team with four respected members of West Virginia's healthcare community who have spent most of their careers working within West Virginia's healthcare delivery system and are knowledgeable about previous health planning initiatives, the provider community, and other stakeholders that would have an interest in the HCA's SHP.

- **Ms. Hilda Heady** has spent 38 years working in the field of healthcare policy and administration, women's health, workforce development and community-based health professions training, and working with Veterans and was honored in 2009 with the Distinguished West Virginian Award by Governor Manchin. She brings an important connection to the 2000-2002 SHP through her involvement on the State Health Plan Group at that time. Highlights of her experience include:
    - *West Virginia University (WVU) Health Sciences Center* (1992 to 2010) – As Associate Vice President for Rural Health, she had responsibility for administering and implementing rural health training programs; developing and managing statewide partnership of over 700 people, with eight regional training consortia and five Area Health Education Centers (AHEC); and serving on a statewide coordinating and policy committee and various boards furthering efforts to improve rural health statewide in networks and partnerships.
    - *West Virginia Area Health Education Centers Program* (2001 to 2010) – As State Program Director, Hilda served as principal investigator for the Basic/Core AHEC grant to the WVU School of Medicine; oversaw operation and distribution of grant funds to four regional AHEC centers; and worked with local Center Boards and community leaders, as well as faculty and administrators from the state's three medical schools.
    - *Preston Memorial Hospital Corp, Kingwood, WV* (1987 to 1992) – Hilda served as CEO and administrator of a 76-bed rural hospital, with responsibility for administering a $6.5M annual budget and providing leadership under severe financial crisis, including passage of a $2M tax levy and $6M bond refinancing.
    - *WVU Graduate School of Social Work* (1977 to 1980) – At WVU, Hilda taught courses in rural community development, supervision, process consultation, and community organization.

- **Ms. Mary Huntley** has spent 35 years working in the healthcare related positions in West Virginia with a focus on developing and managing programs in national, state, community, and foundation settings including government, academic, and not-for-profit sectors. Her experience includes health systems and policy development, identifying problems, implementing practical solutions, and working effectively with people from various cultural backgrounds, ages, and socioeconomic statuses. Highlights of her experience include:
    - *Health and Research Administration Consultant* (2015 to present) – Based in Charleston, West Virginia, Mary works with the West Virginia School of Osteopathic Medicine, West Virginia Perinatal Partnership, West Virginia Geriatric Education Center, CAMC Health Education and Research Institute and other clients to provide them with consulting related to healthcare through strategic planning, research, and project management.
    - *West Virginia Clinical and Translation Science Institute, West Virginia University* (2012 to 2014) – As Chief Operating Officer and Assistant Director of Operations, Mary developed a new statewide clinical research center, developed standard operations procedures, led the development of all marketing communications, and served as liaison to the National Institute of Health.
    - *CAMC Health Education and Research Institute* (2001 to 2012) – As Director of the Office of Research and Grants Administration, Mary managed research administration services for CAMC and WVU-Charleston Division, improving processes resulting in faster review times and more responsive support services.
    - *WV Bureau for Public Health* (1986 to 2001) – Mary held several positions within the Bureau, most recently leading statewide services and funding to help improve emergency medical services, primary care, recruitment, and local health departments.
- **Dr. William Neal** began working with the WVU Department of Pediatrics in 1974 and continued his work with the University until his retirement, most recently serving as Chair of Pediatric Cardiology. Since 1998, his focus has been on cardiovascular disease prevention and epidemiology. He has received numerous awards and distinctions for his work, including recognition by the West Virginia Rural Health Education Partnership for his exemplary commitment and service in outreach to rural communities and students in 2006 and the Distinguished West Virginian Award by Governor Bob Wise in 2003. Selected achievements of Dr. Neal's include:
    - Instituting a school-based risk factor screening, intervention, and research program known as the Coronary Artery Risk Detection In Appalachian Communities (CARDIAC) Project, which to date has screened over 150,000 children and selected parents from every West Virginia community.

- Facilitating adoption of the Chronic Care Medical Home Model by primary care practices statewide as a means of preventing and treating childhood and adolescent obesity.
- Serving as Chair of the Advisory Council for the WV Tri-State Children's Health Improvement Consortium (WV T-CHIC).
- Serving as the first Medical Director of a new WVU Children's Hospital and expanding the primary and subspecialty services to become the State's Flagship Institution for children.
- Serving as Principal Investigator for a grant to study the feasibility of establishing a school-based EHR in West Virginia and electronically interface health-related data collected by the CARDIAC Project with the WV Education Information System (WVEIS).
- Serving as co-Principal Investigator on a study to validate a model for reducing and preventing obesity in West Virginia (a collaborative project with Marshall University).
- Evaluating the progression of WV HB 2816 (Healthy Lifestyle Act of 2005).

- **Mr. Michael Ross** has provided consulting and management services within the non-profit healthcare sector for 20 years. His experience includes project and program management of healthcare programs, administrative and clinical oversight of community organizations implementing the Affordable Care Act (ACA), and the management of IT and business process improvements for hospitals with expertise in consumer proprietary data collection systems. Highlights of his experience include:
  - Serving as *Community Organization and Entity Manager*, providing leadership, communication, and training to community organizations implementing the Affordable Care Act.
  - Serving as *Project Management Specialist* for hospital improvements in technology, efficiencies, physician protocols, and process improvements at Siemens Healthcare.
  - Serving as *Chief Programs Officer* at Arc of Three Rivers, a Charleston-based behavioral health organization that serves children and adults with Intellectual Disabilities and Developmental Disabilities, providing administrative and clinical oversight of all programs.

Through BerryDunn's strong history of working with the Bureau and the experience of our well-known and respected local team members, we bring a solid foundation of knowledge about West Virginia's healthcare delivery system for conducting this statewide planning effort.

References

BerryDunn is pleased to provide the following references that can speak to our experience conducting similar large-scale healthcare planning and health data analytic projects:

Reference #1	Reference #2	Reference #3
West Virginia Bureau for Medical Services	**Vermont Green Mountain Care Board**	**Arizona Health Care Cost Containment System (AHCCCS)**
Mr. Ed Dolly, Chief Information Officer, Department of Health and Human Resources, Office Management Information Services Tel: (304) 558-4961 Ed.l.dolly@wv.gov	Ms. Susan Barrett, Executive Director Tel: (802) 828-2919 Susan.Barrett@state.vt.us	Ms. Lauren Prole TEFT Project Manager Tel: (602) 417-4528 Lauren.Wiggins@azahcccs.gov

We are proud of our record of successful client engagements and encourage the HCA to speak with our references to inquire about our clients' satisfaction with the quality and timeliness of services provided by BerryDunn.

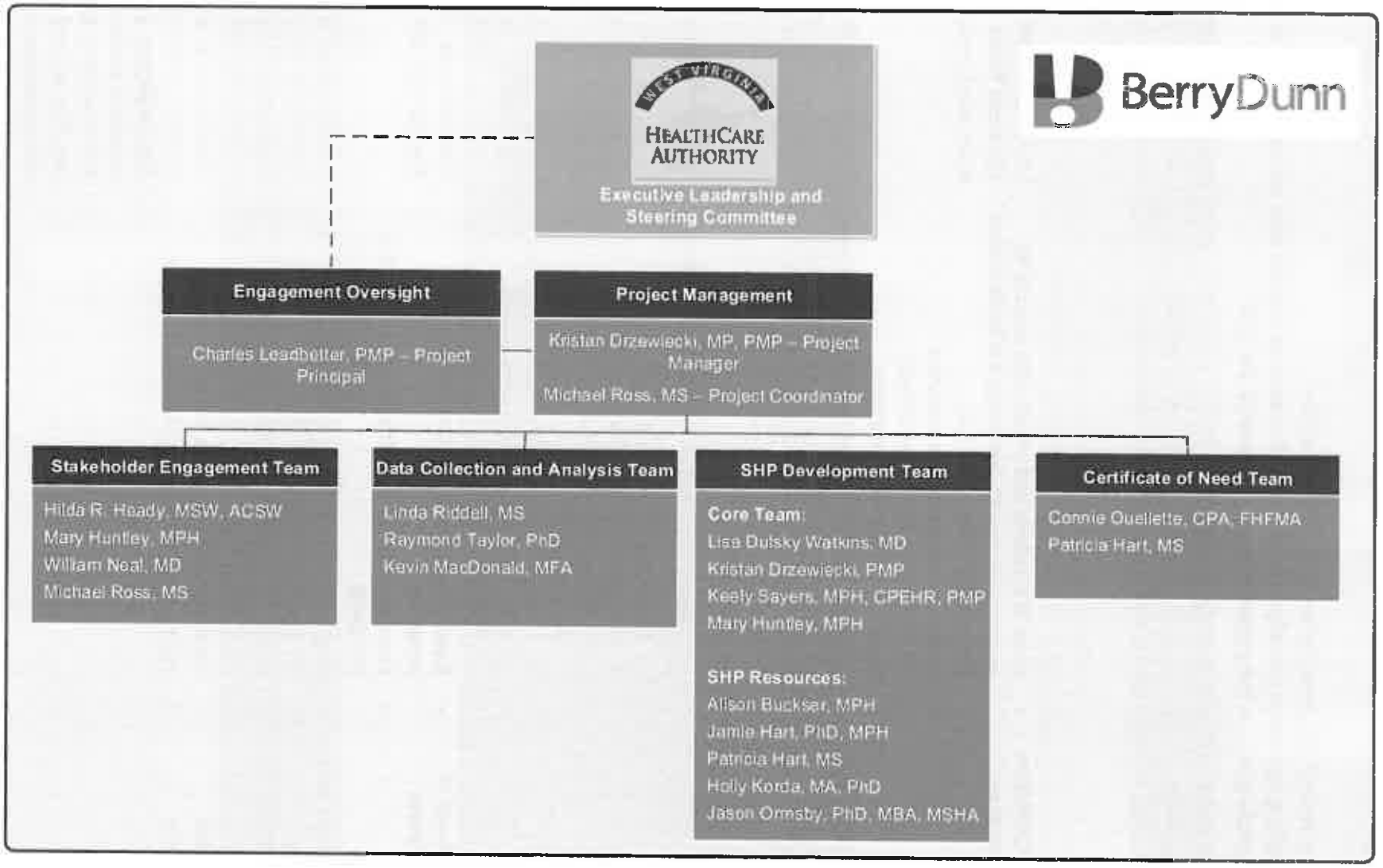
Staffing Plan

Our proposed project team members were carefully selected based on our understanding of the skill sets and areas of expertise necessary to develop a comprehensive State Health Plan for West Virginia. The individuals that will be actively involved in the execution of this project include:

- **Experienced project managers** who are accustomed to leading large, complex, and highly visible state government projects.
- **Strategic planning and strategy development experts** with demonstrated experience leading statewide planning initiatives, determining strategic vision, surveying and gaining consensus from diverse stakeholder groups, developing actionable plans to guide future direction, and using data to effect change.
- **Senior healthcare consultants and advisors** with expertise in population health, data analytics, healthcare financing, healthcare delivery, public health, and quality of care.
- Team members who are **knowledgeable about West Virginia's healthcare landscape and the State's previous health planning and health improvement efforts**.

Our proposed project team organization is presented in Exhibit C.

Exhibit C: Project Team Organization



Staffing Roles, Responsibilities, and FTE Allocation

Our staffing approach provides this project with teams of experts who will work with the HCA at appropriate points in the project lifecycle to develop the SHP.

Stakeholder Engagement Team	• West Virginia-based • Extensive knowledge of the West Virginia health and healthcare stakeholder communities • Understand health improvement challenges and opportunities specific to West Virginia • Know how to get things done in West Virginia	Hilda Heady, MSW Mary Huntley, MPH William Neal, MD Michael Ross, MS
Data Collection and Analysis Team	• Know WV, federal and private data sources for demographic, health, workforce and facilities data • PhD and MPH data scientists • Versed in numerous data collection methodologies and analytical tools • Graphic designers and educators	Linda Riddell, MS Raymond Taylor, PhD Kevin MacDonald, MFA
WV SHP Development Team	• National experience planning, implementing state-wide health improvement and healthcare reform • National experience developing, implementing and evaluating evidence-based health improvement initiatives • Experience developing state-wide healthcare plans for West Virginia: o State Health Improvement Plan o State Medicaid HIT Plan o Medicaid IT Architecture State Self-Assessment o Health Insurance Exchange Business Plan o Long Term Services, Supports Reform Planning	Lisa Dulsky Watkins, MD Kristan Drzewiecki, PMP Keely Sayers, MPH, PMP Mary Huntley, MPH Alison Buckser, MPH Jamie Hart, PhD, MPH Patricia Hart, MS Holly Korda, MPH Jason Ormsby, PhD, MBA, MSHA
Certificate of Need Team	• Experience developing CON applications for providers • Experience reviewing and assessing state CON standards	Connie Oulette, CPA Patricia Hart, MS
Timelines and Report Dissemination	• Project managers and oversight are certified by the Project Management Institute • Experienced editing and document production team	Charlie Leadbetter, PMP Kristan Drzewiecki, PMP Keely Sayers, MPH, PMP Kevin MacDonald, MFA
Optional Services	• Flexible staffing approach for HCA needs • Access to over 100 subcontractors nationally	Charlie Leadbetter, PMP Kristan Drzewiecki, PMP Subcontractors, as needed in health policy, health services, facilities planning, and grant writing experience

Table 1 describes the roles and areas of expertise for our proposed team members. Resumes, biographies, and copies of relevant certifications are provided in Appendix A.

Table 1: Project Team Roles and Areas of Expertise

Name, Project Role	Responsibilities
Project Management Team	
Project Principal Charles K. Leadbetter, PMP	As Principal, Charlie will: • Ensure the full commitment of BerryDunn to this engagement • Ensure the timely delivery and quality of BerryDunn services and deliverables • Participate in stakeholder engagement activities, strategy development, and SHP development • Participate in presentations and meetings with State leadership as appropriate • Prepare BerryDunn invoices Charlie is a BerryDunn Principal and the leader of our State Government Consulting group. He has worked with the State of West Virginia on several consulting projects—including current work leading a Long-Term Services and Supports planning project for BMS and previous work leading the development of a Health Benefit Exchange Strategic Plan for the West Virginia Offices of the Insurance Commissioner (OIC) and supporting BMS' MMIS planning and implementation activities. In addition, he has led other large strategic planning initiatives for state health and human services agencies, including the development of Massachusetts' State Medicaid HIT Plan (SMHP), which included collaboration with a broad group of stakeholders, including state agency personnel, associations, providers, payers, and the public.
Project Manager Kristan Drzewiecki, MP, PMP	As Project Manager, Kristan will: • Lead BerryDunn's day-to-day project activities • Serve as primary liaison with the HCA project team • Perform project planning and coordination of project activities • Manage and monitor the quality of services and deliverables we provide to ensure they meet HCA expectations • Manage work and resources to ensure timely delivery and quality of project deliverables • Provide regular project status reporting for the HCA and discuss and resolve issues impacting timely completion of the project work • Participate in stakeholder engagement activities, strategy development, and SHP development • Serve as point of contact for internal project communication • Provide risk management, issue management, action item management, and change management • Facilitate and validate signature approval of project deliverables Kristan is an experienced Project Manager with more than ten years of professional project design, implementation, and management experience. She is a strong leader, facilitator, and technical writer with the ability to translate

Name, Project Role	Responsibilities
	complex policies into clear, tangible actions. Kristan has a deep understanding of the systems and processes that support the delivery of government-funded health and human services. Kristan is currently leading a Long-Term Services and Supports planning project for BMS. From 2011 to 2013, Kristan served as Project Manager for BerryDunn's engagement with the WV OIC to provide business, operational, and IT strategic planning and project management services as West Virginia evaluated options for implementing a state-based health benefit exchange. In addition, from 2006 to 2010, Kristan provided project management and quality assurance services for BMS related to the State's MMIS planning, procurement, and implementation activities. Kristan also served in a lead role for the development of Massachusetts' SMHP, which involved collaboration with a broad group of stakeholders, including state agency personnel, associations, providers, payers, and the public.
Project Coordinator Michael Ross, MS in process	Our team will be supported by Michael Ross, a BerryDunn Consultant based in Charleston. Given the number of HCA project stakeholders and the level of stakeholder engagement required to complete the SHP, this project will benefit from a dedicated local resource to coordinate communications, arrange meeting logistics, and maintain our shared project document repository.
Stakeholder Engagement Team	
Hilda Heady, MSW, ACSW Mary Huntley, MPH William Neal, MD Michael Ross, MS in process	Our West Virginia-based Stakeholder Engagement Team will work with the HCA and BerryDunn's team early in the project to refine and implement our stakeholder engagement approach. They will leverage their deep roots in the West Virginia health community, their knowledge of previous West Virginia health planning and improvement efforts, their familiarity with many of the stakeholders that will have an interest in this project, and their involvement in the implementation of the 2000-2002 WV SHP. In addition, they will support the Regional Stakeholder Meetings and assist with the facilitation of SHP Steering Committee meetings.
Data Collection and Analysis Team	
Linda Riddell, MS - Lead Raymond Taylor, PhD Kevin MacDonald, MFA	Our Data Collection and Analysis Team will lead the data collection and analysis process, including developing methodologies for utilizing available data sources and analyzing and evaluating health status, providers of services, and utilization of services and programs. This team will support our Priority Area Workgroups with identifying available data to support their work in developing their Priority Area Plans; in addition, they will provide data analytic support in Years 2 and 3 as the HCA implements and begins reporting on the SHP.
WV SHP Development Team	
Core Team:	Our Core SHP Team will provide leadership and hands-on involvement in the SHP development process, building upon their experience leading and

Name, Project Role	Responsibilities
Lisa Dulsky Watkins, MD Kristan Drzewiecki, PMP Keely Sayers, MPH, PMP Mary Huntley, MPH *SHP Resources:* Alison Buckser, MPH Jamie Hart, PhD, MPH Patricia Hart, MS Holly Korda, MA, PhD Jason Ormbsy, PhD, MBA, MSHA	developing statewide healthcare planning and improvement initiatives in West Virginia and nationally. Our Core SHP Team is comprised of: • Dr. Lisa Dulsky Watkins, who oversaw the piloting and full statewide implementation of Vermont's Blueprint for Health—a state-led, nationally recognized initiative transforming the way primary care and comprehensive health services are delivered and paid for in Vermont • Kristan Drzewiecki and Keely Sayers, who have worked on several health planning projects for West Virginia, including current Long Term Services and Supports Reform planning and previous health insurance exchange and Medicaid business process planning, together with large healthcare planning initiatives in other states • Mary Huntley, who is a health and research administration consultant in West Virginia with experience in programming, developing, and managing national, state, community, and foundation health initiatives Our Core SHP Team will draw upon our team of project resources, as needed, to provide expertise in the following areas: • Healthcare Delivery Systems • Public Health • Healthcare Financing • Care Coordination • Rural Health • Quality of Care Our team of facilitators will lead and facilitate the Priority Area Workgroups, working in collaboration with the designated Priority Area team members and our team of Subject Matter Experts (SMEs) to accomplish the strategic planning efforts for the Priority Areas. Alison, Patricia, and Keely are experienced facilitators that focus their work in serving state health and human services agencies, programs, and initiatives, and have prior experience facilitating workgroups of this nature. Additionally, our SHP Resources have intimate knowledge and expertise with leading health indicators such as Access to Health Services, Mental Health, Reproductive and Sexual Health, Substance Abuse, Tobacco, Obesity, Oral Health, Nutrition, and other leading health indicators.
Certificate of Need (CON) Team	
Connie Ouellette, CPA, FHFMA Patricia Hart, MS	Our CON Team will work with the HCA and other members of the BerryDunn team to review current CON standards with consideration for how the SHP mission, vision, strategic priorities, and strategies may impact the current standards, providers, and/or State funding and whether changes may be required to meet the future goals and objectives. They will work with the HCA to consider what modifications will be required (if any) to the State's health and system infrastructure in order to achieve goals and objectives.

Table 2 provides our approximate estimated full-time equivalent (FTE) allocation for key project staff by project year, based on a 1,800-hour year. It is important to note that these FTE levels represent an average over the year. Depending on the role and the project phase, the key staff person may be 100% FTE for a given period of time, and 25% FTE during a different project phase, for example.

Table 2: Project Team Roles and Areas of Expertise

Key Staff and Role	% FTE		
	Year 1	Year 2	Year 3
Charlie Leadbetter, Project Principal	10%	5%	5%
Kristan Drzewiecki, Project Manager	50%	10%	10%
Michael Ross, Project Coordinator	50%	15%	15%
Mary Huntley, Stakeholder Engagement Lead	25%	15%	15%
Linda Riddell, Data Collection and Analysis Lead	25%	10%	10%
Subject Matter Experts	50%	10%	10%
Business Analysts	75%	10%	10%

Project Goals and Objectives

In its Technical Proposal, Vendor should describe the approach and methodology proposed for this project. This should include how each of the goals and objectives is to be met. Vendor should include in its response project management and performance management plans, including proposed service level agreements and strategies for monitoring project status and deliverables to ensure implementation within established or mutually agreed upon timelines.

Section Four, Subsection 4.1:

4.1 Stakeholder Engagement

4.1.1. Determine a process for engaging stakeholders, including policy makers, government officials, providers, payers and the public, among others in the development and implementation of the plan.

4.1.2. Determine a process for developing workgroups and/or utilizing existing workgroups for input into the Plan; incorporate the Bureau of Public Health's State Health Improvement Plan Advisory Group into the process.

4.1.3. With assistance from the stakeholders, develop a mission and vision for the project that will serve as the guide for State Health Plan development; the project must achieve improved health of the population, improved healthcare for the patient and control of costs.

Vendor Response:

Understanding of Objectives for West Virginia's State Health Plan

West Virginia has a long history of bringing together local, state, and federal resources and diverse stakeholders to assess the status of the state's health and the performance of the state's health system; as well as plan, develop and implement strategies to improve the health of West Virginians and the State's healthcare delivery system. Despite many strong efforts and investments over decades and being ranked 12th in the nation for per capita spending on healthcare, according to the Kaiser Family Foundation "State Health Facts" West Virginia remains in the bottom five states for many key indicators of state health system performance, as shown in Table 3.

