



Puerto Rico Department of Health
Money Follows the Person
Long Term Services Support Assessment (LTSS)
Request for Proposal (RFP)
2024-PRMP-MFP-LTSS-002

Technical Proposal

February 23, 2024



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VOLUME 1. Proposal Summary: Executive Summary, Firm/Organization Information

1.1 Executive Summary

FTI Consulting (“FTI”) welcomes the opportunity to respond to the Puerto Rico Department of Health Request for Proposal (RFP) 2024-PRMP-MFP-LTSS-002, Money Follows the Person Long Term Services Support Assessment (LTSS).

To ensure PRMP benefits from the best possible team that meets the requirements for this project, we have brought together experts from our **Healthcare Risk Management & Advisory** practice, our **Center for Healthcare Economics and Policy (CHEP)**, and two exceptional partners: **IMPACTIVO** and **ForHealth Consulting at UMass Chan Medical School (“ForHealth Consulting”)**. Every member of the team we have assembled has experience and expertise in areas that are critical to this project – Puerto Rico’s healthcare delivery systems, programs and funding (FTI Healthcare Risk Management & Advisory), healthcare utilization and capacity modeling (CHEP), stakeholder engagement including surveying with extensive Puerto Rico experience (IMPACTIVO), and LTSS policy and program guidance (ForHealth Consulting).

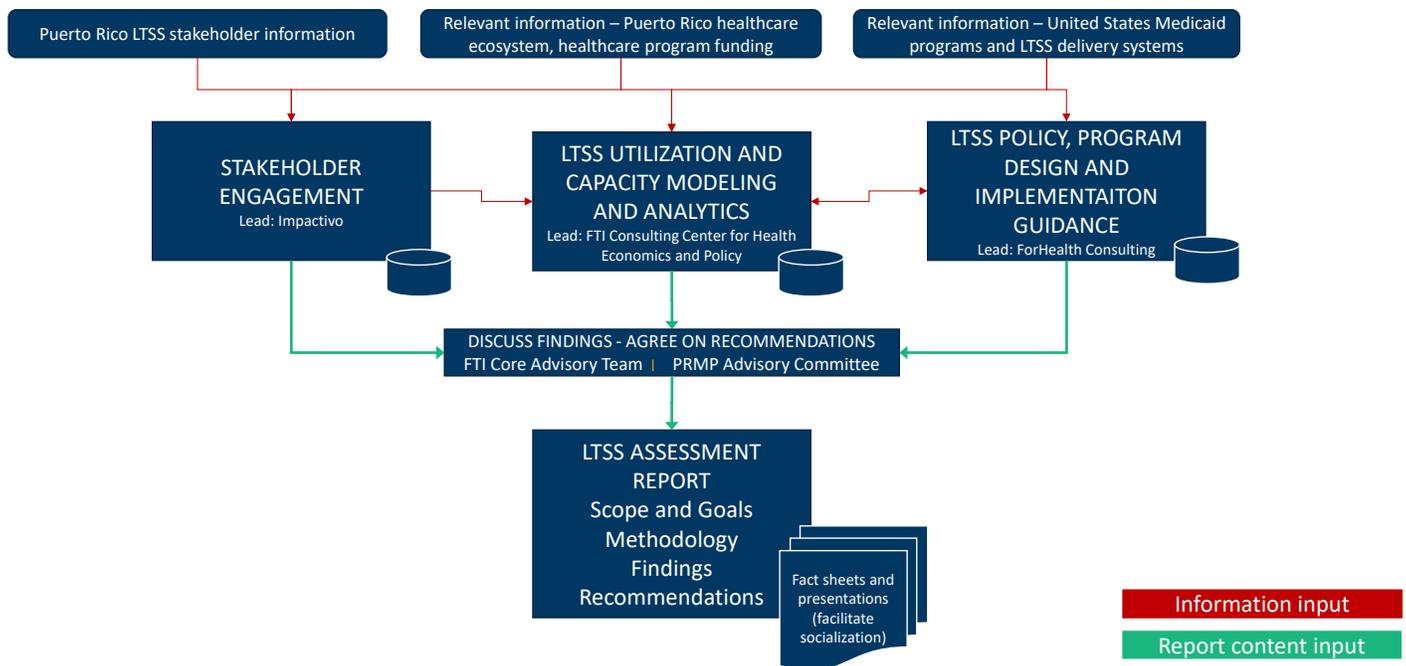
Our team has extensive experience working on similar projects, in-depth knowledge of and unmatched connections to Puerto Rico’s healthcare ecosystem, and a commitment to help Puerto Rico achieve lasting improvements in its healthcare infrastructure, all of which enable us to engage immediately on this project with minimal burden placed on PRMP staff. Moreover, our team’s collective knowledge of LTSS delivery systems and programs in the United States enables us to provide invaluable perspective and advice to the PRMP. Finally, all of us on this team – especially the many born-and-raised Puerto Ricans that would work on this project – are committed to support the PRMP and the Government of Puerto Rico on this important initiative: building a robust LTSS ecosystem in Puerto Rico will have major quality-of-life and economic ramifications.

Our approach to this project is built on:

- ✓ Intensive data gathering and curation,
- ✓ A dynamic model that supports data-driven inferences of LTSS service demand and its implications on provider capacity, workforce and budgetary requirements, and
- ✓ Comprehensive yet cost-effective stakeholder engagement that incorporates focus groups, interviews and other mechanisms through which we will collect critical qualitative inputs that will enable analysis of LTSS utilization drivers and recommendations for how best to resolve provider capacity deficits.

- ✓ Unmatched LTSS expertise that spans the design, implementation and optimization of traditional Medicaid LTSS programs, innovative home-and-community based programs, and federal demonstration initiatives across many states including Colorado, Delaware, Hawaii, Massachusetts, New Mexico and Tennessee.

As illustrated below, we will leverage the specialized yet complementary capabilities and expertise of our team members – IMPACTIVO, CHEP, ForHealth – each of which will lead one of three project workstreams: **stakeholder engagement**, **LTSS utilization and capacity modeling and analytics**, and **LTSS policy, program design and implementation guidance**.



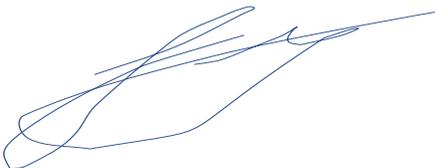
The inputs from preceding workstreams will inform downstream work – for instance, information gathered through stakeholder surveys, focus groups and interviews will be loaded onto models which will be used to generate credible projections of LTSS utilization by type of provider, which in turn will lay the foundation for policy and program guidance. Additionally, we propose convening a **core advisory team** comprised of healthcare experts that will work with the PRMP advisory committee to discuss and agree on LTSS policy and program recommendations and the best path to securing funding and support for those recommendations.

As PRMP Executive Director Collazo indicated just yesterday at the PRMA Health Industry Summit, this project is of transcendental importance to Puerto Rico’s healthcare system and, ultimately, to Puerto Rico’s economy. As such, we look forward to supporting the PRMP on this project and thank you in advance for your consideration of this proposal.

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Contact Information	Phone: 202-263-1449 Fax: 202-312-9101 E-mail: juan.montanez@fticonsulting.com
State of Incorporation	Maryland, USA

By signature hereon, the vendor certifies that:

1. All statements and information prepared and submitted in response to this RFP are current, complete, and accurate.
2. The vendor's response meets the requirement of this RFP.
3. The vendor will comply with all federal and Commonwealth laws, rules, and regulations that are in force currently or anytime during the term of a resulting contract.
4. The vendor acknowledges and accepts that the full response contents and associated documents will become open to public inspection in accordance with the laws of Puerto Rico. PRMP will hold "confidential" all response information, including both technical and cost information, during the evaluation process, except for the questions and answers before the submittal of proposals. All other information associated with the RFP, including but not limited to, technical scores and reasons for disqualification, will not be available until after the contract has been awarded in accordance with the laws of Puerto Rico.
5. The company represented here is an authorized dealer in good standing of the products and services included in this response.
6. The vendor, any subcontracting partners, and its proposed resources are eligible to participate in this transaction and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state, or local governmental entity; are in compliance with the Commonwealth's statutes and rules relating to procurement; and are not listed on the federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at <https://sam.gov/content/home>.
7. Prior to award, the vendor affirms it will have all current approvals, licenses, or other qualifications needed to conduct business in Puerto Rico.



02/23/2024

Original signature of Signatory Authorized to Legally Bind the Company

Date

1.2 Firm/organization information

1.2.1 Purpose, Mission, and Vision

Every member of our proposed team shares a commitment to work with health and human services agencies to improve healthcare systems throughout the world with the ultimate goal of making the systems more accessible, equitable and effective. This is why we look forward to partnering with PRMP to devise the best possible plan to stimulate the formation of a robust, sustainable long-term services and supports (LTSS) delivery system in Puerto Rico. We have assembled a team of experts with the knowledge, familiarity with Puerto Rico, and capabilities to engage with PRMP immediately upon contract execution and reduce the burden on PRMP personnel throughout the course of this project. Additionally, as a matter of principle every member of our team believes in empowering clients and, as a result, not extending our presence beyond what is required to meet the goals of our project.

FTI Consulting

FTI Consulting is an independent global consulting firm with considerable Puerto Rico experience. FTI supported the restructuring of the debt of various government entities, and for more than a decade, members of FTI’s Healthcare Risk Management & Advisory practice (described later in this proposal) supported the Puerto Rico Department of Health and the Puerto Rico Health Insurance Administration on a wide range of initiatives. We are dedicated to helping organizations manage change and mitigate risk. Collectively, FTI Consulting offers a comprehensive suite of services designed to assist clients understand the root causes of their challenges, develop targeted solutions that address those root causes, and support the implementation of those solutions in dynamic environments.



(1) Number of total shares outstanding as of October 19, 2023, by the closing price per share on October 26, 2023.

1.2.2 Description of relevant qualifications and experience.

Our team – FTI Consulting, ForHealth Consulting and IMPACTIVO – brings to the PMRP the right combination of knowledge, capabilities, experience, and commitment that we strongly believe distinguishes us and translates to unparalleled value for the PRMP.

We have put together a team of Puerto Rico and U.S. based experts with in-depth knowledge of Puerto Rico and experience performing needs assessments and surveys. Members of our team have worked with and have in-depth knowledge of Puerto Rico's Medicaid program, have extensive experience working with every major stakeholder in Puerto Rico's health care system, have a unique understanding of Puerto Rico's political and cultural dynamics and unique legal and regulatory environment, and will bring to this engagement over fifteen years of experience working with Puerto Rico's Department of Health and the Health Insurance Administration on a broad range of projects.

Members of our team are recognized for their stakeholder engagement, data collection and survey modeling and program design expertise in Puerto Rico and across the U.S. – all of these capabilities will be critical to our team's effectiveness. Additionally, our team believes in empowering clients and, as a result, not needing to perpetuate our presence or unnecessarily extend or grow our contracts.

Our Team has Medicaid LTSS program expertise that spans the entire nation where team members have led major program redesign initiatives and LTSS and HCBS planning and implementation projects over the past seven years. For instance, members of our team has been instrumental supporting State Medicaid agencies execute LTSS needs assessments in Colorado, Delaware, Massachusetts and New Hampshire.

Our Team has unmatched connectivity to the Centers for Medicare & Medicaid Services (CMS) at the central and New York City regional office. Members of our team have current engagements with CMS, are former HHS employees and have worked with CMS central and regional office team leaders – including the Region 2 administrator.

Our Team has a proven track record of putting clients first. We join forces with our clients to meet every challenge without placing artificial constraints on resource availability or undue contracting or financial pressures on the client.

Furthermore, FTI's Center for Healthcare Economics and Policy (CHEP) has extensive experience producing Community Needs Assessments and working with demographic data from a multitude of sources to conduct extensive reviews of communities' health needs and availability. We have used both BRFFS and Census data to perform a detailed review of several areas' population and also to project forward what those

needs will be. In previous work, we have focused on characteristics such as age, race, sex, chronic conditions, and health behaviors. For instance, the CHEP completed an assessment of long-term care facilities for the National Health Service (NHS) in the United Kingdom and routinely evaluates the market for long term care facilities in support of financial transactions.

1.2.3 Evidence of organizational capacity (e.g., leadership CVs, structure)

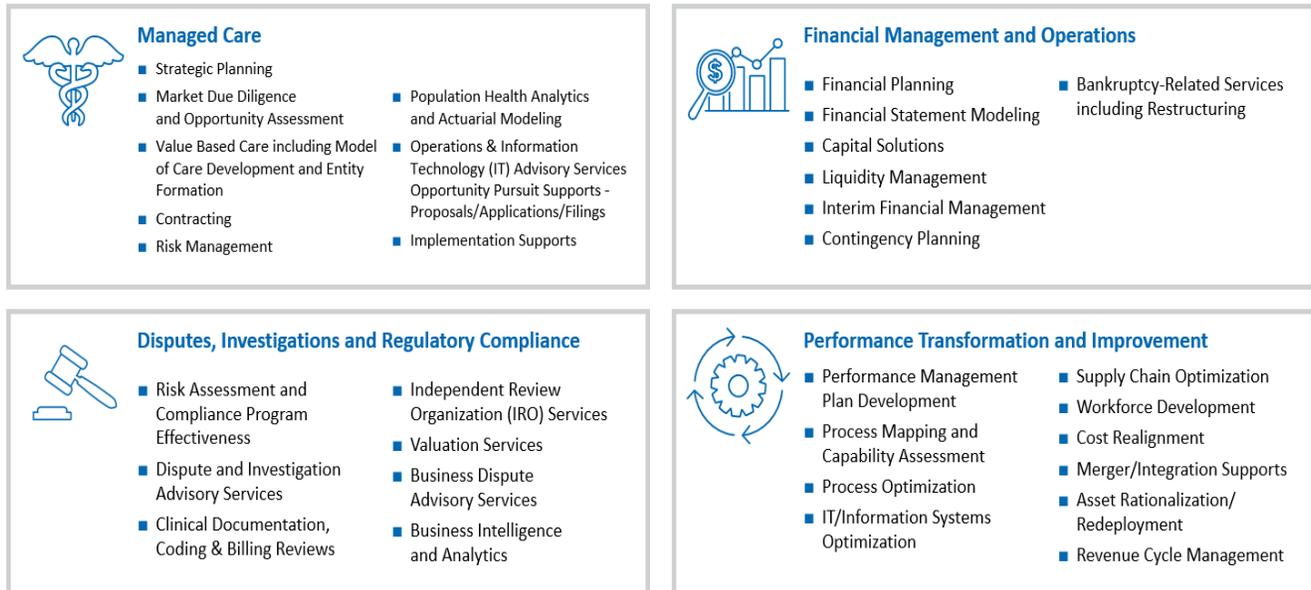
FTI's Center for Healthcare Economics and Policy (CHEP)

A critical FTI asset that will be employed on this project is our Center for Healthcare Economics and Policy (CHEP), which applies cutting-edge economics and quantitative methods to help clients develop and implement solutions that address a wide spectrum of healthcare and life sciences challenges. The CHEP employs advanced modeling and economic analytical capabilities using extensive proprietary and public data, regulatory and policy expertise and a diverse team of economists, analytic consultants, and industry experts to address complex client issues. The CHEP specializes in economically-sound, evidence-based analytics applied to complex issues of healthcare delivery and transformative change, competition, disputes, market access, and regulatory change. The CHEP uses microsimulation, causation analysis, and predictive modeling that accounts for uncertainty and risks to quantify the effects of actual or proposed changes across the healthcare and life sciences industry. Following is an illustration of the CHEP's general approach to its engagements.



