

WRITTEN RESPONSE SCORING
November 30 – December 5, 2023
RFP #2334-839
Medicaid 1115 Waiver Policy Consultant

Vendor Name: ATI Advisory

Evaluator Number: WE1

General Guidelines:

- Please score each vendor's response without reference to the scores for other vendors. Each score should reflect your score based on the criteria only.
- Please note all scores and comments in the allotted sections. If you change a score, initial the change.
- Please include comments that will assist the vendor in understanding why the response did not get full points. Positive comments are also welcome.
- We would prefer that you leave a comment for each question scored, briefly explaining why you assigned that particular score.
- You may discuss the proposals among the evaluation team, but each evaluator should score independently. **We do not use consensus scoring.**
- Do not downgrade a proposal because it did not address something that was not asked for in the Solicitation.

Scoring of Proposals

The following available points will be assigned to the proposal for evaluation purposes:

Section 5 Bidder Qualifications & Experience	270 points
Section 6 Budget & Reporting	15 points

If you have questions, please direct them to Lauren Bragazzi, Solicitation Coordinator, phone 360-664-6047. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Score	Description	Discussion
90-100% of available points	Exceptional	Clearly superior to that which is average.
70-80%	Above Average	Better than that which is average.
50-60%	Average	Baseline score for each item with adjustments based upon the evaluator's interpretation of the Bidder's response.
30-40%	Below Average	Substandard to that which is average.
10-20%	Failing	Non-responsive or clearly inadequate to that which is average.
0%	No Experience	Response shows no experience in this skill or capability.

Evaluator Scoresheet for RFP #2334-839

You will be evaluating one part of the bidder’s submission: Section 5. Bidder Qualifications & Experience and Section 6. Bidder’s Cost Proposal. If a question requires Bidders to submit additional documents, they will be included in an attached document.

5.	BIDDER QUALIFICATIONS AND EXPERIENCE (270 Points)		270 MAX POINTS	SCORE
E	<p>Please provide the number of years of experience you or your organization has in drafting 1115 waivers. Please describe the experiences, skills, and qualifications your organization possesses that are relevant to an evaluation of your ability to perform the Contract that is the subject of this Solicitation. Please ensure that your answer to this question includes all information that you wish DSHS to consider in determining whether you meet the minimum Bidder qualifications set forth in the Solicitation Document. Please include any relevant experience that distinguishes your organization or makes it uniquely qualified for the Contract.</p>			
	COMMENT:	<p>ANSWER:</p> <p>ATI has built a project team with unmatched expertise to support DSHS in drafting a Section 1115 Waiver and exploring other approaches to recognize savings created by the WCF. The ideal team understands the Section 1115 Waiver process and regulation, as well as LTC financing and broader policy levers available to the State. Our proposed project team reflects the comprehensive expertise DSHS needs.</p> <ul style="list-style-type: none"> Collectively, ATI’s proposed project team brings 55 years of experience drafting Section 1115 Waivers and providing technical assistance with additional processes key to the development of a successful Section 1115 Waiver. This experience includes stakeholder engagement, project governance, inter-agency facilitation, negotiating with CMS, plans for monitoring and evaluation, data analytics, and implementation. Members of our team have reviewed Section 1115 Waiver applications on behalf of the OMB, have experience working with CMS on implementing, evaluating, and providing technical assistance for 1115A (Medicare Medicaid Innovation) waivers, and are national experts in LTC financing and social insurance program design. ATI’s smaller size and focus on healthcare ensures we are nimble and flexible enough to provide our expertise in ways that best meet the State’s needs and offers access to 	50	50

our senior leadership and thought leaders that larger firms rarely extend. Our approach is to work collaboratively with our clients as partners and trusted advisors. We prioritize the goals and needs of our clients and match those needs with our expertise to produce excellent results. Our team will include national experts on LTC financing and 1115 Waiver development, including Anne Tumlinson, Marc Cohen, Tom Betlach, and Karen Kimsey, to ensure that DSHS has the right people at the table when making key policy decisions.

ATI's Expertise and Resources:

- **ATI's team has helped to develop Section 1115 Waivers with eight states**, including California, North Carolina, and Hawai'i, and has experience reviewing Section 1115 Waiver applications at CMS and implementing a Section 1115 Waiver on the ground in New York. These experiences give the ATI team perspective across the Section 1115 Waiver life cycle from application development and CMS approval to on-the-ground implementation. Furthermore, we have provided training to state clients on the Section 1115 Waiver process to ensure success in navigating federal requirements and norms. We work to elevate states' unique needs, ensuring we are fully listening and responding to state and stakeholder direction. For example, based on client needs we support Hawai'i's State Medicaid Agency with the full Section 1115 Waiver process—from policy ideation to drafting and CMS negotiations—by project managing multiple scopes of work and deliverable components among State contractors (e.g., actuaries), conducting research and policy options analyses, and facilitating eight workgroups on key topics to drive policy decision-making, among other activities.
- **ATI's staff and advisors are nationally recognized experts in LTC financing.** ATI founder and project advisor Anne Tumlinson has decades of experience in LTC financing, including advising on the development of budget neutrality principals for Section 1115 Waivers, leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, and managing a multi-stakeholder effort to develop model options for a federal LTC social insurance program and share those options publicly through a variety of papers, presentations and

chartbooks. Similarly, Marc Cohen has over thirty years of experience leading research on the financing and delivery of LTSS and supported Washington in the design of the WCF. ATI intimately understands how to navigate financing LTC social insurance like WCF. Because Washington's proposal of generating shared savings from LTC insurance through a Section 1115 Waiver is novel, ATI's deep financing expertise can help Washington build a compelling application and avoid key obstacles. Anne Tumlinson and Marc Cohen have each been invited, on multiple occasions, to present testimony on LTC financing to U.S. House and Senate committees.

- **Our Medicaid team understands Medicaid financing and how to optimize the federal match** and can quickly vet the direction of budget impacts from shifting dollars between Medicaid and non-Medicaid state payment sources. ATI understands the multiple interaction points between LTSS and CMS policy and can speak to these interactions if they arise in discussion with CMS. With experience reviewing budget neutrality at the federal OMB, our team also understands federal budget neutrality requirements and will work collaboratively to support and align with the State's consultant or team leading budget neutrality calculations for DSHS, as we did recently for Hawai'i's State Medicaid Agency.
- **Our team includes skilled communicators who have negotiated with CMS.** As stated above, our team includes former CMS and OMB employees who understand federal requirements and what these agencies need to advance state requests. Our experience working with states on particularly innovative programs, including Hawai'i's Section 1115 Waiver, will allow us to negotiate with CMS regarding the unique nature of DSHS' approach and the expected benefits at the federal and state levels. For example, Arizona's former State Medicaid Director Tom Betlach negotiated the approval of three Section 1115 Waiver amendments that were initially not approved including an amendment to establish a patient centered medical home. The state wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes.

- **We understand the broader healthcare environment** and have subject matter experts across Medicaid, Medicare, dual eligible policy, LTSS, LTC financing, and social service programs. We bring nuance and historical context to policy decisions. For example, Anne Tumlinson, with support from The SCAN Foundation, pioneered health services research that analyzed healthcare spending specifically attributable to the Medicare population experiencing functional and cognitive decline, laying the groundwork for higher value healthcare through integrated financing and delivery across medical and LTC. Our team includes nationally recognized experts across these topics and is deeply connected to the national policy conversations on these topics, for example through public forums at the Bipartisan Policy Center or private informal policy consultations with our peers and colleagues in stakeholder organizations, which means we can anticipate policy direction and advise DSHS accordingly. We are experts on federal and state policy and program design innovations, CMS guidance, and approval precedents. With this experience and our creativity, we can help the State understand and leverage its full purchasing power.

ATI's Approach:

- **Our unparalleled approach centers on understanding the unique needs of states and stakeholders**, whether that is education and training or administrative support and leading conversations. We are the go-to source for private and public sector entities to learn about and receive support on LTC issues and policy. This is evidenced by our project portfolio and the speaking engagements our team is invited to present at (for more detail, see team resumes in Attachment F). ATI is dedicated to facilitating key decisions through an inclusive and responsive process and prioritize fostering an environment of collaboration, organization, and effective communication. Further, we are exposed regularly to the lived experiences of individuals with LTSS needs through their family caregivers who are part of the national Daughtershed community, which ATI founder and CEO Anne Tumlinson founded. We see first-hand the impact of the financial devastation LTSS-need creates. One of our company values, connectedness, speaks to our commitment to ensure our clients benefit from the full extent of deep

and long-standing relationships and ability to build bridges across different stakeholder groups and perspectives.

- **ATI excels at seamlessly coordinating and facilitating decision-making processes across diverse agencies and stakeholders.** Our expertise lies in building consensus – a crucial skill in navigating the intricate landscape of federal resources and decision-makers – and weaving in state and local perspectives. We recognize that negotiating with CMS for the approval of DSHS’ Section 1115 Waiver will require significant federal resources. All Section 1115 Waivers are reviewed and approved by a federal review team that includes central office project officers and leadership in the State Demonstrations Group along with regional office representation, the OMB, and other federal agency decision makers. In working with Pennsylvania and other states, our team members have developed presentation materials that can be used in federal negotiations and to encourage effective communication. For example, in Alabama, our proposed Executive Sponsor, Johanna Barraza-Cannon attended meetings with CMS in person in Baltimore as a representative for the State while State staff, contractors, and other team members participated remotely in discussions and negotiations.
- **The ATI team is characterized by its adaptability, agility, and ability to address the most challenging problems in LTC.** Recognizing the complexity of DSHS’ initiative, we understand that the path may not always be linear. As such, it will be critical for Washington to have a team with the expertise and adaptability to chart and navigate new strategies. In the face of potential shifts, such as CMS requiring course adjustments, ATI will support DSHS to successfully negotiate approval or pursue alternatives as we have done with other states.
- Please see Response 5J for additional detail and examples of ATI’s performance and capabilities, including a description of our engagement with eight states, implementing Section 1115 Waivers as a provider system, and CMS 1115 experience. Response 5L offers eight key examples of ATI and ATI’s staff policy research capabilities.

ATI Team Experience and Subject Matter Expertise

As we noted above, ATI is led by experts in the field of complex care and LTC financing across Medicaid, Medicare, dual eligible policy and programs, and LTSS. Our team includes former federal, state, plan, and provider executives and we have supported clients with projects similar to DSHS' Section 1115 Waiver application. For this effort with DSHS, we have assembled a core team of ATI staff with Section 1115 Waiver and project management expertise, and an Advisor Group of ATI staff and ATI partners with national expertise spanning LTC, Section 1115 Waiver development and approval, and other waiver types DSHS might consider.

Below are short biographies that highlight the experiences of key project leadership, advisors, and team members. For an organization chart and resumes, see Response 5F.

Core Team Experience:

- **Johanna Barraza-Cannon, Director at ATI**, will serve as the Executive Sponsor. She has over 20 years of experience in health and human services policy, finance, strategy, and operations. As a consultant at Navigant Consulting (now Guidehouse), Johanna helped Alabama and Pennsylvania develop their Section 1115 Waivers. This included facilitating brainstorming and decision making (develop options analyses, PowerPoint presentations, decision memorandums) across multiple workgroups (developing a governance structure for these workgroups) to determine what requests would go in the application, engaging with stakeholders, and writing sections of the application. At ATI, Barraza-Cannon served as a subject matter expert on the Hawai'i Section 1115 Waiver renewal request which included reviewing application material, assisting with state decision making, and stakeholder engagement. As a technical director at CMS, Barraza-Cannon worked with states on their Section 1115 Waiver requests and served on the federal review team for numerous demonstration requests including HIFA and family planning requests. While a consultant at Navigant, Barraza-Cannon worked with multiple states on the CMMI State Innovation Model grant program, to help develop new and innovative solutions in care coordination, multi-payer models, health information technology, behavioral health, and stakeholder engagement.

		<p>Furthermore, she served as the interim Medicaid director for South Dakota, staffed the State Illinois House Health Appropriations Committee, and has federal experience as the Policy Director for the Office of Health Information Technology at HRSA and as a Technical Director in the Center for Medicaid and CHIP Services (CMCS) at CMS.</p> <ul style="list-style-type: none"> <p>• Morgan Craven, Director at ATI, will serve as the Project Director. She has supported numerous states in the development and implementation of Section 1115 Waivers, most recently North Carolina, California, and Hawai'i. Craven leverages eight years of experience advising clients on a broad range of strategies related to Medicaid innovation and delivery system reform, federal and state legislative and regulatory analysis, managed care innovation, incentive payment programs, stakeholder engagement, and project management. Prior to joining ATI, Craven was a Manager at Manatt Health providing strategic guidance and hands-on technical assistance, primarily to state Medicaid agencies. During her tenure, she supported state Medicaid agencies on a broad range of policy design and implementation issues, including Medicaid financing approaches, provider reimbursement, quality evaluations, and value-based payments. Craven also facilitated robust CMS engagement and technical assistance to state Medicaid agency partners regarding submitting and negotiating approvals for supplemental and directed payments, designing and framing quality evaluations, demonstrating compliance with managed care and financing rules, and other escalated issues. Craven started her career at Lockton Companies where she advised on regulatory compliance, risk mitigation, and design of employer-sponsored managed care plans. In addition to her extensive experience in policy design and implementation, Craven is skilled in developing multivariate Excel models, conducting financial analyses, and providing project management support and infrastructure to state Medicaid agencies. Craven received her Master of Public Health, Health Policy from George Washington University, and her Bachelor of Business Administration from Southern Methodist University.</p> <p>• Laura Benzing, Senior Analyst at ATI, will serve as Project Manager overseeing daily project activities to ensure project success. Currently, Benzing serves as the ATI project manager helping to develop the Hawai'i Section 1115 Waiver by managing project communication and progress but also conducting policy analysis and drafting material.</p> 		
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			<p>quantitative research and supports qualitative research to advise clients on federal and state health insurance programs. Prior to joining ATI, Franco served the Altarum Institute’s Center for Value in Health Care and Center for Eldercare Improvement as a research analyst. His work there included economic modeling of the impact of social policies, business consulting on home- and center-based services, and federal research on Medicare–Medicaid integration amid COVID-19. In a key project, he derived county-level data from Medicare administrative files to describe Part D outcomes for beneficiaries aged 65+ and describe users of post-acute and LTC, including their functional and cognitive conditions, their diagnoses, and their use of healthcare. At a federal level, Franco’s past work has included consulting and data management for the Center for Medicare and Medicaid Innovation (CMMI) and the Medicare Ombudsman Group, as well as designing statistical methods for a research project funded by the Agency for Healthcare Research and Quality. Franco received his bachelor’s degree in Economics from American University. He was a fellow of the Public Policy and International Affairs (PPIA) Program in 2017 at Carnegie Mellon University’s Heinz College.</p> <ul style="list-style-type: none"> • Jonathan Amos, Analyst at ATI, will serve as part of the project team, with a focus on health policy research and analysis. At ATI, Amos currently supports the State of Hawai’i in the development of their Section 1115 Waiver submission, conducting key research to advise the State on policy approaches to promote whole-person care and reduce health disparities impacting Hawai’i’s most vulnerable Medicaid members. Amos prepared materials that informed the State’s policy decision-making, identified policy pathways approved in other states’ Medicaid programs applicable to Hawai’i, and drafted large sections of the Section 1115 Waiver submission. Prior to joining ATI, Amos managed new specialty scheduling projects for Corewell Health’s COVID-19 response, leading strategic planning and implementation of COVID-19 Community Vaccination Clinics and COVID-19 Long Haul Clinics. Amos uses their experience in health systems operations and six years of relevant health policy research to bridge the gap between policy, patients, payers, and providers, particularly relating to health equity, social determinants of health, and Medicaid opportunities to address health-related social needs. Amos received their Bachelor of Arts in Social Relations and Policy 		
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from Michigan State University and anticipates completing their Master of Public Health at the University of Michigan in May 2024.

Advisor Group Experience:

- **Anne Tumlinson, Founder and CEO of ATI Advisory**, leads the nation in setting the direction of aging and disability policy and is a nationally recognized expert in LTC financing. Highlights from her 30-year career include:
 - Advising policy officials on LTC policy at the White House Office of Management and Budget, including the development of budget neutrality principals for Medicaid Section 1115 Waiver review, and dual eligible demonstration design;
 - Producing a paper on catastrophic federal LTC insurance design for the Georgetown University Financing Project, funded by the Robert Wood Johnson Foundation;
 - Building a publicly accessible, stylized model of social insurance options for LTC financing, with funding from The SCAN Foundation, in advance of Congressional debate of the CLASS Act;
 - Leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, under contract with the Department of Health and Human Services Assistant Secretary for Program Evaluation;
 - Testifying before the Senate Aging Committee, House Energy and Commerce Committee, and the Bipartisan Congressional LTC Reform Commission on LTC financing reform;
 - Managing a multi-funder, multi-stakeholder effort to develop model options for a federal LTC social insurance program design, under contract with The SCAN Foundation. Work included managing an actuarial team at Milliman and a dynamic microsimulation model build at the Urban Institute; and

- Pioneering health services research that analyzes healthcare spending for the population segment that experiences varying levels of functional and/or cognitive decline.