Table 3: West Virginia Ranking for Key Indicators of State Health System Performance

Indicator	WV Ranking 2014
Percent of adults ages 18-64 who have lost six or more teeth because of tooth decay, infection, or gum disease	51
Home health patients also enrolled in Medicare with a hospital admission	51
Total single premium per enrolled employee at private-sector establishments that offer health insurance	51
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65-74, per 1,000 beneficiaries	50

Indicator	WV Ranking 2014
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 75 and older, per 1,000 beneficiaries	50
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	50
Adults ages 18-64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	50
Adults who smoke	50
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	49
Years of potential life lost before age 75	49
Children ages 19-35 months who received all recommended doses of seven key vaccines	48
Adults ages 18-64 who are obese (BMI >=30)	48

Source: The Commonwealth Fund Scorecard on State Health System Performance, 2014

More than 15 years have passed since the West Virginia Health Care Authority (HCA) developed the 2000-2002 State Health Plan (SHP). During that time, much has happened in state and national healthcare, including the advancement of Health Information Technology (HIT) / Health Information Exchange (HIE), a significant increase in the use of Electronic Health Records (EHRs), and passage of the landmark 2010 healthcare reform bill, the Patient Protection and Affordable Care Act (ACA).

In 2010, the HCA completed a review of the 2000-2002 State Health Plan to evaluate the accomplishments over the last decade and begin planning and strategizing future endeavors in preparation for the development of a new State Health Plan (SHP). *The 2000-2002 State Health Plan Summary, Analysis, Accomplishments, and the Future* report provides an important link between the previous SHP and the HCA's initiative to develop a new SHP in 2015-2016. It speaks to the major accomplishments achieved

State Health Plan Purpose

The State Health Plan establishes the framework to improve access to health care services, constrain health care costs and determine priorities for addressing statewide health care needs. It sets goals for improvement in the efficiency and the effectiveness of the health care delivery system, as well as providing regulatory oversight and administration of the Certificate of Need program.

The HCA views the State Health Plan as a policy blueprint for shaping the health care system through the action of public agencies and the cooperation of private sectors. The Plan undertakes an active role in proposing needed changes in the system, including the reallocation of resources to achieve a health care system that is cost-effective and balances considerations of financing, access and quality. The Plan also provides an opportunity for public input into shaping West Virginia's health care system.

The Plan is the legal foundation for the WVHCA's decisions in its regulatory program.

over the past decade, including West Virginia's role as a national leader in healthcare policy and delivery. It also highlights areas where West Virginia continues to struggle with several health indicators and overall health status.

Understanding the history of West Virginia's healthcare landscape and prior initiatives is critical when undertaking this comprehensive statewide health planning effort. BerryDunn views the SHP not only as a product, but as a **long-term, iterative process to guide the improvement of the state's health**—a process that builds upon state legislative requirements, previous successful efforts, and lessons learned to promote a healthier West Virginia.

Critical components of BerryDunn's approach to developing West Virginia's SHP include:

- **Leveraging the available research, data, analytics, and lessons learned** in West Virginia and nationally to glean success factors, avoid duplication of efforts, and prevent perpetuation of less successful strategies.
- Engaging and collaborating with key partners and stakeholders state-wide to **ensure consistency and alignment with related on-going state health planning efforts and develop realistic strategies for moving forward.**
- Using **innovative performance measurement and reporting techniques** to create a robust SHP that supports the Triple Aim of improved health of the population, improved healthcare for the patient, and control of costs.
- Building upon our team's **knowledge of the West Virginia healthcare community and delivery system**, health improvement initiatives, and stakeholders.
- Leveraging existing and planned activities and communication channels in order to **minimize impact of stakeholder engagement activities and maximize stakeholder input.**
- Complying with the provisions of West Virginia Code Chapter 16. Public Health. Article 2D. Certificate of Need.

Exhibit D highlights the major activities our team will undertake to develop the draft SHP. The activities are described further in the Vendor Response sub-sections below.

Exhibit D: Key SHP Development Activities

We propose to develop the draft SHP in nine months, provide three months for the HCA's review (including a public comment period), and issue the final SHP within 12 months of project start, enabling implementation of SHP initiatives to commence at the outset of Year 2 and allowing for two full years to analyze, track, and measure the results. We will accomplish this in multiple ways:

1. By leveraging existing workgroups, data, and analysis—including the work of the West Virginia Health Innovation Collaborative, the West Virginia Bureau for Public Health Strategic Plan and Strategic Plan Implementation Workgroups, the 2014 Workforce Supply and Demand Analysis Report, and the 2012 State Public Health System Assessment and State Health Profile.
2. By building upon our team's deep knowledge of West Virginia's healthcare community and delivery system, and the historical efforts related to improved public health and healthcare.
3. By drawing upon our team's knowledge of other states' approaches to state health planning, our familiarity with national initiatives, and our knowledge of federal funding.

Exhibit E presents a high-level timeline illustrating our approach to developing and finalizing the SHP in 12 months.

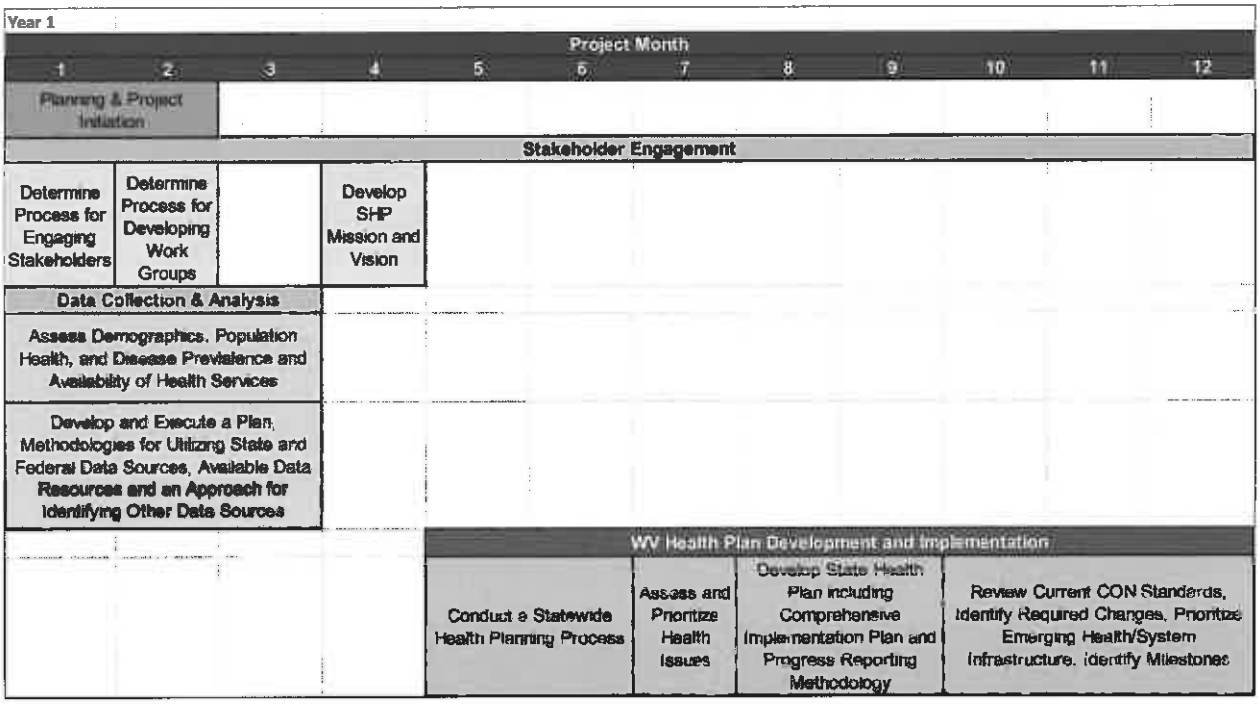


Exhibit E: High-level SHP Development Timeline

We plan to create the deliverables listed in Table 4 throughout the course of the project. The sections following the table describe the approach, key tasks, and deliverables for each of the five non-Optional Project and Goal areas defined in the RFP.

Table 4: WV SHP Project Deliverables

RFP Project and Goal Area	BerryDunn Deliverables
4.1 Stakeholder Engagement	D1.1 Stakeholder Engagement Plan D1.2 SHP Mission and Vision Statement
4.2 Data Collection and Analysis	D2.1 Current Environment Assessment D2.2 Data Use and Methods Plan
4.3 West Virginia State Health Plan Development	D3.1 State Health Plan D3.2 SHP Implementation Plan
4.4 Certificate of Need Requirements for Services	*Key outputs will be incorporated into other project deliverables.*
4.5 Timelines and Report Dissemination	D5.1 Project Work Plan D5.2 SHP Expectations Document D5.3 SHP Dissemination Plan

Section Four, Subsection 4.1:

4.1 Stakeholder Engagement

4.1.1. Determine a process for engaging stakeholders, including policy makers, government officials, providers, payers and the public, among others in the development and implementation of the plan.

4.1.2. Determine a process for developing workgroups and/or utilizing existing workgroups for input into the Plan; incorporate the Bureau of Public Health's State Health Improvement Plan Advisory Group into the process.

4.1.3. With assistance from the stakeholders, develop a mission and vision for the project that will serve as the guide for State Health Plan development; the project must achieve improved health of the population, improved healthcare for the patient and control of costs.

Vendor Response:

As stated in the 2000-2002 State Health Plan Summary, Analysis, Accomplishments, and the Future, September 2010 on page 7, "Regardless of the framework of the future State Health Plan, cross divisional thinking and collaboration between the public and private sectors, state agencies, governmental and private insurance companies, and others, is vital for developing innovative strategies to improve the health of West Virginians." We will use our team's strong knowledge of the West Virginia healthcare sector and delivery system to identify a mix of stakeholders that represents the state's geographic, demographic, and professional diversity. Our plan will promote stakeholder engagement throughout the SHP planning process, from participating in current environment assessment fact-finding to reviewing and providing feedback on the draft SHP. Table 5 identifies the key Stakeholder Engagement tasks and deliverables.

Table 5: Stakeholder Engagement Tasks and Deliverables

RFP Ref	Task ID	Task Description
4.1.1	1.1	Determine a process for engaging stakeholders, including policy makers, government officials, providers, payers and the public, among others in the development and implementation of the plan.
4.1.2	1.2	Determine a process for developing workgroups and/or utilizing existing workgroups for input into the Plan; incorporate the Bureau of Public Health's State Health Improvement Plan Advisory Group input into the plan
	D1.1	**Stakeholder Engagement Plan**
4.1.3	1.3	With assistance from the stakeholders, develop a mission and vision for the project that will serve as the guide for State Health Plan development; the project must achieve improved health of the population, improved healthcare for the patient and control of costs.
	D1.2	**SHP Mission and Vision Statement**

Task 1.1 Determine process for engaging stakeholders (4.1.1)

To help inform the most appropriate process for engaging stakeholders in the SHP process and developing SHP workgroups, our team will inventory existing health planning initiatives throughout the state, such as the West Virginia Health Innovation Collaborative and the Bureau for Public Health's State Health Improvement Plan Advisory Group. We will review their stakeholder involvement approaches and work group structures and members, with an eye toward identifying existing organizational infrastructure to leverage, minimizing redundancy, and preventing stakeholder burnout.

Stakeholder Engagement Guiding Principles

- Leverage existing groups and relationships
- Ensure regional diversity of participants
- Ensure diversity of participant affiliation
  - Public, private, and non-profit sector
  - Providers and clinical administrators
  - Payers
  - Public and advocacy groups
- Use time efficiently and strategically
- Promote meaningful participation

Based on the findings from this task, we will refine and implement our proposed stakeholder engagement approach, which will be documented in a Stakeholder Engagement Plan. The documented process will include a communications plan, a description of each stakeholder group, engagement expectations, strategies to encourage stakeholder participation, participation targets by stakeholder type and geographic region, and the types and forms of participation for stakeholders to develop and implement the SHP.

Task 1.2 Determine process for developing work groups (4.1.2)

Based on the results of Task 1.1 and our team's first-hand understanding of the West Virginia health and healthcare stakeholder communities, we will work closely with the HCA to identify members of a SHP Steering Committee, refine the Steering Committee's roles and responsibilities, and manage the process of inviting selected Steering Committee members to serve. In addition, we will determine a proposed process for developing and implementing work groups to provide input into the SHP. The process will identify the types of work groups needed for gathering data, developing detailed strategies and action plans, and reviewing documents.

Upon contract execution, we will work with the HCA project team to clarify the role of the SHP Steering Committee, identify candidates to serve on the SHP Steering Committee, invite prospective committee members to participate, and schedule the first meeting. The composition of the SHP Steering Committee should reflect the major stakeholder groups and West Virginia's regional diversity. Given the importance of this health planning initiative, we recommend that the invitations come from a senior-level leader such as the DHHR Secretary to demonstrate the State's commitment and support for the project. BerryDunn will assist with developing the communications to prospective committee members.

The purpose and role of the SHP Steering Committee will be documented in a Charter, which BerryDunn will develop in draft format for review and comment at the initial Steering Committee meeting. During the initial meeting, we will also walk through BerryDunn's project approach for conducting this state health planning effort, share a calendar of key project dates, establish a meeting schedule for this committee, and determine protocol for communication, information sharing, and decision-making for the committee.

SHP Steering Committee members will have the option of participating in meetings via teleconference and web conferencing (e.g., GoTo Meeting) or attending in person at locations throughout the state to be determined.

Our stakeholder engagement approach will help to ensure state-wide participation from key stakeholder groups while building a strong constituency and accountability for the future implementation of SHP initiatives. Through these three components, we expect to directly engage well over 400 West Virginians in the development of the SHP. The three major components of our stakeholder engagement approach are described in Table 6 and more details are provided in subsequent sections of this proposal.

Table 6: Stakeholder Engagement Components

	SHP Steering Committee	Regional Stakeholder Groups	Work groups
Estimated # of Participants	10-15	80-100 per region (320-400 total)	6-8 per Workgroup (60-80 total)

	SHP Steering Committee	Regional Stakeholder Groups	Work groups
Proposed Participants	Senior State leaders Providers Payers Consumers Advocates One or more members of the Bureau of Public Health's State Health Improvement Plan (SHIP) Advisory Group	"The four Ps": • Providers • Payers • Public • Policy-makers and government officials	"The four Ps": • Providers • Payers • Public • Policy-makers and government officials
Primary Purpose	Guide the SHP development process	Provide region-specific input into SHP development	Provide direction and input into population-specific, service-specific and/or sector-specific work, based on the outcomes of the Current Environment Assessment (see below)
Key Responsibilities	• Attend quarterly SHP progress meetings by telephone • Review and provide comments on work products and draft SHP • Develop SHP mission and vision • Prioritize critical issues and select Priority Areas • Make decisions when needed • Represent and promote the SHP effort • Encourage stakeholder participation • Keep their constituencies informed of SHP progress	• Provide input in-person early in the project on current environment conditions, lessons learned, issues and barriers, and future opportunities • Keep their constituencies informed of SHP progress • Review draft SHP sections	• Develop goals, objectives, strategies, interventions, metrics and reporting plans (Year 1) • Review draft SHP sections • Support implementation, measurement and reporting activities in Years 2 and 3

Task 1.3: Develop SHP Mission and Vision (4.1.3)

BerryDunn's approach to developing West Virginia's SHP takes into account the interconnectedness of the numerous state and local government, private, and non-profit health planning and implementation efforts already in existence throughout the state, including (but not limited to) the West Virginia Health Innovation Collaborative, the Bureau of Public Health's (BPH) State Health Improvement Plan Advisory Group, the BPH Chronic Disease Management and Prevention Strategic Plan, the West Virginia Health Improvement Institute, the West Virginia Medicaid Program – Bureau for Medical Services, the Tri-State Children's Health Improvement Consortium (T-CHIC), and the West Virginia Rural Health Association.

During the initial months of the project, BerryDunn will collect and review the mission and vision statements of existing West Virginia health improvement initiatives to promote consistency and prevent duplication. In addition, we will gather and review mission and vision statements from other states' SHPs for consideration. Based on the information collected during our research, data collection and analysis, and the regional stakeholder meetings, BerryDunn will prepare a draft SHP Mission and Vision document to use as a starting point. In addition, we will prepare a consolidated list of up to 20 strategic health and health system issues identified through the current environment assessment (described in the following section) to be considered as part of this planning effort.

Using the draft SHP Mission and Vision document as a starting point, BerryDunn will facilitate a work session with the Steering Committee (and a broader group of stakeholders, if desired by the HCA) to review and refine the SHP Mission and Vision. In conjunction with this effort, we will provide a consolidated list of up to 20 strategic issues to be considered and work with the Steering Committee to review and prioritize the issues, resulting in a list of 10 Priority Areas for the SHP (as described further in response to Section 4.3 of the RFP). This will help to ensure that the Mission and Vision are closely aligned with and support the resolution of the identified critical issues.

Section Four, Subsection 4.2:

4.2. Data Collection and Analysis

4.2.1. Assess West Virginia demographics, population health, and disease prevalence using the Bureau of Public Health's State Health Assessment and State Health Profile information; assess availability of health services.

4.2.2. Develop methodologies for utilizing all data sources in the state (e.g., Medicaid Data Warehouse, APCD, UB Data, PEIA, SCHIP, disease registries etc.) and methodologies for analyzing and evaluating health status, providers of services, utilization of services and programs in WV for present and future statewide projects; identify data requirements not currently being gathered in the state.

4.2.3. Develop a plan for best utilizing the available data resources, identifying gaps; determine where most current data may be found; develop data analytics and determine process for utilizing the data in conjunction with a data group; determine methodology for expressing the findings simplistically for public release.

4.2.4. Determine if other information must be collected; identify other appropriate data sources, such as the Governor's behavioral health initiatives; gather and analyze data.

Vendor Response:

The four tasks required by this section of the RFP lead to the development of two deliverables: the Current Environment Assessment and the Data Use and Methods Plan. The Current Environment Assessment will utilize available state, federal and private sector data sources to analyze current population demographic and health data and trends, as well as facilities utilization and trends, and identify unmet needs. The data, analysis and findings will be presented in a Current Environment Assessment report. This report will be a key input to future SHP tasks, including stakeholder engagement activities and development of the Mission and Vision statement. Table 7 and the sections below identify the activities we will undertake to complete the required tasks and develop the proposed deliverables.

Table 7: Data Collection and Analysis Tasks and Deliverables

RFP Ref	Task ID	Task Description
4.2.1	2.1	• Assess WV demographics, population health and disease prevalence using the Bureau of Public Health's State Health Assessment, State Health Profile information and other applicable resources • Assess availability of health services
	D2.1	**Current Environment Assessment**
4.2.2	2.2	• Develop methodologies for utilizing all data sources in the state (e.g. Medicaid Data Warehouse, APCD, UB Data, PEIA, SCHIP, disease registries, etc.)

		• Develop methodologies for analyzing and evaluating health status, providers of services, utilization of services and programs in WV for present and future statewide projects • Identify data requirements not currently being gathered in the state
4.2.3	2.3	• Develop a plan for best utilizing the available data resources, identifying gaps • Determine where most current data may be found • Develop data analytics • Determine process for utilizing the data in conjunction with a data group • Determine methodology for expressing the findings simplistically for public release
4.2.4	2.4	Determine if other information must be collected and identify appropriate data sources, such as the Governor's behavioral health initiatives; gather and analyze data
	D2.2	**Data Use and Methods Plan**

Task 2.1 Assess Demographics, Population Health, and Disease Prevalence and Availability of Health Services (4.2.1)

BerryDunn's expert Data Team will lead the review and assessment of West Virginia demographics, population health, and disease prevalence using the Bureau of Public Health's State Health Assessment and State Health Profile information and other secondary data sources. In addition, they will assess the availability of health services and facilities, also using publicly-available secondary data sources including workforce data.

We will identify which data has been geo-coded and can therefore be used for mapping and geographic analysis through Geographic Information Systems (GIS). Members of our Data Team bring GIS experience and capabilities. If the data is available, geographic analysis will be helpful in assessing and depicting availability of health services and identifying regional targets for certain objectives.

The team will assess historical and current trends, and use data statistical analysis techniques to project future trends in population health status and health services utilization. Future demographic and health status projections will be important inputs for assessing the availability of and gaps in health services and facilities, now and in the future. Highlights of the results of this assessment will be used as inputs into materials for the Regional Stakeholder Group Meetings to help drive discussions around West Virginia's current health and health system environment, issues and barriers to health improvement, lessons learned from past efforts, and opportunities for the future.

Task 2.2 Develop Methodologies for Utilizing State and Federal Data Sources (4.2.2)

A wealth of health data is available in various formats within various state systems and from federal and private sources. However, it may not be readily accessible to the prospective users and generally needs to be compiled and cleansed to be useful for analysis. Moreover, data sources use different definitions and research methods, so the data needs to be made compatible in order to use multiple data sources in combination.

BerryDunn's Data Team will develop methodologies for utilizing all available data sources in the State as well as federal and private sources including the following, to conduct project activities, from SHP development through implementation and evaluation.

- WV BMS Truven MMIS Claims Data Warehouse
- WV DHHR Provider Surveys
- WV Office of Health Facility Licensure and Certification (OFLAC)
- WV Behavioral Risk Factor Surveillance System
- WV BPH Vital Statistics, Disease Registries and County Health Data
- WV BPH State Health Profile and System Assessment
- WV Public Employees Insurance Agency (PEIA)
- WV Children's Health Insurance Program
- WV HCA Health IQ Inpatient Discharge Data
- WV Rural Health Association Health Care Workforce Data
- WV Health Data Portal
- WV Cancer Registry
- The Burden of Asthma in West Virginia
- WV Diabetes Prevention and Control Program
- Uniform Billing (UB) Data
- The Commonwealth Fund
- Kaiser State Health Facts
- AHRQ's Healthcare Cost and Utilization Project (HCUP)
- CDC Youth Tobacco Survey for WV

These and other data sources will yield important information about West Virginia's health and healthcare landscape. However, other methodologies, such as site visits, surveys, focus groups, and key informant interviews, will likely need to be employed to collect all of the information needed to comprehensively analyze and evaluate health status, providers of services, utilization of services and programs in WV for present and future statewide projects. The Data Use and Methods Plan will describe the methodologies to be used, and at what point during the project.

Our Data Team will interact regularly with other project teams to provide data to support the selection and development of appropriate health improvement strategies and interventions, and ensure data methods being developed support the overall SHP goals and strategies. Our team will identify which data sources can be used to develop outcome and evaluation targets, measures and monitoring plans that make the best use of the available data. Despite the wealth of data available, our team may find examples of critical data not currently being gathered, and will document these data requirements.

Some of the Task 2.3 activities described below will need to be conducted before some of the Task 2.2 work. Once the inventory of current data sources, contents, and format is created, the Data Team can begin developing methods for utilizing the data sources.

Task 2.3 Develop a Plan for Utilizing Available Data Resources (4.2.3)

BerryDunn's experienced Data Team will create a user-friendly inventory of health data sources available from state, federal, and private systems, including those identified in Task 2.2 above. They will meet with the "owners" of the health data to determine where the most current data may be found, understand system reporting and analytical capabilities, the process for requesting data extracts, in what format the data can be provided, data collection methods and data definitions. In addition, they will gather information on the frequency of data updates, constraints and limitations, and available data fields. The inventory will be documented in the Data Use and Methods Plan deliverable.