FTI's Healthcare Risk Management & Advisory Practice

FTI's Healthcare Risk Management & Advisory practice has more than 300 consultants that work with government agencies, health insurance companies, healthcare providers, vendors and financial sponsors throughout the world. The practice tackles a wide range of challenges as illustrated below:



Members of our FTI Healthcare Risk Management & Advisory practice have worked in partnership with CHEP on several projects.

As a firm, FTI has acquired a unique understanding of, and respect for, Puerto Rico's healthcare delivery systems and programs. FTI professionals have supported the Puerto Rico's Department of Health (DOH) and Health Insurance Administration (ASES) on multiple initiatives designed to grow and bolster Puerto Rico's healthcare programs; these initiatives include:

- Working with the Puerto Rico Health Insurance Administration ("ASES") on multiple Government Health Plan (GHP) initiatives including the program's redesign and managed care organization procurement in 2010 and subsequent program revisions. These initiatives were designed to promote greater integration of physical and behavioral health and increase expectations for population health, quality and compliance. We also worked with ASES personnel to improve health plan compliance and oversight functions including developing and implementing Comprehensive Oversight and Monitoring Plan.
- Working with health plans, providers and vendors/service providers based in Puerto Rico. Specifically with health plans, members of our team supported a wide range of initiatives – operations and performance improvement,

management and implementation of claim management systems, development of value based contracting strategies, and Medicare Advantage risk adjustment and Star Ratings analysis and documentation/coding optimization.

- Supporting health plans and pharmacy benefit managers with responses to ASES requests for proposals. After the organizations won, FTI supported readiness reviews.
- Leading a health insurance exchange feasibility assessment which required extensive stakeholder engagement; the feasibility assessment included modeling multiple exchange configurations, insurance benefit packages and premium subsidy approaches, and evaluating a scenario in which the exchange's operations and IT platform would have been leveraged to support the Ley 95 program.
- Leading an initiative designed to address health care provider capability and capacity deficits in the island of Vieques.

We bring a unique yet comprehensive understanding of Puerto Rico's social, political and operational landscape, and the history and dynamics between the Government of Puerto Rico (including the PRMP) and the federal government – particularly the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services Office of the Inspector General (HHS OIG), all of which will enable us to provide LTSS recommendations to the PRMP that incorporate meeting compliance and fiscal accountability expectations from federal government authorities.

We have been tracking developments related to the Money Follows the Person (MFP) planning grant awarded to Puerto Rico in 2022. Because of our colleagues' history with the DOH and ASES, we understand the Government's interest in MFP and its goals for that program and associated funding stream. If properly implemented, an MFP-based home- and community-based services (HCBS) demonstration program could have a significant positive impact on Puerto Rico's health care landscape by simultaneously addressing critical needs of its population and a major healthcare supply and workforce deficit. While the goals of the MFP program are unique in Puerto Rico given the lack of nursing facilities and institutions, the grant does provide critical funds to analyze and plan for HCBS adoption and implementation.

Our colleagues also have unique experience designing and implementing LTSS and HCBS programs in U.S. states including Delaware, Hawaii, New Mexico and Tennessee. This experience includes completing LTSS/HCBS community needs assessments in Delaware, New Mexico and Virginia; this work included seeking stakeholder input across the delivery system and provider community. Our team will leverage this expertise to help PRMP formulate recommendations coming out of our assessment.

IMPACTIVO

For this project, FTI is partnering with IMPACTIVO, a Puerto Rico-based consulting firm that specializes in addressing critical healthcare challenges including population health, quality, organizational development, and sustainability. IMPACTIVO has worked with government agencies including the Puerto Rico Department of Health, publicly traded health management organizations, multinational pharmaceuticals, hospitals, physician groups and community organizations in New York, Massachusetts, Washington, D.C., the U.S. Virgin Islands and Puerto Rico with outstanding results. IMPACTIVO focuses on transforming healthcare organizations through the application of data, system design, and inspiration to align interests and drive improvements. IMPACTIVO also has an established track record of translating research into sustainable policy and action.

IMPACTIVO's leadership has decades of combined experience working in Puerto Rico in healthcare, social services, business, and management consulting. IMPACTIVO is proud to be a minority- and woman-owned small business located in a HUBZone in Puerto Rico. IMPACTIVO's expertise in healthcare research and knowledge of Puerto Rico's healthcare system provide a specialized approach to clients in the health sector. Adhering to evidence-based methodologies in the field of health systems research – an area of study that examines the financing, delivery and make-up of health services within communities – our team holds extensive expertise on a broad range of health-related topics that allow us to best serve clients in government, higher education, payers, private practices and federally qualified health centers.

ForHealth Consulting

For this project, FTI is also partnering with ForHealth Consulting (formerly Commonwealth Medicine), a unit of the University of Massachusetts T.H. Chan School of Medicine. ForHealth Consulting is dedicated to improving the health care experience, making it more equitable, effective, and accessible. As part of the Commonwealth of Massachusetts' only public medical school, ForHealth Consulting leverages its world-class expertise and our decades of experience to develop innovative solutions that transform every aspect of the health and human service system – from payment and financing to clinical practice and information management. ForHealth believes in the power of a shared purpose: *together, we can make health care better.*

Collaboration is fundamental to our process: we dive deep into your organization to understand your goals and how we can get you there. We develop innovative, actionable strategies that help you do what you do better – for yourself, and for the people you serve. We are not just thinkers; we put ideas into practice to create value in the real world. And we are committed to diversity and inclusion in every aspect of what

we do – internally, in our partnerships, and in how we measure outcomes and define success.

Even as we make great strides in medical science, the way we experience the health care system remains a challenge. To make health care truly equitable, effective, and accessible, we need to address every aspect of the system – how we pay for it, how we manage information, and how we deliver quality care to everyone. Progress will not come from cookie-cutter solutions, but from transformative innovation, borne out of purposeful collaboration between experts, decision-makers, and practitioners. And that is what we do best.

Refer to **Appendix 2.3** for organizational charts of FTI Consulting and our proposed project team. Refer to **Appendix 2.4** for more information on key project personnel.

1.2.3.1 Project Leadership

We are pleased to propose **Annie Mayol** as **Project Director**. Ms. Mayol is based in Puerto Rico. In the Project Director role, Ms. Mayol will be responsible for delivery and will be available to the PRMP throughout the life of the contract. Ms. Mayol will serve as our team’s primary point of contact to PRMP, will develop relevant project documents including but not limited to (proposed methodology, tools, and protocols), will provide bilingual and culturally competent evaluators to conduct data collection activities, give support with analyses, and reporting. Ms. Mayol will engage in continuous communication with the PRMP project team to ensure project work flows efficiently, risks identified early, and feedback is addressed, and will maintain project risk and issues log throughout the duration of the project.

1.2.3.2 Key Project Staff

The FTI team brings to the PRMP the right combination of knowledge, capabilities, experience, and commitment that – in our estimation – distinguishes it from other proponents and translates to unparalleled value for the PRMP. The following key project staff will be included in the project:

NAME AND TITLE	ROLE	RELEVANT EXPERIENCE & QUALIFICATIONS
PROJECT LEADERSHIP		
<p>Annie Mayol FTI Healthcare Risk Management & Advisory Managing Director</p>	<p>Project Director Puerto Rico Healthcare System SME</p>	<ul style="list-style-type: none"> ▪ Strategy consultant in healthcare management, business development, and public affairs services focused on community relations and government affairs at the national, state, and local level ▪ Former Chief Administrative Officer for MSO of Puerto Rico; implemented a network optimization strategy for underperforming PCPs saving the company \$5 million in two years; successfully developed and implemented a new capitated compensation contract for more than 1,500 primary care doctors; and implemented many operational improvement strategies. ▪ Former Chief of Staff to the Secretary of the Puerto Rico Department of Health to maximize state and federal funds while improving utilization costs and operational programs, such as Medicaid and Medicare Advantage.
CORE ADVISORY TEAM		
<p>Susan H. Manning FTI CHEP Senior Managing Director</p>	<p>Healthcare Economics and Policy SME</p>	<ul style="list-style-type: none"> ▪ Over 30 years of economics and litigation consulting experience, including extensive expertise in antitrust and competition issues, mergers and acquisitions, and regulatory policy analysis ▪ Has provided economic analyses in support of healthcare related mergers and acquisitions, filed under the Hart-Scott-Rodino Act, before the Department of Justice and Federal Trade Commission, focusing on competitive effects and efficiencies and consumer welfare benefits of proposed transactions ▪ Has used microsimulation and other economic models to assess the demand for healthcare services and resources, including advanced methods for treating cancer ▪ Has also focused on assessing and modeling the impact of organizational change, rationalization, and re-alignment of capacity on the quality of care and effectiveness in meeting a population’s present and future healthcare needs ▪ Has worked extensively in the UK on healthcare issues involving transformational change in the delivery of care
<p>Jonathan Myers FTI Healthcare Risk Management & Advisory Managing Director</p>	<p>Puerto Rico Healthcare System SME LTSS Policy, Implementation, Evaluation and Analysis SME</p>	<ul style="list-style-type: none"> ▪ 10+ years of experience in the areas of Federal and state compliance, program oversight and performance monitoring, data analytics, quality assessments, program integrity assessment, managed care, Medicaid policy and regulation, operational improvement assessments, procurement, operational readiness reviews, capabilities assessments, and mental health parity expertise ▪ Expert on commercial and Medicaid mental health parity requirements; has completed health parity rule compliance assessments in twelve states and with many contractors. He has supported many clients facilitating negotiations and compliance

NAME AND TITLE	ROLE	RELEVANT EXPERIENCE & QUALIFICATIONS
Antonio Fernández <i>FTI Healthcare Risk Management & Advisory Affiliate</i>	Puerto Rico Healthcare System SME Global LTSS Delivery System and Program Design and Implementation SME	<ul style="list-style-type: none"> activities pertaining to the rule and the associated assessment methodologies. ▪ Worked with ASES on multiple projects including MCO RFPs and the development of an MCO compliance management program. ▪ Senior healthcare management executive and consultant with over thirty-five years of service spanning the spectrum of care from pediatrics to elder and long-term care working with private sector and consulting with public sector clients in the U.S. as well as internationally. ▪ Led the development of program and benefit plans Medicare as well as Medicare-Medicaid beneficiaries. ▪ Oversaw Medicaid elder care programs in Florida. ▪ Led the establishment of a Center on Productive Aging and health which supported LTSS programs in the Dominican Republic. ▪ Member of the United Nations Expert Group on Ageing with the United Nations Office at Vienna, and a delegate to the White House Conference on Aging.
María Fernanda Levis-Peralta <i>Chief Executive Officer IMPACTIVO</i>	Puerto Rico Healthcare System SME	<ul style="list-style-type: none"> ▪ Prominent in the field of health systems and workforce development; has made significant contributions to understanding health system financing, workforce planning and wellbeing ▪ Health systems research expert in the interplay between community health needs, culture, structures, and public and private funding of health services. ▪ Has collaborated with renowned institutions and organizations, including Stanford Medical School, Harvard Medical School and Columbia University Mailman School of public health to design mixed methods research and workforce development projects for the U.S. National Institutes of Health and the U.S. Health Resources and Services Administration
Lisa McDowell <i>ForHealth Consulting Senior Health, Law, and Policy Consultant</i>	Medicaid LTSS Program Expert	<ul style="list-style-type: none"> ▪ Over thirty-five years of experience with Medicaid, Medicare, and other public benefit systems serving dual eligible and special populations, including national health reform, LTSS, balancing initiatives, federal and state laws, regulations, financing mechanisms, the full array of home and community-based services including integrated care models that support elders and people with disabilities. ▪ Work portfolio includes leading the planning, development, and implementation support activities for the Massachusetts' Money Follows the Person Demonstration, Balancing Incentive Program (BIP), One Care (Duals Demonstration 2.0) procurement and readiness review of One Care plans.

NAME AND TITLE	ROLE	RELEVANT EXPERIENCE & QUALIFICATIONS
WORKSTREAM LEADS AND KEY RESOURCES		
Jeremy Nighohossian <i>FTI CHEP Managing Director</i>	LTSS utilization and capacity modeling workstream lead	<ul style="list-style-type: none"> ▪ Expert in analytics and modeling, providing support to clients on issues related to the intersection of health economics and public policy ▪ Uses discrete choice methods to help predict where patients would seek treatment among several alternatives within the context of antitrust analysis to estimate bargaining power, damages analysis to calculate revenues lost from changes in payer networks and in areas where falling demand threatened to close hospitals. ▪ Extensive experience with demand modeling, e.g., using time series methods to forecast demand for hospitals in the US and UK and microsimulation to predict the prevalence of cancer and the eventual demand for medical services that those patients would require.
Sabiha Quddus <i>FTI CHEP Senior Director</i>	LTSS utilization and capacity model head architect	<ul style="list-style-type: none"> ▪ Conducts research and investigates major healthcare issues through empirical and quantitative analysis ▪ Provides support on healthcare related antitrust matters and expert reports ▪ Led several analyses to estimate the effects of healthcare reform, including designing the analysis and leading a team of analysts to evaluate the effects of proposed health policies (ACA expansion, public option) on costs and access to healthcare ▪ Has supported several merger and acquisition transactions, conducting market structure analysis, geographic analysis, analysis of extensive claims data, M&A quality assessments, and other industrial organization analyses ▪ Has ten years' experience working with health care and other data used for health care projects including discharge data, claim data, U.S. Census data, BRFSS, MEPS, CPS, CMS, AHA.
Krunal Patel <i>FTI Healthcare Director</i>	LTSS Program Quality/Success Metric SME	<ul style="list-style-type: none"> ▪ Over ten years of experience in healthcare, he's focused on quality metrics, particularly in CMS Star Ratings, LTSS, and HCBS. Expertise in data analysis and strategy development for Medicare Advantage has led to significant quality improvements and high Star Ratings. Data analytics to enhance quality initiatives demonstrate capability to drive significant improvements within LTSS/HCBS frameworks.
Maria Fiorella Casaverde <i>Operations Director IMPACTIVO</i>	Stakeholder Engagement Workstream Co-Lead <ul style="list-style-type: none"> • Member of Evaluator Team 	<ul style="list-style-type: none"> ▪ Highly skilled Clinical Quality and Operations Manager with 15+ years of experience in the health care industry expertise and in Federally Qualified Health Centers (FQHCs) ▪ Strong analytical skills and technical expertise, combined with a Master's degree in Healthcare Administration emphasizing Population Health, have empowered her to

NAME AND TITLE	ROLE	RELEVANT EXPERIENCE & QUALIFICATIONS
		<p>develop data-driven solutions for complex healthcare challenges and strive towards leadership in the field.</p> <ul style="list-style-type: none"> ▪ Has managed grants, optimized operations, and developed a project management tool for resource allocation, resulting in streamlined processes, increased productivity, reduced costs, and fostered collaboration within cross-functional teams ▪ Plays a crucial role in ensuring healthcare providers meet regulatory requirements and deliver exceptional care to patients ▪ Dedicated to narrowing health disparities and deep commitment to promoting health equity and providing quality healthcare access to all
<p>Dr. Dharma Cortez Senior Scientist IMPACTIVO</p>	<p>Healthcare Research SME</p> <ul style="list-style-type: none"> • Member of Evaluator Team 	<ul style="list-style-type: none"> ▪ Instructor at Harvard Medical School’s Department of Psychiatry and Senior Scientist and Instructor at the Health Equity Research Laboratory at Cambridge Health Alliance/Harvard Medical School; also the Director of Latino Projects at Environment & Health Group, a research company seeking technology solutions for global health. ▪ For 25+ years, has been conducting community-based research with Latinos in the U.S., focusing on acculturation, health, mental health, obesity prevention, and access to healthcare, including health insurance coverage; has made major contributions to the understanding of the process of acculturation, cultural, language, and literacy issues among Latinos in the United States. ▪ As a researcher, she has devoted her professional career to study and address health disparities ▪ Dr. Cortés has been principal investigator, co-investigator and consultant to numerous studies on the delivery of health care services funded by the National Institutes of Health, the Centers for Medicare and Medicaid Services, and others
<p>Josette Pagán Lluch Implementation Leader IMPACTIVO</p>	<p>Stakeholder Engagement Workstream Co-Lead</p> <ul style="list-style-type: none"> • Member of Evaluator Team 	<ul style="list-style-type: none"> ▪ Respected figure in the fields of communications, health, wellbeing, and advocacy ▪ Has been effective in developing and executing data-driven initiatives in telemedicine. ▪ Over 30 years of domestic and international experience in public affairs, health affairs, crisis management, business development and innovation. ▪ Has worked with a diverse range of organizations - both domestic and international - and has a track record of success in the private, public and non-profit sectors.
<p>Michelle Heatley Deputy Managing</p>	<p>Policy, Program and Implementation Guidance</p>	<ul style="list-style-type: none"> ▪ Served as associate chief nursing officer (ACNO) for emergency

