



22670 Haggerty Road, Suite 100, Farmington Hills, MI 48335-2611 • (248) 465-7300 • Fax (248) 465-7428 • www.mpro.org

January 5, 2012

Ms. Roberta Wagner  
State of West Virginia  
Department of Administration  
Purchasing Division  
2019 Washington Street, East  
Charleston, West Virginia 25305-0130

Dear Ms. Wagner,

MPRO is pleased to respond to the State of West Virginia's *Request for Quote (RFQ) for Independent Informal Dispute Review Services* – RFQ# FLC12093.

MPRO has more than decade of experience conducting Independent Informal Dispute Resolution (IIDR) for long-term care (LTC) facilities. Currently, we serve as the IDR independent review organization for the states of Illinois, Indiana, Michigan, and Wisconsin. Our nationally accredited IDR program and experience allows us to realize a multitude of efficiency gains that we can offer our clients. We have efficient tools for conducting reviews, an in-depth understanding of the state and federal regulations, LTC survey process, and vast experience working with LTC stakeholders, which enables us to continually refine our IDR methodology and tools.

We greatly value our client relationships and we are committed to providing the most efficient, affordable, timely, and objective IIDR services for the State of West Virginia's Department of Administration.

We acknowledge receipt of Addendum 1 (dated 12/21/2011) and have provided a signed copy of this addendum in our proposal package.

I am the authorized representative for MPRO. If you have any questions or need additional information regarding this quote, please contact me at (248) 465-7400 or via e-mail at ryellan@mpro.org.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Yellan", is written over the word "Sincerely,".

Robert J. Yellan, MPH, JD, FACHE  
President & CEO

RECEIVED

2012 JAN -5 P 12:39

PURCHASING DIVISION  
STATE OF WV

**MISSION:**

Improving quality, safety and efficiency across the healthcare continuum



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

# Request for Quotation

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|------------|
| RFQ NUMBER |
| FLC12093   |

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| ADDRESS CORRESPONDENCE TO ATTENTION OF: |
| ROBERTA WAGNER                          |
| 304-558-0067                            |

VENDOR

Michigan Peer Review Organization  
 22670 Haggerty Road, Suite 100  
 Farmington Hills, MI 48335

SHIP TO

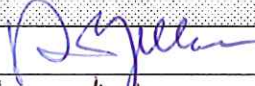
HEALTH AND HUMAN RESOURCES  
 BPH - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 12/02/2011   |               |          |        |               |

BID OPENING DATE: 01/05/2012 BID OPENING TIME 01:30PM

| LINE  | QUANTITY | UOP | CAT NO | ITEM NUMBER | UNIT PRICE | AMOUNT    |
|---|----------|-----|--------|-------------|------------|-----------|
| OPEN-END BLANKET CONTRACT   |          |     |        |             |            |           |
| 0001  | 19       | EA  |        | 961-20      | 475.00     | 9,025.00  |
| PER EACH DEFICIENCY, SEVERITY LEVEL I -   |          |     |        |             |            |           |
| INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AT SEVERITY LEVEL I (POTENTIAL FOR NO MORE THAN MINIMAL HARM), AS DEFINED BY CMS.  |          |     |        |             |            |           |
| 0002  | 70       | EA  |        | 961-20      | 501.00     | 35,070.00 |
| PER EACH DEFICIENCY, SEVERITY LEVEL II -  |          |     |        |             |            |           |
| INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AS SEVERITY LEVEL II (POTENTIAL FOR MORE THAN MINIMUM HARM BUT NO ACTUAL HARM, SUBSTANDARD QUALITY OF CARE, OR IMMEDIATE JEOPARDY), AS DEFINED BY CMS. |          |     |        |             |            |           |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

|   |                        |                                   |
|---|------------------------|-----------------------------------|
| SIGNATURE  | TELEPHONE 248-465-7400 | DATE 1-5-12                       |
| TITLE President & CEO   | FEIN 38-2536610        | ADDRESS CHANGES TO BE NOTED ABOVE |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



## GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.html](http://www.state.wv.us/admin/purchase/vrc/hipaa.html) and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

### INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).





State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
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| ADDRESS CORRESPONDENCE TO ATTENTION OF: |
| ROBERTA WAGNER<br>304-558-0067          |

VENDOR

Michigan Peer Review Organization  
 22670 Haggerty Road; Suite 100  
 Farmington Hills, MI 48335

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

|              |               |          |        |               |
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| 12/02/2011   |               |          |        |               |

BID OPENING DATE: 01/05/2012 BID OPENING TIME 01:30PM

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|---|----------|-----|----------|-------------|------------|----------|
| 0003  | 5        | EA  |          | 961-20      | 638.00     | 3,190.00 |
| PER EACH DEFICIENCY, SEVERITY LEVEL II WITH FINDING   |          |     |          |             |            |          |
| INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AS SEVERITY LEVEL II WITH A FINDING OF SUBSTANDARD QUALITY OF CARE, AS DEFINED BY CMS. |          |     |          |             |            |          |
| 0004  | 13       | EA  |          | 961-20      | 638.00     | 8,294.00 |
| PER EACH DEFICIENCY, SEVERITY LEVEL III -   |          |     |          |             |            |          |
| INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AT SEVERITY LEVEL III (ACTUAL HARM), AS DEFINED BY CMS.                                |          |     |          |             |            |          |
| 0005  | 12       | EA  |          | 961-20      | 755.00     | 9,815.00 |
| PER EACH DEFICIENCY, SEVERITY LEVEL IV -  |          |     |          |             |            |          |
| INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AT SEVERITY LEVEL IV (IMMEDIATE JEOPARDY), AS DEFINED BY CMS.                          |          |     |          |             |            |          |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

|                 |              |                                   |
|-----------------|--------------|-----------------------------------|
| SIGNATURE       | TELEPHONE    | DATE                              |
|                 | 248-465-7400 | 1-5-12                            |
| TITLE           | FEIN         | ADDRESS CHANGES TO BE NOTED ABOVE |
| President & CEO | 38-2536610   |                                   |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





State of West Virginia  
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| 304-558-0067                            |

VENDOR

Michigan Peer Review Organization  
 22670 Haggerty Road; Suite 100  
 Farmington Hills, MI 48335

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
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|---|----------|-----|----------|-------------|------------|----------|
| 0006  | 60       | EA  |          | 961-20      | 150.00     | 9,000.00 |
| <p>PER EACH DEFICIENCY, ADDITIONAL FEE FOR TELEPHONIC ADDITIONAL FEE FOR TELEPHONIC REVIEW (VERSUS DESK REVIEW).</p> <p>THIS WILL BE A MULTIPLE AWARD CONTRACT AND AWARD WILL BE MADE FROM LOW BID TO HIGH. THE PROGRAM WOULD LIKE AT LEAST THREE INDEPENDENT REVIEW ORGANIZATIONS TO CONDUCT AN INDEPENDENT FORMAL DISPUTE RESOLUTION PROCESS FOR LICENSED NURSING HOMES AND/OR MEDICARE AND/OR MEDICAID CERTIFIED NURSING FACILITIES THAT CONTEST A CITATION ISSUED BY THE NURSING HOME PROGRAM WITHIN THE OFFICE OF HEALTH FACILITY LICENSURE &amp; CERTIFICATION (OHFLAC) FOR A DEFICIENT PRACTICE, PURSUANT TO CHAPTER 16, ARTICLE 5C OF THE WEST VIRGINIA STATE CODE OR PURSUANT TO FEDERAL LAW AS BEING CONTRARY TO LAW OR UNWARRANTED BY THE FACTS OR BOTH, PER THE ATTACHED SPECIFICATIONS.</p> <p>TERM OF THE CONTRACT SHALL BE FOR ONE YEAR WITH THE OPTION OF TWO, ONE YEAR RENEWALS.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD..... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> |          |     |          |             |            |          |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

|                       |                        |                                   |
|-----------------------|------------------------|-----------------------------------|
| SIGNATURE             | TELEPHONE 248-465-7400 | DATE 1-5-12                       |
| TITLE President & CEO | FEIN 38-2536610        | ADDRESS CHANGES TO BE NOTED ABOVE |

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ADDRESS CORRESPONDENCE TO ATTENTION OF  
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 304-558-0067

VENDOR

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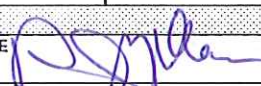
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|--|----------|-----|----------|-------------|------------|--------|
| <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> |          |     |          |             |            |        |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

|   |                           |                                   |
|---|---------------------------|-----------------------------------|
| SIGNATURE  | TELEPHONE<br>248-465-7400 | DATE<br>1-5-12                    |
| TITLE<br>President & CEO  | FEIN<br>38-2536610        | ADDRESS CHANGES TO BE NOTED ABOVE |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





State of West Virginia  
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# Request for Quotation

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ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

COUNTY

Michigan Peer Review Organization  
 22670 Haggerty Road; Suite 100  
 Farmington Hills, MI 48335

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OHFLAC  
 408 LEON SULLIVAN WAY  
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|--|----------|-----|----------|-------------|------------|--------|
| <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 05/26/2009<br/>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p> |          |     |          |             |            |        |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

|                          |                           |                                   |
|--------------------------|---------------------------|-----------------------------------|
| SIGNATURE<br>            | TELEPHONE<br>248-465-7400 | DATE<br>1-5-12                    |
| TITLE<br>President & CEO | FEIN<br>38-2536610        | ADDRESS CHANGES TO BE NOTED ABOVE |

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State of West Virginia  
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| <p>INQUIRIES:<br/>           WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 12/20/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER<br/>           DEPARTMENT OF ADMINISTRATION<br/>           PURCHASING DIVISION<br/>           2019 WASHINGTON STREET, EAST<br/>           CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115<br/>           E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>REV 07/16/2007<br/>           VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE</p> |          |     |          |             |            |        |

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| SIGNATURE       | TELEPHONE    | DATE                              |
|                 | 248-465-7400 | 1-5-12                            |
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| President & CEO | 38-2536610   |                                   |

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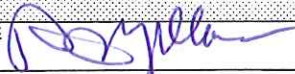
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| LINE  | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---|----------|-----|----------|-------------|------------|--------|
| <p>VERSION WHICH IS AVAILABLE HERE:<br/> <a href="http://www.state.wv.us/admin/purchase/vrc/venpref.pdf">HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</a></p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION<br/>           PURCHASING DIVISION<br/>           BUILDING 15<br/>           2019 WASHINGTON STREET, EAST<br/>           CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER:-----RW/FILE 22-----</p> <p>RFQ. NO.:-----FLC12093-----</p> <p>BID OPENING DATE:-----01/05/2012-----</p> <p>BID OPENING TIME:-----1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>-----248-465-7430-----</p> |          |     |          |             |            |        |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

|   |                        |                                   |
|---|------------------------|-----------------------------------|
| SIGNATURE  | TELEPHONE 248-465-7400 | DATE 1-5-12                       |
| TITLE President & CEO   | FEIN 38-2536610        | ADDRESS CHANGES TO BE NOTED ABOVE |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