Tumlinson also founded and serves as CEO of ATI Advisory, a consulting and research firm that guides public and private leaders in solving the hardest problems in healthcare, with a focus on developing creative solutions for addressing LTSS needs. Early on at ATI, Tumlinson led a large-scale LTC financing project exploring insurance options for social insurance, involving many stakeholders and extensive oversight of the DynaSim model. More recently, ATI served as the project leader and coordinator for a multi-funder, multi-stakeholder effort to specify and model several options for federal LTC social insurance program design. The effort produced consensus across stakeholders and researchers and influenced the shape of federal legislation. She also founded and serves as the Board Chair for Daughtershood, an online and in-person community that connects family caregivers with each other for support and information. She serves on the non-profit board of Mary's Center, an FQHC in Washington, DC, and as a member of the National Academy of Social Insurance. Tumlinson spent her early career working in government, first as an aging and healthcare advisor to Congressman John Lewis (D-GA) and then as the lead for Medicaid program oversight at the Office of Management and Budget.

- **Tom Betlach, MPA, Partner at Speire Healthcare Strategies**, joined Speire as a partner to advise government and private sector clients on complex health policy and strategic initiatives. He is a nationally recognized thought leader on Medicaid and health care policy, known for his expertise in serving complex populations, delivery system transformation, value-based purchasing, managed care, and cost containment. Prior to joining Speire, Betlach spent 27 years serving in a variety of leadership roles for the State of Arizona. He served five different governors in three different cabinet positions. Most recently, Betlach served as director of the Arizona Health Care Cost Containment System (AHCCCS), Arizona's State Medicaid agency, where he reported directly to the governor. AHCCCS provided health care coverage to 1.9 million Arizonans at an annual cost of \$13 billion. During his tenure, Arizona became an early innovator in leveraging

			<p>competitive managed care contracting strategies and Section 1115 Waivers to transform health care delivery. Arizona successfully pursued a multi-year strategy to integrate behavioral health services, expanded the delivery of services to address social determinants of health and pursued value-based purchasing strategies. Arizona remains one of the lowest-cost LTC programs nationally and has maintained high levels of home and community-based placement for persons with LTC needs.</p> <p>Known for his ability to work across government, Betlach was integral to Arizona’s development of a broad coalition to streamline justice system transitions to health care. This multi-pronged, collaborative strategy resulted in a more effective approach to delivering care. The effort aligned well with broader initiatives in the Medicaid program to expand housing and employment support services. Upon his departure, Arizona Medicaid was the third largest housing authority in Arizona. He also led initiatives to develop stronger partnerships with tribal organizations. Through innovative Section 1115 Waivers and other authorities, Arizona created first-in-the-nation models that improved services for tribal members. Betlach serves as a critical Medicaid and health policy resource for policymakers across the country. He led an Arizona/federal government partnership to create new tools that improve services for those dually eligible for Medicaid and Medicare. Betlach has testified on multiple occasions before Congress and his leadership on dual eligible population services is recognized nationally. Betlach served as both vice president and president of the National Association of Medicaid Directors. He currently serves on the board for the National Committee for Quality Assurance (NCQA) and is a member of the Congressional Budget Office Panel of Health Advisers. Betlach holds a master’s degree in public administration from the University of Arizona and a bachelor’s degree in political science from the University of Wisconsin.</p> <ul style="list-style-type: none"> • Marc A. Cohen, Ph.D., Professor of Gerontology at UMass Boston, co-directs the LeadingAge LTSS Center @UMass Boston and serves as a Research Director at the Center for Community Engagement in Health Innovation at Community Catalyst. Throughout his career, Dr. Cohen has conducted extensive research on public policy issues affecting the financing and delivery of LTSS and has skillfully demonstrated his expertise in multiple settings. 		
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			<p>Cohen was part of the team that worked on the initial development of the WCF with Milliman. He conducted stakeholder interviews with Washingtonians for a Better Future and provided consulting service support to the WCF team working on issues related to benefit eligibility definitions and assessment work. Prior to joining UMass in the fall of 2016, Dr. Cohen served as the Chief Research and Development Officer and former President and co-founder of LifePlans, Inc., a LTC research and risk management company. At LifePlans, Inc., Dr. Cohen consulted for and conducted research for health insurers, health providers, trade associations, Congress, states, and government agencies. His contributions have helped to develop innovative reinsurance programs and health risk management products, improve the efficiency of care delivery, and create data-driven solutions to optimize health care systems. Concurrently, Dr. Cohen served as a senior researcher for both the Center for Health and LTC Research and Brookdale Institute of Gerontology conducting analyses for foundations, universities, and congressional staff on LTC financing and care delivery. Here, he developed expertise on the utilization of Medicare and Medicaid home health care services, nursing home care, and community-based services, and the role of competition and different financial models on pricing and efficiency of health care systems.</p> <p>He has testified before Congress, the Bipartisan Policy Center, and other organizations; served on Governor Patrick’s Task Force on LTSS Financing for Massachusetts; was a Steering Committee member of the LTC Financing Collaborative; and served as a Chair for a National Academy of Social Insurance Study panel on Designing State-Based Social Insurance for LTSS. More recently, he has been examining ways to improve person-centered care, add services to senior housing, improve patient engagement in the research process, evaluate and strengthen family caregiving advocacy, and address issues related to caring for individuals dually eligible for Medicaid and Medicare. Over the years, his work has been quoted extensively and he has been interviewed by the <i>New York Times</i>, <i>Wall Street Journal</i>, and <i>Time Magazine</i> as a thought leader on elder care financing issues. Dr. Cohen received his Ph.D. from the Heller School at Brandeis University and his master’s degree from the Kennedy School of Government at Harvard University.</p>		
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		<ul style="list-style-type: none"> • Brianna Janoski, Managing Director at ATI, leads ATI’s state work related to Medicaid, aging, and dual eligible program design. She has supported over 25 states across Medicaid agencies and Departments of Aging. Janoski served as a technical assistance contractor to CMS during the roll out of the Financial Alignment Demonstrations from 2012 to 2016 as a part of the Integrated Care Resource Center. During this time, she provided various types of support to the 10+ states pursuing capitated and managed fee-for-service demonstrations under 1115A demonstration authority. Before joining ATI, Janoski was an independent consultant who supported clients on projects related to managed care, Medicaid, Medicare, State Health Insurance Assistance Programs (SHIPs), and integrating care for dual eligible individuals. Janoski also served as the Associate Vice President of Medicare/Duals Plan Product and a Director of Public Policy at Molina Healthcare. Janoski began her career working at the Center for Health Care Strategies where she engaged with states across the country to reform care for complex populations and served as a technical assistance provider on behalf of CMS to help states implementing Section 2703 Health Homes and Financial Alignment Demonstrations. Janoski received her Master of Public Health in Urban Health and Bachelor of Science in Health Science degrees from Northeastern University. • Karen Kimsey, Partner at Speire Healthcare Strategies, will bring 1115, and Medicaid subject matter expertise to this project. Kimsey has more than 27 years in public health care policy, program development and operation, and finance. She is also a nationally recognized expert in Medicaid-funded LTSS. Before joining Speire, Kimsey served as the director of Virginia’s Medicaid and Child Health Insurance Programs, including the provision of acute, behavioral health and LTSS to more than 2.1 million Virginians at an annual cost of \$20 billion. Kimsey also served in multiple executive level roles in the Virginia Medicaid program. As the Medicaid Chief Deputy Director, she was the operational lead for the creation of the Medicaid Expansion benefit, which now supports 600,000 low-income adults. This included streamlining eligibility processing for incarcerated populations. As Deputy of Complex Care and Services, she led the effort to integrate long-term and behavioral health services and supports into managed care, including the development of an innovative model of managed care for individuals enrolled in both Medicare and Medicaid. She also led the creation of a new 		
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addiction and treatment services benefit to address the opioid crisis. Additionally, she was the primary Medicaid lead for the redesign of the Intellectual and Developmental Disability service delivery system while the State was under a settlement agreement with the Department of Justice. Nationally, Kimsey served on the governance committee and as east coast representative of the National Association of Medicaid Directors. She currently serves as a Member of the American Board of Internal Medicine's Action Group on Health Equity. Kimsey holds a Master of Social Work degree and a certificate in Aging Studies from Virginia Commonwealth University in addition to a Bachelor of Social Work from James Madison University.

- **Tyler Overstreet Cromer, Principal at ATI**, brings a decade and a half of experience in health and aging policy, analytics, budget formulation and execution, and consulting. She advises clients on innovative healthcare financing and delivery models and provides expertise in Medicare value-based care program design and Older Americans Act programs, including Medicare Advantage, Special Needs Plans, PACE, traditional Medicare Fee-For-Service, and value-based programs. Prior to joining ATI, Cromer served as a senior executive at the White House Office of Management and Budget, providing oversight and expertise for budget development and execution for the Department of Health and Human Services (HHS). In her federal role, Cromer was involved in many of the reforms to traditional Medicare, having led efforts at OMB related to the Center for Medicare & Medicaid Innovation (CMMI) from its inception until her arrival at ATI. She also worked on the initial design and regulations of the Medicare Shared Savings Program. Cromer has provided oversight, expertise, and policy and budget guidance to various health programs and agencies, whose discretionary budgets total over \$8 billion annually, including CMS and the Older Americans Act programs administered by Administration for Community Living (ACL). Cromer frequently partnered with HHS for planning and executing major management improvement efforts. Cromer frequently speaks at national conferences on healthcare, caregiving, and the complex needs of Medicare beneficiaries. Cromer received her Master of Public Administration from the Maxwell School at Syracuse University and her Bachelor of Arts from Wake Forest University.

Together, the proposed team exhibits a comprehensive mastery of diverse skill sets required for successful project execution. **Figure 1**, describes how project team members align the projects’ key competencies, demonstrating the team’s holistic capabilities, education, and expertise that will serve as the foundation for a successful project.

Figure 1: Proposal Project Team Expertise (Two dots – expert-level experience, one dot – mid-level experience)

Subject Matter Expertise and Technical Expertise	Project Team						Advisors					
	Johanna Barraza – Cannon	Morgan Craven	Laura Benzing	Cleo Kordomenos	Jonathan Amos	Nils Franco	Anne Tumlinson	Brie Janoski	Marc Cohen	Tom Betlach	Karen Kimsey	Tyler Overstreet-Cromer
Drafting Section 1115 Waivers	
Negotiating Section 1115 Waivers with CMS	
Conducting Stakeholder Engagement
Long Term Care Financing Expertise					
Working Within Federal and/or State Government
Working with State Medicaid Agencies
Managing Projects
Facilitating Meetings

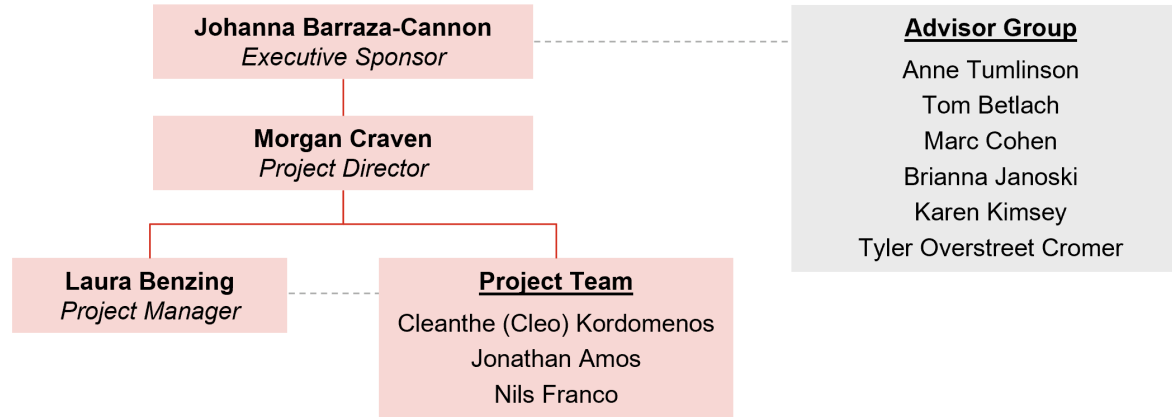
ATI meets all minimum Bidder qualifications.

ATI is licensed to do business in the State of Washington and has demonstrated experience assisting states with Section 1115 Waivers (see additional detail in Response 5B). ATI is staffed to meet the project requirements and timelines (see additional detail in Response 5C). Team members are able to provide services and be available for project needs from 8:00am - 5:00pm Pacific time (see additional detail in Response 5D).

F	<p>Please provide the names of the key team members you will assign to this Contract, if you are the Successful Bidder, and provide their proposed roles and copies of resumes describing the relevant experience they possess. Bidder should note that if awarded a contract, it may not reassign its key personnel from the Project without prior approval of DSHS.</p>		
	<p>COMMENT: ANSWER: ATI’s proposed project team is led by seasoned professionals specialized in complex care and LTC financing, encompassing expertise in Medicaid, Medicare, dual eligible policy and programs, as well as LTSS. Our accomplished team includes nationally renowned experts and former State Medicaid Agency executives.</p> <p>Refer to the organizational chart (Figure 2) to see how we will deploy our project team. For a more in-depth exploration of our team's qualifications and credentials, please reference their resumes in Attachment F. See Response 5E for short staff biographies that offer succinct highlights of key experiences. As the Executive Sponsor, Johanna Barraza-Cannon will serve as the senior-level professional responsible for overseeing the entire project and guiding it in the right direction based on her expertise and experience. Morgan Craven, the Project Director, will be responsible for the planning and execution of the project, serving as the primary meeting facilitator and central point of communication between DSHS, ATI, and relevant stakeholders. As the Project Manager, Laura Benzing will serve as the administrator for coordinating efforts, planning tasks, and ensuring the full team is informed, updated, and progressing along the workplan. Our project team reflects a combination of qualitative and quantitative capabilities and includes Cleo Kordomenos, Jonathan Amons, and Nils Franco. Kordomenos and Amos will be responsible for research, material development, and project management tasks, leveraging their recent experience leading this work for ATI as part of our Hawai’i 1115 support. Franco will be responsible for conducting and communicating data analyses, including any state data needed to help make a compelling case to CMS for approval of the proposed Section 1115 Waiver, and providing LTC financing insights. Advisors will serve as strategic partners to the Core Team and as needed, to DSHS, reviewing and shaping content with their specialized knowledge and guidance. Our proposed staffing approach with a Core</p>	10	10

Team and an Advisor Group will help ensure the application has the best chance of CMS approval and aligns with Washington’s goals.

Figure 2: ATI WCF Section 1115 Waiver Team Organizational Chart



G Please describe your method for assuring that your services and deliverables are provided in accordance with high quality standards and for immediately correcting any deficiencies. What data would you propose to report to DSHS which would permit verification of your quality assurance activity, findings, and actions?

COMMENT:

ANSWER:

The ATI team assures high-quality, timely, and budget-consistent services and deliverables through its formalized and systematic quality control processes spanning qualitative and quantitative analytics, technical report writing, financial modeling, meeting facilitation, and more. As part of these processes, we:

- **Monitor resource utilization** to ensure we are providing the appropriate amount of support to our clients, based on budgeted hours and contract deliverables. Resource utilization monitoring also ensures the right staff are deployed for an appropriate amount of time, to maximize the expertise we are providing to Washington. We do this using project management

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software that tracks daily project team hours, overlaid with the project management plan, budget, and deliverable production (described more in our response to 5H, below). Individual staff and project team managers also work together closely to ensure staff are deployed efficiently. For example, staff and project team managers have a recurring weekly “stand-up” meeting to discuss staff deployment, project deliverables, and critical timelines. This approach incorporates expected and unexpected staffing absences, for example time off, to ensure project obligations are met. Given the short timeframe associated with Washington’s novel Section 1115 Waiver design, resource utilization will be especially important.