NAME AND TITLE	ROLE	RELEVANT EXPERIENCE & QUALIFICATIONS
<i>Director ForHealth Consulting</i>	Workstream Lead	<p>services and nursing quality and safety at Lahey Hospital and Medical Center, developing evidence-based policies and procedures to guide nursing practice.</p> <ul style="list-style-type: none"> ▪ Held leadership roles throughout her career, including interim chief nursing officer and emergency department director at Clinton Hospital, as well as leadership roles at Mount Auburn Hospital and Beth Israel Deaconess Hospital. ▪ Current member of the Massachusetts Hospital Association’s Healthcare Safety and Violence Prevention Workgroup and of multiple professional nursing associations. ▪ Master’s degree in forensic nursing from Fitchburg State University and bachelor’s degree in nursing from Regis College.
Kerri Ikenberry <i>Executive Director ForHealth Consulting</i>	Policy, Program and Implementation Guidance SME	<ul style="list-style-type: none"> ▪ Executive Director of Clinical Services, providing clinical leadership and oversight for DCS clinical programs including clinical eligibility for the Acquired Brain Injury and Money Follows the Person Waiver Programs, the Community Case Management Program, and the Massachusetts DMH PASRR Program. ▪ Previously served as the Director of Clinical Services for DCS, working collaboratively with MassHealth to establish the MassHealth Home Health Prior Authorization program, including supporting regulatory updates, establishing clinical criteria, and supporting provider education. ▪ Previously served as Associate Director of Care Management for Community Case Management, a ForHealth Consulting program dedicated to coordinating care and services for medically complex individuals who are members of Massachusetts Medicaid and live at home. ▪ Bachelor’s degree in nursing from University of Massachusetts, Amherst.
Scott Keays <i>Project Manager ForHealth Consulting</i>	Policy, Program and Implementation Guidance SME	<ul style="list-style-type: none"> ▪ Spearheads the Colorado Long-Term Home Health and Private Duty Nursing Tool Redesign Project, dedicated to optimizing Medicaid home health and pediatric nursing services in the state. ▪ More than 15 years of experience in various leadership roles within state Medicaid and Health Insurance Exchange agencies. ▪ Oversaw Rhode Island’s reinsurance program and streamlining Massachusetts’ Medicaid Program website for consumer comprehension of complex benefits and care delivery to underserved populations. ▪ Bachelor’s degree in political science from the University of New

NAME AND TITLE	ROLE	RELEVANT EXPERIENCE & QUALIFICATIONS
		Hampshire and a Master of Public Health Degree from Boston University.

1.2.3.3 Subcontractors (specify their roles and if offshore) as applicable.

To support this project, FTI will subcontract with two organizations:

- ✓ ForHealth Consulting, based in the University of Massachusetts, has unparalleled experience supporting states with their LTSS and HCBS programs, including conducting community needs assessments.
 - ForHealth Consulting is based in Massachusetts and will be responsible for all of the activities within the project’s LTSS policy, program design and implementation guidance workstream.
- ✓ IMPACTIVO has extensive with and direct access to key stakeholders needed to conduct robust, truly value-adding stakeholder engagement.
 - IMPACTIVO is based in Puerto Rico and will be responsible for all of the activities within the project’s stakeholder engagement workstream.

1.2.3.4 References

The following references are provided that reflect the combined team’s experience conducting healthcare needs assessments.

Vendor Reference Form

Vendor Information		
Vendor Name: FTI Consulting	Contact Name:	Susan Manning
	Contact Phone:	(202) 589-3458
Customer Information		
Customer Organization: Nashville Area Chamber of Commerce	Contact Name:	Ralph Schulz
	Contact Title:	President and CEO
Customer Address: 500 11th Ave N Suite 200, Nashville, TN 37203	Contact Phone:	(615) 743-3012
	Contact Email:	Rschulz@nashvillechamber.com

Project Information			
Total Vendor Staff:	8		
Project Objectives: The Nashville Chamber of Commerce wanted to develop baseline of healthcare metrics and to identify the impact of disease conditions on medical and business costs and compare Nashville, on these metrics, with its 10 peer cities in order to identify areas for improvement and arguments Nashville could make to attract businesses.			
Project Description: FTI analyzed health care and demographic data to generate a healthcare needs assessment as well as create a baseline of Nashville area health and the comparator cities. FTI's team applied rigorous approaches to estimate the effect of health on absenteeism and presenteeism and the costs to businesses.			
Vendor's Involvement: FTI collected the data, cleaned the data, and conducted all analysis on the data. It also wrote a report and designed a presentation to describe the process and the conclusions. It also participated with the Chamber of Commerce and other local stakeholders to discuss the best ways to disseminate the information and highlight important factors.			
Project Benefits: FTI designed and printed a report that was provided to Nashville's businesses describing the many assets of Nashville's workforce and also the benefits of a healthy workforce.			
Key Personnel			
Name: Meg Guerin-Calvert		Role: Lead and Subject Matter Expert	
Name: Sabiha Quddus		Role: Lead Analyst	
Project Measurements:			
Estimated one-time costs: \$ 65,000		Actual one-time costs: \$65,000	
Reason(s) for change in one-time cost: No change			
Project Measurements:			
Original Value of Vendor's Contract: \$65,000		Actual Total Contract Value: \$65,000	
Reason(s) for change in value: No change			
Project Measurements:			
Estimated Start & Completion Dates:		From: Dec. 2014	To: July 2015
Actual Start & Completion Dates:		From: Dec. 2014	To: July 2015
Reason(s) for difference between Estimated and Actual dates: No change			
Project Measurements:			
If the vendor performed the work as a Subcontractor, the vendor should describe the scope of subcontracted activities: Not applicable			

Subcontractor Information		
Vendor Name: ForHealth Consulting at UMass Chan Medical School	Contact Name:	Michelle Heatley
	Contact Phone:	(508) 523-9335
Customer Information		
Customer Organization: Massachusetts Executive Office of Health and Human Services	Contact Name:	Amy Bernstein
	Contact Title:	Director, Community-Based Waivers. MassHealth
Customer Address: 1 Ashburton Place Boston, Ma. 02108	Contact Phone:	Please email
	Contact Email:	amy.bernstein@mass.gov
Project Information		
Total Vendor Staff:	21 (over 3-year period)	
<p>Project Objectives: The purpose of the agreement is to assist the Massachusetts Executive Office of Health and Human Services (MA EOHHS) research, analyze, plan, and support the development of an operating infrastructure for the successful implementation of the Demonstration as well as providing operational support in the following areas: training, outreach, stakeholder involvement, and provider network assistance to MA EOHHS to support the implementation of Money Follows the Person (MFP) Rebalancing Demonstration and Operations of MFP Waivers.</p>		
<p>Project Description: In January 2011, MA EOHHS submitted to the Centers for Medicare & Medicaid Services (CMS) a long-term care Rebalancing Demonstration entitled “Money Follows the Person Rebalancing Demonstration”. In February 2011, MA EOHHS was awarded a demonstration grant to assist in rebalancing its long-term care service delivery system. MA EOHHS contracted with ForHealth Consulting to support this initiative.</p>		
<p>Vendor’s Involvement:</p> <ol style="list-style-type: none"> 1. Provide planning and development assistance with the infrastructure development and implementation phases of the MFP demonstration. 2. Provide staffing with the capacity and expertise to carry out ForHealth Consulting's responsibilities under this agreement: senior-level director, project manager, and other personnel needed for ongoing operational activities of the demonstration. 3. Provide training staff to directly develop and oversee the curriculum of the technical assistance operations as developed by ForHealth Consulting subject to the approval of MA EOHHS. 4. Provide content matter expert to provide program development and related analytical support to MA EOHHS. 5. Provide support for MFP demonstration-related activities. 6. Provide ongoing administrative operating support to the states’ MFP demonstration under the direction of MA EOHHS. 7. Manage provider network access including establishing and maintaining a directory of all MFP waiver providers. 		

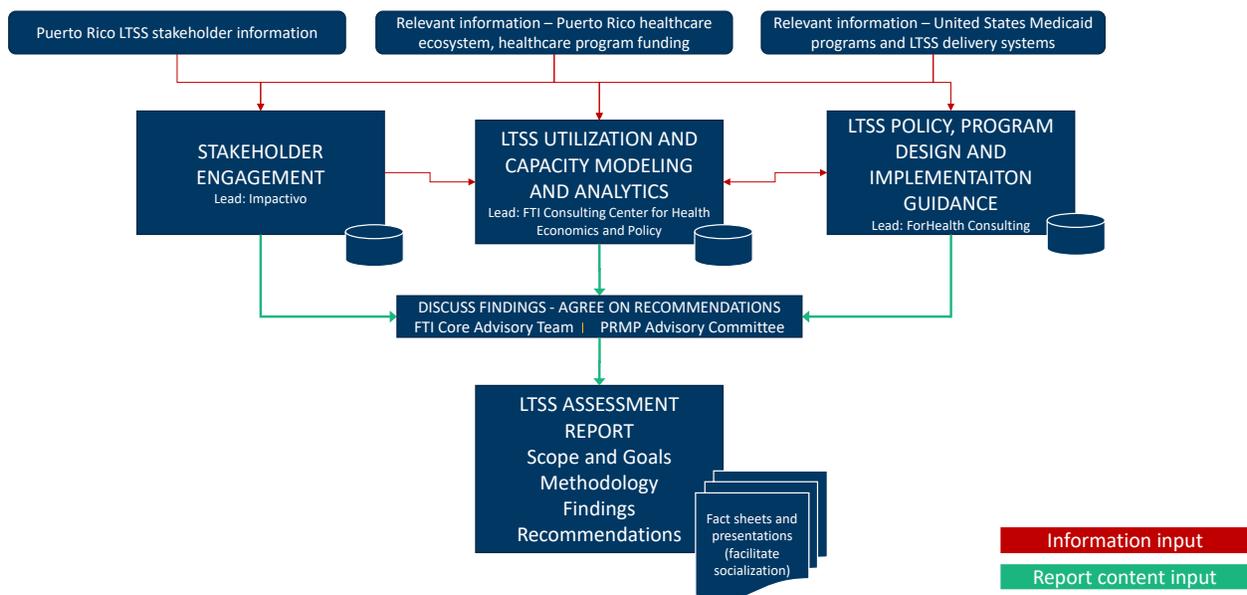
<ol style="list-style-type: none"> 8. Support the recruitment and marketing of MFP waiver providers. 9. Perform provider credentialing of MFP waivers and MFP demonstration assistive technology providers. 10. Support provider enrollment and disenrollment. 11. Provider requirements compliance. 12. Provide MFP waiver and demonstration provider training and education. 13. Ensure smooth interface of claims processing and any other operations for providers. 14. Operate an online resource tool for MFP demonstration disability-related information resource support. 15. Develop outreach materials 				
Project Benefits: <ul style="list-style-type: none"> • Increase the use of home- and community-based service (HCBS) rather than institutional long-term services and supports (LTSS), in the Medicaid program. • Eliminate barriers or mechanisms, whether in state law, state Medicaid plans, the state budget, or otherwise that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services and supports in the settings of their choice. • Increase the ability of state Medicaid programs to assure continued provision of HCBS to eligible individuals who choose to transition from an institutional to a community setting. • Ensure that procedures are in place (at least comparable to those required under the qualified HCBS program) to provide quality assurance for eligible individuals receiving Medicaid HCBS and to provide for continuous quality improvement in such services. 				
Key Personnel				
Name: Lisa McDowell		Role: Lead		
Name: Kerri Ikenberry		Role: LTSS subject matter expert		
Project Measurements:				
Estimated one-time costs: \$1,284,830		Actual one-time costs: \$2,406,765		
Reason(s) for change in one-time cost: Continued support requested				
Original Value of Vendor's Contract: \$1,284,830		Actual Total Contract Value: \$2,406,765		
Reason(s) for change in value: Same as above				
Estimated Start & Completion Dates:	From	FY 2011	To:	FY 2012
Actual Start & Completion Dates:	From	FY 2011	To:	FY 2014
Reason(s) for the difference between Estimated and Actual dates: Continued phases of project support requested				

If the vendor performed the work as a Subcontractor, the vendor should describe the scope of subcontracted activities:

Not applicable

1.2.4 Detailed scope of services

We have organized the project into three distinct yet interrelated workstreams; outputs from certain workstreams will serve as inputs to other workstreams as shown below. The work plan we include in this proposal is aligned with this workstream structure. We will employ our project management methodology and toolset to administer and oversee activity across all workstreams, ensure work is properly harmonized and progressing as expected, and resolve any issues rapidly and efficiently.



Project Initiation: Methodology and Work Plan

Initiating a project of this magnitude both effectively and efficiently requires considerable planning, preparation, and client coordination. To that end we will employ a repeatable project initiation protocol which we have refined over many projects with large clients.

Key elements of the protocol include:

- Project kickoff preparation, including internal organization, and formal kickoff event
- Establishing project management reporting processes and tools
- Leveraging a reusable project management artifact repository that includes status reporting, issue logging and decision/action item tracking.
- Setting up an online site for collaboration and document management - FTI generally uses Microsoft SharePoint/Teams but we can employ other collaboration/document management platforms.
- Ongoing FTI and PRMP project coordination, including weekly project status/issue reports and meetings - we will work with the PRMP's project lead to establish the proper cadence of project meetings.

During project initiation, we will review our proposed work plan with the PRMP team (**Appendix 2.1.1/Attachment A**), with a special focus on reaching agreement on activity timing and sequencing. Any necessary changes to the work plan will be designed to ensure an agile and successful project. The work plan incorporates key points in the timeline where we will meet with the PRMP team to review research methodology, stakeholder engagement tools, data gathering results, deliverable designs, etc. The idea is to ensure that we address any concerns or questions proactively and incorporate changes PRMP may require in a timely manner.

Stakeholder Engagement

We will utilize two distinct yet complementary modalities of information collection to facilitate our stakeholder engagement process which is purposely designed to elicit both qualitative and quantitative input (note: we do not anticipate using phone-based surveying based on experience nor do we anticipate using an interactive voice response platform; we do not believe this will be an effective survey method in Puerto Rico especially if the goal is to elicit input from service recipients and their family members):

- Online: we have extensive experience building and executing online surveys utilizing widely employed platforms such as Qualtrics. Our team of evaluators includes a half dozen native Spanish speakers including born-and-raised Puerto Ricans who are also healthcare experts; as such we will ensure that the language employed in web surveys is culturally appropriate and attuned to Puerto Rican colloquialisms and other communications idiosyncrasies. We will ensure that the survey is compatible with different devices (laptops, smartphones, tablets) thus increasing participation rates.
- Conduct in-depth, in-person interviews with individuals above 60 years old residing in nursing homes or participating in day programs, alongside their caregivers, to capture the nuanced perspectives and lived experiences crucial to understanding

the complexities of long-term care. This targeted approach facilitates a direct, empathetic engagement with this key demographic and their support networks, ensuring our findings are deeply informed by the realities of those at the heart of the LTSS Needs Assessment for Puerto Rico. Through these personalized interactions within representative long-term care settings, we aim to foster an environment of trust and openness, enabling the collection of rich, qualitative data that will drive the development of targeted, culturally sensitive interventions. To ensure comprehensive coverage and inclusivity, we will organize these events across all eight regions of the DOH, selecting two centers per region. This strategic distribution guarantees that our engagement encompasses the diverse demographic and geographical nuances influencing LTSS members, including specific events in the unique island municipalities of Vieques and Culebra, thereby enhancing the depth and representativeness of our assessment.