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

# Request for Quotation

|            |
|------------|
| RFQ NUMBER |
| FLC12093   |

|      |
|------|
| PAGE |
| 8    |

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|---|
| ADDRESS CORRESPONDENCE TO ATTENTION OF: |
| ROBERTA WAGNER                          |
| 304-558-0067                            |

VENDOR

Michigan Peer Review Organization  
 22670 Haggerty Road; Suite 100  
 Farmington Hills, MI 48335

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 12/02/2011   |               |          |        |               |

BID OPENING DATE: 01/05/2012 BID OPENING TIME 01:30PM

| LINE   | QUANTITY | UOP | CAT NO. | ITEM NUMBER | UNIT PRICE | AMOUNT    |
|--|----------|-----|---------|-------------|------------|-----------|
| CONTACT PERSON (PLEASE PRINT CLEARLY):             |          |     |         |             |            |           |
| Robert J. Yellan, President & CEO                  |          |     |         |             |            |           |
| ***** THIS IS THE END OF RFQ FLC12093 ***** TOTAL: |          |     |         |             |            | 74,394.00 |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

|                          |                           |                                   |
|--------------------------|---------------------------|-----------------------------------|
| SIGNATURE<br>            | TELEPHONE<br>248-465-7400 | DATE<br>1-5-12                    |
| TITLE<br>President & CEO | FEIN<br>38-2536610        | ADDRESS CHANGES TO BE NOTED ABOVE |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



(Revised 11-10-11)

|                               |   |
|-------------------------------|---|
| <p>Purpose</p>                | <p>To obtain an open-end contract with at least three independent review organizations to conduct an independent informal dispute resolution process for licensed nursing homes and/or Medicare and/or Medicaid certified nursing facilities that contest a citation issued by the Nursing Home Program within the Office of Health Facility Licensure and Certification (OHFLAC) for a deficient practice, pursuant to chapter 16, article 5C of the West Virginia State Code or pursuant to federal law, as being contrary to law or unwarranted by the facts or both.</p> <p>The term “facility” shall be used to refer to the licensed nursing home and/or Medicare and/or Medicaid certified nursing facility. The term “director” shall refer to the director of the Office of Health Facility Licensure and Certification.</p>   |
|                               |   |
| <p>Minimum Qualifications</p> | <ol style="list-style-type: none"> <li>(1) The independent review organization shall be accredited by the Utilization Review Accreditation Commission.</li> <li>(2) The independent review organization must be registered in the state of West Virginia prior to the award of any contract.</li> <li>(3) The independent review organization must employ at a minimum one reviewer who is a licensed registered professional nurse or other qualified licensed, registered, and/or certified health professional with extensive knowledge and understanding of long-term care regulations and current standards of professional practice. Proof of a current valid, unimpaired license, registration, and/or certification in their field of practice must be provided by the independent review organization. A licensed, registered and/or certified health professional must be significantly involved in every review.</li> <li>(4) For a reviewer to demonstrate “extensive knowledge and understanding of long-term care regulations”, the reviewer must, at a minimum, have successfully completed the Basic Long-Term Care Surveyor Course offered by the Centers for Medicare &amp; Medicaid Services (CMS), successfully passed CMS’s Surveyor Minimum Qualification Test (SMQT), and worked as a surveyor of nursing homes or in a state survey agency for at least five years.</li> <li>(5) Prior to utilizing as reviewers any persons formerly employed by OHFLAC, the independent review organization must verify with the director that such former OHFLAC employees left in good standing and that the use of them as reviewers in the independent informal dispute resolution process would not present a conflict of interest. OHFLAC will</li> </ol> |



(Revised 11-10-11)

|                        |  |
|------------------------|--|
|                        | determine whether a conflict of interest exists when an individual reviewer is a former employee of OHFLAC.  |
|                        |  |
| Mandatory Requirements | <p>The independent informal dispute resolution process consists of the following:</p> <ol style="list-style-type: none"> <li>(1) Within ten working days of receipt of the written request for the independent informal dispute resolution process made by a facility, the independent review organization shall hold an independent informal dispute resolution conference unless additional time is requested by the facility. Before the independent informal dispute resolution conference, the facility may submit additional information. If the review involves a resident, the organization must ensure notification of the opportunity to submit comments prior to the completion of the process from the involved resident(s) or appropriate resident representative(s) and the State's long term care ombudsman.</li> <li>(2) The facility may not be accompanied by counsel during the independent informal dispute resolution conference.</li> <li>(3) The manner in which the independent informal dispute resolution conference is held is at the discretion of the facility, but is limited to: <ol style="list-style-type: none"> <li>a. A desk review of written information submitted by the facility; or</li> <li>b. A telephonic conference; or</li> <li>c. A face-to-face conference held at the facility or a mutually agreed upon location.</li> </ol> </li> <li>(4) If the independent review organization determines the need for additional information, clarification or discussion after conclusion of the independent informal dispute resolution conference, the independent review organization shall request this information of the director and the facility.</li> <li>(5) Within ten calendar days of the independent informal dispute resolution conference, the independent review organization shall provide and make a determination, based upon the facts and findings presented, and shall transmit a written decision containing the rationale for its determination to the facility and the director. The written record shall include: Each deficiency or survey finding that was disputed; a summary of the recommendation for each deficiency or finding and the rationale for that result; documents submitted by the facility to dispute a deficiency, to demonstrate that a deficiency should not have been cited, or to demonstrate a deficient practice should not have been cited as immediate</li> </ol> |



(Revised 11-10-11)

|   |   |
|---|---|
|   | <p>jeopardy or as a substandard quality of care; and any comments submitted by the residents or their representatives and the Ombudsman.</p> <p>(6) Each independent review organization shall provide quarterly reports to the director which shall at a minimum include the number of facilities for which an informal dispute resolution process was requested, the number of state licensure and/or federal Medicare / Medicaid certification deficiencies that were individually reviewed for each facility requesting an informal dispute resolution process, and the results of each review.</p> <p>(7) Any additional costs associated with a face-to-face conference will be borne to the facility. The facility will have to enter into a separate agreement with the independent review organization to cover any additional costs associated with a face-to-face conference.</p>  |
|   |   |
| <p>OHFLAC's<br/>Duties and<br/>Responsibilities</p> | <p>(1) No later than ten working days following the last day of the survey or inspection, or no later than twenty working days following the last day of a complaint investigation, the director shall transmit to the facility a statement of deficiencies committed by the facility. Notification of the availability of the independent informal dispute resolution process and an explanation of the independent informal dispute resolution process shall be included in the transmittal.</p> <p>(2) When the facility returns its plan to correct the cited deficiencies to the director, the facility may request in writing the independent informal dispute resolution process to refute the cited deficiencies.</p> <p>(3) Within five working days of receipt of the written request for the independent informal dispute resolution process made by a facility, the director shall refer the request to an independent review organization from the list of certified independent review organizations approved by the state.</p> <p>(4) The director shall vary the selection of the independent review organization on a rotating basis. The director shall acknowledge in writing to the facility that the request for independent review has been received and forwarded to an independent review organization for review. The notice shall include the name and address of the independent review organization.</p> <p>(5) Upon receipt of the written decision by the independent review organization, the director shall review the results and their rationale.</p> <p>a. If the director disagrees with the determination, the director may reject</p> |



(Revised 11-10-11)

|                                     |  |
|-------------------------------------|--|
|                                     | <p>the determination made by the independent review organization and shall issue an order setting forth the rationale for the reversal of the independent review organization's decision to the facility within ten calendar days of receiving the independent review organization's determination.</p> <p>b. If the director accepts the determination, the director shall issue an order affirming the independent review organization's determination within fifteen calendar days of receiving the independent review organization's determination.</p> <p>c. If the independent review organization determines that the original statement of deficiencies should be changed as a result of the independent informal dispute resolution process and the director accepts the determination, the director shall transmit a revised statement of deficiencies to the facility within ten calendar days of the independent review organization's determination.</p>                              |
|                                     |  |
| <p>Special Terms and Conditions</p> | <p>Standard professional liability insurance: minimum \$1,000,000.00 per occurrence.</p>   |
|                                     |  |
| <p>License Requirements</p>         | <p>(1) The independent review organization must employ at a minimum one reviewer who is a licensed registered professional nurses or other qualified licensed, registered, and/or certified health professional with extensive knowledge and understanding of long-term care regulations and current standards of professional practice. Proof of a current valid, unimpaired license, registration, and/or certification in their field of practice must be provided by the independent review organization. A licensed, registered and/or certified health professional must be significantly involved in every review.</p> <p>(2) For a reviewer to demonstrate "extensive knowledge and understanding of long-term care regulations", the reviewer must, at a minimum, have successfully completed the Basic Long-Term Care Surveyor Course offered by CMS, successfully passed CMS's SMQT, and worked as a surveyor of nursing homes or in a state survey agency for at least five years.</p> |
|                                     |  |
| <p>Life of Contract</p>             | <p>Date of coverage: upon award and continue for a period of one (1) year with the option for two (2) one-year renewals.</p>   |



## Specifications for RFQ FLC12093

(Revised 11-10-11)

|                     |  |
|---------------------|--|
|                     |  |
| Rotation of Vendors | Requests for independent informal dispute resolutions shall be assigned to the approved vendors on a rotational basis. The rotation will start with the lowest bidder and will proceed to the next bidder in ascending order based on the bid. |



FLC12093 Cost Sheet

| Item # | Estimated Annual Usage (Per Deficiency) | Description   | Unit Cost | Total Cost |
|--------|---|---|-----------|------------|
| 1      | 19                                      | Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level I</u> (potential for no more than minimal harm), as defined by CMS.  | 475.00    | 9,025.00   |
| 2      | 70                                      | Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level II</u> (potential for more than minimal harm but no actual harm, substandard quality of care, or immediate jeopardy), as defined by CMS. | 501.00    | 35,070.00  |
| 3      | 5                                       | Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level II</u> with a <u>finding of substandard quality of care</u> , as defined by CMS.   | 638.00    | 3,190.00   |
| 4      | 13                                      | Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level III</u> (actual harm), as defined by CMS.  | 638.00    | 8,294.00   |
| 5      | 13                                      | Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level IV</u> (immediate jeopardy), as defined by CMS.  | 755.00    | 9,815.00   |
| 6      | 60                                      | Additional Fee for Telephonic Review (versus Desk Review)   | 150.00    | 9,000.00   |

Grand Total: \$ 74,394.00

MPRO

Vendor Name (Printed)

*[Handwritten Signature]*

Vendor Signature and Date

1-3-2012

NOTE: Award will be made to multiple vendors to provide these services, as specified. The numbers of units, as listed annually, are estimates only. Vendors will provide actual needs, whether they be greater or less than estimates.

000014

RFQ No. FLC12093

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

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

**DEFINITIONS:**

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

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

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

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

**WITNESS THE FOLLOWING SIGNATURE**

Vendor's Name: M PRO

Authorized Signature: [Signature] Date: 1-5-12

State of Michigan

County of Oakland, to-wit:

Taken, subscribed, and sworn to before me this 5<sup>th</sup> day of January, 2012.