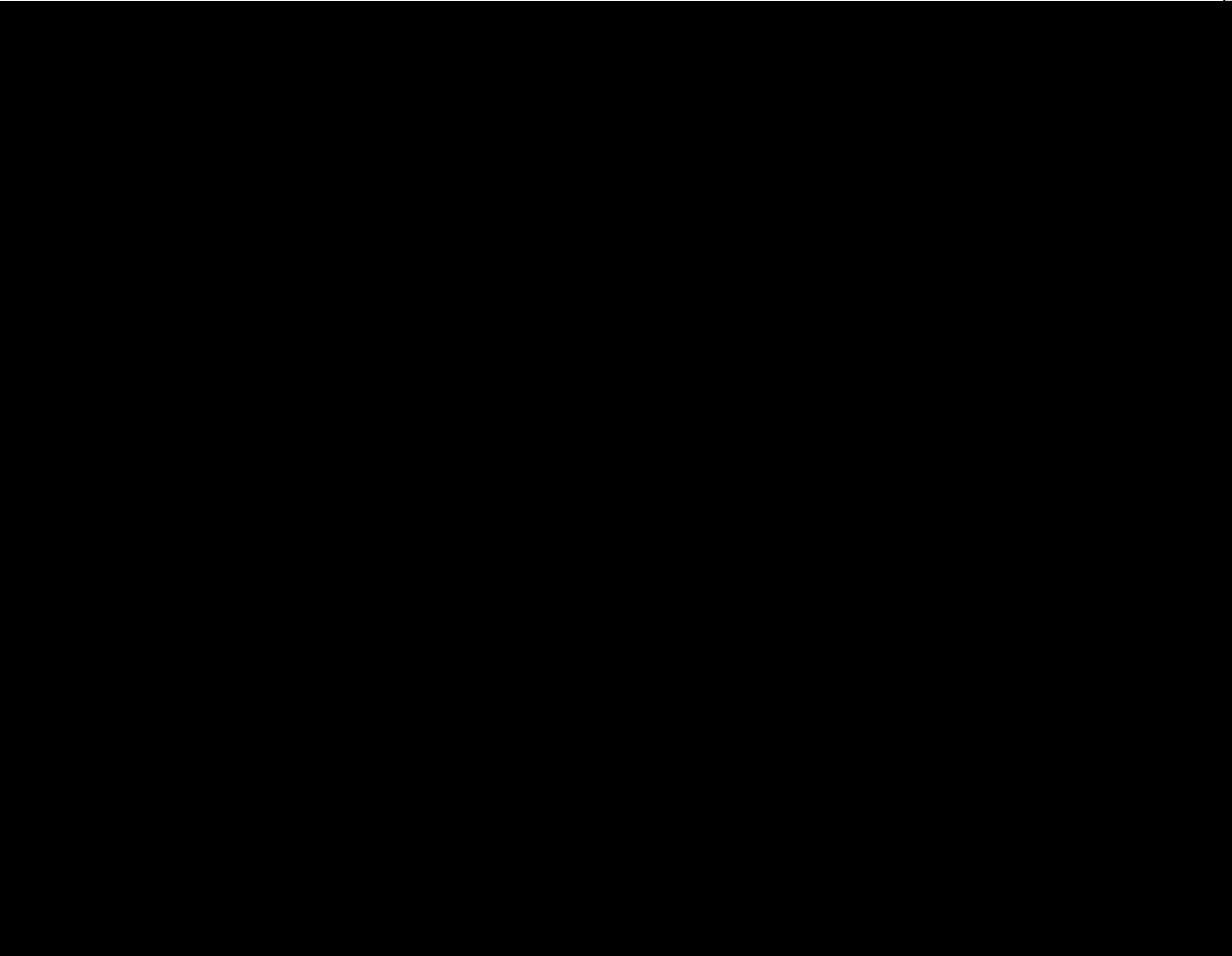
- **Ensure consistently high-quality output** to minimize our clients’ review and revision time, and in the case of Section 1115 Waiver design, to maximize likelihood of waiver approval. For each deliverable, ATI assesses and addresses quality separate from the development of and review of the deliverable’s content. For example, while core project staff will review and iterate on a deliverable at least twice before sending or presenting to a client, a separate team of ATI staff who were not involved in the development of the deliverable will review for quality and consistency.

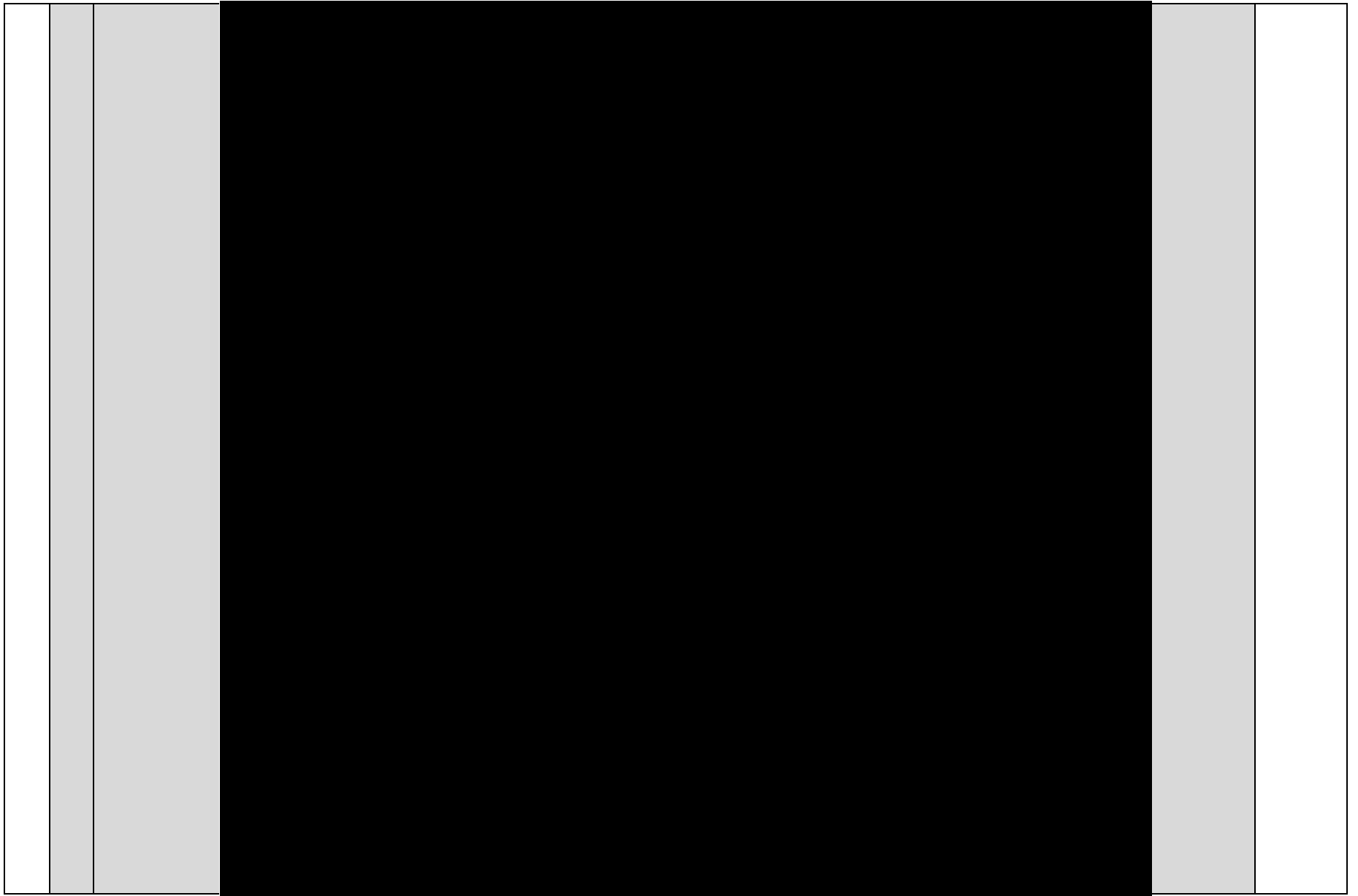
In the Section *Policy Design and Preparation* in Response 5I, we discuss ATI’s quality control process for the drafting of the Section 1115 Waiver application and related materials in further detail. Notably, ATI will build a style guide with DSHS to ensure appropriate, consistent language and best practices are used. ATI also customizes existing checklists to match client needs. For example, custom checklists may include practices related to proofing, accessibility, language translations, and other document remediations and will ensure that all reviews and sign offs are completed (as described in the project’s governance plan, further detailed within Response 5I). These tools and best practices were developed through our team’s experience in stakeholder engagement and CMS engagement with other states.

		<p>A key aspect of quality control is the confidence that the right people have reviewed the deliverable. In addition to ATI’s in-house advisors, ATI’s subcontractor partners Tom Betlach and Karen Kimsey, former State Medicaid Directors and Section 1115 Waiver experts, and Marc Cohen, an LTC financing expert, will offer strategic reviews of deliverables, offering an added layer of insight to ensure deliverables are of utmost value to DSHS. We will also utilize project and team management tools to ensure staff are appropriately aligned to tasks and to ensure timely completion of project milestones and deliverables. As needed, our tools depict task-level progress and milestones to ensure alignment between the project team and client on large ongoing efforts.</p> <ul style="list-style-type: none">• Communicate effectively to ensure our clients have the tools and information they need to feel confident in the quality of the work. This involves regular check-ins on progress and process, project tracking tools, and, for relevant deliverables, ATI provides a “read me” page with methods or slides with details on key definitions. In summary, ATI will report on our alignment with custom style guides and quality control checklists, as well as communicate the levels of review for key deliverables. <p>In addition, ATI subscribes to a “plan-do-check-act” philosophy in our project work, through which we identify smaller scale opportunities and work products to vet with our clients and with our advisors. This approach ensures an efficient use of resources and high-quality output and allows us to immediately course-correct if it is needed for a project or task. As part of this philosophy, we also conduct task and project post-mortems and apply continuous learning and process improvement to our projects. In our work with Hawai’i, for example, we interfaced with the State’s communications team early in the project to understand their team’s operational processes, capacity, and understanding of the communications requirements associated with Section 1115 Waivers. Based on these discussions, we developed and vetted with the client a public comment period action plan for the State’s communications team to ensure they knew exactly when, where, and how to disseminate public comment materials. By taking early action and orienting the team to</p>		
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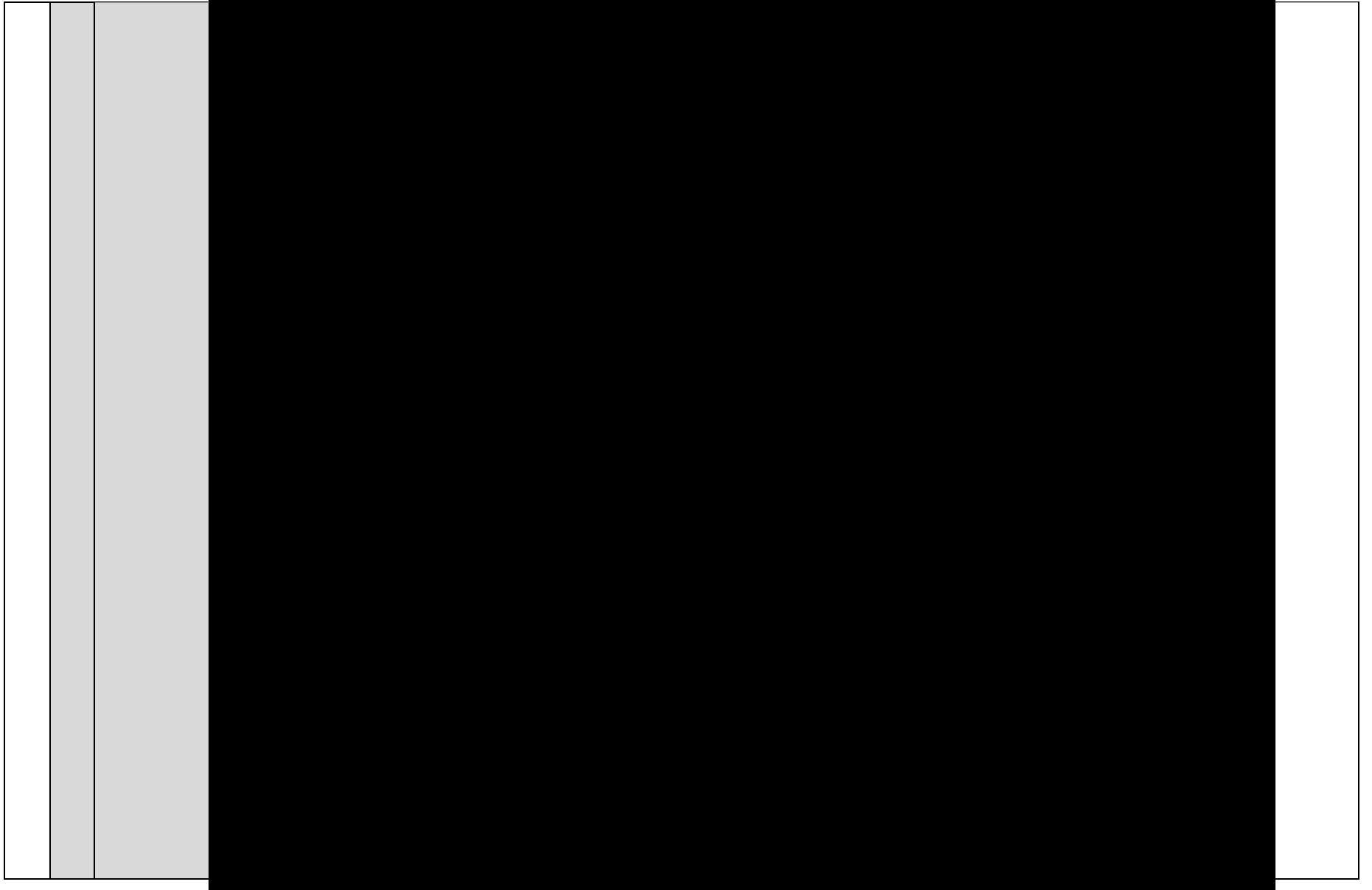
		<p>these procedures prior to the public comment period, the State’s team was able to execute the required tasks quickly, efficiently, and without error.</p> <p>For each Deliverable, ATI and DSHS will mutually agree upon a Deliverable Expectation Document (DED) that outlines the expected format, content and mutually agreed acceptance criteria. The DED will be developed prior to work commencing on the Deliverable. ATI will follow the timeframes below in accordance with DSHS requirements:</p> <table border="1" data-bbox="520 505 1738 781"> <tr> <td data-bbox="520 505 1016 618">1. Review Preparation (Pre-Submission)</td> <td data-bbox="1016 505 1738 618">At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.</td> </tr> <tr> <td data-bbox="520 618 1016 699">2. Submission</td> <td data-bbox="1016 618 1738 699">Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in the</td> </tr> <tr> <td data-bbox="520 699 1016 781">3. Deliverable Acceptance</td> <td data-bbox="1016 699 1738 781">Contract Manager notifies Contractor via email that the Deliverable is approved.</td> </tr> </table> <p>ATI will report metrics to DSHS throughout the project’s tenure to allow DSHS to verify our project’s quality and performance. We have found two successful tools to be (1) an Excel or similar project status tracker (sent on a cadence that works for DSHS, as frequently as weekly), with information on each line item and deliverable, planned deliverable date, actual deliverable date, line item status, line item “owner,” and other information relevant to the project; and (2) a monthly project report that includes hours, tasks completed, and other key items of interest to DSHS. ATI retains closed items on our project status trackers with clients, to allow us to quickly quantify or identify project issues or opportunities (e.g., timeliness), and to re-open project line items as new information becomes available or as the project evolves.</p>	1. Review Preparation (Pre-Submission)	At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.	2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in the	3. Deliverable Acceptance	Contract Manager notifies Contractor via email that the Deliverable is approved.		
1. Review Preparation (Pre-Submission)	At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.									
2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in the									
3. Deliverable Acceptance	Contract Manager notifies Contractor via email that the Deliverable is approved.									
H	Please describe the measures you employ to assure that your services and deliverables are provided in a cost-effective manner that is consistent with quality outcomes and fair employment practices.	20	18							