The Data Team will work with the other team members to identify data needs to complete the Stakeholder Analysis, Current Environment Assessment, analysis of health or system infrastructure that may be needed, and WV SHP development activities. They will determine how best to use available data resources, and identify gaps in data.

Another major activity in this task will be the development of data analytics. Data analytics is the science of examining raw data with the purpose of drawing conclusions about that information such as uncovering patterns, trends, correlations, and other useful information that can be used to make better decisions. Data is minimally useful in its raw form. Our Data Team, which includes a PhD-level statistician and a Master's-level population health scientist, will develop data analytics evaluating health status, providers of services, facilities, and utilization of services and programs in West Virginia for present and future statewide projects. Proven statistical methods, tools and techniques will be used, and models will be selected to minimize the data's flaws and maximize reliability.

Based on the work completed in Task 1.2 examining current state-wide health planning efforts, we may find the need create or leverage a data work group to support the SHP development process. We will seek the guidance of a data group, whether existing or new, to help determine how to access and utilize data.

It is an art to convey complex data, information and relationships simplistically for the public to understand. "Infographics," maps, and other visual displays of data are very helpful for promoting comprehension of complex issues. The Data Use and Methods Plan will include a methodology for expressing key findings simplistically for public release. Our team includes individuals with graphic design and adult education experience; they are well-versed in the most current, research-based approaches to presenting data and information for high impact among the general public.

Task 2.4 Develop Approach for Identifying Other Data Sources (4.2.4)

Throughout the course of this project, the Data Team will work in collaboration with stakeholders and SHP team members to determine if other information must be collected and if other data sources exist that may be useful. In cases where additional data is needed to support the SHP efforts, our Data Team will identify other appropriate data sources, such as

the Governor's behavioral health initiatives, and gather and analyze data to support the workgroups and overall strategic planning effort. For example, federal health surveillance surveys can provide state-level data; these will be explored as an efficient way to get detailed data on the HCA's target groups. We will also explore indirect and non-traditional data sources that may be useful to the project. Data on high-school graduation rates, for instance, is useful since education level is correlated with prevalence of tobacco use and obesity.

If, after completing the data inventory, gaps in data availability are identified in the course of this work the Data Team will help develop alternatives and investigate opportunities to collect the missing data in the future such as adding questions to or adjusting questions within existing surveys. This information will be included in the Data Use and Methods Plan.

Section Four, Subsection 4.3:

4.3. West Virginia State Health Plan Development

4.3.1. Develop and conduct a statewide health planning process and health coordinating effort that includes broad participation from government agencies, insurers, the community and other stakeholders; ensure public participation in health planning.

4.3.2. Assess and prioritize West Virginia's health issues relevant to the population, identifying the seriousness of the health issues, including volume, size, and feasibility of improvement, effectiveness of interventions or other relevant factors, utilizing all available resources; delineate by geographical distribution.

4.3.3. Develop a plan that provides a statewide, systematic, and consistent approach linking health promotion to measurable change in health outcomes and optimal delivery of services; develop a system the state will use to improve overall health, providing regional targets, evidence-based initiatives targeting WV and rural populations; approach should be based geographically, regionally, and on a statewide basis.

4.3.4. Develop a comprehensive implementation plan that sets out goals or strategies for health improvement, identifies data-driven priorities, quality measures, West Virginia burden of illness measures and provides a process for managing and measuring progress.

4.3.5. Develop a methodology for reporting progress toward identified performance measures, goals and sustained improvements.

4.3.6. Develop the SHP in such a manner that progress on strategies and health improvement can be documented, monitored and revised as needed; provide recommendations for successfully achieving goals and sustaining achievements in the case that Federal and/or State funding levels are reduced.

Vendor Response:

The tasks described in Table 8 and the narrative following are actionable, specific and strategic steps to create a State Health Plan that is the beginning of a flexible process for health priorities and system infrastructure that will be monitored and evaluated over time.

Table 8: WV SHP Development Tasks and Deliverables

RFP Ref	Task ID	Task Description
4.3.1	3.1	Develop and conduct a statewide health planning process and health coordinating effort that includes broad participation from government agencies, insurers, the community and other stakeholders; ensure public participation in health planning.
4.3.2	3.2	Assess and prioritize West Virginia's health issues relevant to the population, identifying the seriousness of the health issues, including volume, size, and feasibility of improvement, effectiveness of interventions or other relevant factors, utilizing all available resources; delineate by geographical distribution.
4.3.3	3.3	Develop a plan that provides a statewide, systematic, and consistent approach linking health promotion to measurable change in health outcomes and optimal delivery of services; develop a system the state will use to improve overall health, providing regional targets, evidence-based initiatives targeting WV and rural populations; approach should be based geographically, regionally, and on a statewide basis.
	D3.1	**State Health Plan**
4.3.4	3.4	Develop a comprehensive implementation plan that sets out goals or strategies for health improvement, identifies data-driven priorities, quality measures, West Virginia burden of illness measures and provides a process for managing and measuring progress.
4.3.5	3.5	Develop a methodology for reporting progress toward identified performance measures, goals and sustained improvements.
4.3.6	3.6	Develop the SHP in such a manner that progress on strategies and health improvement can be documented, monitored and revised as needed; provide recommendations for successfully achieving goals and sustaining achievements in the case that Federal and/or State funding levels are reduced.
	D3.2	**SHP Implementation Plan**

Task 3.1 Conduct a Statewide Health Planning Process (4.3.1)

Building on the results of the Current Environment Assessment, the BerryDunn team will continue the statewide health planning and health coordinating process with broad participation from stakeholders, as described in the Stakeholder Engagement Plan.

The Statewide Health Planning process will consist of two major components, which are described below: Regional Stakeholder Meetings and Priority Area Workgroups.

Regional Stakeholder Meetings: BerryDunn's team will conduct Regional Stakeholder Meetings with the four stakeholder groups shown in Exhibit F. The lists in the boxes are representative and not all-inclusive.

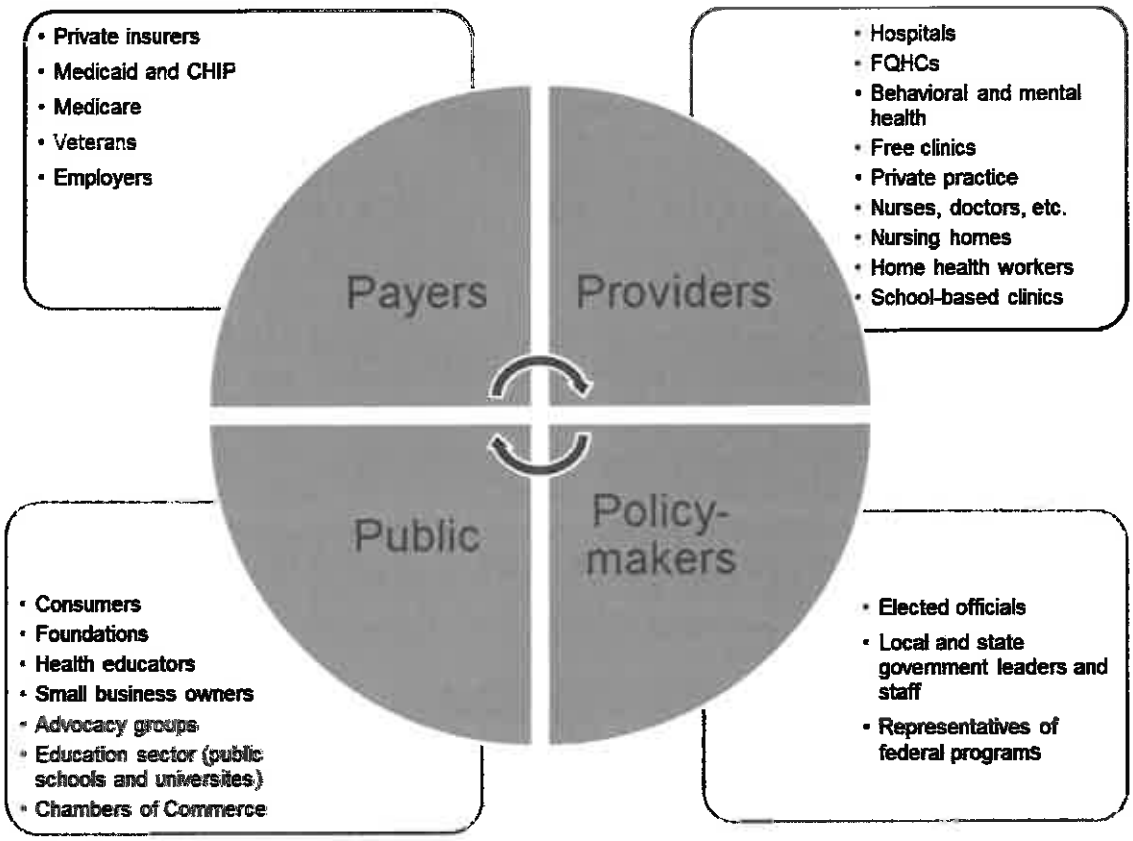
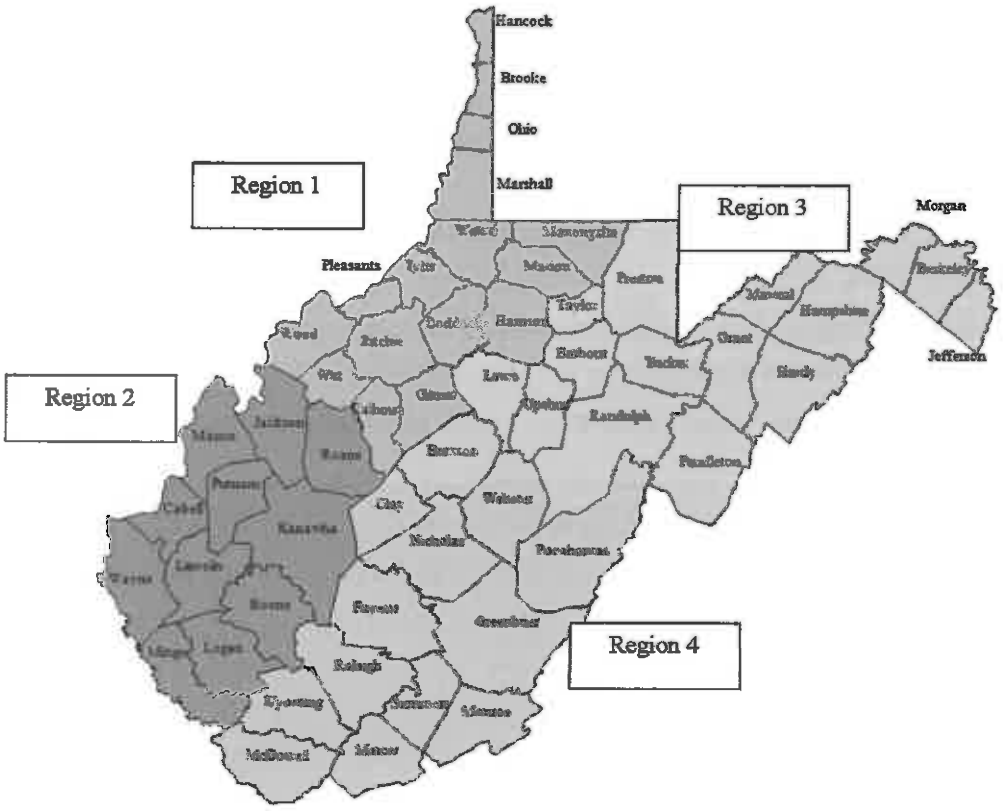


Exhibit F: Regional Stakeholder Group Composition

At the outset of the project, we will work with the HCA to begin planning for 16 Regional Stakeholder Meetings (one meeting with each stakeholder group (four meetings) in each of the four DHHR regions shown in Exhibit G), including identifying participants, issuing invitations, arranging logistics, and scheduling the meetings.

Exhibit G: Proposed Stakeholder Meeting Regions



Our plan for executing the Regional Stakeholder Meetings is as follows:

- Meetings will be conducted by two BerryDunn teams of three, each comprised of:
  - Expert Facilitator
  - Senior Subject Matter Expert (SME)
  - Analyst/Notetaker/Coordinator
- In each region, we will hold four meetings (one for each of the four stakeholder groups, each approximately two hours in duration) over the course of two days.
- Each BerryDunn team will be responsible for facilitating meetings in two of the regions over the course of one week.
- When scheduling meetings, we will leverage existing communication channels and planned activities (e.g., previously scheduled association meetings) where possible to facilitate communication efforts and minimize impact on participants.
- BerryDunn's team will prepare a presentation to guide the discussion, including current environment data using infographics.

- We will elicit feedback from participants on the current status of health initiatives and health landscape, access to quality care, lessons learned, barriers and challenges to improvements, and opportunities for the future.
- In order to encourage broad participation, meetings will be scheduled at times that are conducive to the needs of the intended audience, including evenings and/or early mornings if warranted.
- Meetings will be held at a local meeting facility (e.g., hotel conference room) or other central location.
- BerryDunn's proposed budget includes costs for meeting space rental and a light snack and beverages for participants.

Exhibit H illustrates a sample schedule for the week of regional stakeholder meetings.

	Monday		Tuesday		Wednesday		Thursday	
	Team 1 - Region 1	Team 2 - Region 3	Team 1 - Region 1	Team 2 - Region 3	Team 1 - Region 2	Team 2 - Region 4	Team 1 - Region 2	Team 2 - Region 4
A.M.	Providers	Providers	Policy-makers and Government Officials	Policy-makers and Government Officials	Providers	Providers	Policy-makers and Government Officials	Policy-makers and Government Officials
P.M.	Payers	Payers	Public and Advocates	Public and Advocates	Payers	Payers	Public and Advocates	Public and Advocates

Exhibit H: Sample Regional Stakeholder Meeting Schedule

Task 3.2 Assess and Prioritize Health Issues (4.3.2)

After the completion of the Regional Stakeholder Meetings, the BerryDunn team will consolidate the information collected from stakeholders and the current environment assessment report, and create a consolidated list of up to 20 strategic health issues to be considered as part of this planning effort, supported by quantitative and qualitative evidence of factors such as seriousness, volume and size of the health issue; feasibility of improvement; effectiveness of interventions; regional prevalence; and financial impact. Health issues may be population-specific, region-specific, disease-specific, service-specific, system component-specific, or other, depending on the results and findings of the stakeholder input and data review and analysis activities.

In preparation for the SHP Steering Committee to prioritize the strategic issues, we will develop prioritization criteria to help guide the process of ranking and selecting issues. Sample prioritization criteria include financial feasibility, feasibility of improvement, effectiveness of interventions, resources required, scale, severity, and depth and breadth of existing efforts. We will seek the SHP Steering Committee's feedback and approval of the prioritization criteria in advance of the prioritization meeting.

Building upon the Mission and Vision (as described in response to RFP Section 4.1.3) and applying the prioritization criteria, we will facilitate a work session with the Steering Committee (and a broader group of stakeholders, if desired) to review and prioritize the consolidated list of health issues and select ten Priority Areas as the focus for West Virginia's SHP.

Task 3.3 Develop State Health Plan (4.3.3)

As noted in *The 2000-2002 State Health Plan Summary, Analysis, Accomplishments, and the Future* Executive Summary:

> *West Virginia's State Health Plan should become the impetus for guiding state agencies, health care policy makers, professionals and private citizens toward achievement of defined goals, and should provide a basis for program and priority development, funding requests, and implementation of regulatory functions.*

The State Health Plan will be developed to enable the HCA to comply with *West Virginia Code Chapter 16. Public Health. Article 2D. Certificate of need.*

An early project activity will be to review state health planning efforts of other states, identify state health plan model options for West Virginia, and facilitate the state's selection of a preferred health planning model based on key drivers such as available funds for implementation and the nature and status of other state-wide health planning efforts underway throughout the state. West Virginia can learn and benefit from the statewide health planning experiences of other states, and has a number of models to choose from, from total system transformation, such as Vermont's "Blueprint for Health" based on the advanced primary care model; to an initiative-based, bottom-up model such as Healthiest Wisconsin; or a hybrid approach which would combine characteristics of different models.

Based on the ten Priority Areas and state health plan model selected by the Steering Committee, we will establish and convene ten Priority Area Workgroups, one focused on each Priority Area, to undertake the work of creating specific and structured Priority Area Plans that will guide state agencies, healthcare policy makers, professionals, and citizens toward achievement of defined goals.

Highlights of the Priority Area Workgroup process include the following:

- Each Workgroup will consist of six to eight stakeholders (e.g., providers, payers, policy-makers, government officials, and public representatives) who will commit to developing a Priority Area Plan over three months.
- Each Workgroup will be led by a BerryDunn Facilitator and supported by a BerryDunn Subject Matter Expert and Coordinator/Analyst (a total of three BerryDunn team members).
- The BerryDunn Data Team will support the Workgroups with identifying data, developing indicators, establishing baselines, and setting reasonable targets.
- The Workgroups will meet four times by teleconference and web conference. During each meeting, BerryDunn's team will track the discussions, decisions, and action items.
- BerryDunn's team will work between meetings to complete the tasks necessary to develop the Priority Area Plans, building upon decisions and actions from the Workgroup Meetings.
- Using a standard, agreed upon template, each Priority Area Workgroup will develop a Priority Area Plan inclusive of the following:
    - A description of the priority
    - At least one measurable outcome objective or goal
    - At least one measurable impact objective for each outcome objective or goal, supported by baseline data and statewide and regional target levels
    - At least one proven intervention strategy for each impact objective
    - A performance measurement, evaluation, and reporting strategy
    - Evidence-based initiatives targeting West Virginia and rural populations
    - Methods for aligning government programs, insurers, and communities
    - Infrastructure and facility needs, including activities requiring CON approval
    - Workforce needs
- Priority Area Plans will be developed in a way that progress can be easily documented, monitored and revised as needed.

Once the Priority Area Plans are complete, the BerryDunn team will integrate the individual plans into a statewide, systematic, and consistent State Health Plan based on the selected model that can be used by state agencies, healthcare policy makers, professionals, and the public toward achieving the defined goals, prioritizing funding requests, developing programs, and setting health policy. The SHP will link health promotion to measurable change in health outcomes and optimal delivery of services on a regional and statewide basis and provide a system for the state to improve overall health, including regional targets and evidence-based initiatives targeting WV and rural populations. The SHP will include recommendations for successfully achieving goals and sustaining achievements in the case that federal and/or state funding levels are reduced.

The draft SHP will undergo two phases of State review and comment:

1. Steering Committee Review: We will walk through the draft SHP with the Steering Committee, collect feedback, and revise the draft prior to distributing for public review and comment.
2. Public Comment Period: The Draft SHP will be made available to the public according to state requirements.

We will collect feedback, meet with the Steering Committee as needed to resolve issues and questions, revise the SHP and prepare a Final version for submission to the HCA for executive approval.

Task 3.4 Develop a Comprehensive Implementation Plan (4.3.4)

We will also develop a comprehensive implementation plan that sets out goals or strategies for health improvement, identifies data-driven priorities, quality measures, West Virginia burden of illness measures and provides a process for managing and measuring progress. The SHP Implementation Plan deliverable will be an action-oriented, tactical plan to implement the strategic State Health Plan.

Large strategic planning initiatives frequently fail to achieve their target outcomes because they lack concrete implementation plans, leadership, and accountability. Stakeholders and leaders are oftentimes heavily involved during plan formulation, but implementation is decentralized among state agencies and public and private partners. There often appears to be an unspoken expectation that the various strategic plan actions will be implemented successfully, and the outcomes will magically add up at the end of the year to meet the established targets. This rarely occurs.

The SHP Implementation Plan will identify the tasks, durations, timelines, organizational structure, roles, responsibilities and resources (human and financial) needed to achieve the strategic goals and objectives set forth in the SHP. It will also include the process for managing, measuring and reporting progress developed in Task 3.5.

Task 3.5 Develop a Progress Reporting Methodology (4.3.5)

For the implementation of West Virginia's SHP to be successful, regular measurement and progress reporting will be imperative. Development of the SHP progress reporting methodology will be led by BerryDunn team members with dozens of years of experience evaluating local, state and federal health improvement initiatives, and who know how to craft a reporting process that is both feasible and valuable given available resources.

Our progress reporting methodology will contain step-by-step guidance on how data on SHP implementation progress will be collected and how SHP implementation progress will be measured and reported. It will identify the entities responsible for data collection, the data sources to be accessed, the format for reporting data, who progress data should be reported to, and on what schedule.

It is our experience that new, large, complex initiatives like a State Health Plan require close monitoring during the first year of implementation to help ensure critical activities stay on track. We propose to support quarterly SHP progress meetings where the implementation task owners will report on their respective activities and progress toward targets. BerryDunn's team will facilitate these meetings for the first reporting year (Project Year 2). In the second reporting year, we will work with the State to transition these responsibilities to the State so the process is sustainable.

Section Four, Subsection 4.4:

4.4. Certificate of Need Requirements for Services.

4.4.1. Review current CON standards and identify required changes based on SHP objectives and goals.

4.4.2. Identify and prioritize emerging health or system infrastructure that may be required in meeting SHP objectives, strategies, or goals.

Vendor Response:

BerryDunn understands the Certificate of Need (CON) process and its role in helping to control healthcare costs, improve the quality and efficiency of the healthcare system, and make health services available to all West Virginians. Additionally, we understand the HCA's role in coordinating the CON process and the importance of the SHP in helping to identify and prioritize emerging health or system infrastructure needs. As a Certified Public Accounting and Consulting firm, we have a team of healthcare audit and accounting professionals who have assisted providers in New England with preparing CON applications, conducting feasibility studies, and working with regional healthcare associations through the legislative process to analyze, recommend, and support changes to CON standards, which provides the BerryDunn team with a unique perspective on the CON process.

Table 9: CON Requirements for Services Development Tasks and Deliverables

RFP Ref	Task ID	Task Description
4.4.1	4.1	Review current CON standards and identify required changes based on SHP objectives and goals.
4.4.2	4.2	Identify and prioritize emerging health or system infrastructure that may be required in meeting SHP objectives, strategies, or goals.

Task 4.1: Review Current CON Standards (4.1.1)

Following the development of the ten Priority Areas, BerryDunn's team will review the current CON standards with consideration for how the SHP mission, vision, strategic priorities and intervention strategies may impact the current standards, providers, and/or State funding and whether changes may be required to meet the future goals and objectives. We will meet with the HCA to review the potential impacts and share our recommendations for changes. Agreed upon recommendations for changes to CON standards will be included in the SHP and the tasks associated with revising the CON standards and obtaining approval for the revised standards will be documented in the SHP Implementation Plan.