My Commission expires 8-9-2017, 20    .

AFFIX SEAL HERE

NOTARY PUBLIC Susan E Siwek

SUSAN E. SIWEK  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
MY COMMISSION EXPIRES Aug 9, 2017  
ACTING IN COUNTY OF



Not Applicable to MPRO (1-5-12)

000016

Rev. 09/08

# State of West Virginia VENDOR PREFERENCE CERTIFICATE

Certification and application\* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% resident vendor preference for the reason checked:**  
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.





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

# Request for Quotation

RFQ NUMBER  
 FLC12093

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 304-558-0067

VENDOR

Michigan Peer Review Organization  
 22670 Haggerty Road, Ste 100  
 Farmington Hills, MI 48335

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 12/21/2011   |               |          |        |               |

BID OPENING DATE: 01/05/2012 BID OPENING TIME 01:30PM

| LINE   | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|--|----------|-----|----------|-------------|------------|--------|
| ADDENDUM NO. 1<br>1. QUESTIONS AND ANSWERS ARE ATTACHED.<br>2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.<br><br>EXHIBIT 10<br><br>REQUISITION NO.: FLC12093<br><br>ADDENDUM ACKNOWLEDGEMENT<br><br>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.<br><br>ADDENDUM NO. S:<br>NO. 1 <input checked="" type="checkbox"/> .....<br>NO. 2 .....<br>NO. 3 .....<br>NO. 4 .....<br>NO. 5 .....<br><br>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.<br><br>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL |          |     |          |             |            |        |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

|                              |                        |                                   |
|------------------------------|------------------------|-----------------------------------|
| SIGNATURE <i>[Signature]</i> | TELEPHONE 248-465-7400 | DATE 1-5-12                       |
| TITLE President & CEO        | FEIN 38-2536610        | ADDRESS CHANGES TO BE NOTED ABOVE |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





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

# Request for Quotation

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|------------|
| RFQ NUMBER |
| FLC12093   |

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| PAGE |
| 2    |

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|---|
| ADDRESS CORRESPONDENCE TO ATTENTION OF: |
| ROBERTA WAGNER<br>304-558-0067          |

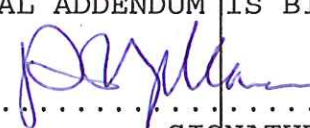
VENDOR


Michigan Peer Review Organization  
 22670 Haggerty Road; Suite 100  
 Farmington Hills, MI 48335

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPB - OHFLAC  
 408 LEON SULLIVAN WAY  
 CHARLESTON, WV  
 25301-1713 304-558-2026

| DATE PRINTED                 | TERMS OF SALE | SHIP VIA                 | F.O.B. | FREIGHT TERMS |
|------------------------------|---------------|--------------------------|--------|---------------|
| 12/21/2011                   |               |                          |        |               |
| BID OPENING DATE: 01/05/2012 |               | BID OPENING TIME 01:30PM |        |               |

| LINE  | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---|----------|-----|----------|-------------|------------|--------|
| <p>REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;"> <br/>           .....<br/>           SIGNATURE<br/>           ..... MPRO .....<br/>           COMPANY<br/>           ..... 1-5-12 .....<br/>           DATE         </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p> |          |     |          |             |            |        |

|   |                                   |              |        |
|---|-----------------------------------|--------------|--------|
| SEE REVERSE SIDE FOR TERMS AND CONDITIONS   |                                   |              |        |
| SIGNATURE   | TITLE                             | TELEPHONE    | DATE   |
|  | President & CEO                   | 248-465-7400 | 1-5-12 |
| FEIN  | ADDRESS CHANGES TO BE NOTED ABOVE |              |        |
| 38-2536610  |                                   |              |        |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**State of West Virginia  
Informal Independent Dispute Review  
RFQ # FLC12093**

**Bidder's Questions**  
*Due By: December 20, 2011*

|    | <b>RFQ<br/>Page #</b> | <b>Section<br/>Name/No.</b> | <b>Question</b>  | <b>Answer</b>  |
|----|-----------------------|-----------------------------|--|--|
| 1. | Page 10<br>(1)        | Mandatory<br>Requirements   | <p><b>RFP Text:</b> "If the review involves a resident, the organization must ensure notification of the opportunity to submit comments prior to the completion of the process from the involved residents(s) or appropriate resident representative(s) and the State's long term care ombudsman."</p> <p><b>Question:</b> S&amp;C memo 12-08-NH dated December 2, 2011 included interim advance guidelines for Independent Informal Dispute Resolution (IIDR) process. In the Key Elements of Independent IDR section 7213.6, #3, it states, "Once a facility requests an Independent IDR, <b>the State must notify</b> the involved resident or resident representative, as well as the State's long term care ombudsman, that they have an opportunity to submit written comment. This notification must be done <b>before the Independent IDR review process begins</b> and with ....." This text indicates that the notification to these parties is done by the State Agency and <b>before</b> the IIDR process begins. The text in question infers it is the organizations responsibility to "ensure notification". Please clarify.</p> | <p>If applicable, the state will be responsible for initial notification to the resident or resident representative, as well as the State's long term care ombudsmen regarding their opportunity to respond. The committee will be responsible for allowing adequate time for response, review and consideration for each party's response.</p>  |
| 2. | Page 10<br>(5)        | Mandatory<br>Requirements   | <p><b>RFP Text:</b> "...and shall transmit a written decision containing the rationale for its determination to the <b>facility</b> and the director."</p> <p><b>Question:</b> This text indicates that the IRO will transmit to the <b>facility and the director</b> (at the same time?), however, since the director has the authority to agree or disagree with the awardees determination, should the determination be sent to the director only? S&amp;C memo 12-08-NH dated December 2, 2011 included interim advance guidelines for Independent Informal Dispute Resolution (IIDR) process. In the Key Elements of Independent IDR section 7213.6, #4, it states, "The Independent IDR entity or person will forward the written record to the State survey agency for retention by the surveying entity. The State survey agency, will make a decision based on this written record <b>and will provide the final decision to the facility...</b>"</p>   | <p>The decision should be transmitted only to the Director. OHFLAC will review the recommendation(s) and will communicate the final IDR decision, including the IRO's recommendation(s) to the facility no later than 15 calendars after receipt of the IRO's recommendation(s). A copy of the IRO's recommendation(s) will be sent to the facility by OHFLAC upon completion of the IDR process. Should the Director disagree with the decision, the matter will be referred to CMS regional office for evaluation.</p> |





Request for Quote for:  
Independent Informal Dispute Resolution

Submitted to:  
State of West Virginia  
Department of Administration  
Purchasing Division

Presented by MPRO  
January 5, 2012

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## PURPOSE

*To obtain an open-end contract with at least three independent review organizations to conduct an independent informal dispute resolution process for licensed nursing homes and/or Medicare and/or Medicaid certified nursing facilities that contest a citation issued by the Nursing Home Program within the Office of Health Facility Licensure and Certification (OHFLAC) for a deficient practice pursuant to chapter 16, article 5C of the West Virginia State Code or pursuant to federal law, as being contrary to law or unwarranted by the facts of both.*

*The term "facility" shall be used to refer to the licensed nursing home and/or Medicare and/or Medicaid certified nursing facility. The term "director" shall refer to the director of the Office of Health Facility Licensure and Certification.*

MPRO understands the purpose of the State of West Virginia's request for independent review organizations (IROs) to conduct Independent Informal Dispute Resolution (IIDR) and we have the requisite background and experienced staff to accomplish all the mandatory requirements.

We provide IIDR assistance to long-term care (LTC) providers who choose to dispute a Federal citation following an LTC survey. We are a respected third-party review option for more than 1,000 nursing homes nationally. In addition, we are fully accredited by URAC as a Health Utilization Management (HUM) and Independent Review Organization (IRO).

Our IIDR program offers timely, objective review, consistent with standardized processes. Utilizing a decision-making algorithm, MPRO reviewers carefully assess cited deficiencies and facility provided refutation materials against Federal regulations and current clinical practice standards and provide objective independent review. For more information on MPRO's IIDR services, see attached brochure and fact sheet.

## MINIMUM QUALIFICATIONS

- (1) *The independent review organization shall be accredited by the Utilization Review Accreditation Commission.*

In 2002, MPRO earned full accreditation from URAC as a Health Utilization Management (HUM) and Independent Review Organization (IRO). URAC standards ensure that only appropriately trained, qualified clinical personnel conduct and oversee the medical record review process; that a reasonable, timely, and efficient process is in place; and that medical decisions are based on valid clinical criteria. Accreditation from URAC is one of the highest levels of accreditation that a medical review organization can attain. To perform independent review, under URAC accreditation, an organization is required to have:

- An internal compliance program;
- Processes to assess conflict of interest;
- Processes to develop networks of clinical peers to participate in the review process;
- Processes to formally credential the peer review network;
- Processes to maintain full documentation on all cases reviewed;
- Established processing times of 20 business days or less;
- Established procedures for expedited review;
- Established internal quality improvement processes as it relates to the independent review process; and
- Strict confidentiality policies and procedures.

A copy of our IRO accreditation/certificate is attached.

- (2) *The independent review organization must be registered in the state of West Virginia prior to award of any contract.*

MPRO is registered in the state of West Virginia.

- (3) *The independent review organization must employ at a minimum one reviewer who is a licensed registered professional nurses or other qualified licensed, registered, and/or certified health professional with extensive knowledge and understanding of long-term care regulations and current standards of professional practice. Proof of a current valid, unimpaired license, registration, and/or certification in their field of practice must be provided by the independent review organization. A licensed, registered and/or certified health professional must be significantly involved in every review.*

Each of MPRO's IIDR reviewers is a qualified professional with the expertise to provide objective and thorough independent review. IIDR reviewers are either licensed registered nurses or other LTC professionals with extensive knowledge and understanding of LTC regulations and standards of practice. In addition to various other training opportunities, IIDR reviewers participate in monthly quality improvement training sessions.



- (4) *For a reviewer to demonstrate “extensive knowledge and understanding of long-term care regulations”, the reviewer must, at a minimum, have successfully completed the Basic Long-Term Care Surveyor Course offered by the Centers for Medicare & Medicaid Service (CMS), successfully passed CMS’s Surveyor Minimum Qualification Test (SMQT), and worked as a surveyor of nursing homes for at least five years.*

Currently, MPRO employs six reviewers who meet the minimum qualifications specified in the above requirement. Resumes for these individuals have been included with this RFQ response. MPRO reviewers are assigned an identification number prior to reviewing a case.

- (5) *Prior to utilizing as reviewers any persons formerly employed by OHFLAC, the independent review organization must verify with the director that such former OHFLAC employees left in good standing and that the use of them as reviewers in the independent informal dispute resolution process would not present a conflict of interest. OHFLAC will determine whether a conflict of interest exists when an individual reviewer is a former employee of OHFLAC.*

MPRO will comply with this requirement, and we verify we will not use any persons formerly employed by OHFLAC as reviewers unless a conflict of interest does not exist.

