

The West Virginia Purchasing Division on behalf of West Virginia Department of Health and Human Resources (DHHR), and Bureau for Medical Services (BMS)

FEA Support to Self-Direction Members

Technical Proposal

December 12, 2017

RFP#: CRFP 0511 BMS1800000002

Charles D. Barnette 2019 Washington Street, East Charleston, WV 25305

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Enclosed is PCG Public Partnerships, LLC's response to the State of West Virginia, Department of Health and Human Services, Bureau for Medical Services Request for Proposal CRFP 0511 BMS180000002 for FEA Support to Self-Direction Members.

The authorized contact person to speak on behalf of Public Partnerships is:

William Weddleton, President 40 Broad Street, 4th Floor Boston, MA 02109 Telephone: (617) 717-1262

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| Signature: Date: |
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^{*}Submitted in a separate sealed envelope

Transmittal Letter





December 6, 2017

Mr. Charles D. Barnette Department of Administration, Purchasing Division 2019 Washington Street East Charleston, WV 25305-0130

Dear Mr. Barnette:

Public Partnerships LLC, a Public Consulting Group Company, is pleased to submit our proposal in response to CRFP BMS180000002 for F/EA Support to Self-Direction Members administered by the West Virginia Department of Health and Human Resources (DHHR), Bureau of Medical Services (the Bureau or BMS). We understand that the Bureau is searching for a vendor that is committed to providing high quality Fiscal/Employer Agent (F/EA) Financial Management (FMS) and Resource Consulting services to West Virginia's Home and Community-Based Services (HCBS) members who choose to receive self-directed HCGS through the Bureau's Personal Options Model. We would be proud to partner again with the Bureau to support these efforts.

We trust that the Bureau will find Public Partnerships to be the right choice for the following reasons:

Public Partnerships is committed to the State of West Virginia. We have appreciated and enjoyed the opportunity to work with the Bureau to establish self-directed services in West Virginia's HCBS programs. We first began providing services for the Aged and Disabled Waiver (ADW) program in February of 2007. Working closely with BMS, the Bureau of Senior Services (BoSS), traditional service and case management agencies, program members and other stakeholders to design and implement the Personal Options program. It has been rewarding to see the program grow to over 900 active participants.

Through a competitive bidding opportunity in 2011, Public Partnerships was awarded the contract to also provide F/EA FMS and Resource Consultant services for the Intellectual/Developmental Disabilities Waiver (IDDW) and Traumatic Brain Injury Waiver (TBIW) programs. We travelled throughout the state to participate in training sessions for traditional Service Coordination and Case Management agencies and for program members and their families. During these sessions, we provided education regarding the Personal Options program and began building important relationships with program stakeholders. Today, there are over 1,400 participants on the IDDW Personal Options program and 30 participants on the TBIW Personal Options program. The percentage of members choosing to self-direct their services is 30% and 40% respectively. This is significantly higher than the national average and we are proud to have played a role in the success of these Personal Options programs.

Public Partnerships is the most experienced provider of financial management services in the country. Currently, we provide financial management and related supports for self-directed participants in 51 programs and 23 states, serving more than 100,000 participants annually. We



understand the complexities of managing multiple waivers and programs and we successfully coordinate programs with diverse stakeholders. We have an extensive body of operational knowledge and national best practices on all aspects of self-directed services. We focus on the services and supports that allow individuals requiring long-term care to remain in their homes and we seek to do so in a manner that is not administratively burdensome to the individuals or their direct-care service workers. We pay strict attention to ensure that our services are provided in compliance with federal, state and local laws and regulations as well as program policies and requirements.

We are committed to providing quality services to self-directed participants and ensuring they have appropriate choice and control regarding the services they receive. This is evidenced in the technology, tools, and resources we provide to assist participants with self-directing their services. Our staff, including local management and Resource Consultants strive to ensure that participants and their representatives are knowledgeable about their role as the employer and satisfied with the F/EA FMS and Resource Consulting services that we provide.

We continuously build on our experience and national best practices to develop the technology and tools that continuously enhance self-direction for West Virginia's Participants. When you choose Public Partnerships, you choose an organization that has the capability to continue to expand upon the design, launch, and management of this project. We are energized by the new requirements identified in this RFP and we are anxious to develop and implement effective methods to support participants with these enhancements.

We have the technology that ensures compliance with federal, state and local laws and regulations including the new Electronic Visit Verification (EVV) requirements mandated by the 21st Century Cures Act. This allows us to ensure that the West Virginia Personal Options programs remain premier service options for participants to improve their quality of life. You can continue to depend on:

- Our highly scalable BetterOnline[™] web portal and financial management platform that seamlessly integrate the responsibilities of a Fiscal/Employer Administrator, including processing payroll, vendor accounts payable, and tax processing.
- Our BetterOnlineTM web portal that provides a common platform for participant and worker enrollment, timesheet and invoice submission, and enables participants and their workers to obtain real-time information on budgeting and utilization.
- Public Partnerships' state-of-the-art Customer Service Center, which handles an average of 3,460 West Virginia Personal Options calls per month using program-specific teams that are trained in the details of the ADW, IDDW and TBIW programs.
- Our Time4CareTM mobile device application allows additional flexibility for time submission and approval, and will serve as the platform for adding EVV capabilities in the future.



In addition, we plan to introduce our Participant and Worker Online Enrollment feature in the upcoming months. This will allow participants and workers to complete the required enrollment paperwork online. Resource Consultants will continue to assist participants and workers face-to-face with enrollment but this online capability will streamline the completion and submission of paperwork, reducing the risk of error and allowing the Resource Consultant to spend more time on skills training and building a relationship with the participant. We are continuously working to develop cutting edge strategies for self-directed programs and you can be assured that we will make these available to the West Virginia Personal Options programs.

In summary, we are committed to providing the State of West Virginia with the most technically advanced and operationally sound Fiscal/Employer Agent FMS and Resource Consultant services possible. We believe that the enclosed proposal demonstrates our ability to continue to meet and/or exceed the requirements of this project. We look forward to the opportunity to further our work for the State of West Virginia and would be honored to be selected to serve the Bureau for Medical Services.

I am the person authorized to provide binding answers and clarifications regarding the enclosed proposal. Here is my contact information:

William Weddleton, President 40 Broad Street, 4th Floor Boston, MA 02109 617-717-1262 wweddleton@pcgus.com

Sincerely,

William Weddleton

President, Public Partnerships LLC

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Attachment A: Vendor Response Sheet





ATTACHMENT A: VENDOR RESPONSE SHEET

Section 3:

3.1 The vendor should propose a work plan that should include, but not limited to, the following components:

PCG Public Partnerships LLC, a PCG Company proposes a comprehensive work plan that demonstrates our understanding of the scope of services outlined in this Request for Proposal (RFP) (see Appendix A.) Having provided Fiscal/Employer Agent Financial Management Services (F/EA FMS) and Resource Consulting services for the West Virginia Personal Options programs for the past 10 years, our knowledge and experience allow us to continue providing high quality services to program participants and their Direct Care Service Workers (DCSWs) while implementing the enhancements and new requirements of this RFP including the online DCSW registry, expanded data reporting and added controls to the participants' budget utilization. As the incumbent vendor, our work plan reflects that the program infrastructure is already well established and therefore we can implement the new requirements in a short timeframe.

3.1.1 Organizational Chart for the overall organization and for the Subagent-F/EA FMS and RC divisions and related functions, and includes the contractor's staff assigned to perform the required services.

Public Partnerships firmly believes that a successful program is built on a foundation of competent and dedicated staff. Our commitment to this belief is demonstrated by the current staffing of the West Virginia programs. The staff members assigned to the Personal Options programs represent multiple functional groups within Public Partnerships and they possess the qualifications necessary to meet and exceed the requirements of this RFP.

Currently employing over 800 professional managers and support staff that are leaders in the industry, Public Partnerships has the ability to direct additional staff and other resources as needed to meet future challenges such as the possible transition of the West Virginia programs to a managed care model. This level of agility combined with our demonstrated experience set us apart from our competitors.

Our dedicated team of staff has an established local presence and effective working relationships with Bureau for Medical Service's (BMS) program leadership and key stakeholders including the Bureau's Utilization Management Contractor, the Operating Agency (the Bureau of Senior Services); the WV State Tax Department; and Molina Health Systems.

We take pride in the services we provide and instill in our staff the following values and competencies:

 A working understanding of the principles and policies of the Personal Options programs;



- A person-centered focus combined with the knowledge of resources and networks that support individuals with disabilities;
- Established relationships with the program participants and familiarity with the communities in which they live;
- A strong work ethic grounded in the core values of customer service, including responsiveness, compassion and knowledgeable assistance; and
- Knowledge and expertise regarding F/EA FMS requirements including the processes for establishing program participants as the employers of record and efficiently managing payroll, tax withholding and reporting;

The organizational charts available in Appendix B provide details of Public Partnerships' structure, lines of authority and the personnel assigned to manage each functional area as well as the key positions for the WV Personal Options programs. Staff resumes are available in Appendix C.

- 3.1.2 A description of the roles, responsibilities and skill sets associated with each position on the organizational chart, which should include the following:
 - 3.1.2.1 The Vendor should propose a key position of a project manager for the Subagent-F/EA FMS and the Resource Consulting divisions with experience leading and effectively managing F/EA FMS operations. He or she should have a bachelor's degree from an accredited four-year college or university and have five (5) years' experience managing the provision of F/EA FMS, members' budgets and managing Subagent-F/EA FMS staff. The project manager's experience should include:
 - Leading and managing the enrollment and disenrollment of members and their representatives with a F/EA FMS-Resource Consulting entity;
 - Developing Employer Enrollment and DCSW Employment/Service
 - Provider and Vendor Engagement Packets;
 - Implementing the provision of common law employer orientation and skills training for members and representatives.

Randy Hill will continue to serve as the Project Manager for the Subagent-F/EA FMS and Resource Consulting divisions in West Virginia. Randy has over 25 years of experience working in HCBS programs and has been a Project Manager for the West Virginia Personal Options programs since July 2011. Randy was instrumental in the launch of the IDDW Personal Options program and was directly involved in the development of the systems and processes for participant enrollment, budget management, payroll, and the processing and management of employer, DCSW and Participant-Directed Goods and Services (PDGS) vendor documentation.



As the Project Manager, Randy will provide leadership to the key staff positions in the West Virginia Personal Options programs and will be the primary contact person for the Bureau for Medical Services. Randy will be supported by Katharine Randall who will be responsible for quality management and oversight of Resource Consulting services. Katharine has 12 years of experience serving individuals on West Virginia's waiver programs.

3.1.2.2 The Vendor should have a payroll and invoice payment manager with a bachelor's degree from an accredited four-year college or university and two (2) years' experience processing DCSWs' timesheets and preparing and issuing DCSWs' payroll; processing and paying invoices to service providers and participant-directed goods and services vendors; and performing related activities including developing and maintaining a separate bank account, data base copies, files and records and preparing and issuing reports to participants and government agencies, as required.

In the key position of Payroll and Invoice Payment Manager, Thu Nguyen will be supported by the management and operations staff in Public Partnerships' Financial Operations Center (FOC). Since joining Public Partnerships in 2013, Thu has provided oversight and support for F/EA FMS services to all WV programs. She has extensive knowledge of the WV program requirements and direct experience with processing DCSWs' timesheets and invoices.

Public Partnerships' Financial Operations Center is responsible for ensuring all financial transactions, including payments and taxes, are handled in an accurate and timely manner. The Financial Operations Team oversees program accounting activities including participant and DCSW enrollment, payroll operations, financial analysis, tax reporting, and depository and management reporting. The Tax Team is part of the Financial Operations Center and is responsible for processing daily tax deposits, garnishment orders, information return filing, and regular tax reporting and closeout procedures. The Tax Compliance Supervisor and the Assistant Tax Compliance Supervisor manage the Tax Team. Public Partnerships also has a dedicated Enrollment Team that is responsible for processing client and support worker enrollment packets, as well as a dedicated Registration Team that is responsible for processing all required employer and employee tax forms with appropriate state and federal agencies. The Financial Operations Center also contains a dedicated Audit Team that is responsible for conducting internal monitoring and reporting to ensure compliance in meeting contract requirements.

Consolidation of these important functions enables Public Partnerships to deliver best-in-industry, scalable operations that benefit participants and DCSWs. The responsibilities of the West Virginia Payroll and Invoice Manager within Public Partnerships include coordinating with the consolidated operations teams to verify all required functions and deliverables are met or exceeded in accordance with the contract.



3.1.2.3 The Vendor should have a key position of an ADW supervisor with a bachelor's degree from an accredited four-year college or university and two (2) years' experience working with the ADW members who are self-directing their services.

Radene Hinkle will be assigned the key position of ADW Supervisor. For over 9 years, Radene has assisted ADW Personal Options participants with successfully self-directing their services. In her current position, Radene is responsible for the training, support and supervision of Resource Consultant staff in the southern counties of the state and serves as a subject matter expert for the ADW program to all Resource Consultants across the state. Radene is a Licensed Social Worker and has over 35 years of experience working with the elderly and disabled population. Radene participates in the ADW Quality Assurance and Improvement Council and Public Partnerships' representative at the quarterly ADW statewide provider meetings.

3.1.2.4 The Vendor should have a key position of an IDDW supervisor with a bachelor's degree from an accredited four-year college or university and two (2) years' experience working with IDDW members who are self-directing their services.

Two IDDW Supervisors, Lisa Purkey and Sara Swain, will jointly manage the Resource Consulting services for IDDW Personal Options participants. Lisa and Sara both joined Public Partnerships in 2011 and have over 34 years of combined experience working with IDDW program members. Their current responsibilities include training, supporting and supervising Resource Consultants in the central and eastern counties of the state. With their extensive knowledge of the IDDW program, Lisa and Sara provide guidance and expertise to all Resource Consultants who serve IDDW Personal Options participants. Lisa and Sara will participate in the IDDW Quality Council and attend the IDDW statewide provider meetings.

3.1.2.5 The Vendor should have a key position of a TBIW supervisor with a bachelor's degree from an accredited four-year college or university and two (2) years' experience working with TBIW members who are self-directing their services.

Katharine Randall, will be assigned the key position of TBIW supervisor. In 2015, she completed the American Academy for the Certification of Brain Injury Specialists Course. This achievement and Katharine's 12 years of experience serving ADW participants and 7 years serving TBIW participants, allow her to provide expert training, supervision and support to Resource Consultants who serve TBIW Personal Options participants. Katharine participates in the TBIW Quality Council and attends the TBIW statewide provider meetings.

3.1.2.6 The Vendor should provide qualified line staff of persons with one (1) year experience in supporting individuals in home and community based settings and a bachelor's degree from an accredited four-year



college or university in a human service field for instate project management.

Public Partnerships currently employs program support staff and Resource Consultants who have, at minimum, a bachelor's degree from an accredited four-year college or university in a human services field and at least one (1) year of experience in supporting individuals in home and community-based settings.

3.1.2.7 The Vendor should provide RC staff that ensures statewide coverage at a ratio of one (1) RC to no more than one-hundred (100) self-direction members. This caseload may be a mix of ADW, TBIW and IDDW self-direction members.

Public Partnerships employs qualified and experienced Resource Consultants located throughout the state. The number of participants that each Resource Consultant is assigned to serve is based upon the participants' specific needs and the regions where they live. The ADW, IDDW and TBIW Supervisors will monitor the number of participants assigned to each Resource Consultant to ensure that they serve a caseload of no more than 100 participants. Some Resource Consultants serve a mix of ADW, TBIW and IDDW participants while others serve exclusively participants of one program.

3.1.3 Key staff positions should be identified with named individuals and resumes demonstrating experience with participant-direction and best practices for HCBS for each key staff member performing Subagent-F/EA FMS and RC related work.

Staff assigned to the key positions are identified on the Organization Charts in Appendix B and their resumes are included in Appendix C.

3.1.4 The Vendor should have one (1) Full Time Employee (FTE) assigned to each key staff indicated except for the TBIW supervisor.

Public Partnerships has found that the most effective approach to project management involves functionalizing around the key operational areas. This means that the key positions will be staffed with not only the individuals named in Section 3.1.2.1 through 3.1.2.5 but also with additional managers who have expertise in the delivery of F/EA FMS and Resource Consulting services. Each key position will be filled with at least one full-time equivalent staff person. This crossfunctional approach to operations management allows us to provide the highest quality services, and our state clients benefit from the lessons learned and the implementation of quality controls that have proven to be effective in similar programs served by Public Partnerships.

3.2 The Vendor should have knowledgeable management and line staff that with five (5) years' experience in providing F/EA FMS and RC services, and serving older



adults and individuals with physical, intellectual, and developmental disabilities and traumatic brain injury and their representatives, as necessary.

As the incumbent vendor, Public Partnerships' management and line staff have provided F/EA FMS and Resource Consulting services for participants with a wide range of disabilities across the ADW, IDDW, TBIW and TMHWV programs for over 10 years.

The experience of Public Partnerships staff is unparalleled. Marc Fenton, Public Partnerships' founder and former president, is one of the pioneers of consumer directed services. He was first introduced to consumer direction during a large scale social experience, funded by the Robert Wood Johnson Foundation in the late 1990s, to plant the seeds of person-centered planning and self-direction in the Massachusetts Intellectual and Developmental Disability communities. The results of this work have had lasting results and the design Mark created to develop, implement, and manage consumer directed supports endures today. The leadership team that we have named for this program has a combined 40 years of experience in this industry. Many of our staff have significant experience serving the populations we assist in these programs and, like many people who are involved in Consumer Direction, we too have personal experience in supporting family members at risk for institutionalization.

Public Partnerships has been committed to West Virginia by providing over 10 years of F/EA FMS and Resource Consulting services. We have worked extensively with BMS, the Bureau's Utilization Management Contractor, the Bureau's Operating Agency, program participants, and their representatives to improve the programs, solidify program policies and procedures, and streamline operational processes.

Our management and support staff have years of experience working in state government, non-profit agencies, advocacy organizations, and the health and human services field prior to coming to Public Partnerships. Several Program Management staff members have previously worked for agencies that provide direct services to persons with a broad range of physical and developmental disabilities. These connections allow us access to state agency leaders, MCO executives, subject matter experts, and other industry leaders. In addition, Public Partnerships has recently added one of the leading experts in consumer direction to our staff. Suzanne Crisp, as one of the principal architects of the Cash and Counseling Demonstration and Evaluation, created the F/EA/Support Brokerage model that endures today. CMS requested her assistance to develop implementation strategies to use Medicaid funding to support consumer direction in 2002 and 2003. Because of her efforts, waivers across the nation were, for the first time, able to add consumer directed options. She has provided technical assistance to over 75% of current consumer directed programs. Suzanne brings a wealth of understanding to implement best practices in consumer direction and will lend her talents to WV Personal Options programs.

Staff members have been repeatedly selected to speak on a wide variety of topics at the National Home and Community Based Services Conference (NRCPDS) and other national conferences. We regularly attend state and regional conferences focusing on home and community based



initiatives. Through our regular contributions and participation at conferences nationwide, we stay abreast of industry best practices and leverage our lessons learned to continuously improve our operations and payment services. Suzanne served as an active member of the National Quality Forum, a group appointed by the Federal Department of Health and Human Services, convened to prioritize performance measure opportunities in Home and Community-Based Services.

In 2012, Public Partnerships formed an external Advisory Board. The goal of the Advisory Board is to examine the public marketplace and advise Public Partnerships on ways to improve our services. The board is comprised of leaders in healthcare technology, consumer direction and the provision of Long Term Supports and Services. The Advisory Board members offer decades of experience and resources to Public Partnerships. Not only do they provide insights to help ensure that our products and services continue to meet and anticipate the ever-changing needs of our clients, but they provide us with access to state leaders, subject matter experts, and other industry leaders.

3.3 The Vendor should have five (5) years' experience in providing F/EA FMS (either as a subagent to a Government F/EA FMS agency or as a Vendor F/EA FMS entity) and RC services to Medicaid members. The Vendor should provide a narrative that demonstrates its experience in providing F/EA FMS services, as the subagent to a Government or Vendor F/EA FMS and providing RC services, has considered all of the requirements and developed an approach that will support the continued successful implementation of self-directed services in West Virginia.

Public Partnerships was born out of our President Emeritus, Marc Fenton's experience working with the Robert Wood Johnson Foundation and the Center for Self-Determination to create the "Owner's Manual for Self-Direction." Founded in 1999, we exist to provide Financial Management, Resource Consulting (Support Brokerage), and other related services to enable individuals to self-direct their services.

Public Partnerships offers far more than a working knowledge of F/EA services. We are the industry leader.

<u>F/EA FMS Functions.</u> Public Partnerships has extensive knowledge and experience related to Medicaid waiver programs and is the nation's largest and most experienced provider of Financial Management Services (FMS) for self-directed services. We have experience partnering with state and public agencies in the design and implementation of opportunities for self-direction within Medicaid-funded home and community-based service waivers. The vast majority of programs we support serve Medicaid eligible individuals, with a significant number being dually eligible for Medicaid and Medicare. Providing Fiscal/Employer Agent (F/EA) Financial Management



Services (FMS) and related supports for these programs is our primary business, and we are pleased to bring national best practices to each of our engagements.

We have been supporting people's right to exercise choice and control over their services and supports through self-direction programs for over 18 years. We currently serve as an F/EA for over 100,000 participants in 23 states and 51 unique Medicaid or Veteran's Administration funded programs. A snippet of the diversity of programs design can be seen below:



As the most well-established F/EA and one of the founding members of the Financial Management Services Membership Organization, coordinated through the National Resource Center for Participant-Direct Services at Boston College, Public Partnerships has developed an extensive body of operational knowledge and national best practices on all aspects of self-directed services and person-centered planning, including:



- Fiscal/Employer Agent Services
- Fiscal Employer Sub-Agent Services
- Agency with Choice Services
- Resource Consulting/Support Brokerage Services
- Third Party Billing Agency Services
- Employer Authority Model Services
- Budget Authority Model Services
- Customer Service
- Medicaid Billing Services
- Web Portal Services

Public Partnerships has many years of experience serving as the agent of the employer in accordance with §3504 of the Internal Revenue Services (IRS) Code, Revenue Procedure 70-6, 1970-1 C.B. 420, as modified by IRS Proposed Notice 2003-70, IRS REG-137036-08. Serving as the agent of the common law employer enables participants or their representatives to focus on hiring and managing their own employees, while we capably handle payroll and tax responsibilities. We remain current on applicable Federal and State laws and regulations, including those related to labor, tax, and immigration, as well as Medicaid program regulations that are relevant to our responsibilities. As a consulting firm, we have the expertise and experience with assisting states when there are changes in laws and regulations impacting self-directed programs. Our consulting background has allowed us to successfully implement many complex changes to our systems and processes in this always shifting industry.

In recent years, we assisted many of our state clients, including West Virginia, to successfully implement Difficulty of Care payments in accordance with IRS Notice 2014-7 and meet the Fair Labor Standards Act Home Care Rule. We handled each state individually in order to put in place a system that met the state's needs.

Public Partnerships has applied national best practices and our unmatched experience to develop a highly-scalable and fully integrated payroll processing system that meets the unique requirements of self-directed service models. The BetterOnline™ web portal provides authorized users with real-time access to participant and DCSW demographic information, eligibility/qualifications, authorized budgets, and payment history in a secure environment that is available 24/7.

Resource Consulting Functions. Public Partnerships has over 10 years of experience in providing Resource Consulting/Support Broker services to a variety of programs in many states. In addition to West Virginia, we currently provide Resource Consulting/Support Broker services in Missouri, New Jersey, Colorado, and Tennessee. Our experience providing Resource Consulting services to diverse populations has afforded us a unique perspective. Participant/representative-employers appreciate that their Resource Consultants are on hand to help them navigate the often-intimidating responsibilities of Self-Direction. The vast majority of



Personal Options participant/representative-employers have never interviewed or managed an employee until they enrolled on the Personal Options program. Our Resource Consultants have been there to provide resources and guidance in terms that the participant/representative-employer can understand.

Over the past 10 years, our WV Resource Consultant team has done an exceptional job of meeting and exceeding various requirements, including the addition of the IDDW and TBIW programs in 2011 and the implementation of new program policy manuals in 2015. The participant/representative-employers and their DCSWs know that they can count on their Resource Consultants for assistance and answers to questions.

"My Resource Consultant made me feel very confident in my ability to do all the paperwork involved and to be able to provide the services to my daughter." -2017 WV Enrollment Satisfaction Survey

Perhaps the most important responsibility of the Resource Consultant is the enrollment meeting with the participant and their representative (when applicable). This is where the relationship between the Resource Consultant and the participant/representative-employer begins and our Resource Consultants unanimously agree that this is their favorite part of the job. They get great satisfaction from providing education and skills training to the participants so that they can increase their independence by successfully self-directing their services.

The West Virginia Resource Consultants are knowledgeable and experienced with the enrollment forms in the Employer Packet and Employee Packet. Often, the participants and DCSWs are encountering these types of documents for the first time and they report that the Resource Consultant's assistance is extremely helpful. The Resource Consultants are able to explain the purpose of each document and help to ensure they are completed accurately. This reduces the amount of time between the participant's referral and start of service.

Our Resource Consultants have their fingers on the pulse of the programs. They are typically the first to know when needs or issues arise and are alert for incidents involving abuse, neglect or fraud. Their relationships with the participants' Case Managers and Service Coordinators and their knowledge of the systems used by the Bureau's Operating Agency and the Utilization Management Contractor (UMC) allow the Resource Consultants to promptly respond to situations and incidents.

At Public Partnerships, we are proud of our industry leading combination of attentive and responsive F/EA FMS and Resource Consulting services. With our extensive knowledge and experience with the Personal Options participants and program requirements, we welcome the opportunity to continue to support the successful implementation of self-directed services in West Virginia.



3.4 The Vendor should provide detailed information from three (3) references detailing evidence of their experience in providing both Subagent F/EA FMS and RC services described in this RFP performed in the past five (5) years. References should include contact name, phone number, email address and the responsible project administrator familiar with the firm's performance; along with length of time the vendor provided services, what type of services and level of satisfaction (i.e.-(1) Not Satisfied with explanation, (2) Satisfied, (3) Very Satisfied).

Public Partnerships' key work experience in many programs that we currently administer is included in Appendix D. Given the variation in size, complexity of our programs, and especially our firsthand experience with West Virginia Personal Options programs, we are confident in our ability to continue to provide quality F/EA FMS and Resource Consulting services to self-directing participants in West Virginia.

Public Partnerships has furnished reference letters from three state clients familiar with our ability to meet the specific requirements of this RFP in Appendix E.



Section 4:

Project and Goals

4.1 The Vendor should describe their approach to the West Virginia Bureau of Medical Services how they will provide F/EA FMS as a subagent to the Bureau (the Government F/EA FMS agency) and Resource Consulting (RC) services.

Public Partnerships has been working with the West Virginia Bureau for Medical Services (BMS) since 2007 providing Fiscal/Employer Agent Financial Management Services (F/EA FMS) and Resource Consulting services for the Personal Options programs. We have a deep understanding of the three waiver programs and the Take Me Home WV program and have experience with the agencies and systems that are used to implement the programs. Our key staff, including the Resource Consultants, live and work in West Virginia. We understand the opportunities and challenges of self-directing services throughout the State. We take pride in what we do and are continually motivated by the positive impact that Personal Options has on the participants' lives.

Our approach to providing F/EA FMS and Resource Consulting services involves a balance of "high tech and high touch", meaning that we have automated systems to ensure requirements are efficiently and accurately met but at the same time we provide participants, their representatives and Direct Care Service Worker (DCSWs) with one-on-one support and assistance through our Resource Consultants and other key in-state staff as well as our well-trained Customer Service team.

Public Partnerships operates in accordance with §3504 of the Internal Revenue Service ("IRS") Code, Revenue Procedure 70-6, 1970-1 C.B. 420, as modified by IRS Proposed Notice 2003-70 and IRS REG-137036-08. We have an IRS Federal Employer Identification Number (FEIN) which is used for the sole purpose of filing and paying federal employment taxes, insurances and for filing other required IRS forms on behalf of the participant/representative-employers we represent as the agent. This is separate and distinct from our corporate FEIN. These actions ensure that we meet the federal guidelines for performing Fiscal/Employer Agent duties.

Public Partnerships certifies that participants are accurately enrolled so that federal and state agencies recognize them as employers and that Public Partnerships is serving as the fiscal/employer agent. During the enrollment process, each participant/representative-employer is provided with an Enrollment Packet that contains the required tax forms.

Participants trust Public Partnerships to pay their DCSWs accurately, on time and in accordance with federal, state and local tax, labor and program requirements. Using our integrated financial management system and BetterOnlineTM web portal, we process electronic and paper timesheets and transportation invoices and issue payments to DCSWs following a well-established bi-weekly payroll schedule. Our adherence to payment rules set forth by federal and state laws and program



policies leads to timely filing of Maintenance Management Information System (MMIS) claims and helps prevent fraud, waste, and abuse, and overpayments.

Educating and training the participant/representative-employer is one of the most important components in our delivery of Resource Consulting services. While this begins with the orientation and skills training conducted during the enrollment meeting, the Resource Consultants understand the diverse needs of the participants and provide ongoing individualized education, training, and assistance as needed. For many participants, this goes beyond the required monthly contacts. Resource Consultants are trained in the concepts of self-determination and personcentered planning and these values form the foundation of their relationships with the participants they serve.

4.2 Bidders should propose systems, policies and procedures and internal controls to perform the F/EA FMS tasks as a subagent and the RC tasks listed in the Scope of Work below. This includes how adjustments would be made to respond to Bureau needs, as well as any changes in State or Federal regulations that may occur during the contract period.

Public Partnerships' experience has helped us develop a strong understanding of the federal and state regulations, requirements, standards, directives, and statutes affecting F/EA FMS organizations in Medicaid-funded self-direction programs. We remain current on applicable federal and state laws and regulations, including those related to labor, tax, and immigration, as well as Medicaid program regulations that are relevant to our responsibilities. We have a dedicated Tax Team and established processes to monitor for any changes in federal, state and municipal laws and regulations impacting self-directed services.

We have developed and implemented well-established systems and processes to ensure that we are up-to-date with IRS documents, state income tax and unemployment publications, and state worker's compensation issues relating to household employers. We regularly revise our participant/representative-employer and DCSW packets to include the latest tax forms and withholding thresholds. As we have in the past, Public Partnerships will continue to work in collaboration with BMS to plan and execute any changes in federal and state regulations and program policy that impact the Personal Options program. Our in-state management staff will continue to participate in the quarterly provider meetings, QIA Council meetings, and training sessions for each of the programs to ensure we stay current on all aspects of the programs.

An example of Public Partnerships' responsiveness to changes in Federal and State regulations is the Final Rule issued in 2015 by the US Department of Labor (DOL) which extended minimum wage and overtime provisions to most home care workers. This Final Rule required many state agencies to evaluate their self-direction programs closely and, in some cases, make significant changes in program structure and financing. Despite the DOL's brief 3-month advance notice and limited guidance regarding the technical aspects of the Home Care Rule, Public Partnerships



committed to updating our BetterOnlineTM web portal and implemented the complex system to meet the needs of our state clients, including the WV Bureau for Medical Services. No other FMS vendor comes close to matching Public Partnerships' breadth and depth of experience in meeting the FLSA Home Care Rule.

Public Partnerships meets Home Care Final Rule specifications for:

- ✓ Third Party Joint Employers
 - Payment for Overtime
 - Payment for Travel
- ✓ Sole Employers
- ✓ Overtime within the Consumer's Control
- ✓ Overtime at the Common Law Employer Level
- ✓ States with Overtime Rates Based on Hours Per Day
- ✓ Programs Limiting Services to 40 hours per Worker
- ✓ Programs with Services Meeting the Companionship Exemption
- ✓ Programs Applying the Live-In Exemption

Similarly, Public Partnerships successfully managed the complexities of the Difficulty of Care (DOC) Exclusion specified in IRS Notice 2014-7. This notice provides that payments to an individual care provider for services to a Medicaid waiver eligible individual living in the provider's home are excluded from federal income tax. DOC is a benefit to many DCSWs who work and live at the same home as the individuals they to whom they provide services. Public Partnerships provides education to DCSWs alerting them to this benefit and providing them the direction

Public Partnerships implemented the Difficulty of Care Exclusion, something not done by all of our competitors, providing in-home DCSWs a much deserved tax benefit.

on where they can learn how to claim a refund on their prior tax returns. Most importantly, while many F/EAs did not choose to configure their systems to allow for the exclusion within the current payment year, Public Partnerships implemented a nation-wide launch to configure its system to allow for the immediate relief provided by this tax exclusion. This has significant impact to participants as they can offer their DCSWs the tax relief, immediately, in their paychecks and without waiting for a tax refund. Public Partnerships was pleased to partner with BMS to make this worker benefit available to Personal Options DCSWs.

Public Partnerships also began developing a proprietary and HIPAA-compliant Electronic Visit Verification (EVV) system well before the passage into law of the 21st Century Cures Act on December 13, 2016. We realized years ago that the integrity of the programs we administer would be enhanced with EVV. Also, the health and safety of participants is better assured when EVV is



in use. We developed our EVV with these core principles in mind. A significant benefit of our EVV system is that it is integrated with our Financial Management Services infrastructure therefore it works seamlessly with our payment rules engines and payroll services. This integration is a critical differentiator from other EVV offerings. F/EA FMS vendors that must procure and integrate a third party EVV solution may face challenges. There are currently over 3,000 DCSWs on the WV Personal Options programs and Public Partnerships is prepared to implement EVV without fear of interruptions to timesheet submission or payroll processing.

To establish and maintain best practices, Public Partnerships relies on its policies and procedures (P&P) manuals for all of our projects. We are experienced in developing, implementing and updating these manuals for all tasks related to the F/EA FMS and Resource Consulting functions. Each manual serves as a training and management tool as well as a reference guide for all staff who work on the project. We use our manuals on a routine basis to carry out our daily operations. Our P&P manuals contain:

- Well organized chapters with detailed rules on timelines required to take action;
- Detailed key-stroke commands specific to all processes;
- Screen shots of our systems and their use;
- Clearly articulated and comprehensive internal controls, oversight roles and program integrity requirements for each operational area.

As the incumbent vendor, we have in place the WV Personal Options P&P Manual that complies with current program requirements. The P&Ps provide the detailed program-specific policies, procedures, and internal controls that govern all tasks related to F/EA FMS operations and Resource Consulting services.

4.2.1 The Vendor should be the Subagent to the West Virginia Government F/EA FMS agency (the Bureau) and should be wholly responsible for completing all Subagent-F/EA FMS and RC tasks and deliverables.

Should Public Partnerships be awarded this contract, we agree to be wholly responsible for completing all Subagent-F/EA FMS and Resource Consulting tasks and deliverables described in detail within this proposal.

4.2.2 The Vendor should participate in a Subagent- F/EA FMS-RC Readiness Review, if requested by the Bureau; and should provide the results within thirty (30) calendar days.

Public Partnerships understands the need to show evidence of readiness relative to each of the RFP requirements. As the incumbent Vendor, Public Partnerships has already implemented and meets the majority of requirements outlined in this RFP. If BMS chooses not to require a Readiness



Review, we propose the use of a detailed workplan that identifies all new or enhanced project deliverables and specifies methods for implementation and the projected implementation date.

4.2.3 The Vendor should prepare a plan of correction that addresses the findings of the Subagent- F/EA FMS-RC Readiness Review/Ongoing Performance Review and a timeline for implementation, as needed.

If requested, Public Partnerships will execute a Readiness Review and provide the findings to BMS within 30 calendar days of BMS' approval of the Readiness Review tool. Should any item on the tool be determined as needing improvement, we will develop a detailed plan of correction and monitor its implementation in accordance with the ongoing Performance Review process.

4.2.4 The Vendor should participate in an annual Subagent-F/EA FMS- RC Ongoing Performance Review, if requested by the Bureau.

Public Partnerships has knowledge and experience with the program-specific annual Performance Reviews (Quality Reviews) conducted by BMS' Utilization Management Contractor (Kepro) for the IDDW and TBIW programs and BMS' Operating Agency (Bureau of Senior Services, BoSS) for the ADW program. These reviews have proven to be valuable because they identify areas that can be improved and also strengthen the working relationships and shared knowledge between BMS' contracted vendors. Public Partnerships has a track record of scoring well during these reviews. In fact, we were awarded a certificate of recognition for a zero deficiency IDD review in 2013.

4.2.5 The Vendor should prepare and maintain a Quality Management System to ensure that its systems, policies and procedures and internal controls for each Subagent- F/EA FMS and RC task are performed accurately.

Key components of our quality management plan include outlining and monitoring program requirements, complying with state and federal tax regulations, tracking Customer Services, Financial operations, and Resource Consultant metrics and ensuring confidentiality.

Public Partnerships creates efficient, functioning quality management plans for each program we support, related to F/EA FMS and Resource Consulting functions. We strive to deliver services in a manner that reflects individuals' needs preferences and choice, supporting the person-centered values and thinking. The National Quality Forum (NQF) appointed a committee to reach consensus on a definition of HCBS and the characteristics identified as part of a high-quality HCBS system included: (1) Provides for a person-driven system that optimizes individual choice



and control in the pursuit of self-identified goals and life preferences characteristics of high-quality HCBS and (2) Engages individuals who use HCBS in the design, implementation, and evaluation of the system and its performance. We strive to incorporate these characteristics into our quality management plan. Key components of our quality management plan include outlining and monitoring program requirements, complying with state, federal and local tax regulations, tracking Customer Service and Resource Consultant metrics and ensuring confidentiality, which are all detailed below.

Monitoring Program Requirements. At the onset of every contract, client expectations and requirements are clearly defined through written business rules. These business rules are monitored and modified as needed throughout the duration of our contracts to ensure we are meeting the needs and requirements of our clients. We have developed quality monitoring tools to help monitor these business rules. For example, the BetterOnlineTM web portal allows us to:

- document communication with participants and DCSWs through the Support Ticket function:
- track required timelines;
- monitor Resource Consultant activities, assignments, visits and outcomes (including dates of initial contact, monthly calls, and every 6-month visit);
- reference budget authorizations and service utilization; and
- verify DCSWs' required training certification and criminal background check expiration dates.

In addition, the BetterOnline™ web portal features our Business Process Management (BPM) system. This is a workflow management tool that allows us to manage incoming documentation in a timely manner. All documents are reviewed, then assigned to the appropriate queue for processing. BPM tracks how long documents have been waiting for review, allowing management and adherence of service level agreements related to processing timeframes.

Complying with Tax Regulations. Our Tax Team has detailed knowledge of the required documentation, payroll requirements and federal, state, and local tax responsibilities for DCSWs hired directly by a participant/representative-employer in the Personal Options programs. As a standard practice, the Tax Team remains current on federal and state laws and regulations, including those related to labor, tax, immigration, and workers' compensation insurance. Our tax experts frequently check the IRS website and receive daily e-mail updates from the IRS, the Department of Taxation, the Department of Labor, attend tax seminars and are in regular contact with national policy experts on the roles and responsibilities of a Medicaid F/EA provider. If any changes or updates are identified through one of these sources, a complete review is conducted by our Tax Compliance Management Team. We will review next steps with the State and will then work to implement any required changes. In addition to routine monitoring of applicable sites and sources, Public Partnerships staff also maintain an active dialogue with IRS representatives on tax



changes that affect F/EA activities. This allows us to ensure compliance with federal and state laws and regulations that impact both our clients and our role as an F/EA vendor.

Tracking Metrics. Our Resource Consulting Team tracks multiple performance metrics related to the provision of Resource Consulting services, including the number and types of corrections required for enrollment paperwork, the timeliness and quality of monthly contacts with participants, and the length of time between a participant's referral and the enrollment meeting. Biweekly, the management, operations support staff and all Resource Consultants participate in a statewide conference call to obtain updates on program requirement changes and to discuss program issues. In addition to this biweekly meeting, the Resource Consultants meet with their supervisor at least every quarter to conduct participant file reviews and discuss strategies to improve performance. We believe the Resource Consultant role is a key factor to a participant's success on the Personal Options program and have developed our metrics to ensure the Resource Consultants provide consistent and high-quality services.

Our Customer Service Management Team tracks program-specific metrics related to the volume and handling of calls that we receive from Personal Options participants and DCSWs. This helps us to ensure our high-performance standards for the Customer Service Center are consistently met. Our monthly call statistics include total calls, total voice-mails, average queue time, average voice-mail response time, average talk time and types of calls by category. These reports are reviewed by Customer Service and Program Management to identify trends and understand call center demands for each program. In addition to tracking call metrics, phone calls are recorded and Customer Service Representatives are evaluated by Call Center auditors. This allows the Customer Service Management Team to ensure there is consistency among Customer Service Representatives and determine if there is a need for additional training.

Our Financial Operations Team tracks metrics related to processing time on enrollment paperwork, internal errors and timesheet statistics. Our Financial Operations Team utilizes our Business Process Management (BPM) system to ensure documents are reviewed and processed in a timely manner, per contract requirements. We want to ensure all documents are promptly and correctly processed. Like other functional areas, there is a team of Financial Operations staff who randomly review enrollment documents, timesheets and invoices that were entered by staff to ensure accuracy of the information that has been processed. Additionally, on a monthly basis, all Program Management staff receive a Timesheet Gateway Performance Report which highlights monthly timesheet statistics per program. This report includes the number and percentage of denied, manual, mobile and electronic timesheets for the current and prior month. This allows us to identify trends related to timesheets and provide education to DCSWs whose timesheets are consistently manually entered or denied. It also allows us to see trends in the electronic timesheet and mobile application adoption rate.

Confidentiality. We are acutely aware of the impact of HIPAA and have implemented internal policies and safeguards to assure full compliance with federal and state standards. Every new



employee of Public Partnerships is trained in his or her role in carrying out the Information Security Program (ISP) and the importance of protected health information (PHI) security and computer system security. This training is refreshed annually. Upon initial hire, all employees are required to sign confidentiality polices agreeing to follow the ISP and understand that their continued employment in the organization depends on their compliance with the ISP. We and our parent company, Public Consulting Group (PCG), practice several other key security measures to ensure confidentiality:

- A designated PCG Information Security Officer maintains and supervises the PCG Information Security Program. The scope of the security measures is reviewed at least annually, or whenever there is a material change in PCG's business practices that may implicate the security or integrity of records containing personal information. Procedures are in place to regularly monitor the Information Security Program to ensure that it is operating in a manner reasonably calculated to prevent unauthorized access to or unauthorized use of protected information (PI) and for upgrading it as necessary. Monitoring includes internal reviews by the Information Security Officer, annual SSAE 16 Service Organization Controls (SOC) I audits, and annual penetration/vulnerability testing.
- We perform periodic audits and evaluate our security program to ensure it meets or exceed industry standard goals and objectives in protecting sensitive data. We expect to continuously adjust our security plan and approach to address an ever-changing environment and threat landscape.
- Physical access to PCG's hosting facilities is protected from unauthorized access and environmental (water, fire, etc.) threats.
- PCG provisions and maintains all staff user accounts, roles, and group assignments.
 Groups are used to control access to the internal PCG network, system applications, servers, and database instances. Users are granted group membership under the principle of least privilege; the minimal level of access is granted for the staff resource to perform their work.
- Group membership change requests are reviewed by an internal security team before access is granted.
- 4.2.6 The Vendor should prepare a Transition Plan that addresses when/if the Vendor is ending its contract with the Bureau and no longer will provide Subagent- F/EA FMS and RC services to the Bureau and the functions/forms to be closed out by the Vendor and are transitioning to a new Vendor, giving the Bureau for Medical Services at least sixty (60) calendar days' notice.

Public Partnerships has firsthand knowledge of the challenges that states face when transitioning from one F/EA vendor to another. In recent years, we have been awarded contracts of programs ranging from 300 to 35,000 participants and been involved in the transition of F/EA FMS and Resource Consulting/Support Brokerage services from the previous vendor. These "lessons



learned" from the incoming vendor's perspective enable us to develop effective Transition Plans. In the unlikely event that Public Partnerships transitions this contract to another vendor, we will provide the Bureau for Medical Services at least 60 calendar days' notice and will provide a comprehensive transition plan.

4.2.7 The Vendor should ensure that all RCs are current Notary Publics.

Public Partnerships has an established process to ensure all Resource Consultants are current Notary Publics. We require each Resource Consultant to obtain their Notary Public certificate within 4 weeks of employment, prior to independently conducting any participant enrollment that requires notarization of tax forms. All Resource Consultants currently employed by Public Partnerships meet this requirement.

4.3 The Vendor should maintain systems, policies and internal controls that comply with Bureau of Medical Services, Chapter 600 (Appendix 4), Reimbursement, and Methodologies of the West Virginia provider manuals. The Vendor has thirty (30) calendar days to correct any discrepancies or reimburse the Bureau of overpayments/underpayments, if any, and detail the credit on the next submitted claim.

With 51 active programs, Public Partnerships has extensive expertise and systems to support ontime and accurate electronic claims processing. Public Partnerships has developed a proprietary Medicaid Billing System to meet the specific Companion Guide requirements for delivering EDI 837 files. We know the importance of identifying and resolving denied claims in a timely manner and we are committed to working with stakeholders to promptly resolve and resubmit denied claims. Our proprietary system is capable of reconciling claims data with received payments and producing reports outlining any claims which will need to be reviewed and/or reprocessed.

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

Public Partnerships has been providing F/EA FMS services for over 18 years, and during that time have grown to be the nation's largest and most experienced provider of FMS services, currently supporting 51 programs serving more than 100,000 participants in 23 states. As the leader within



the field of Self-Direction, we are often called upon to provide assistance with policy development and impact analysis for the programs we support.

As an original founding member of the Financial Management Services Membership Work Group at the National Resource Center for Participant Directed Services (NRCPDS), we participated in the development of Industry Code of Standards for the F/EA industry. We also assisted NRCPDS in reviewing and analyzing IRS and DOL regulations and policies

Public Partnerships is well positioned to provide subject matter expertise on potential changes, their impacts, and best practices for implementation.

and have presented our findings during member only trainings and forums. As a strong supporter of the Center's research efforts, we provided valuable insights into the day-to-day-operations of an F/EA – insights that helped establish industry best practices. We have continued to be an active, contributing member of NRCPDS as it has transitioned to Applied Self-Direction.

A breakdown of Public Partnerships' participant-directed programs by each state, the target population(s) served in each program, total number of participants served in each population/program, and program funding type which identifies state (Medicaid waiver or Statefunded) and non-state (MCO) clients is illustrated in the following chart:



Public Focus, Proven Results

State of West Virginia
Department of Health and Human Resources
Bureau for Medical Services
FEA Support to Self-Direction Members
CRFP 0511 BMS1800000002

| State | Program | # Participants Served | Program Funding Type | Year Earliest Contract Began | State | Program | # Participants Served | Program Funding Type | Year Earliest Contract Began |
|-------------|---------------|--------------------------|----------------------------|---------------------------------|-------|-----------------------------|--------------------------|--------------------------------|---------------------------------|
| ΑZ | AZ DES DOD | 1000 | Medicaid Waiver | 2005 | NY | NY TBI | 969 | State-funded | 2011 |
| AZ | AZ SDAC | 15 | MCO | 2005 | OH | OH TPA | 1,800 | Federal-funded | 2010 |
| CA | CA GGRC | 1000 | Medicaid Waiver | 2011 | OK | OK OR Marion | 1,084 | Medicaid Waiver | 2009 |
| CA | CA SF H.S.A | 5 | State-funded | 2011 | OR | County | 40 | State-funded | 2016 |
| CO | CO CDASS | 2800 | Medicaid Waiver | 2009 | OR | OR FMAS | 11,000 | State-funded | 2016 |
| FL | FL PDO | 451 | MCO | 2014 | OR | OR PTC | TBD | Medicaid Waiver | 2017 |
| GA | GA DBHDD | 35 | Medicaid Waiver | 2007 | PA | PA DPW - ODP PA DPW - | 780 | Medicald Waiver | 2012 |
| GA | GA DDD | 11 | State-funded | 2007 | PA | OLTL | 15,500 | Medicaid Waiver Medicaid | 2012 |
| IL . | IL DD | 46 | Medicaid Waiver | 2010 | SC | SC FDGS | 2,050 | Waiver | 2008 |
| IN . | IN FSSA | 280 | Medicaid Waiver | 2006 | SC | SC LGOA TN Tenncare | 50 | VDHCBS Medicaid | 2008 |
| KS | KS MCO AG | 120 | MCO | 2011 | | ECF | 260 | Waiver | 2006 |
| KS | KS MCO UHC | 83 | MCO | 2011 | TN | TN TAP | 300 | MCO | 2006 |
| MA | MA ASD | 270 | Medicaid | 1999 | TN | TN TCAD | 24 | State-funded | 2006 |
| MA | MA DESE | 15 | Waiver Medicaid | 1999 | TN | Vets | 24 | VDHCBS Medicaid | 2006 |
| MA | MA PDP | 550 | Waiver Medicaid | 1999 | TN | TN Tenncare | 2,000 | Waiver | 2006 |
| ME | ME PDO | 130 | Waiver State-funded | 2005 | VA | VA DMAS | 19,500 | Medicaid Waiver | 2006 |
| ME. | ME FPSO | 36 | | | VA | VA MCO | 200 | MCO | 2006 |
| MI | MI MCO | | State-funded | 2005 | VA | VA MFP | 120 | Medicaid Waiver | 2006 |
| | | 261 | MCO Medicald | 2015 | VA | VA VETS | 1 , | VDHCBS | 2006 |
| ON | МО | 1,275 | Waiver | 2015 | WA | WA New Freedom | 545 | Medicaid Walver | 2010 |
| NJ | NJ JACC | 2,000 | State-funded | 2006 | WA | WA VDHS | 24 | VDHCBS | 2010 |
| NJ | VD HCBS | 1,000 | State-funded | 2017 | WV | WV AD Waiver | 800 | Medicaid Waiver | 2007 |
| NJ | M DDD | 500 | Medicard Walver | 2017 | WV | WV IDD Waiver | 1201 | Medicaid Waiver | 2007 |
| NJ | NJ PPP | 7,000 | MCO | 2017 | WV | WV TBI | 33 | Medicaid Waiver | 2007 |
| NJ | NJ DHS | 600 | Medicaid Waiver | 2006 | WA | WA IPONE | 25,000 | Medicaid Waiver | 2015 |



Over the past few years, Public Partnerships has had several opportunities to respond to significant changes to state and federal laws, rules, and regulations that have had an impact on the Self-Direction participants we support. As described in Section 4.2, Public Partnerships responded to the passage of the US Department of Labor Final Rule by working with each of our state clients, including West Virginia, to determine how best to meet the needs of each individual program.

The issuance of IRS Notice 2014-7 also provided Public Partnerships with an opportunity to work directly with our state clients to implement the Difficulty of Care Exclusion from Federal Income Tax for eligible direct care service workers (DCSWs). This implementation was especially meaningful to the participants and their DCSWs as it resulted in an immediate increase in the eligible DCSWs' net payments.

As we look towards the future and the implementation of the 21st Century Cures Act, we have used our industry leading experience providing F/EA services for self-directed programs to develop an Electronic Visit Verification (EVV) solution. The solution that Public Partnerships has developed meets or exceeds all of the requirements laid out in the 21st Century Cure Act while maintaining the flexibility that our clients, program participants, and their DCSWs have come to expect from Self-Direction.

Whether program changes are externally driven or initiated at the request of our clients, we strive to employ a robust change process involving requirements gathering and testing prior to implementation. Our goal with any programmatic change is to minimize the impact on the participants and their DCSWs.

Should Public Partnerships be awarded this contract, we will continue to monitor both state and federal legislation for changes that could potentially impact the Personal Options programs and will work closely with BMS to provide implementation strategies for any required program changes.

4.5 The Vendor should prepare and maintain a West Virginia-specific, Comprehensive Subagent-F/EA FMS and Resource Consulting Policies and Procedures Manual that documents the systems, policies, procedures, and internal controls used to perform and monitor the effectiveness of all the Subagent-F/EA FMS and Resource Consulting functions and tasks in West Virginia. The Manual should be submitted in both paper and electronic formats to the Bureau for review and approval thirty (30) calendar days prior to implementing Subagent-F/EA FMS and RC services.

Public Partnerships has developed a comprehensive Policy and Procedure (P&P) manual for the West Virginia Personal Options program. The manual includes detailed program-specific policies, procedures, and internal controls for the execution of all F/EA FMS and Resource Consulting services for the programs.



Should Public Partnerships be awarded this contract, we will collaborate with BMS to revise our WV Personal Options P&P Manual to address the additional requirements specified in this RFP. Public Partnerships will submit the revised manual in both paper and electronic formats to BMS for review and approval within 30 calendar days prior to project implementation.

- 4.6 The Vendor should apply for and receive approval from applicable Federal and State agencies to act as the Subagent to the Bureau (as Government F/EA FMS) and to members/ representative-employers in the ADW, IDDW and TBIW programs as well as participants in TMH. To do so, the Vendor should have a system in place and written policies, procedures, and internal controls to complete the following tasks:
 - 4.6.1 The Vendor should use its own separate Federal Employer Identification Number (FEIN) (FEIN in addition to its corporate FEIN) to file IRS Forms and deposit Federal taxes.

It is Public Partnerships' standard practice to obtain a separate Federal Employer Identification Number (FEIN) per Revenue Procedure 2013-39. We use this FEIN to file in the aggregate for all participant/representative-employers enrolled on the West Virginia Personal Options programs.

4.6.2 The Vendor should describe their plan/process to execute an IRS Form 2678, Employer/Payer Appointment of Agent, with the Bureau (Government F/EA FMS agency) per IRS instructions.

Obtained at the initiation of the program, Public Partnerships already has an active Internal Revenue Service (IRS) Form 2678 with the Bureau for Medical Services (BMS). For the duration of the contract, we will execute any update to the IRS Form 2678 with BMS.

4.6.3 The Vendor should execute an IRS Form 8821, Tax Information Authorization with the Bureau (Government F/EA FMS agency).

Public Partnerships has an active Internal Revenue Service (IRS) Form 8821 with the Bureau for Medical Services (BMS). However, use of this form is no longer considered to be the best practice for F/EA FMS vendors. If awarded this contract, we will consult with BMS to determine whether it will continue to be required.

4.6.4 The Vendor should renew the IRS Form 8821, Tax Information Authorization with the Bureau (Government F/EA FMS agency) periodically per IRS instructions.



As noted in Section 4.6.3, Public Partnerships already has an active Internal Revenue Service (IRS) Form 8821 with the Bureau for Medical Services (BMS). If it is determined that this form will continue to be required, we will execute any update to the IRS Form 8821 with BMS for the duration of the contract.

4.6.5 The Vendor should describe their plan/process to execute an IRS Form 2678, Employer/Payer Appointment of Agent between the Bureau (Government F/EA FMS agency) and each member-employer and retain the executed Form in the member-employer's file at the Vendor's location.

Public Partnerships includes IRS Form 2678 in the Participant enrollment tax packet provided to the participant/representative-employer at the time of the enrollment meeting. This form allows us to pay the Direct Care Service Workers (DCSWs) on behalf of the participant/representative-employer. Once the Resource Consultant has assisted the participant/representative-employer to complete the packet, the documents are verified and Form 2678 is filed with the IRS. We receive confirmation from the IRS in the form of a 1997-C. We then apply for a Federal Employer Identification Number (FEIN) on behalf of the participant. If a participant has an existing FEIN at the time of enrollment, the existing FEIN is used for the purposes of self-directing services once the lack of tax liability is determined. All forms and documentation for IRS Form 2678 are stored on our secure servers.

4.6.6 The Vendor should facilitate the execution of an IRS Form 8821, Tax Information Authorization between the Bureau (Government F/EA FMS agency) and each member-employer with a Vendor's staff reported as a second appointee on the Form and maintain a copy of the executed Form in the member-employer's file.

Public Partnerships currently does not include the IRS Form 8821 in the Participant enrollment tax packet per West Virginia BMS approval in January 2017. Form 8821 is no longer required by the IRS to provide services for a Home Care Service Recipient (HCSR). Form 2678 provides sufficient authorization to act on behalf of the participant/representative-employer. If further authorization is required to address a specific tax situation, we will request a Form 2848 to grant Public Partnerships authorization to work with the IRS for the specific tax type and tax period as needed.

Form 2848 grants total authority for the period of time indicated on the form, unlike the Form 8821 which grants only limited authority. Upon contract award, we will review Form 8821 in detail with BMS to determine if we may continue to follow the best practice which was approved in January 2017.

4.6.7 The Vendor should facilitate the execution of an informed consent statement between the Bureau (Government F/EA FMS agency) with each



member/representative-employer acknowledging the member/representative-employer knows the Government F/EA FMS agency is using a Subagent, the tasks the Subagent is performing and that the member-employer agrees with it.

Public Partnerships includes a Sub-Agent Agreement in the Participant enrollment tax packet which is completed at the time of the enrollment meeting. This document identifies Public Partnerships' role as the Bureau's subagent and states that we will manage all payroll matters on the participant's behalf, including the depositing and filing of all federal, state and local (as applicable) employment taxes. The participant or his/her legal guardian is required to sign the Sub-Agent Agreement at the time of the enrollment meeting.

4.6.8 The Vendor should file a West Virginia Forms WV-ARI-001, Authorization to Release Information authorizing the West Virginia State Tax Department to release information to the Vendor regarding the member/representative-employer's West Virginia state income tax withholding tax and unemployment tax to the Subagent-F/EA FMS.

Under the guidance of the West Virginia State Tax Department, Public Partnerships has determined that Form WV-ARI-001 is not required as it does not give any additional authorization whereas Form WV-2848 gives sufficient authorization to release information regarding the participant/representative-employer's West Virginia state income tax withholding tax and unemployment tax. Form WV-2848 gives Public Partnerships the authorization to apply for the account with the State Tax Department and allows us to pay on the behalf of the participant/representative- employer. Upon contract award, we will review Form WV-ARI-001 in detail with BMS to determine if we may continue to follow the best practice which was approved in January 2017.

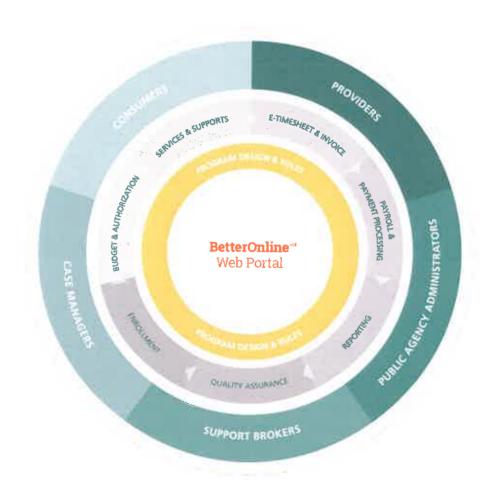
4.6.9 The Vendor should file West Virginia Forms 2848, Authorization of Power of Attorney informing the West Virginia State Tax Department that the member/representative-employer authorizes the Subagent-F/EA FMS to receive and sign the tax forms listed relative to state income tax withholding and unemployment insurance taxes.

As addressed in Section 4.6.9, Public Partnerships includes Form WV-2848 in the Participant enrollment tax packet which is provided by the Resource Consultant to the participant/representative-employer during the enrollment meeting. Upon receipt of the signed Form WV-2848, it is validated and submitted to the WV State Tax Department. This allows Public Partnerships to apply for the account with the State Tax Department and subsequently pay State income tax and unemployment insurance tax on the behalf of the participant/representative-employer.



4.7 The Vendor should have a web-based portal to which referrals and prior authorizations for medical services are issued by the States Utilization Management Contractor to request and receive referrals and prior authorizations for Medical services for members who have self-direction.

Public Partnerships has designed our BetterOnlineTM web portal so that service referrals and prior authorization data can be accurately and efficiently uploaded from the Utilization Management Contractor's (UMC) system, the CareConnection®, through electronic data interchange (EDI) files. For example, on a daily basis, service authorization and service modification data for IDDW participants are uploaded via EDI file to our BetterOnlineTM web portal. Any errors contained in the file data, such as a duplicate service authorization or a modification that decreases the units of a service below the amount already utilized, are immediately identified and reported to our program support staff so that they can follow up with the UMC and Service Coordinators to resolve the issue.





EDI files ae not available through the CareConnection® for ADW and TBI participants' service referrals and prior authorizations therefore our program support staff monitor the CareConnection® notifications as well as e-mails from the UMC and Bureau of Senior Services throughout each business day. Data from these notifications and e-mails are promptly entered into our BetterOnlineTM web portal so that its users, including participant/representative-employers and their DCSWs, have access to the most up-to-date information. Upon contract award, we propose working with BMS and the UMC to automate the ADW and TBI service authorizations.

4.7.1 The Vendor should enroll with the State's Utilization Management Contractor's system to input and obtain data regarding program members' medical eligibility, services, and other pertinent information.

All Public Partnerships' in-state management and Resource Consultant staff are currently registered users of the UMC's system, the CareConnection®. We are knowledgeable and experienced with the CareConnection® and our staff log in each day to receive information from and provide information to the UMC. The CareConnection® is essentially an information hub that many users rely upon for data and information—i.e. BMS, the Utilization Management Contractor, Bureau of Senior Services, agency Case Managers and Service Coordinators. In addition to providing required data through the CareConnection®, our staff upload important documents pertaining to Personal Options participants' medical eligibility and self-directed budgets, such as the Medical Necessity Evaluation Request for ADW participants and Spending Plans for IDDW participants.

4.8 The Vendor should enroll with the State's claims system Medicaid Management Information System (MMIS), and obtain a West Virginia Medicaid Provider ID to submit claims electronically to the Bureau monthly through the State's claim system, MMIS, for Medicaid services rendered within one hundred eighty (180) calendar days of the date of service and in accordance with the member's spending plan and established service rate(s); and in accordance with the Bureau's billing and contract requirements and proper procedure codes. Billing should be in compliance with the 42 CFR part 447 including, but not limited to the requirements for timely payment to DCSWs, set forth in 42 CFR part 447 and 42 CFR § 447.453.10 (Appendix 5).

Public Partnerships currently possesses a West Virginia Medicaid Provider ID and is enrolled with the State's MMIS vendor, Molina Health Systems. We submit electronic claims on a weekly basis in accordance with the payroll schedules for the Personal Options programs. We do not "span bill"; all claims submitted by Public Partnerships on behalf of the Personal Options participants reflect the actual dates of service.

Our BetterOnlineTM web portal is configured with parameters for the DCSW's billing rate to at minimum comply with current State and Federal minimum wage amounts and at maximum, the



current amount of the Medicaid rate for the specific service billed by the DCSW. The web portal also has automated validations that restrict the DCSW to billing for only the types and amounts of services which have been prior authorized by BMS' Utilization Management Contractor (UMC) and approved on the participant's spending plan.

The program-specific Personal Options Payroll Schedules identify each two-week pay period, the corresponding timesheet deadline and payment date. These timeframes ensure the timely payments to DCSWs comply with 42 CFR part 447 and 42 CFR § 447.453.10.

4.8.1 The Vendor should submit claims to and receive payments from the State's claims system MMIS, for Medicaid service rendered to members and Subagent-F/EA FMS and RC administrative fees in compliance with Chapter 600 (Appendix 4) after services are rendered.