- In-person or virtual focus groups and key informant interviews – these events include meetings in representative facilities where long term services and supports are provided (including but not limited to skilled nursing adult day care facilities) where we can interact with both patients, caregivers and administrators in a very efficient and effective manner. Implementing focus groups in the LTSS Needs Assessment for Puerto Rico is a strategic choice, designed to harness rich, nuanced insights into the diverse experiences, needs, and preferences related to long-term services and supports. This qualitative methodology is invaluable for facilitating in-depth discussions, capturing the complex interplay of personal experiences and cultural dynamics that surveys or interviews alone may overlook. Focus groups encourage dynamic interaction, fostering a space where participants can freely share and reflect on their experiences. This approach not only ensures that the assessment is culturally sensitive and deeply grounded in the community's lived realities but also aids in identifying consensus and divergence across a wide spectrum of perspectives. Ultimately, the use of focus groups will enhance the relevance, depth, and actionability of the findings, providing a solid foundation for targeted, equitable interventions in LTSS within Puerto Rico. Also recognizing the value of securing engagement and buy-in from key stakeholders, we will allocate resources to conduct one-on-one or group interviews with key informants.

We plan to conduct interviews with leaders from the following entities:

- ✓ Government stakeholders: Department of Health including the Puerto Rico Medicaid Program (PRMP), Administración de Servicios de Salud Mental y Contra la Adicción (ASSMCA), and Government Hospitals and Clinics (Hospital Universitario, Hospital Pediátrico, Centro Comprensivo de Cancer)
- ✓ Puerto Rico Hospital Association
- ✓ Colegio de Médicos Cirujanos de Puerto Rico
- ✓ Asociación de Salud Primaria de Puerto Rico
- ✓ Asociación de IPAs de Puerto Rico
- ✓ Puerto Rico Nursing Association

- ✓ Puerto Rico College of Health Administrators
- ✓ Patient Organizations (Puerto Rico Chapters), specifically: American Heart Association, American Diabetes Association, and American Cancer Society – the disease states these organizations represent are major drivers of workforce demand in Puerto Rico.
- ✓ Local non-profit organizations heavily involved in health care access strategies: Puerto Rico Science, Technology & Research Trust, Oxfam, Americares, and Direct Relief
- ✓ Managed care organizations including behavioral health organizations (BHOs) – particularly given the existing healthcare program funding constraints and the role that these organizations have played historically in the management of healthcare services in Puerto Rico, these organizations must be treated as key stakeholders in this process.

In addition to individual interviews, we believe there is considerable value in conducting select group interviews with the following key constituencies:

- ✓ Beneficiaries and their caregivers, including residents of nursing homes and participants of nursing home day programs. We will hold events at two locations per DOH region, in addition to individual events in Vieques and Culebra, and secure meaningful participation from patients/service recipients, providers of different types and administrators. We recognize that ascertaining differences in access to services, availability of providers, and other factors based on geography is a critical element of this assessment. We will welcome PRMP team input, as well as input from municipal leaders and other stakeholders, on the specific locations which would be ideal for holding these events.
- ✓ Deans of medical schools and health sciences schools (University of Puerto Rico, Ponce Health Sciences University, Universidad Central del Caribe, Ana G. Méndez University, San Juan Bautista School of Medicine)
- ✓ IPA and FQHC medical directors
- ✓ Executive directors of various medical specialty associations (cardiologists, endocrinologists, orthopedic surgeons, ophthalmologists, psychiatrists, etc.)
- ✓ Patient advocacy groups – we believe there is considerable value in conducting select group interviews with organizations that advocate for parents of children with special needs, adults with disabilities and senior citizens; historically these groups have had difficulty accessing needed healthcare services in Puerto Rico.

Our partner IMPACTIVO, which already has relationships with most healthcare government agencies and provider organizations in Puerto Rico, will lead all of the stakeholder engagement events.

Qualitative Research Component

We have incorporated a comprehensive and meticulously structured approach, integrating both qualitative and quantitative research methodologies into our stakeholder engagement plan to ensure we capture a holistic view of the needs, preferences, and challenges associated with LTSS across diverse populations.

Focus Groups

The aim is to glean multifaceted insights into LTSS requirements, perceived barriers, and potential enhancements from the perspectives of patients, caregivers, and service providers.

Within a six-month timeframe, which fits within the time allowed for this project, we can conduct three focus groups for each stakeholder category to ensure a robust cross-section of experiences and viewpoints, enhancing the reliability of our findings.

Furthermore, we will ensure that the focus groups have representation from different regions of Puerto Rico, including the outlying islands of Vieques and Culebra, so that we can capture nuances and differences based on geography.

- Recruitment Strategy: Participants will be recruited through collaborations with local entities, ensuring a representative mix of urban and rural voices, including those from Vieques and Culebra.
- Discussion Framework: Tailored discussion guides will facilitate conversations, touching on essential themes such as service accessibility, delivery preferences, and systemic gaps.

Key Informant Interviews

To extract nuanced knowledge and firsthand experiences from a broad spectrum of individuals intimately familiar with Puerto Rico's LTSS ecosystem.

- Selection and Volume: Our team already has information about all the stakeholders in the LTSS ecosystem and can be engaging with up to 60 key informants. Selection will continue based on availability until reaching a point of saturation—a pivotal moment when additional conversations cease to yield new insights, signaling comprehensive coverage of the subject matter.
- Interview Format: Semi-structured interviews will allow for deep dives into specific areas of interest, guided by a flexible yet focused question set.
- Data Treatment: Employing systematic coding and thematic analysis, the interviews will be dissected to uncover recurring themes, challenges, and actionable opportunities.

Quantitative Research Component

Survey Development and Validation

To quantify the specific LTSS needs and preferences of patients and caregivers, supporting the qualitative findings with statistical evidence.

- Instrument Creation: Drawing from the qualitative phase, the survey will be crafted to ensure all pertinent areas are explored for a comprehensive assessment.
- Validation Process: Through pilot testing among a segment of the target demographic, the survey's relevance and comprehensibility will be affirmed.

Sampling Methodology

- Utilizing a convenience sampling approach, participants will be recruited in collaboration with local stakeholders, facilitating a wide-ranging and inclusive participant base.
- Analytical Approach: The survey data will undergo a rigorous analysis to identify prevailing patterns, needs, and preferences, incorporating both descriptive and inferential statistical techniques as appropriate.

Integrated Analysis and Reporting

The culmination of this multi-faceted stakeholder engagement exercise will be the synthesis of qualitative and quantitative findings, in conjunction with the outputs of our LTSS utilization and capacity modeling generated by the FTI CHEP, to present a comprehensive landscape of future LTSS needs within Puerto Rico. Working with our ForHealth Consulting partner, this analysis will not only highlight existing gaps but also prioritize recommendations for policy adjustments, program enhancements, and strategic capacity building initiatives.

This methodological blueprint, with its dual-focus on qualitative depth and quantitative breadth, is tailored to encapsulate the complex dynamics of LTSS needs within the unique cultural and geographical context of Puerto Rico. The final deliverable will provide actionable insights, grounded in empirical evidence and enriched by the lived experiences of stakeholders, guiding targeted improvements in the LTSS framework.

Additional Option of Island-wide Household Survey

Following is a description of an island-wide household survey which we *could* conduct, but because of time and cost considerations we are treating it as **out of scope**. That noted, we wanted to describe our ability to complete this exhaustive of a survey in this proposal and indicate our availability to submit a detailed cost proposal for this level of surveying if so requested by PRMP. Additionally, we wanted to note that completing a household survey that would achieve a representative sample of the entire population would require access to phone records.

Our team has previous experience carrying out household surveys that are representative to the Municipal level using the Center for Disease Control's Community Assessment for Public Health Emergency Response (CASPER) methodology. A CASPER survey could be implemented to understand the public health requirements of a community, especially when there is a lack of comprehensive data that accurately represents the population.

The findings from a CASPER survey would provide a detailed overview of the target area, known as the sampling frame. Initially developed for gathering data in the aftermath of disasters, CASPER's utility extends beyond disaster response to include

phases like preparedness, recovery, and mitigation, as well as scenarios not related to disasters. Public health agencies have utilized CASPER for various purposes, including collecting data on the health conditions of households, gauging public awareness about infectious diseases such as the Zika virus and H1N1, and evaluating public perceptions and concerns regarding issues, the importance of maintaining healthy living environments, opioid consumption, and readiness for radiation emergencies. The CASPER sampling methodology is a detailed and systematic approach taken to ensure the information gathered accurately reflects the broader community's situation.

The process includes various phases:

Initial Phase: Choosing the Clusters

- The area in question is divided into several segments, which could be based on certain geographical markers like census areas or local neighborhoods.
- From these segments, a selection is made—randomly—to pick out a set of clusters that will be part of the study. This step is crucial for ensuring the survey captures a wide-ranging view of the community's conditions.

Secondary Phase: Selecting Households

- Once the clusters are determined, the next step zooms in on the households within these areas. Selection can be random or follow a pattern, such as choosing every third home on a street.
- The aim here is to visit a specific number of homes in each cluster, which helps in collecting consistent and comparative data across the board.

Gathering Information

- Teams equipped with the necessary training then visit these chosen households to conduct interviews or distribute surveys. The questions asked are designed to shed light on various aspects, including the health status of individuals, their access to healthcare services, and any pressing public health issues they face.
- After collecting the data, it is analyzed to draw insights into the community's health needs, resources available, and areas requiring attention.

This approach, with its step-by-step and meticulous process, allows for gathering comprehensive data on public health matters, ensuring that the actions taken post-survey are well-informed and targeted to the community's specific needs.

This approach is costly and time consuming. Based on our previous experience, carrying out a household survey in Puerto Rico that is representative at the Municipal level using this approach would require at least a year to carry out and cost approximately \$150,000 per Municipality.

LTSS Utilization and Capacity Modeling/Analytics

We anticipate having access to multiple sources of healthcare information maintained by:

- Government entities, including but not limited to
 - the Centers for Medicare & Medicaid Services (CMS) and its agents (e.g., First Coast Service Options, the Medicare Administrative Contractor that covers Puerto Rico), and
 - Puerto Rico government entities such as the Department of Health, the Mental Health and Substance Abuse Administration, the Health Insurance Administration, the Treasury Department and the Institute of Statistics.
- Private organizations, including but not limited to the various Licensing Boards, the Hospital Association, the Medical Association, the Primary Care Association, the Association of Independent Practice Association (IPAs), medical schools and other private higher education institutions, managed care organizations and credentialing verification organizations.

Additionally, there are several studies, beginning with studies conducted by our partner IMPACTIVO, that we believe are worth mining for purposes of this project. Having worked with several of these data sources, our team is aware of the challenges associated with curating and harmonizing these data and assigning weights to specific sources to prioritize which sources will be treated as more complete and accurate.

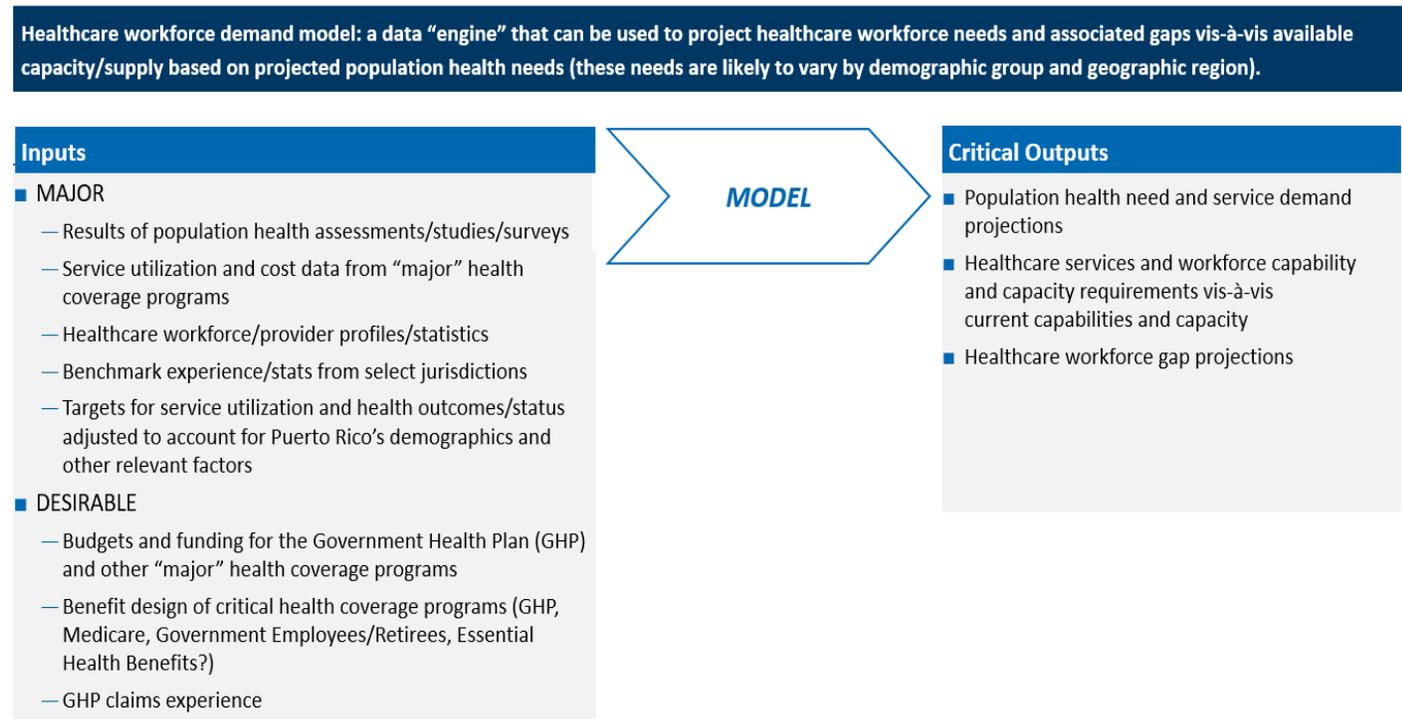
We will employ data extraction, transformation and loading protocols we have honed over multiple studies to transfer the information described above into our workforce demand model and profile. We will also use information in the workforce profile to identify individual parties that will be outreached for the survey and determine the best means to connect with each party.

As noted previously, our approach to this study is based on grounding our analysis and associated recommendations on the right combination of *opinion* and *evidence*. To that end, we will employ the survey to gather critical perspective on what is driving healthcare workforce demand as well as issues with healthcare supply; the survey will also be employed to solicit input on and “test-market” certain recommendations. The survey covers the *opinion* component of the study. The *evidence* component of the study will be based primarily on the healthcare workforce profile and demand model we will build to collect, synthesize and generate data-driven, defensible projections of workforce availability, capacity and needs. A possible outcome of the opinion component of the study is that different workforce stakeholders will push for initiatives that help grow their constituencies without recognizing the broader workforce challenges in other disciplines or localities. This is one of several potential ways in which relying solely on opinion could skew recommendations and make it more difficult

to achieve buy-in on certain recommendations. This is why we believe so strongly in anchoring recommendations on analysis driven by structured data to the greatest possible extent.