## **MANDATORY REQUIREMENTS**

*The independent informal dispute resolution process consists of the following:*

- (1) *Within ten working days of receipt of the written request for the independent informal dispute resolution process made by the facility, the independent review organization shall hold an independent informal dispute resolution conference unless additional time is requested by the facility. Before the independent informal dispute resolution conference, the facility may submit additional information. If the review involves a resident, the organization must ensure notification of the opportunity to submit comments prior to the completion of the process from the involved resident(s) or appropriate resident representative(s) and the State’s long-term care ombudsman.*

MPRO will comply with this requirement noting that; Addendum No.1 states that “if applicable, the state will be responsible for initial notification to the resident or resident representative, as well as the States’ long term care ombudsmen....”

- (2) *The facility may not be accompanied by counsel during the independent informal dispute resolution conference.*

MPRO will communicate this to the facilities during the process, and we will not participate in telephonic reviews if we are aware the facility’s counsel is participating in the conference/call.

- (3) *The manner in which the independent informal dispute resolution conference is held is at the discretion of the facility, but is limited to:*
- a. *A desk review of written information submitted by the facility; or*
  - b. *A telephonic conference; or*
  - c. *A face-to-face conference held at the facility or mutually agreed upon location.*

MPRO is prepared to perform desk reviews, telephonic conferences, or face-to-face conferences held at the facility or a mutually agreed upon location. For all face-to-face conferences, the facility will be responsible for reimbursing MPRO for all travel costs. This will include, but is not limited to, travel time (charged at an hourly rate per person), airfare, parking, meals, etc.

- (4) *If the independent review organization determines the need for additional information, clarification, or discussion after the conclusion of the independent informal dispute resolution conference, the independent review organization shall request this information of the director and the facility.*

MPRO will comply with this requirement.

- (5) *Within ten calendar days of the independent informal dispute resolution conference, the independent review organization shall provide and make a determination, based on the facts and findings presented, and shall transmit a written decision containing the rationale for its determination to the facility and the director. The written record shall include: Each deficiency or survey finding that was disputed; a summary of the recommendation for each deficiency or finding and the rationale for that result; documents submitted by the facility to dispute a deficiency, to demonstrate that a deficiency should not have been cited, or to demonstrate a deficient practice should have been cited as immediate jeopardy or as substandard quality of care; and any comments submitted by the residents or their representatives and the ombudsman.*

MPRO will comply with this requirement.

- (6) *Each independent review organization shall provide quarterly reports to the director which shall at a minimum include the number of facilities for which an informal dispute resolution process was requested, the number of state licensure and/or federal Medicare/Medicaid certification deficiencies that were individually reviewed for each facility requesting an informal dispute resolution process, and the results of each review.*

MPRO will comply with this requirement.

- (7) *Any additional costs associated with a face-to-face conference will be borne to the facility. The facility will have to enter into a separate agreement with the independent review organization to cover any additional costs associated with a face-to-face conference.*

If a face-to face conference is requested by a facility, MPRO will provide and require a separate signed agreement between the facility and MPRO to cover any additional costs associated with this conference.



## **OHFLAC'S DUTIES AND RESPONSIBILITIES**

- (1) *No later than ten working days following the last day of the survey or inspection, or no later than twenty working days following the last day of a complaint investigation, the director shall transmit to the facility a statement of deficiencies committed by the facility. Notification of the availability of the independent informal dispute resolution process and an explanation of the independent informal dispute resolution process shall be included in the transmittal.*

MPRO understands OHFLAC's duty and responsibility.

- (2) *When the facility returns its plan to correct the cited deficiencies to the director, the facility may request in writing the independent informal dispute resolution process to refute the deficiencies.*

MPRO understands OHFLAC's duty and responsibility.

- (3) *Within five working days of receipt of the written request for the independent informal dispute resolution process made by the facility, the director shall refer the request to an independent review organization from the list of certified independent review organizations approved by the state.*

MPRO understands OHFLAC's duty and responsibility.

- (4) *The director shall vary the selection of the independent review organization on a rotating basis. The director shall acknowledge in writing to the facility that the request for independent review has been received and forwarded to an independent review organization for review. The notice shall include the name and address of the independent review organization.*

MPRO understands OHFLAC's duty and responsibility.

- (5) *Upon receipt of the written decision by the independent review organization, the director shall review the results and their rationale.*

a. *If the director disagrees with the determination, the director may reject the determination made by the independent review organization and shall issue an order setting forth the rationale for the reversal of the independent review organization's decision to the facility within ten calendar days of receiving the independent review organization's determination.*

b. *If the director accepts the determination, the director shall issue an order affirming the independent review organization's determination within fifteen calendar days of receiving the independent review organization's determination.*

c. *If the independent review organization determines that the original statement of deficiencies should be changed as a result of the independent informal dispute resolution process and the director accepts the determination, the director shall transmit a revised statement of deficiencies to the facility within ten calendar days of the independent review organization's determination.*

MPRO understands OHFLAC's duty and responsibility.

## **SPECIAL TERMS AND CONDITIONS**

- (1) *Standard professional liability insurance: minimum \$1,000,000.00 per occurrence.*

MPRO has read and understands this requirement.

## **LICENSE REQUIREMENTS**

- (1) *The independent review organization must employ at a minimum one reviewer who is a licensed registered professional nurses or other qualified licensed, registered, and/or certified health professional with extensive knowledge and understanding of long-term care regulations and current standards of professional practice. Proof of a current valid, unimpaired license, registration, and/or certification in their field of practice must be provided by the independent review organization. A licensed, registered and/or certified health professional must be significantly involved in every review.*

See **Minimum Qualifications** for a response to this requirement.

- (2) *For a reviewer to demonstrate “extensive knowledge and understanding of long-term care regulations”, the reviewer must, at a minimum, have successfully completed the Basic Long-Term Care Surveyor Course offered by the Centers for Medicare & Medicaid Service (CMS), successfully passed CMS’s Surveyor Minimum Qualification Test (SMQT), and worked as a surveyor of nursing homes for at least five years.*

See **Minimum Qualifications** for a response to this requirement.

## **LIFE OF CONTRACT**

- (1) *Date of coverage: upon award and continue for a period of one (1) year with the option for two (2) one-year renewals.*

MPRO has read and understands this requirement.

## **ROTATION OF VENDORS**

- (1) *Requests for independent informal dispute resolutions shall be assigned to the approved vendors on a rotational basis. The rotation will start with the lowest bidder and will proceed to the next bidder in ascending order based on the bid.*

MPRO has read and understands this requirement.



## APPENDICES

The following appendices are included in this document:

- IIDR Brochure
- IIDR Fact Sheet
- URAC Accreditation Certificate
- Resumes

## **IIDR BROCHURE**

The following page includes MPRO's IIDR brochure, "MPRO: Your Objective & Independent IDR Alternative".



### Our Commitment to You

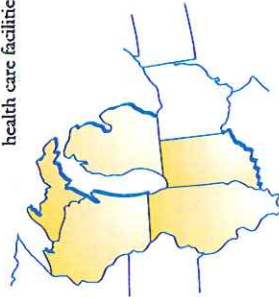
MPRO is committed to providing the most efficient, affordable, timely and objective IIDR review possible. Our process is customized to the needs of our clients, based on the state's current process. As a result of our vast experience with multi-state quality improvement and health record review and analysis, MPRO has developed a unique understanding of the opportunities and challenges faced by IIDR clients. MPRO brings to all clients:

- An ability to research and apply clinical practice standards in the decision making process;
- Health record review, problem-solving, and communication skills;
- Current knowledge of long-term care and clinical practice standards; and,
- Knowledge of federal OBRA regulations, federal interpretative guidelines and the nursing home survey process.

### MPRO IIDR Clients

As a result of MPRO's national reputation for quality IIDR reviews, MPRO has secured contracts with several state agencies to provide IIDR review services, including alternatives to the IDR reviews conducted by state survey agencies for health care providers. Once selected to conduct independent review of IDR requests, MPRO works with stakeholders in a state to educate providers on the review process and methods for preparing their IDR materials.

In addition to numerous health care facilities,



- MPRO includes among its valued clients:
- Illinois Department of Public Health
  - Indiana State Department of Health
  - Michigan Department of Community Health
  - Wisconsin Division of Quality Assurance

As a result of working with MPRO to provide IIDR services, many states have experienced improved collaboration between state officials and health care providers. In turn, providers have received the timely, objective determinations they are seeking to resolve survey issues.

### About MPRO

MPRO is a recognized leader in health care quality improvement and independent review services. For more than 25 years, MPRO has demonstrated a commitment to promoting quality health care and protecting and assisting health care consumers, providers, and payers while creating solutions to health care challenges. In 1984, MPRO was designated by the Centers for Medicare & Medicaid Services as the Quality Improvement Organization (QIO) for the Medicare program in Michigan. In addition, MPRO provides services for state agencies in Illinois, Indiana, Michigan, Minnesota, North Carolina, Virginia and Wisconsin. For additional information, contact:

**Charlene Kawchak-Balitsky, RN, BSN, NEHA**  
Manager, IIDR  
(248) 465-1038  
ckbalitsky@mpro.org

Questions?

Visit MPRO's Web site today!

[www.mpro.org/informal-dispute-resolution.htm](http://www.mpro.org/informal-dispute-resolution.htm)

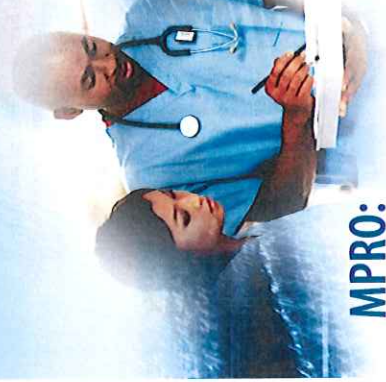
Updated August 2011

## Independent IDR

# Independent Informal Dispute Resolution



ACCREDITED  
HEALTH UTILIZATION  
MANAGEMENT  
INDEPENDENT REVIEW



## MPRO:

# Your Objective & Independent IDR Alternative

MPRO, a leader in health care quality improvement and record review for more than 25 years, is committed to providing the best in Independent Informal Dispute Resolution (IIDR) services for state-agencies and health care providers through its nationally accredited IIDR program. Whether you are a state official looking for alternative solutions to your current IDR process, or a health care provider seeking to have a fast, objective, quality, independent review of your disputed citations, MPRO can provide customized solutions to meet your needs – timely, affordable resolution of disputed citations.

Utilizing its extensive expertise, MPRO can provide complete oversight of

your IIDR process. MPRO is currently managing the overall IIDR process for the state of Wisconsin. In the states of Illinois, Indiana, and Michigan, MPRO is the state-authorized alternative provider of IIDR services on a voluntary, fee-for-service basis as a result of collaborative partnerships with these state governments.