Public Partnerships' BetterOnlineTM web portal has automated payroll rules and validations to ensure that Chapter 600 requirements as well as the requirements of the program policy manuals are met prior to submitting service claims to the State's MMIS system. For example, if a participant/representative-employer attempts to submit a DCSW's timesheet or invoice containing dates of service that fall outside of the timely filing rules, the BetterOnlineTM web portal will pend the timesheet or invoice and prevent it from being processed. The DCSW will be notified of the error and the timesheet or invoice will be denied. Similar proactive rules/validations are in place to ensure that service claims are submitted to the MMIS system only after verifying compliance with prior authorizations, spending plan amounts and the current Medicaid rate for the service.

Subagent-F/EA FMS and RC administrative fees are not submitted to the State's MMIS system. Instead, these fees are invoiced to the Bureau for Medical Services on a monthly basis based upon the contractual per-member-per-month (PMPM) rate. In compliance with Chapter 600 rules and the terms of the Vendor's contract, PMPM fees are invoiced only after the F/EA FMS and Resource Consulting services have been provided.

4.8.2 The Vendor should submit PMPM claims to the Bureau through the State's Fiscal Agent for Subagent- F/EA FMS and RC administrative fees monthly (and within one hundred eighty (180) calendar days of date of service) in accordance with Chapter 600 (Appendix 4).

On a monthly basis, Public Partnerships will generate an administrative invoice which summarizes the F/EA FMS and Resource Consultant administrative fees for each program. Included with each monthly invoice will be an itemized PMPM Report which identifies each participant who has been provided F/EA FMS and Resource Consultant services for the month being invoiced. The invoice and PMPM Report will include only the participants who have been confirmed to be fully enrolled as defined by the completion of the participant's enrollment and having at least one (1) qualified DCSW.



current amount of the Medicaid rate for the specific service billed by the DCSW. The web portal also has automated validations that restrict the DCSW to billing for only the types and amounts of services which have been prior authorized by BMS' Utilization Management Contractor (UMC) and approved on the participant's spending plan.

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4.9 The Vendor's administrative services should be delivered or billed only for members that have authorizations for the dates of service being billed. All services should be pre- authorized on an annual basis or more frequently when members' needs change. Administrative services only for TMH participants can begin if authorized by the TMH office three (3)-months prior to transition to the community. Administrative services for the Waiver programs may not begin until the date of the member's enrollment meeting.

Public Partnerships has established an effective system to ensure that services are provided to participants and billed to the State's MMIS system in compliance with the type and amounts of services that have been prior authorized for the participant and that all services billed fall within the dates ranges specified in the prior authorizations. Modifications to prior authorizations and changes to the participants' levels of care are uploaded to our BetterOnline™ web portal within 24 hours of receipt from the State's Utilization Management Contractor (UMC). This ensures that the data in our system is in sync with the data in the UMC's system.

In regard to the administrative services fee for F/EA FMS and Resource Consulting services, Public Partnerships will bill the Bureau for Medical Services only after a participant has been determined to be fully enrolled on the Personal Options program.

For Take Me Home West Virginia (TMHWV) program participants, we will collaborate with BMS and the TMHWV program staff to establish a referral process that will allow Public Partnerships to effectively track the start date of the participant's three-month pre-transition period to the community. The administrative fee will be billed for no more than the specified pre-transition timeframe. We will notify BMS and the TMHWV program staff of any participants who are not transitioned to the community within this timeframe.

4.10 The Vendor should establish and convey their rules and requirements for payroll and invoice payment and develop a rules-based system (i.e., compare its "rules" for paying for individual-directed goods and services to an actual invoice to determine if the purchase(s) was completed).

Public Partnerships has designed program-specific timesheets and invoices that contain all required information including the employee's name and identifying number, the participant's name and identifying number, the type of service rendered, the date, start time and end time for each service encounter.

Participant/representatives-employers and their DCSWs are provided with multiple options for submitting timesheets and invoices. We encourage these documents to be submitted electronically through the BetterOnlineTM web portal or the Time4CareTM mobile device application. These methods reduce potential human data errors, immediately notify the portal user of any issues with



the timesheet/invoice, and streamline the payroll process. For participants and DCSWs who are unable to access the internet or a mobile device, Public Partnerships offers a traditional, paper-based timesheet and invoice submission option. Paper documents may be faxed or mailed to Public Partnerships.

Regardless of the method used for submission of timesheets and invoices, Public Partnerships' BetterOnlineTM web portal technology and Financial Operations staff process the documents based on an established set of payroll rules which include the following verifications:

- The timesheet or invoice has been accurately completed and signed;
- The service being billed has been prior authorized by the State's Utilization Management Contractor (UMC);
- The DCSW is approved on the participant's Spending Plan to provide the service being billed;
- The participant's budget and monthly Spending Plan covers the cost of the service being billed;
- The DCSW is fully qualified to provide the service (current criminal background check, CPR, First Aid and all required annual trainings); and
- The date and time of service billed does not overlap with another timesheet indicating duplication of service/billing.

Any timesheet or invoice that does not meet all payroll rules will partially or completely "pend" and require follow up by the participant/representative-employer and DCSW to resolve. For example, if a DCSW's CPR certification expires midway through the two-week payroll period, Public Partnerships will partially pend the timesheet. Dates of service billed before the certification expired will be paid but all subsequent dates billed on the timesheet will remain pended and not paid until Public Partnerships receives proof that the DCSW's certification has been reinstated and covers the dates of services that are pended. The pended dates of service will ultimately be denied if proof of certification is not obtained.

Below is an example of a pending timesheet due to expired annual training.

| Cara | Total Daily Hours | Time to | Time Out | Hours Worked | Activities | Pend Massages |
|----------------------|-------------------|----------|----------|--------------|------------|--|
| 10/36/2017 Monday | 8 hours | 10:00 AM | 6:00 PM | 8 hours | | Date worked (10/30/2017) is not present in the date range "Employee Training Verification |
| 10/31/2017 Tuesday | 8 hours | 10:00 AM | 6:00 PM | & hours | | Date worked (10/31/2017) is not present in the date range "Employee Training Verification |
| 11/01/2017 Wednesday | 7 hours | 10:00 AM | 5:00 PM | Thouse | | Date worked (11/01/2017) is not present in the date range "Employee Training Verification |
| 11/02/2017 Thursday | 7 hours | 10:00 AM | 5:00 PM | 7 hours | | Date worked (11/02/2017) is not present in the date range "Employee Training Verification |
| 11/03/2017 Friday | 7 hours | 10:00 AM | 5:00 PM | 7 hours | | Date worked (11/03/2017) is not present in the date range "Employee Training Verification |
| 11/04/2017 Saturday | | | | | - | |
| 11.05/2017 Sunday | | | | | | |
| 11.196/2017 Monday | Tinours | 10:00 AM | 5:00 PM | 7 hours | | Date worked (+1/06/2017) is not present in the date range "Employee Training Verification |
| 11/07/2017 Taleadsy | 7 100/8 | 10:00 AM | 5:00 PM | 7 hours | | Date worked (11/07/2017) is not present in the date range "Employee Training Verification |
| 11.98.20171Vechtsda/ | 7 20019 | 10:00 AM | 5:00 PM | 7 hours | | Date worked (11/09/2017) is not present in the date range "Employee Training Verification |
| 11/29/2017 Thursday | 2 hours | 10:00 AM | 5:00 PM | 8 hours | | Date worked (11/09/2017) is not present in the date range "Employee Training Verification |
| 31/10/2017 Friday | 7 hours | 10:00 AM | 5:60 PM | 7 hours | | Date worked (11/10/2017) is not present in the date range "Employee Training Verification |
| 11/11/2017 Saturday | | | | | | The state of the post of the state of the st |
| 11/2000100 | | | | | | |



Through our Resource Consultants and Customer Service Center, the participant/ representative-employer and DCSW are promptly notified of any issues with timesheets and invoices. Our goal is to resolve the issue as soon as possible so that the DCSW can be paid. Resource Consultants monitor the type and frequency of these errors and when appropriate, provide additional training to the participant/representative-employer.

Participant-Directed Goods and Services (PDGS) invoices shall be handled much the same as a DCSW's transportation invoice. PDGS invoices are processed based on a set of rules to ensure that the service has been prior authorized, the requested funds are available in the participant's budget for the date(s) of service, and the invoice is accurately completed and signed. In addition to these automated rules for invoice processing, all PDGS applications will continue be first reviewed and approved by our program support staff who work closely with the BMS IDDW Program Manager to confirm that the requested items meet the PDGS requirements covered in the IDDW policy manual. Following payment, our tracking system monitors the collection of the receipt to verify that only the approved item/service was purchased.

4.11 The Vendor should be prepared to bill each Managed Care Organization (MCO) based on member enrollment for services rendered at such time as the State moves into a Medicaid managed long-term care system.

Public Partnerships has extensive expertise and systems to support timely and accurate electronic claims processing with Managed Care Organizations. We are prepared to configure our proprietary Medicaid Claims Billing system and test claims files between each Managed Care Organization and Public Partnerships in order to meet the specific requirements outlined in the 837 Companion Guides. Public Partnerships currently has active relationships with 13 MCO entities across 35 different Medicaid programs.

Our existing Managed Care programs use an established best practice for billing for services. After each payroll file is processed, Public Partnerships sends the MCO a payroll voucher indicating the dollar amount of the payroll supported by a detailed backup file. After the MCO reimburses Public Partnerships the dollar amount of the payroll voucher, Public Partnerships marks the payroll as fully reimbursed and generates the 837P Encounter EDI file. This file is sent to the MCO via a secure file transmission as required for the MCO's reporting requirements. The MCO responds by sending to Public Partnerships a 999 EDI file and a 277 EDI file to indicate the file transfer was successful.

The initial payroll and all subsequent payrolls are funded by an advanced payroll dollar amount which is transferred to Public Partnerships prior to the initial payroll. The funds remain in a non-interest-bearing bank account that is used only for funding the specific program. The advance amount is determined through an analysis of the payroll and reimbursement schedules, and the



expected payroll amount. Periodically Public Partnerships will collaborate with the State to increase or decrease the funding advance based upon actual payroll data.

Should the state choose to move the waiver programs into a Medicaid managed long-term care system, we will collaborate with BMS to amend the contract as required.

4.12 The Vendor should have billing information that contains current member and service information.

Public Partnerships' BetterOnline™ web portal stores all participant and service authorization data required for billing through the State's MMIS vendor. This data is initially obtained through the participant's referral from the State's Utilization Management Contractor (UMC) and Bureau of Senior Services. Upon receipt of the referral, we contact the participant or the legal representative to confirm the accuracy of the data. Any changes in the participant's demographic data or service authorization data are promptly entered in our system to ensure it is up to date and service claims are accurately processed.

4.13 The Vendor should ensure that billing records support the amounts Medicaid services claimed on the Health Insurance Portability and Accountability Act (HIPAA) electronic claim form.

Public Partnerships regularly reconciles the claims data between our proprietary Medicaid Billing System and the payroll timesheet/invoice data in our payroll system. We use unique identifiers within our systems to track the relationships between participant eligibility data, service authorization data, payroll data and service claims data. This allows Public Partnerships to maintain a historic record of the service claims as well as the related data to support the service claims submitted to the State's MMIS vendor.

4.14 The Vendor should ensure that the amount claimed does not exceed the member's approved Spending Plan and specific service rates and should have a system for how over billing occurrences will be addressed.

Public Partnerships' BetterOnlineTM web portal is fully integrated with our back-end financial management and accounting system. This includes essential data such as the participant's authorized services, the approved Spending Plan budget, Medicaid service rates, DCSW wage rates, unit/dollar limits, applicable taxes, etc. With the submission of each DCSW's timesheet, invoice or PDGS invoice, the BetterOnlineTM web portal verifies the service entries do not violate any programmatic rules, including verification that there are sufficient funds in the participant's approved Spending Plan. The BetterOnlineTM web portal has been configured to recognize each service code and its minimum and maximum service rate. Once enrolled, each DCSW is associated to only the service type(s) for which they have been approved to provide and bill in accordance with the participant's service authorizations, approved Spending Plan, and the DCSW



Employment Agreement which has been signed by both the participant and DCSW. The application of these safeguards ensures that the service claims submitted by Public Partnerships are compliant with the participant's authorized services and the DCSW rates specified in the approved Spending Plan.

In the unlikely event that a system malfunction would allow over billing, the occurrence would be identified in the Budget Utilization Report which is generated on at least a monthly basis. The Bureau for Medical Services would be made aware through the Discovery and Remediation Report provided by Public Partnerships each month. Should an overpayment be identified, Public Partnerships has an established process to recoup the funds from the DCSW and to correct the related service claims. In addition, our Resource Consultants monitor the submission of timesheets and invoices which are denied due to exceeding the approved Spending Plan amount. The Resource Consultants address these billing issues with the participant/representative-employers to help prevent future occurrences.

4.15 The Vendor should have a process in place for reconciling Medicaid services paid to units billed.

Each 835 Healthcare Claim Payment/Advice received from the State's MMIS vendor is reconciled to the data in Public Partnerships' proprietary Medicaid Billing System to identify any discrepancies between the amounts of service units billed and paid. Service claim issues are promptly researched and when appropriate we collaborate with the State's MMIS vendor, the Utilization Management Contractor and/or BMS to achieve a timely resolution to systemic issues and prevent any disruption to participants' services.

4.16 The Vendor should resubmit any suspended or denied claims for Medicaid services, as appropriate, within three hundred sixty-five (365) calendar days from the date of service in accordance with the Bureau 's billing requirements.

Public Partnerships has an established proprietary Medicaid Billing System to meet the specific Companion Guide requirements for delivering EDI 837 files. This allows us to identify and resolve issues with suspended or denied claims in a timely manner and within 365 days from date of service. When appropriate, we collaborate with involved stakeholders to resolve participant-specific as well as systemic claims issues.

As described in Section 4.15, our proprietary system reconciles claims data with received payments and produces reports which identify any claims which need to be reviewed and/or reprocessed. We have a dedicated team of analysts who research the root cause of claim denials and take appropriate actions to achieve successful claims payment.



4.17 The Vendor should have a process for determining when a member is admitted to a nursing facility, hospital, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and the length of stay.

Currently, there are no available reports or central data sources in West Virginia that provide information regarding waiver members' admissions to nursing homes, hospitals, ICF/IID facilities, or jails. Public Partnerships relies upon our Resource Consultant staff to obtain this information through their contacts with the participants, their families, representatives, DCSWs, and Case Managers/Service Coordinators.

At the time of enrollment on the Personal Options program, the participant/representative-employer is informed of the responsibility to report hospitalizations, nursing home and inpatient care facility admissions, and incarcerations to their Resource Consultant within 48 hours. They are also informed that no Waiver services can be billed by the DCSWs during the time that the participant is admitted to a facility. In addition, each month when the Resource Consultant contacts the participant/representative-employer, this is one of the required discussion topics and is documented on the Monthly Contact form.

Data regarding facility admissions is captured on a monthly report (Hospitalization Report) which tracks the admission date, discharge date and reason for admission. At the beginning of each month, the Hospitalization Report from the prior month is provided to the Bureau of Senior Services. Data from the Hospitalization Report is also included in the Personal Options ADW Activity Report that is presented each month at the ADW/PC meeting.

4.18 The Vendor should ensure that it has not billed the Bureau if notified of a member's stay in a nursing facility, ICF/IID facility or hospital, except for participants of the TMH, West Virginia Program approved by the TMH Office for Pre-Transition Resource Consulting services.

As stated in Section 4.17, we have developed a system for identifying and monitoring participants who are admitted to nursing homes, hospitals, ICF/IID facilities, and jails. ADW, IDDW and TBIW participants who remain admitted to a facility for an entire month (first day through last day) are not included in that month's Per-Member-Per-Month (PMPM) Administrative Services Invoice submitted by Public Partnerships to BMS. Upon contract award, we will expand the PMPM report and invoice to include TMHWV participants. These participants will be tracked to ensure the pre-transition timelines are not exceeded.

4.19 The Vendor should have a process for reconciling hours of services billed and paid.

Although Personal Options Participants' Spending Plans and the DCSWs' timesheets are based upon service hours rather than service units, the reconciliation process described in Section 4.15



applies to both. Public Partnerships' proprietary Medicaid Billing System identifies any discrepancies between the amounts of service billed and paid. We research all discrepancies and involve stakeholders as appropriate. Depending on the stakeholder' role, the information is shared in units or in hours. For example, a claims issue may be addressed in units with the State's MMIS vendor but addressed in hours with the participant/representative-employer.

4.20 The Vendor should have a process for billing the member or representative - employer directly when any established service limit is exceeded.

Public Partnerships' integrated payroll system processes and validates timesheets and invoices in real time. Every timesheet and invoice submitted to our payroll system is automatically tested against many payroll rules including one that verifies that there are adequate budget funds to issue payment. This validation control prevents us from issuing payments that exceed the participant's monthly budget limit.

When a DCSW or participant submits an electronic timesheet through our BetterOnlineTM web portal or Time4CareTM mobile application, all payroll validations occur within seconds and the submitter receives an immediate notification of any errors preventing submission, including insufficient funds in the approved Spending Plan. Invoices are similarly validated and error notifications are displayed in the web portal. This proactive approach enables us to prevent overbilling before it occurs.

Below is an example of a DCSW attempting to submit an electronic timesheet and receiving an error message indicating that the hours exceed the monthly budget amount. The DCSW may "save" the timesheet and contact the Resource Consultant or Customer Service Center for assistance or may adjust the hours and submit the timesheet for approval by the participant/representative-employer. Once approved, the timesheet will be processed for payment.

| Confirm Timesheet | | | | | | |
|---|---|----------------------------------|--|---------------------|--|--|
| his timesheet contains errors and cannot be s | submitted, Please contact your Resource Consultant of | Customer Service at 866-429-3465 | If you have questions about to | ne timesheet errors | | |
| rror on 10/03/17 5:00 AM - 6:00 AM: | er authorization. Please contact your employer | | | | | |
| rror on 10/04/17 10:00 AM - 12:00 PM: our employer has insufficient funding on his/h | er authorization. Please contact your employer | | | | | |
| QATest Provider101 Employee ID: E0020 | | Participant ID: | Timesheet for QA TestConsumer9 Participant ID: C000486 Participant Phone No: | | | |
| | | Service: | S5130 - Homemaker Sen | rices | | |
| Dale | Total Daity Hours | Time in | Time Out | Hours Worked | | |
| 10/02/2017 Monday | | | | Troug Prompt | | |
| 10/03/2017 Tuesday | 1 hour | 5:00 AM | 6:00 AM | 1 hour | | |
| 10/04/2017 Wednesday | 2 hours | 10:00 AM | 12:00 PM | 2 hours | | |
| 10/05/2017 Thursday | | | | 2.1000 | | |
| 10/08/2017 Friday | | | | | | |
| 10/07/2017 Saturday | | | | | | |
| 10/08/2017 Sunday | | | | | | |
| 15/09/2017 Venga) | | | | | | |



Paper timesheets that are faxed to Public Partnerships are also automatically validated against the payroll rules. If a timesheet pends due to inadequate budget funds, hours will be processed for payment until the monthly budget is exhausted and any remaining hours will be placed in 'pending' status. If they cannot be resolved for payment, they will be moved to "denied" status.

Public Partnerships' Resource Consultants utilize the timesheet data from BetterOnline[™] web portal (discussed in section 4.153) on at least a monthly basis to identify billing issues and discuss them with the participant/representative-employers. When indicated, the Resource Consultants retrain and provide additional assistance to the participant/representative-employers and their DCSWs.

The Personal Options Employer Guide provided to the participant/representative-employer at the time of the enrollment meeting includes information regarding employer's responsibly to monitor the DCSW's billing in accordance with the approved Spending Plan.

In the unlikely event that an overpayment is issued due to an error, such as an IDDW service modification to decrease units being received after the payment has already been issued, Public Partnerships has an established system for recouping the funds from the DCSW's subsequent payment(s) and correcting the related service claims.

4.21 The Vendor should have a process for monitoring the filing and payment of FICA, FUTA/SUTA paid for each DCSW by the employer when applicable exemptions apply (i.e., certain DCSWs may qualify for difficulty of care or qualify as a foster care or supportive living provider and be exempt from paying federal and possibly state income tax withholding, certain family members who are paid DCSWs may be exempt from paying into FICA and/or FUTA/SUTA. The State also may be subject to the United States Department of Labor FUTA Credit Reduction process, or some DCSWs may not meet the applicable FICA and/or FUTA wage thresholds. If so, they may reduce the rate billed to the State Fiscal Agent).

Public Partnerships understands how Federal, State and local laws, the Fair Labor Standards Act (FLSA) Home Care Rule and the Difficulty of Care regulations impact self-directed programs. Our BetterOnlineTM web portal is configured to process DCSW timesheets and invoices in accordance with these laws and regulations and it can be updated as required to comply with future changes or additions.

Included in each DCSW enrollment packet is the easy-to-understand Personal Options Tax Exemption Form which allows DCSWs to identify if they qualify for the Family Employee exemption addressed in IRS Publication 13, section 3. For example, it is common for self-directing IDDW participants to employ a parent. When this Employer/Employee relationship is identified



on the Personal Options Tax Exemption Form, Public Partnerships accordingly does not withhold FICA/SUTA from the DCSW's payments.

Public Partnerships is very familiar with the requirements in IRS Notice 2014-7 regarding the treatment of certain payments to workers through a state Medicaid Home and Community-Based Services Waiver program. We have developed the Difficulty of Care Federal Income Tax Exclusion Form and implemented systems which allow us to efficiently identify DCSWs who qualify and to handle their Federal and State income tax withholdings as required. Based upon guidance provided by the West Virginia State Tax Department, Public Partnerships does withhold state income tax from payments made to DCSWs who qualify for the Difficulty of Care Exclusion.

In recent years, labor laws related to FLSA have become much more complex and the level of research and planning that states have done relative to FLSA and the Home Care Rule is as varied as the actual programs. We are well-versed in the different models of compliance and have configured the BetterOnlineTM web portal logic to support West Virginia's specific labor laws as well as protocols related to FLSA.

In collaboration with the Bureau for Medical Services (BMS), we have implemented the FLSA Live-In Exemption Form. This form is included in the DCSW enrollment packet and DCSWs who indicate that they meet the requirements are exempt from overtime pay whereas DCSWs who do not meet the requirements are eligible for overtime pay. Per BMS' guidance, the participant/representative-employers are trained that it is their responsibility to manage the cost of their services, including when overtime is incurred. The participant's self-directed budget is not adjusted to cover the additional cost of overtime.

4.22 The Vendor should have a one-time minimum reserve to pay for four (4) months of estimated service costs prior to the contract start date to account for retroactive payments from the Bureau for billed claims.

For each program that we manage, Public Partnerships analyzes all activities that affect the program's cash flow, such as Federal and State laws pertaining to wage payments, the program's payroll schedule, claiming and reimbursement schedules, and rules regarding the timely filing of service claims. We use this information to create an integrated program schedule that optimizes the program's cash flow process and is most acceptable to all stakeholders.

Public Partnerships acknowledges the need to maintain cash flow sufficient to cover the current cost of the West Virginia Personal Options programs' biweekly payroll. We understand that issuing timely and accurate payments to DCSWs is one of the most important responsibilities of a F/EA FMS Vendor and we take pride in our successful record for meeting this requirement.

As the incumbent Vendor, should this contract be awarded to Public Partnerships there will be no cause for retroactive payments from the Bureau for billed claims. Should the cost of the programs'



biweekly payroll significantly increase due to program or regulatory changes, Public Partnerships will collaborate with the Bureau for Medical Services to develop a strategy for funding the payroll payments.

4.23 The Vendor should ensure that a member is fully enrolled before billing Subagent-F/EA FMS and Resource Consultant services for any month.

Public Partnerships has established an effective process to enroll participants in the Personal Options programs in accordance with the contractual timelines. Upon receipt of a participant referral, our program support staff initiate the first contact with the participant or the legal representative within 3 business days. This purpose of this phone call is to verify the participant's interest in the Personal Options program, provide an overview of Public Partnerships' role, verify the participant's demographic information, provide information regarding the required qualifications for direct care service workers (DCSWs), and to confirm the anticipated date that the participant will be enrolled and active on the program. Upon completion of the initial call, the participant/legal representative is sent the instructions and forms required for the DCSW to obtain a criminal background check through WV CARES as well as CPR and First Aid certifications. We understand the importance of the DCSW obtaining these qualifications as soon as possible to avoid delays in the participant's enrollment on the Personal Options program and eligibility to receive services.

Following the initial call to the participant/legal representative, a Resource Consultant is assigned and is required to conduct the enrollment meeting with the participant, legal representative, program representative (if applicable) and DCSWs (if available). The enrollment meeting is required to be held within 14 calendar days from the participant's referral date. Any exceptions to this timeframe (i.e. participant's health, admission to a facility, etc.) are identified and addressed on the Discovery and Remediation Report provided to the Bureau for Medical Services on a monthly basis.

During the enrollment meeting the Resource Consultant provides an orientation to the Personal Options program as well as skills training for the participant/representative-employer. All applicable forms in the Participant enrollment packet are completed and whenever possible, the DCSW enrollment forms are also completed and signed. Following the enrollment meeting, the Resource Consultant verifies each form for accuracy before submitting to Public Partnerships' Financial Operations Center for further verification and processing.

The Resource Consultant monitors the processing of the participant's and DCSW's forms and qualifications. Upon determining that all have been successfully processed and filed, the Resource Consultant notifies the participant/representative-employer that he/she may begin receiving services and the DCSW is approved to bill for services. At this time, Public Partnerships classifies the participant as fully enrolled and can begin billing the Bureau for Medical Services for the Subagent-F/EA FMS and Resource Consulting services.



4.24 The Vendor should not bill the Bureau in advance for participant-directed goods or services.

Public Partnerships has an established process and procedure (P&P) pertaining to IDDW Participant-Directed Goods and Services (PDGS) payments. This P&P reflects directives from the Bureau for Medical Services (BMS) and includes quality controls to ensure that all PDGS applications are reviewed and approved prior to claiming the funds through the State's MMIS and issuing payments to the requested vendor.

As PDGS applications are submitted by the participant/representative-employers, they are reviewed against a checklist to confirm that all required information and supporting documentation has been provided, including the participant's Individualized Program Plan (IPP) which must document the specific item/service being requested and that it has been approved by the Interdisciplinary Team (IDT). Items/services which are excluded by the IDDW Policy Manual are not approved and the participant/representative-employer is notified of the decision as well as the participant's Service Coordinator. Requested items/services which do not fall clearly within the policy manual's guidelines will be reviewed with the BMS IDDW Program Manager prior to determining whether the item is approved.

In compliance with the IDDW Policy Manual, PDGS payments are not issued to reimburse for items/services which have already been obtained and not pre-approved by Public Partnerships. PDGS checks are made payable to the vendor of the requested good/service. PDGS checks are never made payable to the participant, legal representative or DCSW. Within 30 days of the issuance of a PDGS check, the participant/representative-employer is required to provide Public Partnerships with an itemized receipt showing that the approved item/service was purchased. If the receipt reflects something other than the approved item/service was purchased or if the participant/representative-employer fails to provide Public Partnerships with the receipt, we will notify the participant/representative-employer in writing that the PDGS funds must be returned to BMS. Failure to do so results in a referral to the Medicaid Fraud and Control Unit.

Public Partnerships has developed a PDGS Monthly Report which will be included with the documents submitted to BMS in preparation for the monthly contract management meeting. The report includes data regarding the number of PDGS requests received, the number approved, the number rejected, and confirmation that receipts have been received for payments issued.

4.25 The Vendor should propose a plan to provide Subagent- F/EA FMS services with regards to claim submission and payments including a description of how these procedures assure payment of claims.

Public Partnerships' BetterOnline™ web portal has automated payroll rules and validations to ensure that Chapter 600 requirements as well as the requirements of the program policy manuals



are met prior to submitting service claims to the State's MMIS system. Our proprietary Medicaid Billing System reconciles claims data with received payments and produces reports that identify any claims which will need to be reviewed and/or reprocessed.

We submit electronic claims on a weekly basis in accordance with the payroll schedules for the Personal Options programs. We do not "span bill"; all claims submitted by Public Partnerships on behalf of the Personal Options participants reflect the actual dates of service.

Public Partnerships regularly reconciles the claims data between our proprietary Medicaid Billing System and the payroll timesheet/invoice data in our payroll system. We use unique identifiers within our systems to track the relationships between participant eligibility data, service authorization data, payroll data and service claims data. This allows Public Partnerships to maintain a historic record of the service claims as well as the related data to support the service claims submitted to the State's MMIS vendor.

These systems ensure that the service claims submitted by Public Partnerships are compliant with the participant's authorized services and the DCSW rates specified in the participants/ approved Spending Plans.

4.26 The Bureau should receive monthly utilization reports inclusive of claims and expenditure information that the contractor submits to compare monthly self-directed service expenditures to the amounts allocated in the member's budget. The Vendor should also make available reports for members and their representatives, as appropriate, that compares monthly self-directed service expenditures to the amounts allocated in the member's budget (for the month and cumulative). RC's are to review this report with members enrolled in self-directed service programs (ADW, IDDW and TBIW programs) and their representative, as appropriate, during their monthly telephone contact and six (6) month home visit.

Public Partnerships' BetterOnline[™] web portal budget tool allows participant/representative-employers the ability to monitor their current and prior months' Spending Plan balances and expenditures. In addition, an easy-to-understand Family Friendly Report (FFR) is available to participant/representative-employers. The FFR provides a monthly statement of the participant's budget including the beginning balance, the cost of each service that has been billed, and the ending balance. The FFR can be viewed in the BetterOnline[™] web portal and upon request can be mailed each month to the participant/representative-employer. An example of the FFR is available in Section 4.111.

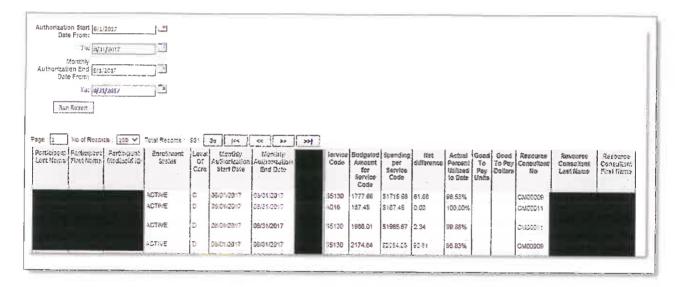
It is our current practice for Resource Consultants to review the participant's budget utilization with the participant/representative-employer during each monthly phone contact and 6-month



home visit. This allows the Resource Consultants to identify trends of under or over utilization, repetitive timesheet or invoice errors, and the need for additional training.

Currently, Public Partnerships provides BMS with a monthly Discovery and Remediation Report which includes a budget utilization summary for each program. Upon award of the contract, we can provide a full detailed monthly Budget Utilization Report which contains the participant's name, Medicaid ID, enrollment status, budget authorization start date and end date, authorized service types, total budget amount, monthly Spending Plan amount, amount of each service expenditure, and remaining balance.

Below is an example of a Monthly Budget Utilization Report.



4.27 The Vendor should assist with the development and approve all self-directing members' spending plans including the purchase of participant-directed goods and services.

During the enrollment visit, Public Partnerships' Resource Consultants provide the participant/representative-employer with an orientation to the Personal Options program and provide practical skills training on employer responsibilities under self-direction. The Resource Consultants also assist the participant/representative-employer in developing an individualized Spending Plan based on their service and budget authorizations.

Public Partnerships has developed program-specific Spending Plan templates that help the participant/representative-employer calculate planned spending including the cost of DCSW regular and overtime wage rates. The Spending Plan contains participant/representative-employer identification information, Resource Consultant name, total budget authorization, spending plan



period, service descriptions, service codes, planned units, DCSW names, wage rates, and applicable taxes. In addition, our Spending Plan template for the Intellectual/Developmental Disabilities Waiver (IDDW) program includes the amount of authorized Participant-Directed Goods and Services (PDGS).

Public Partnerships' Resource Consultants utilize the Spending Plan templates to help the participant/representative-employer make informed decisions about utilizing the services which have been authorized to meet their needs.

After the Spending Plan has been developed, the data is entered into the BetterOnlineTM web portal. This allows timesheets, transportation invoices, and PDGS invoices to be verified against the Spending Plan to ensure that the types and amounts of the services being billed comply with the approved Spending Plan.

As the participant's needs and circumstances change, the Resource Consultants will work with the participant/representative-employer to revise the Spending Plan. This may be necessary several times throughout the participant's budget year and may involve the following:

- Participant receives new service authorizations;
- Participant's existing authorized services are modified or discontinued;
- Participant/representative-employer utilizes PDGS funds;
- Participant/representative-employer hires or terminates DCSW;
- Participant/representative-employer changes an existing DCSW's wage rate;
- Participant/representative-employer chooses to change their budget allocation and/or service mix for a future month.
- 4.28 The Vendor should establish and maintain an accounting and information system for receiving and disbursing Medicaid and other Federal funds and for tracking all transactions and balances.

Public Partnerships has established and maintains a proprietary Medicaid Billing System which along with the BetterOnlineTM web portal effectively and accurately tracks the receipt and disbursement of Medicaid and other Federal funds and tracks all transactions and balances.

The BetterOnlineTM Web Portal serves as a centralized information dock and is an efficient and secure mechanism for Personal Options and Public Partnerships staff, as well as participants, to monitor and track the entry of HCBS expenditures. We store data under each participant's unique pre-assigned ID number. The system automatically calculates and tracks all payments made on behalf of the participant. The remaining fund balance and each expenditure entry are available for viewing. No two participant Spending Plan allocations are intermingled in our system; Medicaid funds in the accounts are appropriately deducted to illustrate expenditures made on behalf of the participant enrolled in the Personal Options programs. We have programed this secure expenditure



entry feature to accommodate varying levels of budget accessibility with role-based hierarchy of access. All individual transactions are recorded in the payroll ledger entry, which provides an audit trail of disbursements. Our Financial Management System can produce detailed reports on payments disbursed at an individual or aggregate level. Public Partnerships reconciles project billings and remittances against payments issued on behalf of the participant. Remittances are entered into Public Partnerships' claims management system to track reimbursement of funds against funds that have been disbursed.

For more information on the BetterOnlineTM Web Portal, please refer to Section 4.153.

- 4.29 The Vendor should propose a system and policies, procedures and internal controls to enroll each member choosing the Personal Options or his/her representative, as appropriate as an employer, including preparing the Employer Enrollment Packet and conducting quality control of the production of the Packet; assisting member- representative-employers in completing the forms included in and providing the information requested in the Packet and collecting and processing the completed forms and information provided. The Vendor's system, policies, procedures, and internal control; should recognize the Vendor's understanding of all required forms by referencing each form within the proposal. The Vendor's proposal should address, but, not be limited to, their understanding of the following processes or procedures:
- 4.29.1 Preparing the Employer Enrollment Packet and having an internal control for monitoring the quality of production. The Packet should include, but not be limited to:
 - **4.29.1.1** Cover Letter.
 - 4.29.1.2 IRS Form SS-4, Application for Employer Identification Number.
 - 4.29.1.3 West Virginia Office of Business Registration Application.
 - 4.29.1.4 IRS Form 2678, Employer Appointment of Agent.
 - 4.29.1.5 West Virginia Forms 2848, Authorization of Power of Attorney.
 - 4.29.1.6 IRS Form 8821, Tax Information Authorization.
 - 4.29.1.7 West Virginia State Tax Department Electronic Funds Transfer Application.
 - 4.29.1.8 West Virginia Subagent Consent Form.
 - 4.29.1.9 West Virginia Forms WV-ARI-001, Authorization to Release Information.
 - 4.29.1.10 Instructions for completion of all forms and provision of requested information.
 - 4.29.1.11 Employer Enrollment Packet Check List.
 - 4.29.1.12 Self-addressed stamped envelope.



Public Partnerships has established policies, procedures, and internal controls for the production, completion, and maintenance of the Participant Enrollment Packet for all Personal Options programs. The current approved Participant Enrollment Packet includes the following documents:

- Cover Letter: This document provides information regarding the Personal Options program, Public Partnerships' role as the Subagent-F/EA FMS and Resource Consultant Vendor, contact information, instructions for completing the Enrollment Packet and a check list of forms to be completed.
- Enrollment Form: This document explains the participant's rights, role, and responsibilities as an employer and confirms his/her voluntary participation in the Personal Options program.
- Appointment of Representative Form: This document must be completed by participants who are required or choose to have a representative assist them with their responsibilities as an employer. In addition to the participant or legal representative's signature, the Appointment of Representative Form must also be signed by the appointed Program Representative to acknowledge his/her acceptance of the role/responsibilities.
- Emergency Back-Up Plan: This document must be completed by all participant/representative-employers to identify the individuals who will be responsible for providing support to the participant in the event that the scheduled DCSW is unable to provide services.
- Enrollment Satisfaction Survey: This survey is provided to all participant/representative-employers at the time of the enrollment meeting along with a prepaid envelope.

• Tax Forms:

- O IRS Form SS-4 (Application for Employer Identification Number) informs the IRS that the participant will act as household employer. Public Partnerships uses this form to obtain the participant's FEIN from the IRS and to establish state employer accounts and designate all tax deposit and filing responsibility to Public Partnerships.
- IRS Form 2678 (Employer Appointment of Agent) notifies the IRS that the
 participant/employer authorizes Public Partnerships as the subagent of WV
 DHHR Bureau for Medical Services to withhold taxes from DCSWs'
 paychecks and deposit those taxes with the IRS.
- WV Forms 2848 (Authorization of Power of Attorney) informs the West Virginia State Tax Department that the participant/employer authorizes Public Partnership's CPA to receive and sign the tax forms listed relative to SIT and SUI.
- WV Subagent Consent Form confirms the participant/employer's understanding that the West Virginia Bureau for Medical Services has contracted with Public Partnerships as its subagent to perform FEA tasks on



- behalf of the Bureau and participant/employer in accordance with Section 3504 of the IRS code, Revenue Procedure 80-4 and Notice 2003-70.
- WV UI POA authorizes Public Partnerships to act as agent for all unemployment compensation matters.

As approved in the memo signed by BMS on 1/23/2017, the following tax documents are currently not included in the Personal Options Participant Enrollment Packet. Should Public Partnerships be awarded the contract, we propose that these documents be reviewed with BMS to determine whether they will be required.

- West Virginia Office of Business Registration Application registers the participant/employer with the West Virginia State Tax Department.
- IRS Form 2848 (Power of Attorney and Declaration of Representative) notifies
 the IRS that the participant/employer authorizes Public Partnerships' CPA to
 receive and sign the specified tax forms.
- O IRS Form 8821 (Tax Information Authorization) authorizes specific Public Partnerships and WV DHHS staff as appointees to contact the IRS on the participant/employer's behalf and to inspect and/or receive confidential tax information in any office of the IRS for the tax matters regarding income tax withholding and employment taxes.
- West Virginia State Tax Department Electronic Funds Transfer Application allows Public Partnerships as the participant/employer's agent to initiate Automated Clearing House credit transactions that meet West Virginia State Tax Department requirements for withholding State income tax and worker's compensation severance taxes.
- O WV Forms WV-ARI-001 (Authorization to Release Information) authorizes the West Virginia State Tax Department to release information to Public Partnerships regarding the participant/employer's withholding tax and unemployment tax for SIT and SUI.

Prior to the face-to-face enrollment meeting, Public Partnerships' Resource Consultants will determine whether the participant chooses to complete the enrollment documents through our Online Enrollment System or using the traditional paper Participant Enrollment Packet. If the paper packet is chosen, the Resource Consultant prepares for the meeting by pre-populating the forms with the participant/employer's information including the participant's name, Social Security Number, date of birth, and physical address. The pre-population of the tax packet helps to prevent omissions and mistakes and allows the Resource Consultant to focus on educating the participant/representative-employer regarding the purpose of each form.

Following the enrollment meeting, the Resource Consultant verifies each form in the packet has been accurately completed and signed prior to submitting to Public Partnerships' Financial Operations Center (FOC) for processing. Our Enrollment and Registration teams within FOC are



well trained to follow the established Policies and Procedures (P&P) for processing each document in the Participant enrollment packet. These P&P are the standard for quality controls and are used to evaluate the effectiveness of FOC's systems and the staff performance.

All documents in the Participant enrollment packet are stored electronically our BetterOnlineTM web portal.

4.30 The Vendor should assist member/representative-employers with completing and submitting the required information and forms included in the Employer Packet as needed.

Upon the participant's referral to the Personal Options program, a Resource Consultant is assigned and contacts the participant or legal representative to schedule the enrollment meeting during which the Participant enrollment packet will be completed. Prior to the meeting, the Resource Consultant reviews the referral information, assessments and other available documentation to gain an understanding of the participant's needs. Appropriate measures are taken to accommodate participants who have visual, hearing or speech impairments, are unable to read or write, or have other special needs.

The face-to-face enrollment meeting is held within 14 days of receipt of the referral and at a time that is convenient for the participant, legal representative, Program Representative (when required) and DCSWs (when available). From experience, we know that the time spent educating the participant/representative-employer and DCSWs during the enrollment meeting is extremely important. The Resource Consultant allows ample time to ensure the orientation and skills training are conducted at a pace that matches the participant/representative-employer's needs.

An Enrollment Binder containing program information, training materials and all enrollment forms is prepared in advance of the meeting. The cover of the Enrollment Binder includes useful information including the Resource Consultant's name and contact information, instructions for submitting timesheets and invoices, and Public Partnerships' customer service telephone number. Public Partnerships encourages the use of our Online Enrollment system but if the participant chooses to complete a traditional paper Participant enrollment packet, the Resource Consultant pre-populates the forms in the Participant enrollment packet with the participant's information and adds the printed documents to the Enrollment Binder.

During the enrollment meeting, the Resource Consultant first provides an overview of the materials in the Enrollment Binder. Using these materials for reference, the Resource Consultant then provides the participant/representative-employer with an orientation to the Personal Options program and skills training regarding the role of the employer. Regardless of whether the Participant enrollment packet is completed electronically through the Online Enrollment system or completed with the traditional paper forms, the Resource Consultant provides the



participant/representative-employer with an explanation of each form and assists as needed to ensure the forms are accurately completed and signed.

Development of the participant's Spending Plan is a key component of the enrollment meeting. The Resource Consultant provides the participant/representative-employer with the amount of the self-directed budget and explains how the amount was determined. For IDDW and TBIW participants the self-directed budget is based upon the units of authorized services whereas the ADW participants' budgets are based upon the assigned Level of Care. Using our program-specific Spending Plan templates, the Resource Consultant assists the participant/representative-employer to develop a person-centered Spending Plan that meets the participant's needs. The Spending Plan template allows the Resource Consultant to show the participant/representative-employer how the DCSW's wage rate, FICA exemption (when applicable) and potential overtime rates directly impact the amounts of services that can be provided. Program restrictions regarding the participant/representative-employer's budget and employer authority are also addressed to ensure the final Spending Plan meets the participant's needs and also complies with program and policy requirements.

If the Participant enrollment packet is completed using our Online Enrollment system, the documents are electronically submitted during the enrollment meeting. Paper packets are validated by the Resource Consultant following the enrollment meeting and then submitted for processing. Regardless of the method used, Public Partnerships Financial Operations Center receives the enrollment documents, performs additional validation to ensure each form has been accurately completed and signed before entering the data in our BetterOnlineTM web portal and filing the documents as required with Federal, State and local agencies.

4.31 The Vendor should collect and process information from the Employer Packet and file completed forms with the appropriate Federal and State agencies within two (2) business days of receipt of information.

Public Partnerships provides a comprehensive, user-friendly Participant enrollment packet that includes all the necessary information and forms to establish participants as employers. As an alternative to the paper enrollment documents that Resource Consultants provide during the enrollment meeting, we are pleased to offer our new Online Enrollment system. With hands-on assistance from the Resource Consultant, the participant or legal representative can complete all employer paperwork electronically. Similarly, the DCSW enrollment packet can also be completed electronically. Paper enrollment packets will remain available for participants and DCSWs who do not have internet access or prefer the traditional method of enrollment.

Electronic enrollment documents virtually eliminate the risk of omissions and errors that can occur with paper forms. Also, the instantaneous electronic routing of the enrollment documents significantly reduces the time it takes to complete the enrollment process because faxing, triaging and verification of the enrollment documents are eliminated. This technology makes it possible



for Public Partnerships file the appropriate documents within two (2) business days of receipt. Another benefit of the electronic enrollment process is that makes it possible for participants to have even faster access to services.

Online enrollment is a great choice!

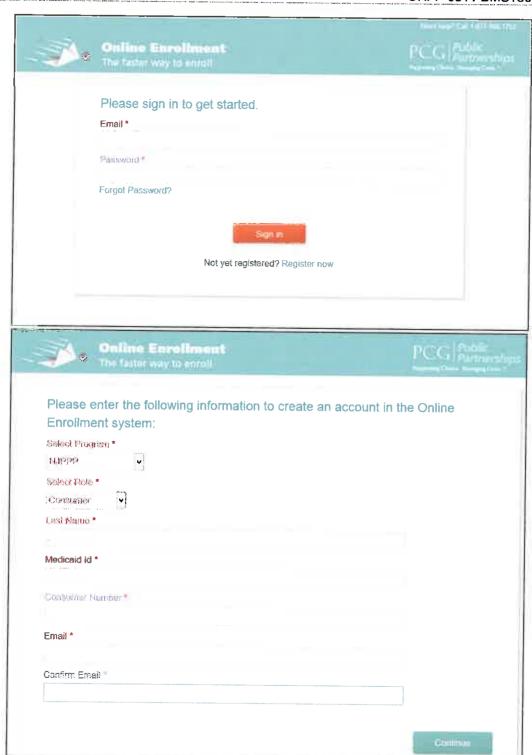
- Instantaneous routing of enrollment documents speeds completion time
- Ability to utilize e-signatures and perform instantaneous electronic submission
- Significantly reduces omissions and errors
- Easy to use with guided assistance
- Safe and secure!

As outlined in the system details below, Online Enrollment guides participant/representativeemployers step-by-step through the process of completing enrollment paperwork and provides them with line of sight into the status of the enrollment process. The Resource Consultant will be present to provide information and assistance throughout the enrollment meeting.

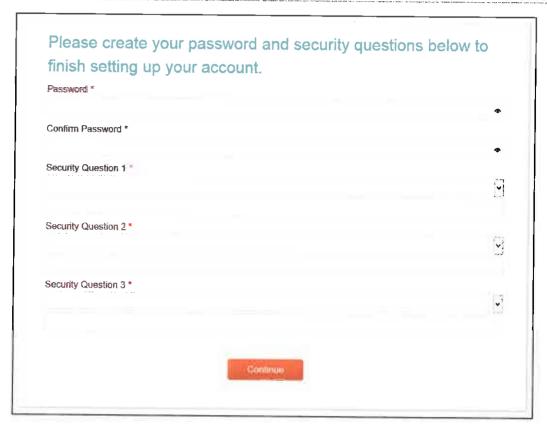
The following is a preview of our Online Enrollment system. These screen shots are from another Public Partnerships program but prior to deploying it in West Virginia, the system will be configured to adhere to all program requirements and terminology.

When the user goes to the Online Enrollment login page, they can sign in, or click the **Register Now** link which will guide them in setting up their account and establishing their role, program, password and security questions.

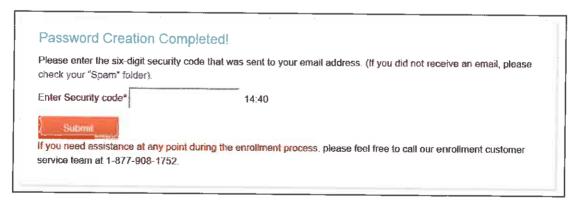








Once the security Q&A have been established, Public Partnerships sends an e-mail with a verification code to the participant/representative-employer. The participant/ representative-employer needs to check his/her e-mail and enter the code.



After entering the Security code provided in the e-mail, the participant/representative-employer clicks **Submit**. The account is now activated.



Account activated!

You have successfully activated your account please click here to login

After this secure account registration, participant/representative-employers can complete all their enrollment documents electronically. This includes the IRS 2678, SS-4, and WV 2848 forms which require a "wet ink" signature. We have incorporated a download and upload functionality into our Online Enrollment system so documents that require "wet ink" signatures or signatures of third parties can be included. This capability also enables supporting documentation such as legal guardianship papers to be submitted through the Online Enrollment system.

After the online Participant Enrollment Packet has been submitted, the participant/representativeemployer can click **Start Hire** on the "Care Worker Enrollment" home screen to start the DCSW enrollment process.



Information regarding Online Enrollment for DCSWs is provided in Section 4.37

4.32 The Vendor should maintain copies of documentation in the applicable employer's file.

Public Partnerships electronically maintains all documents from Participant Enrollment Packets and other related documents through our Document Management system in the BetterOnlineTM web portal. Our Document Management system allows us to store all documents for the required



time period on a secure, limited-access server. Electronic documents received via our secure fax line (Efax) can be instantly moved to the secure server location. Similarly, documents received via the United States mail can be scanned directly to the designated server. The server location is mapped to the BetterOnlineTM web portal so that documents are readily viewable to authorized web portal users. The benefits of this system are accessibility, security, and efficiency.

Accessibility: The Participant enrollment packet documents are stored under each participant's unique ID number allowing accessibility to Public Partnerships staff to quickly process documents as they are received. Processed documents remain stored in the BetterOnlineTM web portal and are accessible 24/7 to authorized users.

Security: Public Partnership's Document Management system allows for continuous back-up of the server data and documents protecting us against loss of information. Additionally, information is available to only individuals who have permission rights to view the information. Permission entry is limited to authorized individuals and provides for greater security than storage of documents in a locked filing cabinet.

Efficiency: This system also provides efficiency by allowing central storage of documents which can be quickly accessed by all authorized individuals regardless of their physical location. Resource Consultants and other Public Partnerships staff can also "drag and drop" a document into an electronic folder, which is less time-consuming than paper filing and frees up time to focus on the needs of the participants and their DCSWs.

Public Partnerships record retention system is not limited to only the forms in the Participant Enrollment Packet. We also maintain copies of participants' guardianship documents, monthly contact documentations, etc. Our Program Supervisors conduct quarterly file audits to confirm filing requirements are met by the Resource Consultants.

4.33 The Vendor should notify the member/representative-employer regarding missing or incorrect information submitted from the Employer Packet and obtain it within thirty (30) calendar days.

We encourage participant/representative-employers to complete the Participant Enrollment Packet forms through our Online Enrollment system because it virtually eliminates errors and allows for faster processing. If it is determined that a paper enrollment packet contains an error or a form is missing, it is identified when our Financial Operations Center (FOC) validates the documents for processing. The FOC team informs the Resource Consultant of the issue within 3 business days of receipt of the Participant Enrollment Packet via a Support Ticket notification in the BetterOnlineTM web portal. The Resource Consultant is required to follow-up with the participant/representative-employer by the next business day. These established processes and timeframes allow us to obtain a corrected or missing enrollment packet form in well under thirty (30) business days unless the participant/representative-employer cannot be reached or fails to



respond to the Resource Consultant in a timely manner. When this occurs, the Resource Consultant sends a letter to notify the participant/representative-employer of the need to resolve the issue. These occurrences are considered outliers and are documented by the Resource Consultant.

4.34 The Vendor should file an IRS Form SS-4, Application for Federal Employer Identification Number and obtain a FEIN for each member/representative-employer per IRS procedures. The Vendor should maintain a copy of the Form and the member/representative-employer's FEIN in his/her file.

The IRS Form SS-4 is included in the Participant enrollment tax packet and is completed by the participant or his/her legal guardian during the enrollment meeting. Following the enrollment meeting, the Form SS-4 is submitted to our Financial Operations Center (FOC) to be processed. The FOC team has internal controls to monitor the employer tax registration process, including obtaining the Federal Employer Identification Number (FEIN) for the participant/employer. A quarterly management audit is also performed to confirm policies and procedures for obtaining the FEIN are being followed. All Participant enrollment packet documentation, including the IRS Form SS-4 is stored electronically in the BetterOnlineTM web portal. Public Partnerships maintains stringent internal controls to monitor the establishment and maintenance of current and archived participant and DCSW documentation.

4.35 The Vendor should file the WV/BUS-APP, Business Registration, obtain employer account numbers for state income tax withholding and state unemployment insurance purposes and maintain copies of the Form and the account numbers in the member/representative-employer's file.

Public Partnerships has an established enrollment process which includes obtaining on behalf of the participant/employer the employer account numbers for West Virginia state income tax and state unemployment insurance withholding and reporting. We have internal controls to monitor the State employer registration process for state income tax and unemployment tax, and for the maintenance of relevant documentation.

Each step of the participant/representative-employer enrollment process, including obtaining state employer account numbers, is tracked in our BetterOnlineTM web portal and information systems. This includes obtaining state employer numbers; initial receipt of executed state employer forms; quality check of executed state employer forms; completion of state employer forms with newly obtain FEIN; submission of state employer forms to state registration agency; and receipt of state employer account numbers. All documentation is electronically stored in the BetterOnlineTM web portal.

As stated in Section 4.29.1, in agreement with the Bureau for Medical Services, the use of the WV Office of Business Registration Application was discontinued in January 2017. Should Public



Partnerships be awarded this contract, we will review this document with BMS to determine whether it will be required.

4.36 The Vendor should file with the municipality to register the member/representative as an employer, obtain the employer account number and maintain copies of documentation and the employer account number in the member/representative-employer's file.

Public Partnerships has done extensive research on West Virginia's municipality user fees. As of October 2017, there are eight (8) municipalities that require a weekly user fee for individuals that work within the city limits of Charleston, Fairmont, Huntington, Madison, Morgantown, Parkersburg, Romney, and Weirton. Public Partnerships has a dedicated Tax Team that stays current and is notified if the amount of the user fee changes or if additional municipalities enact a user fee. When user fees are enacted or new participant/representative-employers are enrolled in Personal Options, Public Partnerships will continue to file with the applicable municipalities.

We have developed forms and processes to identify the DCSWs who are required to have the weekly municipal fee withheld from their payments. Each participant/employer must complete a form, included in the Enrollment Packet, that identifies whether the participant lives within the city limits of one of the eight (8) municipalities. If the participant/employer lives in the city limits, Public Partnerships will register the participant/employer with the municipality. All forms related municipality service fees will be electronically stored in the BetterOnlineTM web portal.

4.37 The Vendor should have a system in place and policies, procedures and internal controls for processing DCSWs' human resource documentation and participant-directed goods and services providers' and vendors' information and input it into the Vendor's payroll and billing invoice payment system. Tasks/requirements of the Vendor include the following:

Public Partnerships has developed program-specific Personal Options DCSW enrollment packets and an IDDW Participant-Directed Goods and Services (PDGS) packet. These packets contain all required forms as well as instructions for completing the forms. DCSW enrollment packets and PDGS Packets (currently IDDW only) are included in the Enrollment Binder provided to each participant at the time of the enrollment meeting. Additional packets can be requested from the Resource Consultant and Customer Service. All forms contained in the DCSW enrollment packet and Participant-Directed Goods and Services (PDGS) Packet are available through Public Partnerships' website: www.publicpartnerships.com

As described in Section 4.31, Public Partnerships now offers an Online Enrollment system which allows Participant and DCSW enrollment packets to be completed electronically. For the many reasons outlined in Section 4.31, this method is the best practice but paper packets will still be available to participant/representative-employers and their DCSWs who do not have access to the

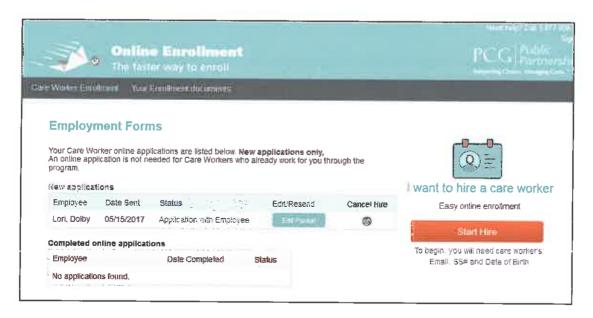


internet or choose to use the traditional method for completing enrollment documents. Resource Consultants will also be on hand to assist DCSWs with the completion of forms and to answer any questions that they may have.

We are aware that many of the forms required by the IRS are complicated and can be confusing so we prepopulate each form in the DCSW enrollment packet and PDGS Packet with the participant/representative-employer's and DCSW's demographic information. This allows the Resource Consultant to spend sufficient time explaining each form prior to signing and dating. We have found that this approach can greatly improve the participant/representative-employer's and DCSW's experience with the enrollment process.

Detailed Policies and Procedures (P&P) have been developed and are currently used to verify that all DCSW enrollment packet forms are accurately completed and appropriately signed/dated by the DCSW and participant/representative-employer. The P&P also identify the internal processing procedures used by Public Partnerships' Financial Operations Center (FOC) which is responsible for processing and maintaining the DCSW enrollment packet and PDGS Packet forms. These P&P are the standard for quality controls and are also used to train and evaluate the performance of FOC staff.

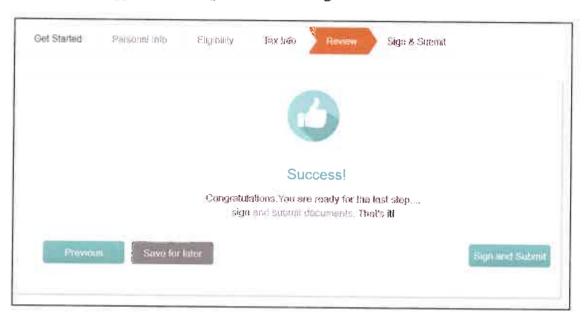
One of the unique characteristics of the Public Partnerships Online Enrollment system is that it provides a self-service capability to active participant/representative-employers who want to hire a new DCSW. No mailing of DCSW enrollment packets or other interventions by Public Partnerships are required once the participant/representative-employer has securely established an Online Enrollment user account.



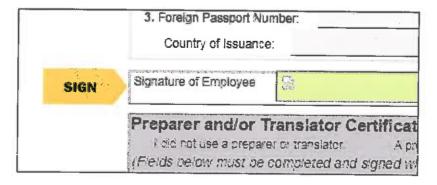


With the Online Enrollment system, potential DCSWs will receive an e-mail with a link that they can click to start the process of setting up their own Online Enrollment user account, password and security questions.

Our system will guide the DCSW through the submission of his/her personal information, attestations and tax information. This includes all the same information that would be entered in the paper DCSW enrollment packet. Online instructions are provided and the Resource Consultant is also available to assist the DCSW. Once the DCSW has completed each of the steps, he or she signs and submits the application using the electronic signature feature.



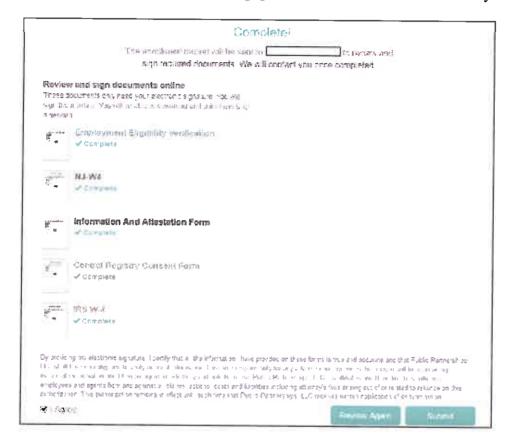
We make it easy for the DCSWs to find where they need to sign. After creating an e-signature (which only needs to be done once), the user clicks in the green spaces to sign the forms.



After the DCSW completes the online DCSW enrollment packet, he/she submits it to the participant/representative-employer to review and counter-sign the required documents. This is



completed through secure e-mail exchange, and therefore can be completed almost instantaneously. No coordination to send paperwork back and forth is necessary.



The Online Enrollment process is completed for the DCSW once the participant/representative-employer reviews, signs, and submits the DCSW enrollment packet to Public Partnerships. Before final submission, the participant/ representative-employer can reject the forms back to the DCSW to correct electronically in the system. This process, if needed, is seamless and efficient.

4.37.1 The Vendor should prepare the DSCW Employment and Participant-directed Goods and Services Provider and Vendor Engagement Packets; that includes, but is not limited to:

4.37.1.1 Cover letter

An instructional cover letter is included in each Personal Options DCSW enrollment packet and Participant-Directed Goods and Services Packet. A check list is also provided so that the DCSW or participant/program representative can verify that all required forms have been completed prior to submitting the packet to the Resource Consultant.



4.37.1.2 Instructions for completing forms and providing information requested.

In addition to providing instructions for the completion of forms in the DCSW enrollment packet and Participant-Directed Goods and Services Packet, the Resource Consultant is available to assist the DCSW or participant/representative and answer their questions. This helps to ensure that the required forms are completed accurately and there will be no delays in processing.

4.37.1.3 DCSW Data Form to collect personal and emergency contact information.

The DCSW enrollment packet includes an Employee Data Form which captures the employee's personal (demographic) information. This information is used to create the Employee Profile in the BetterOnlineTM web portal. Employees are informed of the importance of notifying Public Partnerships whenever there is a change in this information such as change of an emergency contact person, address or phone number.

4.37.1.4 IRS Form W-4, Withholding Allowance Certificate and instructions.

Each DCSW enrollment packet includes the IRS Form W-4 and instructions. Public Partnerships Resource Consultants are not allowed to provide tax advice but do refer DCSWs to tax resources when requested.

4.37.1.5 West Virginia Form IT-104, West Virginia Employee Withholding Exemption Certificate.

A West Virginia Form IT-104 and instructions are included in each DCSW enrollment packet. DCSWs who do not live in West Virginia are required to complete the West Virginia Certificate of Non-residence.

4.37.1.6 USCIS Form I-9, Employment Eligibility Verification Form and instructions.

The USCIS Form I-9 and instructions are provided in the DCSW enrollment packet. The participant/representative-employer is solely responsible for proper execution of USCIS Form I-9, as defined in Instructions for Form I-9, Employment Eligibility Verification Department of Homeland Security.

4.37.1.7 Medicaid Provider Agreement.

Each DCSW enrollment packet includes a Medicaid Qualified Support Worker Agreement which outlines the terms and conditions of providing services for a Personal Options participant. These



include the DCSW's responsibilities to adhere to the policies and procedures of the West Virginia Intellectual/Developmental Disabilities Waiver and Personal Options program.

4.37.1.8 West Virginia Employment Agreement.

A program-specific Personal Options Employee Agreement is included in the DCSW enrollment packet. It is the form used to document the services that the DCSW will provide to the participant and also identifies the DCSW's rate of pay for each service. The roles and responsibilities of the DCSW and participant/representative-employer are outlined on the Employee Agreement. This document is a useful reference when the participant/representative-employer needs to address a DCSW's work performance issue.

4.37.1.9 West Virginia DHHR Protective Service Check Form.

Each DCSW enrollment packet includes the West Virginia DHHR Protective Services Check Form. Under the current waiver program policy manuals, it is not mandatory for each DCSW to be screened through the DHHR Protective Services registry, therefore it is the participant/representative-employer's option to have their DCSWs complete the form and be screened.

4.37.1.10 Application for pre-employment Criminal Background Check.

Public Partnerships has an established process to ensure the pre-employment Criminal Background Check (CBC) is completed through WV CARES for each DCSW. The WV CARES Self-Disclosure Application and Consent Form is included in the DCSW enrollment packet and is also provided to the participant/representative-employer at the time Public Partnerships receives the referral. This gives the participant/representative-employer the opportunity to have the DCSW initiate the CBC process before the enrollment meeting is held and decreases the amount of time the participant must to wait to begin receiving services.