At the heart of our approach to data analysis is our healthcare workforce demand model. The model is in effect a data management “engine” that ingests inputs from multiple sources and, through various modeling algorithms and techniques, generates outputs that will serve as the foundation for projecting workforce needs across categories, geographic regions and – as applicable – programs (in the U.S., we have found that workforce supply-demand imbalances can vary significantly based on how programs such as Medicare and Medicaid cover and reimburse for certain services). The following graphic provides more information on the architecture of our demand model.

LTSS service utilization and capacity model – key inputs and outputs



Once the model is built and populated, we will use it in conjunction with the profile to establish workforce supply gaps by category, subcategory, location and program. We will then utilize the model’s outputs, together with findings and takeaways from our survey, to develop and profile recommendations for resolving supply gaps. We will hold an internal FTI workshop to discuss, reach consensus on and document our team’s recommendations. In addition to the leads of the various workstreams, we have assembled a **core advisory team** comprised of experts in every facet of Puerto Rico’s healthcare system that will serve as a sounding board for recommendations and help

tailor and message these recommendations.

A major driver for this approach is the need to address LTSS requirements for services which are currently in high demand as well as services for which demand may be “pent up” but hampered by supply challenges. As an example, it is widely acknowledged that the U.S. is challenged to meet its population’s need for long term services and supports (LTSS); these services span the gamut from in-home personal care supports to assisted living and memory care services offered in institutions of various types. In Puerto Rico the LTSS facility infrastructure and workforce are virtually nonexistent, in part because the GHP does not cover these services whereas its sister Medicaid programs in the U.S. mainland are the primary payers for these services. The need for LTSS is particularly acute in Puerto Rico given the aging population and the difficulties experienced by family members, particularly those living in the U.S. mainland, to ensure aging relatives in Puerto Rico receive proper care. The stress the lack of adequate LTSS is placing on individuals and the impact of this service deficit on employee productivity and economic output has not been documented thoroughly. We believe it is imperative that the study account for the workforce need associated with LTSS and other services for which there *should* be demand, and our dynamic modeling capabilities have been designed for this purpose.

LTSS Policy, Program Design and Implementation Guidance

We will engage in a comprehensive research study on Medicaid LTSS Systems including program design and services options employed by other state Medicaid agencies. We will develop a research plan, including the research methods (e.g., literature review, environmental scans, key informant interviews, and data collection instruments that include Medicaid and states’ features and components).

The approach and Information collected will reflect that at present Puerto Rico does not have an existing Medicaid LTSS system and facility and community conducted LTSS service offerings. The sample will include at least two states (we have extensive experience in several states that we would likely include in this sample; these states include Colorado, Delaware, Massachusetts, New Mexico and Tennessee).

The research conducted will be sufficient in scope to provide an understanding of other state’s covered populations and how their respective Medicaid programs organize and deliver services. We will use the research to assess and make appropriate, feasible Medicaid LTSS system recommendations tailored for Puerto Rico, given unique funding, infrastructure, and network constraints. To inform those decisions, the research components and features will include:

1. State Profiles providing information on population characteristics (e.g., demographics, population projections, and disability prevalence).

2. Economic Characteristics such as income and poverty, employment, and aggregate state expenditures for health care.
3. Public Policy Characteristics identifying challenges based on each state's population, LTSS systems, and spending.
4. Medicaid Program and LTSS Benefits features, including Medicaid spending on LTSS, financial eligibility, LTSS delivery systems, state plan, 1915 waiver authorities, and LTSS programs and services.

Based on the Medicaid LTSS system research and state profiles, we will refocus study efforts on activities to inform utilization benchmarks and rates to inform cost projections. Our team will use a wide variety of data sources, including existing models in each of the two study states for LTSS administered under each authority, and national and regional public data and industry standards that may reflect wider labor markets for comparable populations. In addition, we will look at all the data collected through the surveys and focused groups described above.

Our approach also includes further literature review and assessment of the existing method and standard models used by the two study states. Once the research is complete and the data is analyzed, we will extrapolate the findings, create proxy models, generate and conduct validation of the models, and calculate the estimated cost projections. We will make recommendations regarding capacity and provider mix based on the suite of services and utilization projections.

Deliverables

1. Initial Gap Analysis
2. Comprehensive Profile of Model States Medicaid LTSS System
3. Benchmarks for LTSS Utilization and Cost
4. Catalog of Service Provider Network and Capacity

Recommendations and Report

We will recommend a design for an LTSS delivery system and LTSS programs funded primarily by Puerto Rico's Medicaid program – including potential pilot(s) and program implementation phasing - based on the research, findings, and deliverables produced above, taking into account the unique landscape of Puerto Rico's Medicaid program, the infrastructure required to comply with CMS rules, Title XIX requirements, any applicable Title XXI requirements, and the mechanisms available and needed to obtain required Medicaid financing commensurate with Puerto Rico's current Medicaid program and financing.

Following deliberations by our **core advisory team**, we will provide recommendations on program design, required infrastructure, and implementation considerations leveraging the LTSS system experience, redesign efforts, and reforms to reduce institutionalization and enhance access to community based LTSS, while controlling spending, to make the best use of limited Medicaid resources. Each recommendation will be measured against feasibility, Medicaid financing arrangement, capacity, and infrastructure needs (e.g., MMIS updates, regulations, Ombudsman programs, and program integrity strategies and controls) to administer and manage the LTSS system, as well as the associated risks and constraints to achieve policy objectives. We will work collaboratively with FTI Consulting to develop a set of recommendations for presentation to the MFP Advisory Committee.

Quality Roadmap

An integral component of our recommendations will be a detailed roadmap for evaluating and establishing key quality markers for all LTSS programs. From the outset, the Quality Roadmap will outline a structured pathway to bolster LTSS quality in Puerto Rico, utilizing HEDIS measures as a standardized benchmark for assessing and enhancing healthcare performance, particularly in chronic disease management – a significant concern for the LTSS population. The Quality Roadmap emphasizes a comprehensive approach to Provider Performance, Member Transition, and Chronic Conditions Management, ensuring that each aspect is tailored to meet the unique needs of the LTSS population in Puerto Rico.

Provider Performance

To bolster Provider Performance, we will leverage the guidelines to foster an environment where LTSS providers are continuously supported and encouraged to enhance their service delivery. This involves implementing a robust framework for evaluating provider effectiveness, efficiency, and beneficiary satisfaction. For example, we would utilize the LTSS Comprehensive Care Plan and Update measure, which involves tracking the percentage of LTSS beneficiaries who have a comprehensive care plan developed and updated regularly. Regular assessments and feedback mechanisms will be established to identify areas for improvement and to reward exemplary service delivery. Training and professional development opportunities will be tailored based on these assessments to address specific gaps, thereby ensuring that providers are well-equipped to meet the diverse needs of LTSS beneficiaries.

Quality of Care

Quality of Care will be evaluated based on service delivery in accordance with the service plan, including the type, scope, amount, duration, and frequency specified. This could involve analyzing service plan adherence rates and the timeliness of service

delivery adjustments based on changes in participants' needs. Emphasizing person-centered care, the quality roadmap will incorporate requirements that ensure that care plans are not only tailored to individual needs but also regularly reviewed and updated to reflect changing needs and preferences. Quality measures will include timely reassessment following significant health events, adherence to care plans, and the integration of services to manage complex needs effectively. For example, we would use the LTSS Minimizing Facility Length of Stay measure, which aims to reduce unnecessary long-term facility stays by ensuring that LTSS beneficiaries receive timely and appropriate services in the least restrictive setting possible.

Member Transition

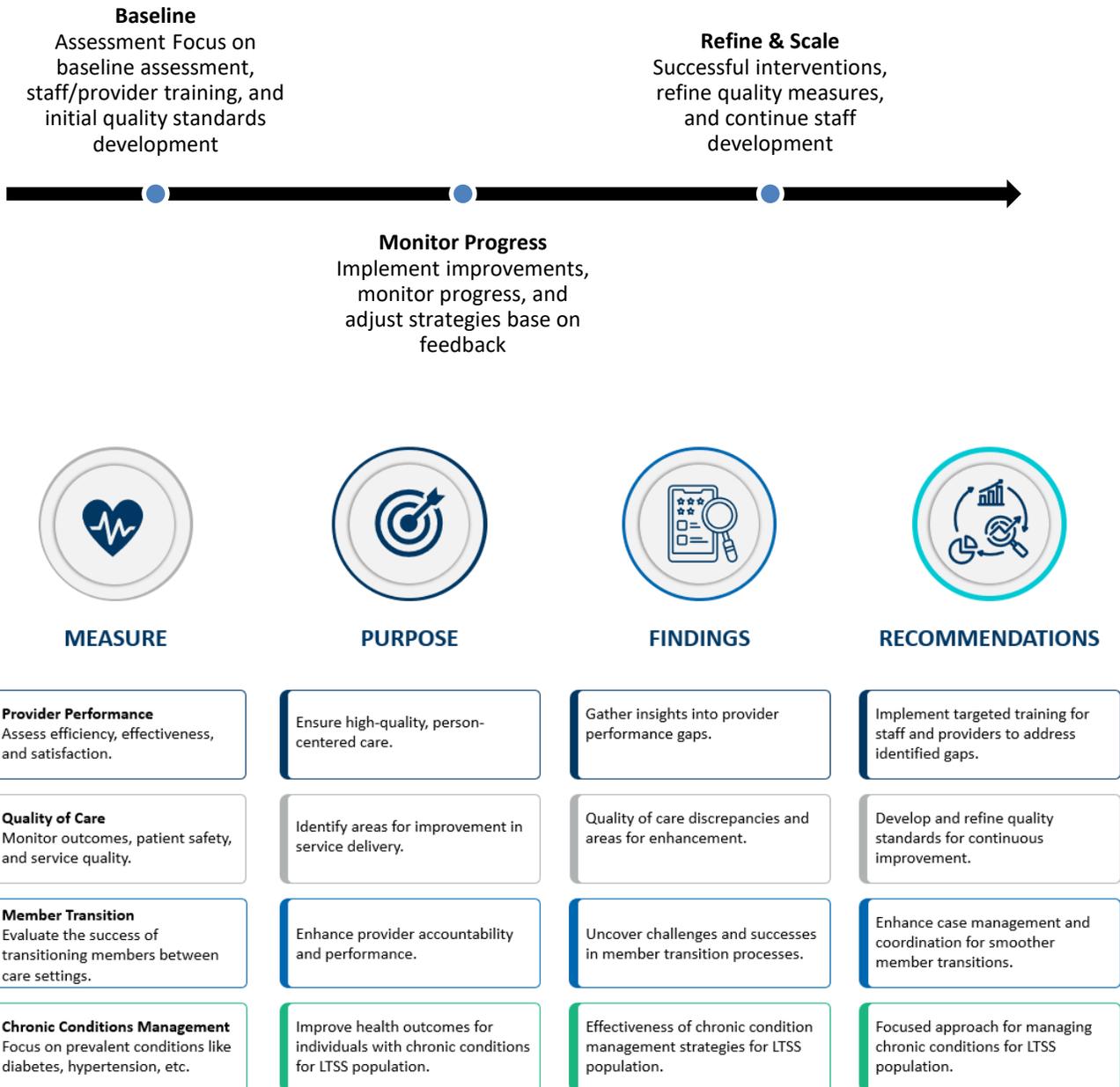
For Member Transition, the focus will be on ensuring seamless transitions between care settings, minimizing disruptions, and maintaining continuity of care. Key measures will include the timeliness and effectiveness of care plan reassessments and updates post-transition. One such measure, the LTSS Successful Transition After Long-Term Facility Stay would help guide the Member Transitions. This measure assesses the effectiveness of transitions from long-term care facilities back to the community, ensuring that such transitions are supported by adequate planning, services, and follow-up. We will develop protocols to support effective communication among providers, care coordinators, and beneficiaries during transitions. Additionally, we will implement strategies to monitor and address potential risks associated with transitions, such as hospital readmissions, to ensure that beneficiaries receive appropriate support throughout the transition process.

Chronic Condition Management

Chronic Care Management approach will follow the best practices for managing long-term health conditions in the LTSS population. Our focus will be on managing prevalent chronic conditions among LTSS beneficiaries that significantly impact the quality of life and health outcomes. Among these, managing Diabetes and Controlling High Blood Pressure are of importance, given their prevalence and the substantial risks they pose to individuals requiring long-term support.

To operationalize and implement these measures, our approach will include recommendations regarding the development and dissemination of clinical guidelines to LTSS providers, outlining best practices in chronic condition management. Training programs will be designed to enhance providers' skills in managing these conditions, incorporating evidence-based strategies to ensure optimal outcomes. Additionally, we will leverage health information technology to facilitate the regular monitoring of these measures, enabling providers to track their performance and identify areas for improvement.

The integration of these HEDIS measures into the LTSS delivery system will ensure a structured, data-driven approach to managing chronic conditions, directly contributing to improved health outcomes for LTSS beneficiaries. Through regular monitoring and targeted interventions, the roadmap aims to elevate the standard of care provided to individuals with chronic conditions, ensuring they receive the support needed to manage their health effectively.



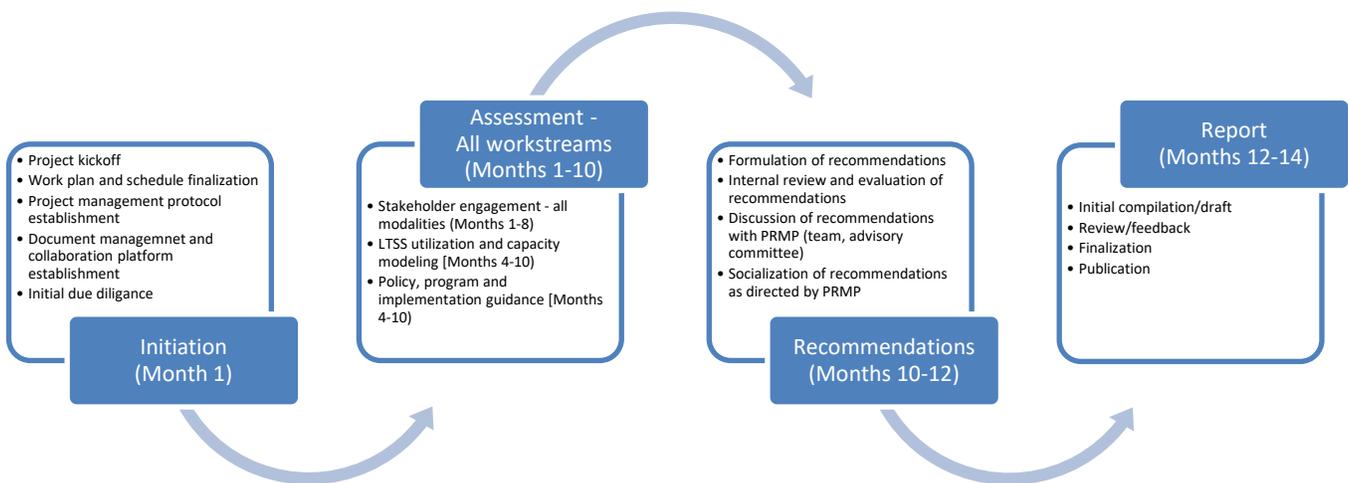
Based on decisions and input received from the MFP Advisory Committee, we will co-write a summary report containing all research findings, a Medicaid LTSS system design model, a high-level implementation plan that incorporates potential pilots and implementation phasing (by sub-population, region, etc.), benchmarks for utilization and cost projections, infrastructure requirements, and high-level funding needs. In addition to quality goals and metrics, the recommendations will take into account requirements for meeting compliance and program integrity expectations in alignment with all pertinent federal laws and regulations.