MPRO is the only non-profit organization contracted by state agencies to perform IIDR reviews. We also are the only Independent Review Organization (IRO) offering independent review of IIDR requests by licensed professionals with current experience in long-term care, as well as physician reviews upon request.

[www.mpro.org/informal-dispute-resolution.htm](http://www.mpro.org/informal-dispute-resolution.htm)





### **IDDR Solutions**

Utilizing its more than 12 years of experience conducting IDDR services, MPRO's highly trained staff and expert professional reviewers provide timely and reliable reviews using an objective decision-making algorithm. In the state of Michigan alone, MPRO has conducted more than 4,000 IDDR reviews. MPRO's review services costs are competitive with other independent review consultants.

Our approach to IDDR is characterized by a rigorous decision-making process, highly qualified professional reviewers, established reviewer selection standards, internal reliability, and on-going staff training to ensure reviewers have current knowledge of Federal and State regulations and practice standards.

MPRO's IDDR services integrate quality improvement principles, including internal auditing of our decisions to ensure consistent reliability and to identify educational opportunities. All MPRO services are supported by stringent confidentiality and security processes. Based upon our platform of extensive record review and quality improvement experience, our valuable

IDDR services include:

- Desk Reviews
- Telephonic Reviews
- State-Approved Provider Education
- Ongoing Quality Monitoring
- Quarterly Reviewer Training
- Expert Professional Review
- Reviews of Federal and State Nursing Home Citations including Life Safety Codes and ICF/MRS

### **National Accreditations**

MPRO is accredited by URAC as a Health Utilization Management (HUM) and Independent Review Organization (IRO) — a status we have maintained for more than seven years. URAC standards ensure only

appropriately trained, qualified, professional personnel conduct and oversee the review process; that a reasonable, timely and efficient process is in place; and that review decisions are based on current practice standards.



Additionally, MPRO is an active member of the National Association of Independent Review Organizations (NAIRO). NAIRO is dedicated to protecting the integrity of the independent review process.



## **The MPRO Difference**

In addition to the state support we have received from providing IDDR reviews, MPRO is unique for the following reasons:

### **Science-Based Analysis**

MPRO's IDDR reviewers are required to use a consistent decision-making process to review the statement of deficiency, as well as all materials submitted by a facility to refute the citation. MPRO provides dual review (two professional reviewers) for all deficiencies cited as Immediate Jeopardy or Sub-standard Quality of Care. In Illinois and Wisconsin, MPRO also provides dual review for Conditions of Participation and Repeat Standards in Intermediate Care Facilities for Persons with Mental Retardation.

### **Objective Review**

MPRO believes an objective review process is fundamental to reaching a reliable, consistent determination for each cited deficiency. In compliance with URAC guidelines, MPRO ensures all IDDR review determinations are given independent of individuals involved with issuing the statement of deficiency, or providing services to the nursing facility in question. Strict guidelines ensure no organizational or reviewer conflict of interest exists for each requested review, which is documented for each reviewer. Each reviewer conflict of interest profile is examined prior to making a review assignment.

## **Highlights of MPRO's IDR Services**

- Timely
- Objective
- Efficient
- Quality
- Accredited



### **Commitment to Quality Improvement**

For all our IDDR programs, MPRO provides quarterly quality improvement training for our reviewers, an innovative reporting and information management system, and an implementation plan that includes conducting IDDR provider conferences.

### **Expert Reviewers & Training**

Each of MPRO's IDDR reviewers is a qualified professional with the expertise to provide objective and thorough independent review. IDDR reviewers are either licensed registered nurses or other long-term care (LTC) professionals with extensive knowledge and understanding of LTC regulations and standards of practice. In addition to various other training opportunities, IDDR reviewers attend a minimum of four quality improvement training sessions annually.

### **Timely, Efficient Evaluations**

Because timeliness is important to both facilities and state agencies, MPRO adheres to strict timeliness guidelines to ensure all IDDR determinations are returned on or before the agreed upon deadline. MPRO meets URAC standards for timeliness, as well as contractual timeliness agreed to with our clients.



## **IIDR FACT SHEET**

The following fact sheet provides information on MPRO's Independent Informal Dispute Resolution line of business.

## Overview

MPRO provides Independent Informal Dispute Resolution (IIDR) assistance to long term care providers who choose to dispute a Federal citation following a long term care (LTC) survey. MPRO is a respected third party review option for more than 1,000 nursing homes nationally. MPRO is fully accredited by URAC as a Health Utilization Management (HUM) and Independent Review Organization (IRO). MPRO's IIDR Program offers timely, objective review, consistent with standardized processes. Utilizing a decision making algorithm, MPRO reviewers carefully assess cited deficiencies and facility provided refutation materials against Federal regulations and current clinical practice standards and provide objective independent review. MPRO offers desk reviews, and physician reviews upon request.



## Timeliness Matters

MPRO's clients have come to rely on us for our timeliness in review. Within 20 days, a written recommendation is provided to the State Survey Agency for their review and decision. The Agency, in turn, provides a copy to the Centers for Medicare & Medicaid Services and the requesting nursing home facility of the recommendation and the Agency's decision.

## Nationally Accredited

As a nationally accredited reviewer, URAC standards ensure the use of validated processes and procedures for the review processes and for the appropriate selection of reviewers. MPRO has gained broad recognition as the only accredited independent review organization offering IIDR reviews. MPRO ensures that all IIDR review determinations are given independent of any individual(s) involved in issuing the statement of deficiency or providing services to the nursing facility in question. Deficiencies cited as "Immediate Jeopardy" or "Sub-Standard Quality of Care" are afforded a dual review (two professional reviewers) due to the serious nature of the citation and the impact on the LTC facility which may include Civil Monetary penalties.

*"MPRO has gained broad recognition throughout Michigan as an objective and trusted independent reviewer of IDR requests. We believe that Michigan, through use of an independent reviewer of IDR requests, has fostered an atmosphere that is less adversarial between state surveyors and nursing homes."*

*- David E. Herbel  
President and CEO  
Aging Services of  
Michigan*



## Experienced Staff

MPRO's IIDR reviewers are registered nurses and other health professionals with extensive knowledge of Federal regulations and current clinical standards of practice, supported by practical LTC experience. Each reviewer receives a thorough orientation on MPRO's IIDR process and industry regulations. Reviewers also are required to attend quarterly educational trainings to remain current with regulatory updates, new surveyor guidance, and Federal directives.

## Customized Solutions

Since 1998, MPRO has been providing IIDR services and we currently perform reviews in Michigan, Illinois, Indiana, and Wisconsin. MPRO's IIDR program is the state authorized alternative provider of IIDR services on a voluntary fee-for-service basis. MPRO provides customized solutions to meet states' needs.

| MPRO IIDR        |                 |         |               |         |               |         |                |
|------------------|-----------------|---------|---------------|---------|---------------|---------|----------------|
| FY 2009<br>CASES | Supported Cases |         | Amended Cases |         | Deleted Cases |         | Total<br>Cases |
|                  | Number          | Percent | Number        | Percent | Number        | Percent |                |
| State A          | 44              | 38.6    | 28            | 24.56   | 42            | 36.84   | 114            |
| State B          | 0               | 0       | 0             | 0       | 0             | 0       | 0              |
| State C          | 89              | 69.53   | 16            | 12.5    | 23            | 17.97   | 128            |
| State D          | 137             | 53.52   | 82            | 32.03   | 37            | 14.45   | 256            |
| FY 2010<br>CASES | Supported Cases |         | Amended Cases |         | Deleted Cases |         | Total<br>Cases |
|                  | Number          | Percent | Number        | Percent | Number        | Percent |                |
| State A          | 109             | 73.15   | 11            | 7.38    | 29            | 19.5    | 149            |
| State B          | 4               | 80.00   | 1             | 20.00   | 0             | 0       | 5              |
| State C          | 155             | 50.65   | 87            | 28.43   | 64            | 20.92   | 306            |
| State D          | 202             | 54.30   | 106           | 28.00   | 64            | 17.20   | 372            |

**For more information on IIDR contact:**  
**Charlene Kawchak-Belitsky, RN, BSN, NHA**  
**Manager, IIDR**  
 (248) 465-1038 • [ckbelitsky@mpro.org](mailto:ckbelitsky@mpro.org)

## **IRO ACCREDITATION**

MPRO's IRO accreditation/certificate follows.





**CERTIFICATE OF FULL ACCREDITATION**

*is awarded to*

**Michigan Peer Review Organization**

**22670 Haggerty Road, Suite 100, Farmington Hills, MI, 48335**

*for compliance with*

**Independent Review Organization Accreditation Program**

*pursuant to the*

**Independent Review Organization, Version 4.0**

**Effective from the 1st of November 2010 through the 1<sup>st</sup> of November 2013**

*Alan P. Spielman*

Alan P. Spielman  
President & CEO

*Christine S. Leyden*

Christine Leyden, RN, MSN  
Chief Accreditation Officer



**ACCREDITED**

**Independent Review  
Organization**



URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC and shall be returned upon request.

## RESUMES

Resumes and licenses for MPRO's qualified staff are provided on the following pages.



## Reviewer 1 - #4704153679

### PROFILE

This Reviewer has worked as a registered nurse since 1985. She has worked for MPRO in both Medicaid and private-review programs. Currently, she serves as a Nurse Review Coordinator, responsible for processing requests for preauthorization of elective admissions, transfers, re-admissions within 15 days, and rehabilitation stays. She also refers cases that cannot be approved to physician advisors and initiates necessary follow-up with the provider about case decisions. She also directs independent reviews for the Informal Deficiency Review Services for Michigan long-term care facilities.