4.37.1.11 Permission form for pre-employment criminal background check.

Please refer to 4.37.1.10 above.

4.37.1.12 Employee Training Verification Form.

Each DCSW enrollment packet contains a program-specific Employee Training Verification Form. This form must be completed and signed by the DCSW and participant/representative-employer upon hire and annually thereafter to document that the DCSW has met all training requirements. In addition to the Employee Training Verification Form, Public Partnerships requires all DCSWs to provide proof of current CPR and First Aid certification obtained through a vendor approved by the Bureau for Medical Services.



4.37.1.13 Confidentiality Agreement acknowledging that the DCSW agrees to respect the privacy and confidentiality of members protected health information.

A Confidentiality Agreement is included in each DCSW enrollment packet. By signing the agreement, the DCSW acknowledges that he/she may not discuss the participant's name or otherwise disclose information pertaining to the participant except under the terms specified in the agreement.

4.37.1.14 DCSW time sheet and instructions.

We encourage DCSWs and participant/representative-employers to submit electronic timesheets and invoices through the BetterOnlineTM web portal and Time4CareTM mobile device application. Web portal user guides and Time4CareTM instructions are provided to participants/representative-employers and their DCSWs during the enrollment meeting and Resource Consultants assist as needed with the creation of user accounts. The user guides are also available through the Public Partnerships' website: www.publicpartnerships.com

A program specific Personal Options Timesheet and instructions are also included in the DCSW enrollment packet. The Resource Consultant reviews the documents during the enrollment meeting to ensure the DCSW and participant/representative-employer understand how to complete and submit timesheets.

4.37.1.15 DCSW timesheet due date and payday schedule.

A detailed program-specific Personal Options Payroll Schedule is included in the DCSW enrollment packet. During the enrollment meeting, the Resource Consultant reviews the payroll schedule and timesheet instructions in detail with participant/representative-employers to ensure they understand their responsibilities and the timeframes associated with approving their DCSWs' timesheets. At this point in the enrollment meeting the Resource Consultant also reviews the instructions and invoice form used for billing for Transportation services. An electronic version of the transportation invoice is available through the BetterOnlineTM web portal.

4.37.1.16 Participant-directed Goods and Services Disallow List.

The Participant-Directed Goods and Services (PDGS) Packet contains a Goods and Services Instructions document that includes a full listing of the disallowed items cited in the IDDW policy manual. The instructions also address the steps required to access PDGS including the responsibilities of the participant's Service Coordinator to obtain an authorization through the Utilization Management Contractor (UMC).



4.37.1.17 Application for Approval of Participant-directed Goods and Services if applicable).

The Participant-Directed Goods and Services (PDGS) Packet contains the Application for Participant-Directed Goods and Services. This document must be completed and signed by the participant/representative-employer along with supporting documentation that includes but is not limited to the estimate from the PDGS vendor.

4.37.1.18 Provider Service Agreement.

Depending upon the type of PDGS requested by the participant/representative-employer, a Provider Service Agreement may be required to be included with the supporting documentation submitted with the Application for Participant-Directed Goods and Services.

4.37.1.19 IRS Form W-9, Request for Taxpayer ID Number and Certification.

An IRS Form W-9 is included in the Participant-Directed Goods and Services (PDGS) Packet. Public Partnerships will not issue a PDGS payment unless we have the vendor's tax information in our system.

4.37.1.20 Participant-directed goods and services provider and vendor engagement information form (if applicable).

This form is not currently required for IDDW PDGS applications. If awarded this contract, Public Partnerships will consult with BMS to determine if this form and those referenced below in Sections 4.37.1.21 and 4.37.1.22 will be added to the IDDW PDGS packet or required for TMHWV participants.

4.37.1.21 Participant-directed goods and services invoice format for submission of provider and vendor payment requests and instructions for submitting invoices for payment (if applicable).

This form is not currently required for IDDW PDGS applications.

4.37.1.22 Participant-directed goods and services provider and vendor invoice due date and payment schedule (if applicable).

This form is not currently required for IDDW PDGS applications.

4.37.1.23 Form to collect information for West Virginia New Hire Reporting Form requirement.



The DCSW enrollment packet includes the Personal Options Employee Data Form which captures the DCSW's name, address, social security number and date of hire. Public Partnerships uses this information to register new hires and returning workers in the West Virginia New Hires Reporting Center as required.

4.37.1.24 Form to collect required information to determine if:

4.37.1.24.1 A family employee meets one of the criteria to be FICA and/or FUTA/SUTA exempt per Section 3 of IRS Publication 15.

Included in the DCSW enrollment packet is the easy-to-understand Personal Options Tax Exemption Form which allows DCSWs to identify if they qualify for the Family Employee exemption addressed in IRS Publication 13, section 3. For example, it is common for self-directing IDDW participants to employ a parent. When this Employer/Employee relationship is identified on the Personal Options Tax Exemption Form, Public Partnerships does not withhold FICA/SUTA from the DCSW's payments.

4.37.1.24.2 Qualifies for difficulty of care payments (i.e., exempt from Federal income tax withholding and possibly state income tax withholding).

In 2016, Public Partnerships implemented the Employee Application for Difficulty of Care Federal Income Tax Exclusion Form. This form and the accompanying instructions are included in the DCSW enrollment packet. For DCSWs who indicate that they meet the qualifications for the Difficulty of Care Exclusion, Public Partnerships does not withhold Federal Income Tax from their payments and reports the payments in accordance with the IRS guidelines.

4.37.1.24.3 Qualifies as a foster care or shared living provider (i.e., exempt from Federal income tax withholding and possibly state income tax withholding).

Public Partnerships is very familiar with the requirements in IRS Notice 2014-7 regarding the treatment of certain payments to workers through a state Medicaid Home and Community-Based Services Waiver program. We have developed the Employee Application for Difficulty of Care Federal Income Tax Exclusion Form and implemented systems which allow us to efficiently identify DCSWs who qualify as foster care or shared living providers and process their Federal and State income tax withholdings as required. Based upon guidance provided by the West Virginia State Tax Department, Public Partnerships does withhold state income tax from payments made to DCSWs who qualify for the Difficulty of Care Exclusion.

4.37.1.24.4 Application for direct deposit (optional).



A Direct Deposit Application and instructions are included in the DCSW enrollment packet and Public Partnerships encourages all DCSWs to sign up. Currently, 86% of DCSWs receive their payments through direct deposit.

4.37.1.24.5 DCSW Employment and Participant-directed Goods and Services Provider and Vendor Engagement Packet Check List.

The Personal Options DCSW enrollment packet contains the forms that must be completed by DCSWs as well as instructions for completing the forms. The Participant-Directed Goods and Services Packet contains detailed instructions and all forms that the participant/representative-employer must submit when requesting PDGS. Both the DCSW enrollment packet and PDGS packet contain a check list to verify that all required forms have been completed.

4.38 The Vendor should assist member/representative-employers with completing and submitting the required information and forms included in the DCSW Employment and Participant-directed Goods and Services Provider and Vendor Enrollment Packet, as needed.

The DCSWs are requested to attend the participant's enrollment meeting. This allows the Resource Consultant to provide the DCSWs the same information provided to the participant/representative-employer regarding the Personal Options program, Public Partnerships' role, and program policies and procedures including those that pertain to timesheet and invoice submission, approval and payment.

During the enrollment meeting, the Resource Consultant reviews the DCSW enrollment packet and explains each of the forms the DCSW is required to complete and sign. Detailed instructions for each form and a checklist are included in the DCSW enrollment packet.

When the DCSW does not attend the enrollment meeting with the participant, we encourage participant/representative-employers and their DCSWs to use our Online Enrollment system for DCSW enrollment packets because it virtually eliminates omissions and errors and allows for faster processing. Regardless of whether the DCSW enrollment packet is completed electronically through the Online Enrollment system or using the traditional paper method, the Resource Consultant is available to assist the participant/representative-employer and DCSW.

Upon receipt of the DCSW enrollment packet, our Financial Operations Center (FOC) validates each form prior to processing. The Resource Consultant is informed of any issues through an Support Ticket in the BetterOnline™ web portal and promptly follows up with the participant/representative-employer and/or DCSW to resolve the issue. We understand the importance of obtaining and efficiently processing the DCSW enrollment packet so that the DCSW can begin providing services to the participant as soon as possible.



A Participant-Directed Goods and Services (PDGS) Packet is included in every IDDW participant's Enrollment Binder. The packet contains detailed information and instructions, a checklist and all forms required to apply for PDGS. During the enrollment meeting the Resource Consultant educates the participant/representative-employer on the contents of the PDGS packet, the process for submitting the packet and the timelines for approval and issuance of payments. The Resource Consultant is available to assist the participant/representative-employer with the completion of the forms and obtaining required documents including the estimate or quote for the item or service being requested, the IRS Form W-9, the participant's Individual Program Plan (IPP) indicating the Interdisciplinary Team (IDT) has approved the requested item or service and the IDDW-08 Form.

Upon receipt of the PDGS packet, it is validated by the Resource Consultant to confirm that all required documents are present and have been accurately completed. If issues are identified, the Resource Consultant follows up with the participant/representative-employer within one (1) business day and assists the participant/representative-employer as needed until the PDGS packet is complete.

Please refer to Sections 4.10 and 4.37 for details regarding the approval and processing of PDGS Packets and issuance of payments.

4.39 The Vendor should collect and process information from the DCSW Employment and Participant-directed Goods and Services Provider and Vendor Engagement Packets and file completed forms with the appropriate Federal and State agencies within five (5) business days of receipt of information.

Public Partnerships processes Direct Care Service Worker (DCSW) Packets and Participant-Directed Goods and Services (PDGS) Packets within 5 business days. Our process includes two (2) quality checks to ensure forms have been accurately completed and signed as required.

DCSW Enrollment Packets:

Newly referred participants are encouraged to have their DCSWs attend the enrollment meeting. This allows the Resource Consultant to provide consistent information to the participant/representative-employer and DCSW regarding the Personal Options program including the payroll schedule and timesheet processing rules. The DCSW Enrollment Packet may be completed electronically through the Online Enrollment System or using the traditional paper enrollment packet. Regardless of the method used, the Resource Consultant explains the forms and assists the DCSW as needed. At the conclusion of the enrollment meeting, the Resource Consultant uses a checklist to confirm all required forms have been accurately completed before submitting them to Public Partnerships' Financial Operations Center (FOC) to be processed. (Quality check #1)



When the DCSW is not present at the participant enrollment meeting or when an existing participant hires a new DCSW, the Resource Consultant encourages the use of the Online Enrollment System. If this is not possible, a paper DCSW Enrollment Packet is completed and the is sent by the participant/representative-employer to the Resource Consultant who reviews them for completeness and accuracy. The Resource Consultant works with the DCSW to correct any errors prior to submitting the forms to the Financial Operations Center for processing. (Quality check #1) The Resource Consultant is required to submit the Packet to FOC within 1 business day of receiving it.

Upon receiving the completed DCSW Packet, our FOC staff review the forms for accuracy before inputting the DCSW's information into the BetterOnline™ web portal. (Quality check #2) Data from each of the forms (worker's demographic data, federal, state and municipal tax withholding data, FLSA overtime pay and Difficulty of Care eligibility, training qualifications, etc.) are stored in the web portal and used to accurately pay the DCSW's timesheets and invoices and appropriately withhold and report taxes.

Each form from the original DCSW Packet and any updated forms subsequently submitted by the worker are stored electronically in the BetterOnlineTM web portal. Federal, state and municipal tax forms are not required to be sent or filed in the agencies' systems. The WV New Hire Directory requires Public Partnerships to file new and returning DCSWs in their system within 14 days of hire.

PDGS Packets:

The Participant-Directed Goods and Services (PDGS) Packet is provided to the participant at the time of the enrollment meeting. The participant/representative-employer is responsible for submitting the completed PDGS packet to the Resource Consultant once the Interdisciplinary Team (IDT) has approved the item/service that will be requested and it has been documented in the participant's Individual Program Plan (IPP). Upon receipt of the PDGS Packet, the Resource Consultant reviews it for accuracy and completeness and when necessary, follows up with the participant/representative-employer or the Service Coordinator to correct or obtain documents. (Quality check #1). The Resource Consultant is required to submit the complete PDGS packet for processing within 1 business day of receipt. Prior to issuing PDGS payments, Public Partnerships support staff review the packet to determine that the requested item/service meets the requirements of the IDDW Policy Manual. (Quality check #2). For more details on the PDGS payment process, please refer to Section 4.24.

4.40 The Vendor should maintain copies of documentation in the applicable DCSWs' and participant-directed goods and services provider and vendors' files.

DCSW enrollment packets and related DCSW documentation including the Criminal Background Check Fitness Determinations, CPR and First Aid certifications, and annual training documents



are electronically uploaded and stored in the BetterOnlineTM web portal. The Document Management function in the BetterOnlineTM web portal allows registered users to easily access all documents at any time.

Participant-Directed Goods and Services Packets and related documentation including the IRS Form W-9, the participant's Individual Program Plan (IPP) indicating the Interdisciplinary Team (IDT) has approved the requested item or service, and the IDDW-08 Form are stored in the same manner described above for DCSW enrollment packets.

4.41 The Vendor should notify the member/representative-employer regarding missing or incorrect information submitted from the DCSW Employment and Participant-directed Goods and Services Provider and Vendor Engagement Packet and obtain it within thirty (30) calendar days of completion or submission.

Public Partnerships has created program specific Policy and Procedure (P&P) documents for processing Personal Options DCSW and Participant-Directed Goods and Services (PDGS) Packets. These P&Ps include step-by-step instructions for processing packets including the handling of missing, incomplete or inaccurate documents.

We understand the importance of participants being able to access services as soon as possible. This is why our Resource Consultants encourage the use of the Online Enrollment System for completion of DCSW Enrollment Packets. Completing the packet electronically virtually eliminates errors and saves time because the packet is electronically submitted to our Financial Operations Center (FOC). When this is not possible, the Resource Consultant receives the paper DCSW and PDGS packets and verify the documents for accuracy and completeness prior to submitting to the FOC via eFax for processing. Resource Consultants are required to verify packets within one (1) business day of receipt and to promptly follow up with the participant/representative-employer and/or DCSW to resolve any identified issues. After the Resource Consultants submit the packets to FOC, a second quality check of each document is completed before inputting all required data into the BetterOnlineTM web portal. FOC processes all documents received through the eFax within three (3) business days.

These well-established processes and timelines allow us to obtain missing or corrected documents in less than the thirty (30) days specified in this requirement unless the participant/representative-employer or DCSW fails to cooperate with our request. After the Resource Consultant has made three (3) attempts to obtain the document(s), a written notification will be mailed to the participant/representative-employer. Depending on the specific circumstances, the DCSW may be disassociated from the participant or the PDGS application may be rejected until all required documentation is obtained. Participants who have chronic issues with documentation requirements may be referred to transfer to the Traditional Service Model where they will receive



greater oversight. All involuntary transfers are reviewed with the Bureau for Medical Services to obtain prior approval.

4.42 The Vendor should distribute and collect completed IRS Forms W-9, Request for Taxpayer ID and Certification within thirty (30) calendar days, when it is determined that a participant-directed goods and services provider or vendor is an independent contractor.

Public Partnerships has developed a Participant-Directed Goods and Services (PDGS) packet for the Intellectual/Developmental Disabilities Waiver (IDDW) program. The packet includes:

- PDGS Application Instructions and Checklist;
- PDGS Application Form;
- PDGS Payment Request Form;
- Blank IRS W-9 form Request for Taxpayer ID and Certification

At the enrollment meeting, Public Partnerships' Resource Consultants provide each participant with an Enrollment Binder which includes the PDGS packet. Once the participant/representative-employer completes the PDGS packet, it is submitted to the Resource Consultants for review. A completed PDGS packet includes the documents listed above as well as an itemized estimate/quote for the item/service being requested, a copy of the participant's Individual Program Plan (IPP) which documents the Interdisciplinary Team (IDT) approved the item/service, supporting documents (i.e. physician's or therapist's recommendations, detailed drawings for home modifications to improve accessibility, etc.), and the IRS W-9 form which has been completed and signed by the PDGS vendor. The Resource Consultant will follow up with the participant/representative-employer regarding any issues with the documents. If the participant/representative-employer fails to submit all required documents within a reasonable amount of time, the Resource Consultant will mail a written notification.

Once the Resource Consultant receives the complete and accurate PDGS packet, it is submitted within 1 business day of receipt to our program support staff for final approval and payment processing. No PDGS payments are issued to the vendor unless Public Partnerships has received all required documents including the vendor's completed and signed IRS W-9 form. PDGS payments issued to independent contractors are reported as required by the IRS.

4.43 The Vendor should process the DCSWs' IRS Forms W-4 Withholding Allowance Certificate and the West Virginia Forms IT-104, West Virginia Employee Withholding Exemption Certificate within thirty (30) calendar days.

Upon receiving a completed DCSW enrollment packet, Public Partnerships' Financial Operations Enrollment team will process the documents and verify that all have been received, accurately completed and signed by the DCSW in the appropriate sections. This includes IRS Form W-4 and



the West Virginia Form IT-104. Because these enrollment documents are time-sensitive and must be processed quickly and accurately, we have developed an internal module in the BetterOnlineTM web portal that allows us to organize and process documents efficiently. Business Process Management (BPM) is a workflow management tool for incoming documentation. All paperwork is reviewed and then assigned as necessary to the appropriate queue for attention. BPM tracks how long documents have been waiting for review so that staff can verify the processing time meets service line agreements. IRS Forms W-4 and West Virginia Forms IT-104 are processed with the DCSW enrollment packet in a timeframe shorter than thirty (30) calendar days.

4.44 The Vendor should maintain copies of the IRS Forms W-4 and West Virginia Form IT- 104, when applicable, in each DCSW's file.

Once the DCSW enrollment packet has been processed by our Financial Operations Enrollment Team and assigned a completed status in our BetterOnlineTM web portal, the documents in the packet, including IRS Form W-4 and the West Virginia Form IT-104 are stored in the BetterOnlineTM web portal's Document Management system. Registered users can easily access the DCSW's documents at any time.

4.45 The Vendor should collect and maintain copies of the USCIS Form 1-9, Employment Eligibility Verification Form in each DCSW's file.

Public Partnerships provides the USCIS Form I-9 and the USCIS instructions for its completion in the DCSW enrollment packet. During the enrollment meeting, the participant/representative-employer is trained by the Resource Consultant to understand the purpose of the USCIS Form I-9 and how to accurately complete the form. The participant/representative-employer is solely responsible for proper execution of USCIS Form I-9, as defined in Instructions for Form I-9, Employment Eligibility Verification Department of Homeland Security.

Upon receipt of the completed DCSW enrollment packet, our Financial Operations Enrollment Team will acknowledge the receipt of Form I-9 as executed by the participant/representative-employer. We cannot attest that fields have been completed or are otherwise accurate; the participant/representative-employer retains full responsibility for ensuring that those sections are complete, accurate, and verified. Public Partnerships maintains an electronic copy of each DCSW's Form I-9 in the BetterOnlineTM web portal's Document Management system.

4.46 The Vendor should execute a Medicaid Provider Agreement with DCSWs and a Provider Service Agreement with providers/vendors of authorized individual-directed goods and services. The Vendor should maintain copies of these documents in the DCSWs' and providers'/vendors' files.

Each Employee Packet includes a Medicaid Provider Agreement which outlines the terms and conditions of providing paid services for a Personal Options participant. The Medicaid Provider



Agreement must be signed by DCSW and also by the Resource Consultant who represents Public Partnerships as the subagent providing F/EA FMS and Resource Consulting services for the Bureau of Medical Services.

Upon receipt of the Employee Packet, the Resource Consultant validates each form for accuracy, including the Medicaid Provider Agreement. The Employee Packet is then submitted to the Financial Operations Center (FOC) for additional validation and processing. The DCSW is not allowed to provide paid services to the participant until FOC has confirmed that all required documentation has been obtained and processed. The Employee Packet documents are electronically stored through our Document Management system in the BetterOnlineTM web portal.

When appropriate, a Provider Service Agreement is obtained from providers/vendors of authorized participant-directed goods and services (PDGS). Upon receipt of the PDGS Packet, the Resource Consultant reviews the documents to ensure all have been submitted and have been accurately completed. PDGS requests for ongoing services such as approved therapies for IDDW participants or transition services for TMHWV participants will include a Provider Service Agreement that includes details of the vendor, the service, the frequency, duration, location and cost of service.

After approving and processing the PDGS Packet, including the Provider Service Agreement, the documents are electronically stored through our Document Management system in the BetterOnlineTM web portal. The Document Management system allows Public Partnerships to maintain required documents on a secure, limited-access server. Please see Section 4.40 for more details of our record retention process.

4.47 The Vendor should participate in the West Virginia Clearance for Access: Registry & Employment Screening (WV CARES) program for the required documentation for finger- print based state and federal criminal background checks for all DCSWs hired by the employer.

Public Partnerships is currently registered and fully participating in the West Virginia Clearance for Access: Registry & Employment Screening (WV CARES) program. In accordance with program policies and WV CARES requirements, Public Partnerships ensures that all Personal Options DCSWs are initially determined to be fit for employment prior to providing services. Existing DCSWs are re-determined to be fit for continued employment at least every five years.

We provide a WV CARES Criminal Background Check Packet to DCSW applicants and to existing DCSWs who need to renew their criminal background check eligibility status. The packet includes:

- Instructions
- Public Partnerships internal scheduling form
- WV CARES Self-Disclosure Application and Consent form



WV CARES Request for Variance of Fitness Determination form

DCSWs are required to complete the packet and return it to Public Partnerships along with their Morphotrust fingerprint fee and WV CARES Administrative fee payments. We validate each packet to ensure it is complete and the DCSW has signed the consent document and provided proper payment. Packets are processed by entering the DCSW's identifying information into the WV CARES system, checking all required registries and scheduling the fingerprint appointment with Morphotrust. Once the appointment is scheduled, we inform the DCSW with the date, time, and location of the fingerprint appointment.

The DCSWs' payments for their criminal background checks are batched and submitted to Morphotrust and WV CARES each week. On a daily basis we monitor the WV CARES system and respond to notifications as needed to ensure criminal background checks are completed and fitness determinations are obtained a quickly as possible.

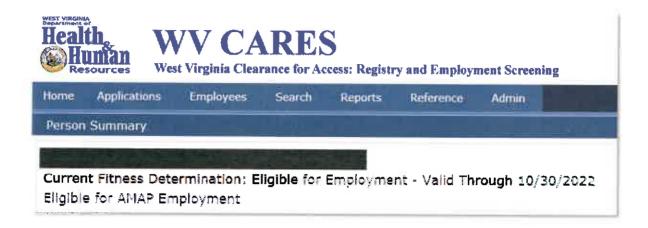
We have developed a system to track criminal background check packets throughout the entire process. This allows us to monitor the efficiency of the system and to promptly follow up when issues are identified. The DCSW's criminal background check status and date range is stored in the BetterOnlineTM web portal and this allows us to notify the DCSW 90 days in advance of the date the background check needs to be renewed.

DCSWs who are determined unfit for employment are notified by phone and written letter within one (1) business day of Public Partnerships receiving the notification from WV CARES. The participant/representative-employer is also notified and assisted as needed with implementing the Emergency Backup Plan and recruiting a new DCSW.

4.48 The Vendor should receive and maintain fitness determinations of criminal background check results from the WV CARES on DCSW candidates on file and provide results of the fitness determination to member/representative-employers.

Public Partnerships has established a comprehensive process and procedure (P&P) for obtaining, maintaining, and reporting WV CARES fitness determinations for Personal Options DCSWs. We monitor the WV CARES system daily and process the DCSW fitness determinations within one (1) business day of receipt of the electronic notification (see below) and e-mail issued by the system.





| Provider | Last Name | First Name | SSN | Determina | tion Determination Date |
|--|--------------|---------------|-----|-----------|----------------------------|
| Public Partmerships, LLC- Morgantown-F/EA | | 1 | | Eligible | 10/30/2017 |

Upon receipt of the fitness determination through the WV CARES system, a Support Ticket is created by our program support staff in the BetterOnlineTM web portal to inform the Resource Consultant of the DCSW's criminal background check status. When a DCSW has been determined to be fit for employment, the Resource Consultant notifies the participant/representative-employer within one (1) business day of receipt of the Support Ticket. During this call, the Resource Consultant confirms that the DCSW is fully qualified to begin providing services and informs the participant/representative-employer of the DCSW's start date. If a DCSW has been determined as ineligible, the program support staff notify the Resource Consultant through a Support Ticket and also notify the participant/representative-employer as well as the DCSW by phone and written letter. The letter provides instructions regarding the process and responsibilities for submitting a Variance Request to WV CARES should the DCSW and participant/representative-employer choose to appeal the fitness determination decision.

Public Partnerships uploads and maintains each DCSW's completed CBC Packet, fitness determination letter(s) from WV CARES, and all related documentation electronically through the Document Management system in the BetterOnline™ web portal.



| Received Documentation of Initiated CBC | |
|---|-----------------------|
| CBC Date Range | 10/30/2017 10/30/2022 |
| Date CBC Results Received (optional) | 20/30/2057 |
| CBC Status | Passed |

4.49 The Vendor should confirm each DCSW 's social security number and providers' and vendors' FEIN, as appropriate, through the Social Security Administration's Business Services Online system.

Public Partnerships verifies each Direct Care Service Worker's (DCSW) Social Security Number (SSN) at the time of hire through the Social Security Administration's Business Services Online system. If the SSN cannot be verified, a Support Ticket is created in the BetterOnlineTM web portal to notify the program support staff of the issue and the Resource Consultant follows up with the DCSW to verify the number on his/her Social Security Card matches the number in our system.

Vendors of Participant-Directed Goods and Services (PDGS) provide their Federal Employer Identification Number (FEIN) on an IRS Form W-9. Public Partnerships verifies the FEIN through the Internal Revenue Service's e-Services system.

Following the initial verification of DCSWs' Social Security Numbers and PDGS vendors' FEINs, Public Partnerships verifies the numbers on a quarterly basis. If a mis-match is identified, the Support Ticket function in the BetterOnlineTM web portal is utilized to notify the Resource Consultant of the issue so that he/she may follow up with the DCSW or PDGS vendor.

4.50 The Vendor should report member/representative-employers' new worker hires into the West Virginia New Hires Directory within twenty (20) calendar days of hire.

Public Partnerships has established internal controls to monitor the reporting of new hires per state requirements. This critical bi-weekly routine is part of our Standard Operating Procedures and is the responsibility of the Payroll Supervisor. Our internal controls include a formal management review of the status of activity completion versus the requirements documented on the West Virginia New Hire Directory. New hires are reported to the WV New Hires Directory within 14 calendar days of hire.

4.51 Vendor should maintain copies of West Virginia New Hire Reporting documentation in workers' files.



As referenced in section 4.50, Public Partnerships completes the WV New Hire Report on a biweekly time cycle. Documentation pertaining to new hire reporting is maintained on our secure servers. We also conduct quarterly file audits to verify the integrity of all required documentation, including new hire reporting.

4.52 The Vendor should provide member/representative-employer orientation and skills training in a culturally-sensitive manner and in accordance with the philosophy of self-direction, which supports empowering members and their representatives by expanding their degree of choice and control over the services they need to live at home, and vesting decision-making and managerial authority in members/representative-employers.

Public Partnerships currently provides F/EA FMS and Resource Consulting services to Personal Options programs participants with a wide range of disabilities. Our Resource Consultants are trained and use People First Language and a person-centered approach in their interactions with the participants, their families and Direct Care Service Workers (DCSWs). Our goal is to develop a relationship of mutual respect and trust.

Our Resource Consultant team currently consists of 38 Resource Consultants located in communities throughout West Virginia. They are knowledgeable of the local resources available to support the needs of the participants and their DCSWs. The Resource Consultants' knowledge and skills enable them to orient participant/employers to the Personal Options program in a culturally-sensitive manner and at an individualized pace. We focus on best serving the participant and providing them with the skills and support to effectively self-direct their services so that they may live as independently as possible at home in their communities.

"Heika was very kind, explained things where I could understand,"

"We are new to this and our Resource Consultant was very informative and helpful." – 2017 WV Enrollment Satisfaction Survey

Public Partnerships is aware that self-directing services may initially seem overwhelming and complicated to our participants. We provide the participant/representative-employers with tools and support that allow them to exercise choice and control over their services and be successful employers. The orientation and skills training does not end after the enrollment meeting. Our program support staff and Resource Consultants monitor the performance of participant/representative-employers so that we can proactively re-educate and provide assistance as needed.

4.53 The Vendor should have a member/representative-employer orientation process that uses a standard curriculum and materials that have been pre-



approved by the Bureau. The orientation curriculum should include information reported in Section 4.54 below.

Public Partnerships has implemented a standard Personal Options orientation process using a curriculum and documents that have been pre-approved by BMS. The orientation occurs during the face-to-face enrollment meeting which is held within 14 calendar days of Public Partnerships' receipt of the participant's referral and budget amount.

In preparation for the enrollment meeting, the Resource Consultant contacts the participant or legal representative to schedule the date and time and to determine whether the participant will have a Program Representative who will assist with the responsibilities of being an employer and self-directing services. The Program Representative is required to participate in the enrollment meeting along with the participant and his/her legal representative (if applicable). The participant's direct care service workers (DCSWs) are also encouraged to attend the orientation portion of the enrollment meeting to help ensure everyone has a consistent understanding of the Personal Options program and their roles and responsibilities.

Resource Consultants are trained to conduct the orientation in a culturally-sensitive manner using a person-centered approach at an appropriate pace and style for each participant. Following introductions and initial questions, the Resource Consultant begins the orientation by providing the participant/representative-employer with an Enrollment Binder which contains a program-specific Program and Employer Guide. This document is the framework for the orientation to the Personal Options program. It includes:

- Overview of Personal Options
- Employer Roles and Responsibilities
- Personal Options Enrollment Process
- Supports for Self-Direction
- Personal Options Planning
 - o Developing the Service Plan (if applicable)
 - o Developing the Spending Plan
- Selecting, Hiring, Training and Supervising DCSWs
- Employee Timesheets and Payments
- Program Safeguards
- Summary of Program Responsibilities



During the orientation, the Resource Consultant allows time for the participant/representative-employer and others to reflect and ask questions. The Resource Consultant also asks questions of the participant/representative-employer and DCSWs to help promote learning and understanding. From experience, we know that the time and effort the Resource Consultant puts into the orientation and training of the participant/representative-employer and DCSWs is directly related to their subsequent success and satisfaction with the Personal Options program.

"I was a bit overwhelmed at first but once I got things figured out in my mind and decided to take a leap of faith, I was alright. Thanks to all your care and understanding. Had all my questions answered." – 2017 Enrollment Satisfaction Survey.

4.54 During orientation, the Vendor should provide information on and review with member/representative-employer the:

Public Partnerships has developed an Enrollment Binder that the Resource Consultant provides to the participant/representative-employer at the time of the enrollment meeting. The contents of the current Enrollment Binder have been approved by BMS and are routinely reviewed and updated as needed to reflect changes in policy and program processes.

4.54.1 Role and responsibilities of the member/representative-employer.

During the enrollment orientation, Public Partnerships' Resource Consultants provide the Enrollment Binder to the participant/representative-employer. The Enrollment Binder includes the Enrollment form, Program and Employer Guide, and other program materials. The Resource Consultants review the participant/representative-employer's roles, rights, and responsibilities detailed in the Enrollment form and Program and Employer Guide. The orientation and training regarding the Employer's roles and responsibilities include:

- I am a household employer of domestic employees under West Virginia Labor law;
- I am responsible for recruiting, screening, hiring, training, supervising, and dismissing my employees;
- I am responsible for verifying on the timesheet all hours worked and services provided by my employees;
- I cannot receive Personal Options services while I am in a hospital, rehabilitation facility or nursing home;
- I am responsible for completing an annual re-evaluation of my medical and financial eligibility;
- I am responsible for maintaining a safe home environment for my employees and Public Partnerships staff.



The participant/representative-employer must sign off on the Enrollment form and Employment Agreement in the DCSW Enrollment packet to accept the responsibilities of Employer role. Some of the employer responsibilities included in these documents are:

- Notify employee in advance if services are not required or if I am no longer eligible for service;
- Accept responsibilities for payment of services not authorized in approved spending plan;
- Verify services provided by employees by reviewing and approving timesheets, transportation invoices, and ensuring submission to Public Partnerships per the published payroll schedule.

4.54.2 Role and responsibilities of the Vendor:

At the Enrollment meeting, our Resource Consultants also review Public Partnerships' role and responsibilities. Our Resource Consultants are trained to explain our role and responsibilities in terms that our participants and their representatives can understand. The participant/representative-employers can be confident that Public Partnerships is on hand to help them navigate the responsibilities of self-directing their services. Our Resource Consultants explain how Public Partnerships supports participant/representative-employers by:

- Assisting them with management of their budgets and employing their DCSWs;
- Obtaining and filing the documents required for the participant to be a household employer;
- Obtaining and processing PDGS packets;
- Processing DCSW's approved timesheets and invoices, withholding all applicable taxes, and issuing payments; and
- Filing taxes and related reports as required by Federal, State and local agencies.

4.54.3 How the member/representative-employers can interact with Resource Consultants.

Public Partnerships' Resource Consultants interact with the participant/representative-employers at least once a month via telephone contact. We also currently complete a face-to-face home visit at least every six months with each participant/representative-employer. Under the requirements of this RFP, the six-month meeting will no longer be required for IDDW participants. The Enrollment Binder provided to the participant/representative-employer includes the Resource Consultant's name, mailing address, phone and fax number, e-mail address, and Customer Service number. This allows the participant/representative-employers and their DCSWs to have multiple ways to contact us when assistance is needed.



4.54.4 Subagent- F/EA FMS and Resource Consultant services provided.

During the enrollment meeting the Resource Consultant provides the participant/representativeemployer with an Enrollment Binder that contains detailed information regarding Public Partnerships' F/EA FMS and Resource Consultant services. The Resource Consultant conducts an orientation and skills training during which this information is reviewed with the participant/representative-employer in a manner to promotes learning, including providing examples and providing hands-on assistance with creating a user account for the BetterOnlineTM electronic web portal for timesheets/invoices and budget monitoring. The participant/representative-employer is encouraged to take notes and ask questions.

Our Resource Consulting services assist participant/representative-employers with:

- Understanding their responsibilities as an employer;
- Understanding and complying with program policies;
- Completing required paperwork;
- Evaluating their needs and plan for services;
- Hiring, training, and managing their DCSWs;
- Developing their individualized spending plan;
- Identifying additional community resources.

4.54.5 Hours of operations.

Participant/representative-employers are informed during the enrollment meeting that Public Partnerships' business hours are from 8:30 a.m. to 5:00 p.m., Monday through Friday. Our Customer Service Representatives are available from Monday through Friday from 9:00 a.m. to 6:00 p.m.

4.54.6 Key contacts at the Vendor.

Participant/representative-employers are informed during the orientation session that their key contacts at public Partnerships are the assigned Resource Consultant and Customer Services Representatives. They are also provided with the contact information for the local office in Charleston.

Charleston office: Phone – 304-988-4200 Fax – 304-988-4201

4.54.7 Toll free telephone, TTY, and fax numbers.

Public Partnerships has established program-specific toll-free Customer Services telephone numbers with TTY capabilities. Customer Service's and Resource Consultants' phone numbers as well as fax numbers are provided to participants at the Enrollment/Orientation meeting. They



are also listed on the participant Enrollment Binder cover. In addition, the fax numbers are included on the program specific DCSW timesheets and invoices.

4.54.8 Member Bill of Rights.

The Enrollment form included in the Participant enrollment packet includes the Participant Bill of Rights. During the orientation session of the enrollment meeting, the Resource Consultant reviews each of these rights with the participant/representative-employer and the document is signed and dated by the participant/representative-employer.

Per the Participant's Bill of Rights, the participants have the right to:

- Transfer to the traditional service model if desired;
- File complaints and grievances regarding the services provided by Public Partnerships without fear of retaliation;
- Request a West Virginia DHHR Fair Hearing;
- Appropriate and respectful care from their DCSW(s);
- Freedom from abuse, neglect and exploitation;
- Participate in their person-centered planning and service delivery process;
- Confidentiality regarding all services provided through the Personal Options program;
- Appoint a Program Representative if desired;
- Access documents pertaining to your Personal Options services;
- Be treated with dignity and respect at all times;
- Receive information as needed to make informed decisions;
- Be notified in a timely manner of any changes to the Personal Options program.

4.54.9 Completing forms included in the Member/Representative Enrollment Packet.

Public Partnerships currently utilizes the Participant Enrollment Packet that has been approved by BMS. The Enrollment Packet may be completed electronically through our Online Enrollment System or on traditional paper forms and includes:

- Enrollment checklist
- Participant Enrollment form;
- Emergency Back-Up Plan;
- Appointment of Representative Form; and
- All required Federal, State and municipal tax forms that allow Public Partnerships to obtain a Federal Employer Identification Number (FEIN) for the participant/employer.



During the enrollment meeting, the Resource Consultant explains each form to the participant/representative-employer and assists as needed to ensure the forms are correctly completed. The additional documents included in the Enrollment Binder are also explained to the participant/representative-employer. These include:

- Personal Options Incident Report form;
- Member Grievance form;
- DCSW Wage Change Request form;
- Notice of DCSW Separation from Employment;
- Member Transfer Request/Freedom of Choice form;
- Timesheets and Instructions:
- Transportation Invoices and Instructions;
- Payroll Schedule;
- Enrollment Satisfaction Survey and prepaid envelope;
- DCSW Training Packet;
- DCSW Enrollment Packet;
- DCSW Criminal Background Check (CBC) Packet; and
- Participant-Directed Goods and Services Application Packet for the Intellectual/Developmental Disabilities (IDD) Waiver program.

During enrollment meetings for Aged and Disabled Waiver (ADW) participants the Resource Consultant also assists the participant/representative-employer with the development of the Personal Options Assessment and Service Plan. These documents are reviewed and updated every 6 months during the face-to-face home visit with the participant/representative-employer.

4.54.10 Incident reporting process.

The skills training session of the enrollment meeting includes a detailed overview of the Personal Options Incident Report form and the participant/representative-employer's responsibility to document incidents and report them to the Resource Consultant as soon as possible following the occurrence of an incident. Written instructions for documenting and reporting incidents are included in the Enrollment Binder and the DCSW initial and annual training materials provide information regarding the DCSW's responsibilities for identifying and reporting incidents.

4.54.11 DCSW criminal background check process should be conducted in accordance with individual program policy.

Public Partnerships' Resource Consultants review with the participant/representative-employers the required qualifications for DCSWs including a pre-employment Criminal Background Check (CBC) which must be completed through the West Virginia Clearance for Access: Registry and Employment Screening (WV CARES). A CBC Packet with instructions is included in the



Enrollment Binder and during the skills training session of the enrollment meeting, the Resource Consultant reviews the forms, required payments, process and timelines for obtaining the DCSWs' criminal background checks and fitness determinations through WV CARES. Please see Section 4.47, 4.48, and 4.60 for details on our WV CARES CBC process for new and existing DCSWs.

4.54.12 Description of who can be a representative, how to determine when a member should have a representative and the role and responsibilities of a representative as specified by the Bureau.

Information regarding the role and responsibilities of the Program Representative is provided to the participant or legal representative during the initial call which is made within 3 business days of receipt of the participant's referral. This allows the participant or legal representative to consider whether a Program Representative will be needed and if so, to invite them to participate in the enrollment meeting. During the orientation and skills training sessions of the enrollment meeting, the Resource Consultant reviews the role and specific responsibilities of the Program Representative.

All participants have the choice of appointing a Program Representative to assist them with the responsibilities of self-directing services and being a household employer. Under certain circumstances, participants are required to have a Program Representative. These include participants who are under the age of 18, participants who have a legal guardian, and ADW participants whose Medical Necessity Evaluation Request (MNER) and/or Pre-Admission Screening (PAS) indicate a diagnosis of Alzheimer's, brain multi-infarct, senile dementia or a related condition.

The Program Representative cannot be a paid DCSW and must be sufficiently involved in the participant's life and knowledgeable of their needs and services to assist with the responsibilities of self-directing services through the Personal Options program. These include:

- Participating in the enrollment meeting;
- Participating in the monthly phone call and six-month face-to-face meeting with the Resource Consultant as required;
- Assisting with the development of the participant's Spending Plan;
- Recruiting, interviewing, hiring, training, scheduling and supervising DCSWs;
- Terminating DCSWs in accordance with laws and program requirements;
- Monitoring the delivery of services and supports to the participant by the DCSWs;
- Approving DCSWs' timesheets and invoices;
- Reporting incidents;
- Reporting abuse, neglect and exploitation; and
- Reporting suspected fraud.



Resource Consultants monitor the performance of participant/representative-employers and provide assistance and re-training when there are trends such as late timesheet submission, failure to follow the approved Spending Plan, non-compliance with monthly contacts, etc. If the performance issues persist, the Resource Consultant will recommend that a Program Representative be appointed or may recommend that the participant transfer to the traditional service delivery model.

4.54.13 Time frame and process for returning voice mail calls from members and representatives.

Participant/representative-employers and their DCSWs are informed that the Resource Consultant and program support staff will respond to voice mail messages within one (1) business day. The same timeframe applies to e-mail communications. The Resource Consultants' outbound voice mail messages also instruct callers to contact our Customer Service Center if they have an urgent matter and reference the program-specific Customer Service toll-free number which is on the cover of the Enrollment Binder.

4.54.14 Completing forms included in the DCSW Employment and Participant-directed Goods and Services Provider and Vendor Engagement Packet.

Public Partnerships currently utilizes the DCSW enrollment packet and Participant-directed Goods and Services (PDGS) packet that have been preapproved by BMS. If the potential DCSW attends the enrollment meeting with their member/representative-employer, Public Partnerships' Resource Consultants will explain and assist them with completing their DCSW enrollment packet to help ensure packet accuracy and timely processing. The DCSW enrollment packet may be completed/submitted electronically with the Online Enrollment system or the DCSW may complete the packet using the traditional paper forms. Please see Section 4.37 for more details.

4.54.15 Process for receiving and processing workers' timesheets including a schedule for timesheet due dates and paydays.

At the enrollment meeting, the Resource Consultant provides the participant/representative-employer and DCSWs with a program-specific payroll schedule, timesheet, invoices, and instructions. We highly encourage the use of electronic timesheets and invoices through our BetterOnlineTM web portal and our Time4Care smart phone application. User guides for these systems are included in the Enrollment Binder and are available through Public Partnerships' website: www.publicpartnerships.com.

The Resource Consultant explains in detail the required steps and timelines for recording the DCSWs' hours worked and transportation miles provided to the participant. During this portion of the skills training, the Resource Consultant reiterates that Public Partnerships is not the employer of record and therefore can process timesheets and invoices only after they have been



reviewed and approved by the participant/representative-employer. The payroll schedule is reviewed to ensure the participant/representative-employer and DCSWs understand the pay periods, the deadline for timesheet submission and the corresponding payment dates. Below is an example of the payroll schedule for the ADW Personal Options program.

| Pay Period Start Date | Pay Period End Date | Deadline for Timesheets to be Received by 5:00 PM | Check or Direct Deposit | |
|-----------------------|----------------------|--|-------------------------|--|
| MONDAY | SUNDAY | TUESDAY | FRIDAY | |
| To help ensure tis | mely payment, please | submit your completed times | heet on Mondays. | |
| 1/9/2017 | 1/22/2017 | 1/24/2017 | 2/3/2017 | |
| 1/23/2017 | 2/5/2017 | 2/7/2017 | 2/17/2017 | |
| 2/6/2017 | 2/19/2017 | 2/21/2017 (Wednesday) | 3/3/2017 | |
| 2/ <u>20/</u> 2017 | 3/5/2017 | 3/7/2017 | 3/17/2017 | |
| 3/6/2017 | 3/19/2017 | 3/21/2017 | 3/31/2017 | |
| 3/20/2017 | 4/2/2017 | 4/4/2017 | 4/14/2017 | |
| 4/3/2017 | 4/16/2017 | 4/18/2017 | 4/28/2017 | |
| 4/17/2017 | 4/30/2017 | 5/2/2017 | 5/12/2017 | |
| 5/1/2017 | 5/14/2017 | 5/16/2017 | 5/26/2017 | |

4.54.16 Process for disbursing DCSWs' payroll checks

Public Partnerships has established program-specific payroll schedules which comply with the Federal and State requirements for timely payment of employees. The payroll schedules which are provided to DCSWs upon hire identify the biweekly payment dates. During the review of the payroll schedule, the Resource Consultant encourages DCSWs to sign up for direct deposit. A Direct Deposit form is included in the DCSW Enrollment Packet. DCSWs are also encouraged to create a user account for the BetterOnlineTM web portal which allows them to monitor the status of their timesheets, invoices and payments in real time, 24/7.

4.54.17 Process for purchasing approved participant-directed goods and services.

At the enrollment meeting, of an IDDW participant, the Resource Consultant explains the various services that may be self-directed including Participant-Directed Goods and Services (PDGS). A PDGS Packet is included in the Enrollment Binder and the Resource Consultant reviews the forms and required documents with the participant/representative-employer. The process and timelines for submitting the completed PDGS packet and subsequent approval by Public Partnerships is explained in detail. The Resource Consultant emphasizes that prior to accessing PDGS, the specific item or service must be documented in the participant's Individual Program Plan (IPP), approved by the Interdisciplinary Team (IDT) and the funds must be prior authorized by the Utilization Management Contractor (UMC).



Upon receipt of the complete PDGS Packet, it will be reviewed and approved by Public Partnerships' program support staff within three (3) business days unless the requested item/service is forwarded to BMS for review prior to approval. Once a PDGS Packet has been approved, the payment will be issued within ten (10) business days. Please see Section 4.103 for additional details regarding Public Partnerships' PDGS process.

4.54.18 Other forms and agreements to be determined by the Bureau.

Public Partnerships will update the Enrollment Binder as required to reflect changes in program policy and to include additional forms and agreements as determined by BMS. Our Resource Consultants will be trained on these changes/additions to ensure they are prepared to explain them to the participant/representative-employers and assist as needed with the completion of required documents.

4.54.19 Process for purchasing approved participant-directed goods and services submitting invoices for payment schedule for invoice submission and payment.

Please refer to Sections 4.54.17 and 4.103 for a full description of Public Partnerships' PDGS process including the Resource Consultant's role in educating the participant/representative-employer of the timelines for submitting and approving the PDGS Packet.

4.54.20 Process for resolving issues and complaints.

During the enrollment meeting, the Resource Consultant explains the process that the participant/representative-employer and DCSWs may use for reporting issues and complaints. The majority of issues and complaints are reported to the Resource Consultant but the participant/representative-employer may also notify program support staff or Public Partnerships' Customer Service Center. As described in Section 4.143, all complaints are documented and tracked using the Support Ticket functionality in the BetterOnlineTM web portal. This allows us to accurately assign the complaint to the appropriate staff person for follow-up/resolution and to generate reports that can be sorted to identify trends regarding the volume and types of complaints and the amount of time to resolve. These tools allow us to resolve issues or complaints as quickly as possible and to identify and proactively address systemic causes.

Depending on the nature of the issue or complaint, it may be resolved at the time of the initial contact or may be escalated to the Resource Consultant, the Resource Consultant's supervisor and/or the Program Manager. When appropriate, the participant's Case Manager or Service Coordinator is involved, particularly when the issue/complaint is related to program policy or pertains to a service authorization.



If an issue or complaint is not resolved to the satisfaction of the participant/representative-employer, DCSW or other stakeholder, a grievance form is offered. All grievances are escalated to the BMS Program Manager to review and provide input regarding the resolution.

4.54.21 Process for reviewing workplace safety issues and strategies for effective reporting and management and of workplace injuries.

The Enrollment Binder includes information regarding the participant/representative-employer's responsibility to maintain a safe workplace for their DCSWs. These include participant-specific issues such as training DCSWs on the proper use of techniques and equipment for lifting and transferring the participant as well as environmental issues such as adequate household maintenance to prevent falls and injuries. During the enrollment meeting the Resource Consultant reviews this information with the participant/representative-employers and informs them of their responsibility to notify the Resource Consultant of any injuries or safety issues involving the participant or DCSWs.

Resource Consultants are trained to be recognize and report safety concerns. In addition to addressing these with the participant/representative-employer, the Resource Consultant documents their concerns on the Monthly Contact form and/or in a Support Ticket in the BetterOnlineTM web portal. Concerns are shared as appropriate with the participant's Case Manager or Service Coordinator and may be escalated to BMS and the Bureau of Senior Services. In some cases, the participant may be recommended to transfer to the traditional service delivery model so that greater oversight of the participant's health and welfare can be provided.

4.54.22 Process for identifying and addressing members/representative-employer performance issues.

Each month the Resource Consultant contacts the participant/representative-employer by phone or in person. In addition to obtaining information regarding the participant's health and welfare, the Resource Consultant evaluates how effectively the participant/representative-employer is carrying out their responsibilities as a household employer including the completion of required paperwork, the accurate and timely submission of DCSWs' timesheets and invoices, training and supervision of DCSWs and compliance with program policies and rules. Any identified issues are addressed with the participant/representative-employer and when appropriate, the Resource Consultant provides additional training and assistance.

Specific performance issues may also be identified by program operations and Customer Service staff who document the issue in a Support Ticket in the BetterOnlineTM web portal and notify the Resource Consultant. If performance issues persist after the Resource Consultant has addressed them with the participant/representative-employer, the participant may be recommended to transfer to the traditional service delivery model.



4.54.23 Process for completing and submitting the State's *Notice of Worker Termination Form* to the Vendor within twenty-four (24) hours of when a DCSW ceases working for the member/representative-employer for any reason so the Vendor can complete the Reason for Separation Notice for unemployment.

A Notice of Separation from Employment form is included in the Enrollment Binder which is provided to the participant/representative-employer at the enrollment meeting. The Resource Consultant trains the participant/representative-employer on the steps to complete the form and the requirement for submitting it within twenty-four (24) hours of the DCSW's last date of service. The form includes the information necessary for Public Partnerships to notify Workforce West Virginia of the reason for the DCSW's separation of employment. The DCSW's final timesheet must also be submitted at that time to ensure payment is issued to the DCSW in accordance with Federal and State agency regulations.

4.54.24 Process for conducting member/representative-employer satisfaction surveys.

At the time of each participant's enrollment meeting, the Resource Consultant provides the participant/representative-employer with a satisfaction survey and prepaid envelope to return the completed survey to Public Partnerships. The survey includes questions regarding the Resource Consultant's performance as well as the level of satisfaction with the length of the enrollment meeting and willingness to recommend Public Partnerships to other waiver members who may be considering self-direction through the Personal Options program.

On a quarterly basis, Public Partnerships' Program Supervisors conduct phone surveys of a sample of participant/representative-employers to determine their level of satisfaction with our F/EA FMS and Resource Consulting services. The information obtained though these surveys is used to make program improvements and also to evaluate the Resource Consultants' performance.

"Ms. Winter was very knowledgeable and kind. She was very helpful and nice. She answered all my questions and was great. I would recommend her to anyone on the program and hope to work with her again." – 2017 WV Enrollment Satisfaction Survey

Should Public Partnerships be awarded this contract, we will collaborate with the BMS to develop an additional satisfaction survey to be conducted on a sample of participants who have been active on the Personal Options program for one or more years.



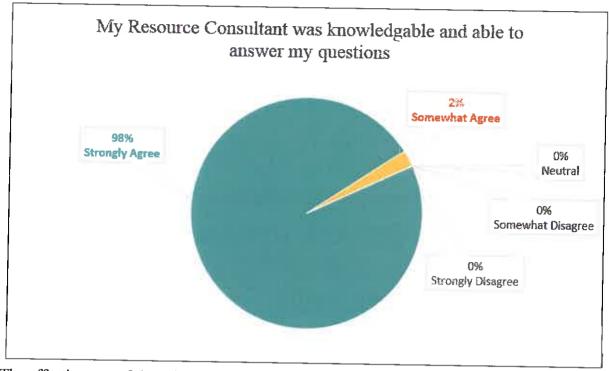
4.55 The Vendor should develop and implement an evaluation form and process for evaluating the effectiveness of the member/representative-employer orientation sessions.

Public Partnerships has developed an Enrollment Satisfaction Survey that all Resource Consultants provide to the participant/representative-employer upon the completion of the enrollment meeting. The Resource Consultants also provide a pre-addressed and pre-paid envelope for the participant/representative-employer to mail the completed survey to Public Partnerships.

The survey allows the participant/representative-employer to provide feedback regarding the Resource Consultant's knowledge and effectiveness when explaining the Personal Options program, providing skills training and assisting with the completion of enrollment documents. The survey also speaks to the promptness, professionalism and overall satisfaction with the Resource Consultant during the enrollment meeting. There is additional space on the survey form for the participant/representative-employer to provide additional comments and the participant/representative-employer may also request to be contacted to discuss their enrollment experience.

Information from completed Enrollment Satisfaction Surveys is reviewed by the Program Manager and Program Supervisors to determine if the participant/representative-employer requires additional training and support. The survey data is aggregated and analyzed to identify opportunities to improve the enrollment and orientation process.

The 2017 enrollment satisfaction survey results show 98% of participants/representatives strongly agreed that their Resource Consultants were knowledgeable and able to answer their questions. 98% also felt the length of their enrollment meeting was right for them.



The effectiveness of the orientation and skills sessions conducted during the enrollment meeting is also evaluated by the Resource Consultant through monthly contacts with the participant/representative-employer and by monitoring the participant/representative-employer's and DCSWs performance regarding submission of timesheets, invoices and required documents. These are strong indicators of the participant/representative-employer's ability to self-direct services and fulfill his/her role as an employer.

Should Public Partnerships be awarded this contract, we propose to consult with BMS and the Bureau of Senior Services to develop a performance assessment to be used in cases where despite the Resource Consultant's efforts to assist and reeducate, the participant/representative-employer continues to have difficulties in self-directing his/her services. This assessment would help to ensure that participants are appropriately transferred to the traditional service delivery model.

4.56 The Vendor should have a process for providing skills training to members/ representatives-employers that use a standard curriculum and materials pre-approved by the Bureau. Skills training should include guidance on problem-solving and decision making; performing employer tasks including the completion and submission of DCSW timesheets, Vendor and Bureau requirements; purchasing, using and paying for participant - directed goods and services; recognizing and reporting critical incident events; monitoring self-directed services included in members' budget to ensure receipt of appropriate services; preparing and implementing corrective action plans as



needed and developing and using risk management and emergency DCSW back-up plans and designation.

Public Partnerships has an established process for providing skills training to participant/representative-employers using a standard curriculum and materials pre-approved by BMS. The skills training is provided by the Resource Consultant during the enrollment meeting with the participant, legal representative (if applicable), Program Representative (if applicable) and the participant's DCSW(s) are also encouraged to attend.

The enrollment meeting, particularly the skills training session, is an important factor of the participant/representative-employer's success in self-directing services. Resource Consultants receive initial and routine training to ensure they effectively conduct enrollment meetings. In addition, new Resource Consultants are mentored by a Lead Resource Consultant or Resource Consultant Supervisor for at least 90 days after being hired. During this mentoring phase, the new Resource Consultant is given opportunities to observe and take notes while the mentor conducts enrollment meetings. Gradually, the new Resource Consultant conducts the orientation and skills training sessions of enrollment meetings while being observed by the mentor. The mentor determines when the new Resource Consultant is fully prepared to conduct enrollment meetings independently.

The skills training session of the enrollment meeting includes the following curriculum topics:

- Selecting, hiring, training and supervising DCSWs
- Managing risk and providing a safe workplace for DCSWs
- The process for terminating a DCSW
- Verifying and approving DCSW timesheets and invoices
- The process to apply for and purchase participant-directed goods and services (PDGS)
- Recognizing and reporting incidents including fraud, waste and abuse
- The mandated reporter role and responsibilities for reporting abuse, neglect and exploitation
- Monitoring services received and budget spending in accordance with the Spending Plan
- Guidance on problem-solving and decision making;
- Developing and using the emergency back-up plan
- 4.57 The Vendor should develop and implement an evaluation form and process for evaluating the effectiveness of the member/representative-employer skills training sessions.

As explained in Section 4.55, Public Partnerships has developed an Enrollment Satisfaction Survey that Resource Consultants provide to the participant/representative-employer upon the completion



of the enrollment meeting. This survey allows us to collect and act upon information regarding the effectiveness of the skills training session and other components of the enrollment process.

Following the enrollment meeting, the Resource Consultant monitors the program/representative-employer's progress and performance through several means including the monthly contacts and six-month visits. If the participant/representative-employer is having difficulties with tasks that were addressed during the skills training session of the enrollment meeting, the Resource Consultant provides assistance and retraining as needed. We monitor these types of performance issues and obtain feedback from the Resource Consultants to identify opportunities to improve the curriculum and materials used for the skills training session.

In addition, data from the performance assessment proposed in Section 4.55 will provide specific information regarding the effectiveness of the skills training session. Trends regarding specific areas where the participant/representative-employers are experiencing difficulties may be an indication of a systemic issue and the need to revise the skills training curriculum.

4.58 The Vendor should develop a process for identifying member/representativeemployers that may need and/or desire additional employer skills training in consultation with their Resource Consultant.

Following the enrollment meeting, the Resource Consultant continues to be available to provide additional training, resources and assistance to the participant/representative-employers and their DCSWs. The participant/representative-employer may request these supports or the Resource Consultant may identify the need through their monitoring of the participant/representative-employer's performance.

Resource Consultants monitor the performance of the participant/representative-employer through a variety of means including the monthly contacts and six-month face-to-face meetings with the participant/representative-employers, payroll reports, budget utilization reports, BetterOnlineTM web portal error notifications, Support Tickets, and required documents being submitted inaccurately or late. When issues are identified, the Resource Consultant contacts the participant/representative-employer to provide assistance and retraining. Depending on the type of issue and the participant/representative-employer's needs, the retraining may be provided by phone or in person.

Our Resource Consultants document their assistance and re-training efforts in the monthly contact documents and/or web portal Support Tickets. The Resource Consultant continues to monitor the issue and will offer additional training and support if needed. If after repeated efforts of the Resource Consultant, the participant/representative continues to be unsuccessful with self-directing their services, the Resource Consultant will recommend that a Program Representative be appointed. If the participant/representative-employer refuses, Public Partnerships will



collaborate with BMS and its operating agencies to determine further actions including transferring the participant to the traditional service model option.

4.59 The Vendor should process and distribute DCSWs' payroll and related federal, state and municipal income tax withholding and employment-related taxes in compliance with all federal, state and municipal requirements within thirty (30) calendar days of services being provided to the self-directed member.

Public Partnerships has developed and implemented program-specific payroll schedules for participant/representative-employers and their DCSWs to utilize. The payroll schedules comply with Federal, State and municipal requirements for timely payment of workers.

Our payroll processes and internal controls monitor the payments to DCSWs' in accordance with the bi-weekly payroll periods. Our integrated payroll system validates whether timesheets and invoices are submitted by the deadline and the timesheets/invoices are validated against other requirements including confirmation of sufficient funds in the participant's budget and that the DCSW meets all required qualifications. Please refer to section 4.70 for additional details on timesheet validation. For timesheets that pass all validations, payment will be issued to DCSWs within twelve (12) days of the pay period end date. During the processing of timesheets and invoices, all employer and employee related taxes are withheld and processed in compliance with all federal, state and municipal requirements.

4.60 The Vendor should process fitness determinations of fingerprint-based state and federal background checks per Bureau requirements for each member/representative-employer's DCSW, track the findings, provide the results to the RC within three (3) business days of receipt and notify the member/representative-employer of the results when they do not comply with Bureau requirements and maintain information in each DCSW's file.

Public Partnerships has established a comprehensive process and procedure (P&P) for obtaining, maintaining, and reporting WV CARES fitness determinations for Personal Options DCSWs. We monitor the WV CARES system daily and process the DCSW fitness determinations within one (1) business day of receipt of the electronic notification and e-mail issued by the system.

Upon receipt of the fitness determination through the WV CARES system, a Support Ticket is created by our program support staff in the BetterOnlineTM web portal to inform the Resource Consultant of the DCSW's criminal background check status. When a DCSW has been determined to be fit for employment, the Resource Consultant notifies the participant/representative-employer within one (1) business day of receipt of the Support Ticket. During this call, the Resource Consultant confirms that the DCSW is fully qualified to begin providing services and informs the participant/representative-employer of the DCSW's start date. If a DCSW has been determined as



ineligible, the program support staff notify the Resource Consultant through a Support Ticket and also notify the participant/representative-employer as well as the DCSW by phone and written letter. The letter provides instructions regarding the process and responsibilities for submitting a Variance Request to WV CARES should the DCSW and participant/representative-employer choose to appeal the fitness determination decision. (See Sections 4.47 and 4.48 for additional details.)

4.61 The Vendor should verify the member's Medicaid eligibility prior to authorizing payment to a DCSW or participant-directed goods and services provider or vendor.

Public Partnerships has established systems and processes in all 3 WV Personal Options programs to verify the member's Medicaid eligibility prior to authorizing payment to a DCSW or participant-directed goods and services (PDGS) provider or vendor.

In the ADW program, prior to sending participant referrals to Public Partnerships, the Bureau of Senior Services verifies that the participant meets medical and financial eligibility. Our Program Management team then uses the State's Utilization Management Contractor's (UMC) CareConnection® system to verify the member's Medicaid eligibility start and end date and enters these dates in our BetterOnlineTM web portal. On a monthly basis, Public Partnerships runs a report to identify participants whose Medicaid eligibility is expiring in 3.5 months. Reminder letters and Medical Necessity Evaluation Request (MNER) forms are generated and mailed to the participants at least 3 months before their medical eligibility expires. This method allows participants to have adequate time to complete the MNER form with their physician and to submit to us prior to their deadline of MNER submission and approval through the UMC's CareConnection®.

Public Partnerships has implemented similar processes for the IDDW and TBIW programs. Participants' Medicaid eligibility start and end dates are also recorded in BetterOnlineTM web portal system. Our Resource Consultants work closely with the UMC and the participants' Service Coordinators and Case Managers to assist participants with completing their medical and financial review each year.

During monthly contacts and 6-month face-to-face visits, our Resource Consultants also follow up and remind the participant/representative-employers of their responsibility to complete the medical and financial eligibility reviews on time to maintain their active status and prevent interruptions of services.

Serving the Personal Options programs in WV for 10 years, our Resource Consultants have built working relationships with many DHHR Economic Social Workers in their local areas. This allows us to be informed in a timely manner when a participant is at risk of losing their financial eligibility. In the ten years that Public Partnerships has been the F/EA FMS and Resource



Consultant Vendor for the Personal Options programs, we have held a strong track record for maintaining participants' Medicaid eligibility.

If a participant loses their Medicaid eligibility, our BetterOnlineTM web portal pends payments to the participant's DCSW and PDGS vendors as specified in participant's Personal Options Enrollment form. The payments will remain pended until the participant's eligibility is reinstated and verified. This payroll system control prevents payments from being authorized when a participant is not eligible for Medicaid Waiver services.

Should Public Partnerships be awarded this contract, we propose to enhance the processes and procedures described above by verifying Personal Options participants' eligibility through the State's MMIS vendor's EDI Eligibility Inquiry and Response (270/271) system. This will provide us with more timely eligibility data prior to issuing payments to DCSWs and PDGS providers and vendors.