Deliverables

1. LTSS Needs Assessment and Recommendations with Quality Roadmap
2. MFP Advisory Committee Presentation

Work Plan and Schedule

Following is a high-level illustration of our proposed work plan and schedule with key activities and deliverables:



A more detailed work plan, that shows activity by month, leads of various project workstreams, and the expected involvement of PRMP project team members by workstream, is provided in **Appendix 2.1.1 (Attachment A)**.

VOLUME 2. Appendices

2.1 Statement of Work

Our statement of work, in alignment with the RFP's many requirements, is comprised of the following major activities:

1. Initiation and organization – finalize analytical framework, approach to downstream phases, project management, document and deliverable management, communications
2. Initial due diligence and gathering of data for LTSS utilization and capacity modeling, organization of stakeholder engagement activities, and policy/program/implementation guidance activities – including gathering of relevant, valid federal and local data
3. LTSS program benchmarking/comparative analysis – includes research, data gathering and targeted interviews with state officials
4. Stakeholder engagement – multi-modal: focus groups and individual interviews. Audiences: patients and advocates, caregivers, providers, government entities including municipalities, PRMP, MCOs/insurers

5. Analysis and output generation:

Analysis: demand/utilization projections

Analysis: supply need projections vs. current and projected capacity

Analysis: Cost of service projections vs. current and projected funding

Analysis: cost-benefit assessment of potential strategies for addressing demand and supply challenges

Outputs – comprised of multiple “modules”:

- Summary of analyses
- Recommendations: demand management including service delivery models and potential for self-direction
- Recommendations: supply/workforce including financial incentives, capacity building (including education/training), service delivery modalities (virtual, HCBS, facility-based, etc.) by service
- Recommendations: provider compensation models and associated funding
- Recommendations: changes to existing programs, laws and regulations - including program eligibility and benefits/coverage
- Recommendations: administration (including credentialing, quality and performance monitoring and measurement, program integrity management and compliance) and associated funding

6. Presentation and socialization of analysis and recommendations
7. Report assembly, finalization and delivery
8. Project closeout

2.1.1 Detailed Work Plan

See **Attachment A – Detailed Work Plan**.

2.2 Descriptions of similar projects

Project Example #1

Massachusetts Money Follows the Person Policy and Program Planning, Design, and Implementation Supports (ForHealth Consulting)

In 2011, the Massachusetts Executive Office of Health and Human Services (MA EOHHS) was awarded the “Money Follows the Person (MFP) Rebalancing Demonstration Grant” to support state Medicaid long-term care systems transition people with chronic conditions and disabilities from institutions back into the community.

From the outset of developing and implementing the program, we were brought on to provide planning and assistance with the infrastructure development and implementation phases of the Massachusetts MFP Demonstration during a four-and-a-half-year engagement. We aided MA EOHHS in researching, analyzing, planning, and supporting the development of operating infrastructure for implementation, as well as providing ongoing operational support in training, outreach, stakeholder involvement, and provider network assistance. The infrastructure development phase encompassed activities necessary to begin identifying and enrolling MFP Demonstration participants, including but not limited to development of forms, tracking systems, databases, IT system modifications, database building, and procurement development.

The implementation phase encompassed activities necessary to operate the MFP Demonstration, including training and outreach, ongoing revisions to MFP documents, and making available new services.

The work also included development and submission of two concurrent 1915(c) and 1915(b) waivers, for MFP-eligible Massachusetts Medicaid (MassHealth) members.

Our services included the following:

- Established processes for the state to purchase services such as emergency backup systems, assistive technology, mobility training, and MFP home and community-based services (HCBS) Waiver services.
- Developed the model contract for transition entities, which included a 24-hour back-up system and created a community infrastructure increasing the state’s current transition and case management capacity.
- Designed and wrote procurement documents to support EOHHS in obtaining transition entities responsible for identifying individuals in nursing facility and engaging in all required transition activities including service planning and care management.
- Provided technical support creating business requirements and other information necessary for the development of an MFP management and tracking application within Massachusetts’ systems.
- Designed and developed a web-based MFP Management Information System in coordination with MA EOHHS IT staff on behalf of MA EOHHS business staff. The design and development included business requirements, systems process flows, and other information needed for MFP-related IT systems changes (MA eligibility system, MA MMIS, and data warehouse) necessary for federal reporting.
- Coordinated and facilitated a stakeholder engagement plan for the life of the MFP Demonstration.
- Designed, developed, and executed provider network administration activities for HCBS waiver providers and new MFP demonstration services providers, including provider outreach and access, recruitment, enrollment, credentialing, provider compliance, and claims administration.
- Provided ongoing administrative operating support, including:

Developed and delivered training and outreach materials describing the state’s LTSS community-based delivery systems, including comprehensive managed care and integrated care delivery system options, and related MFP Demonstration elements.

Developed community transition and case management capacity regarding facility-to-community transitions, with the following goals:

- Increase MFP Demonstration participants’ and case managers’ understanding of the state’s community LTSS service delivery systems and services.
- Increase awareness of the roles and opportunities available to providers and MFP Demonstration participants through the MFP Demonstration.
- Increase MFP Demonstration and MFP Waiver provider and state agency access to best practices on facility-to-community transitions.
- Create and implement a routine schedule for the dissemination of outreach materials and training seminars on a statewide basis.

Developed stakeholder meeting materials and managed the logistics associated with stakeholder engagement.

Provided project management support to assist the state in managing the work plan,

deliverables, and barriers that were impeding progress, and offering alternative approaches.

Project Example #2

Statewide Transition Plan for Compliance with Home and Community-Based Setting Rule (FTI Healthcare Risk Management & Advisory team members)

Delaware Home and Community Based Services

In January 2014, the Centers for Medicare & Medicaid Services (CMS) published the home and community-based services (HCBS) final rule, also known as the Community Rule. The Community Rule was intended to support home and community-based (HCB) settings as an alternative to institutional care for participants in Medicaid HCBS programs.

Members of FTI's Healthcare Risk Management & Advisory team supported the state with develop and execute their Statewide Transition Plan to plan and become compliant with the Community Rule. These supports included working with the local Medicaid agency and stakeholders across Delaware, conducting community needs assessments with the transition plan approved in 2015. The work involved developing and executing a number of MCO and Provider self-assessments and participant (member) surveys to evaluate compliance and readiness to transition services into the community. Delaware was one of the first states to achieve full compliance with all federal requirements for Medicaid-supported HCBS programs.

Project Examples #3 and #4

Puerto Rico State Health Innovation Plan (IMPACTIVO)

In 2016, IMPACTIVO led a cooperative agreement between the Puerto Rico Health Department and the Centers for Medicare & Medicaid services to develop the Puerto Rico Health Innovation Plan. The aim of this plan was to transform delivery and management of health care services in Puerto Rico by testing innovative care models of prevention and management of high-cost, complex-need populations. This process convened dozens of stakeholders from diverse sectors related to health care. The project was accomplished in record time and exceeding CMS's expectations.

This multi-stakeholder project used online web tools and support and a formal request for information process carried out through an online survey platform, engagement of multiple subject matter experts using project management tools, online webinars and

ample community engagement through a public-facing web and social media campaign. IMPACTIVO developed a unique project governance structure that included community participation and focused on analyzing policies, literature review, policy development and identifying opportunities for federal and community collaboration. The innovative project resulted in a:

- Description of Puerto Rico’s health care environment
- Inventory of federal and local policy levers
- Inventory of current efforts and proposals to advance the health of the population
- Health information technology plan that would enable initiatives that were proposed in the plan
- Workforce development plan

Colorado Medicaid Private Duty Nursing and Long-Term Home Health Tool Development (ForHealth Consulting)

We are partnering with the Colorado Department of Health Care Policy and Financing (Colorado Medicaid) to strengthen the state’s existing home and community-based services benefit, while ensuring ongoing compliance with Colorado Medicaid benefits and coverage policies and state and federal requirements. Our clinical and policy experts are refining and/or developing dependable, valid, and compliant medical necessity assessment tools for Colorado Medicaid’s adult long-term home health (LTHH) and Pediatric and Adult private duty nursing (PDN) benefits.

Our approach incorporates an environmental scan, grey literature review, and key informant interviews of national best practices, and existing evidence-based assessment tools, clinical development and pilot studies of the new/revised tools to include user and stakeholder feedback, reliability and validity testing, and evaluation of the impact on existing LTHH and PDN authorizations, while ensuring appropriate information technology (IT) infrastructure and data flows corresponding to the agencies’ technology platform; as well as training to appropriate users and stakeholders.

Colorado Medicaid Long-Term Home Health and Private Duty Nursing Policy Redesign (ForHealth Consulting)

ForHealth Consulting is conducting consultation work to support the redesign of Colorado’s LTHH and PDN programs to attain the goal of person-centered quality, and effective and efficient delivery of community-based programs.

Our policy experts are conducting extensive research on each of the program and payment designs across 23 states, including assessment and synthesis of each state’s program administration approach and design features, and development of program

design straw models and program redesign models. Our team is also providing implementation support in development of a stakeholder engagement strategy, identification of administrative and operational impacts (including program regulations, state plan amendments, provider enrollment adjustments, and member transitions processes), recommendations to resolve any coverage gaps resulting from new structure and preparing Medicaid program administration items (including Medicaid state plan amendment and Program Regulations).

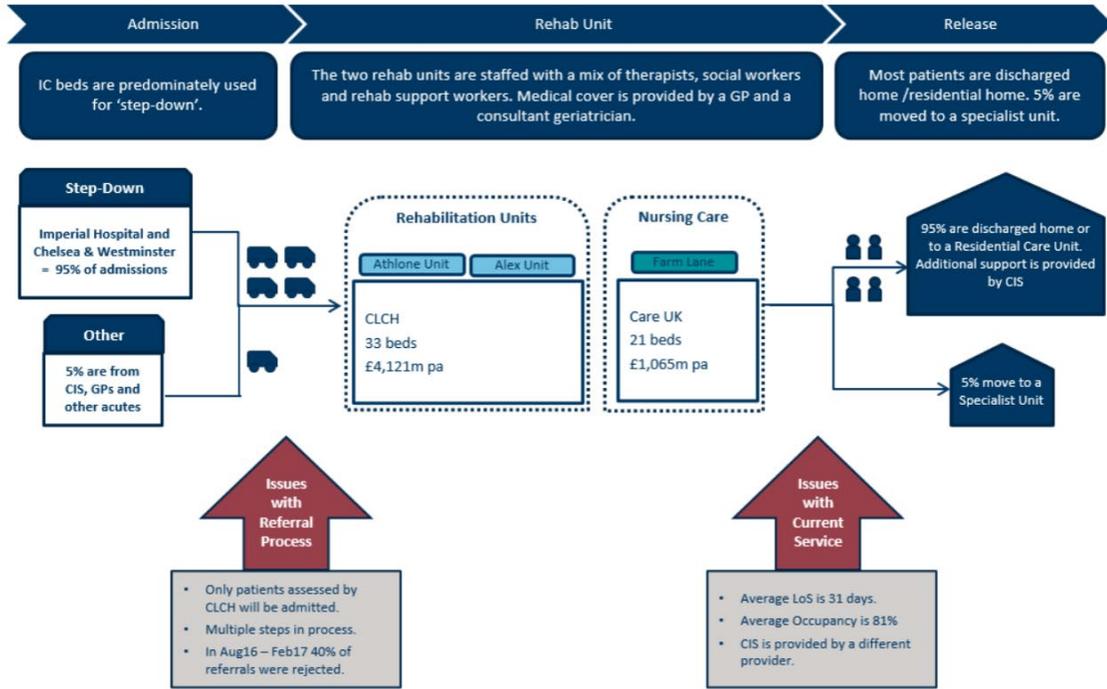
Project Examples #5 and #6

United Kingdom - Hammersmith and Fulham Bedded Intermediate Care Services Model of Care (FTI CHEP)

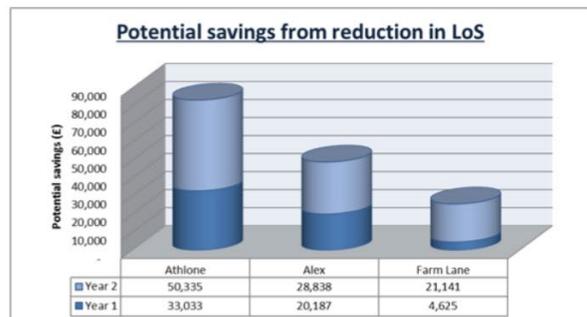
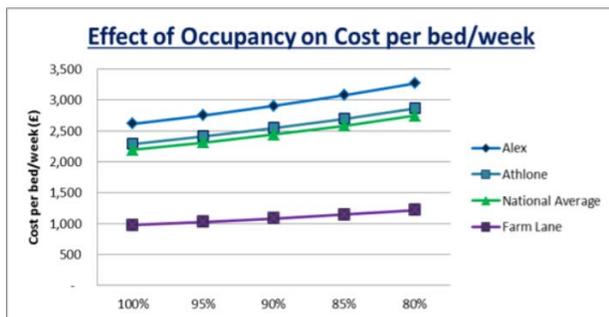
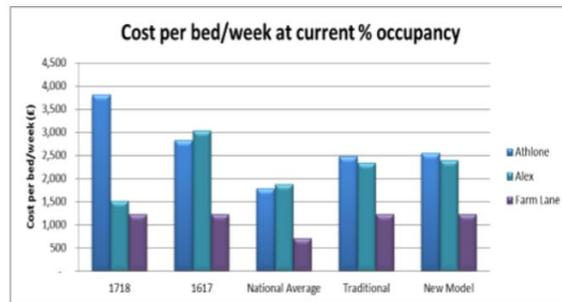
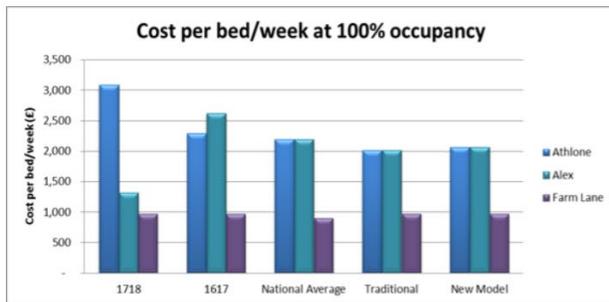
FTI's Center for Healthcare Economics and Policy worked with the Hammersmith and Fulham Clinical Commissioning Groups to develop and implement a new model of care to address the high rates of occupancy, length of stay, and cost per day bed in the NWL tri-borough area. The Center developed a business case for the medium term transformation of bedded IC capacity to ensure current and emerging needs were met while identifying the opportunities for efficiencies through effective utilization.

The Center engaged with stakeholders from the area including local acute, community, and private care providers. It used information from stakeholders in combination with local data on clinical outcomes, resident access, and utilization metrics to develop a new model of care which enabled both step-up and step-down care, realigned therapy staffing to facilitate seven-day provision of care, and promote remote care under a smaller, more focused leadership model. Our team projected an 11% reduction in cost per bed day by the second year of implementation.