### PROFESSIONAL EXPERIENCE

#### **Nurse Review Coordinator, 2008 – Present** **MPRO, Farmington Hills, MI**

- Uses criteria and clinical nursing experience to professionally receive incoming telephone requests and retrospective requests for preauthorization of elective admissions, readmissions within 15 days, transfers, rehabilitation, and continued stays for the Medicaid Review Program; refers cases that cannot be approved to physician advisors; and initiates necessary follow-up with the provider regarding case decisions
- Serves as a Coordinator for Independent Informal Deficiency Review Services for Michigan long-term care facilities; monitors reports, documentation, and assigns staff as necessary
- Maintains current knowledge of contractual and regulatory requirements
- Acts as a liaison between MPRO and providers for education and/or problem solving
- Supports the Director for Medical Review in all medical review activities as necessary to effectively manage Medicaid and private review contracts

#### **Charge Nurse, Nurse Manager, 2007 – 2008** **Henry Ford Macomb Hospital, Warren, MI**

- Assessed patients' conditions; communicated with health care providers, patients, and families
- Implemented plans of care to improve patients' health and provide positive health care experiences; evaluated progress toward health care goals
- Planned and organized the opening of a medical/surgical/telemetry unit

#### **Health Care Coordinator, 2006 – 2007** **Clare Bridge, Utica, MI**

- Coordinated health care services for residents and families
- Organized the department and implemented a proactive assessment process
- Shared supervision of patient care assistants; increased the census
- Learned scheduling procedures so as to meet the needs of the residents

#### **Health Care Surveyor, 2001 – 2006** **Michigan Department of Community Health, Detroit, MI**

- Evaluated compliance of state rules and federal regulations that pertain to nursing homes, both as a team member and independently
- Investigated complaints, wrote reports, met deadlines, and monitored facilities
- Observed, interviewed, reviewed records, and reviewed plans of correction
- Improved federal oversight support survey scores

#### **Charge Nurse, 1999 – 2000** **Otsego Memorial Hospital, Gaylord, MI**

- Supervised and directed nursing assistants; advocated for residents
- Utilized the nursing process to provide quality of life and quality of care for residents
- Supported the Minimum Data Set reporting requirements through education and documentation

Reviewer 1 - #4704153679

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**Charge Nurse, 1998 – 1999**

**Tendercare, Gaylord, MI**

- Supervised and directed nursing assistants; advocated for residents
- Utilized the nursing process to provide quality of life and quality of care for residents

**Nurse Case Manager, 1997 – 1998**

**Saint Joseph Mercy Hospital, Mount Clemens, MI**

- Coordinated care and resources with patients, families, social workers, and liaisons in home care, home infusion, acute long-term care hospitals, sub-acute facilities, and inpatient rehabilitation for both inpatients and discharge-planning services
- Managed utilization of services in conjunction with the Utilization Review department

**Staff Nurse, Charge Nurse, 1991 – 1997, 2001**

**Mount Clemens General Hospital, Mount Clemens, MI**

- Opened a new telemetry unit
- Utilized the nursing process in addition to critical pathways in caring for patients
- Assisted in bed management

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**EDUCATION**

Bachelor of Science in Nursing  
Wayne State University, Detroit, MI

Associate Degree in Applied Science, Nursing  
Macomb Community College, Clinton Township, MI

Additional coursework: Masters in Nursing and Business Administration  
Madonna University, Livonia, MI

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**CURRENT LICENSURE**

Michigan Nursing License

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**TECHNICAL TRAINING**

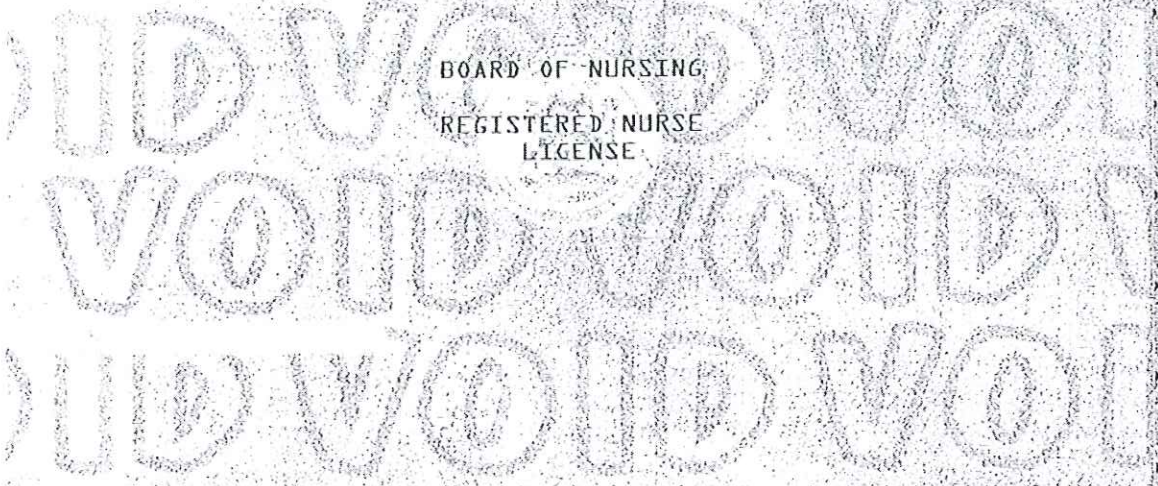
MS Office



JENNIFER M. GRANHOLEM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH L1731786

BOARD OF NURSING  
REGISTERED NURSE  
LICENSE



PERMANENT ID. NO.

4704153679

EXPIRATION DATE

09/31/2012

2590672

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OF MICHIGAN.



## Reviewer 2 - #4704075717

### Employment

MPRO

*IDR Reviewer, 2004 - Present*

Responsible for review, decision-making and documentation of decisions related to disputed federal and state long term care citations in Wisconsin and Illinois, using knowledge of Federal and State regulations and current standards of practice.

*Remediation Specialist, 2004 - 2006*

Responsible for collaborating with long term care facilities in the development of Directed Plans of Correction.

MICHIGAN PUBLIC HEALTH INSTITUTE -  
CENTER FOR LONG TERM CARE and SPECIALIZED PROVIDER SURVEYS  
*Nurse Consultant, August 1999 - 2005*

Responsible for assisting in the implementation of Federal and State enforcement activities in nursing homes through development of Directed Plans of Correction and Clinical Advising. Also responsible for conducting surveys of Critical Access Hospitals and Rural Health Centers.

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES (FORMERLY MICHIGAN DEPARTMENT OF PUBLIC HEALTH)  
*Chief of the Evaluation, Training and Enforcement Section, Division of Licensing and Certification,  
Bureau of Health Systems, April 1997 - July 1999*

Responsible for Federal and State enforcement for health care facilities in the State, for staff training, quality improvement programming, policy and procedure development for the Division.

*Licensing Officer, July 1993 - April 1997*

Responsible for the licensing and certification activities for health care facilities in a geographic area of the state. Responsible for the management of a team of professional health facility surveyors.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
*Nurse Consultant III, March 1990 - July 1993*

Functioned as health facility surveyor in nursing homes, hospitals, end-stage renal dialysis units, and ambulatory surgical centers. Successfully completed the Surveyor Minimal Qualifications Test, Modules A and B.

GREATER LANSING VISITING NURSE SERVICE, INC  
HOLT, MI

*Director of Clinical Services, March 1987 - March 1990*

Manager with responsibility for all clinical services and personnel including nurses, home health aides, clinical nurse specialists, social workers, physical therapists, occupational therapist, and speech pathologist; totaling over 40 staff members.

MICHIGAN STATE UNIVERSITY, COLLEGE OF NURSING  
EAST LANSING, MI

*Instructor, September 1985 - September 1987*

Taught nursing assessment and community health nursing.

GREATER LANSING VISITING NURSE SERVICE, INC.  
HOLT, MI

*Home Health Nurse, October 1984 - August 1985*

Carried a clinical caseload in skilled home health care.

FERRIS STATE COLLEGE  
BIG RAPIDS, MI

*Assistant Professor, June 1978 - August 1984*



Taught multiple courses in Associate and Baccalaureate programs.  
Involved in curriculum and course development.

EDWARD W. SPARROW HOSPITAL  
LANSING, MI  
*Registered Nurse, October 1974 - May 1978*  
Clinical practice and Continuing Education positions.

LANSING GENERAL HOSPITAL  
LANSING, MI  
*Surgical Unit Staff Nurse/Nurse Manager, October 1973 - October 1974*

MASON GENERAL HOSPITAL  
MASON, MI  
*Emergency Room Staff Nurse/In-service Coordinator, June 1971 - August 1973*

MT. CARMEL HOSPITAL  
COLUMBUS, OHIO  
*Cardiac Care Unit Staff Nurse, June 1970 - August 1970*

THE AMERICAN LUTHERAN CHURCH  
MICHIGAN DISTRICT CAMPING PROGRAM  
*Camp Nurse, June 1970 - August 1970*

CAPITAL UNIVERSITY  
COLUMBUS, OHIO  
*Student Health Center Staff Nurse, September 1968 - May 1971 (Academic Year)*

HOAG MEMORIAL HOSPITAL - PRESBYTERIAN  
NEWPORT BEACH, CA  
*Cardiac Care/Intensive Care Unit Staff Nurse, September 1967 - July 1968*

HURLEY HOSPITAL  
FLINT, MI  
*Operating Room Staff Nurse, June 1966 - March 1967*

LAPEER COUNTY GENERAL HOSPITAL  
LAPEER, MI  
*Surgical Unit Charge Nurse, June 1966 - March 1967*

#### **Education**

WAYNE STATE UNIVERSITY, DETROIT, MI  
*Masters Degree in Nursing, Community Health Nursing, 1981*

CAPITAL UNIVERSITY, COLUMBUS, OHIO  
*Bachelor of Arts, Christian Education Major, Sociology Minor, 1971*

HURLEY HOSPITAL SCHOOL OF NURSING, FLINT, MI  
*Diploma in Nursing*

#### **Licensure**

Registered Nurse in Michigan, #4704075717

JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH L1693234

BOARD OF NURSING  
REGISTERED NURSE  
LICENSE

PERMANENT I.D. NO.

EXPIRATION DATE

4704075717

03/31/2012

2548094

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OF MICHIGAN.



Reviewer 3 - #4704229053

**QUALIFICATIONS**

- 16 years combined experience in the healthcare industry as a surveyor, consultant, manager and caregiver.
- Established 8-year history in surveying long-term care healthcare facilities.
- Solid track record of effectively coordinating teams as a team leader and formally training peers as a preceptor.
- Proven ability to professionally and effectively represent the department during complex investigations involving direct and indirect communication with facility owners, administrators, healthcare professionals, family members and attorneys.
- Solid reputation for conceiving and applying compliant solutions to complex challenges.

**EMPLOYMENT HISTORY**

**8/2009 – 8/2010, Surveyor Monitor**

**State of Michigan, Detroit, MI**

- Managed 12 healthcare surveyors (nurses and social workers) responsible for conducting complaint investigations in Metro Detroit.
- Coordinated and assigned unannounced survey assignments to the healthcare surveyors.
- Provided guidance to healthcare surveyors nurses regarding interpretation and application of the Federal and State Operations Manual (SOM).
- Reviewed and Edited preliminary reports (2567) submitted by healthcare surveyors and submitted final reports to the enforcement unit for appropriate penalties.
- Directed administrators, owners, and directors of nursing regarding the appropriate actions steps needed following the findings substandard quality of care or immediate jeopardy (IJ) determinations.
- Reviewed complainant allegations requesting an administrative hearing before an administrative law judge (ALJ).
- Attended Administrative Hearings as needed.
- Provided support for healthcare surveyors during Federal Oversight Surveys.
- Reviewed and approved plan of correction (POC) documentation following noncompliance by facilities who participated in the Medicare/Medicaid program.
- Provided guidance to facility administrators, directors of nursing, and other facility administrative staff regarding the POC process and the state guidelines regarding acceptable remedial actions for POCs.
- Reviewed and evaluated Informal Dispute Resolution (IDR) documentation submitted by facilities who alleged citations issued by the nursing home monitoring division were inappropriate or not in compliance with the SOM.