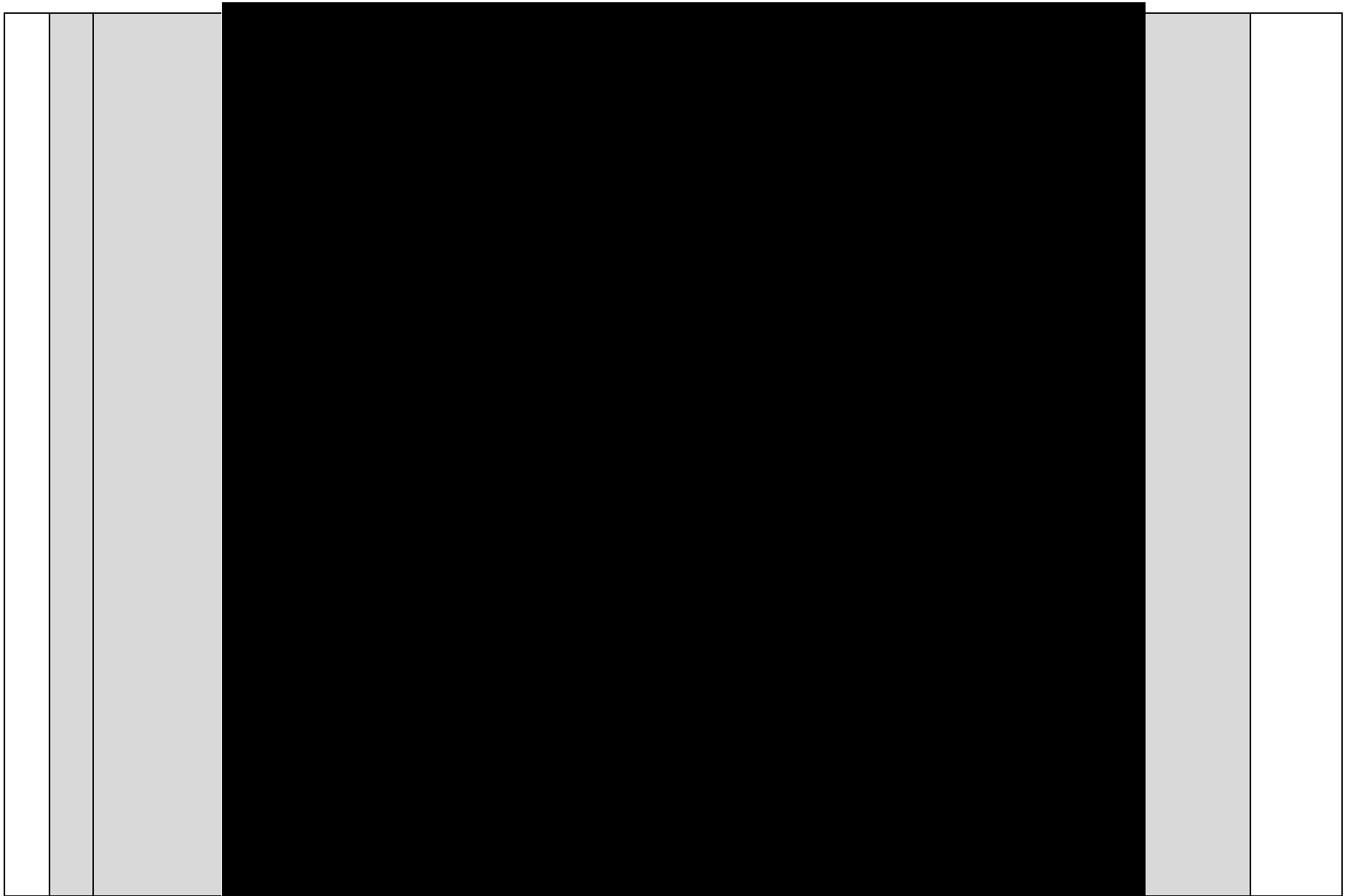
	COMMENT:	<p>ANSWER:</p> <p>As partly described above in our response to 5G, ATI is committed to delivering exceptional services that are cost-effective and adhere to the highest standards of quality. We achieve this balance through industry-leading best practices, advanced project management tools, and continuous improvement, ensuring our services are efficient, effective, and transparent.</p> <p>Our adherence to project management best practices is a cornerstone of our delivery strategy. This involves rigorous project management protocols, including comprehensive planning, risk management, and quality control measures. These practices ensure that every project is executed with precision, efficiency, and a focus on delivering value to our clients, while also maintaining the flexibility to adapt to changing needs and challenges. To complement our project management approach, we employ Kantata, a sophisticated project management software. Kantata's robust features enable us to streamline project workflows, optimize resource allocation, and track project progress in real-time. The synergy between our best practices and Kantata's technological capabilities allows us to minimize waste, reduce overheads, and optimize our operations. This allows pricing efficiencies for our clients and ensures timely, high quality deliverable production.</p> <p>Integral to our operational ethos is the commitment to fair employment practices. By implementing efficient project management techniques and leveraging Kantata's capabilities, we ensure that our team members work in a structured, supportive environment. This fosters job satisfaction, promotes work-life balance, and ensures that our staff are compensated fairly for their contributions, reflecting our dedication to ethical employment practices. We are proud to maintain these standards in all our engagements, reflecting our unwavering commitment to excellence and ethical business practices.</p> <p>In addition, we attest that we offer our best, discounted rates to our state clients and have used those rates for our cost proposal for this effort with Washington. In complement to our earlier point that a successful consultant must have a breadth of expertise across Medicare, Medicaid, dual eligible policy, and LTC, the breadth of our project portfolio across private and</p>		
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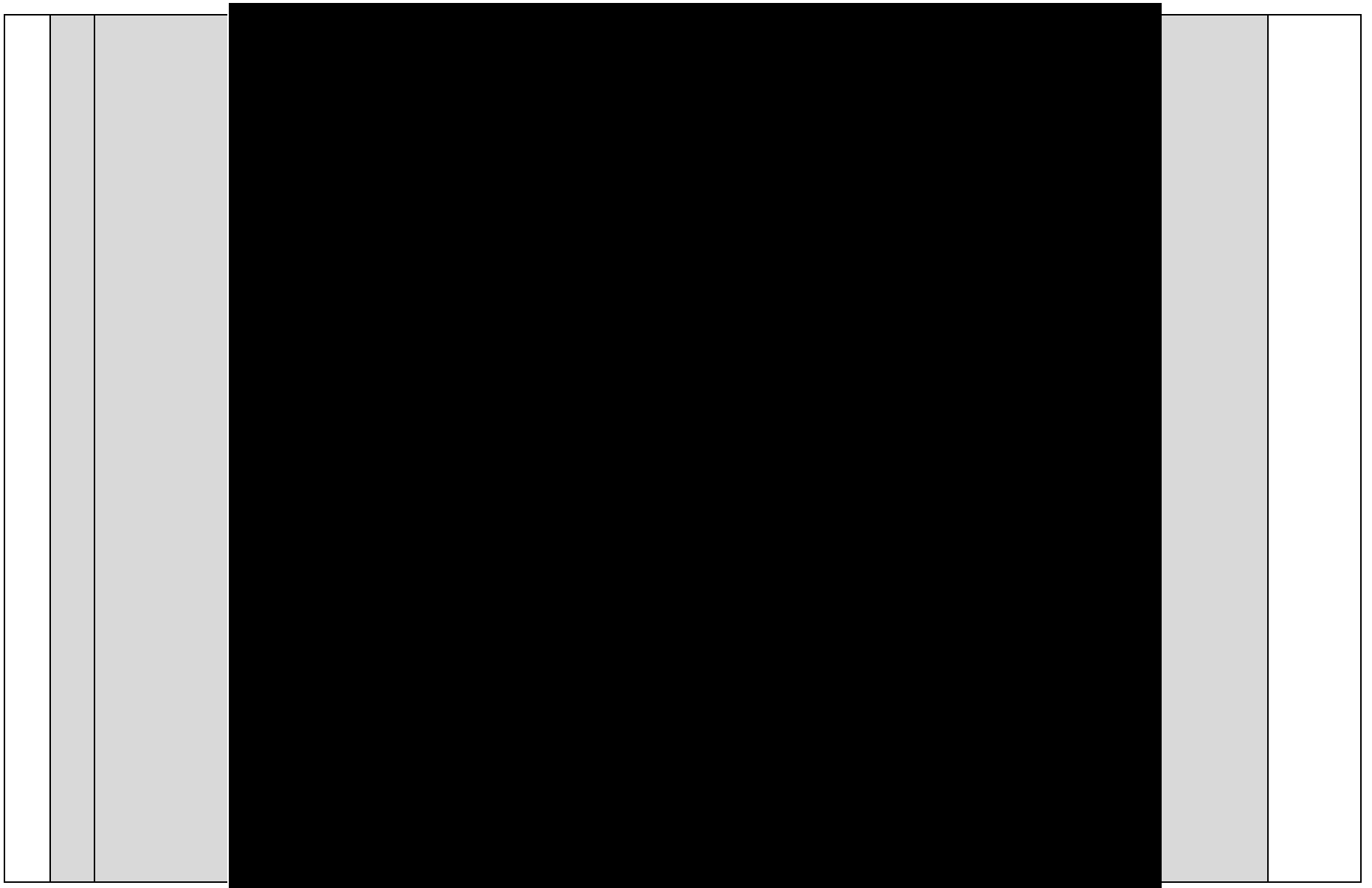
		public sector clients allows us to staff our state projects with national talent while assuring cost-effective project delivery.		
I		Please provide a projected timeline that you expect to be able to complete the deliverables involved in this project.		
	COMMENT:		30	30