Unsustainable Traditional Model



Effect of Occupancy rates and LOS on Value for Money



New York Delivery System Reform Incentive Payment/DSRIP (FTI CHEP)

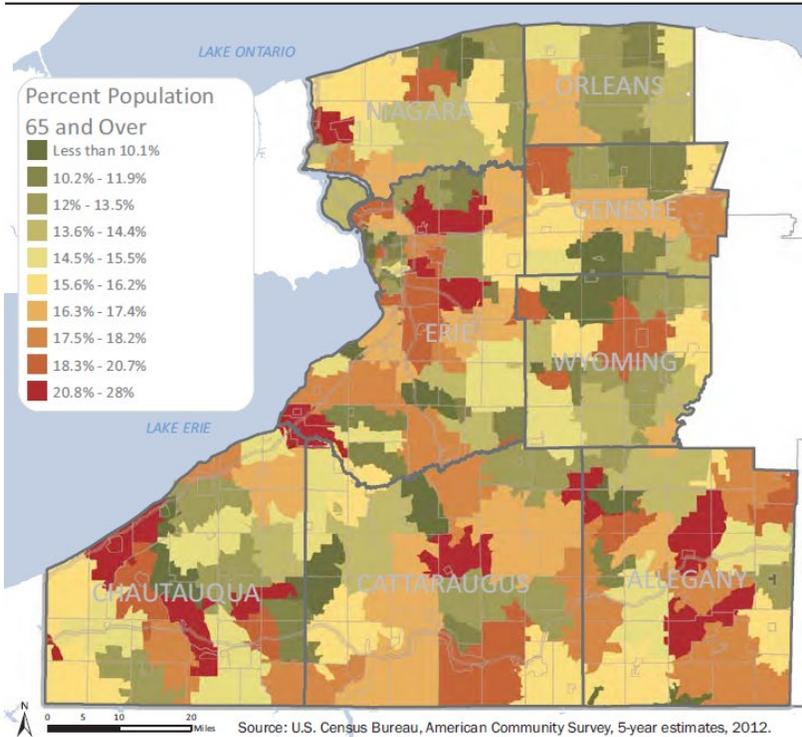
FTI's Center for Healthcare Economics and Policy worked with Niagara Falls Memorial Medical Center in Niagara Falls, New York to design a new, holistic model of care for its Medicaid patients that would improve the health of Medicaid patients in the area and thereby reduce incidence of preventable visits.

The Center used public and private data including the Behavioral Risk Factor Surveillance System Survey, discharge data, data on long-term care, census data, and other data provided by the state and hospital to identify major local health concerns among Medicaid patients and worked with local stakeholders such as providers of outpatient services, social services, and long-term care, to develop a regional approach to provide care to residents of the county systematically in order to improve population health.

Index Component 1 - Demographics

	WNY	Erie		Niagara		Chautauqua		Cattaraugus		Allegany		Genesee		Orleans		Wyoming	
	Region Versus non-NYC Regions	WNY Ranking	Comparable NYS Counties														
Demographics (Average for Subgroup)	43	24	49	46	70	29	32	59	58	63	49	73	48	39	30	69	53
Percent African-American population	33	0	13	14	75	72	55	86	91	100	57	57	27	29	0	43	18
Percent Hispanic or Latino	50	14	63	72	100	0	9	86	91	100	72	57	46	29	9	43	36
Percent non-English speaking population	67	0	75	100	100	14	18	29	27	57	43	86	64	72	73	43	46
Percent of population age 65+	17	29	38	14	25	0	18	57	46	72	72	43	27	86	82	100	91
Percent of women of child-bearing age (15-44)	67	29	75	57	100	43	64	86	82	0	0	72	46	14	9	100	27
Percent of population 200% or less of federal poverty level)	33	72	38	43	25	14	9	0	0	29	14	86	36	57	46	100	82
Percent of population age 25+ with less than a high school diploma	50	86	75	72	50	14	9	43	27	57	72	100	64	0	27	29	46
Percent of all households as single parent households	33	14	38	43	50	29	27	57	64	86	43	100	55	0	0	72	36
Percent of Population Foreign-born	83	0	75	14	100	86	91	100	100	72	57	43	55	29	18	57	64
Percent of Households with No Vehicle Available	0	0	0	29	75	14	18	43	55	57	57	86	64	72	36	100	82

Source: U.S. Census Bureau, American Community Survey, 5-year estimates (2008-2012), 2012.



Older adults

Disease and disability become more prevalent during the later decades of life, directly bearing on health care need and consumption. Poor health can also create barriers to health care. Almost one out of six individuals across the region – about 243,400 in all – are age 65 and up. This percentage is higher than in almost every other region of the state, outside NYC.

While the majority (59%) of seniors in Western New York live in Erie County, proportions of seniors are highest not in the city but in inner ring suburbs like Amherst, Cheektowaga and West Seneca. In some Zip Codes, up to one out of four individuals is age 65 or older.

Comparatively high proportions of seniors also live in Niagara, Chautauqua, and Genesee Counties. In each of these areas, the countywide percentage of seniors is high regionally and large compared to what exists in comparable counties statewide.

Prevention Quality Indicator Name	WNY Observed Rate	Erie		Niagara		Chautauqua		Cattaraugus		Genesee		Allegany		Orleans		Wyoming	
		WNY Rank	Statewide Comparison	WNY Rank	Statewide Comparison	WNY Rank	Statewide Comparison	WNY Rank	Statewide Comparison	WNY Rank	Statewide Comparison	WNY Rank	Statewide Comparison	WNY Rank	Statewide Comparison	WNY Rank	Statewide Comparison
Angina Without Procedure	0	86	25	43	0	100	73	57	18	0	0	72	43	14	0	29	9
Asthma in Younger Adults	67	43	88	0	25	29	36	14	27	100	100	57	43	72	36	86	91
Bacterial Pneumonia	100	86	100	43	25	57	91	29	46	100	82	72	57	14	27	0	18
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	83	72	100	57	75	86	82	14	46	43	36	100	57	0	0	29	9
Dehydration	67	86	75	0	0	72	82	14	18	43	64	57	72	29	36	100	91
Diabetes Long-term Complications	50	43	75	0	0	29	64	100	82	14	0	86	57	72	55	57	27
Diabetes Short-term Complications	0	29	13	0	0	57	46	86	64	43	18	100	57	14	9	72	27
Heart Failure	50	72	63	14	13	29	36	100	91	57	46	43	14	0	0	86	82
Hypertension	83	29	100	0	50	72	82	86	91	43	64	57	72	14	36	100	100
Lower-Extremity Amputation among Patients with Diabetes	0	29	38	43	63	72	64	57	46	0	9	86	43	100	64	14	18
Prevention Quality Acute Composite	100	86	100	0	13	72	91	29	46	100	91	57	57	14	18	43	27
Prevention Quality All Circulatory Composite	50	72	88	14	0	57	73	100	91	29	9	43	14	0	0	86	73
Prevention Quality All Diabetes Composite	0	57	38	0	0	43	46	86	73	29	9	100	57	14	9	72	27
Prevention Quality All Respiratory Composite	83	72	100	57	63	86	82	0	46	43	46	100	57	14	0	29	9
Prevention Quality Chronic Composite	33	72	100	14	13	86	82	57	73	29	18	100	57	0	0	43	27
Prevention Quality Overall Composite	83	86	100	14	13	72	82	43	46	57	55	100	57	0	9	29	36
Uncontrolled Diabetes	50	86	88	0	0	29	46	57	55	100	82	72	29	14	0	43	46
Urinary Tract Infection	100	72	100	0	25	86	91	14	46	100	100	57	43	43	64	29	46

Source: NYS Department of Health, "Hospital Inpatient Prevention Quality Indicators (PQI) by Patient County: Beginning 2009 through 2012", 2014.

Table 4 - County Level Detail Medicaid Primary Care Utilization (2013)

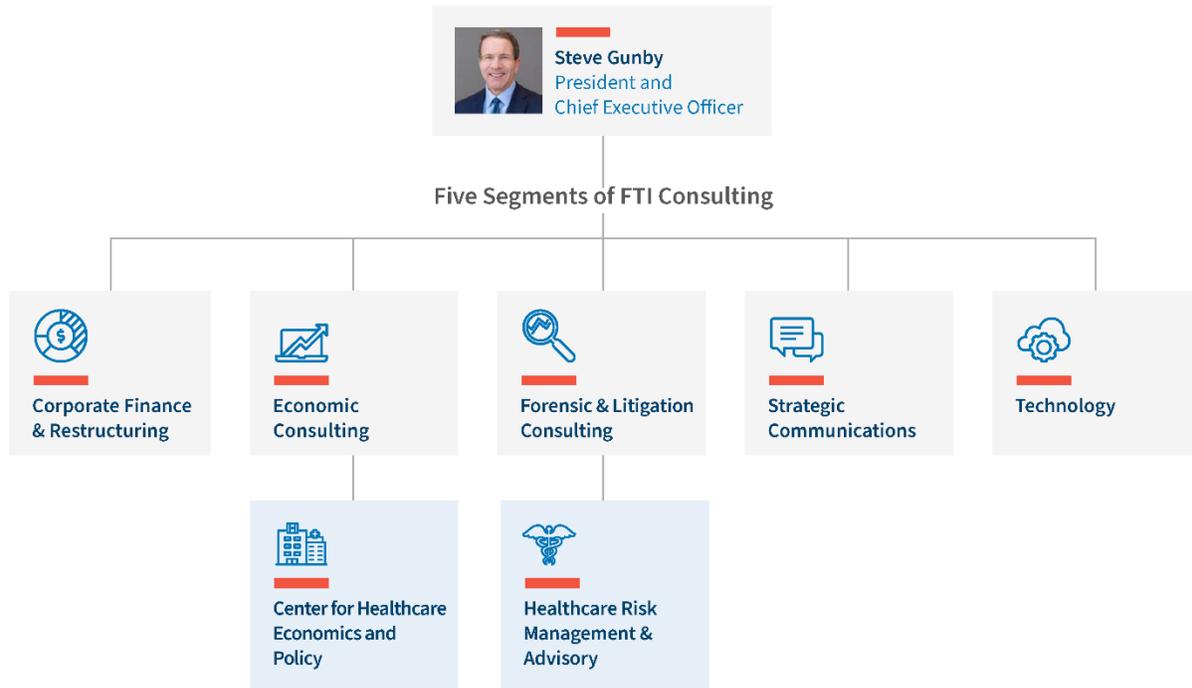
County/ Region	Beneficiaries	PCP Visits	Beneficia- ries w/ PCP Visits	PCP Visit Rate	% with PCP Visit
Allegany	12,896	30,186	7,576	237.99	58.7%
Cattaraugus	21,862	52,627	13,057	246.16	59.7%
Chautauqua	41,477	102,723	25,338	244.93	61.1%
Erie	230,555	516,329	140,155	219.08	60.8%
Genesee	12,122	26,161	6,579	221.87	54.3%
Niagara	54,016	120,699	31,249	222.51	57.9%
Orleans	11,481	33,798	6,942	307.62	60.5%
Wyoming	7,785	17,116	4,487	228.68	57.6%
WNY	387,539	899,430	233,900	227.01	60.4%
NY State	6,252,720	19,426,166	4,013,332	314.62	64.2%

Source: Salient PCP Visit Dashboard

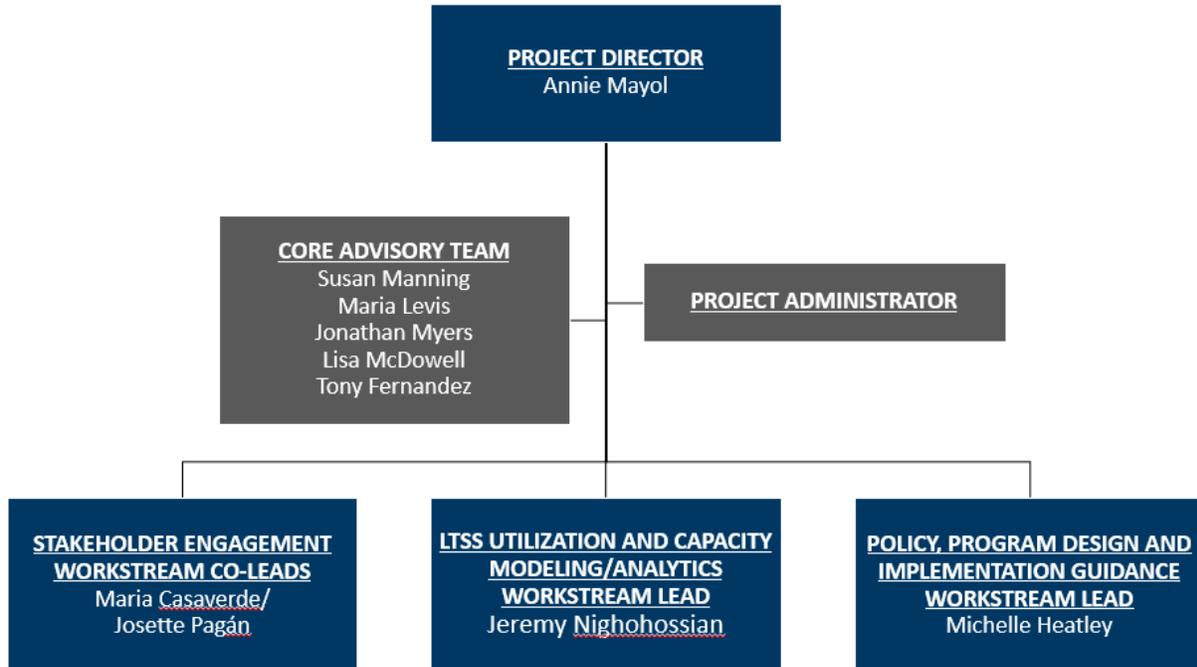
V(C)i Table of Population Domain 4 Metrics-Data sources noted above	Central Region			North Region		South Region			WNY Region	NYS Excl NYC	NYS Goal
	Erie	Genesee	Wyoming	Niagara	Orleans	Allegany	Cattaraugus	Chautauqua			
C. Prevent Chronic Diseases											
Percentage of adults who are obese	29.8	28.7	28.0	31.3	35.3	31.5	33.6	28.3	30.2	27.0	23.2
Percentage of children and adolescents who are obese	16.4	20.7	18.0	20.6	21.7	14.7	19.2	19.0	N/A	17.6	16.7
Percentage of cigarette smoking among adults	18.8	25.8	21.6	20.8	25.7	26.8	28.4	24.7	20.8	17.3	15.0
Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years	71.7	62.9	59.7	73.1	51.3	63.4	61.6	69.8	69.7	70.0	71.4
Asthma emergency department visit rate per 10,000 population	57.1	29.7	28.9	48.9	28.5	54.6	43.9	50.3	52.0	50.8	75.1

2.3 Organizational Charts.

FTI Consulting corporate organizational chart:



Project organization chart:



2.4 Qualifications of Team / Resumes / CVs of Key Personnel

FTI Consulting

Susan Henley Manning, Ph.D.

Chief Operating Officer, Center for Healthcare Economics and Policy, FTI Consulting

Susan Henley Manning, Ph.D. has over 30 years of economics and litigation consulting experience, including extensive expertise in antitrust and competition issues, mergers and acquisitions, and regulatory policy analysis. Dr. Manning has provided economic analyses in support of healthcare related mergers and acquisitions, filed under the Hart-Scott-Rodino Act, before the Department of Justice and Federal Trade Commission, focusing on competitive effects and efficiencies and consumer welfare benefits of proposed transactions.

Dr. Manning has testified in numerous antitrust and commercial litigation disputes across a broad array of industries. Her testimony has encompassed market allocation, excessive pricing, monopolization, and contract disputes. She was the lead non-testifying expert in litigated cases involving Sherman Act Section 1 and 2 claims and

FTC Section 7 disputes. Her most recent work has focused on competition policy in the healthcare area. She has analyzed and provided evidence on healthcare mergers and acquisitions involving healthcare systems, physicians, insurers and medical device products before various regulatory authorities.

Dr. Manning has used microsimulation and other economic models to assess the demand for healthcare services and resources, including advanced methods for treating cancer. She has also focused on assessing and modeling the impact of organizational change, rationalization, and re-alignment of capacity on the quality of care and effectiveness in meeting a population's present and future healthcare needs. This multi-step analysis includes analyzing the current provision of healthcare in community delivered through various healthcare facilities and programs, assessing present and future healthcare needs of the community, and determining the most cost efficient and best quality of care delivery structure for delivering healthcare within a community as predicted population healthcare needs change. Dr. Manning's work also has incorporated examination of appropriate economic incentives for inducing change.