**8/2001 - 10/2008, Nurse Surveyor**

**State of Michigan, Detroit, MI**

- Utilized nursing license, SMQT certification, and working knowledge of the State Operations Manual (SOM) and the related protocols and the Michigan State Rules to evaluate long-term care facility compliance for licensure and certification in Medicare/Medicaid programs.
- Participated as an effective member of the annual survey team including functioning as team leader by completing and prioritizing survey tasks, assisting the team with decision making regarding the scope and severity of citations, and leading the exit conference.
- Participated as a team member and team leader during Federal Oversight Surveys
- Coordinated and assigned survey tasks to the interdisciplinary teams of nurses, social workers, sanitarians & dieticians to conduct annual and revisit facility surveys.
- Lead and trained new surveyors by serving as a preceptor.
- Developed tools to assist the team with carrying out survey tasks in accordance with the SOM.
- Investigated complex and serious complaints filed with the Department of Community Health, Complaint Investigation Unit (CIU) including deaths and serious injuries which cause harm to facility residents.
- Made independent judgments and collaborated with management to determine and declare an immediate jeopardy (IJ) and/or substandard quality of care following evidence of negligent and/or egregious non-compliance with professional, State and Federal rules, regulations and protocols.



- Effective communication of deficient practices demonstrated by solid 2567 reports and IJ notification letters.
- Reviewed plans of corrections (POC) submitted by facilities following standard, abbreviated, and revisit surveys and review of POCs submitted to remove IJs.
- Proactively drove and coordinated communication between the survey monitor, licensing officer and facility owners and administrative staff.
- Represented State of Michigan in administrative hearings as a sworn expert witness in the long term care providing situation analysis, responding to resident/family complaints and clarifying State and Federal requirements.
- Corroborated with attorneys from the Center for Medicare and Medicaid Services to assist in preparation for court hearings.

**2001- 2004, Staff Nurse**

**Havenwyck Hospital, Pontiac, MI**

- Led, advised, and participated with the Interdisciplinary team on short term geriatric mental health unit by administering and overseeing care for patients, supervising and managing patient care technicians and nurse aides, and unit secretary.

**1997 – 2001, Nurse Account Manager**

**NeighborCare Pharmacy, King of Prussia, PA**

- Primary liaison for Long Term Care Facilities serviced by NeighborCare Inc. Cross marketed NeighborCare products and services advising the Nursing Director and Vice President of Sales and Marketing on program enhancements including pharmaceutical and medical supply and service enhancement opportunities.
- Managed and consulted with NeighborCare team members to achieve Long Term Care Facility needs while advising administrative staff to help ensure and maximize reimbursement.
- Oversaw facility and site visits liaising with the Director of Nursing, Administrator, billing representative, supply person, unit staff, and other Long Term Care Facility personnel.
- Implemented, managed, and serviced NeighborCare pharmaceutical and medical supply programs while conducting in-service education and training for professional and nonprofessional nursing staff.
- Conducted clinical assessments of wound, ostomy, respiratory and enteral needs, assessing Long Term Care Facilities for additional network service needs including but not limited to Rehab, Respiratory Health, Physician Services, and/or Clinical Training.

**1995 – 1997, Nurse Manager of Medical Records Manager**

**Innovative Pharmacy, Blackwood, NJ (as acquired by NeighborCare in 1997)**

- Led implementation of internal Continuous Quality Improvement while supervising and training medical record staff on administration procedures and tools, servicing physicians and healthcare providers, and coordinating support to Long Term Care and Assisted Living Facilities serviced by Innovative Pharmacy.
- Developed systems and programs to evaluate and manage administrative processes, provide specialized reports for Nursing Facilities, and education and documentation regarding nursing staff procedures while conducting site visits and attending pharmacy and therapeutic meetings.
- Conducted components of the mock survey with special focus on the medication pass observation.

**1995, Staff Nurse**

**Bridgeton Nursing Center, Bridgeton, NJ**

- Supervised management of care for 60 residents in the facility including administering medication and treatments; educated residents and family members regarding the disease process and management of care; participated in patient care conferences; developed and implemented individualized care plans for residents and working collaboratively with residents, families, doctors, physical therapists, and other members of the team.

**EDUCATION**

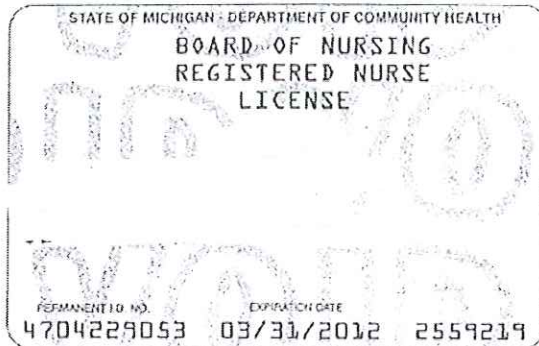
Bachelor of Science in Nursing, *Rutgers University – College of Nursing* – Newark, NJ – May 1994  
Juris Doctor, *Thomas M. Cooley Law School*, admitted to NJ State Bar, 12/2009

**PROFESSIONAL CERTIFICATION**

- Registered Nurse – State of Michigan and State of New Jersey
- Successful Completion of the SMQT, 2002



M470216 169 R-001  
CUT OUT FOR WALLET CARD



**COMPLAINT INFORMATION:**

The issuance of this license should not be construed as a waiver, dismissal or acquiescence to any complaints or violations pending against the licensee, its agents or employees.

**WALL CERTIFICATE INFORMATION:**

If the box is checked, you may purchase a State of Michigan Official Wall Certificate. Please visit <http://tbsddp.com/certificates> or call

1-800-875-3676

**FUTURE CONTACTS:**

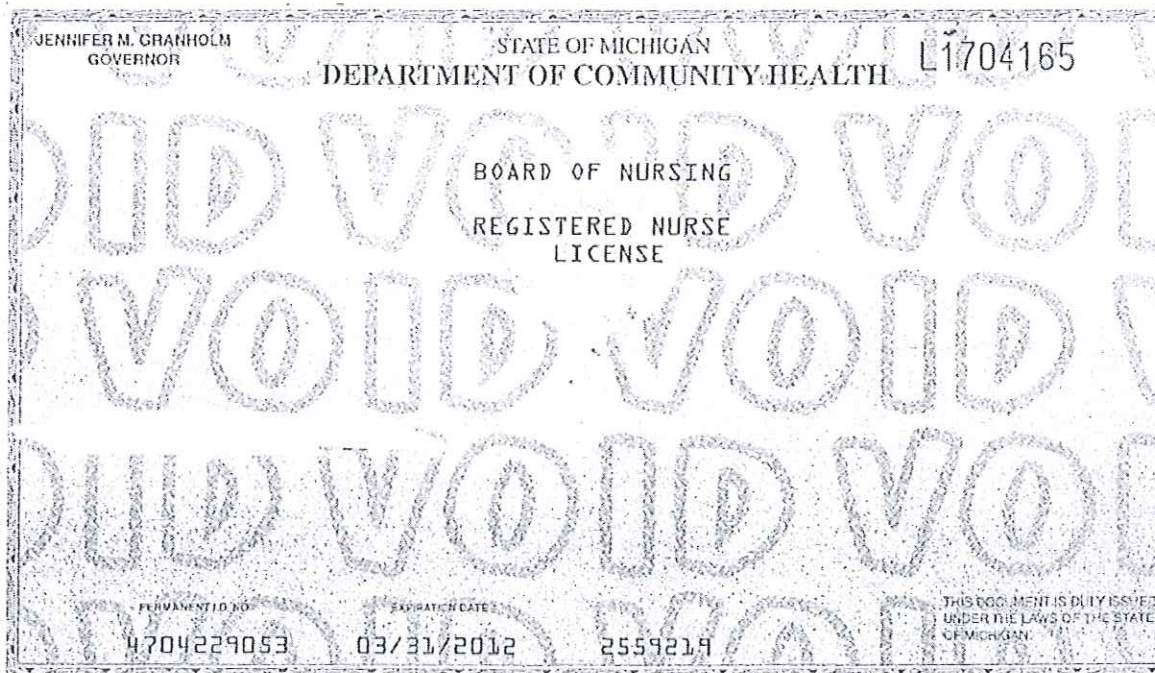
You should direct all inquires regarding this license or address changes to the:

DEPARTMENT OF COMMUNITY HEALTH

BOARD OF  
NURSING

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.  
REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

P.O. BOX 30670  
LANSING MI 48909-8170



## Reviewer 4 - #5972-120

### WORK EXPERIENCE

2007-2011

State of Wisconsin

Division of Quality Assurance, Rhinelander, WI

#### Health Services Specialist I

- Enforce State and Federal regulations for LTC facilities
- Participate as team member and coordinator of assigned surveys
- Prepare statement of deficiencies for Federal and State surveys

2003-2004

State of Wisconsin

Northern Wisconsin Center for the Developmentally Disabled, Chippewa Falls, WI

#### Interim Unit Director

- Responsible for the overall management of a 56 bed unit on the grounds of Northern Center
- Ensured compliance with state and federal regulations
- Provided in-service training
- Supervised professional staff and ensure that active treatment is provided to the clients served
- Completed investigations of injuries and complaints

1991-2003

State of Wisconsin

Department of Health and Family Services, Eau Claire, WI

#### Health Services Specialist I/QMRP

- Enforced State and Federal regulations for LTC facilities and intermediate care facilities for the mentally retarded
- Participated as team member and coordinator of assigned surveys
- Prepared statement of deficiencies for Federal and State surveys
- Testified at administrative law hearings for appeals of deficiencies

1990-1991

Northwest Supportive HomeCare, Eau Claire, WI

#### Program Coordinator

- Coordinated supportive in-home services for elderly/handicapped

1984-1989

Grace Lutheran Foundation, Eau Claire, WI

#### Program Coordinator

- Developed and directed adult daycare program serving elderly/handicapped individuals; provided social services
- Developed and directed 48-bed, Class C Community Based Residential Facility (CBRF); provided social services
- Developed and directed licensed childcare program designed as an intergenerational day care program; all positions were held concurrently as they were developed

1981-1984

Luther Hospital, Eau Claire, WI

#### Medical Social Worker

1980-1981

Adult Development Services, Greenwood, WI

#### Case Manager

1973-1980

Adams County Community Center for the Mentally Retarded and Seriously Handicapped, Inc.

Westminster, WI

#### Case Aide/Case Manager



**EDUCATION**

1989-1990, Cardinal Stritch College, Milwaukee, WI  
Thirty (30) Graduate Credits in Management

1978-1980, Metropolitan State College, Denver, CO  
Bachelor of Science in Human Services

1976-1978, Community State College, Denver, CO  
Associate of Arts Degree in Community and Social Services

**ADDITIONAL TRAINING**

Successful completion of SMQT test for Federal and State nursing home surveyors and basic and advanced ICF/MR certification (Federal and State)

**CERTIFICATION**

Certified Social Worker for State of Wisconsin



**State of Wisconsin**  
**Department of Safety and Professional Services**  
**SOCIAL WORKER**

**HOLCOMBE, WI 54745**

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified.