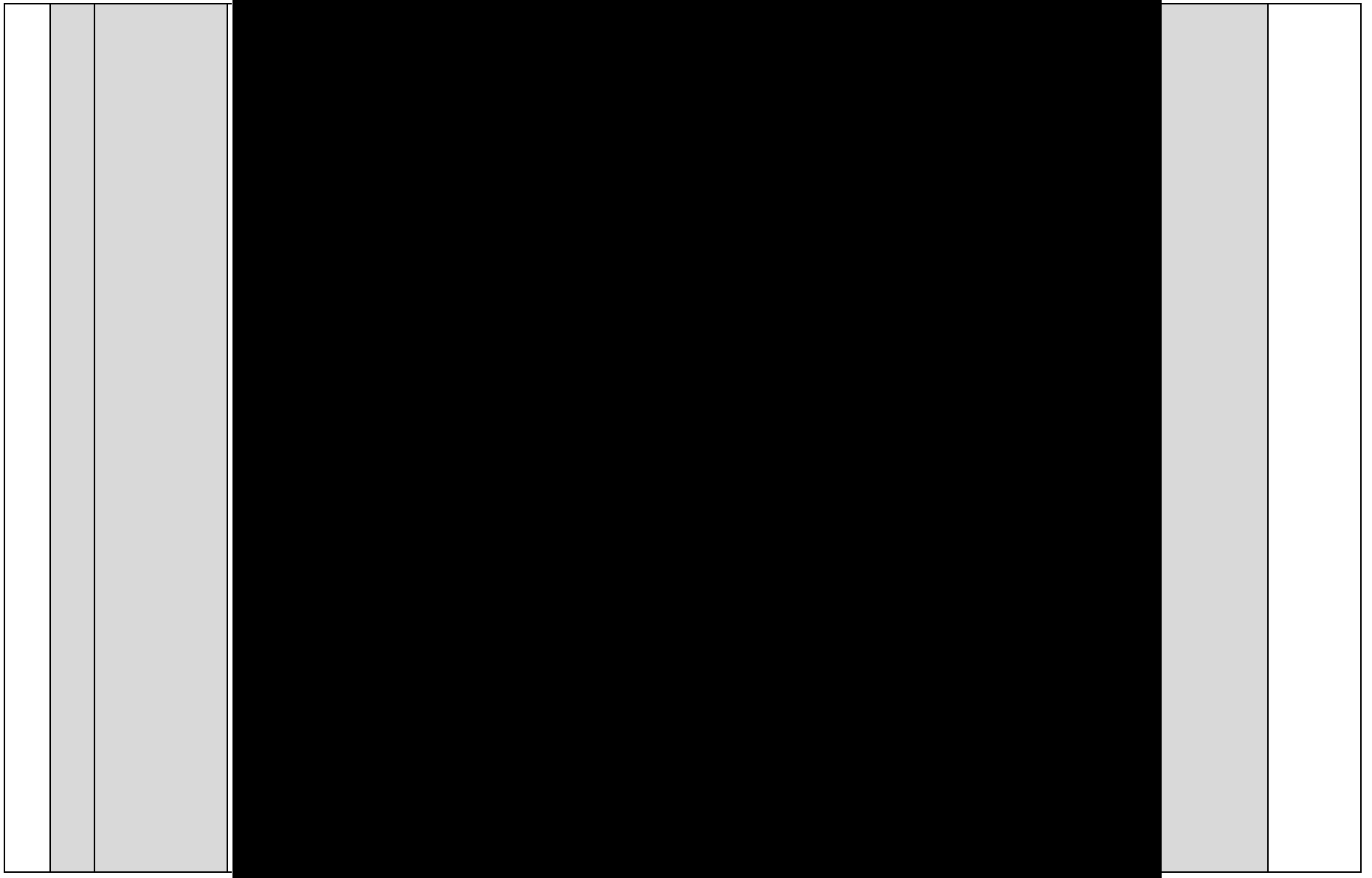


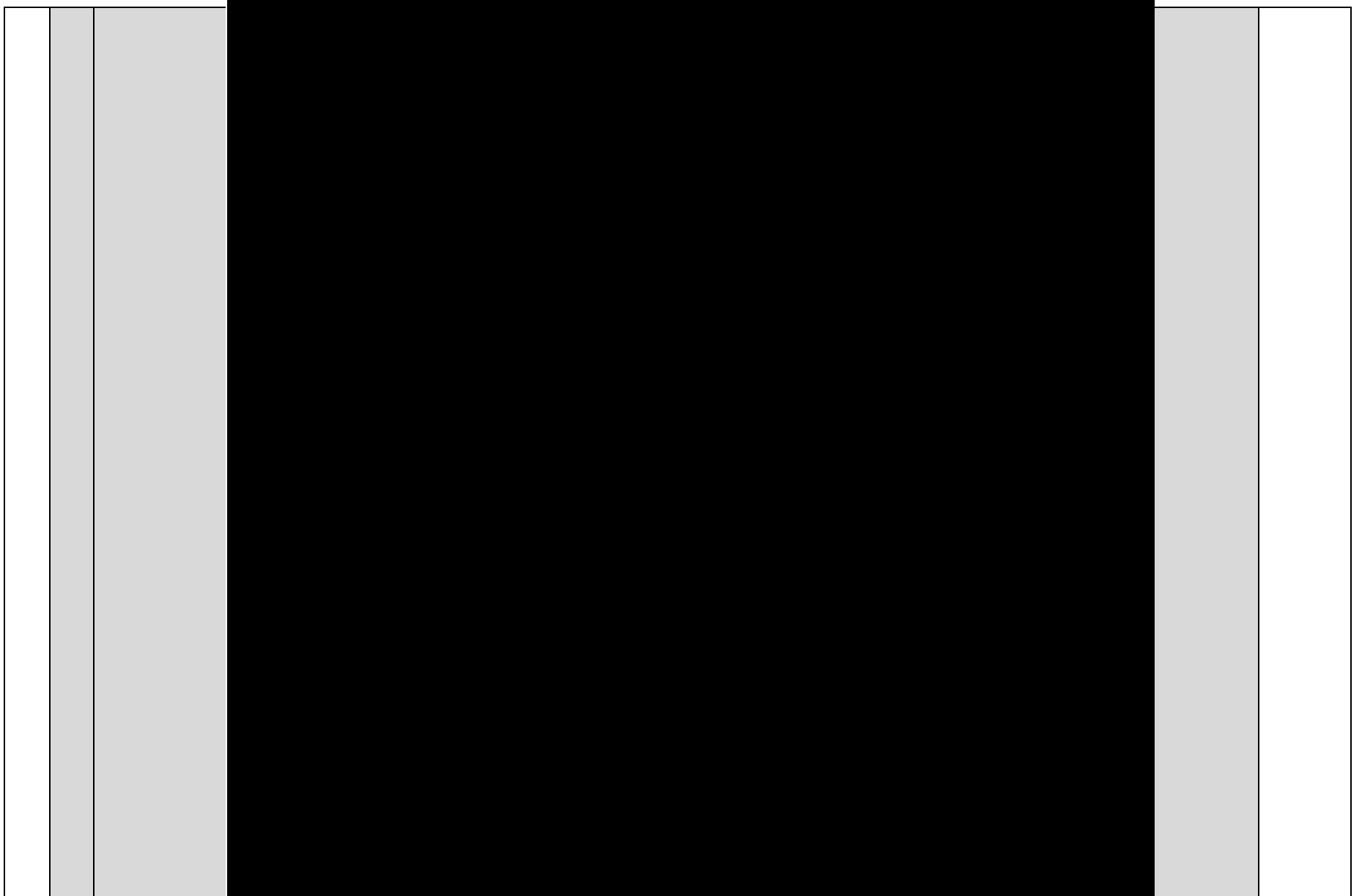


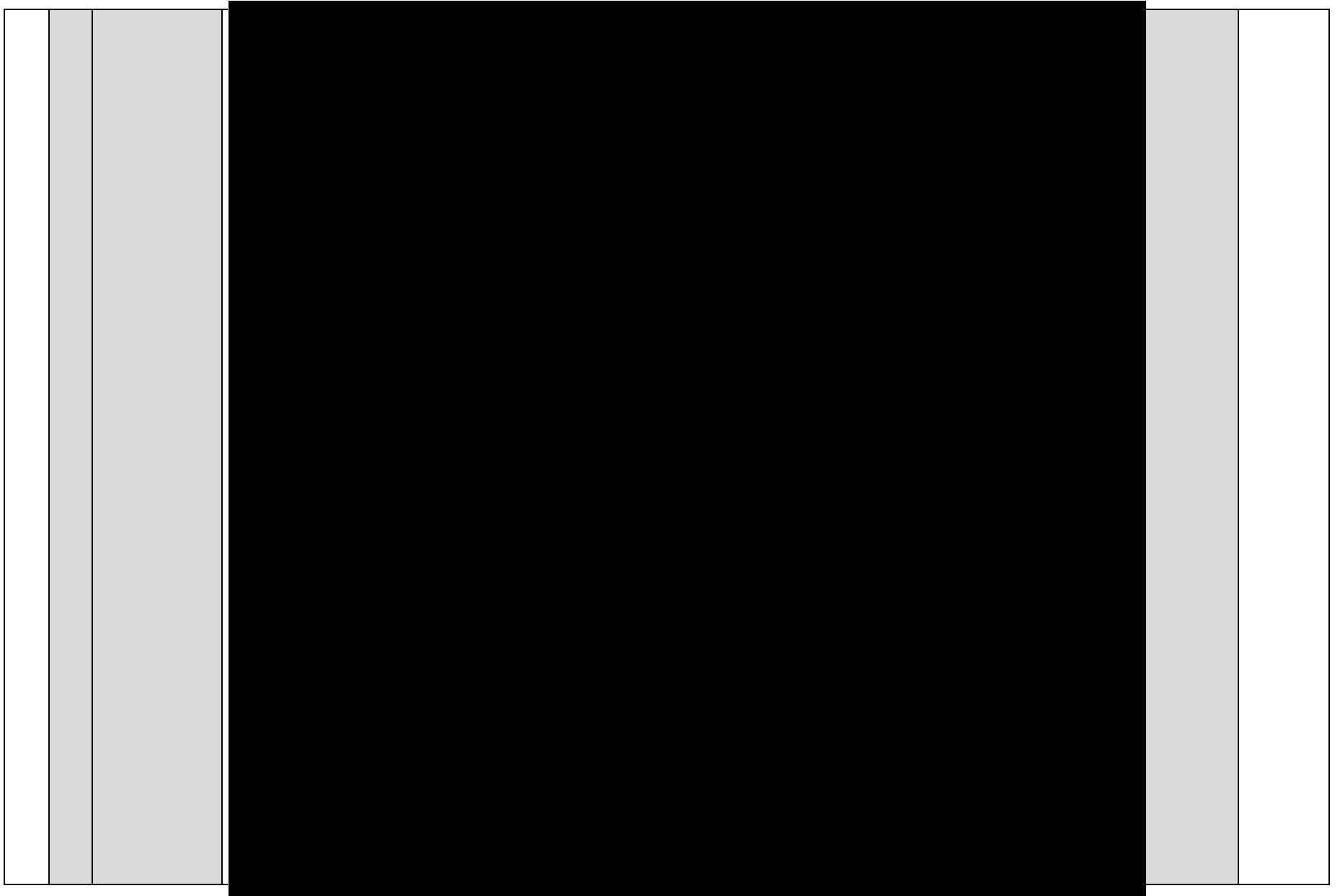


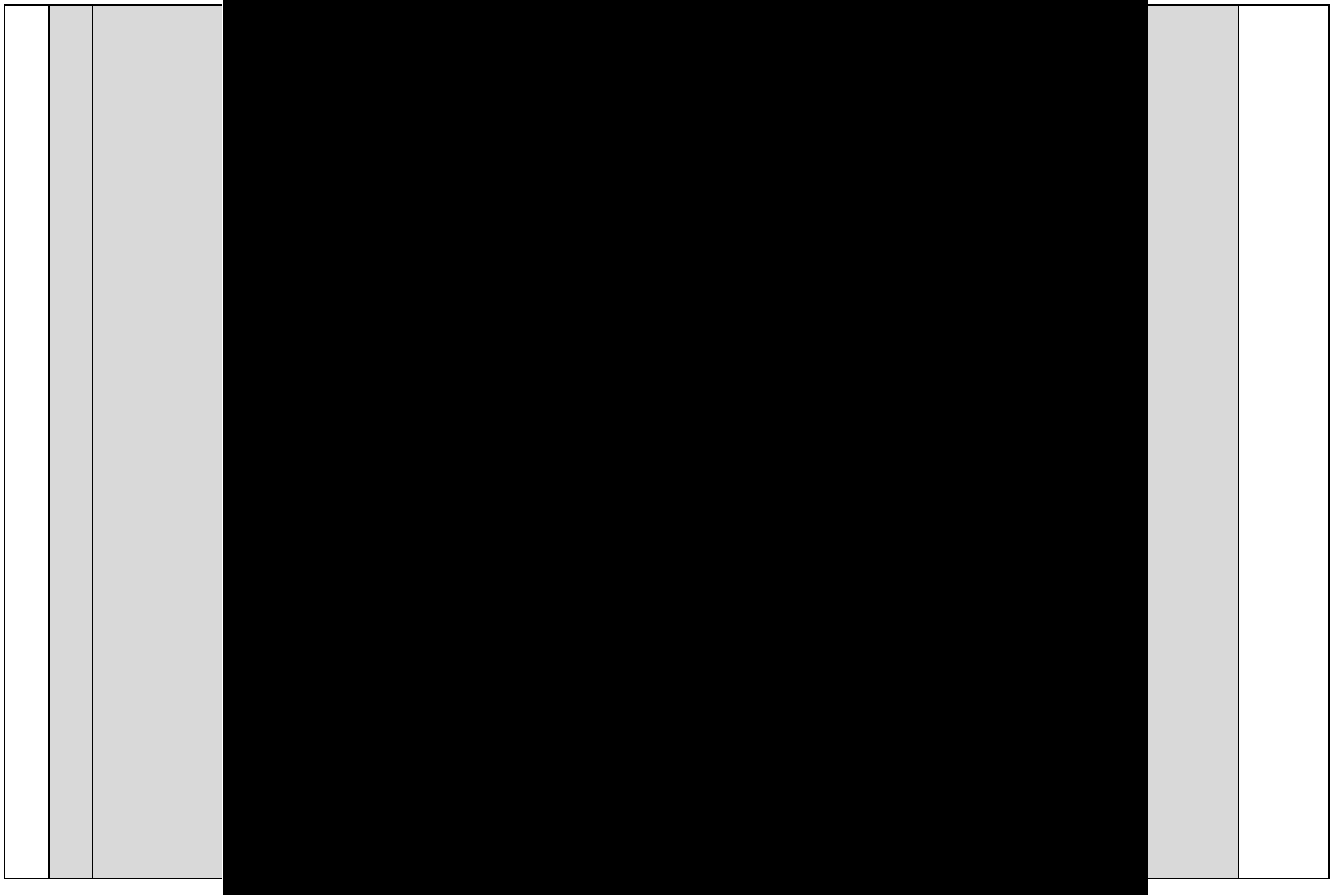


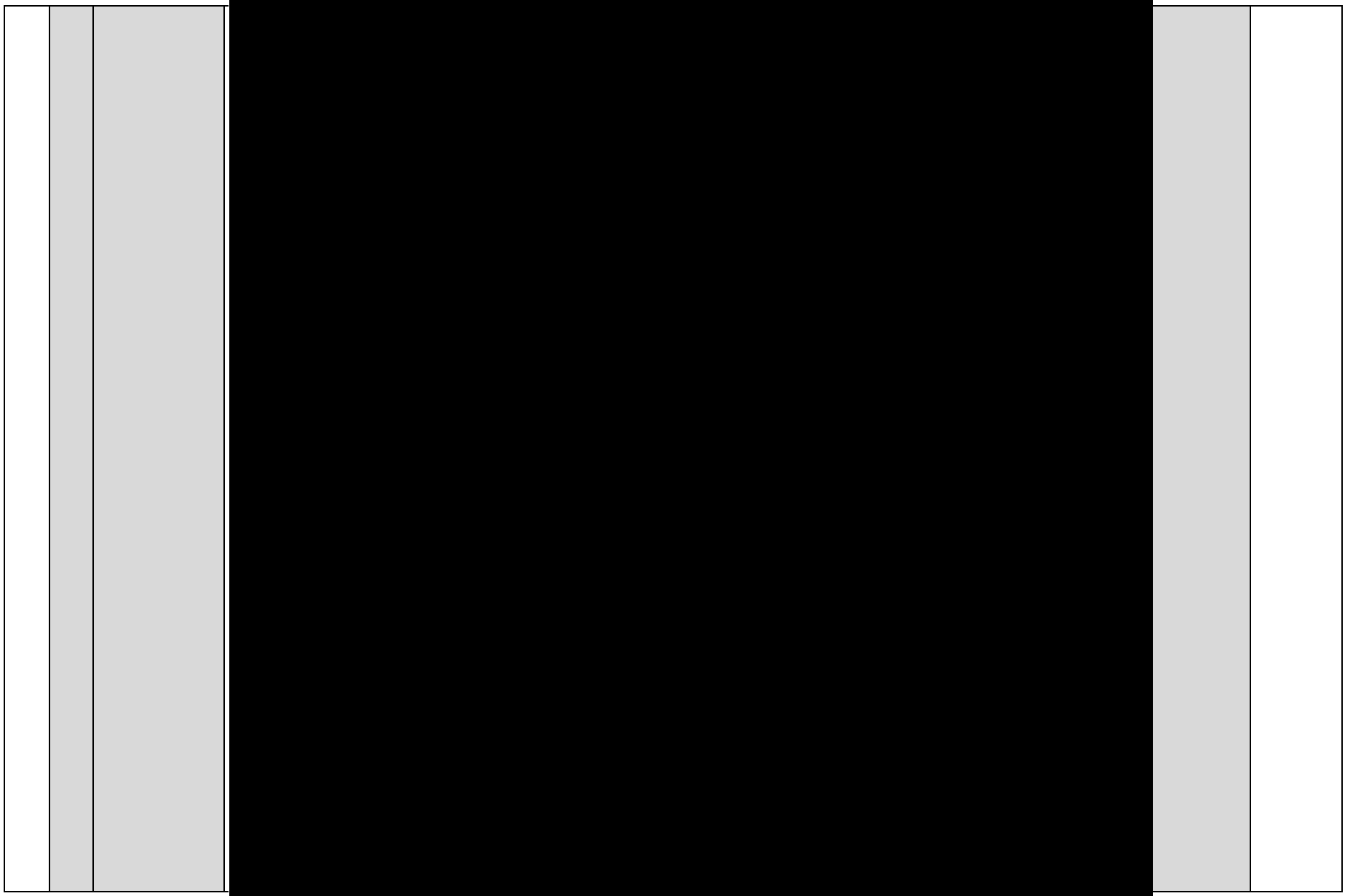


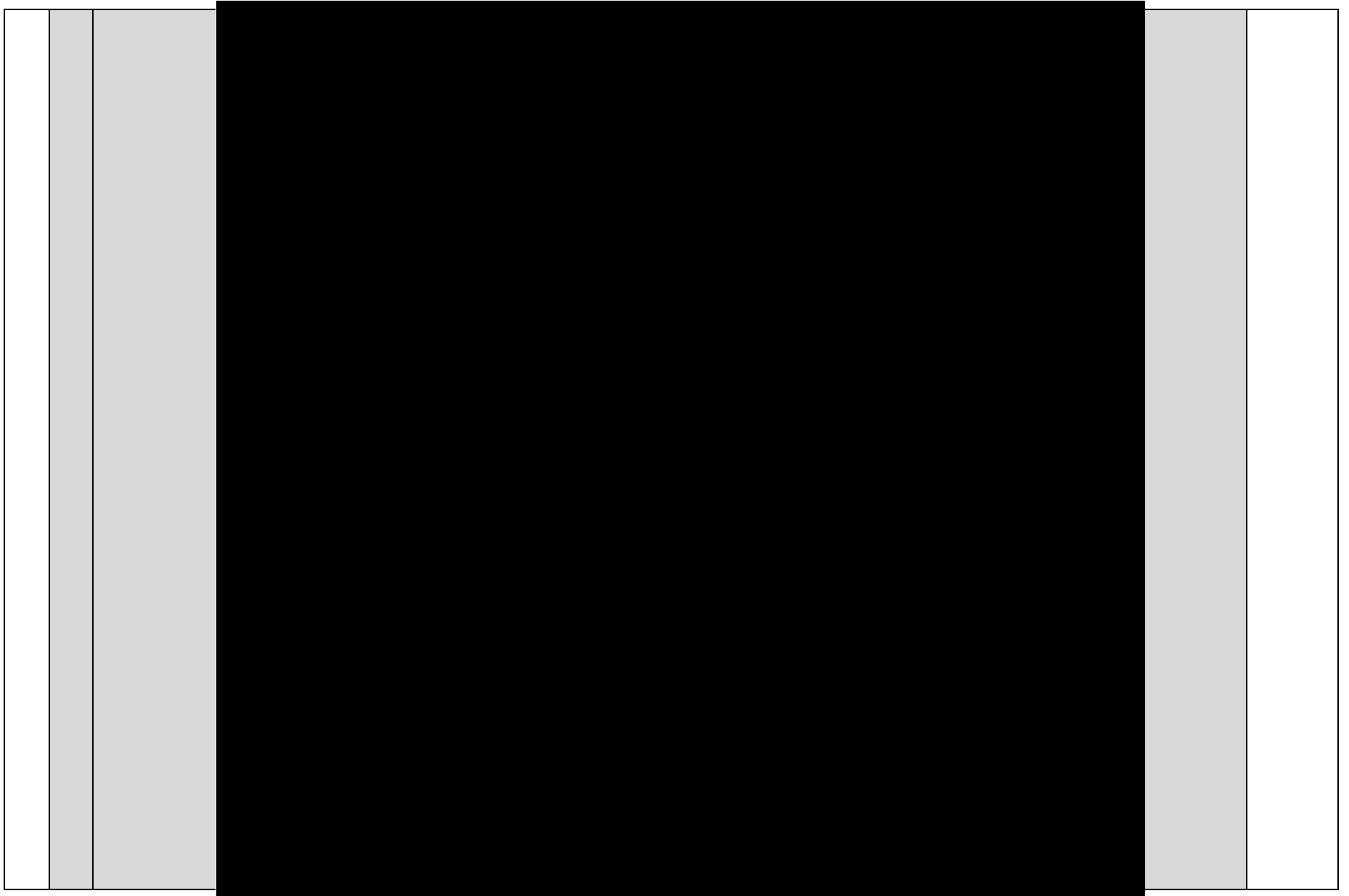


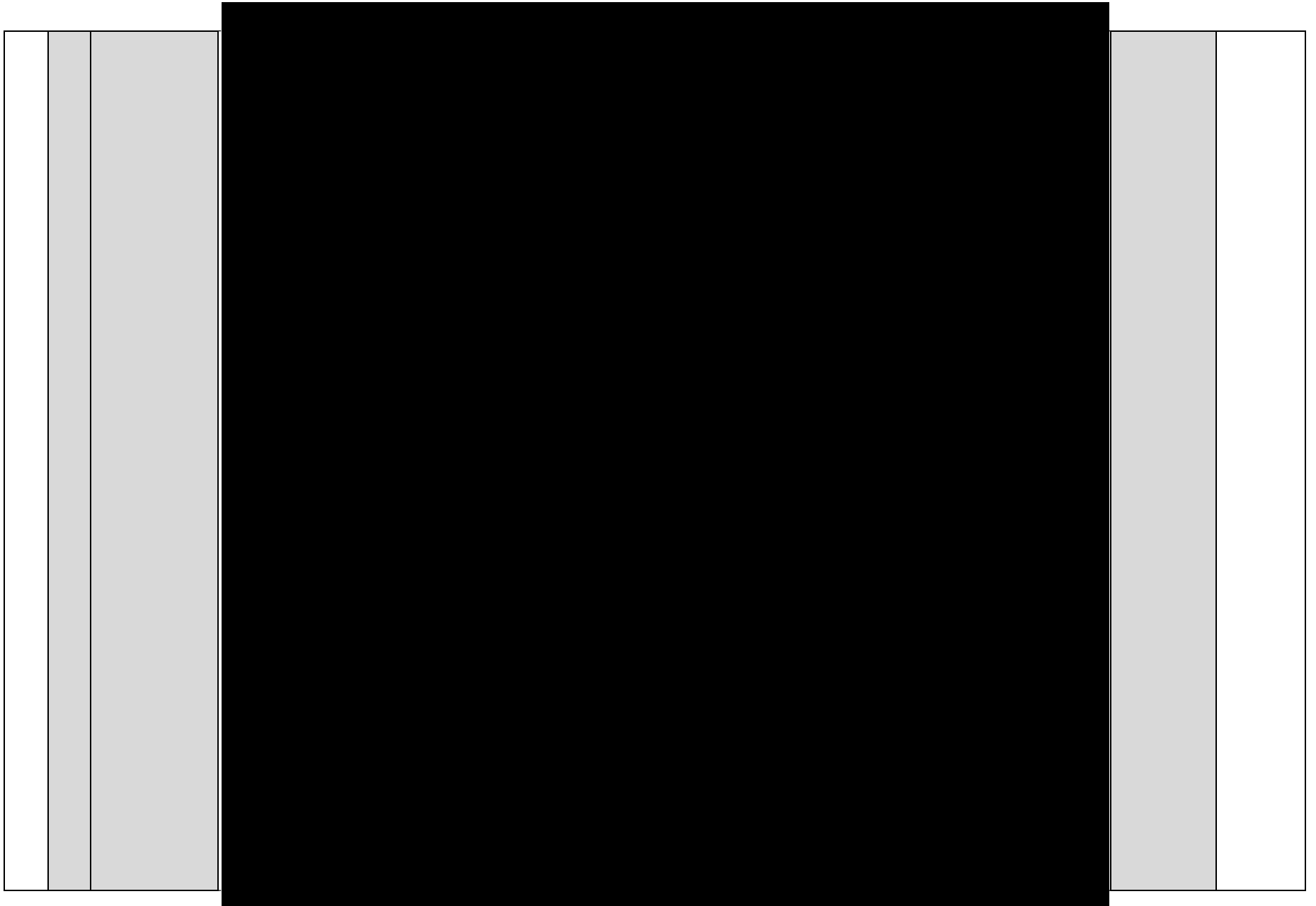




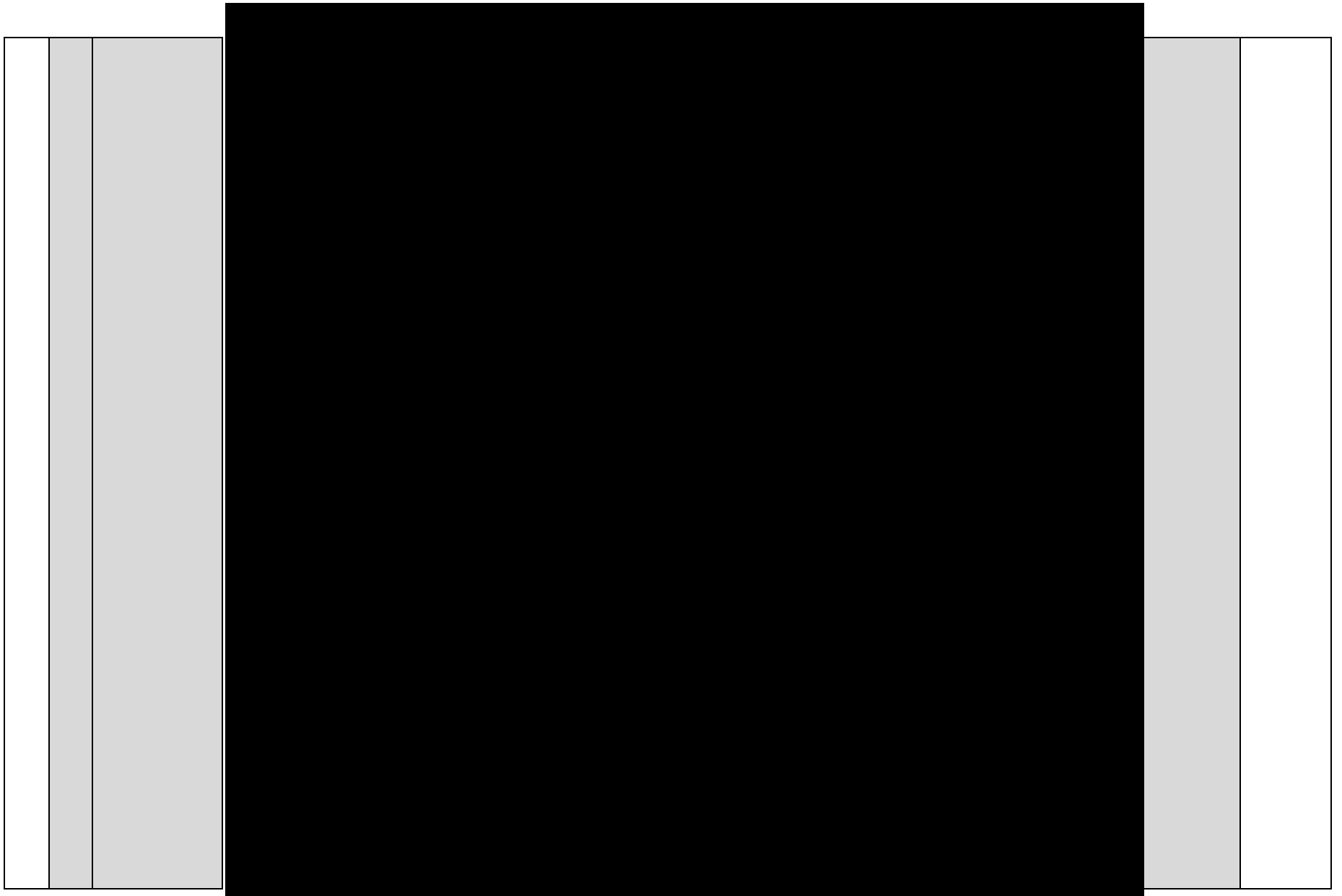


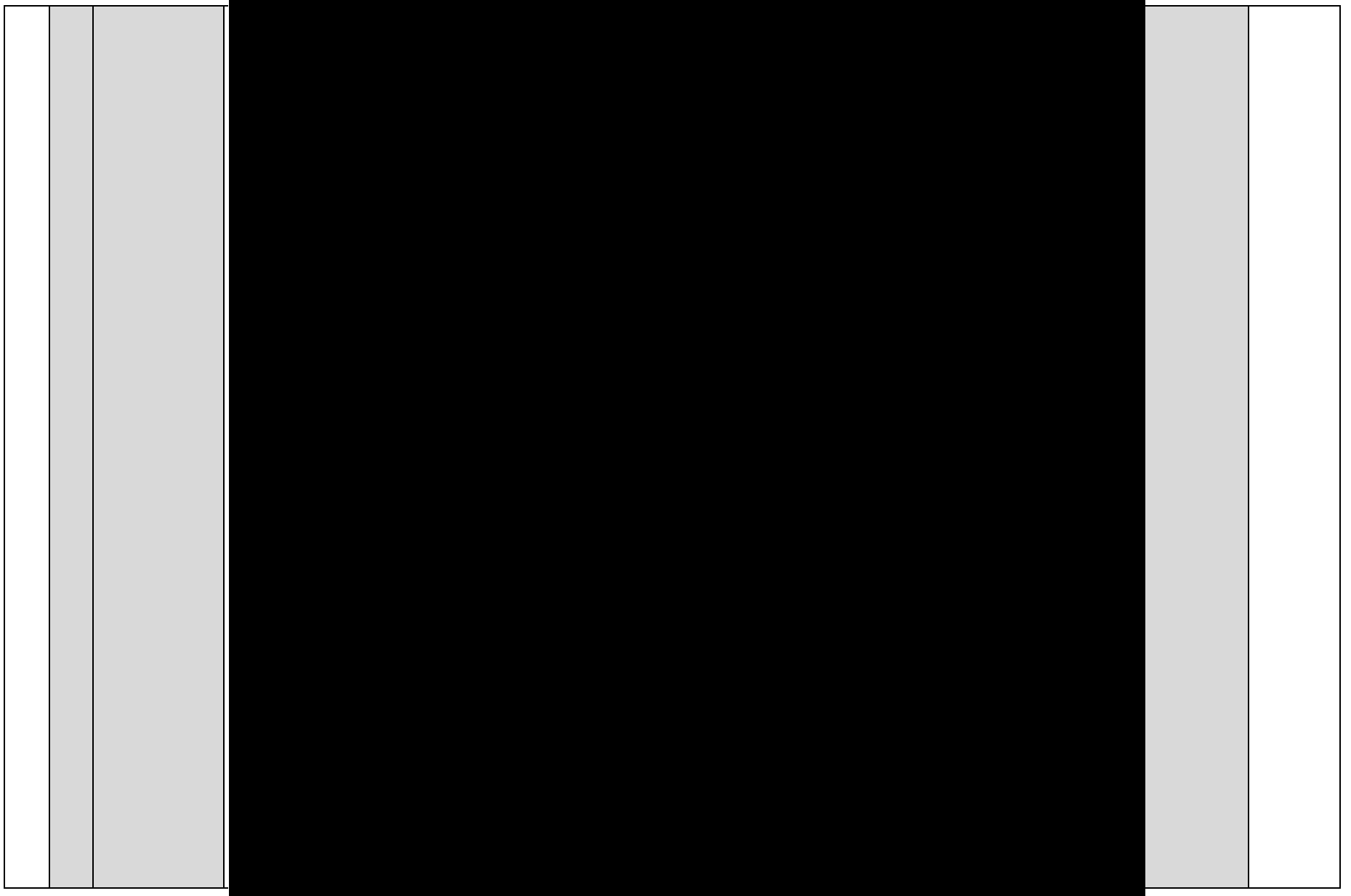


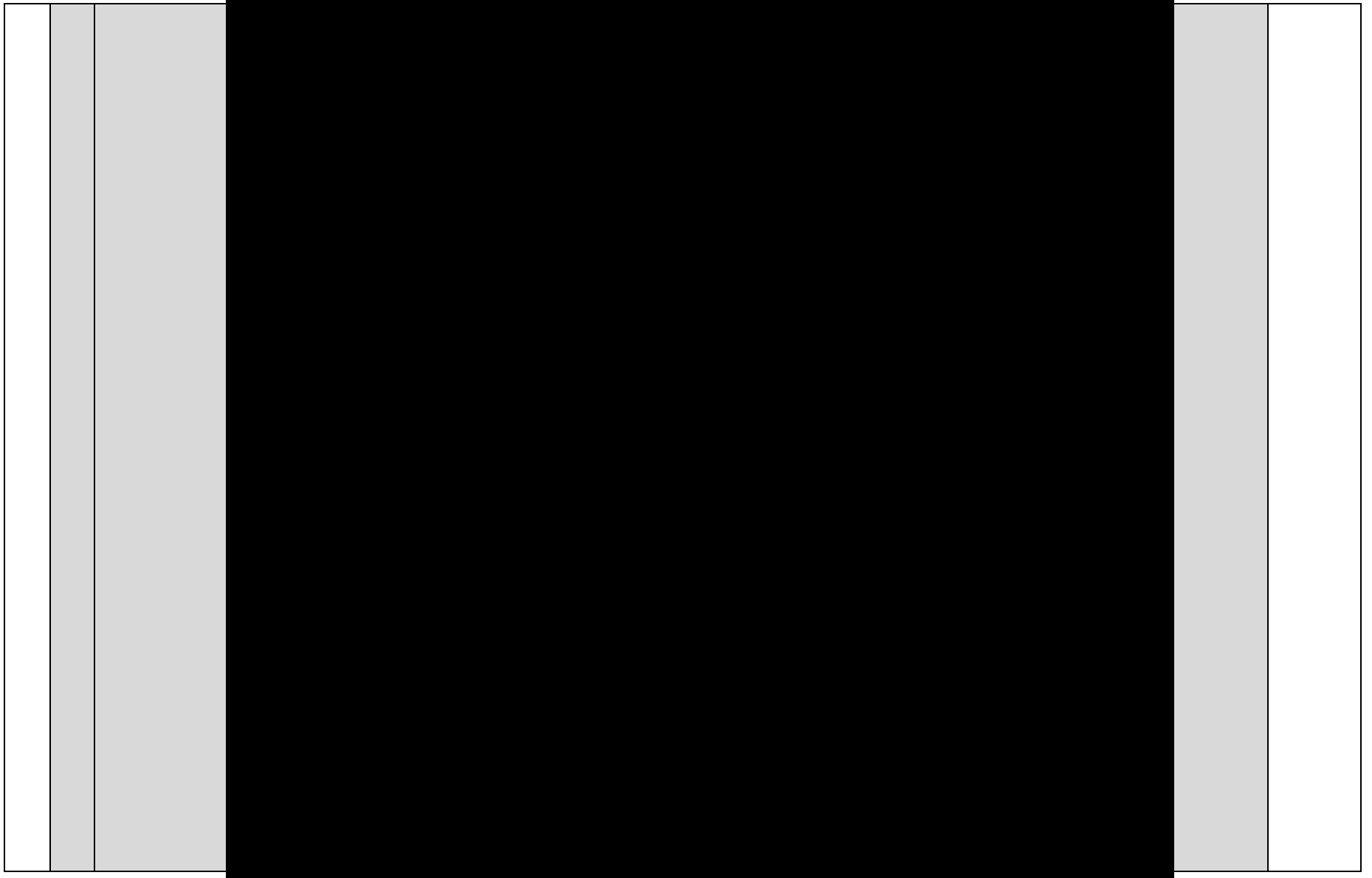


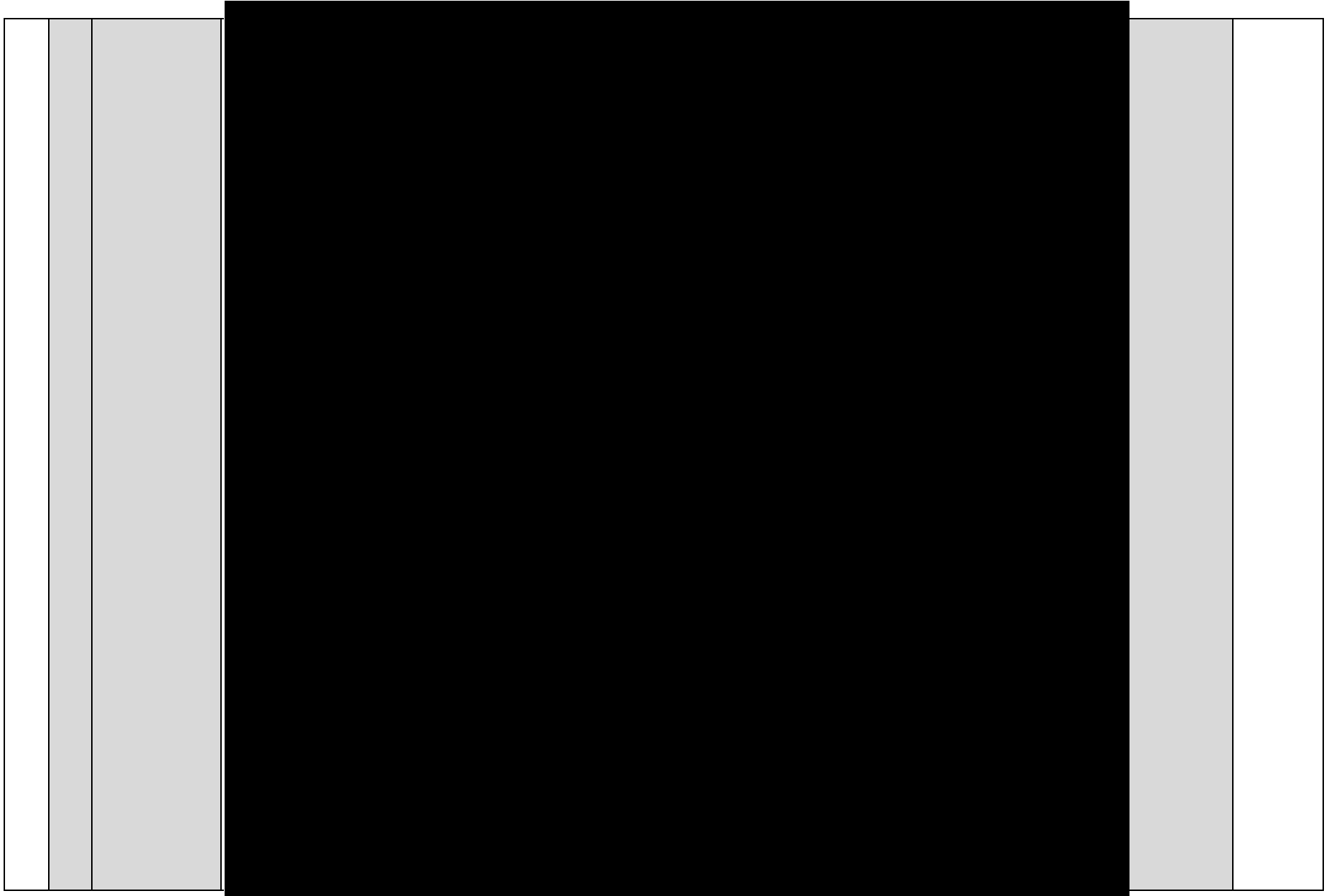


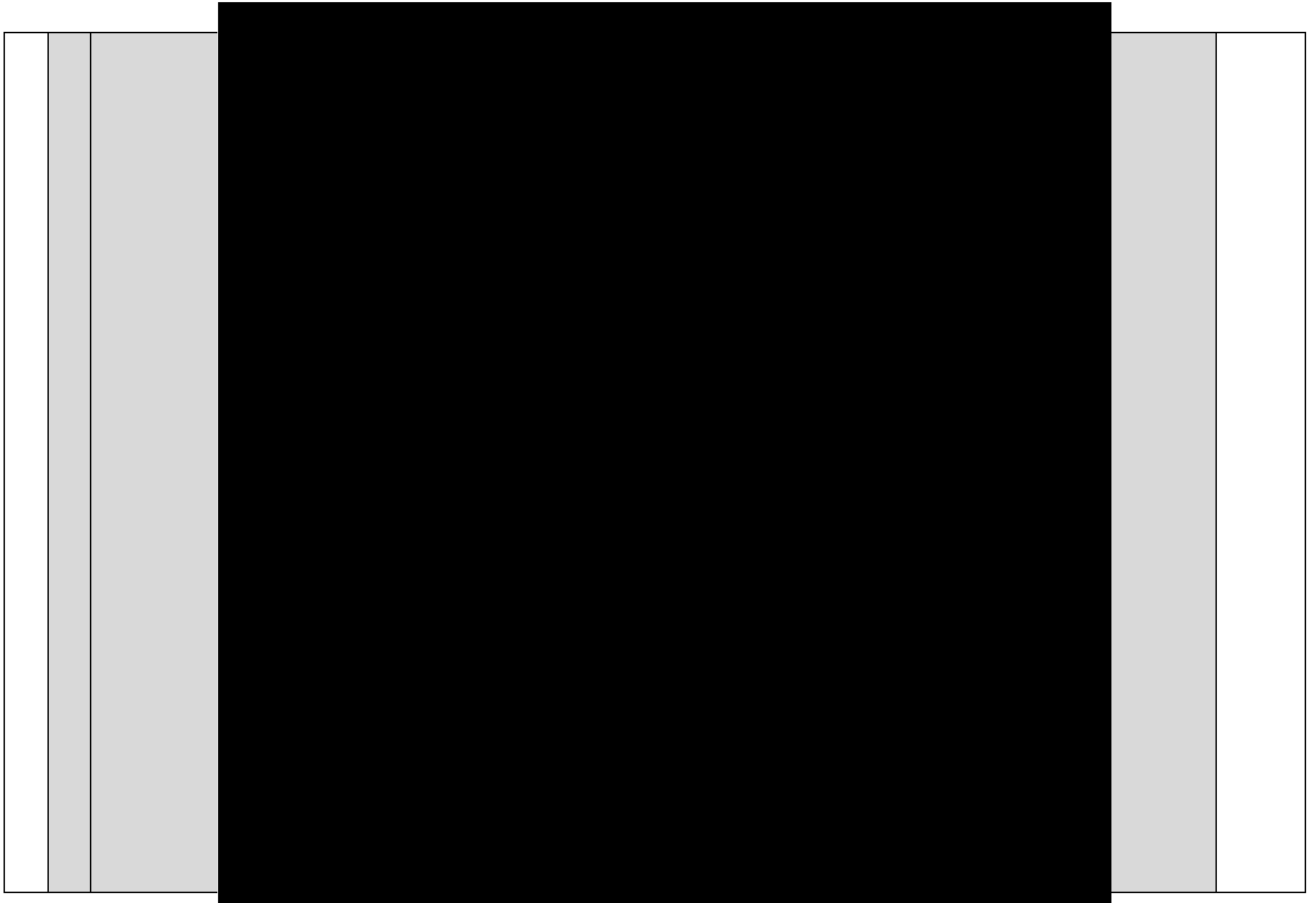












J	<p>Please describe your experience in drafting waivers comparable to the 1115 Medicaid Demonstration Waiver, including implementation of the waiver after acceptance. Please describe any barriers or obstacles that arose, if any, and how you were able to overcome them.</p>			
	<p>COMMENT:</p>	<p>ANSWER:</p> <p>ATI understands the challenges DSHS will face in receiving approval for its Section 1115 Waiver. The State of Washington and DSHS are proposing a program that is the first of its kind in the nation and will require a unique approach that will involve careful and detailed deliberations internal to the State and with CMS.</p> <p>Washington State leads the country in state innovation to address gaps in LTC financing for its residents. It ranks second on the 2023 LTSS State Scorecard, published by AARP. The WCF protects residents from exhausting their financial resources to access Medicaid LTC benefits. WCF pays up to \$36,500 of inflation adjusted dollars for a wide range of flexible, person-</p>	50	40

		<p>centered LTSS. Recent analysis by the Urban Institute for the U.S. Department of Health and Human Services projects that 30 percent of the people turning 65 between 2021 and 2025 who incur Medicaid spending for LTSS will incur less than \$50,000 over their lifetime, and another 20 percent will incur Medicaid LTSS spending between \$50,000 and \$150,000. These estimates are national but demonstrate the potential magnitude of Medicaid savings that WCF is contributing. Put another way, if we extrapolate the national projections to Washington State, a little less than 30 percent of residents will never incur Medicaid LTSS spending because of the WCF. For the remainder of residents, the State is contributing about \$36,000 over their lifetime but only saving half of that amount.</p> <p>We understand that Washington State is trying to recoup the savings that their taxpayer investment is creating. Washington State taxpayers are reducing Medicaid program outlays through delayed institutionalization, which leads to both state and federal savings. DSHS is requesting to share in the federal Medicaid LTSS savings through the Section 1115 Waiver. Unfortunately, the federal Medicaid “baseline” already implicitly includes the savings from WCF because the program is current law, rather than a proposal, making Washington State’s “budget neutrality” case challenging. However, ATI will bring its federal budgetary expertise, Section 1115 waiver experience, LTC financing background, and creative problem solving to bear in making the case for this waiver. This demonstration could be ground-breaking and establish a pathway for other states to leverage Medicaid spending into insurance products that better spread risk and protect Americans from the financial risks associated with LTSS need. This type of demonstration could set a precedent that would allow more states to support the LTC needs of all residents, especially the lower income “middle market” that has captured the attention of so many policymakers. We will anticipate and be especially attentive to CMS and OMB sensitivities to potential national precedents.</p> <p>In addition to the national implications of this Section 1115 Waiver, we recognize the importance of shared savings to the State which will promote further support for WCF and allow for continued policy innovations that support Washington State residents. ATI is</p>		
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committed to producing a demonstration application that is compelling and thorough as well as effective and strategic communication with CMS to achieve approval.

The ATI team has experience developing and implementing comparable new and innovative Section 1115 Waivers, from the state perspective, as well as the CMS and implementing provider perspectives. The nine examples below describe the ATI team’s engagement and the barriers and obstacles overcome during the project.

1. **Hawai’i** – ATI project managed and drafted a Section 1115 Waiver while supporting the policy design of more than eight novel or significantly redesigned programs or benefits. These initiatives required extensive stakeholder engagement and workgroup decision making within a tight timeline. For straightforward demonstrations, states often take six to over 12 months to complete policy design activities, including developing workgroups to ideate and vet preliminary approaches with stakeholders, and between three and eight months to draft and submit a demonstration to CMS. Hawai’i, however, was operating on a much more truncated timeline and therefore required intensive support from ATI to meet their goals. From the kickoff, ATI organized and supported the policy decision process, coordinated with the State’s actuarial team to advance budget neutrality and financing components, and drafted a finalized Section 1115 Waiver for MQD to submit for public comment within five months. To do this, ATI developed and communicated clear workplans to keep all staff and stakeholders on track and worked closely and collaboratively with MQD.
2. **Pennsylvania** – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Pennsylvania develop its Section 1115 Waiver for submission to CMS. There were elements related to incentives for healthy living, encouraging employment, and cost-sharing requirements, which were all relatively new at the time of development. This included facilitating brainstorming, and decision making (e.g., developing options analyses, PowerPoint presentations, and decision memos) across multiple workgroups and developing a governance structure for these workgroups to determine the requests to include in the application. Barraza-Cannon also engaged with stakeholders and wrote sections of the application. This Section 1115 Waiver