Dr. Manning has worked extensively in the UK on healthcare issues involving transformational change in the delivery of care. These engagements include an assessment of intermediate care needs for NWL CCG, and development of outcomes-based modelling and ACO development in West Essex. In addition, Dr. Manning is the project lead and designer of the FTI Healthcare Transformation Reform Model used in the Respiratory Project for the West Essex ACP which assessed the demand for COPD services and estimated potential cost savings from COPD care interventions. Dr. Manning is working with the West Essex ACP to develop a new outcomes-based contract for COPD services based on the model's results.

Annie Mayol

Managing Director, Healthcare Risk Management & Advisory, FTI Consulting

Annie Mayol has nearly 20 years of healthcare industry experience with a focus on Health Plans, Managed Care and Value Based Transformation. She has assisted numerous clients with healthcare market landscape analysis, assessment and evolution of opportunities, integration and implementation support. She has served in various leadership positions in operations, risk management, contracting, and provider relations.

Prior to joining FTI Consulting, Mrs. Mayol owned her own consulting firm providing strategic consulting services in the areas of healthcare management, business development, and public affairs services focused on community relations and government affairs at the national, state, and local level. She helped clients develop comprehensive sustainable business development strategies and provides support in the management of key private, non-profit and government stakeholders.

Mrs. Mayol served as Chief Operating Officer for MSO of Puerto Rico, the sister company of MMM Holdings/Elevance, in charge of managing the health plan's provider network. In that capacity she strengthened the leadership vision and execution by invigorating the business, building up relationships with network providers and stakeholders while orchestrating various projects focused in quality, compliance, medical cost savings and operational effectiveness. Among her key accomplishments are: 1) Implementation of a network optimization strategy for underperforming PCPs saving the company \$5 million; 2) successful development and implementation of a new capitated compensation contracts for more than 1,500 primary care doctors; and 3) implementation of many operational improvement strategies, including implementation of a new claims and credentialing system.

Prior to her work at MSO, Mrs. Mayol was Chief of Staff to the Secretary of the Puerto Rico Department of Health, where she led a process of maximize state and federal funds while improving utilization costs and operational programs, such as Medicaid and Medicare Advantage. Other previous roles include Advisor on Federal Affairs and National Policy in the Office of the Governor and Associate Director, Office of Political Affairs at the White House in Washington, DC.

Jonathan Myers

Managing Director, Healthcare Risk Management & Advisory, FTI Consulting

Jonathan Myers brings 10+ years of experience in the areas of Federal and state compliance, program oversight and performance monitoring, data analytics, quality assessments, program integrity assessment, managed care, Medicaid policy and regulation, operational improvement assessments, procurement, operational readiness reviews, capabilities assessments, and mental health parity expertise.

Mr. Myers is a national leader on commercial and Medicaid mental health parity requirements and has completed assessments in more than 11 states and with many contractors. He has supported many clients facilitating negotiations and compliance activities pertaining to the rule and the associated assessment methodologies.

Mr. Myers brings vast knowledge of multiple state Medicaid programs including FFS and Managed Care, where he led key initiatives across the full spectrum of Medicaid service delivery. These ranged from front end program design, state plan and waiver support, procurement design and evaluation, operational readiness assessments, and go-live/post go-live oversight activities.

He has worked with multiple state Medicaid programs conducting compliance audits as they relate to key program integrity provisions and enrollment requirements.

Mr. Myers has worked with multiple state Medicaid programs implementing key

oversight and monitoring plans, tools and systems that evaluate real-time program and contractor performance including key performance indicators focused on administrative, financial, pharmacy, program integrity and quality performance adherence to Federal and state requirements and performance benchmarks.

Additionally, he has supported states and MCOs with both local and federal reporting, Quality Management Strategy/Evaluations, External Quality Review assessments and waiver assessments and analyses.

Prior to joining FTI, Mr. Myers was a Principal at Mercer Health and Benefits, LLC where he led numerous projects and initiatives for many state clients, touching many aspects of the Medicaid delivery system.

Krunal Patel

Director, Healthcare Risk Management & Advisory, FTI Consulting

Krunal Patel is a Director in FTI Consulting's Healthcare Risk Management & Advisory practice. Mr. Patel performs data analysis on quality metrics in support of engagements that advise healthcare organizations on operational improvement, short-term and long-term strategies for quality improvement. His work often involves collecting and analyzing data and developing complex models that allow clients to make real-time, flexible decisions and identify opportunities.

With more than a decade of experience in the healthcare industry, Mr. Patel has devoted most of the past eight years to developing a deep understanding of the Centers for Medicare & Medicaid Services (CMS) Star Ratings system, which encompasses both the Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS)/Health Outcomes Survey (HOS). He has also been instrumental in developing various strategies centered on Part D Star Ratings and Adherence Measures. These strategies include a unique model designed to categorize members based on risk and devising member/physician-oriented tactics that yield tangible, action-driven results.

In addition to these accomplishments, Mr. Patel's skill set is further amplified by his adeptness in resource loading and leveling, team building, consensus building, budget management, project scope development, customer relations, cost avoidance, and continuous design improvements. He is also actively engaged in the healthcare industry's emerging digital quality improvement sector.

Prior to his current role at FTI Consulting, Mr. Patel played a pivotal role at a prominent insurance company, where he was responsible for enhancing and executing quality initiatives for Medicare Advantage. Here, he showcased his remarkable ability to bridge the divide between data analytics and pragmatic implementation, ensuring the triumph

of crucial quality improvement programs. His comprehension of the healthcare landscape and his capability to convert complex data into actionable strategies repeatedly enabled large health plans in Florida to achieve 4.5 and 5-star ratings. In addition, Mr. Patel's innovation-driven problem-solving approach and substantial experience were instrumental in solidifying the insurer's status as a leader in Medicare Advantage quality initiatives. His prior role served as a springboard for his current position at FTI Consulting, where he continues to leverage his expertise to benefit a diverse range of healthcare organizations.

Mr. Patel holds an Executive M.B.A. and a B.S. degree in business management from the University of South Florida.

ForHealth Consulting

Michelle M. Heatley, MSN, BSN, RN NEA-BC

Deputy Managing Director, Operations & Performance Excellence, ForHealth Consulting

As a leader in Health Systems Solutions, Heatley leads community-based services activities across multiple teams. She is responsible for outcomes such as client relationships, growth targets, and financial oversight, as well as oversight and implementation of new business ventures partnering with state agencies, including the newly implemented Nursing Council on Workforce Sustainability, aimed at creating a diverse pipeline and building a sustainable future for nursing in the Commonwealth.

Heatley has a long-standing career in health care and nursing leadership and is known for her commitment to quality, safety, and nursing excellence. Prior to joining ForHealth Consulting, Heatley served as associate chief nursing officer (ACNO) for emergency services and nursing quality and safety at Lahey Hospital and Medical Center, where she oversaw program development to support nursing excellence in these areas, including utilization of lean principles in the planning and execution of Lahey's strategic plan and its journey to Magnet status. Heatley has held several other ACNO roles including at Lahey where she developed evidenced-based policies and procedures to guide nursing practice as well as collaborative practice with physician colleagues in ambulatory, emergency nursing, case management, and Transfer and Access Center areas. At UMass Memorial Health—HealthAlliance-Clinton Hospital, she served as ACNO of inpatient and emergency services and co-led a multidisciplinary lean team to reduce hospital length of stay, thereby improving patient flow, and prior to that served as ACNO of emergency and perioperative services.

Heatley has held a variety of other leadership roles throughout her career, including

interim chief nursing officer and emergency department director, where she redesigned the stroke program and ED triage processes at Clinton Hospital, as well as nursing, ambulatory, and emergency services leadership in roles at Mount Auburn Hospital and Beth Israel Deaconess Hospital.

Heatley is a current member of the Massachusetts Hospital Association's Healthcare Safety and Violence Prevention Workgroup and of multiple professional nursing associations. She is a former Northeastern University faculty member. She obtained a lean green belt from UMass Memorial Health's Center for Innovation and Transformational Care.

Heatley earned her master's degree in forensic nursing from Fitchburg State University and her bachelor's degree in nursing from Regis College.

Lisa M. McDowell, MHSA

Senior Health, Law, and Policy Consultant, Health Policy & Strategy, ForHealth Consulting

In her role McDowell, oversees health policy strategies and provides expert consultation across the enterprise on Medicare and Medicaid policy and payment, traditional and integrated care delivery systems, long term services and supports (LTSS), and other health and human services.

McDowell has over 35 years of experience with Medicaid, Medicare, and other public benefit systems serving dual eligible and special populations, including national health reform, LTSS, balancing initiatives, federal and state laws, regulations, financing mechanisms, the full array of home and community-based services including integrated care models that support elders and people with disabilities.

McDowell's portfolio of work includes leading the planning, development, and implementation support activities for the Massachusetts' Money Follows the Person Demonstration, Balancing Incentive Program (BIP), One Care (Duals Demonstration 2.0) procurement and readiness review of contracted One Care plans, evaluation of the Senior Care Options program, and a restructuring of Preadmission Screening and Resident Review (PASRR) policy and the program integrity strategy. For the Virginia Department of Medical Assistance Services, the Medicaid Agency, she led the policy team assisting the State to establish a targeted case management service and payment rates for individuals with severe traumatic brain injury; and in conjunction with a wide range of stakeholders to develop a 1915 (c) home and community-based waiver program for and alternative institutional placements options for individuals needing waiver services, referred to as facility-based neurobehavioral treatment services (NTF) for individuals with brain injury and neurocognitive disorders. Currently Lisa leads an

engagement with the Colorado Department of Healthcare Policy and Financing (Medicaid agency) to provide policy recommendations and best practices for redesign of the State's Long-Term Home Health and Private Duty Nursing programs.

McDowell was a senior executive with the Massachusetts Medicaid agency directing program and policy development and operations for LTSS home and community-based and institutional services and served in the private sector as a senior health care executive and a part-time faculty member for Health Services Administration at Northeastern University.

McDowell possesses skills in the areas of community and facility-based policy and program design, development, implementation, and operations, financing and purchasing models, project and resource management, strategic planning, and regulatory compliance.

McDowell received her master's degree in health services administration from The George Washington University.

Kerri Ikenberry, BSN, RN, CCM

Executive Director, Community-based Services, ForHealth Consulting

As the Executive Director of Clinical Services, Kerri Ikenberry, provides clinical leadership and oversight for DCS clinical programs including clinical eligibility for the Acquired Brain Injury and Money Follows the Person Waiver Programs, the Community Case Management Program, and the Massachusetts DMH PASRR Program.

Ikenberry previously served as the Director of Clinical Services for DCS. In this role, she provided oversight for the above-mentioned programs, as well as the New Hampshire PASRR Program and MassHealth's Prior Authorization Unit. Ikenberry worked collaboratively with MassHealth to establish the MassHealth Home Health Prior Authorization program, including supporting regulatory updates, establishing clinical criteria, and supporting provider education.

Ikenberry previously served as Associate Director of Care Management, Community Case Management providing clinical oversight. Community Case Management is a ForHealth Consulting program dedicated to coordinating care and services for medically complex individuals who are members of Massachusetts Medicaid and live at home. She has held various clinical positions, including as a clinical reviewer and a visiting nurse. Ikenberry has also provided direct care to medically complex children and young adults.

Ikenberry holds a bachelor's degree in nursing from University of Massachusetts, Amherst.

Scott B. Keays, MPH

Project Manager, ForHealth Consulting

In his role, Scott Keays spearheads the Colorado Long-Term Home Health and Private Duty Nursing Tool Redesign Project, dedicated to optimizing Medicaid home health and pediatric nursing services in the state. In this capacity, he orchestrates client and internal meetings to uphold project deadlines and develop robust tools to guarantee patients receive appropriate care.

With over 15 years of experience, Keays has held various leadership roles within state Medicaid and Health Insurance Exchange agencies. Noteworthy achievements include overseeing Rhode Island's reinsurance program and streamlining Massachusetts' Medicaid Program website for consumer comprehension of complex benefits. His proficiency extends to program management, quality assurance, and team leadership in health care delivery to underserved populations.

Keays earned a bachelor's degree in political science from the University of New Hampshire and a Master of Public Health Degree from Boston University.

IMPACTIVO, LLC

María Fiorella Casaverde

Operations Director, IMPACTIVO

With over 15 years of experience in the health care industry, Mrs. Casaverde is a highly skilled Clinical Quality and Operations Manager with expertise in Federally Qualified Health Centers (FQHCs).

Originally from Peru, Mrs. Casaverde moved to the United States in 2005 to pursue her academic and professional aspirations. Her strong analytical skills and technical expertise, combined with a Master's degree in Healthcare Administration emphasizing Population Health, have empowered her to develop data-driven solutions for complex healthcare challenges and strive towards leadership in the field.

As Operations Lead for IMPACTIVO, LLC, she has managed grants, optimized operations, and developed a project management tool for resource allocation, resulting in streamlined processes, increased productivity, reduced costs, and fostered collaboration within cross-functional teams.

In her role as a Patient-Centered Medical Home Content Expert through NCQA, she has played a vital role in implementing and sustaining this accreditation across multiple

community health centers.

As a Clinical Quality Operations Manager, she plays a crucial role in ensuring healthcare providers meet regulatory requirements and deliver exceptional care to patients. Through close collaboration with doctors, nurses, administrators, and community leaders, she develops and implements impactful strategies aimed at enhancing patient outcomes and overall quality of care.

Mrs. Casaverde's unwavering dedication to narrowing health disparities showcases her deep commitment to promoting health equity and providing quality healthcare access to all, regardless of socio-economic or demographic factors. Her exceptional attention to detail, unwavering commitment to excellence, and earned respect from both colleagues and clients affirm her outstanding contributions in the field.

Josette Pagán Lluch

Implementation Lead & Senior Associate, IMPACTIVO

Ms. Pagán is a respected figure in the fields of communications, health, wellbeing, and advocacy. She is a conscious visionary leader proven as a strategic and results driven executive with over 30 years of domestic and international expertise in public affairs, health affairs, crisis management, business development and innovation.

Ms. Pagán is known for her exceptional leadership, innovating thinking, and results-driven approach. She has worked with a diverse range of organizations, both domestic and international and has a track record of success in the private, public and non-profit sectors. She is a strategic consultant, publicist and speaker seasoned in public affairs, health affairs, and social advocacy.

Throughout her career, Ms. Pagán has consistently demonstrated her ability to design and implement evidence-based initiatives that drive positive change. She has spearheaded projects that tackle pressing social and health challenges. She has also developed and led projects of national impact, specifically in the aftermath of Hurricane Maria, when she organized large-scale initiatives providing crucial health services and vaccines island wide to the population of Puerto Rico. Her solid network across sectors has been instrumental in creating meaningful collaborations and partnerships.

Ms. Pagán has been effective in developing and executing data-driven initiatives in telemedicine. Her contributions include leading Community Health Needs Assessments that address social determinants of health and cater to the needs of vulnerable populations. Additionally, she successfully led an Optimizing Virtual Health HRSA award project, optimizing virtual healthcare delivery to enhance accessibility and improve patient outcomes. She has actively designed and collaborated in Strategic Planning processes for healthcare entities, and played a key role in implementing Patient-

Centered Medical Home models, ensuring comprehensive and patient-centric care.

She is also a corporate consultant trained by the neuroscientist Dr. Joe Dispenza to apply the neuroscience of change and boost employee engagement, collaboration, creativity, productivity, and business results. Furthermore, she is the author of three best-selling books on wellbeing and promoting healthier lifestyles, writes editorial columns for top newspapers and magazines, and has become a respected influential media personality, blogger, and speaker.