4.62 The Vendor should determine if the DCSW is a paid family member of the member/representative-employer who is exempt from paying into Federal Insurance Contributions Act (FICA) and/or Federal Unemployment Tax Act (FUTA) and State Unemployment Tax Act (SUTA) (i.e., spouse or parent of minor child who is the participant/authorized representative-employer) per IRS Publication 15 (Appendix 6).

Public Partnerships' current DCSW enrollment packet includes the Application for Tax Exemptions Based on Age, Student Status, and Family Relationship form. This form allows the DCSW to identify their family relationship with the member/representative-employer. When the packet is processed, the responses to these questions will be captured in the DCSW's checklist in our BetterOnlineTM web portal. Our financial management and payroll system utilizes this information to identify DCSWs who are exempt from paying into FICA, FUTA, and SUTA.

4.63 The Vendor should determine if the DCSW qualifies for difficulty of care payments (exclusion from federal and possibly state income tax withholding) in accordance with IRS Notice 2014-7 (Appendix 7).

As referenced in 4.37.1.24.2, Public Partnerships has developed and implemented the Difficulty of Care Federal Income Tax Exclusion Form and instructions as part of the DCSW enrollment packet. The form asks the necessary questions to determine if the DCSW qualifies for the Difficulty of Care federal tax exclusion in accordance with IRS Notice 2014-7. Based on the DCSW's answers to the applicable questions, Public Partnership's Enrollment team captures the information in the DCSW's profile checklist in BetterOnlineTM web portal. Our payroll system automatically recognizes this information and applies it appropriately for DCSWs that qualify for DCC Federal tax withholding exclusion.



4.64 The Vendor should maintain documentation on the relationship of the member to worker in the DCSWs' and member/representative-employers' files.

Public Partnerships' current DCSW enrollment packet includes an Employment Agreement and Application for Tax Exemptions Based on Age, Student Status and Family Relationship form. These forms allow both the participant/employer and the DCSW to acknowledge their roles and responsibilities under Personal Options program policy. For example, the Employment Agreement form states that the participant's spouse cannot be a paid DCSW.

When Public Partnerships' Enrollment team processes the completed forms, we verify and document that the form has been completed appropriately and electronically store them in our Document Management system in the BetterOnlineTM web portal. This allows us to access the forms electronically 24/7 in a secure manner.

4.65 The Vendor should determine if a DCSW is a non-resident of West Virginia and determine the appropriate method to be used for state income tax withholding for non-resident workers.

Public Partnerships' current DCSW enrollment packet includes the West Virginia Certificate of Non-Residence WV/IT-104 form that allows the DCSW to identify their non-West Virginia-resident status. When Public Partnerships' Enrollment team processes the packets, the information from the completed form is entered into our BetterOnlineTM web portal. If the DCSW is identified as not subject to West Virginia state income tax withholding, our financial management system will not compute or withhold any West Virginia state income taxes when processing payroll.

4.66 The Vendor should maintain documentation on a DCSW's non-West Virginia resident status in the DCSW's file.

As stated in Section 4.65 above, Public Partnerships' current DCSW enrollment packet includes a West Virginia Certificate of Non-Residence WV/IT-104 form that allows the DCSW to identify their non-West Virginia-resident status. After the DCSW submits the completed form to us, we process and maintain it electronically in our BetterOnlineTM web portal Document Management system.

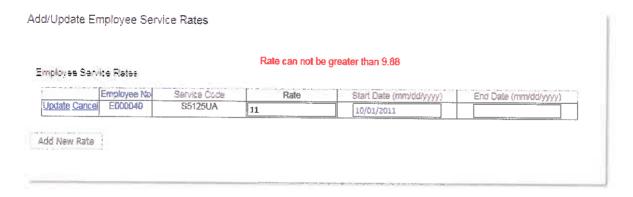
4.67 The Vendor should verify DCSWs' hourly wages in compliance with federal and West Virginia department of labor wage and hour rules for domestic service workers and within maximum payment caps stated in the wavier manuals.



Personal Options participant/representative-employers have budget and employer authority over their self-directed services. This allows the participant/representative-employers to choose the hourly wage rate that they pay their DCSWs. During the participant's enrollment meeting, the Resource Consultant provides information and training regarding the minimum wage laws and the waiver program's service rates. These dictate the minimum and maximum wage rate that a DCSW can be paid. Although there is no minimum rate for reimbursement of Transportation services, the maximum rate is also limited to the amount in the current Medicaid Fee Schedule for the waiver program. Participant/representative-employers are informed that changes in Federal and State minimum wage laws and the Medicaid Fee Schedules may require changes to their Spending Plans and their DCSWs' wage rates.

Public Partnerships has configured our BetterOnlineTM web portal to ensure DCSWs' hourly wage rates do not fall below Federal and State minimum wage requirements or exceed the waiver program's current Medicaid Fee Schedule. These upper and lower limits in the web portal can be reconfigured as required when there are changes in law or Medicaid rates.

The screenshot below shows the BetterOnlineTM error message that is issued when a Resource Consultant attempts to enter a wage rate that exceeds the maximum amount for a DCSW in the IDDW program who is not FICA and FUTA exempt. Upon receipt of this error message, the Resource Consultant would verify the DCSW's exemption statuses and take additional steps to verify the DCSW's correct wage rate before entering it in the system.



4.68 The Vendor should determine if the DCSW is a foster care or shared living provider in accordance with DOL Fact Sheet #790 (Appendix 8) and Administrator's Interpretation No. 2014-1 (Appendix 10) to determine the application of the Federal Fair Labor Standards Act (FLSA).

Public Partnerships has developed and implemented the FLSA Live-in Exemption Form and instructions which are included in the DCSW Enrollment Packet. The form includes questions to help the participant/representative-employer and DCSW determine if the DCSW resides in the



participant/employer's home, either permanently or for extended periods of time. Both the participant/representative-employer and DCSW are required to sign and date the form to certify that the DCSW is eligible for the live-in exemption from overtime pay in accordance with DOL Fact Sheet #790 and Administrator's Interpretation No. 2014-1.

When the completed form is submitted to Public Partnerships, our Enrollment team enters the information in the DCSW's profile checklist in the BetterOnlineTM web portal. The effective date of the DCSW's FLSA live-in exemption from overtime pay status is automatically posted at the time the form is processed. Our payroll system automatically recognizes this exemption status and applies it appropriately for DCSWs that qualify for the FLSA live-in exemption from overtime pay.

Public Partnerships has established payroll rules to accurately process and issue overtime payments. Our system automatically recognizes when a DCSW timesheet contains greater than 40 hours per work week per participant/employer. All hours exceeding that limit are automatically computed at the DCSW's overtime pay rate. For DCSWs who are eligible for FLSA live-in exemption from overtime pay, our payroll system computes all timesheet hours at the DCSW's regular pay rate.

4.69 The Vendor should develop, produce, and distribute biweekly timesheets and instructions for DCSWs to member/representative-employers.

Public Partnerships has developed and implemented program-specific timesheets and instructions for DCSWs and their participant/representative-employers to submit their worked hours for payment.

enrollment meeting, Public Partnerships' Resource Consultants train participant/representative-employers and their DCSWs on the process and schedule for submitting timesheets and invoices. Participant/representative-employers and their DCSWs can submit hours to our secure fax line or submit them electronically. Copies of timesheets and invoices and instructions are provided in the Enrollment Binder. We encourage the use of electronic timesheets and invoices through the BetterOnlineTM web portal and the Time4CareTM mobile device application. User guides are provided in the Enrollment Binder and the Resource Consultants also train the participant/representative-employers and DCSWs on these methods. All timesheet and invoice forms and instructions are provided in the enrollment binder and also available through Public Partnerships' web site at www.publicpartnerships.com or by calling our Customer Service Center.

4.70 The Vendor should collect, verify and process DCSWs' biweekly time sheets per state department of labor and maintain copies in the DCSW's file.



Public Partnerships has established a bi-weekly payroll schedule for each West Virginia Personal Options program. The payroll schedules list the pay period start date, pay period end date, timesheet due date, and the pay date. DCSWs and participant/representative-employers are provided a payroll schedule and are trained on the timelines for submitting timesheets and invoices so that services are paid as scheduled.

Personal Options participant/representative-employers and their DCSWs have multiple methods to submit timesheets and transportation invoices to Public Partnerships. They can submit electronically via our BetterOnlineTM web portal or Time4CareTM mobile device application. For more information on electronic timesheet submission, please refer to Section 4.153. Public Partnerships understands that not all DCSWs and participants/representatives will have the option to submit time electronically. We also provide them the option to submit their paper timesheets through our secure fax line.

Public Partnerships has documented, approved policies and procedures and internal controls for monitoring the process of collecting, verifying, and processing timesheets. We have updated these policies to comply with the specific requirements of West Virginia's *Personal Options* program. Every timesheet submitted to Public Partnerships is checked against the participant's service and budget authorization to ensure the service is authorized and there are adequate funds to complete the transaction. Timesheets are also tested against DCSW required qualifications, such as CPR, First Aid, annual training, or Criminal Background Check status. Payments for approved and validated timesheets and invoices are issued in accordance with the bi-weekly payment schedule.

We configure the available services and applicable payment rules to meet the specific requirements of the contract, including applicable unit and dollar rates, limits, and state and local tax laws and regulations. In addition, the BetterOnlineTM web portal provides a variety of standard and custom reports Resource Consultants and management team to monitor participant and DCSW statuses and budget utilization information to promote more efficient program management.

Public Partnerships maintains policies, procedures, and internal controls for managing the application of all garnishments including child support payments, levies, and liens on DCSWs' payments in an accurate and timely manner.

Upon issuance of payment, another electronic record is stored with a full detail on the payment, including the day the payment was issued and the payment type: paper check or electronic file transmission (EFT)/direct deposit. Public Partnerships does not pay timesheets or invoices that exceed the amount of the Spending Plan or other program and payroll rules; these timesheets and invoices are stored in a pending journal. If a claim exceeds the authorized amount and cannot be approved for payment, our financial management system stores the data in a denied journal. The integrated capacities of the BetterOnline™ Web Portal and back-end accounting platform provide Public Partnerships with the capacity to maintain timesheet and invoice data regardless of the status.



As part of our Go Green feature, DCSWs can view and obtain their remittance advice forms (pay stubs) at any time through the BetterOnlineTM web portal. While DCSWs can opt to receive remittance advice forms through the mail, the Go Green feature allows them access information at their convenience and supports a paperless environment.

As shown in the diagram below, Public Partnerships' payroll system addresses and fulfills all taxrelated obligations and will continue to support the provision of payment to the Personal Options DCSWs, per the established payroll schedule, in accordance with services in the approved participant's budget authorization.

Our comprehensive record-keeping system allows us to promptly research issues and respond to audit requests and other inquiries regarding claims payments.



4.71 The Vendor should have a system for addressing situations when a member/representative- employer has his/her DCSWs work hours in excess of approved hours and signs the time sheet that reflects this overage.

As mentioned in section 4.10, Public Partnerships processes timesheets and invoices against an established set of payroll rules which includes confirming a DCSW has not submitted work hours or invoices in excess or of approved hours and verifying the timesheet was appropriately approved by the participant/representative-employer. Any timesheet that does not meet all payroll rules will partially or completely pend and will be denied if it cannot be resolved. These pay controls are an important mechanism to enforce program requirements to prevent DCSWs from billing and/or being paid for hours that exceed the participant/representative-employers' authorized budget. This



prevents over-utilization of budget funds while still maintaining the record of the time billed within our system. Participant/representative-employers are able to use this record to manage the schedules of their DCSWs. Systematically preventing unauthorized payments from being released also prevents claims denials which require time and expense on the part of all stakeholders to resolve. These controls enable us to only process payments and generate claims for services that are within the participant's authorized budget.

On a weekly basis, our program support staff process a report of all pending timesheets and invoices. This report is provided to the Resource Consultants so that they may follow up as needed to with the participant/representative-employer and/or DCSW to resolve specific timesheet and invoice issues. During the monthly phone contacts and 6-month home visits with the participant/representative-employers, the Resource Consultants address any trends with timesheets and invoices including work hours exceeding approved hours in the spending plan. The Resource Consultants reeducate the participant/representative-employer on the Spending Plan and provide assistance as needed, such as developing standardized work schedules for DCSWs to help ensure they provide services and bill in accordance with the participant's Spending Plan.

4.72 The Vendor should notify the Bureau and the member/representativeemployer when a DCSW works in excess of approved hours within three (3) working days of receipt of the involved time sheet.

Every timesheet and invoice submitted to Public Partnerships is automatically tested against the participant's budget authorization to verify that there are adequate funds to complete the transaction. This system control prevents overpayment from occurring. If any hour exceeded the authorized budget amount, our financial management system prevents it from being paid and stores the data in a pending journal. If the pending hours cannot be resolved, the timesheet or invoice will be denied and stored in a denied journal.

Public Partnerships' BetterOnlineTM web portal captures all timesheet and invoice submissions, payments, and complete financial transition history for every DCSW. It has the capacity to maintain all timesheet/invoice data regardless of its status.

We can configure our system to grant the Bureau access to our BetterOnlineTM web portal. This customized user role will allow the Bureau to view all timesheet records and their status in real time 24/7. The Bureau authorized user role can filter timesheet specific date range, associated participant, DCSW, status; and view specific hours submitted including hours worked exceeding hours approved in the Spending Plan.

The screenshot below shows an example of a timesheet pending due to insufficient funds authorized in the participant's budget.



| | | | | | | Timesheet ID Statue: PENDING | | |
|---------------------|------------------|------------------------|--------------|---------|----------|---------------------------------|-----------|---|
| Zofe | Total Gally Hous | Service | Service Code | Time In | Time Out | Flours Worked | Activises | Pend Messages |
| 09/25/2017 Wordey | | | | | | | | |
| 09:26/2017 Tuesday | | | | | | | | |
| 1977/2917 Aeruteyay | | | | | | | | |
| 05 DB 520T Thereday | | | | | | | | |
| 09/29/2017 Fricay | | | | T | | | | |
| GREEDET Saturday | \$/2 hours | Ferson Cemerad Ruppors | 85125UA | 7:30 PM | 8:30 PM | 1/2 hours | | Insufficient remaining amount in Service Group po |
| | | | | | | | | |

Public Partnerships' Resource Consultants utilize this timesheet functionality to identify and discuss issues with participant/representative-employers. In addition, our program support staff generate a weekly report of pended timesheets and invoices which is provided to the Resource Consultants. This provides the Resource Consultants with the information to follow up with the participant/representative employer and DCSWs regarding specific timesheet and invoice issues. When necessary, the Resource Consultant re-trains the participant/representative-employer on how to monitor their DCSWs' billing.

If awarded this contract, Public Partnerships will collaborate with the Bureau to develop an efficient method for being informed of DCSWs that attempt to bill in excess of the approved Spending Plan.

4.73 The Vendor should have a system for recouping overages when a DCSW works in excess of approved hours per the Bureau requirements. If the overage is the Vendor's responsibility, then the Vendor should pay back the Bureau for any overpayments made to DCSW.

As referenced in Sections 4.71 and 4.72, Public Partnership's timesheet process systemically validates timesheets and invoices against payroll rules to enforce program requirements to prevent DCSWs from billing or being paid for hours that exceed the participant/representative-employers' authorized budget.

In the unlikely event that an overpayment is issued, Public Partnerships has an established system and process in place for recouping the funds from the DCSW's subsequent payment(s) and correcting the related service claims. If an overpayment occurs due to our error and we fail to recoup the funds, Public Partnerships will refund the Bureau for the amount of the overpayment.

4.74 The Vendor should compute, withhold, file, and track federal income tax withholding, Medicare, and Social Security taxes for member/representative-employers and their DCSWs quarterly in the aggregate using the Subagent-



F/EA FMS entity's separate FEIN and using the IRS Form 941, Employer 's Quarterly Federal Tax Report and the IRS Form 941 Schedule B. The Subagent-F/EA FMS entity's federal income tax withholding and FICA (Medicare and Social Security tax) depositing use rules based on the entity 's aggregate deposit liability. Therefore, an IRS Form 941 Schedule B is required in most cases and Vendor maintains copies of the filed IRS Forms 941, IRS Form 941 Schedule B and Schedule B, as applicable and related correspondence in Subagent-F/EA FMS division's file.

Public Partnerships computes, withholds, files, and tracks federal income tax withholding, Medicare, and Social Security taxes for participant/representative-employers and their Direct Care Service Workers (DCSW) quarterly in the aggregate using our own reporting Federal Employer Identification Number (FEIN) per Procedure 2013-39 for all participant/representative-employers in the Personal Options program. We use rules according to Publication 15 to aggregate the deposit liability. Due to the size of the program we use Schedule B for the daily liability and Schedule R to provide participant/representative-employer specific information to support the totals reported on an aggregate. We file these withholdings quarterly with our sub-agent FEIN and store the documentation of these filings on our secure servers.

4.75 The Vendor should deposit federal income tax withholding in the aggregate using the Subagent- F/EA FMS entity's separate FEIN (electronic EFTS filing) and per IRS depositing rules for Government F/EA FMS.

Public Partnerships deposits all DCSWs' federal income tax withholdings for participant/representative-employers. We use our separate FEIN to deposit these withholdings in the aggregate per IRS depositing rules through the Electronic Federal Tax Payment System (EFTPS).

4.76 The Vendor should deposit FICA tax in the aggregate using the Subagent-F/EA FMS entity 's separate FEIN (electronic EFTS filing) and per IRS depositing rules.

Public Partnerships deposits all FICA tax withholdings for participant/representative-employers and their DCSWs. We use our separate FEIN to deposit these withholdings in the aggregate per IRS depositing rules through the Electronic Federal Tax Payment System (EFTPS).

4.77 The Vendor should maintain copies of Federal income tax withholding, FICA filing documentation in the Subagent-F/EA FMS division's files.

Public Partnerships maintains copies of Federal income tax withholding and FICA filing documentation on our secure servers. Documents are maintained as contractually required and in accordance with IRS rules for record retention.



4.78 The Vendor should maintain copies of Federal income tax withholding, FICA deposit documentation in the Subagent-F/EA FMS division's files.

Public Partnerships maintains copies of Federal income tax withholding and FICA deposit documentation on our secure servers. Documents are maintained as contractually required and in accordance with IRS rules for record retention.

4.79 The Vendor should compute, withhold and file FUTA annually in the aggregate using the Subagent- F/EA FMS-Counseling entity's separate FEIN and the IRS Form 940, Employer's Annual Federal Unemployment (FUTA) Report and the IRS Form 940 Schedule B.

Public Partnerships computes and withholds FUTA for participant/representative-employers and their DCSWs on an on-going basis. We use our separate FEIN to file these withholdings annually in the aggregate with the IRS Form 940 and applicable schedules.

4.80 The Vendor should maintain copies of the annually filed IRS Form 940, and IRS Form Schedule R and related documentation in its files.

Public Partnerships maintains the annually filed IRS Form 940, and IRS Form Schedule R filing documentation on our secure servers. Documents are maintained as contractually required and in accordance with IRS rules for record retention.

4.81 The Vendor should deposit FUTA in the aggregate (electronic EFTS filing) using the Subagent-F/EA FMS entity's separate FEIN in accordance IRS depositing rules for Government F/EA FMS entities.

Public Partnerships deposits all FUTA tax withholdings for participant/representative-employers and their DCSWs. We use our separate FEIN to deposit these withholdings in the aggregate per IRS depositing rules through the Electronic Federal Tax Payment System (EFTPS).

4.82 The Vendor should maintain copies of FUTA deposit documentation in the Subagent - F/EA FMS entity's files.

Public Partnerships maintains copies of FUTA deposit documentation on our secure servers. Documents are maintained as contractually required and in accordance with IRS rules for record retention.

4.83 The Vendor should enroll as an electronic filer and payer for state income tax withholding, unemployment insurance tax with the West Virginia State Tax Department and WorkForce West Virginia Job Service/Unemployment.



Public Partnerships is already enrolled as an electronic filer and payer for state income tax withholding, unemployment insurance tax with the West Virginia State Tax Department, and WorkForce West Virginia Job Service/Unemployment. We currently file and pay electronically for all taxes and tax forms to the State Tax Department monthly and reconcile annually. We file and pay electronically to WorkForce West Virginia Job Service/Unemployment quarterly and reconcile annually.

4.84 The Vendor should compute, withhold and file state unemployment insurance taxes quarterly for each member/representative-employer using his/her state unemployment insurance tax employer identification number and the WVUC-A-154, Contribution Report and WVUC-154-A Wage Report per the WorkForce West Virginia, Unemployment Compensation Insurance requirements and maintain copies of forms and documentation in the member/representative-employer's file.

Public Partnerships currently computes, withholds, and files state unemployment insurance taxes quarterly in the aggregate using our own reporting FEIN per Procedure 2013-39 for all participant/representative-employers in the Personal Options program. We file these withholdings quarterly with our sub-agent FEIN and store the documentation of these filings on our secure servers.

4.85 The Vendor should compute, withhold and file state income tax withholding quarterly using the member/representative-employer's state income tax employer identification number and the West Virginia State Tax Department Form WV/IT-101, Employer's Return of West Virginia Income Tax Withheld for each West Virginia resident member/representative-employer and qualifying West Virginia non-resident employee. The Vendor should maintain copies of state income tax withholding filings and related documentation in the member/representative-employers' files.

Public Partnerships electronically computes, withholds, and files all state income tax withholding each quarter in the aggregate using our own reporting FEIN per Procedure 2013-39 for all participant/representative-employers in the Personal Options program. We file these withholdings with our sub-agent FEIN and store the documentation of these filings on our secure servers.

4.86 The Vendor should deposit state income tax withholding for each member/representative employer West Virginia resident and qualifying non-resident DCSWs. The Vendor should maintain copies of documentation in each member/representative-employer's file.



Public Partnerships currently deposits all DCSWs' state income tax withholdings electronically in the aggregate using our separate FEIN per Publication 13 through the Electronic Federal Tax Payment System (EFTPS). We maintain copies of documentation of these deposits and filings on our secure servers.

4.87 The Vendor should withhold and file municipal taxes, as required, for each member/representative-employer. The Vendor should maintain copies of municipal tax filings and related documentation in each member/representative-employer's file. The Vendor should deposit municipal taxes, as required for each member/representative- employer. The Vendor should maintain copies of municipal tax payments and related documentation in each member/representative-employer's file.

Participant/representative-employers that live in a municipality that requires a user fee will complete the Verification of City Service Fee Withholding Form that allows Public Partnerships to determine if the fee is applicable to the participant's Direct Care Service Workers (DCSWs). At the time of the enrollment meeting, the Resource Consultant will review the municipal user fee requirements with the participant/representative-employer and their DCSWs and assist them with completing the necessary forms and paperwork to exempt or withhold the fee as required from the DCSWs's payments.

Upon determining that a participant/employer lives within the city limits of a municipality that requires a user fee, we will flag the participant/employer and DCSWs in our BetterOnlineTM Web Portal and payroll system. The applicable fee will be withheld, once per earning period, from the Direct Care Service Workers' paycheck, per the municipalities' requirements. Public Partnerships will continue to withhold and file the fee using the municipalities' filing schedule, on behalf of the applicable participant/representative-employers. Public Partnerships will maintain electronic copies of forms and filings on our secure servers.

4.88 The Vendor should process all judgments, garnishments, tax levies, or other related holds on DCSWs' pay as may be required by federal, state or municipal governments and maintain copies of documentation in the DCSW's file.

Public Partnerships has internal controls to monitor accuracy and timelines of application of garnishments, levies and liens on DCSW payroll checks in an accurate and timely manner, and for maintaining relevant documentation. Our internal controls include processing garnishment, judgement and levy requests impacting DCSWs so the payments are distributed in the following payroll to the necessary parties. We also conduct a formal management review of all wages paid and tax deposits and filings on behalf of participant/representative-employers and a quarterly audit of program files to ensure payroll garnishments, levies and liens are properly documented and entered into the payroll system and maintained in the DCSWs' electronic files. This includes a sample audit of wages paid to ensure these payroll adjustments were processed properly.



4.89 The Vendor should generate DCSW payroll checks and mail or perform electronic direct deposits of checks in accordance with Chapter 600 of the West Virginia Medicaid Manual located in Appendix 4 of this RFP and any other federal or state requirements.

Public Partnerships has established payroll procedures for issuing payroll checks and direct deposits to participants' DCSWs in accordance with the requirements in Chapter 600 of the West Virginia Medicaid Manual. Our BetterOnlineTM web portal and Financial Management System maintain each participant's prior authorized services and budget amount as well as the service codes and rates in the current program-specific Medicaid Fee Schedules.

DCSW timesheets and invoices are processed using the program-specific Personal Options payroll schedules to ensure the payroll checks and direct deposits are issued in accordance with Federal and State agency requirements for timely payment. All timesheets and invoices are validated against the programs' payroll rules to determine that the participant has been authorized to receive the services being billed, that the DCSW is qualified to provide the service, and the cost of the services being billed do not exceed the participant's approved spending plan amount. Upon verifying that these requirements have been met, Public Partnerships processes the timesheet/invoice for payment and submits the service claims to the State's MMIS vendor.

4.90 The Vendor should process direct deposits of DCSWs' payroll checks as requested and maintain copies of documentation in the DCSW's file.

Public Partnerships' DCSW Enrollment Packet includes an easy to complete Direct Deposit Application. During the enrollment meeting, the Resource Consultant reviews the Direct Deposit Application with the participant/representative-employer and explains the benefits of having DCSWs sign up for direct deposit of their payroll checks. Doing so allows DCSWs to receive their payments without the delays and risks associated with payroll checks which are sent by U.S. mail.

Completed Direct Deposit Applications are maintained along with all DCSW documents in our BetterOnlineTM web portal. The BetterOnlineTM web portal also maintains all remittance advices (pay stubs) issued to the DCSWs. DCSWs who are registered users of the BetterOnlineTM web portal can view their remittance advices at any time. DCSWs who receive payments through direct deposit may request to have their remittance advices sent by mail.

- 4.91 The Vendor should develop a system for managing improperly cashed or issued payroll checks, stop payment on checks, and for the re-issuance of lost, stolen or improperly issued checks including:
- 4.91.1 Maintenance of a log of voided and reissued checks, including all information;



- 4.91.2 Proper authorization of all stop payments and re-issuances;
- 4.91.3 Timeframe for re-issuance of checks (i.e., within three (3) working days of notification of lost/stolen check) and issuance of stop payment request.

Public Partnership's payroll process for the West Virginia Personal Options programs is configured with business rules that will pend a timesheet for review to avoid improperly issued payments. We also have a specialized Payment Resolution team that manages payroll-related issues including improperly cashed checks, stop payments on checks, and re-issue of lost or stolen checks. The Payment Resolution team has a recoupment Policy and Procedure to address situations where checks are cashed improperly. This team also works closely with the Resource Consultants and the Customer Service team to promptly address stop payment or reissue requests from DCSWs.

Upon being requested by the DCSW to stop payment and reissue a check, the Resource Consultant or Customer Service representative reviews the DCSW's data in our BetterOnlineTM web portal to confirm the posting date of the requested check and the DCSW's mailing address. The Support Ticket functionality in the BetterOnlineTM web portal is used to document the request from the DCSW and track resolution actions.

Our standard process for a stop payment and reissue of a check is 10 business days if we confirm the check was mailed on time according to the payroll schedules and to the DCSW's correct mailing address. This is to allow proper time for the check to be delivered by U.S postal service prior to voiding it. Experience has proven that stopping a check before this timeframe often results in the DCSW receiving the voided check shortly after contacting us. Once a check is voided, it cannot be reversed and if the DCSW tries to cash or deposit the voided check, bank fees could incur for the DCSW.

In the unlikely event that Public Partnerships issues a check to an incorrect address, once notified and confirmed, our Payment Resolution team verifies through our banking website whether the check has been cashed before initiating a stop payment and reissuing the check. The process for the Payment Resolution team to verify the banking information, stop the payment on the original check, and reissue a new check along with updating the accounting system is 3 business days.

Public Partnerships maintains all information and documentations of voided and reissued checks in our Financial Management System and on our secure server.

4.92 The Vendor should research, track and resolve all tax notices received from the IRS, West Virginia State Tax Department and WorkForce West Virginia Job Service/Unemployment regarding DCSWs' tax liabilities/liens, including all information and steps to resolution.



Public Partnerships researches and resolves all tax notices received from the IRS, West Virginia State Tax Department, and WorkForce West Virginia Job Service/Unemployment regarding DCSWs' tax liabilities/liens. We track all information and steps to resolution. Form 2678 in the member-employer enrollment tax packet grants us authorization to research any tax notices received from West Virginia State Tax Department and WorkForce West Virginia Job Service/Unemployment. Most tax notices from the IRS are regarding aggregate tax notices and can be addressed with the paperwork we already have on file. In the rare occurrence that a federal tax notice received from the IRS is received for a specific participant/representative-employer, we will obtain a Form 2848 for that specific tax type and tax period to grant us authorization to complete the research and resolve.

4.93 The Vendor should maintain copies of all documentation related to electronic West Virginia tax filings and payments in the Subagent-F/EA FMS entity's file.

Public Partnerships maintains copies of all documentation related to electronic West Virginia tax filings and payments on our secure servers. Documents are maintained as contractually required and in accordance with IRS rules for record retention.

4.94 The Vendor should verify that each DCSWs social security number matches the name and date of birth information obtained from the Social Security Administration's Business Services Online prior to submitting IRS Forms W-2 to the employer, the West Virginia State Tax Department, and the Social Security Administration each calendar year.

Public Partnerships confirms each DCSW's Social Security Number (SSN) and date of birth through the Social Security Administration's Business Services Online system quarterly before processing unemployment tax filings and at the end of the year before issuing IRS Forms W-2. If there is a mismatch in the date of birth or Social Security Number, Public Partnerships will initiate a call to the DCSW to obtain the correct information within 30 days.

IRS Forms W-2 are issued to the West Virginia State Tax Department and Social Security Administration each year as required. With our extensive F/EA FMS experience, we have found that issuing W-2 forms directly to the DCSWs rather than to the participant/representative-employers is the most efficient method. Our Resource Consultants and Customer Service representatives are available to assist DCSWs who request a copy of their W-2 to be re-issued.

4.95 The Vendor should file the annual reconciliation of West Virginia state income tax withholding for each member/representative-employer using the West Virginia State Tax Department Form WV/IT-103, Annual Reconciliation of West Virginia Income Tax Withheld for each West Virginia resident and qualifying non-resident member/representative-employer, and the



member/representative-employer's employer identification number and maintain copies of the form and related documentation in each member/representative-employer's file.

Public Partnerships currently files West Virginia state income tax withholding for each participant/representative-employer on a monthly basis and completes an annual reconciliation of West Virginia income tax withheld for each West Virginia resident and qualifying non-resident participant/representative-employer during the end of the year tax process. All documentation of these filings and reconciliations is stored on our secure servers.

4.96 The Vendor should process refunds of over collected FICA for eligible member/representative-employers to DHHR and eligible DCSWs.

Public Partnerships' DCSW Enrollment Packet includes an Application for Tax Exemption Form that allows the DCSW to apply for FICA tax exemption based upon their family relationship with the participant/representative-employer. When the completed DCSW Enrollment Packet is processed by our Enrollment Team, the information from the Application for Tax Exemption Form is entered into the BetterOnlineTM web portal. This information will translate into the DCSW's tax exemption status in our Financial Management System. If the DCSW is determined as FICA tax exempt, our Financial Management System lifts applicable withholding requirements when processing payroll.

Public Partnerships tracks all taxes withheld and paid on behalf of the participant/representative-employer and the DCSW. On November 1st, or the nearest business day of each calendar year, we produce a report that identifies DCSWs who have yet to reach the established threshold in wages for work performed for employers. FICA refunds are issued to those DCSWs prior to the year-end tax processing.

To prepare for FICA refunds, Public Partnerships sends a letter to each DCSW who is identified as earning below the threshold as of November 1st to confirm their mailing address. We refund FICA to each DCSW by mailing a check with a letter explaining the reason for the refund. We transmit both employer and DCSW refunds within one standard pay period of receiving the refund from the IRS and deposit the funds into the individual accounts that we have established for each payer of service claims.

After all DCSW payments have been issued, Public Partnerships reports FICA exempt wages on IRS Form 941 by adjusting Form 941 to deduct wages that make up the FICA exempt total for the calendar year from total program wages in the fourth quarter.

4.97 The Vendor should maintain documentation related to FICA refunding in each applicable member/representative-employer 's and DCSW's files.



Public Partnerships maintains all documentation related to FICA refunding on our secure servers. Documents are maintained as contractually required and in accordance with IRS rules for record retention.

4.98 The Vendor should process, file and distribute IRS Forms W-2, Wage and Tax Statement for all DCSWs and in accordance with IRS instructions for agents. As part of this process, the total gross payroll per the Form W-2 should be reconciled to the calendar year's total gross payroll and to gross payroll values filed on Forms 941 and 940.

Public Partnerships calculates and prepares the required IRS Form W-2 data using the payroll module of our Financial Management System. We have customized this to file in accordance with IRS Rev. Proc. 70-6, Notice 2003-70 for household employers. We have developed both the paper and electronic versions of Form W-2 to automatically populate the agent name and address data in the "Employer" box and the employer data in boxes 15a and 15b. This customization enables us to accommodate differences in Federal and State W-2 filing requirements. We mail W-2s to all DCSWs by January 31st.

In accordance with our established internal controls, a Public Partnerships tax expert reviews a statistically valid sample of prepared W-2 Forms and compares the data reported on each form to the data reported on the employer's behalf to the Federal and State governments. This method allows us to efficiently capture any systemic reporting error. Since we file W-2 forms electronically in the aggregate, using our separate F/EA FEIN, we are not required to file IRS Form W-3.

4.99 The Vendor should maintain copies of the federal copy of Forms W-2 and related documentation in each DCSW's file.

Public Partnerships stores an annual electronic file of all IRS Forms W-2 issued to the participants' DCSWs as well as related documentation on our secure servers. This allows us to access and reissue a copy of a W-2 from any year upon request from a DCSW.

4.100 The Vendor should process and file the IRS Form W-3, Transmittal of Wage and Tax Statement, as applicable and maintain a copy of the form in the member/representative- employer's file.

As described in Section 4.98, Public Partnerships files IRS Forms W-2 electronically in the aggregate, using our separate FEA FEIN. This eliminates the need to process and file IRS Form W-3.



4.101 The Vendor should process any returned DSCWs' payroll checks in accordance with the West Virginia Unclaimed Property Act (Appendix 10) and CFR 42 Part 433 Section 40 (Appendix 11).

Public Partnerships has an established process and procedure for managing returned payments from uncashed DSCW payroll checks in accordance with the West Virginia Unclaimed Property Act. Our Unclaimed Property team proactively conducts due diligence on open checks as early as one month after issuance. If the payroll check owner cannot be located, we will perform formal due diligence procedures and issue letters. We also attempt to contact the appropriate DCSW via outbound calls based on any new information received. Following due diligence, if the check owner cannot be located, we will compile a report per the WV Unclaimed Property Act.

4.102 The Vendor should maintain copies of West Virginia Unclaimed Propertyrelated documentation related to returned DSCWs' payroll checks or providers' and/or vendors' payments in the DCSW's file.

Public Partnerships maintains copies of West Virginia Unclaimed Property-related documentation related to returned DSCWs' payroll checks or providers' and/or vendors' payments. Documents are maintained as contractually required and in accordance with IRS rules for record retention.

4.103 The Vendor should process, pay and track payments for approved participant-directed goods and services received from service providers and vendors. Tasks/requirements include the following:

Public Partnerships has an established process and procedure for approving requests and issuing payments for Participant-Directed Goods and Services (PDGS). This process tracks each step of the process from the date the prior authorization for PDGS was issued by the State's Utilization Management Contractor (UMC) to the date we receive the receipt that confirms the approved item/service has been purchased.

4.103.1 The Vendor should receive, verify, and process all invoices from approved participant-directed goods and services providers and vendors in accordance with the member's Spending Plan and monitor expenditures against it and maintain this documentation in the provider/vendor's file and electronic exchange data information with the Bureau.

The participant/representative-employer is required to complete a PDGS Packet and submit it to Public Partnerships prior to their budget year expiration. A completed PDGS Packet must include:

- Application for Approval of Goods and Services form;
- Payment Request Form (PRF);
- Itemized estimate/quote for the requested item/service;



- Individual Program Plan (IPP) that indicates the specific item/service has been approved by the participant's Interdisciplinary Team (IDT);
- W-9 (Request for Taxpayer Identification Number and Certification); and
- Supporting documentation (e.g., therapist recommendation, denial from private insurance).

Within three (3) business days of receipt of the PDGS Packet, our program support staff review the packet to confirm that all documents have been accurately completed and to verify that the following requirements are met:

- The requested item/service is specifically addressed in the participant's IPP and is directly related to an assessed need and/or goal;
- The requested item/service is not included in the restricted list of items/services in Chapter 513.16 of the IDDW Policy Manual; and
- There are adequate funds in the participant's PDGS Spending Plan to purchase the requested item/service.

Once a PDGS Packet has been approved, the invoice is submitted to our Financial Operations team. The invoice is processed through a series of rules in the BetterOnlineTM web portal including validation that the participant's Medicaid eligibility is current and PDGS funds are available. Invoices that meet all requirements are processed for payment and the funds are claimed through the State's MMIS vendor. The BetterOnlineTM web portal electronically maintains all documents in the PDGS Packet.

4.103.2 The Vendor should pay service providers' and vendors' invoices for approved participant-directed goods and services in accordance with the member's Spending Plan within thirty (30) calendar days of receiving the invoice and maintain this documentation in the provider/vendor's file and electronic exchange data information with the Bureau.

PDGS payments are issued within ten (10) business days the date the PDGS item/service was approved. This allows Public Partnerships to pay vendors within thirty (30) calendar days of receiving the invoice.

PDGS invoices and payments are electronically maintained in the Document Management system in our BetterOnlineTM web portal.

4.103.3 The Vendor should process any returned provider or vendor payments in accordance with the West Virginia State Treasury Department's Division of Unclaimed Property requirements and procedures and in compliance with CFR 42 Part 433 Section 40 (Appendix 11).



Following the procedure described in Section 4.101, Public Partnerships manages returned payments from uncashed PDGS provider or vendor checks in accordance with the West Virginia Unclaimed Property Act. In addition, the participant's Resource Consultant notifies the participant/representative-employer and/or PDGS vendor at the time the payment has been issued. This approach helps to identify any issues with the participant/representative-employer's or vendor's receipt of the payment and helps to ensure goods and services are rendered and receipts are received within 60 days of check issuance. If the payment has not been received by the participant/representative-employer or vendor within 10 business days of the date it was issued, we can void and reissue the check before it becomes unclaimed.

4.103.4 The Vendor should maintain copies of West Virginia Unclaimed Propertyrelated documentation in the service provider's and vendor's file.

As stated in Section 4.102, Public Partnerships maintains copies of West Virginia Unclaimed Property related documentation in our secure servers. We also track all related steps through the Support Ticket function in the BetterOnlineTM web portal.

4.103.5 The Vendor should distribute IRS Forms SS-8, Determination of Worker Status for Purpose of Federal Employment Taxes and Income Tax Withholding when there is a question of whether his or her participant-directed goods or service provider or vendor is an independent contractor.

Per the service description and restrictions in Chapter 513.16 of the IDDW policy manual, a PDGS vendor does not meet the qualifications to be an employee of the participant. All IDDW PDGS vendors are required to submit an IRS Form W-9 and are appropriately classified as independent contractors in our BetterOnlineTM web portal.

Take Me Home West Virginia (TMHWV) participants may request to receive support services during the pre-transition period. If awarded this contract, Public Partnerships will collaborate with the Bureau for Medical Services to develop a program-specific PDGS Packet for TMHWV which will include the IRS Form SS-8 to ensure that vendors are appropriately classified as employees or independent contractors.

4.103.6 When a participant-directed goods and services provider or vendor is determined to be an independent contractor, the Vendor should distribute, collect and process IRS Forms W-9, Request for Taxpayer Identification and Certification members' participant-directed goods and services provider or vendor who are determined to be independent contractors.

Public Partnerships distributes, collects and processes IRS Forms W-9 for all PDGS vendors that have been determined to be independent contractors. Please refer to Section 4.42 for specific details.



4.103.7 When a participant-directed goods and services provider or vendor is determined to be an independent contractor, the contractor should process, file and distribute an IRS Form 1099-Misc, Miscellaneous Income to each applicable provider or vendor that is paid Six Hundred Dollars (\$600) or more from January 1 to December 31 in any given year and maintain a copy of the Form in the applicable provider's or vendor's file.

Public Partnerships has an established process and procedure to process, file and distribute an IRS Form 1099-Misc. to applicable PDGS vendors in accordance with IRS regulations. We maintain electronic copies of all issued IRS Forms 1099-Misc. and related documentation on our secure servers.

- 4.104 The Vendor should propose a system and policies, procedures, and internal controls for providing RC services statewide to support members enrolled in Personal Options in all areas of directing their services. The Vendor's proposal should address, but need not be limited to, the following tasks:
- 4.104.1 Assisting interested and eligible members and employee to enroll in Personal Options, including the completion and submission of Employer Enrollment and DCSW Employment and Participant Directed Goods and Services Vendor and Service Provider Packets.

Public Partnerships' managers, program support staff, Resource Consultants and Customer Service representatives are trained and have experience assisting individuals who express interest in self-directing their services through the Personal Options program. We often receive calls from individuals who want information and have questions prior to being referred to the program. We provide current and accurate information so that these individuals can make a well informed choice to self-direct their services. If awarded this contract, we propose to collaborate with the Bureau and its operating agencies to develop an assessment tool to help individuals, their Case Managers, Service Coordinators and other stake holders to determine whether self-direction is the right choice.

Prior to the face-to-face enrollment meeting, Public Partnerships' Resource Consultants will determine whether the participant chooses to complete the enrollment documents electronically through our Online Enrollment System or using the traditional paper Participant Enrollment Packet. Completion of the documents electronically reduces the risk of errors or omissions and allows the packet to be processed more quickly. If the paper enrollment packet is chosen, the Resource Consultant prepares for the meeting by pre-populating the forms with the participant/employer's information. This allows the Resource Consultant to focus training on the purpose of each document rather than how it must be completed.



The face-to-face enrollment meeting is held within 14 days of receipt of the referral and participant-directed budget and at a time that is convenient for the participant, legal representative, Program Representative (when required) and DCSWs (when available). From experience, we know that the time spent educating the participant/representative-employer and DCSWs during the enrollment meeting is extremely important. The Resource Consultant allows ample time to ensure the orientation and skills training are conducted at a pace that matches the participant/representative-employer's needs.

An Enrollment Binder containing program information, training materials and all enrollment forms is prepared in advance of the meeting. The cover of the Enrollment Binder includes useful information including the Resource Consultant's name and contact information, instructions for submitting timesheets and invoices, and Public Partnerships' customer service telephone number.

During the enrollment meeting, the Resource Consultant first provides an overview of the materials in the Enrollment Binder. Using these materials for reference, the Resource Consultant then provides the participant/representative-employer with an orientation to the Personal Options program and skills training regarding the role of the employer. Regardless of whether the Participant enrollment packet is completed electronically through the Online Enrollment system or completed with the traditional paper forms, the Resource Consultant provides the participant/representative-employer with an explanation of each form and assists as needed to ensure the forms are accurately completed and signed.

The Resource Consultant similarly educates and assists the DCSWs with completion of the DCSW enrollment documents. These may be completed and submitted electronically through the Online Enrollment System or using the traditional paper DCSW enrollment packet.

Development of the participant's Spending Plan is a key component of the enrollment meeting. The Resource Consultant provides the participant/representative-employer with the amount of the self-directed budget and explains how the amount was determined. For IDDW and TBIW participants the self-directed budget is based upon the units of authorized services whereas the ADW participants' budgets are based upon the assigned Level of Care. Using our program-specific Spending Plan templates, the Resource Consultant assists the participant/representative-employer to develop a person-centered Spending Plan that meets the participant/representative-employer how the DCSW's wage rate, FICA exemption (when applicable) and potential overtime rates directly impact the amounts of services that can be provided. Program restrictions regarding the participant/representative-employer's budget and employer authority are also addressed to ensure the final Spending Plan meets the participant's needs and also complies with program and policy requirements.

If Participant-Directed Goods and Services (PDGS) have been prior authorized, the Resource Consultant may assist the participant/representative-employer with the completion of the PDGS



packet at the time of the enrollment meeting. However, it is rare that the participant/representative-employer is prepared at that time therefore the Resource Consultant provides education regarding the documents in the PDGS packet and the process for submitting it and requesting payment. When the participant is ready to request PDGS items or services, the Resource Consultant is available to assist with the completion of the required documents.

4.104.2 Entering member/representative information into the web-based portal utilized by the Bureau and the selected Vendor for project management and reporting.

Public Partnerships has designed our BetterOnlineTM web portal so that participant referrals, service referrals and prior authorization data can be accurately and efficiently uploaded from the Utilization Management Contractor's (UMC) system and notifications. Upon receipt of a participant referral, the participant's profile page is created in the web portal. This page includes all identifying information about the participant and his/her Program Representative (if applicable) and identifies the Resource Consultant who is assigned to the case. From the participant profile page are links to his/her associated direct-care service workers (DCSWs), and all documents associated with the participant and the DCSWs. Over time, data is added to these pages, such as the dates that the Resource Consultant conducted monthly contacts and six-month meetings, the DCSWs training and background checks, etc.

4.104.3 Assisting members and representatives, as appropriate, in developing, receiving approval, and implementing their initial twelve (12) month Service/Spending Plan and subsequent updates and reviewing Spending/Service plans with members and their representatives, as appropriate, during the monthly calls and during the six (6) month inperson visits. The monthly phone call can be made on any day during any given month.

Public Partnerships has developed program-specific Spending Plan templates that help the participant/representative-employer calculate planned spending including the cost of DCSW regular and overtime wage rates. The Spending Plan contains participant/representative-employer identification information, Resource Consultant name, total budget authorization, spending plan period, service descriptions, service codes, planned units, DCSW names, wage rates, and applicable taxes. In addition, our Spending Plan template for the Intellectual/Developmental Disabilities Waiver (IDDW) program includes the amount of authorized Participant-Directed Goods and Services (PDGS).

Public Partnerships' Resource Consultants utilize the Spending Plan templates to help the participant/representative-employer make informed decisions about utilizing the services which have been authorized to meet their needs.



After the Spending Plan has been developed, the data is entered into the BetterOnlineTM web portal. This allows timesheets, transportation invoices, and PDGS invoices to be verified against the Spending Plan to ensure that the types and amounts of the services being billed comply with the approved Spending Plan.

During monthly and six-month contacts with the participant/representative-employer, the Resource Consultant discusses the utilization of the Spending Plan funds and the need for changes. Any modifications by the Utilization Management Contractor to the participant's prior authorized services or Level of Service are discussed with the participant/representative-employer and incorporated into the Spending Plan as appropriate. Spending Plan revisions may be necessary several times throughout the participant's budget year and may involve the following:

- Participant receives new service authorizations;
- Participant's existing authorized services are modified or discontinued;
- Participant/representative-employer utilizes PDGS funds;
- Participant/representative-employer hires or terminates DCSW;
- Participant/representative-employer changes an existing DCSW's wage rate;
- Participant/representative-employer chooses to change their budget allocation and/or service mix for a future month.

The Resource Consultant is responsible for updating the BetterOnlineTM web portal budget page to reflect the participant's current Spending Plan. The Resource Consultant also provides the participant/representative-employers and their Case Managers (when applicable) and Service Coordinators with copies of all Spending Plans.

4.104.4 Assisting members and representatives, as appropriate, to develop training required of all DSCWs. DSCWs cannot provide and/or bill for services until training has been completed.

A DCSW training packet is included in the Enrollment Binder and during the skills training session of the enrollment meeting the Resource Consultant reviews the contents of the training packet with the participant/representative-employer and educates him/her on the responsibility and process for documenting that the DCSWs are fully trained and qualified prior to providing/billing for services. The Resource Consultant assists the participant/representative-employer to identify participant-specific DCSW training objectives and assists with obtaining and developing the training materials as needed. For example, we offer materials related to workplace safety, lifting and transferring, person-centered language, etc.

DCSWs cannot provide or bill for paid services until Public Partnerships receives documentation that all training requirements have been met. The requirements and related documentation vary by program policy but must be documented initially at the time of hire and at least annually



thereafter on the Training Verification Form. This form identifies the specific training topics and is signed by both the DCSW and participant/representative-employer.

4.104.5 Collaborating with the Subagent-F/EA FMS Division to verify that all DCSWs have completed the training as referenced in the ADW, IDW and TBIW policy Manuals all located on website: http://www.dhhr.wv.govlbms/Pages/Manuals.aspx.

The DCSW training packet includes program-specific training modules and materials for the courses referenced in the program policy manuals. The training packets are included in the Enrollment Binder and available through Public Partnerships' website: www.publicpartnerships.com. It is the participant/representative-employer's responsibility to train his/her DCSWs and provide the Resource Consultant with documentation that this requirement has been met prior to scheduling the DCSW to provide paid services.

At the time of hire and annually thereafter, each DCSW must submit the Training Verification Form which has been signed by the DCSW as well as the participant/representative-employer. In addition, the DCSW must provide proof of CPR and First Aid certification to Public Partnerships. We maintain these documents and enter the DCSW's training dates in our BetterOnlineTM web portal. The training dates are directly tied to payroll rules to ensure that DCSWs are paid for services only when all training qualifications have been met.

4.104.6 Assisting the Subagent-F/EA FMS Division to develop and maintain a directory of DCSWs including a registry/directory of potential DCSWs.

Public Partnerships currently maintains a directory of all active DCSWs as well as a registry of potential DCSWs. During the completion of the DCSW enrollment packet the DCSW indicates whether he/she is interested in providing services to additional participant/employers. DCSWs that indicate "yes" are added to the potential DCSW registry. As Resource Consultants are made aware of a participant's need to hire a new DCSW, they share the names and contact information of the DCSWs from the registry as appropriate.

Under the terms of this RFP, Public Partnerships will be enhancing the current potential DCSW registry to be web-based and searchable by participant/representative-employers as well as potential DCSWs.

4.104.7 Assisting the member or representative, as appropriate, in identifying and providing DCSW benefits, as applicable.

During the face-to-face enrollment meeting, the Resource Consultant explains the benefits available to DCSWs through the Personal Options program. Social Security, Medicare, and unemployment taxes as well as overtime compensation are addressed. Health insurance, Worker's



Compensation insurance and vacation days are not available through the Personal Options program but if requested, the Resource Consultant assists the participant/representative-employer with researching options for health and/or Worker's Compensation insurance.

4.104.8 Conducting monthly phone calls with members to provide guidance and support while members are using Personal Options.

Following the face-to-face enrollment meeting, the Resource Consultant contacts the participant/representative-employer at least on a monthly basis to determine if there have been changes in the participant's needs and to address his/her performance on the Personal Options program. We have developed a program-specific Monthly Contact forms which include a checklist of the topics that the Resource Consultant must address with the participant/representative-employer. The topics include:

- Significant changes in the participant's needs including hospitalizations/nursing home placement in the past month;
- Upcoming medical eligibility redetermination;
- The need for or any changes to existing dual services;
- DCSW certification and training dates that need to be updated within the next 90 days;
- Issues regarding DCSW including new hires or terminations;
- Application for PDGS services (IDDW only);
- Are services being provided/billed as planned; and
- Spending plan issues and updates.

Issues identified during the monthly contact are followed up by the Resource Consultant as appropriate. The completed monthly contact forms are signed by the Resource Consultant and uploaded to the participant's documents in the BetterOnlineTM web portal. The date of the monthly contact is entered in the participant's portal profile allowing program managers the ability to monitor the Resource Consultant's performance and compliance with this requirement.

4.104.9 Conducting in-person home visits with members every six (6) months to provide guidance and support while members are using Personal Options except for IDDW.

At least every six months following the enrollment meeting, the Resource Consultant conducts a face-to-face visit with the participant/representative-employer. The discussion topics of the visit are the same as those addressed during the monthly phone contacts described above. The Resource Consultant documents the six-month visit on the contact form and in addition to his/her signature, the participant/representative-employer is also required to sign the document. The completed document is uploaded to the participant's documents in the BetterOnlineTM web portal. The date of the six-month visit is entered in the participant's portal profile allowing program managers the ability to monitor the Resource Consultant's performance and compliance with this requirement.



4.104.10 Assisting members and representatives, as appropriate, to identify and retain services of qualified agencies and/or individuals for services available under each Self-Directed program.

Public Partnerships has an established process for providing skills training to participant/representative-employers using a standard curriculum and materials pre-approved by BMS. The skills training is provided by the Resource Consultant during the enrollment meeting with the participant, legal representative (if applicable), Program Representative (if applicable) and the participant's DCSW(s) are also encouraged to attend. The training session equips the participant/representative-employers with sufficient skills to identify, hire, and retain qualified and reliable DCSWs.

Through monthly contacts and visits with participants, our Resource Consultants monitor the participant's and representative's performance to provide additional training and assistance if needed. We understand the impact of qualified and reliable DCSWs on program participant's health, safety, and welfare.

4.104.11 Assisting members and representatives, as appropriate, to purchase Participant- Directed Goods and Services (i.e., assistive technology, personal emergency response systems and home modifications).

Public Partnerships has an established process and procedure for approving requests and issuing payments for Participant-Directed Goods and Services (PDGS). This process tracks each step of the process from the date the prior authorization for PDGS was issued by the State's Utilization Management Contractor (UMC) to the date we receive the receipt that confirms the approved item/service has been purchased.

At the IDDW enrollment meeting, the Resource Consultant reviews the PDGS packet with the participant/representative-employer. When a participant/representative-employer has identified the need to purchase PDGS, our Resource Consultants assist them with completing the PDGS packet and submitting it to Public Partnerships program support team for application approval and payment issuance.

4.104.12 Monitoring members' health, safety, and welfare through enrollment and initial planning process, including participants of TMH prior to transitioning to the community, and required monthly calls and six (6) month in-person visits with members.

Public Partnerships' Resource Consultants complete and/or review the participant's assessment and service plan at the initial Personal Options enrollment meeting or the initial TMH transition planning visit. We provide the employer orientation and training to participants and their



representatives regarding identifying and reporting all incidents at the enrollment meeting. Our Resource Consultants continue to monitor the participants' health, safety, and welfare through monthly contacts and 6-month home visits.

4.104.13 Maintaining member and representative files and records including member notifications in automated systems.

Public Partnerships electronically maintains all documents from Participant enrollment packets and other related documents through our Document Management system in the BetterOnlineTM web portal. Our Document Management system allows us to store all documents for the required time period on a secure, limited-access server. We use the Support Ticket functionality in the BetterOnlineTM web portal to document and maintain all contacts with participant/representative-employers and DCSWs. Through our BLAZE technology, automated outbound calls or emails can be sent to distribute information quickly and effectively on everything from program-wide notifications to reminders of missing documents to a specific participant/representative-employer or DCSW. This technology allows us to document and tracks all automatic notifications to participants and their DCSWs.

4.104.14 Documenting and reporting evidence and observations of members' and representatives' inability to self-direct.

Public Partnerships' Resource Consultants provide the orientation and skills training to participants at the enrollment meeting and continue to monitor the participants' ability to self-direct their services through monthly contacts and 6-month home visits. Any observations and evidence of participants' and representative's inability to self-direct will be documented and reported to the program management team and escalated to BMS' attention if needed.

If Public Partnerships is awarded this contract, we will consult with BMS to develop a performance assessment to be used in cases where despite the Resource Consultant's efforts to assist and reeducate, the participant/representative-employer continues to have difficulties in self-directing his/her services.

4.104.15 Reporting and responding to all member/representative complaints regarding Subagent-F/EA FMS- RC entity using required reporting and systems.

Public Partnerships documents and tracks all participant/representative complaints using the Support Ticket functionality in the BetterOnlineTM web portal. This allows us to accurately assign the complaint to the appropriate staff person for follow-up/resolution and to generate reports that can be sorted to identify trends regarding the volume and types of complaints and the amount of time to resolve. These tools allow us to resolve issues or complaints as quickly as possible and to



identify and proactively address systemic causes. Please refer to Section 4.54.20 and 4.143 for more information.

4.104.16 Reporting and responding to all member/representative grievances using the required reporting processes and systems.

Public Partnerships has established procedures for receiving, tracking, reporting, and responding to complaints and grievances. Please refer to Section 4.147 for more information.

4.104.17 Acting as a mandatory reporter and report and respond to all simple and critical incidents, including any and all allegations or reports of suspected abuse, neglect and exploitation.

Public Partnerships has developed a detailed internal Policy and Procedure (P&P) manual for reporting incidents as required by program policy. All Public Partnerships' Resource Consultants and key program staff are trained in their responsibilities as mandated reporters upon hire and annually. Please refer to Section 4.145 for information regarding our reporting of incidents involving abuse, neglect or exploitation of a participant.

4.104.18 Assisting members and representatives as needed to be re-evaluated for eligibility for services, requests for a change in level of care, request for dual service provision, and request for transfer to traditional agency-directed services.

Public Partnerships has developed and implemented a process to assist participants and their representatives with completing their medical eligibility for services in a timely manner. Our program support team send the reminders and required forms to the participants prior to their reevaluation due date allowing them to have sufficient amount of time to complete and return the forms to their Resource Consultants. The Resource Consultants also follow up in their monthly contacts to help ensure forms are completed and submitted on time.

The Resource Consultants are also knowledgeable of the policy and processes for requesting a Service Level change, dual service provision, and transfer to traditional service delivery option. The Resource Consultants and program support staff coordinate with the Bureau's UMC (Kepro) and Operating Agency (BoSS) on a routinely basis to help ensure program participants receive the services they need.

4.104.19 Interacting and collaborating with staff from the Subagent-F/EA FMS Division and other state program staff to ensure efficient program operation.



Public Partnerships' Resource Consultant and F/EA FMS program support staff communicate and collaborate on a daily basis to help ensure efficient program operations.

4.104.20 Training of Resource Consultant staff in accordance with State agency guidelines using a training protocol approved by the Bureau to ensure Resource Consultants can provide the required services to members and representatives effectively.

Public Partnerships' Resource Consultant staff are required to complete initial training sessions prior to their caseload assignment. The current training modules have been pre-approved by BMS and are updated regularly to reflect the changes in policy and procedures. Our Resource Consultants are knowledgeable of not only the waiver programs policy and our processes and procedures, but also the concepts of self-determination and person-centered planning, People First Language, and person-centered approach. Our goal is to develop a professional relationship of mutual respect and trust between the Resource Consultants and program participants, their representative, and DCSWs to provide the required services in an effective manner.

Public Partnerships also provides on-going training on a regular basis to help ensure current Resource Consultant staff maintain a high standard of service quality.

4.105 The Vendor should prepare and submit required Subagent-F/EA FMS reports to member/representative-employers, RC division and Bureau.

Public Partnerships currently provides Subagent-F/EA FMS reports to the participant/representative-employers, their Resource Consultants, and BMS as required in the current contract. These include the Discovery and Remediation Report, participant's budget utilization report, the Family Friendly Report of monthly budget expenditures, the participant hospitalization report, and program activity reports. Should Public Partnerships be awarded this contract, we will collaborate with the Bureau for Medical Services (BMS) to review all existing reports and to develop additional reports as required by this RFP.

4.106 The Vendor should provide reports as requested by the Bureau within seven (7) business days of the request.

Public Partnerships has developed many standard and ad-hoc reports to meet the requirements of the current contract. Should we be awarded this contract, we will collaborate with the Bureau for Medical Services (BMS) within the first thirty days of contract award to develop the additional reports required by this RFP. A draft of each report will be provided to BMS for approval and then the report will be produced and provided to BMS within seven (7) days of request.

4.107 The Vendor should provide ad hoc reports requested by the Bureau within seven (7) business days of the request.



Public Partnerships has broad experience in designing reports based upon specific program requirements. Upon receiving a request for an ad hoc report from the Bureau for Medical Services (BMS), we will collaborate with BMS to identify the required data fields and the format of the report. Once these specific details have been confirmed, we will generate the report with seven (7) business days.

4.108 The Vendor should provide the Bureau a copy of the monthly statement from the dedicated payroll bank accounts within fifteen (15) business days of the request along with any other financial information that may be necessary for the Bureau to oversee the delivery of Subagent-F/EA FMS. The Vendor should maintain relevant documentation in the Vendor's files.

Public Partnerships currently has and will continue to maintain dedicated bank accounts for the WV ADW program, WV IDDW program and WV TBIW program. With this RFP's additional requirement to process payments for the WV Money Follows the Person program, we will establish and maintain a designated bank account for that program upon contract award.

Upon request, Public Partnerships will provide the Bureau with a copy of the monthly statement from the dedicated payroll bank accounts within fifteen (15) business days of the request along other financial information that may assist the Bureau to oversee the delivery of F/EA FMS and Resource Consulting services. Public Partnerships maintains documentation of all bank account activity, copies of bank statements and related correspondence on our secure server.

4.109 The Vendor should provide the Bureau with a monthly discovery and remediation report at least one week prior to scheduled contract meetings based on performance measures identified by the Bureau under the guidance of CMS.

Public Partnerships currently provides the Bureau for Medical Services (BMS) with a monthly Discovery and Remediation (D&R) report which includes data for each of the following established performance measures:

- Percentage of initial phone contacts that are completed within 3 business days of receipt of a participant's referral;
- Percentage of enrollment meetings that are conducted within 14 calendar days of receipt of the participant's referral and budget amount;
- Percentage of participants that are active on the Personal Options program within 90 calendar days of the participant's referral;
- Percentage of participants' active DCSWs that meet all required qualifications;
- Percentage of referred, enrolled and active participants that are contacted by phone by their Resource Consultant each month;



- Percentage of active participants that meet face-to-face with their Resource Consultant every six months at minimum;
- Percentage of active participants' utilization of services that does not exceed the amount specified in the monthly spending plan;
- Percentage of active participants that receive services as identified in their spending plans;
- Percentage of grievances reported to Public Partnerships that are followed-up within 3 business days of receipt;
- Percentage of alleged fraud referrals that are submitted to the Medicaid Fraud Unit within 1 business day of Public Partnerships identifying or being informed of the potential fraud;
- Percentage of active participants that have an accurate/approved spending plan; and
- Percentage of active ADW participants have a current Participant-Directed Service Plan.

Public Partnerships will provide BMS with the D&R report at least one week prior to the scheduled contract meeting each month.

4.110 The Vendor should provide the Bureau with quarterly and year-end financial reports within forty-five (45) calendar days of the end of the quarter or end of the year.

Public Partnerships currently provides the Bureau with summaries of the quarterly and year-end financial reports of payments made to FICA, FUTA/SUTA. If awarded this contract, we will meet with the Bureau within thirty (30) calendar days of contract award to provide examples of quarterly and year-end financial reports and to develop the specifications, format and timelines that will be used for ongoing reports provided to the Bureau.

4.111 The Vendor should provide an up to date monthly spending report to members who do not have access to the Internet within five (5) business days following the end of the payroll period that includes the last day of the month.

Public Partnerships has established program-specific Family Friendly Reports (FFR) to inform Personal Options participant/representative-employers of the status of their self-directed budgets and spending activities for each month.