Task 4.2 Identify and Prioritize Emerging Health or System Infrastructure (4.1.2)

The State's selected health planning model, as well as individual initiatives, may require modifications to the State's health and/or system infrastructure, such as facilities and equipment, in order to achieve the goals and objectives established. As part of the Priority Area Workgroup meetings, we will consider what modifications will be required (if any) to the State's health and system infrastructure in order to achieve the SHP and Priority Area goals and objectives. The specific health and/or system infrastructure needs will be catalogued in the SHP as an Appendix, and will include information such as evidence of the unmet need, location, rough order of magnitude cost estimate, estimated capacity required, timeframe required, and target population to be served by the needed infrastructure.

Section Four, Subsection 4.5:

4.5 Timelines and Report Dissemination

4.5.1 Identify the major milestones in the process and dates for completion

4.5.2 Develop a report format that can be used by policymakers, health care providers, health care leaders, associations, universities, and communities in their health care planning and development of programs to address identified issues.

4.5.3 Identify a process for disseminating the report after HCA approval

Vendor Response:

The tasks listed in Table 10 and following narrative focus on project planning and management, particularly schedule and scope management.

Table 10: Timelines and Report Dissemination Tasks and Deliverables

RFP Ref	Task ID	Task Description
4.5.1	5.1	Identify the major milestones in the process and dates for completion.
	D5.1	**Project Work Plan**
4.5.2	5.2	Develop a report format that can be used by policymakers, healthcare providers, healthcare leaders, associations, universities, and communities in their healthcare planning and development of programs to address identified issues.
	D5.2	**SHP Expectations Document**
4.5.3	5.3	Identify a process for disseminating the report after HCA approval.
	D5.3	**SHP Dissemination Approach**

Task 5.1 Identify Major Milestones and Dates for Completion (4.5.1)

In response to Section 5.3 of the RFP, we have provided a sample Project Schedule/Gantt chart in Attachment B of this proposal, which identifies the tasks and deliverables BerryDunn will provide, as well as the estimated completion dates. In addition, we have provided a high-level Year 1 timeline in response to RFP Section 4.1.

Within the first ten days of contract execution, we will meet with the HCA to review and determine modifications and updates to the Work Plan to set forth the major milestones in the SHP process, tasks, deliverables, and their completion dates. BerryDunn's Project Manager will monitor and maintain the Work Plan and provide oversight of all SHP team work to ensure milestones are met on-time. We will work with HCA to agree on a format for the monthly status reports, and provide the monthly reports to HCA leadership detailing the project's progress against the Work Plan, including any slippage in task start or completion dates and deliverable completion dates, along with an explanation for the delay and a discussion of impacts on downstream project activities

Task 5.2 Develop the SHP Report Format (4.5.2)

In order for the SHP to be successful, it must be accessible and usable by the various parties, including policymakers, healthcare providers, healthcare leaders, associations, universities, and communities, who will use the report in their planning and development of programs to address identified issues. BerryDunn is accustomed to producing reports for consumption by broad audiences. For West Virginia's SHP, we have planned the following steps to help ensure the report is accessible and usable by the various audiences for which it is intended:

- We will engage a professional graphic designer and technical writer early on in the project to develop a report format that can be used by all stakeholders.
- At the initial SHP Steering Committee meeting, we will provide the Steering Committee with a SHP "Expectations Document," which includes an outline of the SHP, a

description of expected content for each section, and the proposed format. We will collect feedback, incorporate feedback into the document, and provide an updated Expectations Document for the Steering Committee's and the HCA's review and approval. Establishing up-front agreement on the format of the SHP will help to ensure the final SHP is in line with expectations and reduce rework by establishing clear expectations up front.

- During the production of the draft SHP, we will again engage our professional graphic designer to provide support in preparing the report in an engaging, visually appealing, and easy-to-read format.
- All BerryDunn project deliverables undergo multiple levels of QA review, including a principal-level review and a review by our internal editor.

Task 5.3 Identify a Process for Disseminating the SHP (4.5.3)

As requested in the Attachment B of the RFP, we have planned for printing and delivering 134 copies of the SHP for all West Virginia Senators and Delegates after the SHP has been approved by all necessary parties. In addition, we have planned for printing and distributing copies to all members of the Steering Committee, as well as up to 20 additional SHPs to individuals and/or organizations as determined in agreement with the HCA. Beyond those printed and distributed copies, we recommend posting the SHP on the HCA's website and will work with the Steering Committee to identify a process for other means of disseminating the final SHP, as warranted. We will work with the HCA to consider the benefits and costs of making the report available in hard copy versus (or in addition to) electronic format, who it should be distributed to, and how it should be promoted. The approach to SHP dissemination via multiple channels will be documented in a SHP Dissemination Plan. The Plan will include the report recipients, report format, report delivery method, and delivery schedule.

4.6. Optional Services.

4.6.1. *Identify if proposed health care services, new construction, renovations and/or purchases of major medical equipment consistent with the SHP objectives and goals are needed, financially feasible and require CON review.*

Vendor Response:

In their development of evidence-based intervention strategies, the Priority Area Workgroups will identify if proposed healthcare services, new construction, renovations, and/or purchases of major medical equipment are needed to help achieve the goals and objectives in the Priority Area Plans. Accordingly, we have not planned for additional costs associated with this task.

If more in-depth analyses are requested by the HCA, our team of analysts and subject matter experts, including financial analysts, will further analyze the financial feasibility related to proposed healthcare services, new construction, renovations, and/or purchases of major medical equipment, and determine whether the proposed initiatives should require CON review.

For purposes of budgeting, we have planned up to 200 hours of time to conduct the requested analyses, to be billed only if incurred.

4.6.2.	*Develop a WVHCA guide for individuals, institutions, state and local government agencies, community leadership and others in planning for specific health care facilities and services to meet the SHP objectives.*

Vendor Response:
The scope of this task may vary depending on the specific audience(s), the information needs of each audience, planned delivery and distribution method(s) (e.g., online distribution, printed guides), and availability of existing documentation that can be leveraged to produce the guide(s). We will work with the HCA to determine the number of guides to be developed, distribution method(s), and availability of existing vs. new content to be developed to provide necessary information to individuals, institutions, government agencies, and community leadership. For purposed of budgeting, we have planned for up to 180 hours of time to develop one or more guides, as determined in agreement with the HCA, to be billed only if incurred.

4.6.3.	*Identify goals, objectives and strategies consistent with national goals, such as the "National Strategy for Quality Improvement in Health Care" and/or "Healthy People 2020;"*

Vendor Response:
Our project approach for developing the SHP encompasses this optional task, so we have not proposed additional costs for this task. Our SHP development approach leverages existing state and federal data, research, and analysis. In addition, in order to align West Virginia's SHP with future federal funding opportunities, it is important for the SHP to be consistent with goals and objectives of national programs such as the *"National Strategy for Quality Improvement in Health Care"* and/or *"Healthy People 2020."*

As part of the process to develop Priority Area Plans, the Workgroups will examine and consider goals, objectives, and strategies of national programs such as the *"National Strategy for Quality Improvement in Health Care"* and/or *"Healthy People 2020."* The *Healthy People 2020* objectives have clear, vetted, evidence-based measures that are ready to use; consulting this source may save time and promote alignment with national programs.

4.6.4.	*Develop "WV Healthy People 2020" program.*

Vendor Response:
The national *Healthy People 2020* program is the result of a multi-year process that reflects input from a diverse group of individuals and organizations. It consists of numerous objectives for improving the nation's health that have been reviewed extensively by subject matter experts and the public, as well as extensive data and analysis related to each objective. States can apply the *Healthy People 2020* framework at the state level.

How states go about building their own state-level Healthy People 2020 framework can vary significantly, ranging from simple steps such as publicizing their State Health Improvement Plan, focus areas, and/or planning process online—such as the Healthy People Nevada website (http://health.nv.gov/HSPER_HP.htm)—to more costly and involved tasks such as developing complex, interactive websites and tools to educate and engage stakeholders—such as the Healthy New Jersey 2020 website (http://www.state.nj.us/health/chs/hnj2020/index.shtml), as shown in Exhibit I. In addition, states may produce ad campaigns and/or materials for distribution to various stakeholder groups to publicize the program, educate people on how they can help to build a healthier population, and drive people to the website.

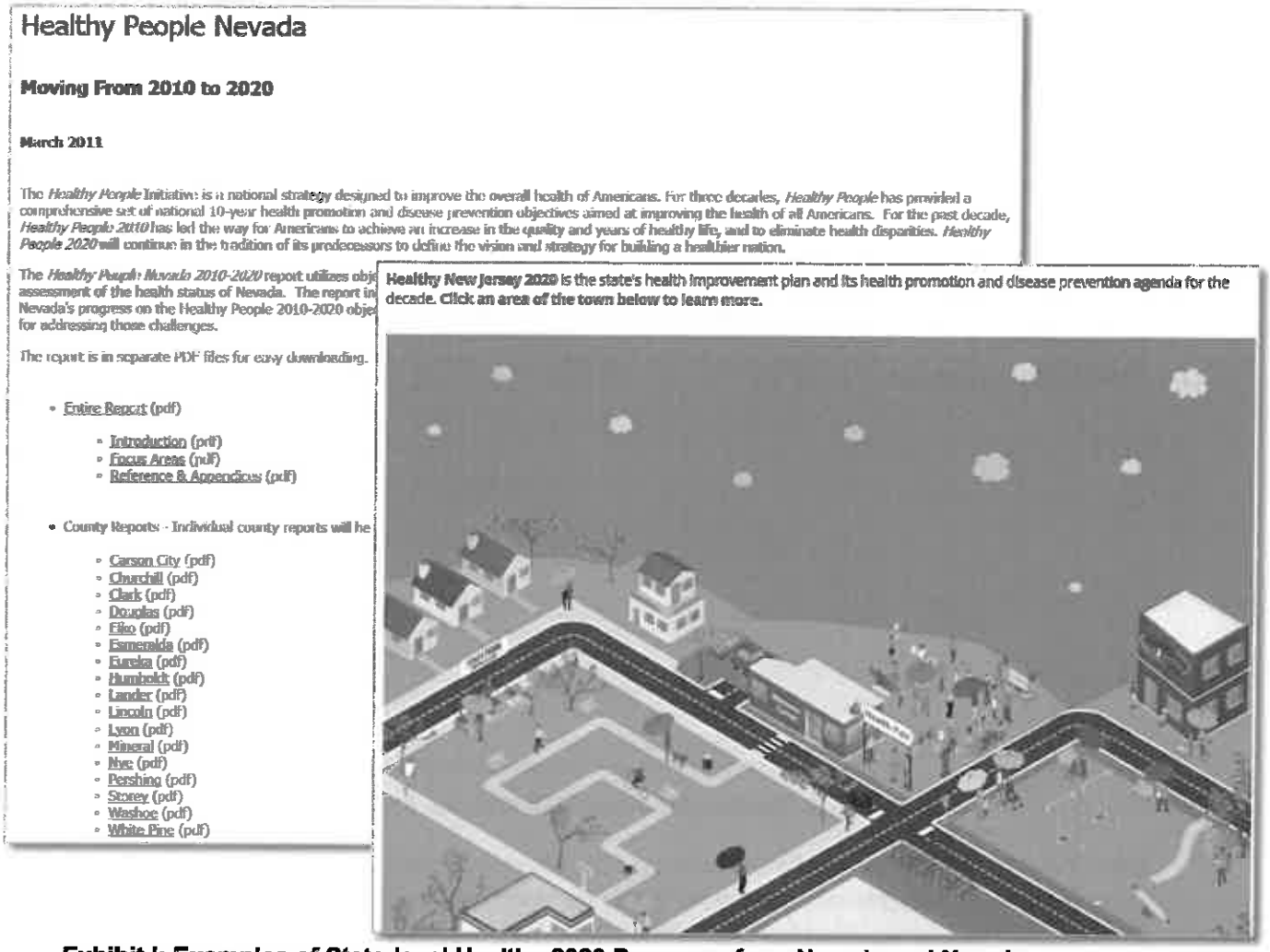


Exhibit I: Examples of State-level Healthy 2020 Programs from Nevada and New Jersey

One state-level program that particularly resonated with BerryDunn's team is the Healthy Alaskans 2020 program (a snapshot of their website is shown in Exhibit J and can be viewed online at http://hss.state.ak.us/ha2020/). In addition to publicizing information about Alaska's planning process and strategies, there is a scorecard that shows the state's progress toward achieving its targeted goals related to specific health indicators (shown in Exhibit J).

Exhibit J: Healthy Alaskans 2020 Website and Scorecard

West Virginia already has multiple state-wide health planning efforts underway to meet various state and federal requirements, such as the State Health Improvement Planning initiative, West Virginia HIT Plan, West Virginia Health Innovation Collaborative, and other specific plans such as the state-wide Oral Health Plan that can easily be made publically available via the State's website. As was done in Alaska, though, we recommend that the WV Healthy People 2020 program not only provides **transparency on the State's health planning efforts**, but also **visibility into progress toward achieving goals and objectives** through a report card similar to that used by Alaska. In addition, a robust WV Healthy People 2020 program will include ways to **engage West Virginians in working toward the achievement of goals**.

To develop the WV Healthy People 2020 program, BerryDunn's team will:

- Meet with the HCA and DHHR leadership to understand budget constraints around the development of the WV Healthy People 2020 program and the availability of state resources to assist with development of the program (e.g., website developers, marketing/communications specialists, graphic designers).
- Facilitate a planning meeting with stakeholders responsible for the various statewide planning efforts to identify the types of information for inclusion on the WV Healthy People 2020 website (e.g., planning documents, survey results, interactive data sets) and determine additional desired activities to promote and maintain visibility into the program (e.g., report card, brochures, regional outreach activities, public service announcements). As part of this meeting, we will share information on a selection of states' Healthy People 2020 programs to provide participants with an understanding of how other states have approached their programs.
- Develop a WV Healthy People 2020 Program Plan, based on input from the facilitated stakeholder meeting, which sets forth recommendations for what will be included in the WV Healthy People 2020 program, including one-time and ongoing activities to create and sustain the program, high-level cost estimates, resource requirements, and an implementation timeline.

4.6.5 Develop a process for the state to use for identifying any and all funding opportunities available to the state for health improvement and other initiatives.

Vendor Response:

BerryDunn has developed a process for identifying and assessing the level of fit of public and private funding opportunities available to states for health improvement and other related initiatives. We maintain a list of websites and subscriptions to services that communicate federal and private funding opportunities and regularly review them; have developed "level of fit" criteria based on state priorities; and have created a reporting template for documenting and sharing information about funding opportunities available. Because we have already developed this process for other clients, we are pleased to share this process with HCA at no additional cost.

4.6.6 Fulfill ad-hoc reporting and answer special research questions of the HCA.

Vendor Response:

Upon receipt of a written request for ad-hoc reports or special research tasks, the BerryDunn Project Manager will review the request, estimate the number of hours required to complete the tasks, identify resources to fulfill the request, and provide a written response to the HCA within two business days. The written response will include an estimated number of hours, resume of the proposed resources, and estimated timeline for completion.

ATTACHMENT B: MANDATORY SPECIFICATION CHECKLIST

*As part of their responses, for mandatory requirements that indicate a future action, such as supplying reports during the life of the contract, or meeting other deliverables requirements, Vendor shall indicate their **agreement** to comply with the listed requirements. For mandatories that requirement documentation WITH the response, Vendors shall include the necessary document in their Technical Proposal.*

Section 4, Subsection 5:

5.1	*During the life of the Contract, the vendor SHALL provide monthly reports detailing progress as strategies are developed and implemented.*

Vendor Response:
Throughout the life of the Contract, BerryDunn will provide monthly reports detailing progress as strategies are developed and implemented

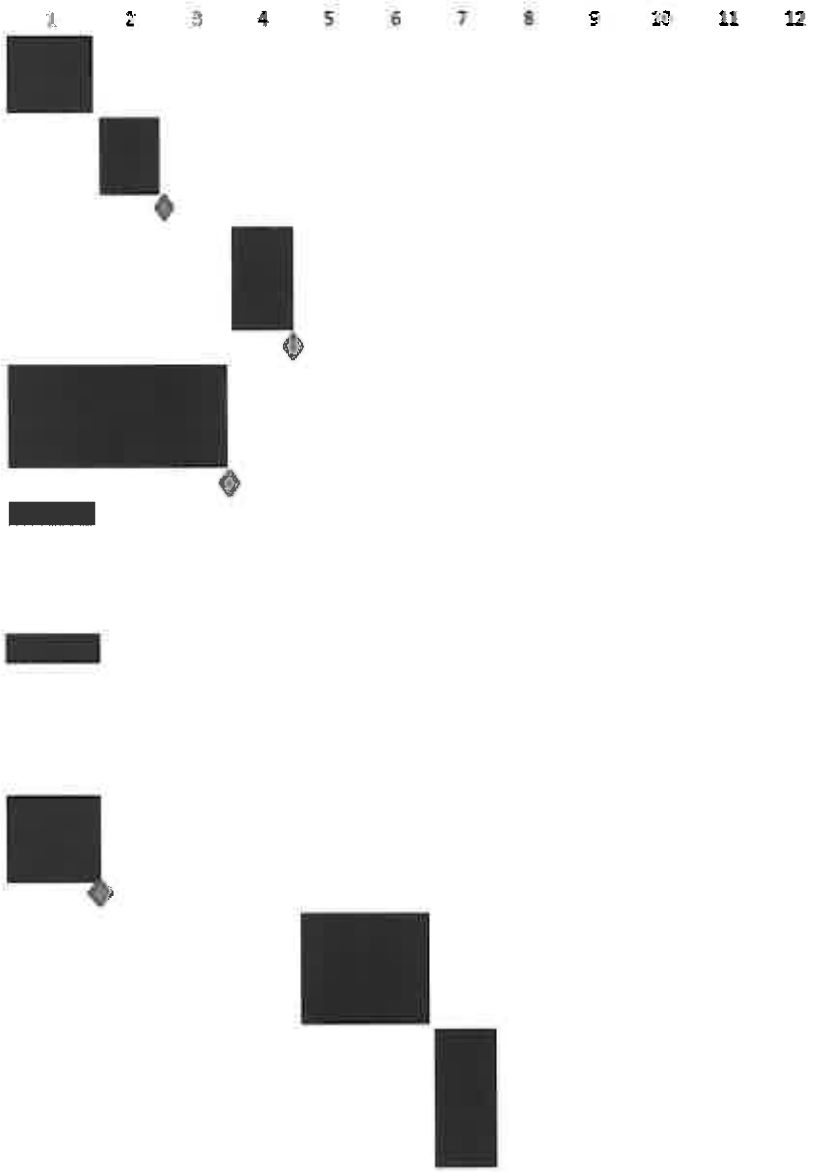
5.2	*During the life of the Contract, the vendor SHALL assume all responsibility for meeting logistics, coordinating workgroup meetings, conference calls, documentation of all aspects of the project, paper and copying expenses, progress reports and all other costs associated with the project.*

Vendor Response:
Throughout the life of the Contract, BerryDunn will assume all responsibility for meeting logistics; coordinating workgroup meetings, conference calls, and documentation of all aspects of the project; paper, and copying expenses; progress reports; and all other costs associated with the project.

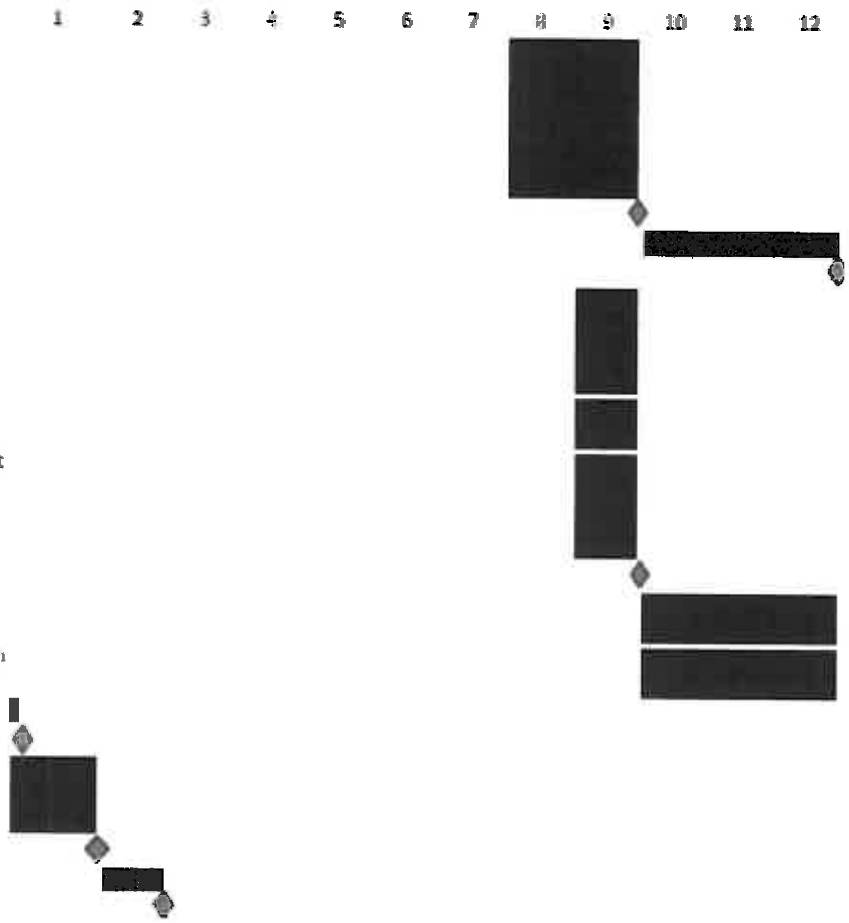
5.3	***As part of their response,** the vendor SHALL provide a sample Work Plan with milestones noted in order to meet the requirements of the RFP. The final Work Plan shall be provided to the Agency within ten (10) business days following award of the Contract.*

Vendor Response:
Our Project Gantt Chart on the following pages serves as our initial sample Work Plan that includes milestones noted in order to meet the requirements of the RFP. We will provide the final Work Plan to the Agency within ten (10) business days following award of the Contract.

