



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
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# State of West Virginia Delivery Order

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 CONCERNING THIS ORDER SHOULD BE  
 DIRECTED TO THE DEPARTMENT  
 CONTACT.

Order Date: 04-21-2026

Order Number:	CDO 0511 2673 BMS2600000032 1	Change Order No:	Procurement Folder:	1945835
Document Name:	Children with Serious Emotional Disorder Waiver - Assessment	Reason for Modification:		
Document Description:	Children with Serious Emotional Disorder Waiver - Assessment			
Procurement Type:	Central Delivery Order			
Buyer Name:	Crystal G Hustead			
Telephone:	(304) 558-2402			
Email:	crystal.g.hustead@wv.gov			
Shipping Method:	Best Way	Master Agreement Number:	CMA 0511 BMS2300000007 1	
Free on Board:	FOB Dest, Freight Prepaid			

VENDOR		DEPARTMENT CONTACT		
Vendor Customer Code:	000000125086	Requestor Name:	Stuart Sellears	
KEYSTONE PEER REVIEW ORGANIZATION LLC 424 CHURCH STREET		Requestor Phone:	304-352-4319	
NASHVILLE TN 37219		Requestor Email:	stuart.sellears@wv.gov	
US		<div style="text-align: center; font-size: 2em; font-weight: bold;">2026</div> FILE LOCATION _____		
Vendor Contact Phone:	717-265-7038			Extension:
Discount Details:				
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>	
#1	No	0.0000	0	
#2	No			
#3	No			
#4	No			

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

Purchasing Division's File Copy

Total Order Amount:	\$370,635.48
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CH 4/28/26  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: *Tanya 4/26/26*  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: *Cody 4-28-26*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Children with Serious Emotional Disorder Waiver - Assessment

Service Period: 05/01/2026 - 04/30/2027

Total: \$370,635.48

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	80000000	1356.00000	EA	\$273.3300	\$370,635.48
Service From	Service To	Manufacturer	Model No	Delivery Date	
2026-05-01	2027-04-30	KEPRO			

**Commodity Line Description:** All Bureau-Additional Services-Base Year 4

**Extended Description:**

Utilization Management and Prior Authorization Services

Service Period: 05/01/2026 - 04/30/2027

Total number of hours 1,356 @ \$273.33 = \$370,635.48



## **Children with Serious Emotional Disorder Waiver Assessments**

### **Assumptions:**

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

### **Therefore, Kepro will conduct the following ASO Functions:**

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

The six-month reassessment timeline includes:

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

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

**Current Contract ties to this SOW:**

Appendix 1, (1.0) – Children with Serious Emotional Disorder (CSED Waiver Services)	Member assessments
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WEST VIRGINIA DEPARTMENT OF  
**HUMAN  
SERVICES**

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

Christina Mullins, MA  
Acting Cabinet Secretary

Christy D. Donohue, CMC  
Commissioner

DATE: April 15, 2026

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

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

RE: PF 1945835, CDO BMS26\*32  
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced CDO for services performed by Keystone Peer Review Organization, LLC under PF 876562, CMA BMS23\*07.

This is for a prospective service period 05/01/2026 – 04/30/2027.

The total cost is: \$370,635.48.

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-3924 or [althea.m.greenhowe@wv.gov](mailto:althea.m.greenhowe@wv.gov). Thank you for your time and consideration in this matter.






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

Christinia Mullins, MA  
Acting Cabinet Secretary

Christy D. Donohue, CMC  
Commissioner

DATE: April 15, 2026  
TO: Office of Shared Administration/Purchasing  
FROM: Stuart Sellears  
Procurement Specialist  
Office of Procurement Services   
RE: PF 1945835, CDO BMS26\*32  
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully submits this funding memo related to the above reference CDO.

The service period will be 05/01/2026 – 04/30/2027 and we anticipate payment to be split by:

BMS on PR07 – \$370,635.48

The total cost is \$370,635.48

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-4319 or [stuart.sellears@wv.gov](mailto:stuart.sellears@wv.gov). Thank you for your time and consideration in this matter.





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#### KEYSTONE PEER REVIEW ORGANIZATION, LLC

*\* See Attached \**

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

Organization Information			
<b>Business Purpose</b>	5416 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Management, Scientific and Tech Consulting Services (administrative, general, HR, marketing, process, physical distribution, logistics, environmental)		<b>Capital Stock</b>
<b>Charter County</b>	Kanawha	<b>Control Number</b>	9B3T8
<b>Charter State</b>	PA	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>		<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified

Addresses	
Type	Address
<b>Designated Office Address</b>	1007 BULLITT ST. SUITE 200 CHARLESTON, WV, 25301 USA
<b>Notice of Process Address</b>	CORPORATION SERVICE COMPANY 808 GREENBRIER STREET CHARLESTON, WV, 25311
<b>Principal Office Address</b>	1600 TYSONS BLVD SUITE 1000 MCLEAN, VA, 22102 USA
<b>Principal Office Mailing Address</b>	1600 TYSONS BLVD SUITE 1000 MCLEAN, VA, 22102 USA
Type	Address

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## Officers

Type	Name/Address
Member	KEYSTONE PEER REVIEW ORGANIZATION HOLDINGS, LLC 1600 TYSONS BLVD SUITE 1000 MCLEAN, VA, 22102
Type	Name/Address

## DBA

DBA Name	Description	Effective Date	Termination Date
ACENTRA HEALTH	TRADENAME	8/8/2023	
DBA Name	Description	Effective Date	Termination Date

## Annual Reports

Filed For
2025
2024
Date filed

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

Tuesday, April 28, 2026 — 9:53 AM

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Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Ordering	424 CHURCH STREET	NASHVILLE	TN	37219	
Payment	1600 TYSONS BLVD STE 1000	MCLEAN	VA	22102	Mark Erb
Ordering	1600 TYSONS BLVD STE 1000	MCLEAN	VA	22102	Beth Lutz

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Vendor/Customer : 000000125086

KEYSTONE PEER REVIEW ORGANIZATION LLC

Active From : 06/08/2023

Active To :

Address Type : Ordering

Default Record :

Division/Department :

Mail Returned :

Additional Address Info. :

Active Address : Yes

Prevent New Spending :

Default Currency : USD - US Dollar

Address Information

Address ID : AD000001

Country Phone Code :

Street 1 : 424 CHURCH STREET

Phone : 216-392-2833

Street 2 : SUITE 2200

Phone Extension :

City : NASHVILLE

County :

State/Province : TN

County Name :

Zip/Postal Code : 37219

Country : US

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

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