The FFR shows participant/representative-employers their authorized budget start and end date, the budget amount for each authorized service type, the spending activities for each month, and the remaining budget balance. The FFR provides the participant/representative-employer with accurate details of their budget utilization and spending history.

An example of a Family Friendly Report is shown below.



Public Partnerships, LLC 601-3 East Brockway Ave, Suite E Morgantown WV 26501 Phone: 304-381-3100, Fax: 304-296-1932



Monthly Statement for West Virginia Personal Options Aged and Disabled Waiver Program

Participant: Jane Doe Participant ID: C00000 Date of Report:

October 15, 2017

Resource Consultant: Joe Smith

This report shows payment made by PCG Public Partnerships for ADW Services in:

September 2017

| Service | Service plan amount | Provider | Units of Service | Amount Paid (regular rate and over time rate if applicable) |
|--------------------|------------------------|----------|------------------|---|
| Personal Attendant | \$1773.64 | John Doe | 116 hours | \$1480.16 |
| | | | Monthly Total | \$1480.16 |
| | | | Unspent Balance | \$293.48 |

IMPORTANT: This report shows payments made by PCG Public Partnerships as of the date of the report. This report may not show all of your spending activity to date. Up to date payroli information is available on our BetterOnline™ web portal. Your service plan amount is based on your Service Level and your Spending Plan. Thank you.

IDDW Participant/representative-employers who are authorized users of the BetterOnline™ web portal have 24/7 access to their self-directed budgets including the amount of funds designated for each month's Spending Plan, the service-specific expenditures from the monthly spending plans, and the monthly and year-to-date budget balances. These data fields are updated in real time as DCSWs' timesheets and invoices are processed. The budget balance is updated within one (1) business day of Public Partnerships' receipt of a budget modification or service level change from the State's Utilization Management Contractor. Upon award of this contract, this functionality will be expanded to include the ADW and TBIW participant/representative-employers.

Participant/representative-employers who do not have internet access will continue to be provided with a monthly FFR. Since the established payroll schedules for the Personal Options programs allow the DCSWs and participant/representative-employers two business days following the end of the payroll period to submit their timesheets and invoices, we propose that the FFRs be issued within 5 business days of the timesheet/invoice deadline. This will allow Public Partnerships to



validate the timesheets and invoices prior to generating the FFRs, making the data in the FFRs more accurate and useful to the participant/representative-employers.

4.112 The Vendor should ensure that copies of information and reports are not distributed to other parties without the written permission and direction of the Bureau.

Public Partnerships ensures that copies of information and reports are not distributed to other parties without the written permission and direction of Bureau for Medical Services (BMS). Public Partnerships' policies and procedures regarding confidentiality and authorization for release of Protected Health Information (PHI) comply with the Health Insurance Portability and Accountability Act (HIPAA) and the HIPAA Business Associate Addendum. We use secure encrypted e-mail in transmitting PHI to external audiences including BMS, the Bureau of Senior Services (BoSS), the State's Utilization Management Contractor (UMC), and traditional agency Service Coordinators and Case Managers. Public Partnerships obtains a signed written consent form prior to releasing PHI to any party other than BMS, BoSS or the UMC. All PHI maintained by Public Partnerships is stored on secure servers with password-protected access based on authorized user roles as approved by BMS.

4.113 The Vendor should have a system and policies, procedures, and internal controls for establishing and managing (1) member/representative-employer, (2) DCSWs, (3) participant-directed goods and services provider and vendor, (4) Pre-transition Resource Consultant services to TMH participants; (5) Subagent-F/EA FMS and RC current files in a complete, secure, and confidential manner and for the length of the contract. RC archived files in a complete, secure, and confidential manner and for the required period of time as mandated by applicable federal and West Virginia rules and regulations.

Public Partnerships has well established policies, procedures, and internal controls to ensure that all documentation pertaining to the WV Personal Options programs are maintained in a complete, secure and confidential manner for the length of the contract and in compliance with Federal and State rules and regulations.

We establish and maintain participant/representative-employer, DCSW, participant-directed goods and services provider and vendor, and pre-transition TMH participants' files electronically through the Document Management system. If awarded this contract, we will establish the same processes and systems for maintaining pre-transition TMHWV participant files. The Document Management system allows us to store all files on a secure, limited-access server. Electronic documents received via e-fax can be instantly moved to the secure server location and documents received via the United States Postal service can be scanned directly to this location. This server location is mapped to our BetterOnlineTM web portal allowing documents to be easily retrieved and viewable through the portal to authorized users.



Public Partnerships' Document Management system allows for continuous back-up of the server information protecting us against document loss and with access limited to authorized individuals only, it provides for stricter security than a conventional filing system. Only designated Public Partnerships staff and user roles that are prior-approved by BMS can access this system. The information stored on the server is routinely backed up to help the continuity of service and protection against loss of information due to unforeseen natural events. Our Document Management System meets all the requirements established under the HIPAA and other applicable Federal and State rules and regulations.

During our current contract with BMS, Public Partnerships has established a secure and effective procedure for maintaining all files related to the program (subagent F/EA and RC files). Physical documents including archived files that have not been converted to electronic format are maintained in secure office space in program-specific filing cabinets.

4.114 The Vendor should have a master checklist for each file type to ensure that all required documents are included in each of these files used by the operating agencies for each of the waiver programs.

Public Partnerships utilizes our proven Business Process Management (BPM) system to maintain current files and documentation for ADW, IDDW and TBIW participants, DCSWs, participant-directed goods and services providers and vendors in a confidential and secure manner. Should Public Partnerships be awarded this contract, the BPM system will also be used to maintain and process files and documents of pre-transition TMH participants. BPM allows Public Partnerships to effectively manage all required forms and program documents.

BPM is a workflow management tool that manages incoming documents and efficiently process them. Its capabilities allow us to track and report on the status of files and documentation as they are processed and to maintain them for the life of the contract and as required by Federal and State rules and regulations.

Resource Consultants use a program-specific master checklist to send all participant, DCSW and PDGS-related documents to the BPM to be processed. The master checklist corresponds to the electronic "Good to Go" checklist in the BetterOnlineTM web portal. As files are submitted to the web portal, the BPM system places them in a queue to be processed. Public Partnerships' Financial Operations staff manage queue items by opening a request, reading the scanned document, verifying the information, and completing the checklist in the web portal. The BPM tracks the receipt and processing of documents in real-time, allowing staff to monitor the workload in the queue and effectively process a large volume of documents in a short timeframe.

If any required documents are missing or incomplete, Public Partnerships' staff will log the issue into the Portal by generating a Support Ticket. This will trigger our Customer Service team to



make an outbound call to obtain the required information. The Customer Service specialist will explain to the participant/representative-employer what remains to be completed. Public Partnerships' Customer Service team will continue to follow up as necessary to obtain the documents.

The participant and DCSW documents referenced in Sections 4.29 and 4.37, are already included on our master checklists and the checklists in the BetterOnlineTM web portal. This allows us to quickly orient the operating agencies with our filing systems and for the operating agency staff to efficiently access documents during the annual performance and quality reviews of the Personal Options programs.

4.115 The Vendor should have a master checklist for each type of archived files to ensure that all required documents are included in each of these files. Any and all HIPAA requirements should be met.

The master checklists described in Section 4.114 that are used for processing and maintaining required documents in active files are also used for the archived files of participants, DCSWs, PDGS vendors, and TMH participants who are no longer active on the Personal Options programs. This consistency reduces confusion and allows Public Partnerships' staff and the staff of the Bureau's operating agencies to efficiently access archived documents during the annual performance and quality reviews of the Personal Options programs.

All documents included on the master checklists are processed and maintained in compliance with HIPAA requirements and applicable Federal and State rules and regulations. Specific details regarding Public Partnerships Information Security Program are provided in Section 4.116.

4.116 The Vendor should meet any and all HIPAA requirements for current and archived files and documentation.

All files and documentation pertaining to the West Virginia Personal Options programs are processed and maintained in compliance with HIPAA requirements and Federal and State agency rules and regulations. Every Public Partnerships employee is initially and annually trained to understand their role in carrying out the firm's Information Security Program (ISP) and the importance of PHI security and computer system security. Upon hire, all employees are required to review Public Partnerships' confidentiality polices and sign an agreement to follow the ISP requirements.

Our parent company, Public Consulting Group (PCG) has established the following key security measures to ensure Public Partnerships fully complies with HIPAA requirements and Federal and State agency rules and regulations.



- A designated PCG Information Security Officer maintains and supervises the PCG Information Security Program. The scope of the security measures is reviewed at least annually, or whenever there is a material change in PCG's business practices that may implicate the security or integrity of records containing personal information. Procedures are in place to regularly monitor the Information Security Program to confirm that it is operating in a manner reasonably calculated to prevent unauthorized access to or unauthorized use of PHI, and for upgrading it as necessary. Monitoring includes internal reviews by the Information Security Officer, annual SSAE 16 Service Organization Controls (SOC) I audits, and annual penetration/vulnerability testing.
- We periodically audit and review of our security program to ensure that it meets or exceeds industry standard goals and objectives in protecting sensitive data. We expect to continuously adjust our security plan and approach to address an ever-changing environment and threat landscape.
- PCG leverages extensively certified, financially viable, Tier 4 hosting providers to host and maintain mission critical and client-servicing information systems. Our hosting providers conform to, or exceed SSAE 16 Type II and other industry standard certification standards (ISO 27001, Cloud Security Alliance guidelines).
- Physical access to PCG's hosting facilities is protected from unauthorized access and environmental (water, fire, etc.) threats.
- PCG provisions and maintains all staff user accounts, roles, and group assignments.
 Groups are used to control access to the internal PCG network, system applications, servers, and database instances. Users are granted group membership under the principle of least privilege; the minimal level of access is granted for the staff resource to perform their work. Group membership change requests are reviewed by an internal security team before access is granted.
- 4.117 The Vendor should establish and adhere to an incident handling procedure outlining the steps and related timeframes to report, document, mitigate, and recover from computer/network and HIPAA security breaches and noncompliance.

Public Partnerships' Incident Response Plan is based on the following incident management framework/lifecycle:

- Preparation: Putting solutions in place that will detect threats and identifying roles/responsibilities and procedures for handling an event or incident upon occurrence; as well as completing regular 'red team testing,' or mock exercises, throughout the year.
- **Identification**: Receiving an alert or a report of a threat or issue and determining the effects.
- Containment: Limiting the effects of an event by confining the breadth of the issue as much as possible.



- Eradication: Removing the threat or issue from the Public Partnerships environment.
- Recovery: Resuming normal operations.
- Follow-up: Analyzing the root cause, remediating any identified gaps, and reviewing lessons learned.

In the case of a confirmed security breach or incident, Public Partnerships staff will refer to the Computer Security Incident Response Plan (CSIRP) and Incident Management Policy that can be made available upon award of contract. These documents contain the appropriate steps required to document actions taken in connection with a breach, as well as to conduct the post-incident review of the events and the actions taken to improve security.

If it is determined that protected health information (PHI) or personally identifiable information (PII) has been accessed without authorization, the Information Security Operations Manager will notify BMS, describing the theft in detail, and working with authorities to investigate the crime and to protect the victim's identity. To the extent possible, Public Partnerships will also warn the victims of the theft so that they can take actions to protect their credit and identity.

Event Notification. Events may be identified by almost anyone within Public Partnerships and could be reported through many communications channels within Public Partnerships. All our systems feed their data to our Service Organization Controls (SOC), which actively monitors the feeds 24/7 and notifies PCG's Security Operations Team within 15 minutes of identifying an event that requires additional investigation.

As an example of how the CSIRP expects the lifecycle of an event to play out, here are the process steps that would occur when an event is identified by someone working on behalf of Public Partnerships:

- 1. Event is identified by Public Partnerships staff member, who contacts the Service Desk to report it.
- 2. The Service Desk contacts the ITS Operations Team and they conduct an initial investigation.
- 3. If the ITS Operations Team believes that the event may be a security incident, the Security Operations Team and Security Operations Manager are contacted via the incident escalation process.
- 4. The Security Operations Manager either confirms or denies that the event is an actual incident.
- 5. If the event is determined to be an incident, the Security Operations Manager opens cross-team communications with the ITS Operations Team and other teams at Public Partnerships, as required, to begin incident resolution. These communication lines remain open until the incident has been resolved or remediated.



- 6. The Security Operations Manager also contacts the Chief Information Security Officer, who opens communication with the Corporate Technology Executive Team, as appropriate, to determine next steps for action and communications.
- 4.118 The Vendor should establish and maintain a Business Continuity and Resiliency Plan and a Disaster Recovery Plan for maintaining back-up files and for restoring software and files, as needed.

Public Partnerships has a robust Disaster Recovery Plan to protect the programs we serve for mitigating and reacting to an emergency event and resuming normal operations. Our Disaster Recovery Plan addresses restoring software, master and electronic files, hard copy files, and hardware backup in the event management information systems are disabled, to abate payroll and payment system interruptions. It also uses a collection of artifacts that establishes formal procedures and supporting technical solutions for mitigating and reacting to an emergency. The Disaster Recovery Plan is part of our overall Continuity of Operations Plan and complies with industry best practice guidelines. Three key objectives are to:

- 1. Prevent the opportunity for a service failure;
- 2. Minimize any impact to operational services in the event of a system failure; and
- 3. Return to full system integrity and operation as soon as practical.

These objectives are achieved by employing the following preventative, detective and corrective strategies. We have identified how these strategies assist us in completing the duties identified in this RFP of:

- 1. Performance of Financial Administration and Supports Brokerage functions;
- 2. Communication processes, including maintenance of customer service lines for Participants/Representatives and DCSWs; and
- 3. Maintenance of records.

Preventative Measures: As important as having a Disaster Recovery Plan, taking measures to prevent or mitigate a disaster's effects beforehand is even more critical. We have identified below some of the critical areas where significant investments have been made to institute preventative measures. This list evolves with system upgrades and procedures updates to keep in line with industry best practice recommendations.

Data Center: Business critical systems are hosted in Tier III or higher data centers. Its
fault-tolerant site infrastructure guarantees high availability with uninterruptable power
supply, redundant power, and network paths for information technology systems and
environmental systems.



- Architecture Design: Secure hosted systems that leverage database clustering and failover techniques and are designed to be redundant and provide high availability within each data center.
- Backups: Systems and data, including payroll and claims files, are regularly and securely backed up using commercial backup applications with different types of data (e.g., operational data, non-data software installations) and backed up at different frequencies (e.g., daily, weekly, quarterly).
- Maintenance: Regular maintenance is performed on systems to keep software patches are up to date. Servers and network device hardware are supported by well-established and/or reliable vendors. Hardware is regularly replaced or refreshed before it becomes obsolete and there are on-hand or on-contract backup hardware to replace devices that might fail, such as laptops or network routers.

The preventative measures' investments are not only a critical pillar to our Disaster Recovery Plan, they provide the necessary around-the-clock reliability to perform the Financial Administration and Resource Consulting requirements detailed in this proposal. These prevention activities also play a vital role in how our clients and stakeholders securely access records and interact with our systems. We regularly schedule, communicate, and complete security updates to our systems throughout the year. The updates that apply to our user interfacing tools, BetterOnlineTM web portal and Time4CareTM mobile application, are posted as announcements on the login screen. This way all users see and are aware of our maintenance windows every time they login. The preventative measures are coordinated across all functional departments of our organization to archive updates timely, without impacting performance deliverables; such as timesheet, payroll, or annual and quarterly tax deadlines.

Detective Measures: Public Partnerships understands that new and different threats are continually emerging. In addition to preventative measures that we have in place to minimize the known effects of disasters, we also know that we need to monitor for new threats that may uncover unknown and unwanted events. Examples of some of our detective measures are:

- Server and Network Monitoring Software: Industry leading tools are employed to
 monitor the health of various hardware components of the infrastructure. There are
 multiple monitors to check for the status of the hosted systems (CPU, Memory, and
 Disk utilization, etc.). Alert and paging capabilities are built into the tools to get the
 right resources involved if systems do not respond as expected.
- Application Performance Monitoring: Public Partnerships has tools that simulate end user experience and provide early warning and alerts based on what end users will experience. These tools have alert and paging capabilities to get the right resources involved if systems do not respond as expected.

The investment and use detective measures provides us with necessary testing capabilities to proactively collect data and identify issues or threats before they occur. Through the use of



detective measures, we have identified and developed safe guards and mechanisms that eliminates or reduces an unexpected or unwanted outcome. For example, we have used our detective measures to develop auto-saving capabilities within our electronic timesheet entry process, therefore users do not lose their work when trying to enter, submit, or approve timesheets online.

Corrective Measures: If a disaster does occur, our goal is to be back up and running as quickly as possible. We have established corrective measures, captured in our business continuity planning, that are aimed at restoring our systems. As with other strategies described, the corrective measures are regularly updated as new and better measures are identified.

Public Partnerships' disaster recovery plan goes beyond hardware and software contingencies. With offices and servers located across the continental United States, our robust Business Continuity Plan allows us to engage other facilities in order to continue financial administration business operations unabated and as such, limit the impact of a disaster on our clients and participants. In recent years, we have implemented our Business Continuity Plan on two occasions. In October 2012 during Super Storm Sandy, we experienced power outages in the Boston area and immediately shifted check processing operations to our Arizona facilities. As a result of the Boston Marathon bombing in April 2013, the entire city and surrounding areas were shut down for over 24 hours. We successfully routed payroll operations, customer service, and project management responsibilities to our offices across the country. In both incidents, we were able to continue operations with no resulting interruptions in services to our participants or to the workers who support them.

Experienced and knowledgeable resources are committed to our business continuity planning team. We employ Associate Participants of the Business Continuity Institute – conferred by the Business Continuity Institute, the world's leading institute for business continuity and the world's leading membership & certifying organization. We also employ Certified Business Resiliency Managers – conferred by the Business Resiliency Certification Consortium International, an international institute for business resiliency. Our personnel are trained to administer our Disaster Recovery and Continuity of Operations Plan.

While disaster recovery is only one facet of our Business Continuity Plan, the Disaster Recovery Plan benefits from corrective measures found in the Business Continuity Plan as table top exercises and disaster recovery testing. The Disaster Recovery Plan addresses critical processes and steps required to minimize impacts of system loss. The plan follows industry best practices and is tested annually. Not only does the testing provide us and our clients with the assurance that all necessary steps have been included in the Disaster Recovery Plan, it assists us in identifying areas for improvement and subsequently helps us successfully manage through a disaster.

Our Disaster Recovery Plan, as a part of our overall Continuity of Operations Plan, is uniquely qualified to meet and exceed the requirements of this RFP. Our key objectives are focused on preventing the opportunity for a service failure, minimizing an impact to operational services in



the event of a system failure, and returning to full system integrity and operation as soon as practical. The objectives and measures used to as a part of our Disaster Recovery Plan provides WV BMS with the necessary assurances that the performance of Financial Administration and Resource Consulting functions will not falter, that all relevant stakeholders will receive communications and updates, and that all records will remain intact and secure during preventative maintenance activities and unexpected outages. The assurances provided through our Disaster Recovery Plan are also uniquely supported by our organizational structure and the various business and operations locations we have across the country. This structure allows us to shift functions to other locations to maintain and meet out deliverables without interruptions.

4.119 The Vendor should periodically (annually) test its Business Continuity and Resiliency Plan and a Disaster Recovery Plan. Results of testing of the Vendor's Disaster Recovery Plan should be available and provided to the Bureau, its designee, and member/representative- employers within in seven (7) working days of a request.

Public Partnerships, as part of our parent organization, Public Consulting Group, Inc. (PCG), has a robust Disaster Recovery Plan to protect the programs we serve in the event of an emergency. We know that we cannot avoid all disasters but with careful planning, we can minimize the effects of a disaster. PCG's Disaster Recovery Plan is part of our overall Continuity of Operations Plan and complies with the best practice guidelines.

PCG periodically, at least annually, tests elements of our plans by a team comprised of PCG IT Services, Public Partnerships IT staff, and SunGard data center personnel. Please see Section 4.118 for more details. The plans and testing results will be shared with BMS, designee, and participant/representative-employers within 7 business days of a request.

4.120 The Vendor should make all documents and records available for receipt and inspection by the Bureau, its designee, and member/representative-employers, within seven (7) working days of a request.

Should Public Partnerships be awarded this contract, we agree to make all documents and records required in the contract details available for receipt and inspection by BMS, its designee, and participant/representative-employers within seven (7) business days of a request.

4.121 The Vendor should dis-enroll member/representative-employers from receiving Subagent- F/EA FMS and terminate their employment status when they stop being an employer for any reason.

Public Partnerships has established policies and procedures (P&P) to ensure participants are disenrolled from the Personal Options program in an accurate and timely manner. The reasons for dis-enrollment are varied and the P&P outline the required steps for each of following scenarios:



- Transfer to the Traditional Service Model (voluntary request, inability to self-direct services, unsafe environment, non-compliance)
- Loss of slot (participant voluntarily withdraws from the Waiver program, moves out of state, loses financial or medical eligibility, receives no direct care services for 180 consecutive days)
- Death of participant.

Upon being made aware of the need to dis-enroll a participant, the Resource Consultant will submit a Closure Request form within two (2) business days to our program support staff. In addition to the Closure Request form, the Resource Consultant provides supporting documentation as required for the particular type of dis-enrollment and notifies Case Managers, Service Coordinators and other stakeholders as appropriate.

The program support staff review the Closure Request form and supporting documents prior to deactivating the participant in the BetterOnlineTM web portal and issuing notifications and submitting required documents to the State's Utilization Management Contractor and Bureau of Senior Services. In the event of a participant's death, an IMS report is submitted and additional documents such as the Estate Recovery Program form which is submitted to WV DHHR.

Dis-enrolling a participant in the BetterOnlineTM web portal automatically end-dates the participant's services so that the participant's DCSWs cannot continue to bill for services. Our Tax Team revokes the participant's IRS Form 2678 and files final reports as appropriate with Federal, State and local agencies. The month following the participant's dis-enrollment date, Public Partnerships ceases to invoice the Bureau for Medical Services for FMS/FEA and Resource Consultant administrative fees.

4.122 The Vendor should describe their plan/process to revoke the IRS Form 2678, Employer/Payer Appointment of Agent with the member/representative-employer, when appropriate, per IRS Form instructions.

Public Partnerships has an established process to revoke the IRS Form 2678, Employer/Payer Appointment of Agent with the participant/representative-employer, when appropriate. The process is initiated upon receipt of notification of a participant's status being changed to "disenrolled" in the BetterOnlineTM web portal. This activates the following process to revoke the Form 2678:

- A new Form 2768 is completed following the IRS instructions for dis-enrolling a domestic employer. Each of the three parts of the form are completed as required.
- The Form 2678 is submitted to the Department of the Treasury
- Public Partnerships receives documentation from the IRS confirming that the 2678 has been revoked



- All documentation pertaining to the IRS Form 2678 is electronically stored on our secure servers.
- 4.123 The Vendor should maintain a copy of the revoked IRS Form 2678, Employer/Payer Appointment of Agent, and IRS Notice of Agent Revocation in the member/ representative- employer's archived file, per IRS Form instructions.

Public Partnerships stores the revoked IRS Form 2678 and related documentation on our secure servers. Documents are maintained in accordance with IRS rules for record retention.

4.124 The Vendor should revoke the IRS Form 8821 with the participant/authorized representative-employer, when appropriate and per IRS Form instructions.

In 2016, the Public Partnerships tax team reviewed the Participant enrollment packet used for the West Virginia Personal Options programs and determined that IRS Form 8821 was no longer required. The form provides Financial Management Services (FMS) entities with some additional privileges regarding communication about tax filings made on the employer's behalf. However, the IRS announced that Form 8821 is no longer required and Form 2678 officially recognizes an FMS entity's agent status. Also, if Public Partnerships should need to have a more detailed conversation with the IRS on behalf of a participant/employer, we will request an IRS Form 2848 for that specific tax type and period. When the participant/employer completes Form 2848, they authorize Public Partnerships to assume a more expanded role to converse with the IRS about a specific situation. The 8821 is rarely, if ever, necessary.

In January 2017, the Bureau for Medical Services (BMS) approved the removal of Form 8821 from the Participant enrollment packet. Should Public Partnerships be awarded this contract, we propose that we review with BMS the Participant enrollment packet to ensure there is mutual understanding of the purpose and need for each document including Form 8821.

4.125 The Vendor should maintain a copy of the revoked IRS Form 8821, Tax Information Authorization in the participant/authorized representative-employer's archived file.

Please refer to Section 4.124.

Should IRS Form 8821 be required, upon the dis-enrollment of a participant in the BetterOnlineTM web portal, the process to revoke the form will be initiated:

- A new Form 8821 is completed indicating that the authorization to disclose information to Public Partnerships is revoked.
- The Form 8821 is submitted to the IRS



- Public Partnerships receives documentation from the IRS confirming that the Form 8821 has been revoked
- All documentation pertaining to the IRS Form 8821 is electronically stored on our secure servers.
- 4.126 The Vendor should retire the member/representative-employer's FEIN, when appropriate.

Note: If the member/representative-employer is deceased, the IRS would like to know this when being informed that an FEIN needs to be retired.

The IRS does not offer Public Partnerships or any other F/EA the means and authority to retire a participant/representative-employer's FEIN. We can retire the State accounts when appropriate but not the FEIN. When we revoke IRS Form 2678, filing requirements for forms 940 and 941 are discontinued for Public Partnerships (see Section 4.122 – Revoke the IRS Form 2678) but continue for the participant/representative-employer. It is up to the employer to decide whether or not to keep the FIEN open. Additionally, if an employer is deceased, it is the responsibility of the individual handling the estate to inform the IRS that the employer is deceased.

4.127 The Vendor should maintain a copy of the documentation of the FEIN retirement in the participant archived file.

Please see prior section 4.126 for our response about retiring the FEIN for a participant/representative-employer.

4.128 The Vendor should withhold, file and deposit final West Virginia state income tax (even when the final filing is zero wages) for each applicable member/representative-employer.

The Public Partnerships Financial Management System is configured to withhold state income tax for each DCSW associated with a participant/representative employer in accordance with the rates and rules established by the West Virginia Department of Revenue. We bulk file employee withholdings on a monthly basis through an established FTP site. Monthly ACH credit payments for DCSW withholdings are deposited to the State's account from our bank.

Final filing occurs with the end of year reconciliation completed online at https://my taxes.wvtax.gov on or before February 28th. We complete Form WV/IT-103 - West Virginia Withholding Annual Reconciliation, and check the box in the section titled, Employer's Withholding Change Order that indicates that the participant/representative-employer has ceased paying wages.



4.129 The Vendor should maintain a copy of the final West Virginia state income tax withholding filing and deposit documentation and related correspondence in the member/representative-employer archived file.

Public Partnerships stores a copy of the final West Virginia state income tax withholding filing and deposit documentation and related correspondence on our secure servers. Documents are maintained as contractually required and in accordance with IRS rules for record retention.

4.130 The Vendor should compute, withhold, file and deposit final West Virginia unemployment taxes (even when the final filing is zero wages) for each applicable member/representative- employer.

Public Partnerships' Financial Management system is configured to withhold unemployment taxes in accordance with the rates and rules established by the WorkForce West Virginia. We use an established FTP site to bulk file unemployment taxes on a quarterly basis. A payment is made using ACH credit from our bank to the State. Final withholding for each applicable participant/employer occurs automatically per the system configuration that enables bulk filing and ACH payment.

We understand and comply with the requirement described in the WorkForce West Virginia Handbook for Employers that mandates reporting even when the final filing is zero wages. We will continue to inform WorkForce West Virginia if a participant/employer is no longer active.

4.131 The Vendor should maintain a copy of the final West Virginia unemployment tax, filing and payment documentation and related correspondence in each member/representative- employer's archived file.

Public Partnerships stores a copy of the final West Virginia unemployment tax filing, payment documentation, and related correspondence on our secure servers. Documents are maintained as contractually required and in accordance with IRS rules for record retention.

4.132 The Vendor should compute, withhold, file and deposit any final municipal taxes per municipality requirements.

Public Partnerships has completed extensive research and outreach to all the eight (8) West Virginia municipalities that currently have user fees. We are confident that our approach and process meets each municipalities' requirement for computing, withholding, filing, and depositing any final municipal fees per the municipality requirements.

When we have determined that municipal fees are no longer required due to a participant/employer no longer living in a municipality that requires a fee, when a participant/employer is dis-enrolled from the Personal Options program, or if a DCSW no longer works for a participant/employer.



Public Partnerships will send, and mark as final, the final fees to the municipality at the time of the next scheduled filing.

4.133 The Vendor should maintain copies of all documentation and related correspondence in each member/representative-employer's archived file.

Public Partnerships stores copies of all documentation and correspondence including any related to filing and deposits for final municipal taxes on our secure servers. Documents are maintained as contractually required and in accordance with IRS rules for record retention.

4.134 The Vendor should retire the member/representative-employer's West Virginia Department of Taxation and Bureau of Employment Programs, Unemployment Insurance employer identification numbers.

Public Partnerships understands that there are two types of accounts and associated account numbers that need to be retired; the State Income Tax (SIT) account and the Unemployment Insurance account. Once we learn that a participant/employer has been dis-enrolled we complete the required steps to retire the SIT and Unemployment Insurance accounts. The processes and procedures (P&P) that we have in place to retire each type of account are described below.

Process to retire the SIT account with the West Virginia State Tax Department:

- Complete and submit Part 2 of Form WV/IT-101A (West Virginia Employer's Annual Return of Income Tax Withheld). This informs the Department of Taxation of wages that have been paid and reconciles payments made to liability filed annually.
- Complete and submit page 2 of Form WV/IT-103 to indicate that we have ceased paying wages. This reconciles payments to W-2s.

Process to retire the Unemployment Insurance account with the Bureau of Employment Programs:

- After determining that participant/employer has been dis-enrolled we notify WorkForce West Virginia of the participant/employer's Unemployment Insurance account number that is to be closed. The cumulative list of accounts to be closed is provided to WorkForce West Virginia on a quarterly basis.
- 4.135 The Vendor should maintain copies of all documentation and related correspondence in the member/representative-employer's archived files.

Public Partnerships stores copies of all documentation and correspondence related to the participant/employer and DCSWs on our secure servers, including those that are no longer active on the Personal Options program. Documents stored in the BetterOnline™ web portal are accessible to registered users at any time. Documents are maintained as contractually required and in accordance with Federal and State agency regulations.



4.136 The Vendor should retire the member/representative-employer's municipal tax account and identification number per municipality requirements. The Vendor should maintain the documentation and related correspondence in the member/representative-employer's archived files. The Vendor should inform the state department of labor of any DSCWs no longer employed due to the member/representative-employer when he/she stops being an employer for any reason.

Public Partnerships will inform the municipality if a participant/employer is no longer an employer on Personal Options, or if the participant/employer no longer lives in the city limits, per the municipalities requirements. Documentation and correspondence related to municipal fees will be stored on our secure network.

When a DSCW no longer is employed by a participant/representative-employer, we inform WorkForce West Virginia that the participant/employer is no longer an employer by sending a disenrollment form when the participant/employer is dis-enrolled from the Personal Options program. All documentation and correspondence regarding WorkForce West Virginia is stored on our secure servers.

4.137 The Vendor should maintain documentation and related correspondence with the state department of labor in each DSCW's archived file.

Public Partnerships stores documentation and related correspondence pertaining to each participant/employer's DCSWs with the State Department of Labor on our secure servers. Documents are maintained as contractually required and in accordance with Federal and State regulations pertaining to record retention.

4.138 The Vendor should coordinate and communicate the role, responsibilities and its activities of their Subagent-F/EA FMS and Resource Consultant Divisions with case managers, service coordinators, Utilization Management staff and Claims Payer staff regarding members who enter the Medicaid system through both traditional and self-directed options to ensure that all required procedures and forms are completed and processed so that members do not experience disruptions in service.

Public Partnerships has established effective working relationships with BMS, the Bureau of Senior Services (BoSS), the Utilization Management Contractor (UMC), Kepro, the traditional agencies' Case Managers and Service Coordinators, Personal Care agencies, TMHWV Transition Navigators, and DHHR Economic Social Workers. Our program support staff and Resource Consultants interact with these entities on a daily basis and are registered users of their systems to ensure that all required procedures and forms are completed so that participants may promptly access services and do not experience service disruptions.



Our staff collaborate closely with BoSS, Kepro, Case Managers, and Service Coordinators to ensure that participants efficiently transfer to and from the traditional and Personal Options self-directed service delivery models. The collaboration starts from the day we receive the notice of the participant's referral. For Take Me Home West Virginia participants, our Resource Consultants will work closely with the Transition Navigators to enable the participants to begin receiving services as soon as possible during their transition back to the community.

Resource Consultants monitor the participants' medical and financial eligibility and assist as required and needed to prevent gaps in eligibility. When necessary, the Resource Consultants collaborate with the participants' Economic Service Workers to resolve eligibility issues. For participants that are eligible for dual services, the Resource Consultants also communicate with Personal Care Nurses and Case Managers to establish and maintain their Personal Care services. Our program management and support staff attend and participate in the ADW, IDDW and TBIW quarterly provider meetings, Quality Council meetings, policy clarification conference calls and periodic trainings on program policies. It is our goal to understand the roles and responsibilities of all stakeholders and to educate them to understand Public Partnerships' role and responsibilities as the F/EA FMS and Resource Consultant Vendor for the Personal Options programs.

4.139 The Vendor should establish and maintain an on-line searchable DCSW Registry.

Public Partnerships offers an on-line searchable direct care service worker (DCSW) registry called MyChoice4CareTM. The MyChoice4CareTM Provider Directory is currently available in Pennsylvania and we are excited at the opportunity to offer it to West Virginia's Personal Options participants.





As of April 2017, 26% of the self-directed participants who listed a position have hired a worker from the directory and 80% of all workers hired through the directory are still employed. MyChoice4CareTM Provider Directory's utilization and matching success rates continue to increase.

The MyChoice4Care™ Provider Directory is user-friendly and intuitive, allowing participant/representative-employers to search for DCSWs based on their zip code, post a job, and reach out to potential DCSWs by phone or e-mail.

The image below provides an example of the type of searches that participant/representative-employers can do in MyChoice4CareTM Provider Directory. The software configuration allows users to filter DCSWs by service type, experience, gender, work schedule, living arrangement and type of license.



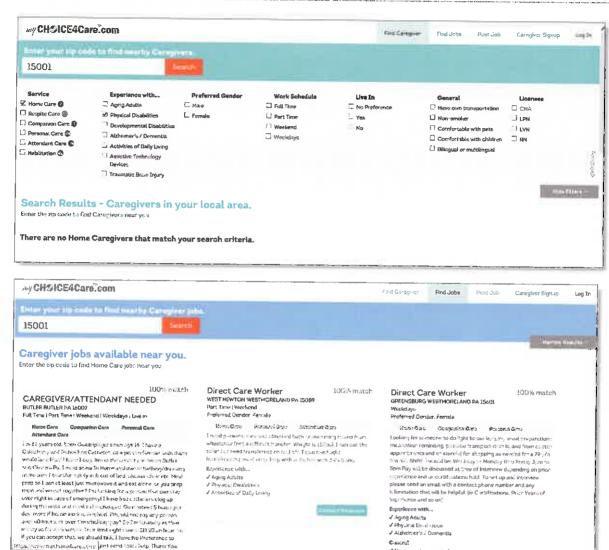


In addition, the MyChoice4CareTM Provider Directory offers DCSWs the opportunity to search for posted jobs, create a detailed profile, and connect with participant/representative-employers.



The following page provides an example of the results of a Posted Jobs search. Search results are sorted based upon the percentage match with the selected search criteria.





Upon contract award, we will be pleased to provide BMS with a thorough demonstration of MyChoice4CareTM Provider Directory.

4.140 The Vendor should participate in an annual quality review conducted by BMS or its contractor using the quality review tool and web-based systems approved by BMS.

Public Partnerships will continue to participate in annual quality reviews for each of the waiver programs as required by the Bureau for Medical Services (BMS). At the time of the annual review, we promptly provide all required documents and our program staff including the Resource Consultants are on hand to assist the review team and answer any questions that they may have.



We are knowledgeable of the annual quality review process and the program-specific tools and have established processes and procedures (P&P) to ensure we are prepared when the review team arrives. The annual reviews have proven to be valuable because they provide a learning opportunity and strengthen the working relationships and shared knowledge between our staff and BMS' contracted vendors.

Public Partnerships strives to continuously improve the quality of the services that we provide. We have established internal controls to measure performance in all areas to ensure compliance with contractual as well as Federal, State, and local requirements. The annual quality audits complement these initiatives and provide confirmation of their effectiveness.

4.141 The Vendor should propose a plan to develop, implement and maintain a system for collecting information on and following up with members and their representative enrolled in the Medicaid waiver programs and/or participants in the Take Me Home and have expressed an interest in using participant-directed services.

Public Partnerships has developed an informational brochure regarding the Personal Options programs. This brochure is provided by the State's Utilization Management Contractor at the time of the individual's initial and annual medical eligibility assessment. It is also provided to the Bureau for Medical Services (BMS) Program Managers, the Bureau of Senior Services, waiver Case Managers and Service Coordinators. TMHWV program staff and other stakeholders to share with program members who express interest in the Personal Options programs. The brochure provides Public Partnerships' website www.publicpartnerships.com where more detailed information is available about Public Partnerships and the West Virginia programs. The brochure also contact us to learn about the Personal Options programs and to determine if self-direction is the best service delivery model to meet their needs.

Working in collaboration with BMS' Program Managers, we have also developed user-friendly program-specific Program and Employer Guides that provide detailed information on the Personal Options programs. These guides are available through BMS' web site: http://dhhr.wv.gov/bms and Public Partnerships' website: www.publicpartnerships.com When contacted by an interested individual, we often refer to these guides and when requested we provide a hard copy.

We are proud of the success of the West Virginia Personal Options programs and their positive reputations. Most often it is through an existing participant that an individual learns of the program and contacts us to obtain information. Our program staff are on hand to respond to these contacts and provide individualized information.



We currently track and maintain data on the individuals who request information through our website, program-specific general e-mail accounts, toll free customer service number and local offices. Should Public Partnerships be awarded this contract, we will work BMS to develop strategies to expand upon our current information sharing activities and related tracking and reporting. In particular, we look forward to providing more outreach to the participants of the TMHWV program as a result of the new requirements of this RFP.

4.142 The Vendor should propose a plan to develop and implement a system for receiving and processing member enrollment, DCSW employment and vendor information including the preparation of enrollment and employment packets and monitoring the effectiveness of the system.

Public Partnerships values the time and effort that participants, their representatives, DCSWs, vendors, and other stakeholders must devote to complete the enrollment paperwork. Our systems are designed to reduce the opportunity for error, and minimize re-work as a standard operating practice. We have state-of-the-art internal controls that govern the accuracy of enrollment information and systems that track and report the submission of each required form. Our internal controls occur pre- and post-production.

Public Partnerships currently receives Personal Options referrals through secure encrypted e-mail from BMS' Operating Agency, the Bureau of Senior Services (BoSS) and through the CareConnection® system of BMS' Utilization Management Contractor (Kepro). These referral files leave electronic footprints allowing us to meet the Bureau's contractual requirements for processing participants' referrals.

Our BetterOnlineTM web portal allows us to pre-populate demographic and other pertinent data on each required enrollment form. The participant/representative-employer is only required to review, sign and date the forms. This user-friendly approach reduces the administrative burden on the participant and representative, decreases the incidence of errors, and streamlines the enrollment process for participant/representative-employers and their DCSWs.

As an alternative to the paper enrollment documents, Public Partnerships is pleased to offer our new Online Enrollment system. The participant/representative-employer can complete all required paperwork electronically with the assistance of the Resource Consultant during the enrollment meeting. DCSWs can also complete the DCSW Enrollment Packet electronically or utilize our Over-the-Phone-Enrollment phone line. Online Enrollment Packets are electronically submitted in real time for processing by our Enrollment Team. For more information on Online Enrollment, please refer to Sections 4.31 and 4.37. Regardless of the method used to complete the required enrollment documents, upon their receipt our Enrollment team promptly validates each form, enters the information to our BetterOnlineTM web portal, and files the documents as required with Federal, State and local agencies.



Public Partnerships understands that enrollment documents are time-sensitive and must be processed quickly and accurately. We have developed the Business Process Management (BPM) system in our BetterOnlineTM web portal that allows us to efficiently organize, process and maintain documents. One of the many benefits of our BetterOnlineTM web portal is that participant/representative-employers and DCSWs can track the status of their enrollments. All BetterOnlineTM web portal authorized users have visibility into their own records allowing them to monitor updates in real time.

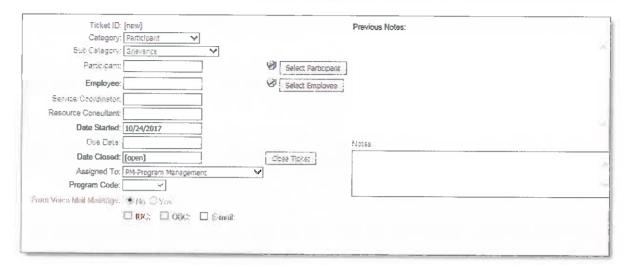
4.143 The Vendor should propose a plan to develop, implement and maintain an electronic system for receiving, responding to, tracking all communications from any source (including complaints and grievances) and maintaining an automated log that addresses (1) who made the call, (2) who received the call, (3) the reason for the call, (4) action taken, (5) if any mandatory reporting occurred, and (6) the final resolution of the issue presented.

Public Partnerships uses the Support Ticket functionality in the BetterOnlineTM Web Portal to document and maintain all contact with participant/representative-employers, DCSWs, and other stakeholders including BMS, the State's Utilization Management Contractor (UMC), Case Managers, and Service Coordinators. Support Tickets electronically track the various types of communications and include a category for Grievance/Complaint as well as payroll, spending plan, eligibility, monthly contacts, and mandatory reporting. This categorization allows us to accurately assign the issue to the appropriate staff person for follow-up/resolution and also to generate reports that can be sorted to identify trends regarding the volume and types of contacts and the amount of time to resolve.

A detailed description of each communication is entered in the Support Ticket and it includes the name and contact information of the individual that made the contact, the staff person that responded, the nature of the communication, action taken and final resolution.

Below is a screenshot of the Support Ticket page in the BetterOnlineTM web portal.





Depending on the nature of the communication, it may be resolved at the time of the initial contact or may be escalated to the Resource Consultant, a program support staff and/or the Program Manager. If the communication involved a complaint which was not resolved to the satisfaction of the individual, a grievance form is offered. All grievances are escalated to the BMS Program Manager to review and provide input regarding the resolution.

4.144 The Vendor should propose a plan to respond to all member and representative communications within one (1) business day from receipt of the communication.

Public Partnerships staff are trained, experienced, and held to high standards for delivering exceptional customer service including responding to all participant, representative, and DCSW communication requests within one (1) business day from receipt of the communication.

We have developed a system to track and document all participant/representative-employer and DCSW contacts with Customer Service. All voice messages and communications with are recorded, tracked, and documented for auditing purposes and to help ensure we meet contractual requirements and internal performance metrics. We offer participant/representative-employers and DCSWs multiple methods to communicate including calling our program-specific toll-free Customer Service numbers, e-mailing the program-specific general e-mail boxes, calling or e-mailing the Resource Consultants, or sending faxes and letters. Please see Section 5.8 for more details regarding Customer Services.

4.145 The Vendor should propose a plan to develop, implement and maintain an electronic system for identifying and reporting critical incidents to the Bureau within 48 hours of becoming aware of the incident.



Public Partnerships has developed a detailed internal Policy and Procedure (P&P) manual for reporting incidents as required by program policy. Resource Consultants are trained on their responsibility to report critical incidents to the Bureau within 48 hours of becoming aware of an incident.

During the participant's enrollment meeting, the Resource Consultant trains the participant/representative-employer and DCSWs on incident identification and reporting. The Enrollment Binder includes the Personal Options Incident Report form and instructions.

Within 24 business hours of learning of an incident involving a participant, the Resource Consultant will:

- Upload a completed Personal Options Incident Report to the participant's document file in the BetterOnlineTM web portal;
- Summarize the incident in a web portal Support Ticket which is assigned to a Resource Consultant Coordinator;
- Submit a report, if appropriate, to West Virginia Adult Protective Services (APS) at 1-800-352-6513 with submission of APS Mandatory Reporting Form;
- In cases of suspected fraud, complete the Medicaid Fraud Referral Form and e-mail it to the DHHR Office of Program Integrity (OPI);
- In cases of participant death, complete the West Virginia Home and Community-Based Waiver Notification of Death form and West Virginia Estate Recovery Program Notification of Death;
- Notify the participant's Case Manager or Service Coordinator, if applicable;
- Complete a report in the West Virginia Incident Management System (WVIMS): https://www.wvdhhr.org//wvims/default.asp (currently incidents in the Traumatic Brain Injury Waiver (TBI) are submitted on paper form to Kepro); and
- Log the incident in Public Partnerships' Personal Options Incident Tracking Log.

Public Partnerships Resource Consultant supervisors monitor all reported incidents and when appropriate provide additional follow-up with applicable entities including Kepro, the Bureau of Senior Services (BoSS), Medicaid Fraud Control Unit (MFCU), and WV Adult Protective Services.

4.146 The Vendor should propose a plan to identify any cases of substandard performance on the part of a member or representative, or a staff from Subagent- F/EA FMS or RC Divisions and the Vendor should notify the individual and the Bureau of the substandard performance identified, provide appropriate remedial skills training as appropriate, work with the member/representative to develop and implement a written plan of correction to address the area(s) identified for correction, monitor the successful implementation of the corrective action plan by the member/representative



and inform the Bureau of final disposition and any need to initiate involuntary termination proceedings with the member/representative. Examples of substandard performance include, but are not limited to:

- 4.146.1 Repeated or intentional incorrect reporting and/or late submission of DCSW time sheets.
- 4.146.2 Incorrect and/or late submission of invoices for individual-directed goods and services.
- 4.146.3 Hiring of ineligible DCSWs.
- 4.146.4 Monthly or cumulative overutilization of the member's individual-budget.
- 4.146.5 Ineffective emergency DCSW back-up plan.
- 4.146.6 Significant firing of DCSWs.
- 4.146.7 Performing out of compliance with the waiver program terms and conditions.

Public Partnerships F/EA FMS, program support and Resource Consultant staff: Public Partnerships has an effective Quality Management System to monitor and identify substandard performance of our F/EA FMS and Resource Consulting divisions. Performance metrics have been developed for each functional area to evaluate the quality and timeliness of each required task. Please refer to Section 4.2.5 for details regarding our Quality Management System.

When a performance issue is identified, the immediate supervisor will notify the responsible staff person and arrange a performance review meeting involving the appropriate team members. At the performance review meeting, the team will discuss causes and solutions, plans to improve performance and timelines, establish clear expectations, and when appropriate develop a training plan. These actions are documented in a Performance Improvement Plan which is signed by the employee and his/her immediate supervisor. The supervisor will be responsible for regular checkins, monitoring of the person's task completion, and documentation of progress. If the employee's performance does not meet the terms of the Performance Improvement Plan, the supervisor will consult with a Human Resources Specialist to take disciplinary actions up to and including termination of employment. Public Partnerships management team will inform the Bureau of any performance issues and resolutions of key program staff.

Participants and Program Representatives. Public Partnerships understands self-directing services and fulfilling the role of a household employer can be intimidating to participant/representative-employers. Our Resource Consultants provide orientation, training, and the tools that participant/representative-employers need to successfully self-direct their services and comply with program policies and rules. Resource Consultants monitor the performance of participant/representative-employers through the BetterOnline™ web portal, reports and direct contact during monthly phone contacts and 6-month visits. This enables the Resource Consultant



to identify participant/representative-employers who are having difficulties with self-directing their services including:

- Repeated or intentional incorrect recording and/or late submission of time sheets;
- Failure to follow up with DCSWs to complete their required qualification in a timely manner;
- Repeated attempts to over-utilize their authorized budgets;
- Poor choices in hiring of DCSWs;
- Assigning inappropriate tasks or unprofessional treatment of DCSWs;
- Inappropriate firing of DCSWs;
- Failing to provide a safe workplace for DCSWs;
- Insufficiently supervising DCSWs and failing to monitor hours and performance; and
- Non-compliance with program terms and conditions.

When performance issues are identified, the Resource Consultant documents the details in a monthly contact form and/or web portal Support Ticket. The Resource Consultant meets with the participant/representative-employer to discuss the issue and takes appropriate steps to improve the situation. Depending on the type and severity of the issue, additional training may be provided to the participant/representative-employer, a Plan of Correction or a Behavioral Contract may be developed and/or the participant may be recommended to transfer to the traditional service delivery model. Participants who remain on the Personal Options program will be monitored by the Resource Consultant to ensure that performance has improved and when appropriate additional training and assistance is provided. When appropriate, the Resource Consultant links with the participant's Service Coordinator or Case Manager, the Utilization Management Contractor and/or the Bureau of Senior Services.

4.147 The Vendor should propose a plan to develop a complaint and grievance procedure that includes an Advisory/Grievance Committee composed of members and representatives that meets either in person or via teleconference at least quarterly to discuss the provision of Subagent – F/EA FMS and RC and to evaluate any grievances filed or feedback provided by members and representatives, and provides a monthly report at least one week prior to the monthly scheduled meeting beginning first month after award and a contract meeting to the Bureau outlining complaints received and resolutions achieved and key issues related to the performance of the Vendor.

Public Partnerships has established procedures for receiving, tracking, and responding to complaints and grievances. Complaints may be received by phone, mail, e-mail, or in person. When a complaint is received, it is documented within one (1) business day of receipt and tracked electronically through a Support Ticket in our BetterOnlineTM web portal. The Support Ticket



identifies the individual who made the complaint, details of the complaint and the requested resolution. All support tickets automatically include a date and time stamp.

During the enrollment meeting, the Resource Consultant explains the process that the participant/representative-employer and DCSWs may use for reporting issues and complaints. The majority of issues and complaints are reported to the Resource Consultant but the participant/representative-employer may also notify program support staff or Public Partnerships' Customer Service Center. As described in Section 4.143, the Support Ticket functionality in the BetterOnlineTM web portal allows us to accurately assign complaints to the appropriate staff person for follow-up/resolution and to generate reports that can be sorted to identify trends regarding the volume and types of complaints and the amount of time to resolve. These tools allow us to resolve issues or complaints as quickly as possible and to identify and proactively address systemic causes.

Depending on the nature of the issue or complaint, it may be resolved at the time of the initial contact or may be escalated to the Resource Consultant, the Resource Consultant's supervisor and/or the Program Manager. When appropriate, the participant's Case Manager or Service Coordinator is involved, particularly when the issue/complaint is related to program policy or pertains to a service authorization. If an issue or complaint is not resolved to the satisfaction of the participant/representative-employer, DCSW or other stakeholder, a grievance form is offered. All grievances are escalated to the BMS Program Manager within three (3) business days of receipt.

Regarding the requirement for an Advisory/Grievance Committee, we propose that it be incorporated as a workgroup to the existing Quality Improvement Advisory Councils of the ADW, IDDW and TBIW programs. The Personal Options Advisory/Grievance Committee will meet on a quarterly basis and volunteer participants and/or their representatives will have the opportunity to participate in person or by web meeting and conference call. A standard meeting agenda will include a review of complaint and grievance data, discussion of resolutions, and recommendations regarding program improvements and training to decrease/eliminate causes of complaints. The activities of the Personal Options Advisory/Grievance Committee will be shared with the Quality Improvement Advisory Councils. We anticipate that certain types of complaints/grievances may cross over to the traditional service delivery model and the Quality Improvement Advisory Councils will benefit from receiving this information.

In addition to the grievance data that is currently provided in the monthly Discovery and Remediation Report, Public Partnerships will provide to BMS with a detailed report of complaints and the activities and recommendations of the Personal Options Advisory/Grievance Committee. Should Public Partnerships be awarded this contract, we will collaborate with BMS within 30 days of the contract award to develop the Grievance/Advisory Committee bylaws and to develop the requirements for the monthly Complaint Report.



4.148 The Vendor should propose a plan to develop and distribute a Member/Representative- Employer Handbook that provides information about the participant-directed services, the role, responsibility and function of Subagent-F/EA FMS and RC and the role and responsibilities of the member, representative and DCSW, and on the member/representative performing employer-related tasks.

Working in collaboration with the Program Managers at the Bureau for Medical Services (BMS), Public Partnerships has developed program-specific Employer Guides that contain information regarding the Personal Options program and the roles and responsibilities of the Subagent-F/EA FMS Vendor, the Resource Consultant, and the participant/representative-employer. The Employer Guides are available through BMS' and Public Partnerships' websites and are a resource for waiver program members who may be considering self-direction of their services.

The Employer Guide is included in the Enrollment Binder which is provided to the participant/representative-employer at the time of the enrollment meeting. The information in the Employer Guide provides an outline for the orientation and skills training provided by the Resource Consultant to the participant/representative-employer. Our Resource Consultants understand that the orientation and training must be conducted in a culturally-sensitive manner and at a pace that meets the participant/representative-employer's needs. Providing the participant/representative-employer with the necessary knowledge and skills at the time of enrollment is key to their success on the Personal Options program.

Topics included in the Employer Guide and supported by additional documents in the Enrollment Binder include:

- An overview of Personal Options that highlights benefits to the participant by choosing participant-direction, such as having choice and control over their services including who will provide the services.
- The role of the Subagent-F/EA FMS Vendor whose responsibilities include payroll processing, tax withholding and reporting, and verification of the authorized budget and DCSWs' qualifications prior to processing timesheets.
- The role of the Program Representative and why it may be necessary to appoint someone to this position. For example, members of the Aged and Disabled Waiver program who choose Personal Options are required to have a Program Representative if their Pre-Admission Screening (PAS) indicates the participant has a specific diagnosis that may impair cognitive functioning.
- The role of the Resource Consultant as a support to the participant/representativeemployer and the importance of maintaining contact at least on a monthly basis to discuss issues such as changes in the participant's needs, upcoming training deadlines for DCSWs, updates to the Spending Plan, timesheet errors, etc.
- The employer's role and responsibilities in regard to budget and employee authority are discussed in detail. These responsibilities include recruiting, selecting, hiring,



training, and supervising DCSWs; determining their rates of pay; reviewing and approving timesheets and Transportation invoices; and monitoring monthly spending in accordance with the approved Spending Plan.

The participant/representative-employer is advised by the Resource Consultant to keep the Enrollment Binder on hand as a reference tool. Periodically, the Resource Consultants provide the participant/representative-employer with updates to existing documents and new resources to add to the Enrollment Binder.

4.149 The Vendor should propose a plan to develop, implement, analyze and summarize the results of a Member/Representative Satisfaction Survey and submit a report to the Bureau annually that should include a plan of correction for the Subagent-F/EA FMS and RC based on the results of the Survey. The Survey developed and the format for the annual report will be approved by the Bureau.

Public Partnerships conducts participant satisfaction surveys to gain feedback on our performance and identify areas for improvement. Surveys are designed to address satisfaction and performance as follows:

- Overall program quality;
- Payroll services;
- Resource Consulting services;
- Customer service;
- Enrollment services;
- Year-over-year changes in satisfaction;
- Drivers of satisfaction; and
- Barriers to satisfaction

In our experience, participant-directed programs grow by word of mouth from satisfied participants. Comments from participants include:

"As a senior, 100% disabled woman, you have given me a new lease on life. Again, I thank you in advance for any and all assistance."

"Very appreciative of PPL services and the self-directed service option. The program has helped my quality of life tremendously. Thanks to you for all your hard work."

"I appreciate all you do for me and others. You are doing a great job and I have all I need at this time. Thank you."

Consistently high participant satisfaction and our ability to support growth are two reasons that Public Partnerships has replaced incumbent FMS providers in 12 states. Public Partnerships will



collaborate with the Bureau to develop an annual Personal Options Satisfaction Survey, to be conducted through mail and/or through web-based assessment to ensure satisfactory representation across all programs. We will provide the survey results in an annual report format which has been approved in advance by the Bureau. We will comply with corrective action plans based on the results of the satisfaction survey categories that do not meet our 95% target for quality.

While our primary goal is to perform at the highest level in all of our service delivery and operations, we understand that violations of the contract or poor performance must be addressed promptly and methodically. In the event that a Corrective Action Plan becomes necessary as a result of the Satisfaction Survey data, Public Partnerships will quickly address deficiencies in any area of our F/EA, FMS or Resource Consulting services and will readily comply with the development and delivery of a comprehensive plan of action. We share the Bureau's commitment to ensuring that all participants and providers always receive our highest quality of services.

4.150 The Vendor should propose a plan to have a system in place for acting as a mandatory reporter, as required by the state program agency.

Public Partnerships has established a system for the mandated reporting of abuse, neglect, and exploitation of participants as required by West Virginia State Code. All Public Partnerships' Resource Consultants and key program staff are trained in their responsibilities as mandated reporters upon hire and annually. This training follows the curriculum that was developed by the IDDW Quality Improvement and Advisory Council. Please refer to Section 4.145 for information regarding our reporting of incidents involving abuse, neglect or exploitation of a participant.

It is Public Partnership's experience that much abuse, neglect, and exploitation can be prevented if participants, their representatives, and DCSWs discuss and develop a mutual understanding of the participant's rights, needs and preferences. During the enrollment meeting, the Resource Consultants provide training for the participant/representative-employers and the DCSWs so that they are aware of what defines abuse, neglect and exploitation and how

Public Partnerships' system is designed to minimize opportunities for abuse, neglect and exploitation to occur.

to report suspected incidents to the proper entities and authorities. The Resource Consultant provide the Personal Options Incident Reporting form and contact information for reporting suspected abuse, neglect and exploitation. The legal ramifications of not reporting suspected abuse, neglect or exploitation are also explained.

4.151 The Vendor should propose a plan to develop and implement the provision of orientation and skills training and related materials for members and their representatives and monitor its effectiveness.



Public Partnerships has developed and implemented an approved curriculum and materials for the orientation and skills training which is provided by the Resource Consultant to the participant/representative-employer and DCSW during the enrollment meeting. The participant/representative-employer is provided a survey at the conclusion of the enrollment and encouraged to give feedback regarding their satisfaction with the information and training that was provided.

Following the enrollment meeting, the Resource Consultants monitor the performance of the participant/representative-employers to ensure they are effectively self-directing their services and carrying out their responsibilities as a household employer. If issues are identified, the Resource Consultant follows up with additional training and support. More information about the provision of orientation and skills training can be found in Section 4.52, 4.53, 4.54 and 4.55.

Should Public Partnerships be awarded this contract, we will review the current enrollment meeting curriculum and materials with BMS and update them as requested.

4.152 The Vendor should propose a plan to develop and implement customer service training and related materials for Subagent-F/EA FMS and RC staff and monitor its effectiveness.

As a standard practice, Public Partnerships provides an on-boarding training to all staff upon hire and on-going as a refresher. Public Partnerships' training across functional areas is designed to provide staff with 3 distinct skill sets:

- Customer Service The interpersonal skills needed to communicate successfully with internal and external stakeholders as appropriate, including telephone and e-mail etiquette and courtesy, handling difficult callers, escalation processes and communication channels.
- Technology The ability to use Public Partnerships' systems to effectively respond to program requirements.
- Policy Knowledge of relevant state policy and program rules necessary to respond to general and specific questions.

Our Resource Consultant and FMS staff are professional, experienced, and well-trained for delivering exceptional customer service. As the primary source of support to participants, our Resource Consultants receive additional training on topics required to fulfill the complex requirements of this position. Training topics include principles of self-determination, self-directed service models, serving seniors and individuals with disabilities, person-centered approaches to service planning and delivery, and Personal Options program requirements.

Public Partnerships has highly-effective performance management tools including: competency models for all position classifications; detailed position descriptions; annual performance reviews;



semi-annual performance check-ins; and, individual development plans that identify key areas and timelines for professional development. This allows our management team to monitor the effectiveness of our training and related materials. Public Partnerships will collaborate with BMS to revise the training as needed.

4.153 The Vendor should propose to plan to develop, implement and maintain a web portal, a secure web-based interactive payroll and accounts payable system that provides the Bureau, members enrolled in Personal Options, their representatives, and Resource Consultants with real time 24/7 access to member's budgets and spending history with the ability to electronically submit and monitor processing of timesheets and invoices.

Public Partnerships has applied national best practices and our unmatched experience to develop a highly-scalable, fully integrated, and interactive payroll and accounts payable system that meets the unique requirements of F/EA FMS services for self-direction. Our BetterOnlineTM web portal technology provides authorized users with real-time access to participant and DCSW demographic information, eligibility/qualifications, budget, timesheet submission and spending history in a secure environment, 24 hours a day, seven (7) days a week. Designed by staff with years of experience managing complex Medicaid Home and Community Based Services (HCBS) waiver requirements and implementing programs, the BetterOnlineTM web portal reflects the best of commercial products and our experience with Self-Direction.

Public Partnerships' BetterOnline™ web portal has role-based access for each user.

Our BetterOnlineTM web portal is the essential means of communication in many of the Self-Direction programs that we manage as the F/EA FMS vendor. The system can be configured to be accessible by the Bureau and it is customizable by user role. This role-based access configuration means that each BetterOnlineTM user is assigned to a role, which in turn has specific access rights. For example, all participant/representative-employers belong to the Participant role. Users assigned to this role only have access to view their own budget authorizations, Spending Plans and spending history. They cannot view Support Tickets any other participant's information, preventing unauthorized access to PHI.

Personal Options DCSWs are also able to view their demographics, enter and submit their electronic timesheets, review timesheet statuses for all paper and electronic submissions, view and print copies of their pay stubs.



Personal Options participant/representative-employers, their DCSWs, Resource Consultants, Program Management and support staff use the web portal on a daily basis to monitor participant enrollments, budget authorizations and utilization, timesheet status, and payment history.

Active participant/representative-employers and DCSWs who wish to sign up to use the BetterOnlineTM web portal can do so online using their unique Personal Options Identification numbers and other qualifying data. This ensures that DCSWs are linked only to their participant/employers and cannot submit timesheets or invoices to any other participant/employers. The BetterOnlineTM web portal automatically logs users out of the system after a specified period of inactivity. This minimizes opportunities for unauthorized users to access PHI if a user has not logged out.

We also maintain all records and files associated with participants and DCSWs electronically on the BetterOnlineTM web portal. All documents are converted to electronic format upon submission and are stored in our Document Management system. This limits access to only those users who are authorized to view the records and documents and also enables those users to have access from any location.

Web Portal Budget and Spending History Tool.

Participants/representative-employers with access to BetterOnlineTM web portal can take advantage of the spending report (Family Friendly Report) and budget tool that are made available to monitor spending activities and utilization of services by service type.

These reports and features allow users to proactively monitor the use of DCSW hours in relation to the total number of dollars or units authorized for each service in real-time. This information can also be used by Resource Consultants to see if a participant is under or trending to over utilizing their services and whether assistance or re-training may be needed.