			MONTHS
4.1.1	1.1	Determine process for engaging stakeholders a process for engaging stakeholders, including policy makers, government officials, providers, payers and the public, among others in the development and implementation of the plan.	
4.1.2	1.2	Determine a process for developing workgroups and/or utilizing existing workgroups for input into the Plan; incorporate the Bureau of Public Health's State Health Improvement Plan Advisory Group input into the plan	
	D1.1	Stakeholder Engagement Plan	
4.1.3	1.3	With assistance from the stakeholders, develop a mission and vision for the project that will serve as the guide for State Health Plan development; the project must achieve improved health of the population, improved healthcare for the patient and control of costs.	
	D1.2	SHP Mission and Vision Statement	
4.2.1	2.1	· Assess WV demographics, population health and disease prevalence using the Bureau of Public Health's State Health Assessment, State Health Profile information and other applicable resources; · Assess availability of health services.	
	D2.1	Current Environment Assessment	
4.2.2	2.2	· Develop methodologies for utilizing all data sources in the state · Develop methodologies for analyzing and evaluating health status, providers of services, utilization of services and programs in WV for present and future statewide projects; · Identify data requirements not currently being gathered in the state.	
4.2.3	2.3	· Develop a plan for best utilizing the available data resources, identifying gaps · Determine where most current data may be found · Develop data analytics · Determine process for utilizing the data in conjunction with a data group · Determine methodology for expressing the findings simplistically for public release.	
4.2.4	2.4	Determine if other information must be collected identify other appropriate data sources, such as the Governor's behavioral health initiatives; gather and analyze data.	
	D2.2	Data Use and Methods Plan	
4.3.1	3.1	Develop and conduct a statewide health planning process and health coordinating effort that includes broad participation from government agencies, insurers, the community and other stakeholders; ensure public participation in health planning.	
4.3.2	3.2	Assess and prioritize West Virginia's health issues relevant to the population, identifying the seriousness of the health issues, including volume, size, and feasibility of improvement, effectiveness of interventions or other relevant factors, utilizing all available resources; delineate by geographical distribution.	



			MONTHS
4.3.3	3.3	Develop a plan that provides a statewide, systematic, and consistent approach linking health promotion to measurable change in health outcomes and optimal delivery of services; develop a system the state will use to improve overall health, providing regional targets, evidence-based initiatives targeting WV and rural populations; approach should be based geographically, regionally, and on a statewide basis.	
	D3.1	State Health Plan (Draft) Stakeholder Review and Report Revision Period State Health Plan (Final)	
4.3.4	3.4	Develop a comprehensive implementation plan that sets out goals or strategies for health improvement, identifies data-driven priorities, quality measures, West Virginia burden of illness measures and provides a process for managing and measuring progress.	
4.3.5	3.5	Develop a methodology for reporting progress toward identified performance measures, goals and sustained improvements.	
4.3.6	3.6	Develop the SHP in such a manner that progress on strategies and health improvement can be documented, monitored and revised as needed; provide recommendations for successfully achieving goals and sustaining achievements in the case that Federal and/or State funding levels are reduced.	
	D3.2	SHP Implementation Plan	
4.4.1	4.1	Review current CON standards and identify required changes based on SHP objectives and goals.	
4.4.2	4.2	Identify and prioritize emerging health or system infrastructure that may be required in meeting SHP objectives, strategies, or goals.	
4.5.1	5.1	Identify the major milestones in the process and dates for completion.	
	D5.1	Project Work Plan	
4.5.2	5.2	Develop a report format that can be used by policymakers, health care providers, health care leaders, associations, universities, and communities in their health care planning and development of programs to address identified issues.	
	D5.2	SHP Expectations Document	
4.5.3	5.3	Identify a process for disseminating the report after HCA approval.	
	D5.3	SHP Dissemination Approach	



Section 4, Subsection 6:

6.1	*Within 1 year of contract award, the vendor SHALL deliver a draft SHP, acceptable to the Agency, determining strategies that provide an approach that is structured and specific enough to guide decisions, but flexible enough to respond to new health challenges. The SHP must contain purpose statement(s), a description of the planning process, a description of each priority/strategy, at least one measurable outcome objective or goal for each priority, at least one measurable impact objective for each outcome objective or goal, at least one proven intervention strategy for each impact objective, an evaluation plan for each and methodologies for aligning government programs, insurers and communities toward objectives and common goals.*

Vendor Response:
Within one year of contract award, BerryDunn will deliver a draft SHP acceptable to the HCA, that provides a structured approach that is specific enough to guide decisions, but flexible enough to respond to new health challenges. The SHP will contain purpose statement(s), a description of the planning process, a description of each priority/strategy, at least one measurable outcome objective or goal for each priority, at least one measurable impact objective for each outcome objective or goal, at least one proven intervention strategy for each impact objective, an evaluation plan for each, and methodologies for aligning government programs, insurers, and communities toward objectives and common goals.

6.2	*Within 15 months of award of the contract the vendor SHALL develop, produce and deliver a final SHP acceptable to the Agency.*

Vendor Response:
Within 15 months of award of the contract, BerryDunn will develop, produce, and deliver a final SHP acceptable to the Agency.

6.3	*At the end of year 2 of the contract, the vendor shall produce an evaluation of the progress made toward the measurable goals and objectives of the SHP, identify target areas for improvement in the subsequent SHP, and provide recommendations for improving the overall health of West Virginians and accepted by the Agency*

Vendor Response:
At the end of Year 2 of the contract, BerryDunn will produce an evaluation of the progress made toward the measurable goals and objectives of the SHP, identify target areas for improvement in the subsequent SHP, and providing recommendations for improving the overall health of West Virginians and accepted by the Agency.

6.4	*At the end of year 3 of the contract, the vendor shall produce a final evaluation of the progress made toward the measurable goals and objectives of the SHP and accepted by the Agency.*

Vendor Response:
At the end of year 3 of the contract, BerryDunn will produce a final evaluation of the progress made toward the measurable goals and objectives of the SHP and accepted by the Agency.

APPENDIX A: RESUMES

On the following pages, we have provided full resumes for our proposed Project Management Team members and leads, followed by biographies highlighting relevant qualifications and experience for our team of subject matter experts, analysts, and facilitators. We have provided evidence of our Project Principal's and Project Manager's Project Management Professional (PMP) certifications and would be pleased to provide additional evidence of team members' credentials, if requested.

Resumes

Charles K. Leadbetter, PMP—Project Principal

Charlie Leadbetter is a Principal and leads BerryDunn's State Government Consulting Group. Charlie has served as project manager and participated on project teams for clients in the public sector for over 20 years, with a focus on providing independent and objective services related to technology planning and system implementations. He has extensive experience managing large state, high stakes projects, BerryDunn and subcontractor teams, and utilizes project management best practices during all of his engagements. Charlie also has significant experience leading large-scale health and human services system planning, assessment, and design projects, developing functional and technical requirements and RFPs, leading system selections, facilitating contract negotiation, and providing independent implementation oversight.

RELEVANT EXPERIENCE

West Virginia Bureau for Medical Services (2015 to present). Charlie is overseeing a project with BMS to assess opportunities related to Long-Term Supports and Services (LTSS) reform where the BerryDunn team is evaluating the feasibility and impact of Home and Community-Based Services (HCBS) options that will empower older adults and people with disabilities to live in the community, including Community First Choice and PACE (Program of All-inclusive Care for the Elderly).

West Virginia Offices of the Insurance Commissioner (2011 to 2013). BerryDunn worked with the OIC on several key activities, most notably leading the development of the State's HIX IT Strategic Plan, which serves as a strategic roadmap for to guide the State in complying with ACA requirements and timelines. We also led the development of the HBE Business Plan and Financial Sustainability Model; developed an RFI for HBE systems vendors; provided grant writing support; provided project management for several initiatives; facilitated the Plan Management workgroup; and provided policy analysis in areas such as financial management. Charlie served as Principal for this engagement, providing project oversight and high level management of the project team.

West Virginia Bureau for Medical Services (2003 to 2007). BerryDunn worked in partnership with West Virginia's BMS to assess the development and implementation of the MMIS replacement and Pharmacy POS system and ensure that the systems developed met stated business and technical requirements. Charlie served as part of BerryDunn's project team to provide independent QA services for West Virginia's MMIS implementation.

Vermont Green Mountain Care Board (2013 to 2015). Charlie is Project Principal for an initiative to support the GMCB with project management services to support the planned improvements in data processing, security, and usability of the Vermont Healthcare Uniform Reporting and Evaluation System data resource. This support includes the review and refinement of the existing business case, oversight of business requirements development, and identification of optimal collaboration points between the selected implementation vendors, among other project management tasks.

Vermont Agency of Human Services, Health Services Enterprise (2014). Charlie served as Project Principal for a "lessons learned" initiative to help the State evaluate the governance, management and oversight of the initial implementation of this first release of the Health Services Enterprise solution (Vermont Health Connect and MAGI Medicaid eligibility) including the best approach to organizational realignment to meet their goals.

Colorado Department of Human Services (2014). Charlie served as Project Principal to oversee an initiative to provide best practices research, needs assessment, and a feasibility study for the current childcare automated tracking system for the CDHS. This project's goal was to understand the current system's technical feasibility relative to the Colorado Child Care Assistance Program. In this role, Charlie was responsible for the quality of work provided to the CDHS, including the approval of all deliverables.

Missouri Department of Mental Health (2013). BerryDunn completed an independent assessment of DMH's current information systems, as well as future information system needs as defined by DMH management and the HITECH Act. Based on our evaluation, BerryDunn developed an Information Strategy Plan to identify gaps between the current and long-range business and technical needs and provide a roadmap for DMH to acquire, develop, and/or integrate clinical information systems to optimize efficiency and meet state/federal regulatory requirements. Following the completion of our initial long-range planning project, BerryDunn worked with DMH to analyze funding alternatives for procuring a new EHR solution. As Principal, Charlie oversaw the quality of services provided by our team.

Massachusetts Executive Office of Health and Human Services (2011 to 2012). BerryDunn led the development of Massachusetts' State Medicaid Health IT Plan (SMHP), as required by the American Recovery and Reinvestment Act and Health Information Technology Economic and Clinical Health Act. The SMHP serves as the strategic vision for EOHHS as it moves forward with the development of health information technology (HIT) and information exchange activities and will become a critical component of the overall Commonwealth HIT Plan. Following the development of the SMHP, BerryDunn developed Massachusetts' Implementation Advance Planning Document, which set forth the State's funding request and cost justification to CMS. Charlie served as Project Director for this engagement, where he was responsible for four core teams of BerryDunn and subcontractor resources, along with Subject Matter Experts and other project resources.

Vermont Department of Children and Families (2010 to 2012). Charlie oversaw the BerryDunn team in working with the Vermont DCF to analyze the current processes and business needs for the Child Development Division's Integrated Services Data Management System. As the result of our analysis, DCF determined the need to procure a new system. BerryDunn then assisted with the development of functional requirements and an RFP document, provided project advisory services during the implementation of the selected system.

EDUCATION AND PROFESSIONAL AFFILIATIONS

BS, Computer Science and Economics, University of Maine, Orono 05/1993

Certified Project Management Professional, Project Management Institute 12/2006

Project Management Institute

THIS IS TO CERTIFY THAT

Charles Knapp Leadbetter III

HAS BEEN FORMALLY EVALUATED FOR DEMONSTRATED EXPERIENCE, KNOWLEDGE AND PERFORMANCE IN ACHIEVING AN ORGANIZATIONAL OBJECTIVE THROUGH DEFINING AND OVERSEEING PROJECTS AND RESOURCES AND IS HEREBY BESTOWED THE GLOBAL CREDENTIAL

Project Management Professional

IN TESTIMONY WHEREOF, WE HAVE SUBSCRIBED OUR SIGNATURES UNDER THE SEAL OF THE INSTITUTE

Deanna Landers - Chair, Board of Directors

Mark A. Langley - President and Chief Executive Officer

PMP® Number 445633

PMP® Original Grant Date 23 December 2006

PMP® Expiration Date 22 December 2016

PMI Project Management Institute

Kristan Drzewiecki, MP, PMP—Project Manager/SHP Development

Kristan Drzewiecki is a Manager in BerryDunn's Government Consulting Group, with 11 years professional project design, implementation, and management experience. She is a strong leader, facilitator, and technical writer with the ability to translate complex policies into clear, tangible actions. Kristan has a deep understanding of the systems and processes that support the delivery of government-funded health and human services.

RELEVANT EXPERIENCE

West Virginia Bureau for Medical Services (2015 to present). Kristan is managing a project with BMS to assess opportunities related to Long-Term Supports and Services (LTSS) reform. As part of this work, Kristan and the BerryDunn team are evaluating the feasibility and impact of Home and Community-Based Services (HCBS) options that will empower older adults and people with disabilities to live in the community, including Community First Choice and PACE (Program of All-inclusive Care for the Elderly). In addition, the team is evaluating nursing home payment reform and quality initiative options. The team will then evaluate the State's future LTSS environment projections and provide short-, medium-, and long-term recommendations for the Bureau for moving ahead with LTSS reform.

Massachusetts Executive Office of Education, Department of Early Education and Care (2015 to present). Kristan is the Project Manager for this effort to document and analyze the current and future state business processes related to the agency's Quality Rating Improvement System (QRIS), and develop a Road Map for future process, policy, and system changes. She is leading business process mapping sessions and analysis of process gaps, bottlenecks, challenges, and inefficiencies.

Mobile County (Alabama) Health Department (2015). Mobile County Health Department hired BerryDunn to develop an IT Strategic Plan IT to help the Department plan for an effective IT system to meet current and future IT needs of the agency in a timely and cost-effective manner. The Department has 20 facilities and more than 450 full-time employees, with approximately 600 computer workstations. As part of this planning effort, BerryDunn considered existing regional partnerships and collaboration efforts and their impact on the Department's IT systems and operations. Kristan provided health and human services subject matter expertise as part of BerryDunn's team, and developed stakeholder interview guides, facilitated on-site stakeholder fact-finding sessions with County staff and healthcare providers, developed descriptions of users and systems, and documented current environment needs.

Colorado Department of Human Services (2014). Kristan served as Project Manager to conduct an assessment of the current child care automated tracking system for the CDHS to understand its technical feasibility relative to the Colorado Child Care Assistance Program. She also led the effort to define current and future system requirements.

West Virginia Office of the Insurance Commissioner (2011 to 2013). Kristan provided program management and strategic planning services to assist the State with evaluating its alternatives for implementing a HIX. As part of her work, she created an Exchange Implementation Work Plan; developed a HIX IT Strategic Plan; created a budget and

sustainability model for the Exchange, with a focus on the IT components; drafted an I-APD and Cost Allocation Strategy for Medicaid-Exchange touch points; and assessed eligibility system options.

Massachusetts Executive Office of Health and Human Services (2010 to 2011). Kristan served as Lead for the development of Massachusetts' State Medicaid Health IT Plan, with responsibility for managing the timeline, tasks, and team members associated with the development of the SMHP and the HIT I-APD.

West Virginia DHHR and BMS (2008 to 2011). Kristan worked with DHHR and BMS stakeholders to identify ACA provisions that impacted DHHR offices; evaluate specific ACA provisions in terms of their impacts on policies, programs, systems, budgets and operations; and monitor regulations and guidance. As Lead Analyst, she facilitated meetings with stakeholders, provided subject matter expertise, oversaw a team of BerryDunn analysts, and developed and reviewed project deliverables. During this time she also served as an Analyst for the MITA 2.0 State Self-Assessment, assisted with the development of an RFP and APD for the MMIS Replacement project, and led the development of the DW/DSS APD.

Vermont Department of Children and Families (2010 to 2011). BerryDunn was engaged by the Vermont DCF to analyze the current processes and business needs for the Child Development Division's Integrated Services Data Management System. As the result of our analysis, DCF determined the need to procure a new system. BerryDunn then assisted with the development of functional requirements, development of an RFP document for a vendor to develop a Children's Integrated System solution, and provided project advisory services for the implementation. Kristan served as Business/Technical Analyst for this project, where she conducted onsite fact-finding meetings and facilitated Joint Requirements Planning (JRP) work sessions, conducted best practice research, and assisted in the development of project deliverables.

West Virginia Bureau for Medical Services (2006 to 2008). Kristan worked as part of BerryDunn's team to provide post-implementation QA oversight of West Virginia's MMIS. As QA Analyst, Kristan reviewed vendor deliverables, implementation planning documents, and other project artifacts to identify and recommend strategies to address potential risks and issues.

Connecticut Department of Public Health (2007). BerryDunn conducted a business needs assessment and workflow analysis of the processes completed by the Connecticut DPH for its licensing and credentialing system. For this project, we document technical and functional requirements and develop a Logical System Design Document that outlined the necessary business and technical requirements, system interface requirements, and created an entity relationship model. Kristan assisted with the licensing system analysis, including the assessment of current processes and systems and facilitating JRP work sessions. BerryDunn's analysis provided the requirements necessary for DPH to create an RFP to procure a new system.

Project Development and Grant Writing (2000 to 2007). Kristan has extensive experience developing projects and writing proposals for Federal, state, and local government programs, including Low Income Housing Tax Credit, Federal Home Loan Bank, HUD (Continuum of Care,

HOPWA, CDBG, HOME, and Section 811), corporations, and private foundations. She has developed multi-million dollar state funding applications for housing and supportive services; developed $2+ million CDC grant for HIV/AIDS prevention services in Puerto Rico; and wrote a successful corporate grant for a two-year project for the Maine Association of Substance Abuse Programs.

EDUCATION AND PROFESSIONAL AFFILIATIONS

Master of Planning, Housing and Community Development, University of Virginia 05/1997

Bachelor of Science, Foreign Service, Georgetown University 05/1992

Project Management Professional, Project Management Institute 12/2014

Project Management Institute

THIS IS TO CERTIFY THAT

Kristan Drzewiecki

HAS BEEN FORMALLY EVALUATED FOR DEMONSTRATED EXPERIENCE, KNOWLEDGE AND PERFORMANCE IN ACHIEVING AN ORGANIZATIONAL OBJECTIVE THROUGH DEFINING AND OVERSEEING PROJECTS AND RESOURCES AND IS HEREBY BESTOWED THE GLOBAL CREDENTIAL

Project Management Professional

IN TESTIMONY WHEREOF, WE HAVE SUBSCRIBED OUR SIGNATURES UNDER THE SEAL OF THE INSTITUTE

Steven V. DelGrosso - Chair, Board of Directors

Mark A. Langley - President and Chief Executive Officer

SEAL 1969

PMP® Number 1777878

PMP® Original Grant Date 30 December 2014

PMP® Expiration Date 29 December 2017

PMI Project Management Institute

Michael Ross, MS*—Project Coordinator/Stakeholder Engagement

Michael Ross is a Senior Consultant in BerryDunn's Government Consulting Group with 20 years of experience in consulting and management within the non-profit healthcare sector. Michael's experience includes project and program management of healthcare programs, administrative and clinical oversight of community organizations implementing the Affordable Care Act (ACA), and the management of IT and business process improvements for hospitals with expertise in consumer proprietary data collection systems.

RELEVANT EXPERIENCE

MAXIMUS—Community Organization/Entity Manager (2013 to 2015). Michael provided leadership and communication to community organizations implementing the Affordable Care Act. He was a specialist for proprietary data collection system for consumer interactions and provided training and support to field-based employees.

Siemens Healthcare—Project Management Specialist II (2012 to 2013). Michael provided project management for hospital improvements in technology, efficiencies, physician protocols, and process improvements. He was also responsible for budget development and management.

Arc of Three Rivers—Chief Programs Officer (2010 to 2011). Michael worked in the position of administrative and clinical oversight of all programs serving individuals with Intellectual and Developmental Disabilities. He led budget development and management as well as human resource development and management.

KVSS, Inc.—Program Manager (2008 to 2010). Michael provided administrative and clinical direction of two Day Habilitation programs for adults with MR/DD (Safe Harbor). He led budget development and management as well as human resource development and management.

NAMI WV, Inc.—Executive Director (2002 to 2008). Michael provided leadership by uniting the voices of advocacy for individuals with brain disorders. In this role, he was responsible for financial management, including budgets, grants, fundraising; human resources management; legislative lobbying; and community and public relations.

EDUCATION AND PROFESSIONAL AFFILIATIONS

*Master of Science, Psychology, Capella University (anticipated completion date – June 2016)

Bachelor of Arts, Psychology, Harding University

Associate of Arts in Psychology/Youth Ministry, Ohio Valley University

Hilda R. Heady, MSW, ACSW—Stakeholder Engagement

Hilda Heady has spent 38 years working in the field of healthcare policy and administration, women's health, workforce development and community-based health professions training, and working with Veterans. She formerly served as Associate Vice President for Rural Health at West Virginia University in Morgantown; Executive Director of the West Virginia Rural Health Education Partnerships; and Program Director of the West Virginia Area Health Education Center. She was CEO of a rural West Virginia hospital and director of a birth center and provided content leadership on patient-centered care and cultural competence in these roles. She is also a former President of the National Rural Health Association and served in many leadership positions. She also holds adjunct professor appointments with Georgetown University and West Virginia University.

RELEVANT EXPERIENCE

Atlas Research, LLC (2010 to present). Hilda serves as the Senior Vice President and Chair of the Rural Health Research & Policy Group for Atlas Research, LLC. In this position, she leads rural health research and policy efforts and serves as a subject matter expert on rural health workforce policies and strategies, rural Veterans, rural healthcare policy, and rural health services research. She is or has served as the Project Lead on the Homeless Veterans Supported Employment Program, the VISN 5 Housing First Advisory and Technical Assistance Services project, the Rural Women Veterans Qualitative Research; Homeless Women Veterans Success Stories with the Department of Labor Women's Bureau; Hospice and Palliative Care Project with the National Rural Health Resource Center and the Veterans Integrated Services Network (VISN) 23; Rural Homeless and Prevention of Homelessness Services for VISN 5, and the DC VA Medical Center. Her work includes supervising case managers working with homeless Veterans; supporting the National Veterans Caregiver Training Program with VA; leading the VA Collaboration with the Rural Community Health Centers project including assessment of Veterans' dual use of both systems of healthcare; and program evaluation of the HRSA-funded Health Workforce Development Network in western Maryland.

WVU Health Sciences Center (1992 to 2010). As the Associate Vice President for Rural Health, Hilda directed the statewide rural health professions training program and other workforce development programs, with responsibility for developing and managing statewide partnerships of over 700 with eight regional training consortia and five Area Health Education Centers (AHECs). She also directed the WVU HSC Office of Rural Health and served on statewide coordinating and policy committees and various boards furthering efforts to improve rural health statewide.

West Virginia Area Health Education Center Organization (2001 to 2010). As State Program Director, served as principal investigator for the Basic/Core AHEC grant to the WVU School of Medicine; oversaw operation and distribution of grant funds to four regional AHEC centers; and worked with local Center Boards and community leaders, as well as faculty and administrators from the state's three medical schools.

Preston Memorial Hospital (1987 to 1992). Hilda served as CEO and administrator of a 76-bed rural hospital, with responsibility for administering a $6.5M annual budget and providing leadership under severe financial crisis, including passage of a $2M tax levy and $6M bond refinancing.

WVU Graduate School of Social Work (1977 to 1980). Hilda taught courses in rural community development, supervision, process consultation, and community organization

PUBLICATIONS, PRESENTATIONS, AND APPOINTMENTS

Ms. Heady speaks nationally regarding cultural competence in healthcare and policy, rural values and culture, Veterans, and health workforce issues. She also gives guest lectures, and manages relationships with leaders and stakeholders across various practice areas and health services research projects.