		<p>application required significant back and forth between CMS and Pennsylvania before it was approved by CMS.</p> <ol style="list-style-type: none"> 3. California – Prior to joining ATI, our proposed Project Director Morgan Craven served as the engagement manager for Manatt Health’s multi-year contract with the California Department of Health Care Services (DHCS), supporting the advancement of the State’s CalAIM initiative and associated federal authority submissions, including the Section 1115 Waiver renewal and amendment. Craven also established and operated the DHCS project management office, which was a new strategic initiative within DHCS to coordinate the CalAIM initiatives and authorities across the various divisions within DHCS. In these roles, Craven served as a central point of coordination and strategic direction, staff education, and risk escalation to DHCS and State leadership. Given the significant amount of intradepartmental coordination required to achieve the CalAIM vision and obtain federal authorities, Craven filled a critical role in educating staff at all levels across DHCS to ensure alignment towards common goals. 4. Arizona – Our proposed Project Advisor Tom Betlach served as Arizona’s Medicaid Director and supported the development of four comprehensive Section 1115 Waivers covering a variety of policy initiatives: notably, expanding coverage to childless adults a decade before the Affordable Care Act, establishing comprehensive HCBS services, benefit and coverage reductions during the great recession, funding initiatives around rural hospitals, provider incentives for service integration, mandatory managed care models, health incentive accounts, and employer based coverage. Arizona faced a variety of stakeholder and CMS engagement negotiation challenges, including waiver denials. However, through CMS negotiation, Arizona was able to receive approval for two Section 1115 Waivers which established a patient centered medical home and a delivery system reform incentive program. 5. New York – Before joining ATI, two ATI leaders managed the implementation of the Section 1115 Waiver in New York, through a hospital-led performing provider system responsible for the health of more than 600,000 Medicaid recipients living in Brooklyn. This involved administering the demonstration’s priorities through a network of over 500 partners in Brooklyn, spanning hospitals, Federally Qualified Health Centers (FQHCs), community-based organizations (CBOs), and legal services organizations, 		
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			<p>among others. Challenges that arose during implementation included (1) reaching consensus among network partners on how to best operationalize the demonstration’s priorities, (2) cumbersome state reporting requirements, and (3) measuring intervention effectiveness in real-time to allow for adjustments. As a Section 1115 Waiver lead implementing provider, our team leaders were able to mitigate these challenges through direct communication and negotiation with the State, soliciting input and feedback from network partners, and obtaining access to State Medicaid data. In this way, ATI leadership has firsthand experience implementing a Section 1115 Waiver and mitigating the challenges of coordinating across stakeholders.</p> <p>6. Alabama – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Alabama develop its Section 1115 Waiver to adopt statewide managed care through risk-bearing, provider-based regional care organizations (RCOs). Barraza-Cannon served as a subject matter expert and took part in the discussions between the State and CMS. Challenges included communicating with CMS on the State’s goals.</p> <p>7. Georgia – Our proposed Project Advisor Tom Betlach supported Georgia’s State Medicaid Agency to apply for expanded Medicaid coverage for adults up to 100% of the federal poverty level through qualifying activities, mandatory employer-based coverage, and health incentive accounts. While the application was initially approved, approval was rescinded. Betlach advised the State on determining the proper course of action and ultimately, the waiver approval was restored.</p> <p>8. North Carolina – Before joining ATI, our proposed Project Director Morgan Craven supported North Carolina in several capacities during its delivery system transformation efforts, which primarily authorized the State’s managed care transition and pilot services for health-related social needs. Craven supported the design, formation, and waiver approval of the State’s “Tailored Plan,” designed to support individuals with certain behavioral health or intellectual/developmental disability (I/DD), and LTSS needs. Craven also served as the engagement manager, creating and maintaining flexible and strategic project management infrastructures for the State. Lastly, Craven supported the State in various CMS and stakeholder engagement efforts, including ongoing CMS engagement following the approval of the State’s Section 1115 Waiver, payment and financing reform to obtain CMS approval of dozens</p>		