Following are two screenshot examples from the BetterOnlineTM web portal. The first screenshot shows a summary of participant's monthly authorized budget in the budget year.



| ld | Start | End | Amount | Stent | Balante | Detail | 237.00 |
|-----------|-----------|------------|------------|------------|-----------------------------|----------------------|--------|
| 844613002 | 8/1/2017 | 8/31/2017 | \$8,586.24 | \$8,326.61 | \$259,63 | Budget Detail | B' |
| 844614002 | 9/1/2017 | 9/30/2017 | \$8.323.20 | \$8,099.21 | 1113 99 | Budget Detail | E |
| 844615002 | 10/1/2017 | 10/31/2017 | \$8,586.24 | \$2,971.09 | \$5,615.15 | Budget Detail | ¥ |
| 844616002 | 11/1/2017 | 11/30/2017 | 56.323.2D | \$0.50 | \$8 323.20 | Budget Detail | B |
| 844617002 | 12/1/2017 | 12/31/2017 | \$8.586.24 | \$0.00 | \$8.586.24 | Budget Detail | É |
| 844618002 | 1/1/2018 | 1/31/2018 | 88,538,24 | 39.00 | \$ 8,5 86 .24 | Budget Detail | É |
| 844619002 | 2/1/2018 | 2/28/2018 | \$7.797.12 | \$0.60 | \$7.797.12 | Budget Detail | |
| 844620002 | 3/1/2018 | 3/31/2018 | 98 585 24 | \$0.00 | \$8.586.24 | <u>Budget Detail</u> | E' |
| 844621002 | 4/1/2018 | 4/30/2018 | \$8,323.2D | 52.52 | 58 323 20 | Budget Detail | É |
| 844622002 | 5/1/2018 | 5/31/2018 | \$8,588,24 | \$0.00 | \$8,586.24 | Budget Detail | |
| 844623002 | 6/1/2018 | 6/30/2018 | \$8,323.20 | \$2.10 | \$8,323.20 | Budget Detail | |
| 844624002 | 7/1/2018 | 7/31/2018 | \$8,586.24 | \$0.00 | \$8,586.24 | Budget Detail | |

The below 'Budget Detail' page displays authorized services, allocated amount, spending details and balance for the month.

| Monthly Budget Amount: | \$8,586.24 | | | | | | | |
|---|---|-----------------------|----------------------------|-----------------------|----------------------|-------------------|--------------|----------------|
| Total Allocated Funds: Total Unallocated Funds: Total Budget Balance: | \$8,588,24 90,00 \$2 59,63 | Total Spent | | \$8,3 | 26.61 Start End [| | | /2017 /2017 |
| | | | | | | | | |
| Service | Service Sub Type | PriorAuthorization No | Start Date | End Date | Spending Plan Am | ount Paid Units | Paid Dollars | involce |
| Service A0160U3: Transportation (% | Service Sub Type | PriorAuthorization No | Start Date 8/1/2017 | End Date 8/31/2017 | Spending Plan Am | lount Paid Units | | involci |
| | | PriorAuthorization No | | | 432 | | \$128.52 | |



The information available to all authorized user roles in the BetterOnlineTM web portal is also useful when the user has questions outside of normal business hours. An example of this would be when a participant wants to know how much money is available for an authorized service. The participant is able to login to the web portal to view their profile and see all authorized services, the start and end date, how much is authorized, how much has been paid out to date, and how much is remaining to date.

Participants can monitor their budget utilization in BetterOnlineTM web portal.

Web Portal Additional Functionality and Tools.

Years of experience providing F/EA FMS services and Resource Consulting services have provided Public Partnerships with the knowledge and skills to develop quality monitoring tools within our BetterOnlineTM web portal. In addition to the BetterOnlineTM functionality and tools outlined earlier in this section, BetterOnlineTM allows certain authorized users to:

- Document communication and activities;
- Track required timelines and monitor Resource Consultant activities and assignments;
- Check adherence to timeframes for service initiation:
- Look up names and contact information;
- Document Resource Consultant dates of initial contacts, enrollment visits, monthly contacts, and 6-month face-to-face visits; and
- Monitor DCSW qualifications, such as CPR and First Aid, initial and annual training, and criminal background checks.

All of the BetterOnline'sTM web portal functions and tools provide all authorized users direct, real-time access to information necessary to be successful in their role within the WV Personal Options programs. Most importantly, participants are given the tools they need to exercise choice, control and independence.

Additionally, the BetterOnlineTM web portal supports the Fair Labor Standards Act (FLSA), including recordkeeping, overtime hours, and overtime payments. In all WV Personal Options programs, we process overtime payments for DCSWs who do not qualify for the FLSA live-in exemption provided the participant has funds available in their budget authorization. It is important for the participant/representative-employer to monitor their budget utilization on a consistent basis so they are aware of their current balance. This is especially important when overtime rates are being utilized. The BetterOnline'sTM web portal's budget tool provides participant/representative-employers with an easy way to view and monitor their authorized budgets because they are updated automatically with every transaction.

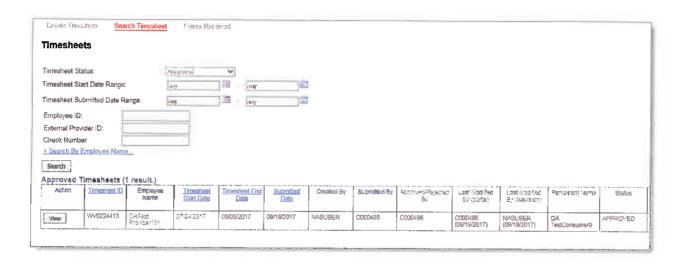


Timesheet Submission.

Public Partnerships has designed, tested and deployed timesheet submission tools in accordance with current program requirements. Our technology allows for DCSWs to submit timesheets and invoices, and for participants to approve/reject them in the following ways:

- Online using the BetterOnlineTM web portal;
- On a mobile device using the Time4Care™ application (currently available for only timesheet submission); or,
- By faxing traditional paper timesheets and invoices which are uploaded to the web portal.

We offer program-specific user guides to DCSWs and participant/representative-employers for all timesheet submission options. The above three (3) choices for timesheet/invoice submission along with the BetterOnline'sTM budget functionality provides participant/representative-employers and their DCSWs with line of sight into the status of timesheets and invoices. For example, if a DCSW submits a timesheet and wants to know whether the participant/representative-employer has approved or rejected it, they are able to login to the web portal at any time to view that information.



When DCSWs submit their time worked and participants approve/reject hours online through the BetterOnlineTM web portal or the Time4CareTM application, our system generates an electronic record that is permanently archived while providing a user interface that is simplistic and provides real time assurance that DCSWs will be paid on time. Submitting timesheets through the web portal offers distinct advantages including a decreased opportunity for fraudulent timesheet submission (e.g. forged signature or time) because participants and DCSWs log in with unique user names and passwords.



With the submission of each timesheet, the BetterOnlineTM web portal verifies the service entries do not violate any programmatic rules. The web portal is fully integrated with our back-end financial management and accounting system. The program-specific logic is a safeguard so that each DCSW can submit a timesheet only for the participant with whom they are associated in the system. The web portal provides real-time validation of all services and hours

HIGHLIGHTS OF ELECTRONIC TIMESHEETS

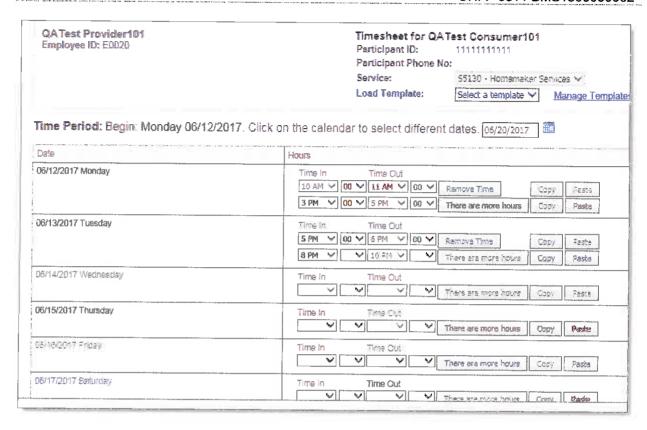
- Decreased opportunity for fraudulent submissions
- Time-entry error reduction
- Timesheet tracking visibility
- 24/7 submission access

entered so there are no errors that would prevent the timesheet from being paid. Should a timesheet not meet program requirements to allow payment, the DCSW is notified at the attempt to submit. The DCSW can then make the necessary corrections and try again to submit the timesheet or the DCSW can call our Customer Service Center or Resource Consultant if they have questions. Once the timesheet is submitted, the participant may electronically approve it electronically through the web portal

In the following example, the DCSW will populate the timesheet with the:

- Pay period or date range of service
- Service code/name (list populated based on authorized services in the participant's Spending Plan)
- In time and out time for dates worked





After completing the electronic timesheet, the DCSW is ready to submit it for review and approval by the participant. The BetterOnlineTM web portal integration with our financial management system ensures thorough validation in real time to check for common timesheet errors and other issues that would prevent the timesheet from being paid such as:

- <u>Time Validation:</u> The system allows the user to enter only valid time. For example, a DCSW could not enter 8:00am for the in time and 7:00am as the out time because the out time cannot precede the in time. The web portal would prompt the DCSW to enter a correct out time.
- Budget Validation: Through our interactive budget validation process, time entered on
 the timesheet is tested against the participant's Spending Plan and the previous
 spending information housed in the financial management system. If submitted time
 exceeds the authorized Spending Plan amount, the system will flag that the hours the
 DCSW is attempting to bill which exceed the authorized amount. The DCSW can
 correct and resubmit the timesheet or contact our Customer Service/Resource
 Consultants if he or she has a question.
- <u>Cross-Validation</u>: BetterOnlineTM checks the timesheet against existing timesheets in accordance with program rules. For instance, two DCSWs submit timesheets for the same shift under one participant. BetterOnlineTM also prevents the submission of any



time by a DCSW who has not completed required trainings or certifications. With the submission of each timesheet, the system verifies that it does not violate any program-specific rules.

A few examples of specific rules that are currently enforced for WV Personal Options programs include:

- Participants cannot receive services from more than one DCSWs at a time.
- DCSWs cannot serve more than one participant at a time.
- Date worked cannot be before or after a required training start or expiration date.
- If a timesheet is received for more hours than are available in a participant's authorized budget, we will issue payment up to the available units and pend the exceeding amount.

When a DCSW submits an electronic timesheet, all of these validations occur within seconds and the DCSW receives an immediate confirmation of timesheet acceptance or notification of any errors preventing submission, with the opportunity to correct the error(s) and resubmit the timesheet.

Below is an example of a DCSW trying to submit an electronic timesheet and receiving several error messages. This DCSW would not be able to submit their timesheet until their entry met all of the program and service rules.

Error on 06/18/17 10:00 AM - 5:00 PM: There is no Employee Rate established or effective for this Client No. Authorization Line not found with sufficient Rate for this Submitted Rate. You are not authorized to provide this service on this (these) date(s), please contact your employer for details Pay Rate cannot be zero. Billable Rate cannot be zero. Date worked (06/18/2017) cannot be after "First Aid Certification Expiration Date" date (04/28/2017) Date worked (06/18/2017) cannot be after "CPR Certification Expiration Date" date (04/28/2017) cannot be after "First Aid Certification Expiration Date" date (04/28/2017) cannot be after "First Aid Certification Expiration Date" date (04/28/2017)

Date worked (06/18/2017) cannot be after "CPR Certification Expiration Date" date (04/28insufficient remaining amount in Service Group pool.

Upon payment, an electronic record is stored with a full detail on the payment, including the day the payment was issued, and whether the payment was a paper check or electronic file transmission. The integrated capacities of the BetterOnline™ web portal and back-end accounting platform provides us with the capacity to maintain timesheet data regardless of the status. This allows for a comprehensive record-keeping system that can be used to readily comply with audit requests and other inquiries on claims paid to DCSW.



Time4Care™ Mobile Timesheet Application

Public Partnerships' Time4CareTM mobile application provides participants and DCSWs the flexibility and convenience of using a mobile device to enter and submit timesheets. The app is user-friendly and easy to understand. We are currently conducting final testing of a new and enhanced version of Time4CareTM, version 1.5, which will be deployed in all 3 WV Personal Options by February 1, 2018.

To obtain the Time4CareTM mobile application, users download the app on a smartphone or any other mobile device and login using their current BetterOnlineTM web portal username and password. If they do not have a web portal user name and password, they can register using the app. Any time claimed using the mobile app is also visible in our BetterOnlineTM web portal, and vice versa since the timesheet database is the same for web and mobile users.

Time4CareTM allows us to collect, verify, and process qualified DCSWs' timesheets per WV Department of Labor and WV Personal Options programs requirements. The application is integrated with the BetterOnlineTM web portal and handles a DCSW's timesheet information in the same manner as described earlier in this section.

Well before passage of the 21st Century Cures Act in December 2016, Public Partnerships began developing a proprietary and HIPAA-compliant, integrated Electronic Visit Verification (EVV) system. We realized years ago that the integrity of the programs we administer would be enhanced with EVV. Also, the health and safety of individuals is better assured when EVV is in use. We developed our EVV with these core principles in mind.

Our EVV system is built upon the Time4CareTM time capture mobile application. The EVV user interface and core functionality utilize Time4CareTM version 1.5 features. Therefore, we would be ready to start implementing the EVV in WV Personal Options programs as early as January 2018, when version 1.5 goes live. We will not need to complete new system development or procure a vendor to design an EVV, to meet the WV HCBS EVV requirements. Our implementation process will be to gather and document requirements and then program the necessary program-specific rules into our already-existing system.

A key benefit of the our EVV is that our EVV system is part of our core financial management services infrastructure. Therefore, it works seamlessly with our payment rules engines and payroll services. This integration is a critical differentiator of our EVV system from other EVV offerings. F/EA vendors that must procure and try to integrate a third party EVV solution will have difficulty doing so. The interfaces

Public Partnerships' EVV system is part of our core financial management services infrastructure.

can be unstable and the user experience degraded. In our experience, a non-integrated EVV does



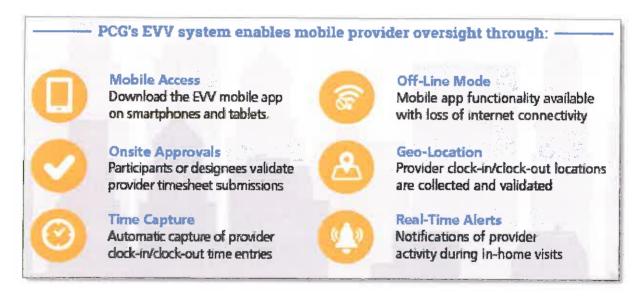
not provide the transparency necessary for participants to adequately manage their services and their DCSWs. The lack of transparency will cause participant dissatisfaction while reducing their ability to be accountable for their self-directed services, and may result in pay delays to the DCSW. We believe EVV must be seamlessly integrated with financial management service systems in order to dually ensure program integrity and a good experience for users.

The 21st Century Cures Act specifies the characteristics of a compliant EVV system. Specifically, the EVV must, at a minimum, electronically verify the:

- Type of service performed;
- Participant receiving the service;
- Date of the service;
- Location of service delivery;
- DCSW providing the service; and
- Time the service begins and ends.

Our EVV system meets and exceeds these requirements by incorporating validation techniques that together produce a dynamic picture of services delivered and rules compliance.

The following graphic shows a high-level overview of the core features of our Time4CareTM EVV:



Our EVV system was designed, built, and operates using a multi-tenant, multi-tier architecture, single-platform system that offers the greatest amount of flexibility and customizable configuration. The role-based system requires secure login/authentication via user account creation and management, and allows each role to view only appropriate data for their designated



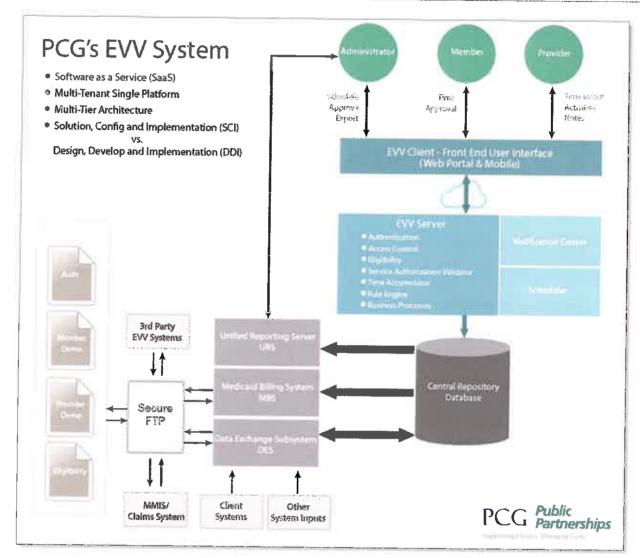
access levels. Authenticated users are granted real-time access to their individually authorized program information 24 hours a day, seven (7) days a week.

Due to the flexibility and reliability of our EVV system, we use an exclusively electronic EVV interface. The system has full offline capability, which will be described in further detail below. Our architecture and approach optimize the total cost of ownership, improve the accuracy of data, and enhances the user experience without expensive and inflexible landline telephony or fixed-visit EVV hardware.

The next diagram provides an overview of the entire EVV system, showing how it is integrated with the databases and interfaces already in use in the WV Personal Options programs. Some key features:

- The system has customizable roles, each with their own permissions and functionality (green circles).
- It is built upon the core Public Partnerships system infrastructure, so the EVV server pulls directly from the payroll rules engine. This allows real time notifications of time-sensitive information, such as budget authorization limits.
- We developed and integrated proprietary notifications and scheduling systems into the EVV server (illustrated by blue boxes in the diagram).
- Our integrated reporting server delivers customized exceptions and utilization reports.
- We designed and incorporated seamless file and data exchange processes. Therefore, our EVV can import data from 3rd party EVV systems, if needed. Also, external data, like demographic files, eligibility, etc., are fully integrated.
- We have the ability to develop and implement interfaces with Managed Care Organization (MCO) management systems. This is a significant value-add for MCOs who desire better insight into the quality and completeness of in-home services for their members.





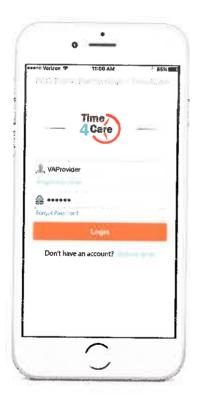
We designed the user interface of our EVV system specifically for Self-Direction services. This is in stark contrast to many of the EVV systems on the market today, which were designed primarily for agency-directed care. Our unmatched expertise in Self-Direction provided insight for development of our user experience and key features. The user interfaces for our EVV system consist of our integrated BetterOnlineTM web portal and the Time4CareTM mobile application. In our EVV system, the mobile application is the exclusive interface for DCSW clock-in, clock-out, and visit detail submission.

We developed our EVV system with a focus on Self-Direction and benefits to the participant. Therefore, we established user-based roles that include the participant/representative-employer role. Participants or their designated representatives can review and approve/reject time entries in



the mobile application. They can also choose to use the BetterOnlineTM web portal, like they do today, if preferred.

Our EVV system is fully compliant with 21st Century Cures Act requirements without utilizing landline telephone or fixed visit in-home devices. Those approaches are antiquated, costly, and no longer necessary given today's mobile technologies and pervasive internet connectivity. The mobile application is available for free download and is fully compatible with Windows, Android and Apple smartphone and tablet devices. Anyone can download the application, but identity must be verified and validated with the Public Partnerships database in order to create an account and use the application.



The series of images show key features of our EVV system's user interfaces; the accompanying text highlights the characteristics, and shows how the system fully complies with all of the 21st Century Cures Act requirements, and the requirements of this procurement.

The login screen that appears when a user opens the application. There are two unique roles with unique functionality: Participant and DCSW. Before using the application for the first time the user needs to register, as mentioned above. Users can register using the application itself, or through the BetterOnlineTM web portal.





After the DCSW logs in, he/she sees this screen, which we call the "hours" view. It is designed as a calendar. The DCSW can see what hours have been worked today, including active clock-in. The DCSW can also scroll backwards through past days to see summary of work performed in the past.

After pressing "Add Time" on the home screen, the DCSW is asked who the service(s) will be provided for. The application can accommodate as many participants as are associated in our system. The application has a user-friendly color-coding scheme that assigns a specific color to each participant. All activities and visits are assigned the corresponding color.

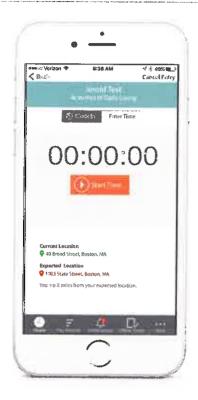


After selecting the Participant, the DCSW sees this clockin screen.

The white space in the lower half of the screen is the user interface for the critical geo-location functionality. The geo-location function records a DCSW's clock-in/clock-out location. This information can be cross-referenced with the expected location, which is based on the participant's physical address in our system, or another address entered by an authorized user with administrative access to the BetterOnlineTM web portal. As part of our EVV product development roadmap, we are working on functionality that will allow for service-specific expected locations. This will be available before the January 1, 2019 EVV mandate.

Inconsistencies between actual and expected locations are flagged, or if desired, the system can be configured to prevent a DCSW from clocking in altogether if the location is different from the expected location. Keeping remote states like West Virginia in mind, we designed the mismatch radius to be configurable to any distance.







Therefore, our EVV supports community integration by establishing a distance threshold for approved services delivered outside the home. We will work with WV BMS to establish the desired location rules. The system allows for maximum flexibility so locations in which participants receive services are not restricted. The back-end location capture and reporting enables post-visit analysis if fraud or neglect are suspected.

When ready to start providing service, the DCSW clocks in by pressing the orange "Start Time" icon.

When clocked in, the clock runs continuously, regardless of what the DCSW does with the device. The application can be closed; even if the battery runs out the clock will still be running continuously when power is restored.

When the visit is completed, the DCSW will press the "End Time" icon.

Geo-location is captured again at clock-out, and will be flagged as an exception if the DCSW is outside the pre-set distance radius. The DCSW is not prevented from clocking out based on location.

clock-out, the visit is ready for the participant/representative-employer approval. We developed three different methods for time entry review and approval/rejection. There is an "Approve Now" capability that allows the participant/representativeemployer to approve on the DCSW's device immediately after the service is concluded, using a private preestablished PIN. The second method of review/approval is through the Participant role within the application. The participant/representative-employer would log in and perform approval actions on his/her own device and time schedule. The third method is through the BetterOnline™, web portal similar to how participant/representativeemployers are approving DCSW electronic timesheets in the WV Personal Options programs today.





During or after the visit, the DCSW will enter the type of service performed from a customized list of program activities. This capability is especially valued by agencies and MCOs. We will work with BMS to establish a relevant list of activities as required. Or, activities capture can be disabled in the EVV if desired.

In addition to activities, DCSWs have the ability to enter free-text notes for each visit to further record details of the services performed. These notes can be of value to program management staff, Resource Consultants, and to DCSWs themselves. The image on the left shows the user interface for the notes screen. This mirrors the same activity and notes entry process for electronic timesheets outlined earlier under Public Partnerships' BetterOnlineTM web portal section. Like activities, notes functions can be disabled, if desired.



When the time entry is completed, the DCSW can see the completed time entry in the "Hours" calendar view, as shown in the screen shot to the left. In this view the DCSW can see who received the service, total time of the service, time the service began and ended, and total accumulated work time for the day. If the DCSW wants to review activities, notes, or other details of a visit, he/she can open the details screen.

Sometimes DCSWs forget to or can't clock in. Or they clock in after the shift started. In situations like this it is important that the EVV system gives users the flexibility to manually adjust times, especially in Personal Options programs. Our EVV system has full capability for retroactive adjustment of shift start or end times, when appropriate.







The screen on the left shows a completed visit that has been re-opened for editing. The DCSW can manually adjust in and/or out time by pressing the "pencil" icon. When a clock-in/out entry is manually adjusted in this manner, the visit is flagged in the database as an "exception" entry in case it warrants later analysis for fraud or neglect. However, importantly, there are no barriers to adjusting time if needed, so there is no delay in payment as long as the participant approves the new entry.

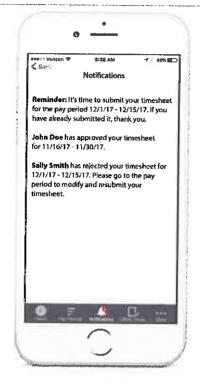
Likewise, if a participant rejects a time entry, the DCSW can manually adjust the rejected entry and resubmit it for approval. This back and forth reject and re-submit functionality within the EVV application facilitates efficient communication and resolution of problems. In addition to the "Hours" view shown above, our EVV has a "Pay Period" view, shown to the left. This view lets a DCSW review all time entries by pay period, along with the approval status: needs approval, approved, pended, or rejected.

This view and its associated functionality was designed with self-directed services in mind. Our EVV is seamlessly integrated with our payroll system, therefore the information is accurate, timely, and helpful to participant/representative-employer and their DCSWs.

This same view is the home screen view in the Participant role of the EVV application. When participant/representative-employer logs into his/her own EVV account, the pay period screen shows which time entries need action and total hours accumulated in the selected pay period.

The participant/representative-employer can scroll through all of the DCSWs who provide services and take action on their time entries. The participant/representative-employer can see our pend reasons, approve time, and reject time with associated reasons from a list and/or free text. When a time entry is approved or rejected, a notification transmits automatically to the DCSW.





Our EVV system notification engine is highly customizable and useful for participant/representative-employer, DCSWs, and Resource Consultants. Notifications are delivered to the device on which the EVV is used, using the device's imbedded notification capability. Also, within the application, the user can press the "Notifications" tab on the bottom and review a history of notifications.

Our proprietary scheduling system can be incorporated with the EVV system. If that configuration is selected, notifications can be customized based on deviations from schedule – for example, missed visits, which will allow ease of schedule changes. The EVV can also be used without the scheduling tie-in. This configuration seems to be the current preference of states for consumer direction programs because it allows for flexibility and ease of scheduling changes based on the participants' needs and preferences.



Our EVV application has full offline capability. This capability is a significant feature for many remote communities in West Virginia where Internet and phone services are limited. When the device is not connected to the internet, the DCSW can still clock in and clock out. As soon as internet connectivity is restored, the visit automatically uploads to the EVV server. The screen displays an offline time entry awaiting upload.

When time entries are performed in offline mode the application still captures location of the service, using the GPS capability of the device. The only feature not available in offline mode is the real-time comparison of actual location and expected location of service. However, retrospective reporting allows administrators to review all offline entries and location data. If a DCSW regularly utilizes offline mode, the appropriate person can review the situation and intervene if needed.

Although our EVV is intuitive and easy to use, we will have a detailed training module to assist and educate all DCSWs



on the use of the system. We will utilize a multi-pronged training approach that includes:

- Incorporation of hands-on training for participant/representative-employers and DCSWs during enrollment visits;
- EVV download and use instructions located on the Public Partnerships and WV Personal Options specific program website; and
- An EVV introduction letter incorporated in online and paper enrollment materials for participants and DCSWs.

Although not required in this RFP, Public Partnerships understands that an EVV implementation plan is to be developed to include milestones in preparation for a January 1, 2019 implementation date and will be subject to prior approval and amendment by BMS.

4.154 The Vendor should propose a plan to verify that the Vendor will not bill the Bureau in advance for participant-directed goods or services.

Section 4.24 describes Public Partnerships' established Policy and Procedure (P&P) for Participant-Directed Goods and Services (PDGS) payments. This P&P includes quality controls to ensure that payments will not be issued prior to PDGS applications being reviewed and approved.

Only after a PDGS application is reviewed and approved does Public Partnerships process payment for the requested item/services and issues the payment payable to the vendor. PDGS payments are never made payable to the participant, legal representative or DCSW. In accordance with the IDDW Policy manual, PDGS payments are not issued to reimburse for items/services which have already been obtained and not pre-approved by Public Partnerships.

Our PDGS Monthly Report includes data regarding the number of PDGS requests received, approved, rejected, and receipt confirmation. This report allows Public Partnerships and BMS to monitor the efficiency of the PDGS process and address any issues in a timely manner.

Should Public Partnerships be awarded this contract, we will collaborate with the Bureau to update the PDGS P&P to include specific requirements for payments of pre-transition goods and services for Take Me Home West Virginia participants.

4.155 The Vendor should describe their plan for processing invoices and payments for Aged and Disabled and Traumatic Brain Injury Waiver Community Transition Services on approved Transition Plans including the process for qualifying vendors of these services. Members will not exceed 100 members per calendar year and each member may only be served for a maximum of six months which may be consecutive or intermittent. The Vendor should also



describe their reimbursement plan for the above Community Transition Services.

Public Partnerships is currently serving 8 Take Me Home West Virginia (TMHWV) participants who are now enrolled in the Aged and Disabled Waiver (ADW) and Traumatic Brain Injury Waiver (TBI) program. We are knowledgeable of the TMHWV program and have developed positive working relationships with the program's Transition Navigators.

We have vast experience with invoice processing and payment and propose to implement a system for ADW and TBIW Community Transition Services that is similar to the system currently used to approve and process IDDW Goods and Services invoices and payments. A Community Transition Services Packet will be developed to obtain specific information regarding the good or service being requested as well as the necessary forms to confirm the vendor's classification as an employee or independent contractor and qualifications for providing the item/service.

Our invoices and payments processing for the ADW and TBI Community Transition Services will be set up similarly to our current processes for Personal Options. Please see Section 4.9, 4.24, and 4.70 for details regarding administrative services fee (Per Member Per Month) billing, timesheet, and Goods and Services invoice processing.

If awarded this contract, Public Partnerships will work with the BMS and TMHWV program management to develop a plan for processing approved invoices and payments and a plan for reimbursement for the ADW and TBI Community Transition Services.

Attachment B: Mandatory Specification Checklist





ATTACHMENT B: MANDATORY SPECIFICATION CHECKLIST

- 5. Mandatory Requirements
- 5.1 The Vendor must perform the Subagent-F/EA FMS and RC tasks as a Subagent to the West Virginia Government F/EA FMS (the Bureau) directly and without the use of a subcontractor.

As the incumbent vendor, Public Partnerships currently performs all required F/EA FMS and Resource Consulting tasks as a Subagent to BMS without the use of any subcontractor. Should we be awarded this contract, we will continue to be wholly responsible for performing all F/EA FMS and Resource Consulting tasks described in the contract details without using a subcontractor.

5.2 The Vendor must provide both F/EA FMS and Resource Consulting (RC) directly and not subcontract with another entity to perform any of the related tasks.

Public Partnerships is currently solely responsible for providing both F/EA FMS and Resource Consulting services directly. We will continue to assume prime contractor responsibility for all services offered and products to be delivered under the terms of this contract. BMS will consider Public Partnerships to be the sole point of contact with regard to all contractual matters.

5.3 The Vendor must develop and maintain a Subagent FEA FMS Policy and Procedures Manual within 30 calendar days' contract award and update said manual at least annually.

Under the current contract, Public Partnerships has developed comprehensive and program-specific FEA/FMS and Resource Consulting policy and procedure manuals. We revise our manuals in response to BMS's requests, changes in state and federal laws and regulations, advancement in technology, and evolution of best practices in the field of self-direction.

If Public Partnerships is awarded this contract, we will collaborate with BMS to revise our FEA/FMS and Resource Consulting policy and procedure manuals to address the additional requirements specified in this RFP. Public Partnerships will submit the revised manuals for BMS's review and approval within the 30 calendar days of contract award.

5.3B The Vendor must maintain an auditable system for managing members spending plans, payroll processing and related reporting, and claims submission.

Public Partnerships has an established system in place to manage participants' Spending Plans. All Spending Plans are developed by the participant/representative-employer with the assistance of a Resource Consultant. Completed Spending Plans are verified and approved by Public



Partnerships' program support staff before they are entered in our BetterOnlineTM web portal. This process is to help ensure all spending plans are developed in accordance with the participant's authorized services and budget amount. All approved spending plans are stored in our secure program specific archive folder for auditing purposes. The BetterOnlineTM web portal and Financial Management System provide an auditable history of all payroll transactions and related reporting.

Our Medicaid Billing System is designed to track changes in data to allow the system to be auditable. We are currently able to track the history of a single submitted claim, noting when and how many times it was submitted, the number of times the claim was adjudicated by the State's MMIS system, per the payment reconciliation process, and the amount of the associated payment and any denials for the adjudication event.

5.4 The Vendor must have and maintain the capacity to receive funds by electronic funds transfers (EFT).

As the incumbent F/EA FMS Vendor, Public Partnerships currently receives funds by electronic funds transfer (EFT). Should we be awarded this contract, we will continue to maintain this capacity.

5.5 The Vendor must, as a Subagent- F/EA FMS and RC, establish and maintain a separate administrative bank account for the sole purpose of receiving all payments from the Bureau for Medicaid-funded self-directed services rendered and Subagent- F/EA FMS and RC administrative fees. The Bureau may, at any time and at its discretion, audit the Vendor's administration and use of public funds including the management of the separate administrative bank accounts for each Waiver Program.

Public Partnerships currently has, and will continue to maintain, a separate bank account for the sole purpose of receiving payments from the Bureau for Subagent-F/EA FMS and Resource Consulting administrative fees invoiced on a monthly basis. Should the Bureau request to audit this account's activity or the activity of the program-specific bank accounts used to process service claims payments, Public Partnerships will provide the Bureau with requested bank statements and other financial information within fifteen (15) business days of request.

5.6 The Vendor must receive, disburse, and track Medicaid and State funds as stated in section 4.28 of this RFP.

Public Partnerships' integrated Financial Management System receives and disburses Medicaid funds as required in Section 4.28. The system also tracks all transactions and balances through the BetterOnline™ web portal. For specific details please refer to Section 4.28.



5.7 The Vendor must have a process for reimbursing the State for any funds remaining in the separate bank account for managing participant-directed funds on June 30 of each state fiscal year.

As the current Vendor of F/EA and Recourse Consulting services for the Personal Options programs, Public Partnerships does not receive funds in advance for managing participant-directed funds.

The participant's self-directed budget allocations are issued in the form of service and Level of Care authorizations from the Utilization Management Contractor (UMC). Once received by Public Partnerships, our BetterOnline™ web portal uploads the authorized budget amounts to each participant's budget page. When timesheets and invoices are validated and pass all program safeguard rules and policy, Public Partnerships will submit the service claims into the state's MMIS system. We receive the claim payments approximately 1 week after we issue payments to Direct Care Service Workers (DCSWs) and Participant-Directed Goods and Services (PDGS) vendors.

Based upon the current timing of claims submissions and payments, the requirement listed above is not applicable. However, should policy changes occur, Public Partnerships will work with the Bureau to develop a plan for reimbursement of participant-directed service funds.

5.8 The Vendor must propose a plan to establish, operate and maintain a customer service system that serves members and their representatives, RCs and DCSW and service providers and vendors in accordance with the principles of participant direction and in a culturally and linguistically sensitive manner. All communication methods should be accessible, including alternative formats upon request. The Vendor should describe the system and written policies, procedures and internal controls that will be used to implement and perform the following tasks:

Public Partnerships is an industry leader in the provision of customer service for participant-directed services and has made substantial and continuous investment in our call center solutions. We understand that self-directing services is a team effort, and that an essential role of the F/EA FMS vendor is responding to questions, helping participants solve problems, and ensuring complaints are heard with feedback incorporated in our business practices and written policies, procedures, and internal controls. Our customer service staff are trained, experienced, and held to high standards for delivering exceptional customer service. Our "Identify, Research, and Resolve" curriculum ensures our representatives identify and restate the reason for the call; ask probing questions; educate the caller on preventative processes; provide accurate information and advice for next steps in issue resolution; identify whether there are any other open issues to address and ask if inquiry was fully answered/resolved.



Through our approach, all Customer Service Representatives are expected to be a prime resource for program participants with attention to:

- Providing prompt and courteous responses to questions in a culturally and linguistic sensitive manner
- Providing callers with answers to questions about payroll, check processing status, withholding amounts, rate of pay, services, and any questions related to reports received
- Supporting inbound and outbound calls with follow-up correspondence to participants and their DCSWs
- Tracking and digitally logging all calls, monitoring issues, and documenting resolutions

In our experience, customer needs are best met by offering multiple options. Calls may be answered by either a live representative or our Interactive Voice Response (IVR) system, depending on the needs and desires of the caller. Callers routed to the IVR system can self-identify their issues through a series of prompts. The answers to these prompts allow the system to route each caller to a customer service representative with the training and skill set best suited to respond to their specific questions or concerns. Callers may also utilize the IVR to obtain answers to their most frequent questions without the involvement of a customer service representative.

Through our BLAZE technology, an automated outbound call or email can be sent to distribute information quickly and effectively on everything from program-wide notifications to reminders of missing documents to a specific participant/representative-employer or DCSW. By leveraging our IVR queue system and adequately staffing our Customer Service Center to respond to anticipated call volume, Public Partnerships can manage estimated call volume, including increases in call volume on payroll days. Callers will never receive a busy tone on any call. They will be assisted through the IVR system, a live representative, or voicemail based on their needs and preferences.

Public Partnerships' implementation of Five9, a cloud-based call center technology, allows us to design and modify call campaigns and generate summary level reports at the call agent level. The Five9 platform ensures our specialists have the tools and training necessary to ensure our program participants are supported and successful in self-directing. The "preview dialer" feature allows our customer service specialists to review an account prior to handling the call. Our customer service supervisory team randomly samples calls and provides timely feedback and resolution. We also can launch automated calls with tailored updates and notifications for various stakeholders.

As the largest provider of FMS for participant directed programs, Public Partnerships has made a significant business commitment to statistically measuring the quality of calls. Each year, management listens to more than 15,000 call interactions with its customers, scoring each call on



a comprehensive list of more than 35 attributes. Customer service representatives receive one of two scores on each monitored call: either they are perfect in every facet of the call; or they need improvement. We believe this approach holds us to the highest quality standard applied in the industry.

5.8.1 Have a toll-free number with voice mail functional capabilities.

Public Partnerships will continue to serve the participant/representative-employers and their DCSW's with our established program-specific toll-free numbers with voice mail functional capacities.

5.8.2 Have a TTY line or alternative method of communicating with members and their representatives with hearing impairments.

Public Partnerships supports individuals with hearing and speech impairments, and we can accommodate their needs using a variety of tools, such as our TTY services or e-mail.

5.8.3 Have a functioning fax machine and number.

Public Partnerships has established a toll-free, high-speed fax numbers that are available 24/7 for each of the West Virginia Personal Options programs. Documents faxed to this number are received as an electronic image in a secure format that conforms to HIPAA requirements.

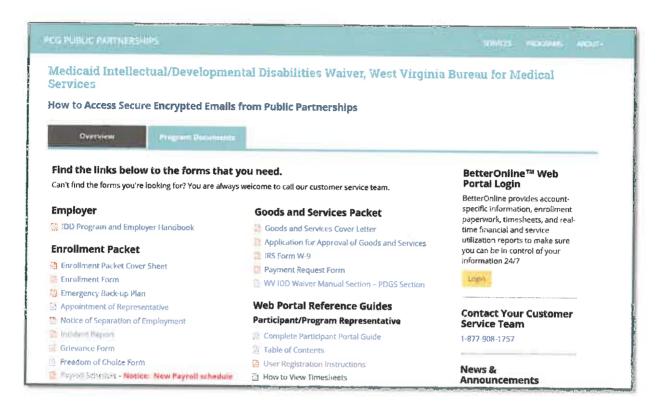
5.8.4 Have internet e-mail capacity.

Public Partnerships has established e-mail address for each of the West Virginia Personal Options programs. Documents or inquiries received through the e-mail conform to HIPAA requirements.

5.8.5 Have website available to members and their representatives, and the general public, that includes up-to-date information and internal controls documented for its West Virginia-specific Subagent-F/EA FMS - RC Policies and Procedures Manual to monitor the accuracy and currency of the materials posted on the website and the effectiveness of the system.

Program participants/representatives and their DCSWs are increasingly reliant on the Internet and web-based information to successfully self-direct their services. To meet the growing reliance on web-based information, our program websites are truly a "one-stop shop" for programmatic forms and information. We have a comprehensive website that provides easy access to critical contact information (including hours of operation and a link to our BetterOnline™ web portal), programmatic forms, key policies, and frequently asked questions. Our content is clearly readable and easy to understand. The Public Partnerships website complies with the Americans with Disabilities Act and Section 508 of the Rehabilitation Act.





The Public Partnerships website provides a hub for program resources including, but not limited to, program information. Program resources can also be made available to be downloaded as Adobe PDF documents. Public Partnerships has internal controls to monitor the accuracy and currency of the materials posted on the website and the effectiveness of the system.

5.8.6 Develop, implement, and maintain a web portal, a secure web-based interactive payroll and accounts payable system that provides the Bureau, members enrolled in Personal Options, their representatives, Resource Consultants, and Service Coordinators/Case Managers (if applicable) with real time 24/7 access to member's budgets and spending history with the ability to electronically submit and monitoring processing of timesheets and invoices.

Public Partnerships will continue to utilize our BetterOnlineTM web portal which provides authorized users with real-time access to participant and DCSW demographic information, eligibility/qualifications, budgets, service authorizations, and payment history in a secure environment available 24/7.

We understand that a variety of stakeholders need access to participant information to ensure coordination of services and continuity of care. To address this, Public Partnerships has developed the BetterOnlineTM web portal, our web-based solution for participant direction. The



BetterOnlineTM web portal provides an intuitive and user-friendly experience that is fully integrated with Public Partnerships' financial management system (see diagram). User access and privileges are tailored to the needs of each stakeholder. The Bureau, members and their representatives, Public Partnerships staff, and Service Coordinators/Case Managers can have real-time access to participant demographic information, individual budgets, authorizations, and spending and savings activity. Please see Section 4.7 for additional details regarding the BetterOnlineTM web portal.

The Vendor will agree to locate, operate, and maintain a customer center in-state 5.8.7 office within fifteen (15) miles of the city limits of Charleston, West Virginia due to the need for continuous and constant on-going site meetings, interactions, and case updates with BMS staff that is more collaborative and effective than e-mail, telephone contact, or video conferencing. Hours of operation are at a minimum 9:00am to 5:00pm (EST/EDT) Monday through Friday excluding West Virginia State holidays: New Year's Eve 12 noon to 5 pm, New Year's Day, Martin Luther King Day, President's Day, Primary Election Day, Memorial Day, West Virginia Day, Independence Day, Labor Day, Columbus Day, General Election Day, Veterans' Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Eve 12 noon to 5 pm, and Christmas Day. Must have a voicemail box activated for after-hours receipt of messages for members using self-direction services and their representatives and DCSWs to access needed information concerning their services for member/representative-employers to access needed information concerning their services.

Public Partnerships has maintained an in-state office in Charleston, West Virginia. Our Charleston office is located within fifteen (15) miles of the city limits of Charleston, West Virginia.

Public Partnerships office spaces include a reception area, offices, computer work stations, a large conference room, a resource library, secure file storage, and a secure server room. Public Partnerships' in-state office is:

- Accessible to persons with disabilities, including accessible parking;
- Equipped with an electronic security system including exterior door alarms, interior motion detectors, and telephone dispatching of law enforcement officers 24 hours per day, seven days per week; and
- Equipped with a state-of-the art telecommunications system including a staff directory and connectivity to all Public Partnerships and Public Consulting Group offices via four-digit extension.

Public Partnerships is open for business from 9:00am to 5:00pm (EST/EDT) Monday through Friday, excluding West Virginia State holidays: New Year's Eve 12 noon to 5 pm, New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day,



Columbus Day, Veterans' Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Eve 12 noon to 5 pm, and Christmas Day.

5.8.8 Have the ability to provide translation and interpreter services that are compliant with the Language Access Act of 2008. https://www.congress.gov/billillOth-congress/house-bill/5759. And the ability to provide materials to members and representatives in alternative print (i.e., large print and Braille).

Public Partnerships has English and Spanish speaking customer service representatives who can provide assistance to caller inquires, written or verbal. Public Partnerships will serve non-English speakers through our use of AT&T Language Line translation services. Language Line allows us to support 100+ additional languages and dialects, including Cambodian, Korean, Laotian, Russian, Somali, and Vietnamese. When language needs reach a significant density, Public Partnerships invests in recruiting and training customer service representatives fluent in that language. Public Partnerships supports individuals with hearing and speech impairments, and we can accommodate their needs using a variety of tools. For example, some clients may wish to utilize our TTY services, while others will prefer to communicate via e-mail. Additionally, we can support individuals who utilize large-print type on our website. Our websites are program-specific and host program resources, including enrollment materials, which can accommodate large-print screen readers.

- 5.9 The Vendor must establish a separate administrative bank account for each Self-Directed Program into which all payments received from the Bureau may be deposited and should submit to the Bureau written evidence that the said bank accounts have been established. The Vendor entity should complete all forms as specified by the Bureau and the bank to establish electronic fund transfers from the Bureau to the bank account. The separate administrative bank account should be:
 - 5.9.1 Maintained, to the extent legally permissible, in a manner that prevents creditors of the Vendor from in any way encumbering or acquiring funds in the separate bank account.

Public Partnerships will provide the Bureau with written evidence of the segregated bank accounts which have been established for each of the self-directed programs. Each account is currently set up to receive electronic fund transfers and if awarded this contract, an additional account will be established for the TMHWV program. This is our standard practice and a fundamental financial control. Each account provides full reconciliation and positive pay services, debit block and a stale dated check feature.

5.10 The Vendor must absorb all bank charges including monthly fees, and stop payment fees that were initiated by the contractor and not reduce the balance of



the separate administrative bank account. It should be noted that should the participant or his/her authorized representative requests a stop payment, the fee may be charged to him or her.

Bank fees are absorbed by Public Partnerships and paid via an automated charge-back to Public Partnership's business account. This method is seamless and fees are not assessed to the program accounts. Stop payments will not be excluded from our automated charge back process. For example, if a DCSW loses a check we will reissue it without penalty to the worker. Public Partnerships will obtain information from the DCSW and will verify the original check has not been cashed and create the required audit trail. We withdraw from the administrative bank account all payments made by the using agencies within seven (7) business days of receipt. We use several standardized reports across the accounts to assist stakeholders in monitoring activity.

5.11 The Vendor must not co-mingle other funds into the separate administrative bank account.

Public Partnerships has established standard controls to ensure that there is no co-mingling of funds between the separate administrative bank account and funds from any other source.

5.12 The Vendor must ensure that funds deposited into the separate administrative bank account could not be used by the entity or by any other agent or third party to satisfy, temporarily or otherwise, any Vendor liability or for any other purpose, except as provided under its contract with the Bureau.

Public Partnerships has established separate, non-interest bearing, accounts for each of the West Virginia Personal Options programs. Funds are separated by these bank accounts to prevent any co-mingling of funds between the programs. No other entities, agents, or third parties have access to or use the funds received in these accounts. If awarded this contract, a separate account will be established for the TMHWV program and the controls described above will apply to that account.

5.13 The Vendor must withdraw from the separate administrative bank account all payments made by the Bureau for the Subagent- F/EA FMS and RC administrative fees within seven (7) calendar days of receipt.

Public Partnerships will withdraw from each of the administrative bank account all payments made by the Bureau for administrative fees within seven (7) calendar days of receipt.

5.14 The Vendor must prepare and submit monthly reports to the Bureau on separate administrative bank account activity in accordance with the Bureau's reporting requirements. These requirements include monthly reporting of bank account activity, including a summary of the month 's bank activity and reconciliation of the bank balance to the General Ledger.



If awarded this contract, Public Partnerships will collaborate with BMS within 30 days of contract award to develop the reporting formats for the monthly bank account activity and bank statement reports as required.

5.15 The Vendor must provide the Bureau a copy of the monthly statement from the dedicated payroll bank account within fifteen (15) business days of the request along with any other financial information that may be necessary for the Bureau to oversee the delivery of F/EA FMS and RC services and to maintain relevant documentation in the Vendor's files.

Upon request, Public Partnerships will provide the Bureau with a copy of the monthly statement from the dedicated payroll bank account within fifteen (15) business days of the request along with any other financial information that may be necessary for the Bureau to oversee the delivery of F/EA FMS and Resource Consulting services. We maintain all relevant documentation in our secure server.

5.16 The Vendor must work jointly with any subsequent Vendor upon expiration and/or termination to supply historical Employer of Record and Employee information need to ensure a smooth transition of services during the integration period

Public Partnerships has the experience, infrastructure, and programmatic knowledge to meet all the requirements outlined in this RFP and to continue providing the F/EA FMS and Resource Consulting services to the Bureau. The "lessons learned" from our past transitions as an incoming vendor help us understand the challenges that states face when transitioning from one F/EA FMS vendor to another. We understand the importance of a smooth transition and its impact to program participants. In the unlikely event Public Partnerships has to transition to another vendor, we will work jointly with the incoming vendor to develop a transition of participant/employer and DCSW information and data to allow a smooth transition of services during the integration period.

5.17 The Vendor must provide the Agency with sample versions of reports (see Appendix 13) at least thirty (30) calendar days prior to the Operations Start Date for the Agency review and approval. The Vendor must not begin operations without the Agency approval of reports. Report formats may include paper reports or data files. Upon the Agency request, the Vendor must supply the underlying data to support any report submitted. The data is to be in an Agency approved electronic file format.

Public Partnerships agrees to work with the WV Bureau for Medical Services to develop and provide sample versions of the reports specified below for the Bureau's review and approval at least 30 calendar days prior to the operations start date. The reports include:



- Member Spending Report;
- Discovery and Remediation Report on Quality Indicators;
- Member Enrollment/Disenrollment;
- Member/Representative Satisfaction Survey;
- Financial Report;
- Claims Utilization Report;
- Bank Account Activity Report; and
- Bank Statement.

If requested, Public Partnerships will provide the underlying data in the agreed upon format with the Bureau to support the specific report.

5.18 The Vendor must agree to the Service Level Agreements (SLA) see Appendix 14.

Public Partnerships recognizes the importance of Service Level Agreements as a tool for states to ensure that their contractors comply with program requirements. Upon implementation of the contract we will comply with the Service Level Agreements in Appendix 14.



By signing below, I certify that I have reviewed this Request for Proposal in its entirely; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

| PCG Public Partnerships, LLC | |
|---|---|
| (Company) | _ |
| Wn Wellleth William Weddleton, President | |
| (Authorized Signature) (Representative Name, Title) | |
| Phone: 617-717-1262 Fax: 617-717-0085 | |
| (Contact Phone/Fax Number) | |
| 12/7/17 | |
| (Date) | - |

Attachment C: Cost Sheet





ATTACHMENT C: COST SHEET

Please refer to the cost proposal included in a separate sealed envelope.

General Terms and Conditions



DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

| Worldeth Prisippor | |
|--|-------------|
| (Name, Title) | |
| William Weddleton, President | |
| (Printed Name and Title) | |
| 40 Broad Street, 4th Floor, Boston, MA 02109 | |
| (Address) | |
| Phone: 617-717-1262 Fax: 617-717-0085 | |
| (Phone Number) / (Fax Number) | |
| wweddieton@pcgus.com | |
| (email address) | |
| | |

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

| PCG Public Partnerships, LLC |
|--|
| (Company) |
| (Authorized Signature) (Representative Name, Title) |
| William Weddleton, President (Printed Name and Title of Authorized Representative) |
| (Date) |
| Phone: 617-717-1262 |

Vendor Preference Certificate



WV-10 Approved / Revised 09/15/17

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 Vendor Preference, if applicable.

| | Application is made for 2.5% vendor preference for Bidder is an individual resident vendor and has resided co or corporation resident vendor and has maintained its had | the reason checked: ntinuously in West Virginia, or bidder is a partnership, association eadquarters or principal place of business continuously in West | | | |
|----------------------------|--|--|--|--|--|
| | virginia, for four (+) years intrinediately preceding the date | or this certification; or, | | | |
| | Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; or, | | | | |
| | Bidder is a nonresident vendor which has an affiliate or sub and which has maintained its headquarters or principal playears immediately preceding the date of this certification; | sidiary which employs a minimum of one hundred state residents ace of business within West Virginia continuously for the four (4) or, | | | |
| 2. | Application is made for 2.5% vendor preference for to Bidder is a resident vendor who certifies that, during the working on the project being bid are residents of West Virgimmediately preceding submission of this bid; or, | he reason checked: life of the contract, on average at least 75% of the employees inia who have resided in the state continuously for the two years | | | |
| 3. | employs a minimum of one hundred state residents, and completing the project which is the subject of the bidder average at least seventy-five percent of the bidder's employed t | he reason checked: of one hundred state residents, or a nonresident vendor which earters or principal place of business within West Virginia and if for purposes of producing or distributing the commodities or 's bid and continuously over the entire term of the project, on loyees or the bidder's affiliate's or subsidiary's employees are continuously for the two immediately preceding years and the | | | |
| 4. | Application is made for 5% vendor preference for the Bidder meets either the requirement of both subdivisions (| reason checked: 1) and (2) or subdivision (1) and (3) as stated above; or. | | | |
| 5. | Application is made for 3.5% vendor preference who Bidder is an individual resident vendor who is a veteran of the | is a veteran for the reason checked: e United States armed forces, the reserves or the National Guard ur years immediately preceding the date on which the bid is | | | |
| 6. | bar bases or broadcing or distributific the collimodities of co | States armed forces, the reserves or the National Guard, if, for mpleting the project which is the subject of the vendor's bid and the art least seventy five percent of the vendor and the the ven | | | |
| | Application is made for preference as a non-resident dance with West Virginia Code 85A-3-59 and West Virginia | small women, and minority owned by since in account | | | |
| or (b) as | | Bidder receiving preference has failed to continue to meet the tor of Purchasing to: (a) rescind the contract or purchase order; eed 5% of the bid amount and that such penalty will be paid to contract or purchase order. | | | |
| By submauthorize the requi | omission of this certificate, Bidder agrees to disclose any readizes the Department of Revenue to disclose to the Director of P | sonably requested information to the Purchasing Division and urchasing appropriate information verifying that Bidder has paid at contain the amounts of taxes paid nor any other information | | | |
| dittor of Offi | r hereby certifies that this certificate is true and accurate anything contained within this certificate changes during vision in writing immediately. | in all respects; and that if a contract is issued to Bidder g the term of the contract, Bidder will notify the Purchas- | | | |
| | r: PCG Public Partnerships, LLC Signed | - Wm Weshletn | | | |
| Date: | 12/2/2 | President | | | |
| *Check an | any combination of preference consideration(s) indicated above, which | | | | |

Purchasing Affidavit



STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL OTHER CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has provisions of such plan or agreement.

DEFINITIONS:

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

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

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITHESS THE FOLLOWING SIGNATURE:

| order of the state | |
|--|--|
| Vendor's Name: PCG Public Partnerships, LLC | |
| Authorized Signature: (\mathcal{M} Weddleton | Date: 12/1/11 |
| State of Massachusetts | |
| County of Suffolk, to-wit: | |
| Taken, subscribed, and sworn to before me this May of | ecember 2017 |
| My Commission expires May 28 , 2 | 2021. |
| AFFIX SEAL HERE NOTAR | RY PUBLIC |
| | CAROL SALVO RyrchasingNomenvRtyRevised 07/02 (2017) |

My Commission Expires May 28, 2021

Disclosure of Interested Parties to Contracts



West Virginia Ethics Commission



Disclosure of Interested Parties to Contracts

Pursuant to W. Va. Code § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$100,000 or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation.

"Interested party" or "Interested parties" means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of W. Va. Code § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

| Contracting Business Entity: PCG Public Partnershi | ps, LLC Address: 40 Broad Street, 4th Floor |
|--|--|
| | Boston, MA 02109 |
| Authorized Agent: William Weddleton | Address: 40 Broad Street, 4th Floor, Boston MA 0210 |
| Contract Number: 617-717-1262 | Contract Description: FEA Support to Self-Direction Members CRFP 0511 18000000 |
| Governmental agency awarding contract: Department | of Health and Human Services, Bureau for Medical Service |
| ☐ Check here if this is a Supplemental Disclosure | |
| List the Names of Interested Parties to the contract which a entity for each category below (attach additional pages if | are known or reasonably anticipated by the contracting busine necessary): |
| Subcontractors or other entities performing work Check here if none, otherwise list entity/individual n | or service under the Contract ames below. |
| Any person or entity who owns 25% or more of core ☑ Check here if none, otherwise list entity/individual n | ntracting entity (not applicable to publicly traded entities ames below. |
| Any person or entity that facilitated, or negotiate services related to the negotiation or drafting of the Check here if none, otherwise list entity/individual na | |
| Signature: Wn Weflleth | Date Signed: 12/1//17 |
| Notary Verification | |
| orially or porjury. | e Disclosure herein is being made under oath and under th |
| Taken, sworn to and subscribed before me thisCan | day of December, 2017 |
| be completed by State Agency: Late Received by State Agency: Date submitted to Ethics Commission: Bovernmental agency submitting Disclosure: | Notary Public's Signature CAROL SALVO Notary Public Notary Public |

Addendum Acknowledgement



ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: BMS1800000002

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

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

| (Check the bo | ox next to each addendur | m receive | d) | |
|---------------|--------------------------|-----------|----|-----------------|
| [x] | Addendum No. 1 | [|] | Addendum No. 6 |
| [x] | Addendum No. 2 |] |] | Addendum No. 7 |
| [X] | Addendum No. 3 |] |] | Addendum No. 8 |
| [x] | Addendum No. 4 | [|] | Addendum No. 9 |
| [x] | Addendum No. 5 | [|] | Addendum No. 10 |

Addendum Numbers Received:

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

| PCG Public Partnerships, LLC |
|------------------------------|
| Company |
| Win Weddletin |
| Authorized Signature |
| 12/7/17 |
| Date |

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012

HIPAA Business Associate Addendum



WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

- Definitions. Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
 - a. Agency Procurement Officer shall mean the appropriate Agency individual listed at: http://www.state.wv.us/admin/purchase/vrc/agencyli.html.
 - b. Agent shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
 - c. Breach shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
 - d. Business Associate shall have the meaning given to such term in 45 CFR § 160.103.
 - e. HITECH Act shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

- f. Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.
- 9. Protected Health Information or PHI shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.
- h. Security Incident means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.
- Security Rule means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.
- j. Subcontractor means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. Permitted Uses and Disclosures.

- a. PHI Described. This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.
- b. Purposes. Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.
- c. Further Uses and Disclosures. Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

- 3. Obligations of Associate.
 - a. Stated Purposes Only. The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.
 - b. Limited Disclosure. The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.
 - c. Safeguards. The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:
 - Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;
 - Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;
 - Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;
 - In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
 - d. Compliance With Law. The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
 - e. Wiltigation. Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

- f. Support of Individual Rights.
 - i. Access to PHI. Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.
 - Amendment of PHI. Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.
 - Accounting Rights. Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:
 - the date of disclosure;
 - the name of the entity or person who received the PHI, and if known, the address of the entity or person;
 - a brief description of the PHI disclosed; and
 - a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
 - Request for Restriction. Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."
 - v. Immediate Discontinuance of Use or Disclosure. The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

- 9. Retention of PHI. Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.
- h. Agent's, Subcontractor's Compliance. The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.
- j. Federal and Agency Access. The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.
- k. Security. The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.
- I. Notification of Breach. During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incident@wv.gov or https://apps.wv.gov/ot/ir/Default.aspx.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

m. Assistance in Litigation or Administrative Proceedings. The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. Addendum Administration.

- a. Term. This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.
- Duties at Termination. Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form—and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

- and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.
- C. Termination for Cause. Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. Judicial or Administrative Proceedings. The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- e. Survival. The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. General Provisions/Ownership of PHI.

- a. Retention of Ownership. Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- b. Secondary PHI. Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- Electronic Transmission. Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- d. No Sales. Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. No Third-Party Beneficiaries. Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. Interpretation. The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- g. Amendment. The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- h. Additional Terms and Conditions. Additional discretionary terms may be included in the release order or change order process.

| Health and Human Resources, | |
|---|--------------|
| Bureau for Medical Services Name of Agency: Name of Associate:_PCG Public Partr | erships, LLC |
| Signature: Signature: Wh Washles | |
| Title: Title: President | |
| Date: 12/1/19 | N-W-1 |

Form - WVBAA-012004 Amended 06.26.2013

> APPROVED AS TO FORM THIS ZUPA DAY OF ATANA 20 UL.

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

| Name of Associate: | PCG Public Partnerships, LLC |
|----------------------|--|
| Name of Agency: | West Virginia Department of Health and Human Resources Bureau for Medical Services |
| | |
| Describe the DHI /de | n maé inalisala anno a tamen |

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

All [types of PHI listed on App. A] in paper, electronic, verbal or any other form.