In 2010-11 she served as guest editor for the Rural Veterans special issue of the Journal for Rural Social Sciences. She focuses on the growing health problems of Veterans, particularly new Veterans returning from conflicts in Iraq and Afghanistan. Her expertise on these issues has led to invitations to provide congressional testimony on numerous occasions. In 2008, she was appointed to the national Veterans Rural Health Advisory Committee (VRHAC), advising the Secretary of the Department of Veterans Affairs.

SELECTED HONORS AND DISTINCTIONS

Distinguished West Virginian Award by Governor Joe Manchin, III (2009)

Lifetime Achievement Award in Rural Health by the National Rural Health Association (2006)

HRSA Associate Administrator's Award for outstanding achievement in expanding community based health professions training (2005)

Governor's Award for Outstanding Achievement in Rural Health in 1996

Exemplar Award by the National Association of Social Workers (1992)

EDUCATION AND PROFESSIONAL AFFILIATIONS

Master of Social Work, West Virginia University

Bachelor of Science, Sociology and Psychology, University of Southwestern Louisiana

Member, National Rural Health Association
President, 2005

Mary Huntley, MPH—Stakeholder Engagement/Core SHP Team

Mary Huntley has 35 years of experience working in the healthcare industry with a focus on developing and managing programs in national, state, community, and foundation settings including government, academic, and not-for-profit sectors. Her experience includes health systems and policy development, identifying problems, implementing practical solutions, and working effectively with people from various cultural backgrounds, ages, and socioeconomic statuses. Her core competencies include:

- General Operating and Program Management
- Process Reengineering
- Tactical Planning and Team Leadership
- Grant Writing – Federal, State and Private Foundations
- Clinical Research Administration and Compliance
- Data Collection and Analysis
- Policy Development and Quality Improvement Outcomes Analysis
- Budget Preparation and Management
- Legislative Monitoring and Support

RELEVANT EXPERIENCE

Health and Research Administration Consultant, Charleston, WV (2015 to present). Mary provides consulting services for not-for-profit and academic organizations to provide advice and support on health and research administration activities including strategic planning, grants, human subjects research protection, research compliance, and project management. Her clients include West Virginia School of Osteopathic Medicine, West Virginia Perinatal Partnership, West Virginia Geriatric Education Center, and CAMC Health Education and Research Institute.

WV Clinical and Translational Science Institute, West Virginia University, Morgantown (2012 to 2014). As Chief Operating Officer/Assistant Director of Operations, Mary:

- Developed and operationalized new statewide clinical research center focusing on enhancing research support services, increasing the number of clinical researchers and number of research publications aimed at improving health status of population
- Hired research administrative staff; developed standard operating procedures as well as coordinated budgeting and financial planning with five-year budget projections.
- Oversaw development of internal and external media plans, press releases, web site development, social media campaign and events
- Acted as liaison to federal granting agency – National Institute of Health. Weekly communication on funding decisions and reporting. Coordinated and completed annual reports

Charleston Area Medical Center (CAMC) Health Education and Research Institute, Charleston, WV (2001 to 2012). As the Director of Office of Research and Grants Administration, Mary:

- Managed research administrative services for Charleston Area Medical Center and WVU-Charleston Division by improving research administrative processes leading to quicker review times and more responsive support services.
- Managed grant services with aggressive approach to obtaining new funding for specific programs and research expanding the types of funding sources and increasing the grant's portfolio to over a million dollars annually.
- Supported the CAMC Foundation with fund raising through grant submissions and strategic planning including grant fund development for new cancer center.
- Grant reviewer for the Federal Health Resources and Service Administration.
- Developed special geriatric initiative resulting in Geriatric Education and Training Endowment

WV Bureau for Public Health, Charleston, WV (1986 to 2001). For 15 years, Mary had the following roles and responsibilities:

Director of Community and Rural Health Services	1992-2001
Director of Rural Health Policy	1991-1992
Director of State Health Planning	1988-1991
Health Planner	1986-1988
Consultant/Contractor	1986

- Managed statewide services and funding aimed at improving public's health state in the areas of emergency medical services, primary care, recruitment and local health departments
- Designed and implemented new initiatives in the areas of school-based health centers, rural hospitals, maternal and infant care and local health performance improvements
- Active board member of National Rural Health Association designing national rural policy papers and co-chairing national conference on rural emergency medicine leading to program and legislative changes
- Initiated first rural health state organization and first state office of rural health.
- Developed 2000 State Health Plan
- Developed first Statewide Rural Health Plan
- Developed and wrote plans and grants aimed at improving rural health; perinatal health services and systems

EDUCATION AND PROFESSIONAL AFFILIATIONS

Master of Public Health, Tulane University

Bachelor of Science, Social Work, West Virginia University

William A. Neal, MD—Stakeholder Engagement

Dr. William Neal began working with the WVU Department of Pediatrics in 1974 and continued his work with the University until his recent retirement, most recently serving as Chair of Pediatric Cardiology. Since 1998, his focus has been on cardiovascular disease prevention and epidemiology. He has received numerous awards and distinctions for his work, including recognition by the West Virginia Rural Health Education Partnership for his exemplary commitment and service in outreach to rural communities and students in 2006 and the Distinguished West Virginian Award by Governor Bob Wise in 2003.

ACADEMIC APPOINTMENTS

Professor & James H Walker MD Chair of Pediatric Cardiology, Department of Pediatrics, West Virginia University, October 2008 to 2014

Professor, Department of Pediatrics, West Virginia University, March 1998 to 2014

Interim Chief, Section of Pediatric Cardiology, September 2000 to July 2005

Professor & Chairman, Department of Pediatrics, West Virginia University, July 1985 to March 1998. Sabbatical Leave, January 1 to June 30, 1997 WVU Department of Community Medicine

Professor & Chairman Protem, Department of Pediatrics, Charleston Division, West Virginia University, July 1984 to March 1985

Professor, Department of Pediatrics, Chief, Section of Pediatric Cardiology, WVU, 1981 to 1985

Associate Professor, Department of Pediatrics, Chief, Section of Pediatric Cardiology, West Virginia University, 1976 to1981

Assistant Professor, Department of Pediatrics, West Virginia University, 1974 to1976

Instructor, Department of Pediatrics, University of Minnesota, 1973 to 74

SELECTED HONORS AND DISTINCTIONS

Outstanding Clinician Award, West Virginia University School of Medicine, Class of 1976

Pediatrician of the Year - 1996, American Academy of Pediatrics, WV Chapter

Dean's Award for Superior Lifetime Achievement, West Virginia University, 2000

National Rural Health Association, Louis Gorin Award for Outstanding achievement in Rural Health, Salt Lake City, May 15, 2003

Governor's Award, Distinguished West Virginian, 2003

American Public Health Association, 2003 GlaxoSmithKline Partnership for Healthy Children Award, San Francisco, November 16, 2003

The Ethel & Gerry Heebink Award for Distinguished State Service, West Virginia University, April 2004.

Special Achievement Award for Distinguished Service and Dedication to the Mission and Goals of the American Academy of Pediatrics, 2005

West Virginia Rural Health Education Partnership (WVRHEP): Judith Kandzari Award. For exemplary commitment and service in outreach to rural communities and students, 2006

2007 Secretary's Innovation in Prevention Awards. National Prevention and Health Promotion Summit, Washington DC. US Department of Health & Human Services. November 2007

RESEARCH SUPPORT

Following is a selected listing of research projects conducted by Dr. Neal:

WV DHHR, Neal (PI), 2001 to 2013: Coronary Artery Risk Detection In Appalachian Communities (CARDIAC) Project. The goal of this project is to assess the health status of WV youth.

Benedum Foundation, Neal (PI), 2007 to 2013: WV Healthy Lifestyle Act for Children. Evaluate and Enhance the Childhood Obesity Component of WV House Bill 2816. This grant supports school and community-based interventions for school-age children and families.

Benedum Foundation (20080273), Neal (PI), 2009 to 2012: Feasibility of Establishing a School-based Electronic Health Record in WV. The goal is to electronically interface health related data collected by the CARDIAC Project with the WV Education Information System (WVEIS)

WVU Children's Hospital Foundation, Neal (PI), 2006 to 2012: Schools on the Move. Individual awards to 45 schools to promote physical activity.

US Department of Education, Neal (Co-PI), PEP grant 2011 to 2014: Greenbrier CHOICES (Children's Health Opportunities Involving Coordinated Efforts In Schools).

Benedum Foundation (20110140), Neal (Co-PI), 2011 to 2012: Validation of a Model for Reducing and Preventing Obesity in West Virginia. Collaborative Project with Marshall University.

RWJF62079, Dino & Neal (PI), 2007 to 2009: RWJF. Evaluating WV HB 2816 Healthy Lifestyle Act of 2005. The goal of this project was to evaluate the progression of the HB2816 in WV.

In addition to the research projects listed above, Dr. Neal served as Principal Investigator or Co-Investigator on multiple federal grants to study cardiovascular diseases and health intervention strategies. In addition, he has presented nationally on a range of topics, including cardiovascular health, obesity, infant mortality, and physical activity.

EDUCATION, PROFESSIONAL AFFILIATIONS, COMMITTEES

Education

Fellowship Pediatric Cardiology, University of Minnesota (1972 to 1974)

Pediatric Residency, University of Minnesota (1970 to 1972)

Rotating Intern, Milwaukee County General Hospital (1966 to 1967)

MD, Medicine, West Virginia University (1962 to 1966)

Bachelor of Science, Chemistry, Xavier University (1959 to 1962)

Professional Affiliations

President, National Perinatal Association, 1982 to 1984

Executive Board, National Association of Children's, Hospitals and Related Institutions, 1990 to 1994

Executive Committee, Association of Medical School Pediatric Department Chairmen, 1991 to 1994

Member, Board of Director's, Children's Miracle Network, 1993 to 2002

National Chairman of the Board of Trustees, Children's Miracle Network, 1998 to 2000

American Heart Association, Behavioral Science and Epidemiology Study Section (BSEP 2), 2001 to 2003

American Heart Association: Atherosclerosis, Hypertension, and Obesity in the Young (AHOY) Committee

State Committees

Chairman, WV Perinatal Association, 1975 to 1978

Board of Directors, Region VI/VII EMS Authority, 1975 to 1986

Medical Advisory Board, WV Department of Human Services, 1978 to Present

American Heart Association, West Virginia Affiliate President, 1984 to 1985

Monongalia County Medical Association President, 1985

School Health Committee, WV Department of Education, 1998 to present

Chair, Cardiovascular Disease Advisory Committee, Bureau of Public Health, 2003 to present

Board of Directors, Steering Committee, West Virginia on the Move, 2003 to present

WV Action for Healthy Kids, 2003 to present

Board of Directors, WV Medical Foundation, Vision Shared Leadership Team, WV Healthy Weight Coalition, 2004 to present

Institutional Committees

Alumni Association President, WVU School of Medicine, 1981

Chairman of Council Alumni Association, WVU School of Medicine, 1982

Board of Directors, West Virginia University, Medical Corporation, 1982 to 1986

Executive Committee Member, WVU School of Medicine, 1985 to 1998

Dean's Search Committee, School of Medicine, Chairman, 1989 to 1990

Radiology Chair Search Committee, School of Medicine, Chairman, 1990 to 1992

Institutional Review Board for the Protection of Human Subjects, 1998 to 2002

Center for Interdisciplinary Research in Cardiovascular Science, Search Committee, 2004 to present

WVU School of Medicine, Promotions & Tenure Committee, 2004 to 2005

Chair, Exercise Physiology Chair Search Committee, 2005

Member, WVU School of Medicine, Admissions Committee, 2012

Linda K. Riddell, MS—Data Collection and Analysis

Linda Riddell is a Population Health Scientist experienced in applying health data to strategic questions to help individuals and organizations develop actionable and specific health plans. Her specialty is in assessing data sources, linking the available data to valid measures, and translating the measures into engaging presentations. She has worked with data from all-payer claims databases, medical claims processors, decision support systems, validated surveys, and public datasets. With her strong background in quality measures, she helps teams make the best use of the data available and ensure that get a clear picture of health status and progress toward goals.

RELEVANT EXPERIENCE

Health Economy, LLC (2003 to present). As Principal and Owner of Health Economy, an independent population health consultancy, Linda works with government and private sector clients, including:

- **West Virginia Bureau for Medical Services.** Linda is serving as part of BerryDunn's team for a project with BMS to assess opportunities related to Long-Term Supports and Services (LTSS) reform. As part of this work, Linda and the BerryDunn team are evaluating the feasibility and impact of Home and Community-Based Services (HCBS) options that will empower older adults and people with disabilities to live in the community, including Community First Choice and PACE (Program of All-inclusive Care for the Elderly). In addition, the team is evaluating nursing home payment reform and quality initiative options. The team will then evaluate the State's future LTSS environment projections and provide short-, medium-, and long-term recommendations for the Bureau for moving ahead with LTSS reform.
- **Maine Department of Health and Human Services.** Linda is working with two divisions within the Maine Department of Health and Human Services: the Office of MaineCare Services and the Office of Continuous Quality Improvement. Linda's work includes providing data analysis and other support to the Medical Director for strategic initiatives and responses to public and legislative inquiries. Additionally, she has designed and implemented an analysis framework for a major savings initiative that entailed creating an entirely new approach for six state agencies to share data about clients; developed an outcomes-based dashboard that allowed the Medical Director to find and learn from efficient, high quality providers; compared different data sources, including a HIE, APCD, and the state's own claims system to determine the best way to access and apply the data to the state's goals, and analyzed health and financial impacts of policy changes.
- **Fortune 500 health insurers, employers, and wellness vendors.** Linda uses public health data sets and survey instruments to develop measures that allow the employers' clients to be compared to their home states' population. She has also designed reports for the employers' purchasing health coaching services, showing improvement over time (e.g., percentage of people scoring higher on medication adherence) and showing how improvements impacted health costs, productivity, and absenteeism.

Maine Community Health Options (2012 to present). Linda joined as a Formation Board Member two years before Maine Community Health Options (MCHO) began offering coverage on the federal marketplace, helping to oversee its growth from three employees to more than 100. MCHO is funded by the ACA to provide a member-governed health insurer.

Healey & Associates, Inc. (2001 to 2003). As an Account Manager, Linda provided technical administrative oversight for 16 self-funded health insurance plans, with $20 million in annual funding. She developed new analysis reports using health claims data bases that allowed the employer to tailor wellness interventions and design benefits that responded to the unique health needs of the covered people.

Maine Workers Compensation Board (1995 to 1999). Linda was appointed by the Governor as the Director and confirmed by the Senate to serve as a management director on this labor-management board. The board oversaw workers compensation administration, regulation, and statutory compliance for all carriers in the state.

EDUCATION AND PROFESSIONAL AFFILIATIONS

Master's Degree, Health Policy and Management, University of Southern Maine, Muskie School for Public Service

Bachelor of Arts, English, University of Cincinnati
(Phi Beta Kappa and summa cum laude)

Continuing education: Johns Hopkins University, University of Michigan, and Massachusetts Institute of Technology in biostatistics, social epidemiology, survey design, and advanced analytics.

Lisa Dulsky Watkins, MD—Core SHP Development Team

Lisa Dulsky Watkins, MD, is a former primary care pediatrician in Vermont and the former Associate Director of the Vermont Blueprint for Health at the Department of Vermont Health Access, as well one of the founding members of the Milbank Memorial Fund Multi-State Collaborative. She understands all outlets of the healthcare community, including medical providers, hospitals, allied health professionals, key public and private sector stakeholders, and community members.

Dr. Dulsky Watkins serves on a number of committees and advisory groups, including as a Cabinet Member of the Advocacy and Public Policy Center of the Patient-Centered Primary Care Collaborative. In her current role as Director of the Milbank Memorial Fund Multi-State Collaborative, she acts as an advocate for new and continued support for health system and payment innovation at the state and federal levels.

RELEVANT EXPERIENCE

Granite Shore Consulting, LLC (2013 to Present). Lisa is a Principal with Granite Shore Consulting, for which she has worked on the following projects:

- **Prevention Institute,** Oakland, CA (supported by CMS Innovation Center): Consultant, Accountable Communities of Health Project, State of Vermont State Innovation Models grant
- **Onpoint Health Data,** Portland, ME: Clinical Adviser
- **National Academy for State Health Policy,** Portland, ME (supported by the Commonwealth Fund): Director, Multi-Payer Medical Home Learning Collaborative
- **Association for State and Territorial Health Officials,** Bethesda, MD (supported by the de Beaumont Foundation): Investigator/author, Public Health and Medicaid Opportunities to Improve Population Health
- **Milbank Memorial Fund,** New York, NY: Director and advocate, Multi-State Collaborative

Vermont Blueprint for Health, Department of Vermont Health Access (2008 to 2013)
Associate Director and Chief of Operations

Vermont Department of Health (2006 to 2008)
Public Health Physician

Problem Knowledge Couplers Corporation (2003 to 2004)
Medical Content Reviewer

Vermont Program for Quality in Health Care, Inc. (1998 to 2000)
Research Consultant

General Pediatrician:

- **Essex Pediatrics,** Essex Junction, VT (1990 to 1996)

- **Plattsburg Air Force Base,** Plattsburg, NY (1989 to 1990)
- **Middlebury Pediatric and Adolescent Medicine,** Middlebury, VT (1988 to 1990)

COMMITTEE MEMBERSHIP AND ADVISORY ACTIVITIES

Patient Centered Primary Care Collaborative
Cabinet Member, *Advocacy & Public Policy Center*
January 2014 to Present

National Committee on Quality Assurance
Patient-Centered Medical Home Advisory Committee
April 2013 to Present

Milbank Memorial Fund Multi-State Collaborative
Founding member, *Multi-payer Patient Centered Medical Home Collaborative*
2008 to Present

Institutes of Medicine of the National Academies of Science
Best Practices Innovation Collaborative of the Roundtable on Value and Science-Driven Health Care
2011 to 2013

University of Vermont College of Medicine, Departments of Family Medicine and Primary Care Internal Medicine
Faculty and Chair Search Committee, Health Care Service Leader for Primary Care Internal Medicine at Fletcher Allen Health Care and chief of the Division of Primary Care Internal Medicine at UVM
2012

Informed Medical Decisions Foundation
Panelist and adviser
2011 to 2013

SELECT PRESENTATIONS

Alliance of Community Health Plans, Pittsburgh, PA, April 2014
Integration of Behavioral Health and Primary Care

Improving Clinical Outcomes for Complex Patients, Stowe, VT, October 2013
Plenary presentation, *The Vermont Blueprint for Health*

NASHP 26th Annual State Health Policy Conference, Seattle, WA, October 2013
Panelist, *Facilitating Care Coordination with Health Information Technology*
Panelist, *Expanding Medical Homes and Improving Quality of Care for Medicaid/CHIP*
Presentation, Invitation-only SIM post-meeting, *Vermont's Community and Consumer Engagement Strategy*

Treo Solutions Conference, ***Driving Transformation in Medicaid: Putting Policy into Practice,*** New York, NY, September 2013
Panelist, *Identifying and Managing Super Utilizers*

NASHP Webinar, ***It's All About the Data, States!*** July 2013
Panelist, *The Role of Data in Supporting Multi-Payer Reform*

Modern Healthcare Patient Safety and Quality Virtual Conference, June 2013
Panelist, *Using Data to Drive Improvement*

EDUCATION AND PROFESSIONAL AFFILIATIONS

Postdoctoral Training, University of Vermont College of Medicine

Pediatric Internship and Residency, 1985-88

MD, Perelman School of Medicine at the University of Pennsylvania

Bachelor of Science in Biochemistry, City College of New York

Awarded Phi Beta Kappa, Valedictorian, Summa cum Laude, and Chemistry Award

Board Certifications:

American Board of Pediatrics, 1989, 1996

National Board of Medical Examiners, 1986

State Medical Licensure:

Vermont [redacted] 1988 to present

New York # [redacted] (inactive), 1990 to 1992

Keely Sayers, MPH, CPEHR, PMP—Core SHP Development Team

Keely is a Senior Consultant in BerryDunn's Government Consulting Group with nine years of professional experience in the healthcare delivery and public health industries. Keely focuses her work on serving state health and human services agencies.

RELEVANT EXPERIENCE

West Virginia BMS (2012 to present). Keely has worked on several projects for the Bureau:

- **Long-Term Services and Supports (2015 to present).** Keely is conducting an assessment of opportunities related to Long-Term Supports and Services (LTSS) reform. As part of this work, Keely and the BerryDunn team are evaluating the feasibility and impact of Home and Community-Based Services (HCBS) options that will empower older adults and people with disabilities to live in the community, including Community First Choice and PACE (Program of All-inclusive Care for the Elderly). In addition, she is evaluating nursing home payment reform and quality initiative options and will then evaluate the State's future LTSS environment projections and provide short-, medium-, and long-term recommendations for the Bureau for moving ahead with LTSS reform.
- **Adult Quality Measures Grant (2013 to 2014).** As Lead Business Analysis of a successful grant submission for the Adult Medicaid Quality Measures Grant Assistance Project for BMS, Keely facilitated information gathering and planning sessions, project management team meetings, and stakeholder meetings with physicians from across West Virginia. Keely and her team used the information gathered during these meetings to develop the Adult Medicaid Quality Measures Grant, which was vetted by the Bureau and received funding for $ 2 million dollars over two years.
- **MITA State Self-Assessment (2012 to 2014).** Keely served as meeting facilitator for the MITA 3.0 State Self-Assessment (SS-A) to document the Bureau's business processes, assess the "As-Is" and "To-Be" maturity levels, and gather the information and supporting documentation to successfully complete the MITA 3.0 SS-A and Roadmap. In addition, she assisted in the development of the SS-A methodology, meeting materials, communication plan, project plan, and final deliverables.
- **Enhanced Primary Care Payments (2012).** Keely worked with BMS in their preparation of the enhanced primary care payments that went into effect on January 1, 2013, as part of the Affordable Care Act (ACA). Keely assisted the Bureau with policy analysis, ad hoc research, and with the development of communication materials, State Plan Amendment (SPA), and self-attestation forms. Additionally, Keely assisted with overall project management to ensure timely compliance with these new regulations.

West Virginia Offices of the Insurance Commissioner (2011 to 2013). Keely worked with BerryDunn's project team to conduct several key activities toward the development of the OIC's Health Benefit Exchange (HBE) IT Strategic Plan, HBE Business Plan and Financial Sustainability Model, and RFI for the HBE IT system. Her work included documenting business requirements and processes, performing an IT system gap analyses, and preparing for the Establishment Review process with CMS.