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			<p>of directed payments and state plan amendments, and supporting and overseeing stakeholder engagement efforts to obtain public buy-in for transformation policy goals. In all these efforts, continued engagement, negotiation, and iteration with CMS was required to obtain and navigate barriers to federal approvals. For example, where the State was unable to meet certain payment reporting requirements for newly implemented directed payments, Craven worked with CMS to develop an alternative implementation plan, which provided the State with a glidepath of additional time and flexibility to meet federal requirements.</p> <p>9. CMS – In addition to her experience developing and implementing Section 1115 Waivers with states, our proposed Executive Sponsor Johanna Barraza-Cannon reviewed Section 1115 Waiver applications while serving as a technical director at CMS. While at MITRE she also contracted with CMS to help make process improvements in the review, approval, and monitoring of Section 1115 Waivers.</p> <p>ATI understands the barriers and obstacles that DSHS may encounter in pursuing a Section 1115 Waiver, and we possess the expertise to navigate and overcome these hurdles. Potential challenges could include coordinating with other State stakeholders (e.g., the Governor’s office, HCA), effectively communicating the State’s goals and approach to CMS, political concerns, delays in CMS approval, coordinating across Federal offices who will be interested in this new approach, concerns from the federal Office of Management and Budget (OMB), developing acceptable budget neutrality calculations (we understand this work is part of a separate engagement), and complexity in implementation and evaluation.</p> <ul style="list-style-type: none"> • ATI can guide the State to the strongest approach. The ATI team is equipped to assess a variety of different authorities and other federal opportunities to assess which path may be the best fit to meet the State’s goals. Furthermore, our experience positions us well to support the State in developing a compelling case that is most likely to receive approval from CMS. • We understand political nuance in LTC financing policy. Our LTC experts are nationally known and have experience in LTC legislation, finance, policy, and data to help design 		
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		<p>an innovative waiver that meets CMS requirements. This will help to make the case for this innovative Section 1115 Waiver.</p> <ul style="list-style-type: none"> <p>ATI is well-equipped to address potential delays and obstacles at the State level. Many decisions need to be made within the State before the application is submitted to CMS. This requires significant discussion, brainstorming, and consensus building across multiple government stakeholders even before any material is shared for stakeholder engagement or with CMS. ATI has experience facilitating highly complex decision making across state leadership including across department, branch of government, and within an Agency’s executive team. These decisions comprise the Section 1115 Waiver request to CMS, which cannot be drafted before consensus on these decisions is reached. Stakeholders may have comments or requests that the State will need to reflect in its application. ATI's robust project management ensures that relevant stakeholders are informed and engaged to meet DSHS' goals within the stipulated timeframe.</p> <p>ATI can anticipate and respond to potential delays in CMS approval. Section 1115 Waivers are approved at the discretion of the Secretary of HHS and must meet many requirements including CMS policy requirements, stakeholder engagement, transparency, and budget neutrality. Though CMS has worked to make approvals for renewals and approvals for previously approved authorities easier for states, new demonstration authority like DSHS is proposing will require more discussion internal to Washington and more discussion and negotiation with CMS. Once an application has been developed and submitted to CMS (or submitted as a concept paper or draft), the State will need to work with CMS, which requires negotiation and can take a significant amount of time. Furthermore, any change or transition in the federal executive branch may pose a challenge, especially as approval can be paused or questioned by a new Administration. ATI views soliciting CMS approval as a dynamic process. We will work with DSHS to adjust the approach, Special Terms and Conditions (STCs), and other key elements to reach an agreement with CMS.</p> <p>ATI’s experience with OMB will help effectively navigate potential roadblocks. As an integral part of the federal review team for all Section 1115 Waivers, OMB seeks to ensure that federal costs are not higher with the demonstration. With our proposed</p> 		
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		<p>Project Advisor Tyler Overstreet Cromer's decade-long experience at OMB, including senior executive services, we are well-equipped to address and communicate key budgetary points effectively.</p> <ul style="list-style-type: none"> • ATI is committed to planning for and addressing complex challenges in the implementation process. Once the Section 1115 Waiver is approved, the implementation phase will require meticulous project management, financial monitoring including savings, and ensuring budget neutrality. Collaborating closely with HCA as the Medicaid authority, we are prepared to support the implementation of CMS conditions, for example, operational plans during pre-implementation that will support implementation through the life of the Section 1115 waiver. 		
K	<p>Please provide a work sample of a comparable waiver you or your organization has completed. Please include this waiver as a separate pdf file attached to your submission.</p> <p>COMMENT:</p>		50	45

L		Please describe your experience with researching necessary policy when drafting waivers and the process of confirming the waiver is compliant. Please also describe your experience with having a waiver denied after submission, if applicable.		
	COMMENT:	ATI has extensive experience researching necessary policies when drafting waivers. Notably, ATI is adept at turning policy research and literature reviews into compelling narratives to support proposed policy changes. This involves not only understanding existing policies but also developing innovative solutions. The key policy research examples below showcase how ATI engages with various stakeholders, including state agencies, CMS, and Medicaid providers to assess the impact of proposed policy decisions, understand the needs and priorities of the state, and navigate complex regulatory landscapes to ensure compliance while achieving new	20	15

policy goals. Below we include examples of our policy research for Section 1115 Waivers as well as non-1115 demonstrations but related to Washington’s broader goals across Medicare and Medicaid savings and LTC.