Including, but not limited to:

Complete Name (First, Middle, Last)

Birth Date

Social Security Number

Medicaid Number

Member ID Number

Utilization Management & Prior Authorization ID Number

Complete Mailing Address

Complete Physical Address

All Telephone Numbers including Alternate and Fax

All E-mail Addresses

Referral Date

Enrollment Date

Dis-Enrollment Date

Work Plan





| Task | Responsible Party | Estimate Start Date | Estimate End Date |
|--|-------------------|---------------------|--|
| Meet with BMS to engage in contract negotiations | PPL, BMS | Contract Award Date | 5 business days from Contract Award Date |
| Confirm in writing any substantive oral clarification of, or change in, PPL's Proposal made in the course of negotiation discussions | PPL, BMS | Contract Award Date | 10 business days from Contract Award Date |
| Complete signed Contract | PPL, BMS | Contract Award Date | 10 business days from Contract Award Date |
| Hire and train key staff | PPL | Completed | Completed |
| Review and update F/EA FMS and Resource Consulting Services Policy and Procedure, and Internal Control Manuals | PPL, BMS | Contract Award Date | 30 days from Contract Award Date |
| Participate in Readiness Review and prepare Plan of Correction if requested | PPL, BMS | Contract Award Date | 30 days from Contract Award Date |
| Ensure all Resource Consultants are current Notary Publics | PPL | Completed | Completed |
| Apply for and receive approval from applicable Federal and State agencies to act as the Subagent to the Bureau (as Government F/EA FMS) and to members/ representative-employers in the ADW, IDDW and TBIW programs as well as participants in TMHWV program | PPL | Completed | Completed |
| Develop a web-based portal that provides BMS, participants, representatives, and Resource Consultants real time 24/7 access to participant's budget, spending history, and electronic imesheet submission | PPL | Completed | Completed |
| Develop a web-based interactive payroll and accounts payable system portal to to receive eferrals and prior authorizations | PPL | Completed | Completed |
| Enroll with the State's claims system Medicaid Management Information System (MMIS), and obtain a West Virginia Medicaid Provider ID to submit claims electronically to the Bureau brough MMIS | PPL | Completed | Completed |
| Enroll with the State's Utilization Management Contractor's system to input and obtain data egarding program members' medical eligibility, services, and other pertinent information | PPL | Completed | Completed |
| Develop a process for monitoring the filing and payment of FICA, FUTA SUTA paid for each DCSW by the employer when applicable exemptions apply | PPL | Completed | Completed |
| eview and update participant enrollment packet, employer tax packet, DCSW enrollment and DGS packets, and supporting materials | PPL | Contract Award Date | 90 days from Contract Award Date |



| Public F | ocus. | Proven | Results. |
|----------|-------|--------|----------|
|----------|-------|--------|----------|

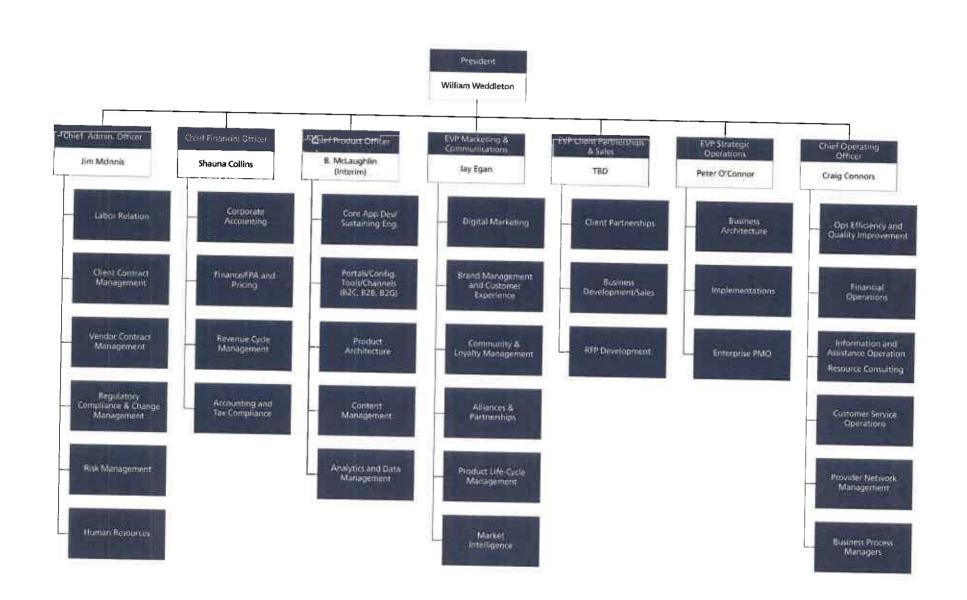
| Dovelor o managed and it is to the state of | Responsible Party | Estimate Start Date | Estimate End Date |
|---|-------------------|---------------------|-------------------------------------|
| Develop a process to submit PMPM claims to the Bureau through the State's Fiscal Agent for Subagent- F/EA FMS and RC administrative fees monthly | PPL | Completed | Completed |
| Establish and convey rules and requirements for payroll and invoice payment and develop a rules-based system | PPL | Completed | Completed |
| Develop, produce, and distribute biweekly timesheets and instructions for DCSWs to member/representative-employers | PPL | Completed | Completed |
| Discuss possibility of automating ADW and TBIW authorizations | PPL, BMS, Kepro | Contract Award Date | 90 days from Contrac Award Date |
| Develop a process for reconciling hours of services billed and paid | PPL | Completed | Completed |
| Develop a process for determining when a member is admitted to a nursing facility, hospital, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and the length of stay | PPL | Completed | Completed |
| Participate in the West Virginia Clearance for Access: Registry & Employment Screening (WV CARES) program. | PPL | Completed | Completed |
| Develop a system to confirm each DCSW 's social security number and providers' and vendors' FEIN, as appropriate, through the Social Security Administration's Business Services Online system | PPL | Completed | Completed |
| Establish MMIS vendor's EDI Eligibility Inquiry and Response (270/271) system to verify the nember's Medicaid eligibility prior to authorizing payment to a DCSW or participant-directed goods and services provider or vendor | PPL, Molina | Contract Award Date | 90 days from Contract Award Date |
| Establish an on-line searchable DCSW Registry | PPL | Contract Award Date | 90 days from Contract Award Date |
| Develop a system for collecting information on and following up with members and their epresentative enrolled in the Medicaid waiver programs and/or participants in the Take Me Home and have expressed an interest in using participant-directed services | PPL, | Contract Award Date | 30 days from Contract Award Date |
| chhance the electronic system for receiving, responding to, tracking all communications from my source | PPL | Contract Award Date | 90 days from Contract Award Date |
| educe timeframe of reporting critical incidents to the IMS from 48 to 24 hours of becoming ware of the incident | PPL | Contract Award Date | 90 days from Contract Award Date |
| Develop a plan to identify and address any cases of substandard performance on the part of a articipant or representative, or a staff from Public Partnerships | PPL | Contract Award Date | 90 days from Contract Award Date |
| Develop the bylaws for Personal Options Grievance Advisory Committee | PPL | Contract Award Date | 60 days from Contract Award Date |

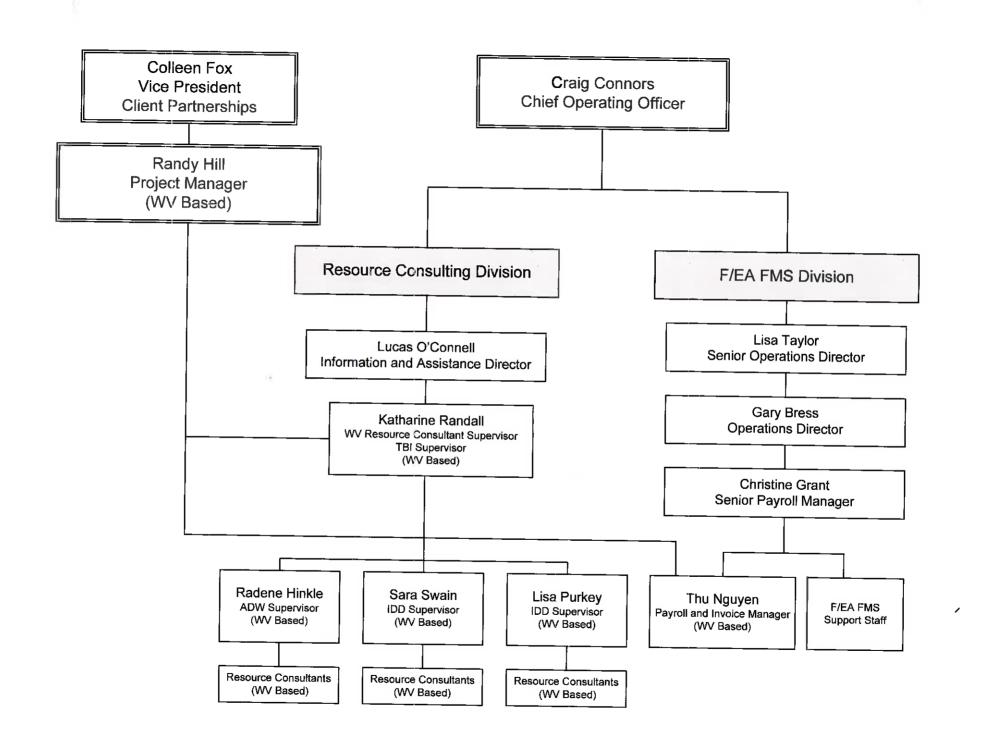


| Task | Responsible Party | Estimate Start Date | Estimate End Date |
|--|------------------------------------|---------------------|--|
| Develop the requirements and format for the monthly complaint report | PPL | Contract Award Date | 30 days from Contract Award Date |
| Develop annual Satisfaction Survey and sampling methodology of active participants | PPL | Contract Award Date | 30 days from Contract Award Date |
| Develop the format of the reports required in the RFP, Appedix 13 - Reporting Requirements and identify underlying data Develop a plan to verify as RPCCS will be till be to be a plan to verify as RPCCS will be till be to be a plan to verify as RPCCS will be till be to be a plan to verify as RPCCS will be till be to be a plan to verify as RPCCS will be till be to be a plan to verify as RPCCS will be till be till be to be a plan to verify as RPCCS will be till be til | PPL | Contract Award Date | 30 days from Contract Award Date |
| Develop a plan to verify no PDGS will be billed in advanced | PPL | Completed | Completed |
| Develop service packets for TMHWV participants | PPL | Contract Award Date | 30 days from Contract Award Date |
| Develop a system to process invoices and payments for ADW and TBIW Community Transition services | PPL | Contract Award Date | 30 days from Contract Award Date |
| Review Business Continuity and Resiliency Plan and a Disaster Recovery Plan | PPL, BMS | Contract Award Date | 30 days from Contract Award Date |
| Establish a process to track TMHWV participants' pre-transition period | PPL, BMS, TMHWV Program Management | Contract Award Date | 30 days from Contract Award Date |
| Establish a separate bank account for the TMHWV program | PPL | Contract Award Date | 10 business days from Contract Award Date |

Organizational Charts







Staff Resumes



Staff Resumes







Will Weddleton
President
PCG Public Partnerships, LLC

Adapting to Change
Has led the organization
through rapid growth,
including the
establishment of a
centralized Financial
Operations Center,
Customer Service
Center and state-based
Program Management
offices to meet the
unique requirements of
consumer direction
programs.

RELEVANT PROJECT EXPERIENCE

Public Partnerships, LLC-President

Financial Management Services

Over 30 years of diverse general management experience within service, retail and manufacturing industries in both small business and Fortune 500 company environments. MBA in Finance and masters-level technical studies with particular expertise in Team Leadership, Operations and Process Improvement, Project Management, Financial Planning, Forecasting and Budgeting, Sales and Marketing and Strategic Planning and Competitive Analysis.

As Chief Operating Officer of PPL, provides overall project oversight and guidance in development, implementation and management of Consumer-Directed Financial Management services programs for state funded and Medicaid Home and Community Based Services waiver recipients. These programs serve persons with developmental disabilities, autism, physical disabilities, fragile health care needs, traumatic brain injuries and behavioral health needs.

Since joining PPL in 2004 and assuming responsibility for company operations, has implemented the organizational structure, systems and processes to enable the company to become the leading financial management services company in the country that supports publicly funded consumer direction programs. Created the "Launch Team" concept and the "Launch Team Toolkit" to enable PPL to efficiently implement new programs and transfer existing programs.

Responsibilities include ensuring contract compliance and leveraging resources to ensure exceptional services are delivered per project requirements. Coordinates PPL service centers to seamlessly enroll consumers, perform Agent of Employer duties and provide full payroll, accounts payable and reporting functions.

Has implemented financial controls, policies and procedures and audit programs to ensure budgets are managed within service authorizations and payroll and tax responsibilities are met within full compliance of state and federal regulations including withholding, filing and depositing payroll taxes on behalf of program participants.

Has led the establishment of financial management services for numerous programs including new waiver programs, Cash and Counseling, Money Follows the Person, Community Living, and Veterans' programs, ranging from new program start-ups to the transfer of the largest programs in the country with thousands of existing consumers. He served as a founding board member of the National



Resource Center for Participant Directed Services (NRCPDS) membership committee.

RELEVANT PRIOR EXPERIENCE

World Touch Group, LLC

General Manager

Led the start-up team for this provider of pre-paid telecommunications products to bring the founder's vision from concept to full operation. Coordinated resources required to develop an e-commerce technology platform. Established working relationships and negotiated operating agreements with key vendors. Developed network of sales representatives and created sales procedures for initial product launch. Created and implemented business model for sales channel partnerships.

Vantage Direct Marketing Services

Vice President, Business Manager

Developed and executed budget and operating plan that achieved revenue growth of 40% and an increase in Pre-Tax Operating Profit of 170%. Reorganized the sales proposal and contract administration process. Negotiated vendor contracts and outsourced non-core functions to improve service levels and reduce related operating costs by 20%.

Kozmo.com

General Manager

Launched the operation of this innovative on-line retailer in Boston after the company received venture capital funding to expand its business model during pre-IPO period. Established infrastructure and led the company's warehouse operations, logistics operations, marketing, human resources, customer service, IT, and vendor relations, with full P&L responsibility. Created key strategic partnerships and supplier relationships to accelerate growth.

EG&G, Inc. - Vice President, Business Development

Led the business development and proposal process for the \$500 million Technical Services division of this provider of services to government agencies.

Director, Strategic Planning

Managed the company's acquisition activities including opportunity identification, candidate screening, valuation modeling, synergy identification, due diligence and planning for initial integration. Championed strategy projects and coordinated the execution of the strategic planning process. Led project teams in the development of overall business strategy including assessment of industry attractiveness, analysis of competitors, financial analysis and development of competitive strategies.

Operational Management

Responsible for overall business management, financial management, legal and contract administration for this \$20 million division that provides direct marketing consulting services.

Excellent Service

Received wide recognition for superior Customer Service, including the Local Internet Service Award and Best of Boston Delivery Service.



Resource Center for Participant Directed Services (NRCPDS) membership committee.

RELEVANT PRIOR EXPERIENCE

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General Manager

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Received wide
recognition for superior

Customer Service, including the Local Internet Service Award and Best of Boston Delivery Service.



Program Manager

Implemented a wide range of process improvement initiatives to assist the President in the turn-around of a \$40 million manufacturer of electronic power supplies. Rescued a major program that was one year behind schedule by improving the program planning, scheduling, budgeting and monitoring to achieve schedule and cost compliance. Spearheaded the transition to World Class Manufacturing techniques, including the implementation of a Manufacturing Resources Planning (MRP) system and Total Quality Management.

Manager, Financial Analysis

Led corporate financial analysis projects to assess divisional performance.

<u>Project Engineering Section Manager</u> Led project team on engineering consulting projects.

US Navy - Nuclear Submarine Officer

EDUCATION

George Washington University

Master of Business Administration, Finance

Naval Nuclear Power School

Master Degree (Equivalent), Nuclear Engineering

University of Pennsylvania

The Jerome Fisher Program in Management and Technology The Wharton School, BS, Economics School of Engineering, BS, Applied Science



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<u>Project Engineering Section Manager</u>
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US Navy - Nuclear Submarine Officer

EDUCATION

George Washington University
Master of Business Administration, Finance

Naval Nuclear Power School

Master Degree (Equivalent), Nuclear Engineering

University of Pennsylvania

The Jerome Fisher Program in Management and Technology The Wharton School, BS, Economics School of Engineering, BS, Applied Science





James A. McInnis, MBA Chief Admin Officer PCG Public Partnerships, LLC

Leading Change and Growth Led design, implementation and management of programs that range in size, scope, and complexity.

Financial Insight
Analyzed state
legislation, arbitration
decisions, and
collective bargaining
contracts to determine
service delivery

RELEVANT PROJECT EXPERIENCE

Public Partnerships LLC-Chief Admin Officer

Financial Management Services

As CFO of PPL, led the organization to become the leading financial management services company in the country that supports publicly funded consumer direction. Managed the organization through rapid growth, including the establishment of a centralized Financial Operations Center, Customer Service Center, and state-based Program Management offices.

Has led the establishment of financial management services for numerous programs including new waiver programs, Cash and Counseling, Money Follows the Person, Community Living, Managed Care, and Veterans' programs, ranging from new program start-ups to the transfer of the largest programs in the country with thousands of existing consumers.

Overcame countless challenges, enabling smooth, accountable program operations and a high degree of stakeholder satisfaction.

Ensure each program remains compliant with Medicaid and IRS and that project business rules are aligned with programmatic objectives unique to local program and stakeholder groups.

Experience identifying and applying national lessons learned, and facilitating program expansion at the local level. Results have led to development of innovative programs that balance financial accountability with program flexibility and high quality assurance outcomes.

RELEVANT PRIOR EXPERIENCE

Boston Municipal Research Bureau, Inc. - Public Policy Analyst Conducted independent analysis on the city of Boston's operating and capital budgets (\$1.8 billion) and advised public officials on program effectiveness and efficiency. Produced budget analyses, financial models, public policy briefs, testimony, and newsletter articles.

Feinstein Partners Inc. - Investor Relations Associate Contributed to production of annual reports, business plans, venture capital road shows, and corporate communication plans for clients in the biotechnology and pharmaceutical industries. Monitored biotechnology finance market, assisted clients with the development and production of shareholder and stock analyst meetings.

Task Force to Review Human Subject Research - Assistant Project Coordinator



Delivering Change Coordinated administrative functions of Task Force charged by Governor to produce report to Legislature within six months. Investigated medical studies performed at Massachusetts mental health facilities from 1940 through 1970 to determine if human subjects were improperly exposed to radioactive substances.

SELECT RELEVANT PRESENTATIONS

Financial Management Services National Bi-Annual Conference-Electronic Debit Card Technology Application to FMS Services Baltimore, MD, November 2009

The Council on Quality and Leadership: The Quality Connection, People, Values, and Innovation Conference—Fiscal Intermediary Organizations: Who is Doing It and How Does It Work? Memphis, TN, April 2003

Annual Human Rights Conference: Self-Determination: Consumers in the Driving Seat
Boston, MA, June 2003

SELECT RELEVANT VOLUNTEER EXPERIENCE

Participated on local boards and commissions, including Advisor to Chamber of Commerce, Board Member and Treasurer of a Community Development Corporation, and a member of a Public School District Superintendant Search Committee.

EDUCATION

Clark University
Graduate School of Management,
Masters of Business Administration

Northeastern University BA, Political Science with Honors





Craig Connors
Chief Operating Officer
PCG Public Partnerships, LLC

Customer Focus
Deep experience, at
PCG Public
Partnerships, and in
previous roles,
interacting with and
problem solving for
elderly and disabled
people and their
caregivers

Medicaid & Medicare Business Strategy Development

RELEVANT PROJECT EXPERIENCE (2015 – Present)

Commonwealth of Virginia – Department of Medical Assistance Services

Financial Management Services

PCG Public Partnerships, LLC (PPL) provides financial management services to the Department of Medical Assistance Services (DMAS) for its consumer directed services model. This model includes service delivery through three managed care organizations. Provides general management of the contract and team delivering services to over 20,000 consumers. Focused on service quality, efficiency, and growing the model to serve more consumers.

State of Tennessee - Bureau of TennCare

Support Broker Management for TennCare CHOICES Program
Serves as manager overseeing Support Broker processes and services.
Works closely with the team in Tennessee, including out senior program manager in Nashville, who is responsible for day-to-day operations.
Leverages lessons learned and best practices in Support Broker services across all Public Partnerships programs. Implemented a central scheduling and time tracking capability in Support Brokerage in New Jersey that we plan on expanding, including to the Tennessee programs.

State of Georgia— Department of Behavioral Health and Developmental Disabilities

Financial Management Services

PPL provides financial management services to the Department of Behavioral Health and Developmental Disabilities (DBHDD) for its Comprehensive Supports Waiver and the New Options Waiver programs. The oversight includes the management of the Division of Developmental Disabilities provider reimbursement project.

New Tool Development and Implementation – All Public Partnerships Programs

Provides leadership and project management for new tools and processes that enhance the user and customer experience. Examples are the proprietary online enrollment system, timekeeping application, and Electronic Visit Verification (EVV) system.

RELEVANT PRIOR EXPERIENCE

Evolent Health – Senior Director, Payer Partnerships & Medicaid (2015)

Worked among leaders across the Evolent organization and at clients on strategic development and implementation of value-based care models and capability development for Medicaid beneficiaries. Collaborated with Evolent clients on Medicaid strategy and care delivery.



Responsible for implementing innovative value-based payer/provider partnerships.

Riverside Health System (2006 to 2015)

Riverside is an integrated health system with acute care hospitals, 500+ provider physician practice, and a full complement of long-term care and rehabilitation services

Vice President, PACE

Responsible for a rapidly growing, six site, four city, \$50MM Program of All-Inclusive Care for the Elderly (PACE) Organization. Integrally involved in all aspects of process and facility design. General Manager of the Medicare-Medicaid PACE health plan, including strategic planning, budgeting, marketing, and operations. Responsible for 450 employees. Led and developed cross-functional management team, including physicians.

Vice President, Managed Care

Led health system accountable care operations and development. Responsible for negotiating outcomes-based contracts with payers. Led transformation of system-wide care management processes. Worked with several health plans on partnerships to manage care for dual eligible beneficiaries.

Vice President, Home & Community Based Services

Responsible for leading and growing multiple lines of business, including PACE, Home Health, Hospice, Pharmacy Services. Adult Day Care, DME, and The Center for Excellence in Aging and Lifelong Health. P&L responsibility for \$70MM in annual revenue, and over 700 employees. Regular interactions with state and federal legislative and regulatory officials. Involvement in corporate strategy and new business development. Worked with teams on personal care agency start-up and

growth.

Medicaid Managed Care Expertise

In-Home and

Personal Care

Services Experience

Anthem Blue Cross & Blue Shield - Medicaid Business Manager (2002 to 2006)

Part of executive team for Medicaid managed care product. Led crossfunctional projects, guided business decisions, and evaluated P&L. Developed a long-term care management capability. Included start-up planning for a Medicare Advantage Special Needs Plan (SNP) for dual eligible beneficiaries. Established provider reimbursement strategies for network strength and product line profitability

Business Improvement Manager

Led improvement initiatives, guided strategic direction, and performed other duties for the SVP of Health Care Management. Supported Q-HIP operations and strategic planning; consulted on program design and

Leading High Growth **Organizations**



quality improvement indicators. Q-HIP is Anthem's hospital PBI program.

Certified Six Sigma Black Belt

Organizational Performance Consultant

Member of an internal consulting team responsible for deploying Six Sigma and advancing Operational Excellence.

The Procter & Gamble Company – Marketing Intern (2001)

Worked as Assistant Brand Manager on Macrobid prescription drug. Completed projects that helped brand regain lost market share.

United States Navy – Nuclear Submarine Officer (1995 to 2000)

Held numerous roles, including Quality Assurance Officer. Passed engineering certification exam for nuclear propulsion plants.

EDUCATION

The University of North Carolina at Chapel Hill Kenan-Flagler Business School (2002)

Master of Business Administration

Vanderbilt University (1995) Bachelor of Engineering in Mechanical Engineering





Jay Egan
EVP Marketing &
Communications
PCG Public Partnerships, LLC

RELEVANT PROJECT EXPERIENCE

Director of Managed Care

Advise managed care organizations operating in the Medicaid Long-Term care market relative to Financial Management Services, HCBS quality measurement and reporting, National Core Indicators – Aged and Disabled, e-learning training curriculums for direct service workers and case managers, and mitigation of fraud, waste and abuse.

RELEVANT PRIOR EXPERIENCE

Carroll Enterprises, Vice President

Directed the development, implementation and management of a core set of outsourced services that provided the administrative infrastructure for the Massachusetts Health Connector Authority, including Commonwealth Choice as well as S.H.O.P. Exchange.

Fallon Health, Vice President

Directed government programs including Medicare Advantage, Medicaid, and P.A.C.E. program. Oversaw all regulatory CMS site reviews and reporting for compliance and program integrity. Led several NCQA accreditation efforts on behalf of Fallon resulting in the achievement of several years of # 1 ranking the United States. Oversaw coordination and analysis of all H.E.D.I.S., STARS and C.A.H.P.S. measurements and responses.

GUEST LECTURER

<u>University of Massachusetts Medical School, School of Nursing and School of Public Health</u>

Clark University, School of Health Administration

EDUCATION

Assumption College Bachelor of Arts





Shauna Collins
Chief Financial Officer
PCG Public Partnerships, LLC

Internal Controls

Design, implement and improve internal controls in accordance with various frameworks and regulations such as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable Data Privacy Laws, and the Committee of Sponsoring Organizations of the Treadway Commission ("COSO").

RELEVANT PROJECT EXPERIENCE

Certified Public Accountant and Executive Level professional with a proven track record of driving results in the areas of finance, accounting and tax. Extensive experience with both public and private firms. A passionate and progressive leader with polished communication skills, a process improvement mindset and a hands-on approach to developing and implementing best practices as it relates to finance, accounting, information technology and operations.

As the Chief Financial Officer, responsibilities include; oversight and management over all accounting and financial reporting activities, provides accounting support to the organization and programs, works directly with external auditors during quarterly and year end audits, and designs, implements and improves internal controls around PPL's corporate and program processes. Leads the Revenue Cycle Management team which manages claim processing payment and revenue generation, including EDI development and program launch support.

Professional Background

Controller, Integrated Fundraising and Marketing Solutions, Inc.
Coordinated and managed the month-end close process through
consolidated financial statement preparation. Performed monthly
financial reviews to ensure accuracy and completeness of financial
results. Responsible for driving the financial planning and budgeting
process through analyzing and reporting monthly financial performance
against budgets. Managed financial and operational systems to gather the
appropriate data to analyze results and report on key business metrics.
Communicated financial metrics and trends across the organization to the
Chief Financial Officer. Managed the reconciliation and analysis of
various accounts. Responsible for oversight and management of accounts
payable, accounts receivable and payroll process and personnel

Audit and Tax Consultant, Di Pesa & Company, CPA's

Managed multiple audit, review, compilation and tax engagements simultaneously. Adjusted year-end balances on behalf of clients in preparation for financial statement audits and reviews, including preparation of schedules to support year-end account balances. Performed technical review of annual financial statements and related footnotes. Responsible for handling routine client matters and technical questions from both clients and staff.

Audit Manager, DiCicco, Gulman & Company, LLP

Responsible for directing several client engagements simultaneously while developing staff and maintaining relationships with assigned clients. Specialized in professional service firms, manufacturing, retail, technology, software, non-for-profit, employee benefit audits and



overhead rate audits. Provide annual tax planning services and preparation and review of annual and quarterly financial statements and related disclosures. Preparation and review of corporate, tax-exempt, partnership, individual and trust tax returns. Assist clients with budgeting, forecasting, benchmarking and improving overall company efficiency and profitability. Manager responsible for the firm's Employee Benefit Audit Practice, including researching ERISA/DOL related issues, standardizing audit policy and writing related articles on behalf of the firm. Accountable for firm administrative functions, including engagement scheduling, billing and collections, mentoring staff, staff evaluations and conducting firm trainings. Assisted clients with designing, implementing and monitoring internal control policies and procedures.

Audit Supervisor, McGladrey & Pullen, LLP

Managed the planning, organization, scheduling and review of assigned audit and review engagements and supervision of fieldwork, including the delivery of products to clients in a timely fashion within budget Specialized in manufacturing, retail, technology, software, professional service companies, non-for-profit organizations, and employee benefit audits Responsible for the monitoring and reporting of productivity of staff and adherence to work plan schedules on engagements.

Audit Supervisor, Tofias PC

Supervise, train and evaluate staff on audits, reviews and tax return engagements. Manage multiple audit, review and tax engagements simultaneously while adhering to budget. Specialized in professional service manufacturing, retail, technology, non-for-profit organizations, government entities, employee benefit plan audits and overhead rate audits.

EDUCATION

Assumption College Bachelor of Arts, Accounting

Clark University, Graduate School of Management Masters of Business Administration





Peter O'Connor EVP Strategic Operations PCG Public Partnerships, LLC

RELEVANT PRIOR EXPERIENCE

An accomplished managed health care operations executive and strategist with 20+ years of increasing responsibility in the areas of company start up, development, client management, operations, and organizational leadership.

- Deep understanding of healthcare ecosystems and talent for counseling clients regarding complex program design and implementation
- Proven history of creating high performing teams that employ creative solutions to achieve unique client objectives and aggressive company goals
- Keen ability to, drive agendas, actively solve problems and produce meaningful results
- A dynamic team leader possessing the energy and enthusiasm to motivate team members to achieve individual, client, and organizational objectives

Beacon Health Options – Vice President, Business Implementations, 1997-2017

- Founding member of Beacon Health Options' Management Team Major contributor to Beacon's success and growth to serve 400+ clients and cover 50 million members across the United States and United Kingdom, achieving over \$2 billion in revenue.
- Responsible for enterprise wide management of all new business implementation activities
- Managed and mentored distributed matrix team of five AVPs and 30 dedicated team members charged with facilitating all aspects of contract start up Typical areas of responsibility include IT systems deployment, operating & clinical model development, provider recruitment, claims systems, data reporting, regulatory compliance, and training and education
- Acted as key client liaison during implementation and postimplementation periods ensuring client satisfaction

International Experience:

- The Institute of Public Administration, Dublin, Ireland
- Queens University, Belfast, Northern Ireland

EDUCATION

Suffolk University - Sawyer Graduate School of Management, Boston, MA MBA / Health Administration, 2000

Suffolk University, Boston, MA

Bachelor of Science / Communications & Organizational Behavior, 1992





Colleen Fox
Manager
PCG Public Partnerships, LLC

Experienced with large scale transitions Managed transition of over 20,000 individuals from 37 vendors. Worked with multiple internal stakeholders at state level.

Relationship Building Able to develop relationships across multiple state agencies, identify and meet their needs.

RELEVANT PROJECT EXPERIENCE

Public Partnerships LLC, Boston, MA 2004-Present State of Oregon – Department of Human Services, Office of Developmental Disability Services

Financial Management Agent Services

Serve as manager overseeing program management for statewide consumer direction program serving approximately 11,000 individuals and 22,000 personal support workers. Oversaw transition from prior vendor. Implemented program to manage enrollment for individuals and workers, receive time data from state client, pay workers and withhold taxes and voluntary withholdings and report to state on actions.

Commonwealth of Pennsylvania – Department of Human Services, Office of Long-Term Living

Vendor Fiscal/Employer Agent Financial Management Services
Serve as manager overseeing program management for statewide
consumer direction program serving approximately 20,000 individuals
on 6 waivers or programs. Oversaw transition of 22,000 participants and
their direct care workers from 37 different vendors. Stabilized payroll
services, ensured that FMS services were provided consistently across
the state and decreased customer service calls by 85% during the first
year. Implemented overtime.

Commonwealth of Pennsylvania – Department of Human Services, Office of Developmental Programs

Vendor Fiscal/Employer Agent Services

Responsible for administrative oversight of statewide vendor fiscal/employer agent services for individuals with developmental disabilities. The service option provider a range of direct care supports in addition to self-directed goods and services.

State of Tennessee - Bureau of TennCare

TennCare CHOICES Program

Serve as manager overseeing program management for statewide financial administration program. Individuals receiving consumer direction are referred through one of three managed care organizations administering long-term services and supports on behalf of the Bureau of TennCare. PPL balances relationships with TennCare and the MCOs. PPL also utilizes a third-party software system implemented by the MCOs to track telephonic timesheet submission. PPL also provides inhouse supports brokerage services to all program members and enrolling members.



Amerigroup, United Healthcare and BlueCare Tennessee

Transition Assistance Program

Led negotiations and serve as manager overseeing program management for financial management program provided by managed care organizations. Manage invoice process for purchases associated with transition of individuals from institutions to community. Provided training to care managers on utilization of PPL invoice system.

State of Tennessee - Tennessee Commission on Aging and Disabilities

Veterans Consumer Directed Program

Aided TCAD in developing statewide program to provide Tennessee veterans with consumer directed services. Developed business rules and implemented web portal with client.

State of Tennessee - Tennessee Department of Intellectual and Developmental Disabilities

Self-Directed Waiver Program

Oversaw fiscal intermediary service program serving individuals with disabilities statewide. Consumers hired in-home staff to provide a range of self-directed services; PPL managed service authorizations and full payroll operations including, withholding, filing and depositing payroll taxes policies on behalf of program participants. Managed a subcontractor that provided support brokerage services to the consumers.

Greater Nashville Regional Council

Self-Directed Care Program

Served as project manager for a pilot fiscal intermediary service program serving individuals in the Nashville regional area. Consumers hire inhome staff to provide personal assistance services and can purchase goods through vendors; PPL manages service authorizations and full payroll operations including, withholding, filing and depositing payroll taxes policies on behalf of program participants.

State of Indiana - Family and Social Services Department, Division of Aging

Self-Directed Attendant Care Program

Served as project manager for a fiscal intermediary service program serving aged and disabled individuals statewide. Consumers hire inhome staff to provide personal care attendant services; PPL manages service authorizations and full payroll operations including, withholding, filing and depositing payroll taxes policies on behalf of program participants.



State of Maryland - Department of Health and Mental Hygiene

Living at Home Waiver Program

Served as project manager for a fiscal intermediary service program serving aged and disabled individuals statewide. Consumers hired inhome staff to provide personal care attendant services; PPL managed service authorizations and full payroll operations including, withholding, filing and depositing payroll taxes policies on behalf of program participants. PPL also operated a voluntary tax withholding service for independent providers as part of the MAPCSP/WOA programs.

Public Consulting Group, Inc, Boston, MA 2001-2004

Commonwealth of Massachusetts - Department of Mental Health

Influencing Policy
Our report was used to
help DMH and the
legislature determine
which hospitals should
be closed or

consolidated

Inpatient Demand and Facility Use Recommendations

Projected the demand for psychiatric services for clients residing in state inpatient facilities. Developed a peer group database detailing the use of public psychiatric inpatient beds and community residential options in comparable states. Generated baseline data and information that DMH could use in further planning for state-run facilities.

State of Georgia, Department of Human Resources - Division of Mental Health Developmental and Addictive Diseases

Consultation on MR/DD System Design and Funding
Developed a model and pilot project in the DMHDDAD Southwest
Region of Georgia that resulted in the creation of a budgeting process that
allows for the pooling of all fiscal resources provided for the
purchase/payment of supports and services for individuals with
developmental disabilities regardless of service setting.

Texas Health and Human Service Commission

Feasibility Study to Develop a Comprehensive Study Report and Recommendations Relating to the Feasibility of Closure and Consolidation of the State Hospitals and State Schools

Developed a baseline analysis utilizing the legislatively mandated criteria to review cost, specialty programs, geographical distribution, capitol resources and a comparison of state, federal and local funding. Conducted interviews with key HHSC and TXDMHMR staff and informants.

State of Washington - Mental Health Division

State Hospital Information System Project

Legislative Relations

Prepared a final report and submit to HHSC including final recommendations and suggestions for consideration and presentation to the Texas Legislature



Multiple Stakeholders

Coordinating project management team meeting with representatives from MHD headquarters, three state hospitals and the billing institution. Developed a feasibility study for WA MHD that supports their need for a new state hospital information system. Completed a functional requirements document and a business impact analysis. Completed a cost-benefit analysis.

Massachusetts Behavioral Health Partnership

Study of Outpatient Rates and Costs.

As a follow-up to the 2002 study of inpatient and outpatient rates, evaluating outpatient provider costs. Identified a group of regionally disparate, large volume outpatient providers. Reviewing their outpatient costs and comparing to the standard Commonwealth cost report for outpatient providers. Presenting information to MBHP for comparisons to rates. Presenting limitations of Commonwealth cost report compared to assessment of provider costs to Commonwealth.

Study of Provider Rates and Costs:

Determined the fully loaded cost of inpatient and outpatient services of the MBHP provider network. Provider costs were compared to contracted rates to determine the appropriateness of rates relative to provider costs. The study compared services by geographic region, compared free-standing psychiatric costs with general acute care costs, and compared adult and adolescent services.

Develop Emergency Services Rate Methodology

Created a list of definable ESP services. Researched payment methodologies and provided recommendations. Modeled the impact of this change on the provider system. Provided recommendations for maximizing FFP. Simplified MBHP's reconciliation process for ESP services.

Delivering Change Assisted MBHP in presenting recommendations for methodology change to the Department of Mental Health

Rate Restructuring and Recovery Budget Implementation Project
Worked to restructure the rates for services provided by the State's
Community Mental Health Centers. Assessed the existing rate structure
and service delivery costs and analyzed the impact on CMHC operations.
Implemented a rate structure based on cost that considers patient age and
geographical variances. Designed service bundles to differentiate
recovery budgets from core treatment services.

Revenue Operations Consultation

Provided revenue operations consultation to the Division of Behavioral Health for Community Mental Health Center funding. Presented DBH's funding mechanism of CMHC's to NH's State Fiscal Committee. Settled projected and actual funding for CMHCs and reconciled CMHC funding obligations with service provision. Streamlined documentation used in budgeting, daily accounting and close-out processes. Created user manual of DMH funding spreadsheets.



State of New Hampshire - Division of Medicaid Administration

Community Health Center Financial Analysis.

Completed a financial analysis of each New Hampshire Community Health Center based on information from financial statements over the past six years. Produced a cash flow analysis and ratio analysis. Compared the CHCs to each other on a variety of indicators.

Crotched Mountain Rehabilitation Center

Revenue Optimization and Compliance Review:

Conducted a comprehensive review of revenue and compliance activities on behalf of the largest rehabilitation provider in New Hampshire. Review assessed all areas of provider operations including educational services, skilled nursing services, outpatient clinic, group homes, and various other services provided. Project included improvement of provider work tools used to document services, training of staff on program requirements to ensure compliance, and designing reports that monitor financial performance of each program. Additional guidance was provided on information technology requirements need to meet program goals.

Medicare Provider Certification:

Researched steps for re-certifying Crotched Mountain Rehabilitation Center under Medicare. Certified Crotched Mountain's outpatient clinic and its physicians under Medicare. Certification is expected to open a significant revenue stream for the clinic.

EDUCATION

Harvard University, School of Public Health

Master of Science in Public Health

Bowdoin College Bachelor of Arts in English

RELEVANT PRIOR EXPERIENCE

Harvard School of Public Health, Boston, Massachusetts, 2001 = Financial Analyst

Camberley Systems, Inc., Needham, Massachusetts, 1995-2001 Manager of Corporate Accounts





Randall Hill
Senior Program Manager
PCG Public Partnerships, LLC

RELEVANT PROJECT EXPERIENCE

West Virginia – Department of Health and Human Services; Bureau for Medicaid Services

<u>I/DD Waiver – Personal Options Self-Directed Service Model</u>

Responsible for leadership and oversight of the West Virginia Personal Options Programs which provide Financial Management and Resource Consulting (Support Broker) services for over 2,400 program participants that have chosen to self-direct their Medicaid Waiver services. Randy was instrumental in the development and implementation of the IDD Personal Options program policies and procedures, software specifications and statewide education of program members, Service Coordination agency staff and other stakeholders.

Randy has 28 years' experience working in public sector programs for adults and children including Medicaid Waiver, behavioral health and substance abuse programs. For many years he was the Quality Assurance Director for a large comprehensive behavioral health provider. He was also the Program Director of Waiver Services for APS Healthcare, the Administrative Services Organization responsible for determining Waiver members' medical eligibility, establishing levels of care and individualized budgets, and prior authorization of Medicaid services.

Ohio - Department of Developmental Disabilities

SELF Waiver - Support Broker Training and Certification

Assisted with the development of training curriculum and the provision of statewide training for program stakeholders, members and Support Broker candidates for the Self-Empowered Life Funding (SELF) Waiver program.

EDUCATION

West Virginia Institute of Technology Bachelor of Science - Accounting





Lisa Taylor Sr. Director of Financial Operations and Services PCG Public Partnerships, LLC

RELEVANT PROJECT EXPERIENCE

PCG Public Partnerships, LLC—Senior Director of Financial Operations and Services
2011 - Present

Financial Operations, Planning and Analysis

Responsible for the daily direction of the Financial Operations Center and Financial Planning and Analysis Team. The Operations center is chartered with: comprehensive consumer and provider enrollment, timely and accurate delivery of payroll to over 150,000 + service providers per month across 26 states, contract compliance, statutory tax payments, filings and registrations. Manage staff for optimum performance in a high growth environment, adapting to the changing needs of the clients and business climate. Assure financial integrity across all payroll and tax P&L and Balance Sheet accounts. Responsible for PPL's budget planning and management providing analysis and value added information enabling executive management insight and guidance to better decision making while instilling a cost conscious mindset through effective financial awareness and controls.

<u>Core Competencies:</u> Process Improvement, Strategic Planning, P&L Management, Budgeting and Forecasting, Financial Analysis, Audit/Internal Controls, Organizational Development, ERP Systems, Project Management, Cost Reduction, Mergers and Acquisitions, Due Diligence, Risk Management, Transfer Pricing, Global Business, Restructuring

EDUCATION

University of Massachusetts, Lowell

B.S. (Magna Cum Laude)

Outstanding Scholar Award, Dean's list all semesters



RELEVANT PRIOR EXPERIENCE 1982 - 2009

Compucom/Getronics - Finance Director

Led financial management and control for a \$100+ million Shared Services budget. Counseled C-level executives in strategic business planning, setting investment direction, and managing human resource demands. Performed UAT for SAP module implementation and acted as beta site for new functionality rollout. Created leasing structure for multimillion dollar purchase program, established Balanced Scorecard for \$25 million IT department, producing metrics that drove \$10 million in cost savings over a two year period. Pioneered Green movement by reducing desktop power demand by 30% via technology updates. Executed superior due diligence analysis on \$1+ billion acquisition receiving CIO commendation.

Senior Finance Manager 1999-2003

Directed financial management and control for \$70+million Shared Services department budgets (including Telecommunication, Facilities, HR, and Insurance. Launched Telecommunications consolidation program including standardization of operational practices, vendor management, policy development and user education that generated ~\$50 million in cumulative cost savings over a six year period. Created the Shared Services Division by consolidating all disparate functions: implementing accounting changes and new reporting structures that yielded expected synergies and millions of dollars of cost savings. Managed \$200 million restructure reserve and transitional service agreement as part of a major divestiture that guaranteed the company on-time payment of delivered services.

Additional work history

Getronics:

- Senior Financial Analyst

Wang Labs:

- Financial Analyst
- Collections Manager
- Telesales Manager
- Business Systems Specialist
- Order Processing Specialist





Gary BressFinancial Operations Director PCG Public Partnerships, LLC

Document Management

Instituting best practices in document management and cash management programs, as well as employing a continuous process improvement philosophy.

Performance
Management
Developed and
implemented processes
for managing enterprise
performance.

RELEVANT PROJECT EXPERIENCE

Financial Operations

Responsible for the daily direction of the Financial Operations Center. The Operations center provides resources that perform comprehensive enrollment functions for consumers and providers, deliver timely and accurate payroll to over 60,000 + service providers per month across 24 states. Manage staff for optimum performance in a high growth environment, adapting to the changing needs of the clients and business climate.

<u>Core Competencies:</u> Operations Management, Lean Manufacturing, Supply Chain Management, Process Improvement, Project Implementation, Product/Service Support, Data Analysis, Quality Control, Staff Supervision, Team Leadership, Risk Mitigation, Client Relations

EDUCATION

Colorado State University Ft Collins, CO B.S. Economics

RELEVANT PRIOR EXPERIENCE

Wells Fargo Bank, Tempe, Arizona

Senior Operations Manager

Directed site activities for a 24/7 data capture/automated mail and statement processing facility that produced 15 million paper statements each month. Provided leadership to a team of 5 managers and 113 operations processors, analysts, and accounting clerks. Administered just in time (JIT) supply order/delivery schedules in a business to business (BTB) supply chain process. Published enterprise quality standards and a tracking process to enable standardization across regional sites. Delivered best-in-class productivity and unit cost results leveraging lean manufacturing techniques. Applied process reengineering and resource planning to reduce cycle turnaround time from 3 days to 2 days, boost equipment utilization from 68% to 88%+. Provided the analysis, recommendation, and an implementation plan for senior management to eliminate one of four operations sites; closed and consolidated facilities and generated annual payroll savings of \$500K. Eliminated manual processing and improved accuracy by identifying opportunities for automating data collection.

Communications Manager

Administered strategies and processes for a multi-business communication channel. Directed project teams and oversaw the creation



Continuous Improvement

Drove efforts to enhance business models through the development of metrics, web-based processes and the migration to database solutions and maintenance of consumer account-related disclosure materials. Managed inventory purchase and storage processes. Guided a team of communications consultants in executing and controlling internal/external communication. Engaged business units and process partners to identify communication needs and opportunities. Appointed resources and monitored progress related to document redesign efforts and content change initiatives. Improved Customer Experience through coordinated and consistent message text, tone, format and readability. Established, developed and incorporated the use of metrics to assist product managers understand spend and usage patterns to aid in strategic resource planning.

Additional work history

Wells Fargo Bank:

- Implementation Consultant
- Business Systems Consultant
- Operations Manager
- Operations Analyst
- Operations Supervisor



Continuous Improvement

Drove efforts to enhance business models through the development of metrics, web-based processes and the migration to database solutions and maintenance of consumer account-related disclosure materials. Managed inventory purchase and storage processes. Guided a team of communications consultants in executing and controlling internal/external communication. Engaged business units and process partners to identify communication needs and opportunities. Appointed resources and monitored progress related to document redesign efforts and content change initiatives. Improved Customer Experience through coordinated and consistent message text, tone, format and readability. Established, developed and incorporated the use of metrics to assist product managers understand spend and usage patterns to aid in strategic resource planning.

Additional work history

Wells Fargo Bank:

- Implementation Consultant
- Business Systems Consultant
- Operations Manager
- Operations Analyst
- Operations Supervisor



Lucas O'Connell

Information and Assistance Director PCG Public Partnerships, LLC

RELEVANT PROJECT EXPERIENCE

State of Florida – Agency for Health Care Administration; Participant Direction Option (PDO)

<u>Financial Management Services (FMS), Florida Participant Direction</u> <u>Option</u>

Provided senior leadership and administrative oversight on behalf of third-party billing and fiscal management services serving 900 members of Managed Care Organizations in Florida's HCBS self-directed Participant Direction Option program. Members received support and guidance to recruit, train, manage and directly employ home care workers in the self-directed option. Contract requirements included enrollment activities, management of participant budget funds, provider credentialing and customer service. Responsible for oversight of program implementation and coordination of business office functions. Other duties included contract negotiation, personnel management, policy development, client training and oversight of quality assurance activities.

State of New Mexico – Department of Health, Aging and Long Term Services Department and Human Services Department; Mi Via Waiver Program and Self-Directed Community Benefit (SDCB)

Support Broker Consultant Services, Mi Via Waiver Program
Served as Program Manager for sole source support broker Consultant
provider contract in New Mexico's first 1915c self-directed waiver. A
flagship Robert Wood Johnson Grant Project, Mi Via combined the
Traumatic Brain Injury, Developmental Disabilities, Aging and Medically
Fragile waivers into a single self-directed service model focused on
person-centered planning and an unprecedented level of budget authority.
Led team of 30 Consultants in service to more than 1,000 participants
statewide, supporting successful navigation of the program and success in
the employer role. As one of the nation's largest and longstanding selfdirected programs, Mi Via's design offered a road map to a number of
states which later implemented components of the New Mexico pilot.
Responsible for implementation of program requirements, management of
state-wide operations, coordination with stakeholders, policy consultation
and development.

Centennial Care Self-Directed Community Benefit (SDCB) Support Brokerage

In senior leadership capacity, supported 2013-2014 transition of Mi Via Aging and Traumatic Brain Injury communities to Centennial Care Self Directed Community Benefit, as part of an 1115 HCBS Research and Demonstration Waiver. Worked closely with leadership in state departments and Managed Care Organizations to orchestrate and coordinate implementation of national best-practice model. Led strategic planning within organization, overseeing infrastructure redesign and deployment of revamped Support Broker service.

Florida Participant Direction Option

Developed, launched and implemented Fiscal Management Service transition plan for self-directed waiver restructuring service delivery model. Managed flexible capacity design, with number of members in year one relatively unknown

New Mexico Mi Via Waiver Launch

Successfully managed heavy surge in early enrollment, coordinating efforts to serve nearly double the participants anticipated by state planners

Mi Via Waiver Transition to SDCB

Oversight across launch and implementation activities, effectively coordinating between several private, state and local agencies



EDUCATION

Principia College Bachelor of Arts; Political Science, Sociology and Anthropology





Christine, Grant Senior Payroll Manager PCG Public Partnerships, LLC.

RELEVANT PROJECT EXPERIENCE

Service offered

Operational Manager with over ten years of experience in managing high-volume and fast-paced environment. Expert in developing and implementing processes that streamline operations, increase productivity and reduce errors.

At Public Partnerships, responsible for overseeing the daily financial operations ensuring payment research and resolution are processed timely and accurately. Supporting Customer Service and Program Management with resolving all post payroll issues for over 90k consumer/provider relationships in 52 participant directed programs. In addition, responsible for the management of Unclaimed Property; ensuring that due diligence and escheatment processes meet the specified laws for 25 states.

RELEVANT PRIOR EXPERIENCE

Odyssey Merchant Services, Wakefield, MA

Operations Manager

Managed a staff of 6 that was responsible for the deployment of credit card machines. Oversaw that proper boarding was performed by the credit card operation's team (specifically, account activation, file build, download and deployment of POS devices and VARS to software vendors) for new clients. Orchestrated the research and resolution for client POS issues. Acted as the primary point of contact for all escalated matters and responsible for identifying and closing process gaps when necessary. Assisted with research, selection, testing and implementation of new technologies and products for the company.

Bank of America, Malden, MA

Operations Team Manager, Bank Officer

Managed up to 23 staff that was responsible processed Returned Items to recover bank funds that were credited to customer's depository accounts and provided calls to clients to alert them of the debit adjustments. Led a team that was responsible for minimizing large dollar loss exposure for the bank and a team that provided account maintenance for specialized clients. Researched escalated customer service issues to identify root cause & resolutions to improve overall department's quality metrics. Collected and reviewed Management Control Review Process backup to perform internal audits to ensure that proper business controls are in place to mitigate operational risk.



Accomplishments

- Managed a 50% reduction of suspended Large Dollar Notification to reduce the risk of bank losses.
- Identified a 43% resource reduction opportunity within department's risk related process.
- Spear-headed a quality initiative that resulted in 46% Charge in Error and 51 % Privacy Breaches error reduction.
- Headed Outsourcing Training Project to develop an offshore Returned Items processing site.
- Served as a SME on several company projects; Incoming EARNS/IRX Large Dollar Loss Reduction, IRX Rework Reduction (Green Belt Project), Auto Process Error Reduction Project.

EDUCATION

Bachclor of Science in Management Northeastern University, Boston, Massachusetts Summa Cum Laude – GPA 3.9

Associate of Science in Accounting & Finance New England College of Finance, Boston, Massachusetts Cum Laude – GPA 3.4





Thu Nguyen
Program Manager
PCG Public Partnerships, LLC

Program Management and Operations

Over four years of experience in supporting the WV self-directed programs, providing consultation and coordination on program implementation, process improvement, operational management, and quality assurance monitoring.

RELEVANT PROJECT EXPERIENCE

State of West Virginia – Department of Health and Human Services – Bureau for Medicaid Services

Served as Program Support Specialist, Business Analyst, Assistant Program Manager, and Program manager for statewide fiscal employer agent and resource consulting services for West Virginia *Personal Options*, the self-directed service option within all West Virginia Medicaid Waiver programs.

Oversee daily operations of the Aged and Disabled Waiver Program, Intellectual/Developmental Disabilities Waiver Program, and Traumatic Brain Injury Waiver Program. The oversight includes customer satisfaction and compliance, participant enrollment and maintenance processes, quality assurance and implementation of spending plans and budget utilizations. Develop policies, procedures, and business rules. Monitor and provide support to production of payroll and accounts payable activities. Research and troubleshoot claim denials. Collaborate with IT to translate contractual and business requirements to IT system design and testing. Create and analyze complex programmatic reporting deliverables for internal and external requirements. Provide support to WV Senior Program Manager, Resource Consultants, and support staff.

EDUCATION

West Virginia University Master of Social Work Nonprofit Management Graduate Certificate

An Giang University, Vietnam
Bachelor of Arts in Teaching English as a Foreign Language





Angel, Tiffany
Business Analyst
PCG Public Partnerships,
LLC

Member of the PPL Management Team in West Virginia

Responsible for providing support, data analysis, and make recommendations for process improvements to all 3 WV programs

Assistant to WV Management, staff and state client.

RELEVANT PROJECT EXPERIENCE

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

Business Analyst

Assist with the day to day operation and management of the Intellectual/Developmental Disabilities (I/DD) Waiver Program, Aged and Disabled Waiver (ADW), and the Traumatic Brain Injury Waiver (TBI) Program. Assist in the development of new processes and procedures. Follow up with resource consultants and employees on timesheets that are outside of their budget constraints. Monitor the accuracy and the timely payment of employees. Support program requirements related to customer service, financial operations, financial management, IT, program operations and resource consulting. Assist in the creation of weekly, monthly and annual quality control reports for program management and the state client. Research participant's eligibility and denials. Responsible for providing support, data analysis, and recommendations for all 3 WV Medicaid Waiver programs. Manage new referrals and authorizations, modifications and services for the WV IDD Waiver Program. Manage the Participant-Directed Goods and Services Program for the WV IDD Waiver Program. Support Management, program staff, and state client. Implement new talent acquisition methods and training.

PROFESSIONAL BACKGROUND

- Working in the Medicaid State Waiver Program in some capacity for 15+ years.
 - Working as the Administration Assistant for the WV IDD
 Waiver Program for the State of West Virginia (10+ years)
 - Working as Participant/Family Liaison for APS Healthcare (now Kepro) (3 years)
 - Working as the Business Analyst for the WV IDD Waiver Program (3 years)
- Worked with and managed over 30 employees
- Creating and implementing new Process and Procedures
- Creating new forms/brochures for different programs
- Traveled the State of WV to train/inform participants/families regarding the WV IDD Waiver Program
- Completed interviews, hired and fired staff
- Data entry
- Project Management

EDUCATION

University of Charleston

Associates Degree in Business Management





Justin, Cotton
Business Analyst
PCG Public Partnerships, LLC

Member of the PPL Management Team in West Virginia

Responsible for providing support, data analysis, and make recommendations for process improvements to all 3 WV programs

Assistant to WV Management, staff and state client.

RELEVANT PROJECT EXPERIENCE

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

Business Analyst

Assist with the day to day operation and management of the Aged and Disabled Waiver (ADW), Intellectual/Developmental Disabilities (I/DD) Waiver Program, and the Traumatic Brain Injury Waiver (TBI) Program. Assist in the development of compliance reporting tools. Follow up with resource consultants and employees on timesheets that are outside of their budget constraints. Monitor the accuracy and the timely payment of employees. Support program requirements related to customer service, financial operations, financial management, IT, program operations and resource consulting. Assist in the creation of weekly, monthly and annual quality control reports for program management and the state client. Research participant's eligibility and denials. Responsible for providing support, data analysis, and recommendations for all 3 WV Medicaid Waiver programs. Support Management, program staff, and state client. Implement new talent acquisition methods and training. Assist Team with IT issues and data management in house.

PROFESSIONAL BACKGROUND

Supervisory and management roles for several different companies with the scope of responsibility covering the following aspects:

- Management of employees
- Creating position definitions for company employment vacancies
- Pre-employment screening of applicants
- · Creation of new employee training programs
- Implementing ongoing employee training systems
- Mediating HR disputes
- Property Management
- Inventory Control/Management
- Purchasing and bidding of projects
- Labor estimates/cost control
- Data entry
- Organization of labor
- Project Management

EDUCATION

University of Utah

B.S. Philosophy with concentration in Business Ethics Minors in Psychology and Business





Katharine Randall Resource Consultant Coordinator PCG Public Partnerships, LLC

Member of the PPL
Management Team
in West Virginia.
Management
Certification
ProgramResponsible for
overseeing Program
implementation for 9
Resource Consultants
in West Virginia.

Duties include: quality assurance, personnel management and Resource Consulting.

RELEVANT PROJECT EXPERIENCE

West Virginia - Department of Health and Human Services – Bureau for Medicaid Services

<u>Fiscal/Employer Agent (F/EA)</u>, <u>Resource Consulting Services (Support Brokerage)</u>

Responsible for the supervision, training, auditing, and compliance of ten Resource Consultants in Northern and Central West Virginia. Assist with the Program Management of the Aged and Disabled and Traumatic Brain Injury Waiver Programs as well as provide Resource Consulting to members on the programs. Attend Quality Assurance Council meetings to provide input for policy and procedure changes with the TBI Program. Assist with the development and implementation of program materials, employer/employee/ vendor materials and training materials, etc. Responsible for providing information, resources and supports to senior citizens and disabled adults choosing to participate in Personal Options, the self-directed module within the WV Medicaid Aged & Disabled Waiver Program. Responsibilities include educating participants on their roles /responsibilities for self-direction as an employer responsible for managing a monthly budget, recruitment, supervision and training of employees. Responsible for assisting with program enrollment (and disenrollment), orientation, development of Participant Directed Service Plans and Spending Plan as well as purchase of goods and services selected by participant to improve quality of life and /or safety. Responsible for maintaining regular contacts with participants through home visits and telephone contacts to monitor health and safety and assist with re-evaluation requests, level of care changes, dual service provision requests and transfer as needed to traditional services. Responsible for maintaining both computerized and documents for participants and their employees, through use of the Web Portal. Assist as needed with training new and existing employees with changes and updates to the WV Aged and Disabled and Traumatic Brain Injury Medicaid Waiver Programs.

Northern WV Center for Independent Living Housing Advocate

Responsible for providing resources and information regarding housing related services for people with disabilities. Executed a Fair Housing Initiatives Program (FHIP) grant through HUD, to educate the public about the laws of Fair Housing in Design and Construction as well as with Human Rights issues. Worked with HUD, WV HDF and other state and federal housing entities to further fair housing through education and outreach. Conducted seminars and coordinated public speaking events throughout the state. Assisted with advocacy and referral to community agencies as needed to assist members in finding appropriate housing and understanding their rights and responsibilities under the laws of Fair Housing.



Harrison County Housing Authority

<u>Housing Coordinator, Inspector, Assistant Director</u>
Coordinated multiple loan programs designed to place low to moderate

coordinated multiple loan programs designed to place low to moderate income families in affordable housing. Developed a program to provide credit counseling and training programs for participants to assist them with working through financial barriers and into becoming homeowners. Managed the rental inspection department for the Section 8 Rental Program. Trained Housing Authority employees and other loan originators throughout the state.

Central West Virginia Community Action Assoc.

Housing Coordinator / Family Mentor Counselor

Coordinated with local DHHR office on the Welfare-to-Work program to provide participants with tools for education and job opportunities. Worked directly with WVHDF administration to secure 28 loans for homes North Central West Virginia through special financing. Received grant (CHDO) to develop a neighborhood in Salem, WV consisting of 6 single family homes. Developed the Family Mentor Program to assist clients' move to self-sufficiency through counseling, budgeting and financial literacy courses. Wrote CHDO and other grants through WVHDF and Community Works to secure funding for programs

EDUCATION

Salisbury State University
Bachelor of Arts – Social Work





Radene Hinkle Resource Consultant Coordinator PCG Public Partnerships, LLC

Member of the PPL Management Team in West Virginia. Over 35 years of experience providing Resource Consultant, Case Management and Social Work Services for individuals receiving Home and Community Based and/or Skilled Home Health Care throughout the state of West Virginia.

RELEVANT PROJECT EXPERIENCE

West Virginia- Department of Health and Human Services

Fiscal Employer Agent & Resource Consulting Services
Resource Consultant Coordinator responsible for orientation, training and supervision of Resource Consultants in southeastern portion of West Virginia. Acting as a liaison with state client and other traditional providers in monitoring of participant issues and development of program materials through the Aged and Disabled Waiver Quality Improvement Council and with Bureau of Senior Services Program Management with incident tracking and auditing for Aged and Disabled Waiver program. Providing direct Resource Consultant service, including home visits for enrollments and assistance in development of person centered assessments and service planning to participants in all three WV Home and Community-Based Waivers: Aged and Disabled, Intellectual and Developmental Disability, and Traumatic Brain Injury Waivers.

Coordinated Council for Independent Living

Case Manage

Responsible for providing case management services to participants in the traditional part of the Aged & Disabled Waiver Program. Provided services to participants through ongoing monitoring of participants' services, home and safety issues, support systems and need for changes to their Service Coordination Plans. Assisted with advocacy and referral to community agencies as needed to assist participants in remaining in their own homes and avoiding nursing home placement

Mountaineer Home Nursing

Medical Social Worker

Responsible for providing social services to homebound patients receiving skilled nursing care in southern West Virginia. Duties included making home visits for assessment of needs, advocacy, referral to community resources and counseling with patient and families to assist them in the recovery process or end of life care per physician plan of treatment.

Southern WV Regional Health Council/Appalachian OH-9 Medical Social Worker

Provided social services under Medicare guidelines to homebound patients receiving skilled care in southern West Virginia and southwestern Virginia. Worked as part of a multi-disciplinary team including registered nurses, therapists and nursing assistants and directed by a physician to provide assessment of needs, counseling, education, advocacy and referrals to community agencies. Provided home visitation with patients as well as being responsible for new employee orientation, ethics training, Advance Directives and End of Life Care, and participated in Quality Assurance and Improvement Program. Responsible for marketing services, community education and outreach. Selected by the West Virginia Council of Home Health Agencies as Social Worker of the Year in 1997 and Appalachian OH-9 Social Worker of the



Year for 1993. Provided social service coverage on as needed basis to patients in Primary Care Clinic, Family Planning and Renal Dialysis Units.

Maples Nursing and Personal Care Facility

Director of Social Services and Admissions

Responsible for processing and completion of resident admissions to the facility. Worked as part of a multi-disciplinary team including residents and their families in the treatment planning process. Responsible for community outreach and marketing.

EDUCATION

Virginia Commonwealth University Study toward Master of Social Work

Concord University Bachelor of Social Work





Sara Swain
Resource Consultant
Coordinator
PCG Public Partnerships, LLC

Experience:

3 years of total management experience and over 12 years of experience in the Intellectual and Developmental Disabilities Waiver program.

RELEVANT PROJECT EXPERIENCE

West Virginia- Department of Health and Human Services

Fiscal Employer Agent & Resource Consulting Services
Responsible for providing oversight to 8 Resource Consultants around
the southern part of West Virginia as well as maintain a case load of 50+.
Oversight includes completing routine file audits of a random sample of
at least 10% active, recently enrolled, and recently inactive participant
files, oversight and supervision of Resource Consultants, performance
reviews, and training of new and active employees. Participated in
"Road to Leadership" training to develop and improve managerial skills
to better serve the Resource Consultants on the team.

Responsible for making monthly contact with each participant; completing a 6-month face to face visit with each participant; monitoring, updating and developing monthly spending plans; completing service plans and assessments; and any other budget and non-budget related items the participant may require or request.

The Arc of the Three Rivers

<u>Intellectual and Developmental Disabilities Waiver Program-Clinical Director/Case Manager</u>

Responsible for a caseload of 20 Intellectual and Developmental Disabilities Waiver program (IDD) participants in natural family settings as well as Individual Support Settings. Provided assistance to potential participants trying to get approved for the IDD waiver program. Responsible for providing oversight to 14 Case Managers and Therapeutic Consultants that included monitoring case documentation, time management, and training of new and active employees.

Damous Psychological Services

Monitor and instruct children within a behavioral modification program for 8 weeks at a time. Also provided Case Management to children who were dealing with behavioral issues in the home and in public school. Completed weekly home visits and participated in parent trainings.

EDUCATION

West Virginia Wesleyan College Bachelor of Arts in Sociology





Lisa Purkey Resource Consultant Coordinator PCG Public Partnerships

Member of the PPL Management Team in West Virginia. Management Certification Program-Responsible for overseeing Program implementation for 9 Resource Consultants in West Virginia

18 years' experience working with Medicaid Waiver programs in WV

Duties include: quality assurance, personnel management and Resource Consulting

RELEVANT PROJECT EXPERIENCE

West Virginia- Department of Health and Human Services Fiscal Employer Agent & Resource Consulting Services

Responsible for the supervision, training, auditing and compliance of nine Resource Consultants in West Virginia. Assist with Program Management of the Intellectual and Developmental Disability (I/DD) Waiver Program, Aged and Disabled (ADW) Waiver Program and the Traumatic Brain Injury (TBI) Waiver Program. Attend Kepro Healthcare quarterly provider meetings for the I/DD Waiver Program. Proficient in all West Virginia Personal Options programs and currently provide Resource Consulting for Medicaid participants enrolled in self-directed home and community based services on the I/DD and ADW Waiver programs.

ResCare Northeast - Provider Agency

Service Coordinator: I/DD Waiver Service Coordinator
Provided Service Coordination to MR/DD Waiver participants in West Virginia. Duties included Individual Program Planning, Incident Management reporting, Crisis Planning, Human Rights Committee chairmanship, home and day habilitation visits, assessment, linkage and referral.

Appalachian Community Health Center Case Manager- Title XIX MR/DD Waiver

Provided Title XIX case management services for MR/DD Waiver participants. Duties included service planning, linkage and referral, advocacy, assessment, crisis response planning and service planning.

Braley & Thompson, Inc.- Provider Agency

Case Management-Foster Care and Title XIX MR/DD Waiver
Provided intensive case management to severely emotionally disturbed children and adults. Clients were legally and emotionally involved.
Duties included development and implementation of Individualized Program Plans, client specific training, crisis assistance and intervention and Human Rights Committee Chairmanship.