Massachusetts Executive Office of Health and Human Services (2011 to 2015). Keely led a project to evaluate hospital information system (HIS) replacement alternatives for three EOHHS agencies—the Departments of Public Health, Mental Health, and Developmental Services. This project began with BerryDunn conducting a MITA State Self-Assessment, working in collaboration with Department stakeholders to evaluate and document processes in alignment with the MITA Framework. Keely then facilitated the development of requirements and procurement documents, led procurement management team meetings, coordinated and facilitated scoring sessions and subject matter expert presentations, and ensured all activities and decisions were made in accordance with Commonwealth and EOHHS policies and procedures. She developed and maintained the project plan and monitored timelines, provided status updates to the steering committee/procurement management team, and served the point person for coordinating and driving all activities during the vendor selection process.

Colorado Department of Human Services (2014). Keely served as functional team lead for BerryDunn's work assessing Child Care Tracking Systems for the Department and as lead analyst for the eastern region. In this role, Keely led fact finding interviews and stakeholder meetings with State staff, providers, and parent groups across the state; developed surveys; conducted research and data analysis; and supported project deliverable development.

Missouri Department of Mental Health (2013). Keely was the lead business analyst and technical writer assisting with strategy and planning for a shared Enterprise Clinical EHR system. BerryDunn conducted interviews and met with key stakeholders from the Department and outlined potential options to help develop a cohesive strategy and timeline to find funding for and procure a new EHR.

Boston University School of Public Health (2008 to 2011). Keely worked as a research coordinator for the Normative Aging Study, where she independently built a database and managed multiple databases for three organizations. She reduced a backlog of data and reduced errors through data verification. In addition to overseeing recruitment, administering cognitive and neurological tests, collecting of biological samples, she analyzed the resulting data and wrote and edited papers/abstracts for publication.

Massachusetts General Hospital (2006 to 2007). As the Neurosurgery Pediatric Service Coordinator, Keely assisted with preparations for an international conference on Chiari Malformations; scheduled surgeries, MRIs, CT's, EEG's, X-rays, pre-op appointments, and labs; and maintained and updated medical records. Keely was also an advocate for patients when dealing with complex or difficult insurance problems.

EDUCATION AND CERTIFICATIONS

Master of Public Health, Health Policy and Management, Boston University School of Public Health

BA, Psychology, Wellesley College

Certified Professional in Electronic Health Records

Certified Project Management Professional

Alison Buckser, MPH—SHP Development Advisor

Alison Buckser is an independent consultant and a long-time partner to BerryDunn with strong public health, policy analysis, facilitation, procurement, and technical writing expertise. She developed this experience through her work with public health agencies, health and human service agencies, and not-for-profit organizations on the planning, development, and management of initiatives to meet the health and well-being of targeted populations. Prior to becoming an independent consultant, Alison's career focused on supporting vulnerable populations, particularly those with chronic conditions.

RELEVANT EXPERIENCE

Alison is currently working as part of BerryDunn's team to conduct an assessment of opportunities related to Long-Term Supports and Services (LTSS) reform for West Virginia BMS. As part of this work, Alison is evaluating the feasibility and impact of Home and Community-Based Services (HCBS) options that will empower older adults and people with disabilities to live in the community, including Community First Choice and PACE (Program of All-inclusive Care for the Elderly). In addition, she is evaluating nursing home payment reform and quality initiative options and will then evaluate the State's future LTSS environment projections and provide short-, medium-, and long-term recommendations for the Bureau for moving ahead with LTSS reform.

Alison previously worked as part of BerryDunn's team to develop grant applications for the Bureau, analyze the effects of the ACA on BMS operations, conduct West Virginia's MITA 2.0 SS-A, write an RFP for Third-Party Liability services, and assist with the development of APDs. In addition, Alison served as part of BerryDunn's team to conduct a needs analysis for the electronic Long-Term Services and Supports (eLTSS) and Personal Health Records (PHR) components of AHCCCS' TEFT Grant

Alison's public health experience includes collaborating with community organizations on projects related to homelessness, mental health, children's health, oral health, and smoking cessation. She has done extensive work with the State of Rhode Island on programs such as Money Follows the Person, outreach and support for those transitioning from nursing homes to the community, Real Choices System Transformation, and expanding dental access to children.

Alison previously worked as Project Director for the American Cancer Society, with responsibility for directing the SmokeLess States Initiative, Campaign for a Health Rhode Island. This position included directing activities to build support and pass legislation to make 99% of Rhode Island workplaces smoke-free and overseeing administration of three grants to community organizations, including selection and oversight of grantees.

EDUCATION AND PROFESSIONAL AFFILIATIONS

Master of Public Health, with a concentration in Health Policy & Administration, Yale University School of Medicine, Department of Epidemiology & Public Health

Bachelor of Arts in History, Brown University

Jamie Hart, PhD, MPH—SHP Development Advisor

Jamie Hart, PhD, MPH, a recognized health equity and strategic development expert, is Executive Vice President with Atlas Research, a subcontractor to BerryDunn for this engagement. She has extensive experience in improving health outcomes and increasing access to care for underserved populations through strategic planning and facilitation, provision of training and technical assistance, research, and assessment.

RELEVANT EXPERIENCE

Dr. Hart previously worked at Altarum Institute as Director of the Knowledge Transfer and Technical Assistance Practice Area and Lead of the Health Equity Area of Expertise. She is highly regarded for her ability to bring diverse audiences together and facilitate productive discussions to define and address common goals. She currently assists the Office of Minority Health in executing an implementation strategy for the National Plan for Action to Reduce Health Disparities by providing ongoing technical assistance and facilitation to a Federal interagency team of more than 30 agencies, 10 regional planning bodies, and a national board. She also facilitates ongoing planning processes with agencies such as the Office of Adolescent Health and Office of Population Affairs.

She works with the NIH National Heart, Lung, and Blood Institute to increase the capacity of community health workers to address cardiovascular disease prevention and asthma management among underserved populations. She also recently directed contracts to promote national HIV prevention efforts; assess HIV-related technical assistance; examine efforts to recruit and retain African Americans who are HIV positive in care; and assess the severity of need for programs and services in order to distribute Ryan White CARE Act funds accordingly.

Dr. Hart directed the jointly-funded Veterans Affairs, Health and Human Services, Housing and Urban Development, and Department of Labor Homeless Policy Academies Initiative for five years. She has since been involved in the adaptation of this model to address co-occurring mental health and substance use disorders within specific populations, including returning service members, Veterans and their families; tribal communities; and students at historically black colleges and universities.

Prior to Altarum, Hart worked at the University of Michigan as an instructional consultant in the Center for Research on Learning and Teaching; as a research assistant on the CDC's Project REACH; and as a project director, researcher, and trainer at the Center for Research on Group Dynamics.

EDUCATION

Master of Science, Public Health, Health Behavior, and Health Education

Master's Associate Degree and a Doctorate of Philosophy, U.S. history with a specialization in African-American history, University of Michigan; dissertation research focused on reproductive health and access to healthcare for African-American women

Patricia Hart, MS—SHP Development/Certificate of Need Team

Patricia Hart has over 27 years of experience conducting research, facilitating groups, writing grants, and analyzing data for government agencies, healthcare organizations, academic institutions, and private companies. She is well versed in management consulting, evaluation design, research methods, data collection, analysis, reporting, and presenting findings, and is skilled at managing complex projects. Active in community work, Patricia is serving her second term on the Gardiner (Maine) City Council. She is a past Chair of the City of Gardiner Planning Board and is a returned Peace Corps Volunteer/Nepal.

RELEVANT EXPERIENCE

Hart Consulting (1998 to present). Patricia's consulting practice has focused on public health, healthcare, and social services program evaluation and research, including work on the following projects:

- **Collaborative of Four Health Care Systems and Maine DHHS, Shared Health Needs Assessment and Planning Project (April 2015 to present).** Patricia Hart is the project lead for a team of consultants contracted to analyze health data sets and collect stakeholder input on health priorities in Maine's communities. She serves as the liaison between the multi-stakeholder group and the project analysts to define needs and seek approvals for the primary and secondary data collection efforts. This shared health needs assessment will ultimately fulfill the Internal Revenue Services' Community Health Needs Assessment requirements for Maine's four largest healthcare systems and the State Health Assessment for the Maine Center for Disease Control and Preventions' public health accreditation process.
- **Maine DHHS (July 2014 to present).** Patricia is facilitating a Comprehensive Strengths and Needs Assessment (CSNA) and planning process for Maine's Maternal Child Health Block Grant required by HRSA for state recipients of Social Security Act-Title V funding. The comprehensive planning process includes extensive stakeholder and consumer input to understand the health needs of woman, infants, children, children and youth with special healthcare needs, and adolescents.
- **Eastern Maine Healthcare Systems (July to September 2014).** Patricia helped Maine's second largest health system to update its Community Health Needs Assessment to include findings from a stakeholder survey and analyze differences among counties in its service region. She produced a set of reports with analyses for eight of Maine's 16 counties.
- **Program Evaluator (2002 to present).** Pat has served as Program Evaluator for several of Maine's most complex and innovative health projects
    - From 2002 to 2007, she served as the Evaluation Lead for the comprehensive evaluation of the Partnership for a Tobacco-Free Maine, the Maine Cardiovascular Health Program (MCVHP), the Maine Physical Activity and Nutrition Program, and the state and local Healthy Maine Partnerships Evaluation for the Gallup Organization. Her specialty on that engagement was in defining

and implementing data collection efforts for public health environmental indicators, verifying local policies, and evaluating quality improvement programs to improve patient management of chronic disease.

- For the Maine Center of Disease Control and Prevention, Patricia developed the *Evaluation Plan for the Patient Navigation Approach to Managing High Blood Pressure and Cholesterol in Two Federally Qualified Healthcare Practices in Maine* (2013)
- Patricia has conducted multiple evaluations of regional tobacco use reduction and prevention initiatives, including a youth tobacco resilience program and evaluation of environmental indicators for tobacco policy in Maine's cities and schools (2013 and 2006, respectively)
- Since 2007, she has served as the Lead Evaluator to the innovative obesity prevention project in Greater Portland, *Let's Go! 5210*

- **Maine Development Foundation (2008 to 2011).** As Senior Program Manager, Patricia developed the following publications for the Maine Development Foundation:
  - *Healthy Maine Streets Trail Map: Making the Case for Promoting Wellness in the Downtown and Community*
  - *Education and Training Opportunities: A Resource Guide for Maine Workers and their Employers*
  - *A Toolkit for Maine Employers: Implementing Workplace Supports to Encourage Employee Training and Education*

EDUCATION

Master of Science, Resource Economics, University of Massachusetts

Bachelor of Arts, Economics/Classical Studies, The College of William and Mary

Holly Korda, MA, PhD—SHP Development Advisor

Holly is a healthcare policy, public health leader with expertise directing, managing, developing, and evaluating program systems and innovations, with a focus on social enterprise models. She has established and directed research-development, grant making, and technical assistance organizations and teams serving clients in federal agencies, states, foundations, private health systems, community-based providers, and academic organizations. Her experience includes work with Medicare, Medicaid, private and public health systems and foundation initiatives, and diverse policy and stakeholder partners.

Holly began her career as Director of Policy Research and Analysis and Assistant Director for Hospitals and Ambulatory Care for the Massachusetts Department of Public Welfare, where she directed and managed the research unit supporting Medicaid reimbursement for managed care, fee for service, and program policy. Today, she focuses her work on health and community systems innovations, population health improvement, evidence-based community-based programs, multi-sector initiatives, integrated care delivery models, payment reform and incentive structures to improve access, quality and affordability of care for vulnerable populations.

RELEVANT EXPERIENCE

Health Systems Research Association (1999 to 2009, 2013 to present). As Principal and Managing Director, Holly is responsible for directing and evaluating health and social sector innovations to improve patient experience, access, and affordability of population health and prevention. Clients have included the Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), Administration for Community Living (ACL), Institute of Medicine (IOM), public and private health systems and foundations. Holly's focus is on development, implementation, and scaling of delivery models at the intersection of public health, medical and community-based care, including work on the following initiatives:

- Provided consultation on design and evaluation of place-based initiatives and dissemination strategies for public health systems and social sector initiatives in Maine through Maine Health Access Foundation community health empowerment initiatives.
- Directed studies of chronic disease self-management programs for older adults, including implementation and scaling through community-based organizations; Federal *Communities Putting Prevention to Work Initiative* involving community aging and public health partnerships.
- Directed and conducted successful proposal/program efforts incorporating best practices for Medicaid medical service and behavioral health populations with corporate and community groups with regional and national health plans, opening new and expanding markets.

Altarum Institute (2009 to 2012). Holly held leadership roles in research and policy for this health research, analysis, and consulting organization. She worked with public, private, and philanthropic funders and stakeholders on the following projects:

- Directed, trained interdisciplinary staff in conducting Congressionally-mandated national assessment and evaluation of community-based, evidence-based wellness and prevention programs for older adults for CMS
- Directed, conducted, and supervised veteran's healthcare innovation projects: pilot mobile health (smart phone) technology for veterans with post-traumatic stress and other behavioral disorders, and design Phase 2 trial to scale
- Served as senior consultant for a study of case management and outreach for Medicaid Early and Periodic Screening, Detection, and Treatment (EPSDT) services
- Co-directed multi-method performance evaluation of chronic disease self-management program (Communities Putting Prevention to Work, with Administration for Community Living/Administration on Aging); project involved designing and evaluating implementation of the Stanford Model Chronic Disease Self-Management Program (CDSMP) in 47 states
- Developed series of 15 strategic evidence reviews, *Strategic Innovations in Value-based Health Care*, four best practice briefs, and four peer-reviewed articles on "what works" in diverse healthcare markets addressing emerging evidence for action for value-based purchasing for purchasers and payers.

University of New England College of Osteopathic Medicine (2006 to 2008). As Associate Dean for Community Programs and Associate Professor of Public Health, Holly provided senior leadership and management of the Division of Community Programs' education, service, and research activities, including:

- Graduate Public Health Education (Distance MPH, Certificate programs) for students in remote locations, working students
- Maine Area Health Education Center Network (statewide rural health workforce development initiatives), which involved successful grants development, oversight of statewide clerkships and population health research components, and oversight of student research in the U.S. and abroad
- Maine Geriatric Education Center (UNE-MGEC), which involved successful grants development for implementation of statewide interdisciplinary geriatrics training and outreach.
- Coastal Healthy Communities Coalition (Healthy Maine Partnership community outreach and health promotion), which involved community health coalition building and outreach

EDUCATION

PhD in Health Services Research, Tufts University

Master of Arts in Sociology, Tufts University

Bachelor of Arts in Sociology and Political Economy, McGill University

Jason Ormsby, PhD, MBA, MSHA—SHP Development Advisor

Jason Ormsby is Senior Vice President of Health Care Delivery Improvement and Program Evaluation for Atlas Research, a subcontractor to BerryDunn for this engagement. He has recognized expertise in health systems, quality measurement and improvement, accreditation, health professional education and certification, patient safety, and value-based purchasing. Dr. Ormsby has long focused on the linkages between healthcare quality, provider education and health information technology (HIT), as well as access for vulnerable populations involving rural and racial/ethnic/socioeconomic disparities. His projects for Atlas include a wide array of care delivery improvements in the Department of Veterans Affairs involving patient centered care models, rural health, women Veterans, and the collaboration between the VA and Federally Qualified Health Centers, as well as evaluation of VA contracting with private providers.

RELEVANT EXPERIENCE

Dr. Ormsby has participated in quality measurement and improvement initiatives for the Department of Health and Human Services, particularly the new value-based purchasing models. He provides expert guidance to public and private organizations involving the implementation and impact of the ACA, and has led related studies like an evaluation of Massachusetts health reform for the Commonwealth Fund. Through his faculty position within the Georgetown University Department of Health Systems Administration, Dr. Ormsby teaches quality and policy and leads a robust Lean Six Sigma process improvement education and training curriculum to provide certifications for graduate students and health professionals, as well as quality improvement solutions for numerous hospitals and health systems.

Dr. Ormsby began his career in healthcare administration at Mayo Clinic, where he focused on the implementation and meaningful use of HIT. After winning the prestigious David A. Winston Health Policy Fellowship, Dr. Ormsby moved to Washington, DC, and served as professional staff for the US House Ways and Means Committee, working on numerous Medicare quality measurement and improvement issues under Chairman Bill Thomas. He also directed health policy education initiatives for an organization led by Senators Jay Rockefeller and Bill Frist. Prior to joining Atlas Research, Dr. Ormsby handled federal relations for The Joint Commission, again focusing on the areas of quality measurement, care delivery improvement, patient safety, value-based purchasing, and HIT. He represented The Joint Commission on national quality and HIT advisory bodies, including the National Quality Forum, Hospital Quality Alliance, Ambulatory Quality Alliance, American Health Information Community and National eHealth Collaborative.

EDUCATION AND PROFESSIONAL AFFILIATIONS

Doctor of Philosophy degree in Public Administration and Health Policy, The George Washington University

Master's degrees in Business Administration and Health Services Administration from Arizona State University

Board Member, David A. Winston Health Policy Fellowship

Connie Ouellette, CPA, FHFMA—Certificate of Need

Connie Ouellette is a Principal in BerryDunn's Healthcare Industry Group and leads the Group's hospital practice. She specializes in finance and third-party reimbursement and has provided consulting services to numerous healthcare providers, including hospital organizations, physician group practices, long-term care facilities, and home health agencies. She is experienced working with providers to support the CON process, including developing CON applications and assisting healthcare facilities with managing major capital spending on new facilities and equipment.

Connie helps clients with a variety of issues, including:

- Operational and financial analyses
- Third-party payor estimates
- Preparation and review of Medicare and Medicaid cost reports
- Medicare and Medicaid appeal assistance
- Medicare designations

Connie earned her Bachelor of Science in Accounting, *summa cum laude*, from the University of Southern Maine. She is a Certified Public Accountant and a Fellow in the Healthcare Financial Management Association, and is a member of the American Institute of Certified Public Accountants and the Healthcare Financial Management Association (HFMA), previously serving as President of the New Hampshire/Vermont Chapter of HFMA.

Raymond Taylor, PhD— Data Collection and Analysis

Dr. Raymond Taylor is a professor emeritus at North Carolina State University where he taught social science research and statistics for 25 years. During that period he founded a private operations research laboratory and managed it for twelve years before turning it over to the University and returning to Maine. The laboratory specialized in the applications of mathematics to decision science in the public sector, including education and health. More recently he has worked with the Maine Department of Labor on Worker's Compensation claims data and as Director of Data Analytics for the Maine Department of Health and Human Services.

He is the author of nearly 150 articles in scientific journals plus several books -- most significantly "*Decision Science in the Public Sector*" now being prepared for the fourth edition. The book has appeared in English, Russian, Ukrainian, and parts in Spanish. Using it as a springboard, Raymond has lectured around the globe on the optimization of public policy.

Raymond holds several degrees, including an undergraduate degree in mathematics from Bucknell University and a doctorate in statistics and research methods from the University of Pennsylvania.

Kevin MacDonald, MFA— Data Collection and Analysis

Kevin MacDonald is a Technical Writer for BerryDunn's Government Consulting Group with eleven years of experience in writing and education. As a Technical Writer in the firm, Kevin works with consultants to conduct research and develop client-specific reports and documentation for a variety of management and IT consulting engagements. He also works with the proposal team to create and respond to Request for Proposals.

Since 2000, Kevin has worked for large publishing companies as production editor and project manager for several digital and hardcover publications.

In addition to his technical writing experience, Kevin has a background in education and has taught several college courses in English, economics, and philosophy at City College of New York, Middlesex Community College, New England College, Nashua Community College, New York University, and Massachusetts College of Art and Design.

Kevin holds a Master of Fine Arts in Creative Writing, City College of New York and a Bachelor of Fine Arts, Illustrating, Massachusetts College of Art.

APPENDIX B: PROJECT AND PERFORMANCE MANAGEMENT PLANS

B.1 Project Management Plan

BerryDunn's team will apply proven project management processes, tools, and techniques across all project activities, based on principles in the Project Management Institute's (PMI's) Project Management Book of Knowledge (PMBOK), version 5. Our approach includes applying standard processes across the project management lifecycle, as shown in Exhibit K and described below.

Exhibit K: Project Management Lifecycle

Initiation: Establishing Project Structure and Governing Processes

Project initiation is signaled by acceptance of our proposal and successful negotiation of a contract. Based on existing documentation, terms of the contract, and additional input from the HCA, BerryDunn will create the following initial planning deliverables:

- **Project Work Plan**, including:
    - As part of our proposal we have submitted the following components of our initial Project Work Plan:
        - A narrative Work Plan (presented in Attachment A of this proposal)
        - Microsoft Project Gantt Chart with key milestones identified (provided in Attachment B of this proposal)
    - Upon contract award we will extend the Work Plan to include:
        - Deliverables Dictionary
        - Resource Plan (including BerryDunn and HCA resources assigned to each major task)
        - Project Assumptions and Constraints
        - Agreed-upon processes for managing change, risks/issues, quality, communications, and resources
        - Templates for standard documentation (e.g., Status Reports, Agendas, Deliverable Acceptance Forms, etc.)

Planning: An Ongoing Process…

Planning is not a one-time task, but an ongoing project management process. It entails clarifying deliverable expectations, identification and integration of tasks, estimation of effort and/or duration, allocation of appropriate resources, and development of strategies to mitigate any significant project risks. BerryDunn's Project Manager will conduct initial planning with the HCA and maintain and update planning documents throughout the engagement.

Execution and Control: Execute the Plan. Monitor and Measure. Report Outcomes.

Throughout the course of the engagement, BerryDunn's Project Manager will apply knowledge, skills, tools, and techniques to direct project activities, review deliverables, leverage resources, facilitate communication, and monitor team function to achieve the expectations established in the contract and further refined by the State through initial and ongoing project planning.

Prior to submitting deliverables to the HCA for approval, the BerryDunn Project Manager will review the deliverables to evaluate fitness of use and compliance with established acceptance criteria. Status Reports provide a snapshot of project health and measure actual progress against expected outcomes.

Project Close: Are We There Yet?

Project close activities and deliverables will validate that the HCA's expectations have been met and tasks have been completed as agreed upon. Knowledge transfer activities are designed to ensure a smooth transition of our work to the HCA.

Scope Management

From a project perspective, effective scope management establishes and helps to satisfy stakeholder expectations. This involves defining the scope of the project, periodically validating scope, and monitoring planned work against approved scope to ensure accountability for actual against planned outcomes.

BerryDunn will review the scope, objectives, and requirements for each project task and major deliverables with the HCA prior to commencing work in order to clarify HCA expectations and ensure a common understanding among project team members. Changes will follow an agreed-upon change control process as determined during initial project planning between BerryDunn and the HCA.

Changes in scope, cost, and/or staffing, made by mutual agreement and approval with the HCA, may necessitate a revision to the Project Work Plan and/or Schedule. If such revisions are necessary, they will be submitted for HCA review and approval using an agreed-upon Change Request Form, similar to the format presented in Exhibit L.