Credential No. 5972-120

Expiration Date: 2/28/2013

To verify the current status of this credential, use "Lookup a License" at [dsps.wi.gov](http://dsps.wi.gov)



**State of Wisconsin**  
 Department of Safety and Professional Services  
 Committed to Equal Opportunity in Employment and Licensing

**SOCIAL WORKER**

No. 5972-120

Expires: 2/28/2013

HOLCOMBE WI 54745

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Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at [dsps.wi.gov](http://dsps.wi.gov) or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.



## Reviewer 5 - #62476-30

### Education

|           |  |
|-----------|--|
| 1974-1975 | Madison Area Technical College, Madison, WI<br>Associate Degree in Nursing                                     |
| 1968-1970 | Concordia Theological Seminary, Springfield, IL<br>Post-graduate credits toward<br>Clinical Pastoral Education |
| 1965-1967 | Concordia Senior College, Ft. Wayne, IN<br>Bachelor's Degree in Sociology                                      |
| 1963-1965 | Concordia College, St. Paul, MN<br>Associate Degree in Liberal Arts  |

### Work Experience

June 2004 – Present: I have been employed as an IDR Reviewer for MPRO. I have completed reviews as assigned of all levels of deficiencies, including Immediate Jeopardy, that were submitted by Nursing Home and ICF/MR facilities to MPRO for Informal Dispute Resolution. I have completed reviews in person with facility staff as requested in Wisconsin. I have also completed reviews by telephone conference calls and desk reviews of written materials sent by facilities. The reviews included Federal and State codes for Nursing Homes and ICF/MR facilities in Wisconsin and Federal codes in Illinois for Nursing Homes and ICF/MR facilities. I have reviewed the Life Safety Code tags include in these IDR reviews.

I completed reports on each tag submitted that reflected my recommendations and the rationale for my decisions to MPRO.

### Past Work History

2003 – 2004: I was employed as a Limited Term Employee for the State of Wisconsin completing IDR reviews. I received training on the IDR process required by the federal government from the State of Wisconsin Bureau of Quality Assurance.

Duties included review of cases submitted by facilities for Informal Dispute Resolution. The reviews included the Federal regulations for Nursing Homes, Intermediate Care Facilities for Persons with Mental Retardation, Life safety Codes, and State of Wisconsin Codes regulating these facilities. I submitted reports of my decisions to the Wisconsin Bureau of Quality Assurance.

I have also been employed as a Registered Nurse on a part time basis at local Nursing Homes. This included the Syverson Home in Eau Claire, Wisconsin in 2003 and Chippewa Manor in Chippewa Falls in the 1970's.

1989 – 2003: I was employed by the State of Wisconsin, Department of Health and Family Services, Bureau of Quality Assurance.

### Nurse Consultant I, RN/QMRP

- Enforcement of State and Federal regulations for Long Term Care facilities, Intermediate Care Facilities for Persons with mental retardation and Institutes for Mental Disease
- Participant as a team member and coordinator of assigned surveys
- Completion of forms required by CMS, when completing on site and complaint surveys.
- Preparation of statement of deficiencies for Federal and State surveys
- Gave testimony at administrative law hearings for appeals of deficiencies and Medicaid eligibility as assigned.

### 1975-1989, State of Wisconsin, Chippewa Falls, WI

Division of Care and Treatment Facilities, Northern Wisconsin Center for the Developmentally Disabled

**Nursing Supervisor I, 1981-1989**

- Direct supervision of RN and LPN staff, including scheduling and performance evaluations on 128 bed unit
- Consultation on client care and monitoring quality of care
- Function as surrogate Unit Director supervising all staff in absence of Unit Director (assigned as acting Unit Director for the 128 bed unit 8/1984-9/1985)
- Function as Administrative Officer on assigned weekends serving as representative Director of the institution. Member of the Northern Center Agency Committee on Behavior Treatment Techniques (1983-1989) that included development of policy and procedure on client behavior and facility practices, trained staff in self-defense and reviewed behavior programs.

**Nursing Supervisor II/Administrative Officer [1980-1981]**

- Acting as representative of the Director of the institution, overseeing total operations on the 2<sup>nd</sup> and 3<sup>rd</sup> shift

**Nursing Supervisor I, 1978-1980**

- Supervise staff of the acute care unit (hospital)
- Supervise care and programming of acutely ill individuals
- Case manager for 15-20 individuals for active treatment and acute health needs.

**RN/QMRP, 1975-1978**

- Nursing duties for 72-bed unit including assessment, care planning, medications and treatments and nursing input to the interdisciplinary team.
- QMRP for 36-56 individuals residing on the unit
- Community integration for pending placement

**1972-1973, State of Wisconsin, Madison, WI**

Central Wisconsin Center for the Developmentally Disabled

**Institutional Aide**

- Provision of direct care and programming on 32-bed unit of severe and profound developmentally disabled adults.

**1970-1972, State of Wisconsin, Madison, WI**

Mendota Mental Health Institute

**Institutional Aide**

- Provision of direct care and training to inpatient adolescents on acute psychiatric unit. Participant of the psychiatric treatment team.

**Additional Training**

- Successful completion of the SMQT test for State and Federal nursing home surveyors
- Completion of basic and advanced ICF/MR certification (Federal and State)

**Licensure**

Registered Nurse in the state of Wisconsin

- Participate in continuing Nursing education in the areas of Pain Therapy, Keeping people safe without restraints, Depression in Nursing Homes, and Behavioral and Psychological symptoms of Dementia.
- MPRO sends regular updates from CMS and the State Agencies which I use to update my current knowledge.



MULTI-STATE



**State of Wisconsin**  
**Department of Regulation and Licensing**  
**REGISTERED NURSE**

**HOLCOMBE, WI 54745**

has renewed the credential

Credential No. 62476-30

Expiration Date: 02-29-2012

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MULTI-STATE



**State of Wisconsin**  
Department of Regulation and Licensing  
Committed to Equal Opportunity in Employment and Licensing  
**REGISTERED NURSE**

No. 62476-30

Expires: 02/29/2012

HOLCOMBE WI 54745-8796

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## Reviewer 6 - #4704075737

### Professional License

Registered Nurse, Michigan #4704075737

### Education

Northern Michigan University, M.S.N., Nursing Administration, July 30, 1996

Northern Michigan University, B.S.N., Magna Cum Laude, August 6, 1991

St. Joseph Hospital School of Nursing, Hancock, Michigan, Diploma in Nursing, April 24, 1966

### Honors

Charter Member, Xi Sigma Chapter, Sigma Theta Tau International, Honor Society of Nursing, Northern Michigan University

### Employment Experience

July 2007 - present MPRO

#### MPRO Contingent Remediation Staff

Direct In-service presentations related to pressure ulcers and wound care at various Nursing Homes upon request of the State of Michigan Division of Nursing Home Monitoring.

January 1997 - May 2007, State of Michigan

#### Licensing Officer, January 2003 - May 2007

Administratively responsible for licensing, directing certification activities and the surveillance of approximately 100 long term care facilities/nursing homes in the Division of Nursing Home Monitoring.

Member of the Division's Policy and Procedure Committee. Primary supervisor of the team's Survey Monitor and Secretary, Secondary supervisor of the 15 member interdisciplinary survey team.

#### Survey Monitor, July 2001 - January, 2003

Field supervisor for an interdisciplinary team of surveyors in the Division of Nursing Home Monitoring.

Responsible for performing Federal Certification surveys in long term care facilities/nursing homes in accordance with the Federal Regulations and State Licensure surveys, in accordance with the Michigan Public Health Code.

#### Nurse Consultant (Surveyor), January 1997 - July 2001

Performed Federal Certification, State Licensure surveys, and Complaint investigations in long term care facilities/nursing homes and hospitals including swing beds and EMTALA investigations, Ambulatory surgical centers, dialysis units, and rural health clinics.

January 1996 - January 1997, Baraga County Memorial Hospital

#### Education Coordinator

Provided orientation to all new staff of the acute care hospital and skilled long term care unit.

Developed/presented/facilitated continuing education programs for staff in all units. Outpatient Diabetes educator. Community health educator. Site coordinator for Upper Peninsula-wide video conferencing network.

January 1993 - October 1996, Portage Health System

#### TeamCare Home Health, Director, August 1993 - October 1996

Planned and developed a hospital-based Medicare certified skilled home health program. Developed the budget for all administrative and clinical policies and procedures and the documentation system. Developed the orientation and In-service education programs for the multidisciplinary team of skilled home health professionals. The agency passed the initial certification survey with no deficiencies.

#### Tri-County Senior CARE Network, Project Coordinator, January - August, 1993

Developed a grant-funded program to create an information and referral service for senior citizens in a three county area, with the goal of assisting senior citizens to remain independent in their own homes. Supervised staff in offices in two counties.





October 1984 - January 1993, Western Upper Peninsula District Health Department

Quality Assurance, Utilization Review and In-service Education Coordinator, May 1991 - January, 1993

Expanded the Quality Assurance program for the Medicare Certified Home Health Division. Coordinated ongoing review of utilization of services. Developed administrative and clinical policies and procedures and an outcome oriented charting system. Developed the orientation program for the multidisciplinary team of professional home health providers. Presented/facilitated continuing education programs for the home health staff in a five-county area.

Home Health Coordinator, May 1987 - May 1991

Supervision and ongoing program development of the Medicare Certified Home Health Division covering a five county area. Supervised staff in four offices.

Registered Nurse II, October 1984 - May 1987

Case management and skilled nursing care for a caseload of home health patients of various ages. Back-up nurse for a variety of public health programs serving residents of all ages.

July 1983 - October 1984, Michigan Technological University

Student Health Center Staff Nurse

Office nurse responsible for assisting the physicians and physician's assistants with routine office visits.

September 1978 - January 1979, December 1980 - June 1983, Portage View Hospital

Medical-Surgical and Pediatric Unit Staff Nurse

Developed and implemented nursing care plans for patients of all ages. Supervised LPN's and nursing assistants.

January 1976 - December 1976, September 1977 - December 1977, Houghton County Medical Care Facility

Call-in Nurse

Planned and provided skilled nursing care to adult residents. Supervised nursing assistants.

June 1972 - September 1972, St. Joseph Hospital

Obstetrics Staff Nurse

Provided nursing care in labor, delivery and post-partum units and the newborn nursery. Supervised nurse aides.

May 1966 - June 1968, St. Joseph Hospital

Evening House Supervisor

Supervised nursing care on all units of a 100 bed acute care hospital. Provided emergency room nursing care.

#### **Federal Training**

- ESRD Annual Update - April 20, 2001
- Hospital Validation Surveyor Training - September 21, 2000
- EMTALA Hospital Surveyor Training - September 14, 2000
- Rural Health Training - May 16, 2000
- ESRD Annual Update - April 14, 2000
- Advanced ESRD - April 16, 1999
- Basic Health Facility with SMQT - July 1, 1997
- Basic Hospital Surveyor Module - June 6, 1997

#### **References**

Personal and Professional references provided upon request.