EDUCATION

Elizabeth City State University Bachelor of Arts in Sociology

Qualifications and Experience Performing Similar Projects





Client

Pennsylvania Department of Human Services – Office of Long-Term Living

Project

មិនប្រែក្រុងស្រីនិកម្រាស់មនុទ្ធ Agent, Financial Management Services

Timeframe

10/2012 - Present

Under contract with the Pennsylvania Department of Human Service's Office of Long-Term Living (PA DHS OLTL), Public Partnerships LLC, a PCG Company, provides state-wide Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) to Home and Community- Based Services waiver and state program participants opting to self-direct their direct-care services. Specifically, Public Partnerships provides VF/EA FMS to waiver/program-eligible common-law employers who want to select, hire, and manage their own direct-care workers. Currently, 15,284 individuals-- eligible under the provisions of either the state-funded ACT 150 program or 1 of 5 funded waivers—receive Public Partnerships VF/EA FMS in PA DHS OLTL. Public Partnerships pays 22,148 direct care workers for services provided to program participants.

Scope

Key

Achievements

Public Partnerships supports participants and their workers, and service coordinators with superior customer service infrastructure that handles more than 24,000 inbound calls per month via live agents and 18,000 inbound calls per month via an interactive voice response (IVR) system.

- Reduced Customer Service call volumes from 243,234 in January 2013 to 44,000 in March 2017.
- Transitioned 22,800 participants and approximately 25,000 workers from 23 separate vendors.
- Implemented in-home and phone visitations for employer training and program orientation to newly referred program participants.
- Offer multiple program enrollment options for participants and their workers.
- Implemented a Social Forum for participants, workers and other stakeholders.
- Offer MyChoice4Care provider directory that connects care-giver applicants with participants who need workers.
- Implemented the Time4Care™ Mobile Timesheet Application.
- Public Partnerships' BetterOnline™ Web portal allows administrators, participants, workers, and service coordinators 24/7 access to up-to-date case file information.
- Timely payment of over 98% of all accurately submitted timesheets.
- Enhanced services while maintaining cost savings and efficiencies.

Staff Contacts

Regina Stewart Senior Program Manager (717) 884-7733

Colleen Fox Swartz Manager (617) 717-1152 Shaina Cherilus Program Manager (717) 884-7709



Client Contacts

Michael C. Hale | Bureau Director Department of Human Services Bureau of Quality and Provider Management Forum Place, 6th Floor | 555 Walnut Street Harrisburg, PA 17101 Phone: (717) 783-7111|Fax: (717) 346-7142



| Client | State of Arizona, Department of Economic Security, Division of Developmental Disabilities | | |
|---------------------|---|---|--|
| Project | AZ (M) () | | |
| Timeframe | 2004 - Present | | |
| Scope | Since 2004, the Arizona Division of Developmental Disabilities (DDD) has contracted with Public Partnerships LLC, a PCG Company, to provide fiscal intermediary services. Public Partnerships currently provides our services to over 1,000 consumers with developmental disabilities and pays approximately 2,000 individuals who provide services to these consumers participating in Arizona's self-determination program. Once awarded this contract, Public Partnerships partnered with DDD to conduct a statewide program launch, ensuring that prospective employers and employees were efficiently enrolled in cities and towns across the state. Public Partnerships provides both financial and personnel services for this program including, the processing of all timesheets, payroll and attendant applications. | | |
| Key Achievements | Expenditures are in compliance with program rules and budget allocations Greater self-determination for individuals with disabilities More efficient management, integrity and accountability of public funds and resources Increased efficiency and accessibility of expenditure data Establishment of processes and procedures to accommodate program growth | | |
| Staff Contacts | Manager | Kristin Byrd Sr. Program Manager 315-983-5314 | |
| Client Contact | Ms. Jolene Teeters Contracts Manager Arizona Division of Develop 1789 West Jefferson Phoenix, AZ 85007 Phone: (602) 542-0006 FTeeters@azdes.gov | pmental Disabilities | |



Client

UnitedHealthcare Community Plan (formerly EverCare Select)

Project

State Demander Adjunctions Cours (SIDAC) Survey Opinion

Timeframe

2008-Present

Public Partnerships LLC, a PCG Company, is contracted with UnitedHealthcare Community Plan (a health plan within UnitedHealth Group), to provide Fiscal/Employer Agent (F/EA) services for the Self-Directed Attendant Care (SDAC) Service Option in the state of Arizona. Enrollees include members who are elderly and/or members with physical disabilities or chronic illness. Self-direction for members enrolled in these health plans became an option in 2008 when the state mandated that it become a service delivery choice for eligible members specifically receiving attendant care services. Members that choose this option have the opportunity to live in their own home and employ their own workers.

Scope

Public Partnerships' contractual requirements include, but are not limited to, managing participant and provider enrollment packets, including processing criminal background checks and obtaining worker's compensation insurance on behalf of employers, reviewing and processing all tax-related documentation, processing biweekly payroll, and calculating and depositing State and Federal tax withholdings and unemployment taxes (FICA, FUTA, and SUTA). Public Partnerships acts as the Fiscal/Employer Agent to the common-law employer (Medicaid recipient) and his/her representative in accordance with Section 3504 of the IRS Code and Revenue Procedure 70-6. Public Partnerships also provides customer service to the member population enrolled in the program, as well as their Attendant Care Workers and Case Managers.

Key Achievements

- Production of biweekly payroll, resulting in accurate and timely payments to service providers, as well as tax withholdings and deposits
- 2. Improved outcomes for members and families as they access needed attendant care services in a self-directed and timely manner
- 3. Experience operating as an F/EA through contractual relationships with National health plans

Staff Contacts

Lucas O'Connell Senior Program Manager 602-425-5527

Nancy Capretto

Case Management Manager
UnitedHealthcare Community Plan
1 East Washington, Suite 800

Client Contact

Phoenix, AZ 85004

P: 602.390.5237/F: 877.409.2690 nancy capretto@uhc.com



| Client | Golden Gate Regional Center | | |
|---------------------|--|--|--|
| Project | Parificitativi (Biscustics) Starvines Program | | |
| Timeframe | August 2012 - Present | | |
| | Public Partnerships LLC, a PCG Company, began working with the Golden Gate Regional Center (GGRC) in the spring of 2012, in response to California code of Regulations, Lanterman Act/Title 17, through the Department of Developmental Services, for the provision of Participant Directed Services. | | |
| Scope | GGRC coordinates services and supports for children and adults with developmental disabilities and their families. Public Partnerships and GGRC worked closely to design a Participant Directed Program to assist vendorized family members, consumers and their families in hiring and directing their own supports to maintain their vouchered services. Approved family members work with the consumer to manage respite, transportation, and nursing service workers. | | |
| Key Achievements | Provide financial controls to continue service delivery while enforcing federal and state tax requirements; Introduced electronic authorization monitoring and timesheets to consumers and their families; Work in partnership with social workers to ensure a successful experience for consumers, families and their workers; Customer service support and training in to non-English speaking families, such as Spanish and Cantonese. | | |
| Staff Contacts | Tara Himmel Andrew Thornton Sr. Program Manager Program Manger 617.717.1420 617.717.1422 | | |
| Client Contact | Jackie Law Golden Gate Regional Center 1355 Market St, Suite 220 San Francisco, CA 94103 (415) 546-9222 jlaw@ggrc.org | | |



Client

State of Colorado Department of Health Care Policy and Financing

Project

Consumer-Directed Attendant Support Services (CDASS

Timeframe

2009-Present

The State of Colorado contracts with Public Partnerships to provide Financial Management Services (FMS) for *CDASS*, the consumer directed option within the Elderly, Blind and Disabled (EBD), Community Mental Health Supports (CMHS), Spinal Cord Injury (SCI) and Brain Injury (BI) Medicaid Waivers. Public Partnerships provides both financial and personnel services for CDASS including the processing of all timesheets, payroll, and attendant applications as well as, providing skills training to participants to ensure that they understand the philosophy of consumer direction, are able to manage their budgets and recognize and monitor the quality of services s/he receives.

Scope

Public Partnerships has historically acted primarily as an "Agency with Choice," where the Client and/or an Authorized Representative are designated as the managing employer and Public Partnerships serves as the common law employer of record. This has allowed clients to have increased flexibility and control when they assume shared responsibility for the hiring and management of Employees providing consumer directed services to them. Beginning January 2015, the CO CDASS program expanded to offer additional choice to clients in the additional offering of the traditional "Fiscal Employer Agent" model, whereas the client acts as their own employer of record. Public Partnerships currently provides Financial Management Services to Colorado CDASS clients under both models.

Key Achievements

- Since Public Partnerships assumed management of the FMS contract in 2009, the CDASS program has almost doubled in size; serving over 2800 Clients, who utilize over 6,000 Employees.
- Program growth has been largely driven by increased opportunities for selfdetermination and control; Public Partnerships supports CDASS participants to practice a dynamic combination of budget and employer authority.
- Public Partnerships has successfully supported CDASS to realize more efficient management, integrity and accountability of public funds and resources

Staff Contact

Jennifer Martinez Program Manager 720-274-6308



Client

State of Florida, Agency for Healthcare Administration; Statewide Medicaid Managed Care Program, Long-term Care Managed Care Organizations: AETNA/Coventry, Amerigroup

Project

Participant Direction Option (PDO

Timeframe

October, 2013 -

Public Partnerships LLC, a PCG Company, has contracted with three Florida Managed Care Organizations to provide Fiscal/Employer Agent (F/EA) services for qualified members who elect to participate in the Participant Direction Options program. The Medicaid-eligible managed care members who are elderly and/or disabled and who are receiving at least one of these five services: homemaker, personal care, adult companion care, attendant care, and/or intermittent nursing services (LPN/RN) can elect to participate in PDO.

Scope

In the state of Florida, Public Partnerships currently contracts with AETNA/Coventry, Amerigroup, and Humana American Eldercare to provide fiscal management services to members participating in the program. This includes but is not limited to managing enrollment packets, processing criminal background checks for workers and processing biweekly payroll.

Public Partnerships utilizes an in-person Enrollment Specialist in the South Florida regions to assist members and their direct service workers through the enrollment process.

List Key Achievements

Key Achievements

- Implementation of processes for the production of biweekly payroll, resulting in accurate and timely payments to direct service.
- Provided training to 300+ Case Managers, the first point of contact, in order to ensure that their members receive accurate information regarding PDO.
- 3. Serving over 350 participants across state of Florida and the MCOs

Staff Contacts

Sandy Kasprzak Associate Manager (617) 426-2026 Cecile Comrie Program Manager (954) 707-4316



Melinda Combast, MSW

Director, GBD Special Programs Amerigroup Long Term Care 1000 S. Pine Island, Suite 900 Plantation, FL 33324 877-440-3738, ext. 77410

Fax: 888-762-3220

Melinda.Combast@amerigroup.com

Heidi Pines

Director, Long Term Care AETNA/Coventry Health Care of Florida 1340 Concord Terrace

Sunrise, FL 33323 954-331-6408

hxpines@aetna.com

Client Contact



| Client | GEORGIA DEPARTMENT OF HUMAN RESOURCES - DEPARTMENT of BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES (DBHDD) | |
|---------------------|---|--|
| Project | DIVISION OF DEVELOPMENTAL DISABILITIES (DDD) | |
| Timeframe | January 1, 2011 - Present | |
| Scope | The Department of Behavioral Health and Developmental Disabilities (DBHDD) Financial Management Services project is designed to disburse funds for start-up costs to provider agencies that provide services to Consumers who are transitioning into community living. | |
| | List Key Achievements | |
| Key Achievements | Issue checks to agencies and vendors based on properly submitted invoices Withhold State and Federal taxes when and if applicable Provide reports to the state of GA on a monthly / quarterly basis and access to reports through the Public Partnership web portal | |
| Staff Contacts | Michelle Lang Kristi Segall Program Administrator Sr. Program Manager mrmiller@pcgus.com ksegall@pcgus.com 804-665-2121 804-665-2155 | |
| Client Contact | Samuel Wright, Finance Specialist Division of Developmental Disabilities 2 Peachtree Street, NW, Suite 22.403 Atlanta, GA 30303 sawright2@dbhdd.ga.gov Phone: 404.463.6432 | |



Client

DEPARTMENT of BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES (DBHDD)

Project

GA DBHDD Waiver Project - Comprehensive Supports Waiver Program (COMP) &New Options Waiver Program (NOW)

Timeframe

January 1, 2012 - Present

The Department of Behavioral Health and Developmental Disabilities (DBHDD) NOW & COMP Wavier program for Self-Directing Participants is a model of service delivery that offers more autonomy, choice, control, and responsibility to Participants in the NOW & COMP program. Participants have the right and the ability to make decisions to ensure that their care and support needs are met, including who will provide the services and when they will be provided.

Scope

Kev

Achievements

Participants who select the self-directed service option are required to utilize a Financial Support Services (FSS) provider. Public Partnerships LLC, a PCG Company, has contracted with the Department of Behavioral Health and Developmental Disabilities to serve as a FSS provider for the NOW & COMP Wavier program. As the FSS, Public Partnerships will issue payments to NOW & COMP Wavier Participant's employees using their authorized funds and will assume responsibility for managing all tax withholding and filing on the Participant's behalf.

List Key Achievements

- 1. Real time service authorization management online
- 2. Manage authorization using an online portal
- 3. Select, hire, train, and manage employees
- 4. Determine workers' schedules and tasks
- 5. Web Portal technology for the submission of electronic timesheets
- 6. Review and approve employee timesheets
- 7. Real time service authorization management online
- 8. Public Partnerships provides the following services:
- Issue paychecks to employees and payments to vendors based on properly completed, signed timesheets and invoices
- 10. Withhold State and Federal taxes for each employee
- 11. File monthly, quarterly, and annual forms and tax deposits with State and Federal agencies
- 12. Issue W-2 Statements to each employee in January
- 13. Provide reports on a monthly basis and access to reports through the Public Partnerships web portal
- 14. Answer all questions employees have about enrollment, timesheets, and payments

Staff Contacts

Michelle Lang

Kristi Segall

Program Administrator mrmiller@pcgus.com

Sr. Program Manager ksegall@pcgus.com

804-665-2121

804-665-2155

Client Contact

DD Program Administrator DBHDD – Acting Frank W. Kirkland Division of Developmental Disabilities 2 Peachtree Street, NW, Suite 22.403

Atlanta, GA 30303 Email Frank.Kirkland@dbhdd.ga.gov



Scope

Key

Achievements

Staff Contacts

State of West Virginia
Department of Health and Human Resources
Bureau for Medical Services
FEA Support to Self-Direction Members
RFP 0511 BMS180000002

Client State of Illinois

Client Department of

Department of Human Services

Division of Developmental Disabilities

Project Home-Based Support Services Participant Directed Program

Timeframe August 2010 - Present

Public Partnerships LLC, a PCG Company, was selected to serve as a second Fiscal Employer Agent (FEA) in the state of Illinois for the provision of services to participant in the HBSS participant directed program currently serving more than 4,000 adults and children with developmental disabilities. Public Partnerships was selected based on our capacity to improve efficiency through our web portal technologies. The state is also interested improving their ability to manage the program though data analysis and will used the Public Partnerships Unified Reporting System to accomplish this goal. Participants have been given the opportunity to transfer to Public Partnerships from the current vendor quarterly. Participants who have transferred, largely did so based on Public Partnerships' capacity to accept timesheets electronically through the web portal. Since being awarded the contract in August, 2010, Public Partnerships has made numerous presentations to Service Facilitation agencies, a state wide Facilitation Network Group and to the Dreaming New Dreams conference hosted by a delegate for the IL ARC

Enhanced ability for participants to actively manage their services though real time access to service authorization expenditures through the web portal.

 Efficient payroll processing procedures that ensure scheduled payments are made in full while processing claims against a rules engine incorporated in a customized accounting platform

Kayla Miller

720-274-6336

Business Analyst

Designated customer service queue for Service Facilitators to ensure timely communication and resolution of payroll and enrollment issues

Sandy Emery Boehm

Kasprzak Program Manager

651-334- 312-235-3711 8949

Dave Adden

Project Manager

Division of Developmental Disabilities

Client Contact 319 East Madison, Ste. 3M Springfield, IL 62701

(217) 524-0848



Client

STATE OF INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION DIVISION OF AGING

Project

Piscosi in terromatically Services

Timeframe

2006-Present

Public Partnerships LLC, a PCG Company, provides fiscal intermediary services for individuals who self-direct their Attendant Care through the Indiana Aged and Disabled Medicaid Waiver. Since 2006, Public Partnerships has served over 1,800 individuals, with approximately 375 individuals are actively self-directed at any one time. The Division of Aging originally procured two agencies for the provision of services: a Fiscal Intermediary and an Electronic Voice Verification (EVV) vendor. In 2008, Public Partnerships was re-awarded the contract and the Division opted to eliminate the EVV vendor and adopt the Public Partnerships web-based electronic timesheets, subsequently reducing costs, and streamlining payroll processing.

Scope

Public Partnerships serves as an Agent of the Employer for the program participants, who hire and supervise their own direct care workers (employees). Public Partnerships ensures all participants and employees are fully compliant with the program's administrative requirements prior to receiving services. Each payment request is cross checked through a web-based rules engine to ensure the payment is compliant with program rules. Services are billed through the state MMIS system, and the Public Partnerships ensure all state and federal employer and employee taxes are accurately withheld, paid and filed. Public Partnerships management provides monthly assurances reports to FSSA on payroll, program utilization rates, and referrals.

List Key Achievements

Key Achievements

- 1. Developed a web based portal for processing, maintaining, and tracking all forms contained in the employer and employee enrollment packets.
- 2. Ensure FSSA service payments meet all applicable CMS waiver standards
- 3. Collect participant satisfaction with self-direction and Public Partnerships services through a bi-annual satisfaction survey
- 4. Support program participants through an industry leading customer service center including integrated voice recognition and customize call queuing
- Assist FSSA managers through the provision of monthly reporting including real time web-based reports on participant and employee demographics and payroll

Staff Contacts

David Horvath Manager (304) 381-3106 Mark Altieri Associate Manager (617) 336-2923

Tal Bar-Peled Program Manager (617) 717-1077

Debbie Pierson

Client Contact

Deputy Director of Operations Division of Aging Indiana Family and Social Services Administration

Phone: (317) 232-0604

Email: debbie.pierson@fssa.IN.gov



| Client | Commonwealth of Massachusetts Department of Developmental Services |
|-----------|--|
| Project | Autism Walver Program |
| Timeframe | January 2008 – Present |
| | Public Partnerships LLC, a PCG Company, developed a Financial Management Services program to support children with Autism and their families in implementing their self-determination goals by providing for and arranging various levels of services and supports. |
| Scope | Public Partnerships works with Support Brokers, families, and providers to determine the nature, extent, and availability of services and supports sought by the child and their family in order to identify appropriate choices to meet needs consistent with each child's individual support plan and a consumer-directed approach. Public Partnerships assists in the implementation of a participant's support plan by serving as the Financial Management Service provider, providing financial monitoring, billing, payment and reporting, support worker recruitment and credentialing, quality assurance, information systems development, and management. |
| | Pubic Partnerships developed training programs for participants and their families, as well as for Support Brokers. Public Partnerships developed a webbased interface that allows Support Brokers to credential providers and families to search geographically for agencies or individuals that are credentialed for a particular service. This project began in FY08 and as of October 2014 serves over 220 children with Autism and their families. |
| | Help support children who demonstrate significant deficits in the areas of behavioral, social and communication skills as a result of their subjects. |

Key Achievements

- Help support children who demonstrate significant deficits in the areas of behavioral, social and communication skills as a result of their autism, through expanded habilitation, education s developed and monitored by a trained clinician will be carried out in the child's home and community.
- Development of a provider directory of credentialed providers throughout the state of Massachusetts
- More efficient management of public funds and resources

Staff Contacts

Caroline Leary Program Manager (617) 426-2026

Janet George

Eric McAfee Program Manager (617) 426-2026

Client Contact

Assistant Commissioner Department of Developmental Services 500 Harrison Avenue Boston, MA 02118

(617) 624-7766 Janet.george@state.ma.us



| Client | Commonwe | ealth of Massachusetts Dep | partment of Developmental Service |
|---------------------|---|--|---|
| Project | | | ikny Education (DESE) Program |
| Timeframe | April 2009 – | Present | |
| | Managemen disabilities ar | | rt children with developmental g their self-determination goals by |
| Scope | plan by servi billing, payro | ng as the fiscal intermediary Il and accounts payable payr quality assurance, informatio | entation of a participant's support , providing financial monitoring, ment, reporting, support worker on systems development and |
| Key Achievements | Greater self-determination for children with developmental disabilities Development of new support services, customized supports, and innovative approaches to using community resources | | |
| Staff Contacts | Caroline Leary Program Manager 617.426.2026 | Eric McAfee Program Manager 617.426.2026 | John Hunt Business Analyst 617.426.2026 |
| Client Contact | Janet George Assistant Cor Department of 500 Harrison Boston, MA 0 (617) 624-776 | mmissioner of Developmental Services Avenue 2118 | |

Janet.george@state.ma.us



Client

Commonwealth of Massachusetts Department of Developmental Services

Project

Participant Directed Program

Timeframe

June 1999 - Present

Public Partnerships LLC, a PCG Company, developed an Intermediary Services Organization (ISO) in 1999 to support individuals with developmental disabilities in implementing their self-determination goals by providing for and arranging various levels of services and supports. Public Partnerships works with participants and designated agency staff to determine the nature, extent, and availability of services and supports sought by the individual and to identify appropriate choices to meet needs consistent with each participant's individual support plan and a consumer-directed approach. Public Partnerships assists in the implementation of a participant's support plan by serving as the fiscal intermediary, providing financial monitoring, billing, payroll and accounts payable payment, reporting, support worker recruitment, quality assurance, information systems development and management.

Scope

Public Partnerships developed handbooks and training programs for participants and their families, as well as for case managers. Public Partnerships also developed a web-based Extranet, an interface to the ISO's information management system, which provides secure access to participant financial and service information to case managers and agency supervisors. This project began as a pilot in the Metro Region in FY00 and was expanded state-wide in FY03 to serve 400 hundred participants.

 Based on the success of the ISO DDS implement three new adult waiver programs in FY2011 serving 12,000 persons that will enable consumer direction for anyone who chooses it. The ISO transitioned to the Participant Directed Program (PDP) in July 2010.

Key Achievements

- 2. Greater self-determination for individuals with developmental disabilities
- 3. Development of new support services, customized supports, and innovative approaches to using community resources
- 4. Manage Medicaid expenditures through more efficient and accountable management of public funds and resources

Staff Contacts

Client Contact

Caroline Leary Program Manager 617.426,2026 Eric McAfee Program Manager 617.426.2026

Anne Marie Stanton
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us

Janet George, Assistant Commissioner

Department of Developmental

Services

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| Client | Maine Department of Health and Human Services | |
|------------------|--|---|
| Project | Family Provider Service Option | |
| Timeframe | 2006 - Present | |
| Scope | Public Partnerships LLC, a PCG Company, has been a registered Fiscal Intermediary within the state of Maine since 2010 to provide fiscal intermediary services for Section 19 of their Medicaid state plan also known as the Family Provider Service Option (FPSO). Prior to fiscal intermediary becoming a Medicaid billable service in 2010, Public Partnerships served as the fiscal intermediary for a Maine based non-profit care coordination agency. The FPSO allows disabled/elderly individual to hire their own attendants to provide basic assisted daily living activities. Public Partnerships serves as the fiscal intermediary for direct care payments providing all associated financial management services as well as enrollment processing and customer service. Public Partnerships submits all Medicaid claims through the Maine Integrated Health Management System (MIHMS) and completes all employer tax withholding, riling and payment for FPSO participants. | |
| Key Achievements | Public Partnerships has worked in varying capacities with the FPSO since 2004, when we assisted in the design and development stage. Public Partnerships has undergone countless and highly comprehensive payroll agent audits and had never had a material findings. Since 2006, Public Partnerships has provided FI services for thousands of FPSO participants and their attendants. | |
| Staff Contacts | Mark Altieri Associate Manager 617-336-2923 | Matt Smith Project Manager 623-277-5972 |
| Client Contact | Bruce Plaisted Maine Department of Health and Humar Resource Coordinator DHHS/OADS/LTSS 207-287-2654 Bruce.Plaisted@maine.gov | n Services |



| Client | Dising Department of the U.S. | | |
|------------------|--|---|--|
| | Maine Department of Health and Human Services | | |
| Project | Parificinant Director Option | | |
| Timeframe | 2015 - Present | | |
| Scope | Public Partnerships LLC, a PCG Company, is contracted with Maine Department of Health and Human Service (DHHS) to provide Fiscal Intermediary services for Sections 12 and 96 of the Maine state Medicaid Plan. The Participant Directed Option (PDO) allows disabled/elderly individuals to hire their own attendants to provide basic assisted daily living activities. Pubic Partnerships serves as the fiscal intermediary for direct care payments providing all associated financial management services as well as enrollment processing and customer service. Public Partnerships submits all Medicaid claims through the Maine Integrated Health Management System (MIHMS) and completes all employer tax withholding, filing and payment for PDO participants. | | |
| Key Achievements | Public Partnerships configured our BetterOnline™ to meet the unique programmatic requirements of the Maine PDO service option Public Partnerships has based our Customer Service Specialists out of Augusta, Maine The BetterOnline™ portal offers participants electronic timesheet submission and real time access to service authorization information. | | |
| Staff Contacts | Mark Altieri Associate Manager 617-336-2923 | Matt Smith Project Manager 623-277-5972 | |
| Client Contact | Bruce Plaisted Maine Department of Health and Human Services Resource Coordinator DHHS/OADS/LTSS 207-287-2654 Bruce.Plaisted@maine.gov | | |



Client

Aetna Better Health of Michigan

Project

MI HEALTH LINK

Timeframe

2015 - Present

Public Partnerships LLC, a PCG Company contracted with Aetna Better Health of Michigan to be the preferred Fiscal/Employer Agent for their Managed Care Organization. The MI HEALTH LINK program supports choice for individuals who are dual eligible for Medicaid and Medicare choosing to self-direct their services. The Program is designed to offer choice and control to members who were in long-term care facilities or in an alternative State program.

Michigan Health Link requires a unique offering of both Employer Authority and Budget Authority models. Public Partnerships provides customer service, enrollment, payroll, and tax F/EA services to both self-directed models.

Scope

Public Partnerships utilizes in-person Enrollment Specialists to explain the program models to members and to assist members and their providers with the enrollment process. Public Partnerships' Michigan Enrollment Specialist Team is based in key locations throughout the State. In addition to enrollment support, they provide members with training on the self-directed program, rights and responsibilities of self-direction, and employer responsibilities (including selecting, co-employing, scheduling, supervising and terminating employees). They ensure that the member/employers or their representatives are comfortable with all paperwork, systems, and processes necessary to be successful in the program.

- 1) The number of members expected to be in the Program within the first year was 150. Public Partnerships and Aetna partnered to enroll over 300 members in to the Program within a 6-month period and the Program continues to grow.
- Key Achievements
- 2) Public Partnerships conducted independent research with the Department of Licensing and Regulatory Affairs (LARA) in MI to ensure that the program's Workers' Compensation designed would meet State's criteria as well as program funding restrictions. Public Partnerships partnered with Aetna to developed a tracking and triggering mechanism to identify employers who are required to provide WC to providers.
- 3) Developed a valued partnership with Aetna Better Health of MI which allows us to collaborate and develop best practice solutions to solution that MCO has not encountered; such, as city tax requirements, WC, and enrollment referral changes.

Staff Contacts

Kristin Byrd Sr. Program Manager 615-983-5314

Matt Klooster Program Manager 615-983-5329



Client Contact

State of West Virginia
Department of Health and Human Resources
Bureau for Medical Services
FEA Support to Self-Direction Members
RFP 0511 BMS1800000002

Renee Roberts

MI Duals Director of Health Services, Long Term Services and Supports

Aetna Better Health of Michigan

Phone: (248) 936-9107 RobertsR1@aetna.com

PCG Public Partnerships, LLC



Client

New Jersey Department of Human Services

Project

Piscon Intermediacy and Pinamodal Cosh & Courseling Suprimes

Timeframe

2006 - Present

PCG Public Partnerships was selected by the New Jersey Department of Human Services (DHS) as the statewide Fiscal Intermediary and Cash & Counseling Services for the Division of Aging Services (DoAS), the Division of Developmental Disabilities (DDD), and the Division of Disability Services (DDS).

Public Partnerships has been serving the DoAS as the Fiscal Intermediary for the Jersey Assistance for Community Caregiving (JACC) and Global Options programs since 2006. JACC is a state-funded program that provides over 2,000 participants with employer authority. Global Options is a Medicaid waiver program serving over 10,000 participants, that has since been incorporated into Managed Long-Term Services and Supports (MLTSS).

In 2016, PCG Public Partnerships was awarded the contract as statewide Fiscal Intermediary and Cash & Counseling Services provider for three divisions of NJ DHS serving over 11,500 participants. Public Partnerships serves the following programs:

- Division of Aging Services Jersey Assistance for Community Caregiving and Veteran-Directed Home and Community Based Services (VD HCBS);
- Division of Developmental Disabilities Community Care Waiver, Interim-Funded Individuals, and Support Waiver; and
- Division of Disability Services Personal Preference Program (PPP).

Scope

Public Partnerships has contracts with all five Managed Care Organizations (MCOs) operating in New Jersey:

- Aetna Better Health of New Jersey
- Amerigroup
- Horizon NJ Health
- United Healthcare
- WellCare

For all programs, Public Partnerships provides participant orientation and training, enrollment and ongoing support; provider enrollment and credentialing; workers' compensation; budget management; payroll and accounts payable activity; co-pay collection; claims submission; monitoring health and safety; and customer service. For VD HCBS and PPP, Public Partnerships provides the Financial Counseling (aka: Supports Brokerage) services as well.

Launch challenges include:

- Supporting the transition of over 11,500 individuals from two incumbent contractors, including over 1,500 individuals transitioning from the Agency with Choice (AWC) model to the Fiscal Employer Agent (F/EA) model of financial management services; and
- Developing Cash Management Plans for over 9,500 individuals.



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|---------------------|--|--|---|
| | Public Partnershi Newark, Princeto | ps has hired over 100 staff n, and Hammonton, New Je | members and opened offices in ersey. |
| | Senior Program M Assistant Prograr | n this project include: 1 Mar Managers, 1 Senior Project n Managers, 3 Business An nsultant Supervisors, and 10 | nager, 1 Associate Manager, 5 Manager, 4 Program Managers, 2 alysts, 5 Program Support 00 Financial Consultants. |
| | | on the Fair Labor Standards I employers and employees | s Act and important tax incentives |
| Key Achievements | Configuring p of six progran | ayroll systems and process ns across three divisions | es to meet the unique requirements |
| | Deploying Pu | blic Partnerships BetterOnli | ne™ web portal for each program |
| | Depolying Publci Partnerships Time4Care™ mobile application for employee time capture | | |
| | Supporting the successful transition of over 11,500 participants from incumbent vendors in 2007 and 2017 (ongoing) | | |
| | Negotiating contracts, business associate agreements, and information security requirements with five MCOs, four clearinghouses, and the state MMIS vendor (Molina Health Systems) | | |
| | Assisting in the redesign of the state HCBS Database used by county care managers and state liaisons to enter individual service authorizations | | |
| | Designing and implementing daily electronic file exchange with multiple systems to retrieve service authorizations and return detailed payment activity | | |
| | Provision of monthly spending and performance reports | | |
| Staff Contacts | David Horvath Manager 304.296.1930 | Mark Altieri Associate Manger (617) 426-2026 | Kimberly Smith Senior Program Manager (609) 851-5069 |
| Client Contact | Patricia Hezlep New Jersey Depar Services P.O. Box 807 Trenton, NJ 08625 (609) 943-3449 | | Division of Aging and Community |
| Client Contact | Patricia.Hezlep@c Christine James P.O. Box 726 Trenton, NJ 08625 (609) 631-2274 | | |



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Joseph Amoroso
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Trenton, NJ 08625
(609) 631-2494
Joseph.Amoroso@dhs.state.nj.us



| Client | Ohio Department of Health | | |
|---------------------|---|--|--|
| Project | টাৰ্কাৰ Perty Agin inistration and Fiscal Management Services for Ryan White Part B Program | | |
| Timeframe | March 2010 - Present | | |
| Scope | Public Partnerships LLC, a PCG Company, provides third party administration and fiscal management services for the Ohio Department of Health's (ODH) Ryan White Part B Program. This statewide program serves over 5,000 low-income persons with HIV/AIDS eligible for: the Ohio HIV/AIDS Drug Assistance Program (OHDAP); the Health Insurance Premium Payment Program (HIPP); and, the Medicaid Spend Down Payment Program (MSDP). Public Partnerships processes over \$6M in payments annually for providers of HIV/AIDS related services, including diagnostics and monitoring, drug therapy, dental services, nutrition services, Medicaid spend down payments, health insurance premium payments, and emergency financial assistance. The Ohio Department of Health relies on Public Partnerships to ensure confidentiality of program participants, prompt payment of providers, and accurate reporting. | | |
| Key Achievements | Public Partnerships provides a Web-Based Case Management Information and Service Authorization System (BetterOnline Portal) that allows case managers to enter client and provider demographics, prior authorizations for services, and payment requests for state administrator review and approval | | |
| | Our Claims Processing System ensures prompt and accurate payment of providers based on state business rules including Usual, Customary, and Reasonable (UCR) rate tables, Customary Procedure Terminology (CPT) codes, and American Dental Association (ADA) codes | | |
| | Cost-Center Budgeting Tools that allow state administrators to reallocate funds across cost centers in response to geographic patterns in service utilization; | | |
| | On-Line Reporting Tools to ensure efficient program management/reporting | | |
| | Customer Service Center with qualified representatives to respond to provider inquiries regarding status of payment. | | |
| Staff Contacts | David Horvath Geoffrey Dudley Manager Program Manager 304.296.1930 704.816.2820 | | |
| Client Coutest | Laurie Rickert Administrator | | |

Community Based Programs, Ohio Department of Health Phone: 614.466.1411 Fax: 614.728.462

Laurie.rickert@odh.ohio.gov

Client Contact



Client

State of Oklahoma – Department of Human Services; ADvantage Administration

Project

Consistinat Directed Personal Assistance Services and Supports (CD-PASS)

Timeframe

July 2009 - Present

Public Partnerships LLC, a PCG Company, is contracted with the Oklahoma Department of Human Services to provide Fiscal Reporting Agent duties for the Consumer Directed Personal Assistance Services and Supports (CD-PASS) service option. Program participants include members who are elderly and/or with physical disabilities. CD-PASS members self-direct their services: recruiting, hiring and training their employees; managing their service plans to obtain personal care services; and designating funds to an optional expense account for employer related expenses such as employment advertisements, postage, employee bonuses, and mileage reimbursement.

Scope

Public Partnerships' contractual requirements include processing employer and support worker enrollment packets, reviewing and processing all tax-related documentation, processing semi-monthly payroll, including support worker timesheets and invoices, and calculating and depositing State/Federal tax withholdings and unemployment taxes (FICA, FUTA, and SUTA). As the Fiscal Reporting Agent, Public Partnerships acts as the Agent to the Employer in accordance with Section 3504 of the IRS Code and Revenue Procedure 70-6. In addition, Public Partnerships provides monthly assurance reports to the ADvantage administration to ensure that the program adheres to CMS guidelines.

Public Partnerships also provides customer service, with callers including case managers, program participants and/or their designated representatives, and support workers. Inquiries are responded to via e-mail, telephone, and fax. Our contractual requirements include, at a minimum, that 90% of all calls are answered within an average wait time of not more than three minutes with 10% or less requiring a return call. Call metrics are reported on a weekly basis to the Oklahoma Department of Human Services.

- Process semi-monthly payroll, with an annual total exceeding \$6,000,000;
- Enrolled 2750 program participants over the lifetime of the program, with 1200 actively procuring services;
- 3. Respond to over 2300 calls per month, with an average queue time of under 2 minutes;
- In a 2014 poll, 71% of program participants indicated that their overall quality of life had positively changed since entering the CD-PASS selfdirected service option;
- 5. The service option is offered state-wide with annual net growth of 15%.

Staff Contacts

Achievements

Key

David Horvath Mark Altieri Matthew Smith
Manager Associate Manager Program Manager
616.426.2026 617.336.2923 617.336.2904



Client Contact

State of West Virginia
Department of Health and Human Resources
Bureau for Medical Services
FEA Support to Self-Direction Members
RFP 0511 BMS1800000002

Karla Selman

Programs Manager II

Oklahoma Department of Human Services – ADvantage Administration

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karla.selman@okdhs.org



Client

Oregon - Marion County Health Department

Project

Commentity and Provider Services Program

Timeframe

July 2014 - Present

Public Partnerships LLC, a PCG Company, is contracted with the Oregon – Marion County Health Department to provide Fiscal Intermediary Services to the Health Department's Community and Provider Services (CAPS) Program. The CAPS program includes multiple programs and offers several types of services to eligible individuals. CAPS programs include the Community Care Partnerships (peer services), the Rent Subsidy and Rent Grant programs (rent payments and other rent related services), and the PELTON project (supportive living). The CAPS programs are supported solely through state and county funding.

Scope

Public Partnerships was awarded this contract to replace an incumbent vendor. Public Partnerships' contractual requirements include, but are not limited to, processing a weekly payroll for payments to CAPS vendors, issuing 1099s to vendors each federal tax year, and providing reporting and customer service support to Marion County program staff. Program oversight and support is provided from Public Partnerships' office in Kent, WA.

Key Achievements

- Worked with client to configure a program-specific Public Partnerships Web Portal to maintain information for Individuals and Vendors, allow the client to enter invoice/service referrals for payment processing, and provide self-service reporting.
- 2. Seamlessly transitioned 43 Individuals and 31 vendors to the new payment system.

Staff Contact

Lynne Miles Program Manager 206.962.6712

Linda Wilson Senior Contract Specialist Oregon Health Department Marion County 3180 Center St. NE Salem, OR 97301-4592

Client Contact

Phone: 5036.361.2762 LWilson@co.marion.or.us



| Client | STATE OF OREGON | | |
|------------------|--|---|--|
| Ollerit | Department of Human Services, Office of Developmental Disabilities | | |
| Project | Financial Management Agent Services | | |
| Timeframe | August 2016 - Present | | |
| Scope | The State of Oregon engaged Public Partnerships to provide Financial Management Agent Services (FMAS) to Common Law Employers with respect to Personal Support Workers (PSWs) providing In Home Support services to the Common Law Employer or to the Individual on whose behalf the Common Law Employer is acting. Public Partnerships also provides Vendor Payment Services to Individuals, Family members, or designees with respect to Vendors providing In Home Support services to Individuals on an independent contracting basis. Public Partnerships is responsible for providing FMAS to DHS as a Statutory Employer, with respect to amounts paid to PSWs that are not attributable to a Common Law Employer. Public Partnerships makes the payments with funds provided by DHS and based on data provided by DHS and, in certain circumstances, CDDPs or Brokerages. | | |
| Key Achievements | Transitioned 11,000 individuals and 22,000 PSWs from prior vendor to Public Partnerships. Established data transfers to communicate a. Approved employer-employee associations' b. Payroll files c. Tax Withholdings d. Union Membership Data e. Voluntary Withholdings Trained Case Management Entities on referral process through our webbased system Offered portal access to individuals, representatives and PSWs Pay regular and overtime payments according to data provided by the Office of Developmental Disability Services | | |
| Staff Contacts | Colleen Fox Swartz Manager (617) 426-2026 | Lynne Miles Senior Program Manager (206) 962-6712 | |
| Client Contact | Lea Ann Stutheit Chief Operations Officer IDD 500 Summer Street NE #E-09 Salem, OR 97301 503-945-9783 | | |



Client

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY LONG-TERM CARE

Project

South Carolina Attendant Care Program

Timeframe

2008 - Present

Public Partnerships LLC, a PCG Company, serves as a subcontractor to First Data to manage the financial operational aspects of their contract with the South Carolina Department of Health and Human Services (DHHS) Community Long-Term Care Program. First Data partnered with Public Partnerships to replace an incumbent national vendor. The SC DHHS program serves elderly and people with physical disabilities. These participants have the opportunity to live in their own home and employ their own staff.

Scope

Public Partnerships' contractual requirements with First Data include, but are not limited to, managing participant and provider enrollment packets, reviewing and processing all tax-related documentation, processing weekly payroll, calculating and depositing State and Federal tax withholdings and unemployment taxes (FICA, FUTA, and SUTA). As the Financial Management Services provider, Public Partnerships acts as the Fiscal/Employer Agent to the common-law employer (Medicaid recipient) and his/her representative in accordance with Section 3504 of the IRS Code and Revenue Procedure 70-6.

At the start of the contract, Public Partnerships successfully and seamlessly transitioned 1,100 participants from the previous vendor and established Public Partnerships as the new Fiscal/Employer Agent with the IRS, the State of South Carolina, and the SC Unemployment Security Commission. Public Partnerships also provides customer service to the participants enrolled in the program, as well as their service providers.

- Seamless transition of participants and providers from previous vendor to Public Partnerships, ensuring continuity of service delivery
- 2. Enrollment of 700 new participants into the program within the first two years of the contract
- 3. Timely and accurate processing of employer and provider enrollment paperwork to ensure prompt service delivery for participants
- Improved outcomes for participants and families as they access the services and supports they need in a self-directed and timely manner
- Awarded contract rebid in December 2012, extending services for an additional 5 year term.

Staff Contacts

Achievements

Key

Liz Collins Program Manager 617-717-1202



Client Contact

Jonathan Mills First Data Government Solutions 11311 Cornell Park Drive; Suite 300 Cincinnati, Ohio 45242 Phone: (513) 489-9599 Opt. 1 x158

Fax: (513) 489-6521 jon.mills@firstdata.com



Richard W Reeves

@uhc.com

| Client | STATE OF TENNESSEE Amerigroup Corp., United | d Healthcare and BlueCare | |
|---------------------|---|---|---|
| Project | The second second second second | Services/ Support Brokereg | o Services |
| Timeframe | October 2010- Present | | |
| Scope | Public Partnerships LLC, a PCG Company, was contracted by three Managed Care Organizations (MCOs) in Tennessee, Amerigroup Corp., United Healthcare and BlueCare to design, test and manage a new web-based application that is the core tool for managing the Choices Transitional Allowance Program (TAP) information and operations. The TAP Program is available to TennCare's Choices members who elect to transition from a nursing facility to a community setting to receive more cost-effective non-residential home and community based services or companion care. The TAP Program provides members with an allotment of up to \$2,000. The allowance may be used to purchase items that are essential to establish community residence and facilitate a member's safe and timely transition to the community. The secure website manages and tracks enrollment, authorizations, member spending, and provider information. MCO care coordinators authorize participation in the program. The authorizations entered into the web portal by the care coordinators are be approved by a supervisor. These approvals represent the MCO invoice document. Those vendors providing the goods and services receive reimbursement of appropriate expenses within 14 business days and Public Partnerships submits 837 claim files to the MCO for items purchased in the Transitional Allowance Program. | | |
| Key Achievements | Over 300 individuals moving from nursing homes into the community have accessed these funds; Approximately \$243,000 has been used to move individuals into a community setting. | | |
| Staff Contacts | Kristin Byrd Sr. Program Manager (615) 983-5314 | | |
| Client Contact | Tina M. Brill VP, LTC Operations AMERIGROUP Internal extension: 22413 Office: 615-316-2413 Cell: 615-305-0274 E-mail: tbrill1@amerigroupcorp.co m | Paul Haddix Support Center Manager BlueCare 3841 Green Hills Village Drive, Ste. 200 Nashville, TN 37215 615-565-1953 - office Paul Haddix@BCBST.co m | Rick Reeves United HealthCare Community Plan, Tennessee Chief Operating Officer 8 Cadillac Drive Brentwood, TN 37027 Phone: 615-493- 9542 |



| Client | STATE OF TENNESSEE The Bureau of TennCare | | |
|------------------|---|---|--|
| Project | Financial Administration Services/ Support Brokerage Services | | |
| Timeframe | July 2016 - Present | | |
| Scope | The Bureau of TennCare has contracted with PCG Public Partnerships LLC, a PCG Company, to serve as the Fiscal/Employer Agent for the Tennessee Employment and Community First (ECF) CHOICES waiver program. This program allows Tennessean children and adults with intellectual and developmental disabilities the option to consumer direct their services. P services include: managing participant and provider enrollment, processing criminal background checks, processing semi-monthly payroll for payments to individual providers, processing transportation reimbursement payments for members, providing customer service, and providing support brokerage. In this program TennCare also contracts with three Managed Care Organizations (MCOs) to provide and oversee service coordination for members. | | |
| Key Achievements | received each month. 2. Development and implinancial controls and support ongoing program. 3. Working in partnership and Amerigroup; 4. Bi-weekly meetings withrough issues for me 5. Establishment and implimprovement strategie 6. Training for MCOs, meeter CHOICES waive guidelines; 7. Robust worker creden (state and federal), an ECF Choices waiver, leading the prevention and Reportation and Reportation. | o with three MCOs: United Healthcare, BlueCare, ith all three MCOs to improve process and work mbers that elect to self-direct; plementation of quality assurance and | |
| Staff Contacts | Colleen Fox Swartz Manager (617) 426-2026 | Kristin Byrd Sr. Program Manager | |
| Client Contact | (617) 426-2026 (615) 983-5314 Patti Killingsworth Assistant Commissioner, Chief of Long Term Care The Bureau of TennCare 310 Great Circle Road, 4 West Nashville, TN 37243 | | |



STATE OF TENNESSEE Client The Bureau of TennCare Project Timeframe March 2010 - Present The Tennessee Bureau of TennCare has contracted with Public Partnerships LLC, a PCG Company, to serve as the Fiscal/Employer Agent for the Tennessee CHOICES waiver program. This program allows elderly and disabled Tennesseans the option to consumer direct their services. Public Partnerships services include: managing participant and provider enrollment, processing Scope criminal background checks, processing semi-monthly payroll for payments to individual providers and home care agencies, processing payments for goods and services, providing customer service, and providing support brokerage. In this program TennCare also contracts with three Managed Care Organizations (MCOs) to provide and oversee service coordination for members. 1. Over 2000 members Consumer Directing services, with new referrals received each month. 2. Development and implementation of systems and processes, including financial controls and a web portal, to meet program requirements and support ongoing program operations; 3. Working in partnership with three MCOs: United Healthcare, BlueCare, and Amerigroup: 4. Bi-weekly meetings with all three MCOs to improve process and work through issues for members that elect to self-direct: **Key Achievements** 5. Establishment and implementation of quality assurance and improvement strategies; 6. Training for MCOs, members, and workers on Consumer Direction in CHOICES waiver, roles of each entity involved, and program guidelines: 7. Robust worker credentialing, including background and registry checks (state and federal), and training regarding Consumer Direction in the Choices waiver, Blood Borne Pathogens, Fraud and Abuse Prevention and Reporting, Caring for Elderly and Disabled Populations, Abuse and Neglect Identification and Reporting, and Critical Incidents. Colleen Fox Swartz Kristin Byrd Staff Contacts Manager Sr. Program Manager (617) 426-2026 (615) 983-5314 Patti Killingsworth Assistant Commissioner, Chief of Long Term Care Client Contact The Bureau of TennCare 310 Great Circle Road, 4 West

Nashville, TN 37243



Customer

Project

Marail English was Agmid Statumas

Project Description

Time Period

Contract Schedule Public Partnerships LLC, a PCG Company, was awarded a contract in 2006 to provide Fiscal/Employer Agent (F/EA) services on behalf of the Commonwealth of Virginia's Department of Medical Assistance Services (DMAS) through their Medicaid-funded Home and Community based waivers. This service allows Medicaid recipients to serve as common-law employers, responsible for directly hiring, training, supervising and firing their attendants. Public Partnerships' scope of work has also increased, adding new waivers including EPSDT and the Children's Mental Health in October 2007 and *Money Follows the Person* (MFP) in July 2008.

Commonwealth of Virginia, Department of Medical Assistance Services

Public Partnerships services for the Commonwealth include, but are not limited to, managing recipient enrollment packets, maintaining current recipient authorization information, approving attendant employment and tax-related documentation, processing payroll, calculating and depositing State and Federal tax withholdings and unemployment taxes (FICA, FUTA, SUTA). As the F/EA, Public Partnerships acts as the agent to the common-law employer (Medicaid recipient) or his/her representative in accordance with Section 3504 of the IRS Code and Revenue Procedure 70-6. Public Partnerships acts as the front line for Medicaid Fraud and mandated reporters for Adult Protection Services (APS) and Child Protected Services.

Public Partnerships Role Public Partnerships supports the Virginia DMAS Program with a world-class customer experience with the assistance of our telecommunications management system – Public Partnerships' call center staff, using integrated call center technology, averaged about 55,000 calls per month during 2015. This total does not include the average of 25,000 inbound calls per month handled by our interactive voice response systems (IVRS). Public Partnerships launched our integrated telecommunications technology system on August 6, 2009. This technology has helped the Public Partnerships call center staff achieve a 99.9% availability rate. Public Partnerships is also able to customize this tool to help improve the customer experience. The technology allows Public Partnerships to use the following tools to ensure quality: digital recording, reporting analytics, and real-time resource management.

Initially starting with the transfer of nearly 1,400 consumers from an existing VA DMAS program in 2006, as of March, 2016, the program has grown to over 21,000 recipients receiving services. Public Partnerships currently manages almost \$200 million per year in authorized payroll funding.

Public Partnerships has also enhanced the submittal of timesheets since the start of the program. Currently, about 55% of the Consumers and their Personal Care Attendants for Virginia DMAS program are submitting their timesheets on line. With this process the consumer and provider can follow the progress of the timesheet to the final resolution which is payment for the personal care attendant.



In 2012, Public Partnerships incorporated members for the 3 Virginia dual eligible demonstration managed care organizations (MCOs) into the consumer direction program.

September 2006 - Present

Original Schedule: September 2006 - December 2018

Actual Schedule: September 2006 - Present

Public Partnerships serves as the Prime vendor as the Vendor Fiscal Agent for this project and performs all work in the scope of services.

Key Achievements

- Successfully transferred 1,400 consumers from a state run program within two months of contract award. Continue to manage the growth in excess of 300 enrollees per month.
- As part of the Virginia Program launches, conduct large scale enrollment sessions
- As part of growth, conduct large trainings session on Public Partnerships' paperwork process and new systems upgrades
- Provide payroll processing, fiscal intermediary operations, for individuals receiving services under home-and-community-based waiver programs
- State Medicaid agency (DMAS) sees the program as one of its major successes in providing community based care for people with long-term care needs.
- Recent satisfaction survey found 95% of consumers were satisfied or very satisfied with the program; 95% would recommend the program to a friend; 91% were very satisfied or satisfied with overall payroll services.
- Developed a database for the Money Follows the Person (MFP) program, utilized by agencies to reimburse for transition services that are used to assist for the successful transition of Medicaid recipients back into the community from nursing home or an ICF/MR. Since October of 2008 the MFP Program has assisted in the transition of approximately 496 Consumers into the community.
- Implemented an electronic timesheet to allow providers and attendants to submit and approve timesheets online.
- Integrated with managed care organizations (MCOs)

| Staff Contacts | Kristi Segall Senior Program Manager ksegall@pcgus.com | Melissa Callis Program Manger mcallis@pcgus.com |
|----------------|---|---|
| | | |

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Client Contact Division

Terry A. Smith Division Director

Nichole Martin, Program Manager



Division of Long Term Care Services Virginia Dept. of Medical Assistance Services 600 East Broad Street Richmond, Virginia 23219

Phone: (804) 371-6695

Division of Long Term Care Services Virginia Dept. of Medical Assistance Services 600 East Broad Street Richmond, Virginia 23219 Phone: (804) 371-5016 Fax: (804) 612-0050



Customer

Project

Commonwealth of Virginia, Department of Medical Assistance Services

িকল (বিশ্বাসাপ্তার Agent ইন্সাপান্তর – Money Follows the Person (MFP)

Public Partnerships LLC, a PCG Company, was awarded a contract to provide Fiscal/Employer Agent (F/EA) services on behalf of the Commonwealth of Virginia's Department of Medical Assistance Services (DMAS) for the Money Follows the Persons (MFP) Demonstration Project. This project provides support to select home community-based Medicaid waivers. It is designed to create a system of long-term supports that assist individuals to transition from certain long-term institutions into the community.

Project Description

MFP provides consumers with up to \$5,000 that can assist with transitioning back into the community of their choice. The funds allotted in this program can be used for housekeeping, moving expenses, furniture, household supplies, clothing, security and utility deposits and appliances, all which are considered reasonable, allowable and necessary for this consumer's transition.

Public Partnerships services for the Commonwealth include, but are not limited to, enrolling new provider agencies into the Public Partnerships MFP Web Portal, assisting providers with entering estimates for consumers, ensuring purchases are reasonable, allowable and necessary, review and approve provider purchases through invoicing for reimbursement of goods and services, maintaining statistical data, ensuring providers remain within their allotted budget and customer service support.

Since October 2008 the MFP Program has assisted in the transfer of approximately 584 Consumers back into the community from nursing homes, ICF/ID or long term care facilities.

Time Period

July 2008 - Present

Contract Schedule

Original Schedule: July 2008 – December 2018 Actual Schedule: July 2008 – December 2018

Explanation of Any Variance:



| Public Partnerships Role | use of Medicaid funds to let people g choice. Recent satisfaction survey found 95% very satisfied with the program; 90% 90% were very satisfied or satisfied v services. Transition to the Public Partnerships database for the Money Follows the F | rogram as a catalyst to eliminate plans, and state budgets that restrict the et long-term care in the settings of their of provider agencies were satisfied or would recommend the MFP program; with overall payroll /reimbursement |
|-----------------------------|---|---|
| Project Status | This project is currently active with an ant 2018. | icipated completion date of December |
| Staff Contacts | Kristi Segall Melissa Callis Senior Program Manager 866.259.3009 mcallis@pcgu | |
| Client Contact | Ramona D. Schaffer, MSEd Money Follows the Person Supervisor Department of Medical Assistance Services Division of Long-Term Care 600 East Broad Street Richmond, Virginia 23219 Phone: (804) 225-3007 | Dana Hicks, MFP Project Policy Analyst Division of Long Term Care Services Department of Medical Assistance Services 600 East Broad Street Richmond, Virginia 23219 Phone: (804) 225-4218 FAX: (804) 612-0050 |



Client

STATE OF WEST VIRGINIA WEST VIRGINIA BUREAU FOR MEDICAL SERVICES

Project

Financial Management and Resource Consulting (Support Broker) Services

Timeframe

February 2007 - Present

The West Virginia Bureau for Medical Services has contracted with Public Partnerships to provide full-service fiscal/employer agent financial management (F/EA FMS) and resource consulting services for *Personal Options*, the self-directed option within the WV Waiver programs since February 2007. *Personal Options* provides waiver participants with budget authority and employer authority over certain home and community-based services. *Personal Options* programs include the Aged and Disabled Waiver, the Intellectual/Developmental Disabilities Waiver and the Traumatic Brain Injury Waiver.

Scope

Public Partnerships provides participant enrollment and ongoing support, provider enrollment and credentialing, budget management, payroll and accounts payable activity, Medicaid claims submission, and customer service. Public Partnerships has offices in Morgantown and Charleston, WV. Staff resources devoted to this project include: 38 Resource Consultants; 1 Senior Program Manager; 1 Program Manager, 2 Business Analysts, and 1 General Clerk.

- Consultation in the design of the self-directed option in three Medicaid Waiver programs
- Implementation of PPL's BetterOnline™ web portal and Time4Care™ smart phone app which allow program participants and their employees to electronically submit and approve timesheets and mileage invoices. Participants may also monitor their budget utilization in real time through the BetterOnline™ web portal.
- Provision of financial management and resource consulting services for over 2,300 active participants
- Bi-weekly payroll and accounts payable activity including Medicaid claims submission averaging \$1,500,000

Key Achievements

Staff Contacts

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Program Manager
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Patricia S. Nisbet, Director, Office of Home and Community Based Services

Bureau for Medical Services

350 Capitol Street, Room 251, Charleston, WV 25301

Client Contacts Phone: 304-356-4904, Fax: 304-558-4398

Patricia.S.Nisbet@wv.gov



Client

State of Washington Department of Social and Health Services

Project

Individual ProviderOni

Timeframe

October 2013 - Present

Public Partnerships LLC, a PCG Company, is contracted with the Department of Social and Health Services (DSHS) to serve as the Financial Management Services provider for the ProviderOne Program with a Go Live date scheduled for January 1, 2016. The Individual ProviderOne project was born out of the State's desire to replace the current Social Service Payment System (SSPS) and improve on the current processes that are used to meet the requirements of Centers for Medicare and Medicaid Services (CMS), Service Employees International Union (SEIU) Collective Bargaining Agreement (CBA), and the processes and procedures that are mandated by a variety of state agencies. Public Partnerships implemented a comprehensive solution for domestic payroll for social service Individual Providers (IPs) employed by clients of DSHS in the State of Washington. This supports the administration of the provider compensation-related functions for IPs working as employees who receive Form W-2 Tax Statements. The system supports approximately 35,000 providers per month, delivering services to approximately 35,000 DSHS clients.

Scope

Public Partnerships was awarded this contract to implement a new payroll (W2) system for the IPs. This requires work efforts comprising system and processing configurations, data conversion from existing external software systems in use at this time, some customization efforts for specific previously identified functionality and interfaces that comprise receiving data for processing from other systems and sending transactional and related data to other systems. Public Partnerships has an established office based in Tumwater, WA to help meet these program needs and has established a local, multi-lingual Call Center in the SEATAC area to provide ongoing support to program stakeholders.

- Collaboration with WA DSHS to ensure program sustainability and support future program growth
- Experience operating in a state where Individual Provider contracting, training requirements, and pay rates are determined through a Collective Bargaining Agreement
- Ongoing development of interfaces with the State's payment system to receive and upload authorization data to Public Partnerships' Web Portal

Key Achievements

Partnerships Staff

John Purnell Account Manager 253.279.0858

jpurnell@pcgus.com

Client Contact

Public

Contacts

Dennis Elonka ProviderOne Phase 2 PCSS Release Manager p 360.725.1252 c 206.499.5838 elonkd@dshs.wa.gov

References



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DEPARTMENT DIRECTOR

STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH DIVISION OF DEVELOPMENTAL DISABILITIES

1706 EAST ELM STREET, P.O. BOX 687 JEFFERSON CITY, MISSOURI 65102

http://dmh.mo.gov/dd/

Wednesday, November 15th, 2017

TO WHOM IT MAY CONCERN:

I am pleased to serve as a reference for Public Partnerships, LLC for the purpose of the State of West Virginia's Request for Proposal regarding the ongoing work they perform for the WV DHHR Bureau for Medical Services. Public Partnerships began work in Missouri in January 2016. They were selected through a competitive procurement process to provide Financial Management Services to approximately 1,100 consumers.

Public Partnerships is responsible for fiscal employer agent responsibilities including payroll and taxes. They also provide Enrollment Specialist services which include education, training and assistance to the program individual and their families to support their success in self-direction. Public Partnerships has developed and implemented comprehensive information and assistance systems that support this work. These systems provide accurate, scalable tools that allow Missouri Division of Developmental Disabilities to effectively operate a program of this size.

We have found Public Partnerships to be responsive in all respects. I have been very satisfied with the quality of the work performed, the responsiveness of the staff, and their ability to adapt and support Missouri Division of Developmental Disabilities evolving needs. I would recommend Public Partnerships without reservation as a partner well able to support states' goals to implement self-determination waivers.

Their skill, expertise, and commitment to Missouri's goals have been a valuable asset to implementing our vision and continued growth of the program, where we have experienced approximately 15% annual growth rate, and currently serve over 1,700 individuals.

Murduelle

Please let me know if I can provide you with additional information.

Sincerely

Kyla Mundwiller

Department of Mental Health - Division of Developmental Disabilities

Director of Self-Determination

P.O. Box 687

Jefferson City, MO 65102

573-751-8331

kyla.mundwiller@dmh.mo.gov



October 26, 2017

Re: CRFP BMS1800000002 Reference

TO WHOM IT MAY CONCERN:

I am pleased to serve as a reference for Public Partnerships, LLC (Public Partnerships) based on the ongoing work they perform for the Division of TennCare (TennCare) on contract #31865-00068. Public Partnerships began work with TennCare in March 2010. After a one-year sole source contract, Public Partnerships was selected through a competitive procurement process to provide Fiscal Intermediary Services and Support Broker services starting April 1, 2011, and have been providing these services for over 6 years. They currently provide these services to approximately 2,736 members that elect consumer direction in the CHOICES and Employment and Community First CHOICES MLTSS programs combined. They have also recently won a highly competitive procurement to continue providing these services across all Medicaid HCBS programs and authorities in Tennessee, including the CHOICES and Employment and Community First CHOICES MLTSS programs, and a Section 1915(c) HCBS waiver operated outside the managed care program. That contract is effective January 1, 2018.

Public Partnerships is responsible for enrolling members and their workers into the consumer direction program, establishing the member as the employer, validating timesheets, processing payroll, and other fiscal employer agent responsibilities as designated by the contract. They also provide Support Broker services which includes education, training, and assistance to the members and their families to support their success in consumer direction. Public Partnerships has developed and implemented comprehensive information management systems that support this work. These systems provide accurate, scalable tools that allow TennCare to effectively operate a program of this size.

We have found Public Partnerships to be responsive to the State in all respects. I have been very satisfied with the quality of the work performed, the responsiveness of the staff to State requests, and their ability to adapt and support TennCare's evolving needs. I would recommend Public Partnerships without reservation as a partner well able to support states' goals to implement self-determination waivers. Their skill, expertise, and commitment to TennCare's goals have been a valuable asset to implementing our vision.

Please let me know if I can provide you with additional information.

Sincerely,

Patti Killingsworth



October 23, 2017

To Whom It May Concern:

I am pleased to serve as a reference for Public Partnerships LLC based on the ongoing work they perform for the Commonwealth of Pennsylvania, Department of Human Services, Office of Long Term Living (OLTL). PPL began work in Pennsylvania in 2012. They were selected through a competitive procurement process to provide Vendor Fiscal Employer Agent Services to approximately 18,000 consumers.

PPL is responsible for vendor fiscal employer agent responsibilities including payroll and taxes. In addition, PPL voluntarily started providing enrollment specialists services in Pennsylvania in 2015 to assist individuals with enrollment in our programs. This work streamlined enrollment and improved customer service so the Commonwealth made it a contract requirement in 2016. PPL also provides customer service to OLTL's network of participants, their families, direct care workers, and service coordinators. To achieve this end, PPL developed and implemented comprehensive information management systems that support this work. PPL's payroll and customer service systems provide accurate, scalable tools that allow OLTL to operate a program of this size.

We have found PPL to be responsive; we work regularly on a number of issues such as overtime and billing. I have been pleased with the quality of the work performed, the responsiveness of the staff, and their ability to adapt and support OLTL's evolving needs. I would recommend PPL as a partner well able to support states' goals to implement participant direction waivers.

Please let me know if I can provide you with additional information.

Sincerely,

Michael C. Hale, Bureau Director Department of Human Services