Sample Change Request Form

Request #:

Description of Change:

Reason for Change:

Impact Assessment

- **Scope**
- **Schedule**
- **Budget**
- **Deliverable Description**

Change Requested By: _____

Date Request Submitted: _____

Reviewed By	Date Reviewed	Recommendation

Change Request ☐ **Approved** ☐ **Denied**

_____ _____

State Signature *Date*

_____ _____

BerryDunn Signature *Date*

Exhibit L: Sample Change Request Form

Upon signature approval, BerryDunn will update the Project Schedule and/or Project Work Plan to reflect the agreed-upon change(s). It should be noted that some changes may impact a project without changing the contract. Such changes should be evaluated by the BerryDunn Principal and the HCA and approved by the HCA prior to their adoption.

Project Influences

Project influences are defined as conditions external to the project that will, or could have, an impact on creating the deliverables or achieving the project objectives. These influences can be categorized as assumptions, constraints, and dependencies. We have identified the following assumptions, constraints, and dependencies as potentially influencing this project, which we have factored into our proposed project approach.

Assumptions are premises about the business and/or project environment that, for the sake of planning, are taken as fact. The following assumptions are assumed true for the purposes of this project:

- HCA and DHHR leadership considers this project a priority, and although staff may be faced with many other important priorities, leadership will clearly communicate and

support the prioritization of project participation. We acknowledge that resource constraints may exist (see below) and will work to accommodate potential scheduling conflicts and constraints, while still maintaining agreed-upon timeframes for completing project work.

- This project will require coordination among the various stakeholder groups. Stakeholders will be cooperative in responding to requests for information and meetings.

Constraints are restrictions that may affect a project's ability to reach its intended goals and objectives. The project has limited or no control over constraints. The following are considered constraints for purposes of planning for this project:

- Availability of HCA and DHHR staff and project stakeholders is limited due to many competing priorities, including daily business and other projects and initiatives, which may impact the project schedule and ability to conduct some of the planned work concurrently. Throughout the project, we will work with HCA leadership to plan our work, taking into consideration the availability and competing demands of key stakeholders. If scheduling issues arise that will impact the overall project timeline or milestones, we will alert the HCA of these issues as part of our regular status reporting and work together to determine an appropriate resolution.
- The completion of BerryDunn's project work may be reliant on the timely receipt of data and/or documentation from the State and/or other sources.

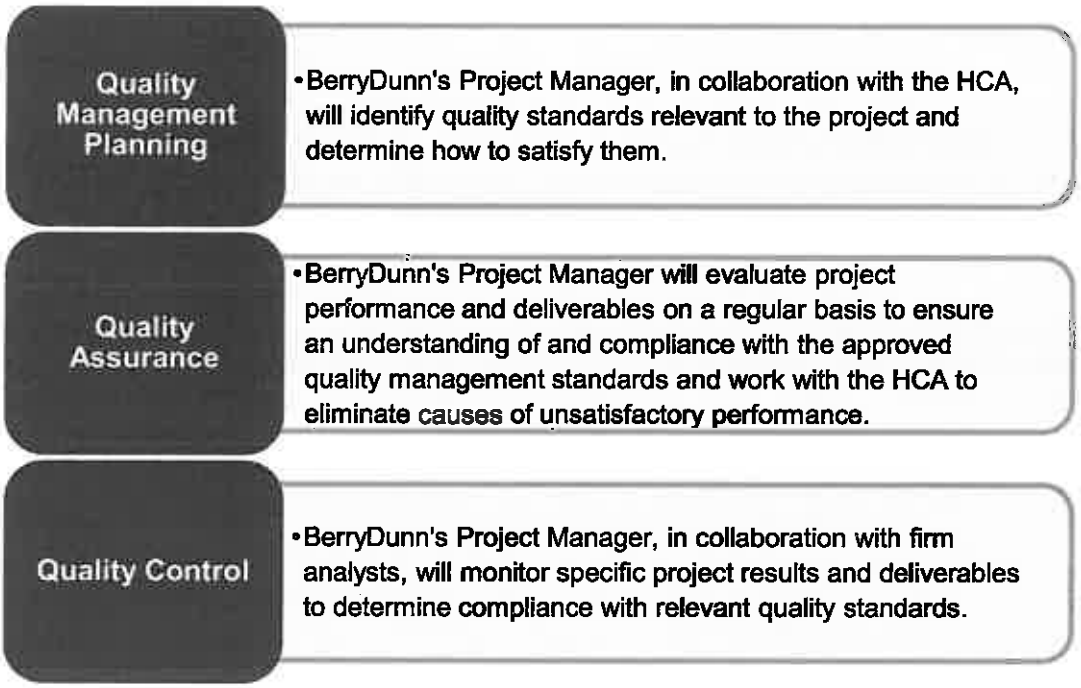
Dependencies describe a relationship that exists between projects or entities that could impact the success of either or both. These relationships must be taken into account when planning project work. The following is a list of project dependencies considered for project planning purposes:

- Decisions made in other projects currently underway (e.g., WV State Health Improvement Plan) may impact this project and vice versa.

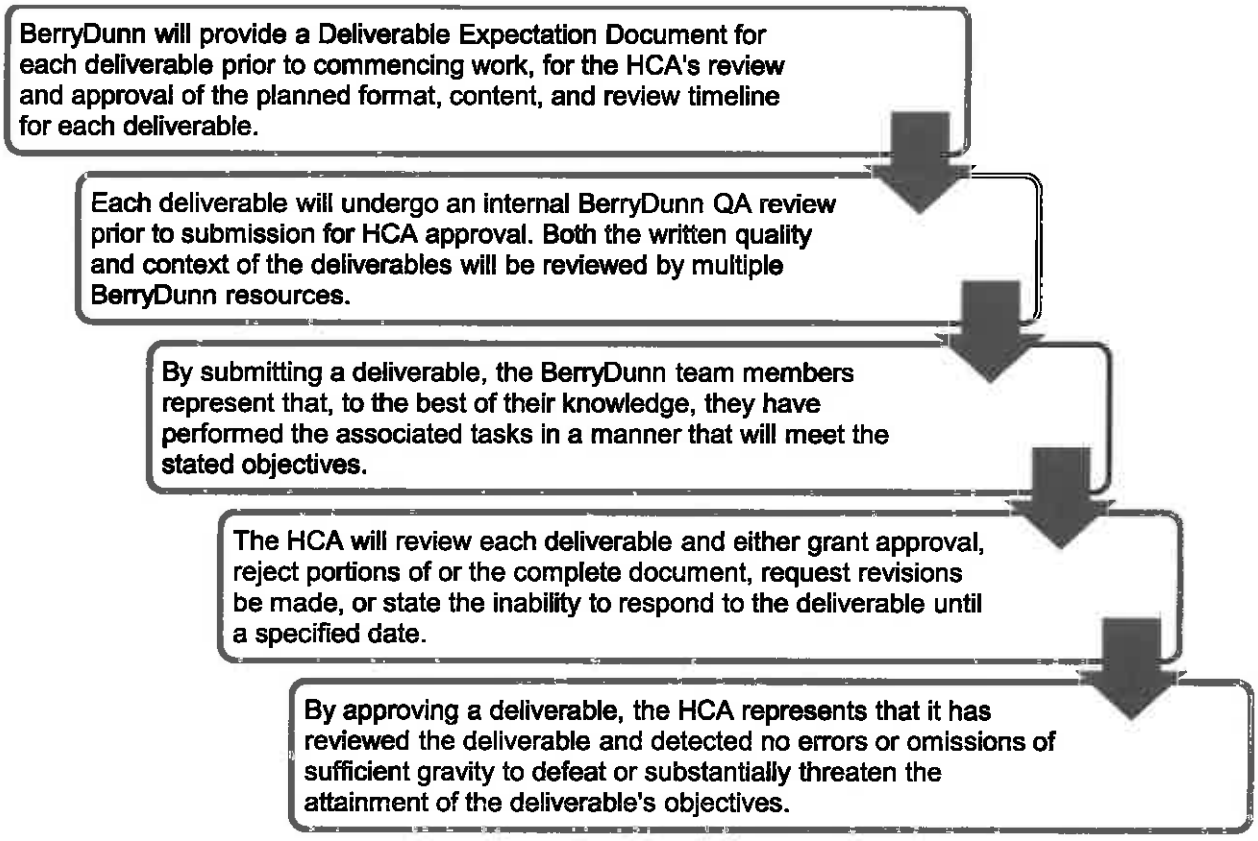
Quality Control Procedures

BerryDunn is an independent Certified Public Accounting and Consulting firm. Our professional services – including our quality control procedures – comply with the regulations of the American Institute of Certified Public Accountants (AICPA), Public Company Accounting Oversight Board (PCAOB), and other regulatory bodies.

We take the quality of our work seriously and work to exceed our clients' expectations of the quality and timeliness of our communications, service delivery, and final work products. We strive to assure quality by understanding client expectations, developing a reasonable and achievable project approach, gaining client concurrence on project tasks and timing, and using appropriate staff for each engagement. Our approach to Quality Management includes the following activities:



The following quality assurance guidelines apply to the preparation, submission, review, and approval of project deliverables:



Tools and Technology

For the daily management and undertaking of project tasks, we strive to avoid unnecessary delays, enhance productivity, promote collaboration, and minimize barriers to participation. To that end, we utilize software that is familiar to most users, as shown in Table 11. As part of the initial planning process and as needed throughout the project, we will review software preferences and user accessibility needs to ensure we are meeting the HCA's needs.

Table 11: Program Management Technology/Tools

Technology/Tool	Description and Benefits for this Project
Microsoft Word and Excel	Most of our deliverables are developed using these common software applications.
Microsoft Project	We use Microsoft Project to develop and maintain project schedules. Where licensing constraints present a barrier, BerryDunn can easily provide an alternative format such as PDF for ease of client access. All of our Project Managers are familiar with Microsoft Project and use it to manage engagements.
Adobe Acrobat	We frequently provide "final" documents in Adobe PDF format, as this format allows documents to be easily shared with project stakeholders without the concern that documents have been altered. This transferable file format allows clients to access and read the deliverable documents without having to license specific Microsoft software products.
Microsoft PowerPoint	We use PowerPoint primarily for communicating key information during presentations and training sessions. In addition to displaying the PowerPoint presentation on a display screen, we provide hand-outs of the presentation for participants.
Microsoft Visio	We use Visio for the development of process flows, organization charts, and business process diagrams and typically provide clients with final versions in both Visio and PDF formats.
Teleconference Bridge, Videoconference, and Recording	BerryDunn provides teleconference and videoconference technology, which allows up to 20 callers to participate in teleconferences and multi-point video conferences.
Go-To Meeting	BerryDunn maintains multiple accounts with this industry-leading, web-based collaboration software. It is easy to use and allows for effective communication and collaboration even when all team members are not in the same location.

Communications Plan

BerryDunn understands that communication is key to project success. The right people need the right information at the right time. Project communication management includes the processes required to ensure timely and appropriate collaboration on the project. As part of our work plan, we will provide a communications plan designed to support timely and appropriate communication and collaboration on the project. The intent is to provide information to appropriate team members and stakeholders, clarify their roles and responsibilities, and minimize the impact to their day-to-day jobs. The following project management tools and standards are used to address communication needs:

- **Roles, Responsibilities, and Method of Communication** – As part of the Communications Plan, we will identify project participants (e.g., HCA team members, DHHR executive leadership, Steering Committee) and stakeholder groups who have a need for project information. The plan describes the communication needs of each group as well as the method(s) and frequency of communication to meet those needs.
- **Internal Project Communication** – Internal project communication between team members will be enhanced with the following:
  - BerryDunn KnowledgeLink, which allows for secure sharing of project-related information among State and BerryDunn project team members
  - Email, tele-conferencing, and, when available, video-conferencing, and GoTo Meeting
  - Advance copies of agendas and handouts for attendees to review prior to meetings
- **Meeting Management** – BerryDunn's team members are experienced meeting facilitators and will schedule and structure meetings and work sessions to make best use of attendees' time. Following are general guidelines for the project meetings we will facilitate:
  - Meetings will begin and end on time.
  - Meeting participants will be provided with reasonable notice of the meeting, as well as reasonable notice of meeting time/date changes and cancellation.
  - Key meeting participants who cannot attend should send a designee to attend in their stead.
  - Clearly defined meeting purpose or objectives will be included in the meeting invitation.
  - Meeting participants should come to the meeting prepared, which includes reviewing meeting materials in advance and being prepared to present information when scheduled to do so.

During initial project planning, we will review these general meeting management guidelines and determine whether modifications are needed to comply with the HCA's established standards and guidelines.

Resource Management

The Resource Management section of the Project Plan will outline project roles and responsibilities for HCA, DHHR, and BerryDunn team members, and other stakeholders as warranted, and depict the organization of project leadership, teams, and participants.

Risk Management

BerryDunn leverages the PMI PMBOK Project Risk Management discipline as a framework for the proactive management and control of risks and issues. Exhibit M presents key elements of this discipline.

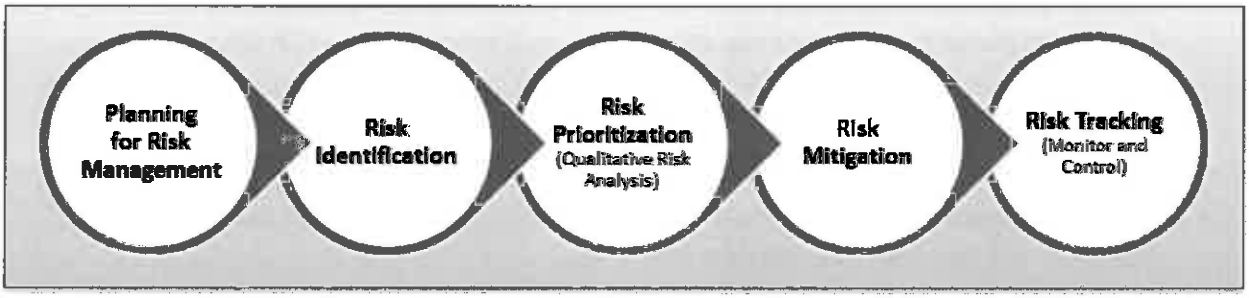


Exhibit M: Key Elements of PMBOK Project Risk Management Framework

BerryDunn uses the following definitions during the management of risks and issues:

RISK: Uncertain events or conditions that, if they occur, may cause the project to be unsuccessful or less than successful in meeting objectives. Risks are events or conditions that have not yet occurred but may occur in the future. The risk's impact may be positive or negative. A risk can be accepted, deferred, or mitigated.

ISSUE: Unaddressed risks may become issues, and unresolved Issues may increase project risk. An issue is a point or matter that is unresolved, in question, under discussion, or in dispute. An issue is a situation, which has occurred or will definitely occur, as opposed to a risk, which is a potential event. If left unresolved, an issue will negatively impact project scope, schedule, budget, or quality.

Our risk management approach includes the following:

- *Identifying the Right Risks.* Identifying too many or too few risks can negatively impact risk management processes. It is important to define the difference between risks, issues, and action items, and address each appropriately. This allows project management to focus their efforts on priority risks/issues.
- *Documenting Risks.* Consistent and comprehensive documentation of risks and issues facilitates efficient communication and shared understanding and analysis. BerryDunn will document and maintain identified risks and provide a summary of risks in the Status Report.

- *Communicating Risks.* Clear and timely communication of risks is essential to the risk management process. In order to ensure an appropriate level of action, we will inform the HCA of significant risks as they are identified, not waiting until the Status Report. In this way, we are often able to include progress toward the implementation of recommendations in the reports.
- *Effectively Prioritizing Risks.* As part of our regular status update meetings, we will work with the HCA to review risks, plan mitigation strategies, make recommendations, and address changes in priorities.
- *Defining and Executing Mitigation Plans/Strategies.* The development of a mitigation strategy is central to effective risk management. The time to look at options, develop an approach, and reach consensus is *before the risk becomes a reality*. There are four options for risk mitigation strategy:
  - *Avoid* – Work to eliminate the risk and protect the project from its impact
  - *Transfer* – Shift risk to a third party along with ownership of the response
  - *Mitigate* – Work to reduce the probability and/or impact of the risk
  - *Accept* – Acknowledge the risk and not take any action unless the risk occurs

We will work with the HCA to establish a strategy for the resolution of each issue and the mitigation of each risk, including designation of an owner and identification of a target date for resolution toward resolution and mitigation.

B.2 Performance Management Plan

BerryDunn's approach to performance management relies on two methods of evaluating compliance with service level agreements (SLAs): self-reporting and client survey.

- **Self-Reporting** – BerryDunn will consult approved project documents such as the Project Schedule and deliverable review forms to gather project data for reporting on SLAs.
- **Client Satisfaction Survey** – On an annual basis, BerryDunn will provide the HCA's Project Governance Team with a simple, brief, user-friendly client satisfaction survey to gather performance information. If more than one individual chooses to complete the survey, the scores will be averaged for each indicator.

Table 12 describes the conditions, SLAs, performance guarantee, metrics, and method of measurement for BerryDunn's performance on this project.

Table 12: BerryDunn Performance Management Plan

Condition	Service Level Requirement	Performance Guarantee	Metric(s)	Method of Measurement
Timeliness	Deliverables are provided on or before the due date in the approved Project Schedule.	100% on-time delivery of deliverables	Number of deliverables submitted on-time / Total number of deliverables submitted Average number of days difference between planned and actual deliverable submission dates	Self-reporting
Timeliness	Requested revisions to deliverables are made and the deliverables resubmitted within 5 business days.	100% of revised deliverables are resubmitted within 5 business days	Number of revised deliverables resubmitted on-time / Total number of revised deliverables resubmitted Average number of days to resubmit revised deliverables	Self-reporting
Timeliness	Vacancies in key positions are filled within 30 days.	100% of vacancies are filled within 30 days	Number of vacancies filled on-time / Total number of vacancies filled Average number of days to fill vacant positions	Self-reporting
Quality	Work products are generally complete, clear, comprehensive, accurate, and free of formatting, spelling and grammatical errors.	100% of deliverables meet the requirement	Number, type, and severity of state comments on deliverables	Self-reporting
Performance	Project resources are well-qualified and allocated appropriately to meet project scope, schedule and quality requirements	Score of four or above on a five-point scale	Results of annual customer satisfaction survey	Annual customer satisfaction survey

Condition	Service Level Requirement	Performance Guarantee	Metric(s)	Method of Measurement
Performance	Project team is adhering to the project management processes outlined in the approved Project Management Plan	Score of four or above on a five-point scale	Results of annual customer satisfaction survey	Annual customer satisfaction survey
Performance	Project team members are cooperative, professional, and respond promptly to requests for assistance and information	Score of four or above on a five-point scale	Results of annual customer satisfaction survey	Annual customer satisfaction survey

APPENDIX C: SIGNED DOCUMENTATION

In this section, we have provided the following signed documentation:

- Solicitation Cover Page
- Addendum Acknowledgement Form
- Purchasing Affidavit

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

State of West Virginia
Request for Proposal
10 — Consulting

Proc Folder: 131953

Doc Description: RFP for State Health Plan

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2015-08-12	13:30:00	CRFP 0507 HCC1600000001	1

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

Vendor Name, Address and Telephone Number:

Berry Dunn McNeil & Parker, LLC

100 Middle Street, Portland ME 04101

(207)775-2387

FOR INFORMATION CONTACT THE BUYER
Robert Kilpatrick
(304) 558-0067
robert.p.kilpatrick@wv.gov

Signature X FEIN # 01-0523282 DATE September 30, 2015

All offers subject to all terms and conditions contained in this solicitation

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

☑	Addendum No. 1	☐	Addendum No. 6
☑	Addendum No. 2	☐	Addendum No. 7
☐	Addendum No. 3	☐	Addendum No. 8
☐	Addendum No. 4	☐	Addendum No. 9
☐	Addendum No. 5	☐	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further 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.

Berry Dunn McNeil & Parker, LLC
Company

Authorized Signature

September 30, 2015
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

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

State of West Virginia
Request for Proposal
10 — Consulting

Proc Folder: 131953

Doc Description: RFP for State Health Plan

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2015-08-12	13:30:00	CRFP 0507 HCC1600000001	1

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Name, Address and Telephone Number:

Berry Dunn McNeil & Parker, LLC

100 Middle Street, Portland ME 04101

(207)775-2387

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick
(304) 558-0067
robert.p.kilpatrick@wv.gov

Signature X FEIN # 01-0523282 DATE September 30, 2015

All offers subject to all terms and conditions contained in this solicitation

ADDENDUM ACKNOWLEDGEMENT FORM
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☐	Addendum No. 5	☐	Addendum No. 10

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Berry Dunn McNeil & Parker, LLC
Company

Authorized Signature

September 30, 2015
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Purchasing Divison
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Request for Proposal
10 — Consulting

Proc Folder: 131953

Doc Description: Addendum 1: RFP for State Health Plan

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2015-08-31	2015-09-23 13:30:00	CRFP 0507 HCC1600000001	3

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

Vendor Name, Address and Telephone Number:

Berry Dunn McNeil & Parker, LLC

100 Middle Street, Portland ME 04101

J7)775-2387

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick
(304) 558-0067
robert.p.kilpatrick@wv.gov

gnature X FEIN # 01-0523282 DATE September 30, 2015

All offers subject to all terms and conditions contained in this solicitation

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

State of West Virginia
Request for Proposal
10 — Consulting

Proc Folder: 131953

Doc Description: Addendum 2: RFP for State Health Plan

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2015-09-21	2015-09-30 13:30:00	CRFP 0507 HCC1600000001	4

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

Vendor Name, Address and Telephone Number:

Berry Dunn McNeil & Parker, LLC

100 Middle Street, Portland ME 04101

(207)775-2387

FOR INFORMATION CONTACT THE BUYER
Robert Kilpatrick
(304) 558-0067
robert.p.kilpatrick@wv.gov

Signature X **FEIN #** 01-0523282 **DATE** September 30, 2015

All offers subject to all terms and conditions contained in this solicitation

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Berry Dunn McNeil & Parker, LLC

Authorized Signature: _____ Date: September 30, 2015

State of Maine

County of Cumberland, to-wit:

Taken, subscribed, and sworn to before me this 28th day of September, 2015.

My Commission expires August 9, 2020.

AFFIX SEAL HERE

NOTARY PUBLIC _____

MELISSA J. KILTON
Notary Public, Maine
My Commission Expires August 9, 2020

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

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.

"**Employer default**" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"**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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Berry Dunn McNeil & Parker, LLC

Authorized Signature: _____ Date: September 30, 2015

State of Maine

County of Cumberland, to-wit:

Taken, subscribed, and sworn to before me this 28th day of September, 2015.

My Commission expires August 9, 2020.

AFFIX SEAL HERE

NOTARY PUBLIC _____

MELISSA J. KILTON
Notary Public, Maine
Commission Expires August 9, 2020

[redacted]

BerryDunn

berrydunn.com

[redacted]