- **Hawai’i Advancing Medicare and Medicaid Integration (AMMI) Policy Research and Compliance Review** – ATI provides research and technical assistance to support Hawai’i’s State Medicaid Agency in better integrating Medicare and Medicaid for dual eligible individuals. ATI is working with the Hawai’i State Medicaid Agency on (1) launching a new Fully Integrated Dual Eligible Special Needs (FIDE SNP) program; (2) enhancing its existing Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) program; and (3) advancing new and robust care coordination and management strategies. These care coordination and management strategies involve novel data sharing requirements for the State, to create greater care efficiencies and integration for individuals enrolled in the State’s Medicaid 1915(c) Home and Community-Based Services Waiver for individuals with intellectual and developmental disabilities (I/DD) and individuals enrolled in the State’s separate managed care program for individuals with serious mental illness (SMI). Such efforts to better integrate Medicare and Medicaid programmatic and operational requirements required extensive policy research and analysis to ensure compliance with and reconcile discrepancies between federal Medicare and Medicaid regulations, in addition to Hawai’i Medicaid’s unique delivery system and requirements. As an example, ATI supported Hawai’i in developing its exclusively aligned enrollment strategy for the new FIDE SNP by analyzing more than 20 different enrollment and disenrollment scenarios, to help inform policy, system, and operational changes. Such efforts involved ATI liaising with CMS on the State’s behalf to navigate regulatory and sub-regulatory complexities in operationalizing aligned Medicare and Medicaid enrollment into FIDE SNPs.
- **North Carolina Tailored Plan Development, Compliance Review, and Implementation** – This project designing federal waivers for complex care populations, described above, involved significant amounts of research to ensure that care delivery approaches, managed care guardrails, and associated federal authorities met the population’s unique needs and advanced the State’s goals. As a part of this work,

		<p>Craven supported a significant amount of research related to federal waiver authorities for HCBS delivery, institution for mental disease (IMD) exclusions, and other relevant care delivery provisions (see Response 5J for more detail on this project).</p> <ul style="list-style-type: none"> California CalAIM Development, Compliance Review, and Implementation – Our proposed Project Director supported the design and implementation of more than \$1 billion in incentive payment programs to support CalAIM. These programs are subject to strict regulatory standards and CMS oversight in both their design and execution. As such, our proposed Project Director's team researched relevant incentive payment approaches in other states, conducted interviews and workgroups with stakeholders, assessed State needs and priorities at the county level, and mapped out federal requirements to design the program. Following the program launch and at the State's direction, the program went through several iterations; as such, Craven was required to assess possible impacts to federal compliance, program impact, and stakeholder comments, adjusting the program's trajectory to remain compliant while also achieving new State policy goals (see Response 5J for more detail on this project). Hawai'i Section 1115 Waiver Development and Compliance Review – ATI completed extensive research on various State Section 1115 Waivers, CMS guidance on Medicaid coverage of Health-Related Social Needs (HRSN), funding mechanisms to support state Medicaid innovation, and recent federal and state policy changes impacting Medicaid eligibility, benefits, and service delivery in Hawai'i. To inform state decision-making, ATI compiled slide decks and policy trackers delineating comparable federal authority pathways successfully approved in other states to provide Medicaid coverage of relevant housing supports, nutrition supports, pre-release services for justice-involved individuals, and other new benefits and services. Notably, several of the proposed benefits have few or no precedents, requiring a novel approach to evidencing and framing the requested authority for CMS. For example, the State is seeking approval for a set of Native Hawai'ian Traditional Healing benefits, which included expansive eligibility, scope, and service delivery details that had never been proposed before in other states. ATI also navigated a complex and conflicting history of CMS guidance regarding designated state health plan (DSHP) funding requests—this work required 		
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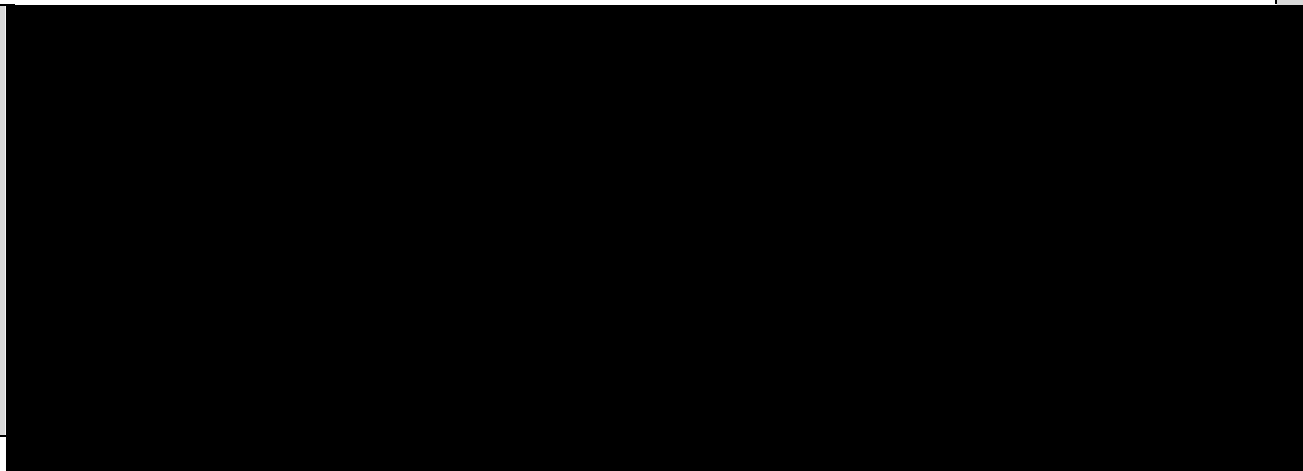
level-setting client education regarding the possible funding opportunity, detailed analysis of State financial documents to identify eligible state-funded programs to leverage, and level-setting with State leaders (e.g., the Governor's office) on the likelihood of approvability. Prior to drafting the waiver application, ATI performed extensive desktop research to buttress State arguments for receiving federal financial support for newly proposed services and benefits, collating evidence from other states, peer-reviewed academic literature, and relevant CMS guidance. ATI turned policy research and literature reviews into compelling narratives to support Hawai'i's proposed Section 1115 Waiver (see Response 5K for more detail on this project).

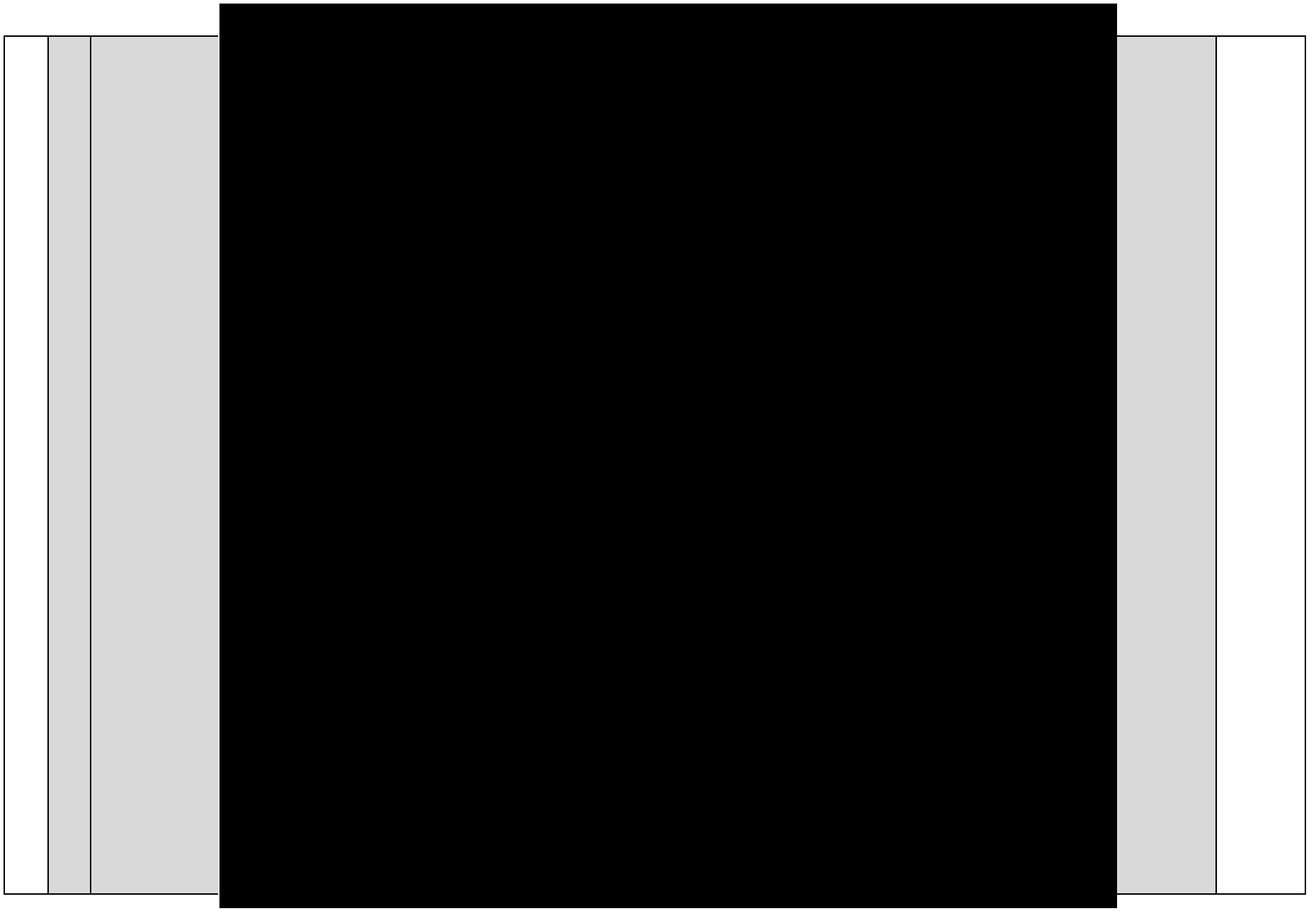
In addition to conducting policy research for Section 1115 Waivers, ATI had demonstrated policy research experience related to the subject matter and alternate policy levers that may be relevant to the State's WCF Section 1115 Waiver application.

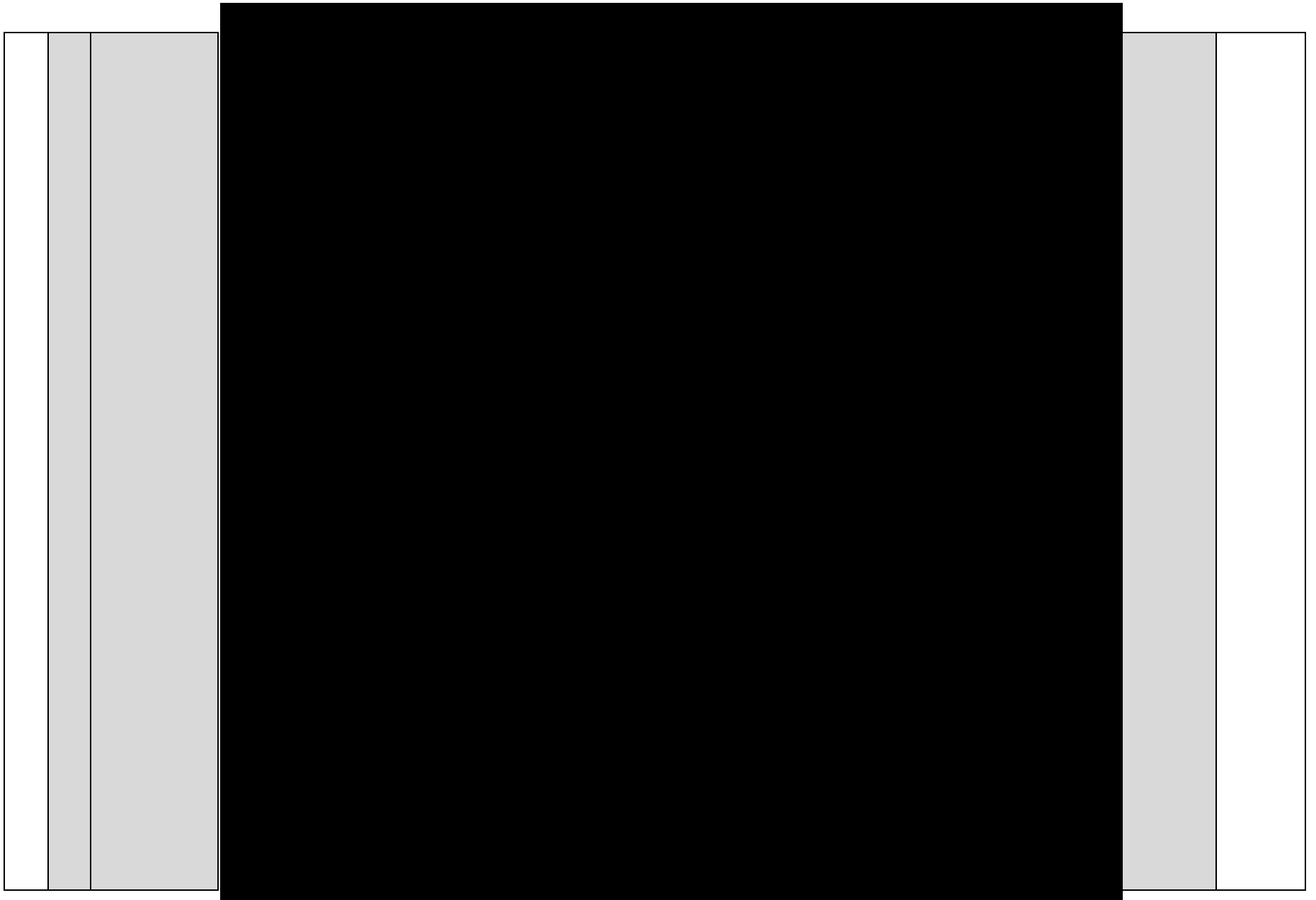
- Research on Impact of Collapse in Private LTC Insurance Market on Medicaid Programs. Marc Cohen and Anne Tumlinson led 2020 research for the Anthem Public Policy Institute culminating in two papers, Protecting Consumers and Medicaid from Catastrophic Long-Term Care Costs and Why State Support for the Long-Term Care Insurance Industry Makes Good Financial Sense. These papers explored the implications of private LTC insurance market collapse on consumer and Medicaid expenditures, particularly in force lifetime policies sold to a more middle market consumer in the late 1990s and early 2000s. The findings suggest that state Medicaid programs are better protected when state policies seek to protect the value of these insurance products through strong insurance pools and other regulatory mechanisms. The work draws a clear line between the long-term sustainability of Medicaid and pooling risk through insurance products available to individuals who are at higher risk of financial catastrophe due to future LTSS need.
- **Maine Value-Based Arrangement Development and Compliance Review** – Prior to joining ATI, our proposed Project Director Morgan Craven supported the conceptualization and preliminary designs of a glidepath towards a value-based

		<p>payment arrangement between Maine and its providers. To accomplish this, Craven conducted a landscape assessment of similar program designs and policies in other state Medicaid programs, reviewed relevant federal regulations and CMS guidance, and conducted a series of interviews with Medicaid providers and health systems in the State. Based on this research, the team prepared scenario-based recommendations, which allowed the State to review several viable pathways toward value-based care within the existing care delivery system and understand which federal authorities to request.</p> <ul style="list-style-type: none"> Nonmedical Supplemental Benefits Research with The SCAN Foundation – As part of a multi-year partnership with The SCAN Foundation and the Long-Term Quality Alliance, ATI has performed qualitative and quantitative research on nonmedical supplemental benefits in Medicare Advantage, with a focus on policy flexibilities and opportunities. For nearly five years, ATI has monitored and analyzed the evolving policy and programmatic environment related to Medicare Advantage supplemental benefits, including how states can interact with these nonmedical benefits as a part of state program design. For this work with The SCAN Foundation and for related ATI projects with states, ATI has conducted qualitative (interviews and regular publication of policy and practice reports) and quantitative (analysis of the number, geography, and type of plans offering these benefits) analytics. ATI has contributed to the policy conversation around the role of these nonmedical benefits, served as a thought partner to federal and state policymakers on the benefits, and seen several of ATI recommendations reflected in CMS policy actions. ATI’s Research on LTC and Aging – ATI is a national voice that conducts original research on the intersection of LTSS need, Medicare healthcare spending, and health equity issues using ATI’s extensive data assets through the CMS Virtual Research Data Center (VRDC). These data analytics support our policy interpretation and model development. We regularly share our research on our website and social media, present at conferences, or in publications; over the past year and a half, our team published or had accepted nearly ten articles in Health Affairs on topics ranging from Medicaid Managed Care rules to state options for dual eligible benefits or improving English proficiency. Our team also publishes timely summaries of proposed and final 		
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			<p>rules or policy developments and then communicates the impact of the policy changes with our clients.</p> <p>Our team has experience with CMS denials and reworking Section 1115 Waiver applications to meet CMS requirements and obtain approval. Often, reaching consensus with CMS in an iterative process that can involve making significant changes to Section 1115 Waiver applications. Our team also has experience discussing state proposals with CMS to help obtain consensus and approval. We are experienced with CMS guidance including templates, policies, and precedents which help demonstrate compliance with CMS requirements.</p> <ul style="list-style-type: none"> • Arizona – As Arizona’s former Medicaid director, our proposed Project Advisor Tom Betlach has extensive experience with Section 1115 Waivers in the State, including three that were not initially approved by CMS: <ul style="list-style-type: none"> ○ <i>Establishing a patient centered medical home</i> - The State wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes. ○ <i>Delivery system reform incentive program</i> - Arizona pursued funding for a delivery system reform incentive program that could not be approved given limited timeframes. The State was able to pivot and work with CMS to create a smaller more targeted incentive program for behavioral health integration. ○ <i>Traditional healing services</i>: The second waiver dealt with providing authority for the State to offer traditional healing services. This was not approved by CMS and the State is still exploring a path forward. • Georgia – As noted previously, Tom Betlach also supported Georgia in navigating their Section 1115 Waiver to offer Medicaid coverage through qualifying activities. While the waiver was initially approved, it was later rescinded by the Biden 		
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		<p>Administration. Ultimately, the State pursued legal action and the waiver was reinstated.</p> <ul style="list-style-type: none"> • Virginia – As Virginia’s former Medicaid director, our proposed Project Advisor Karen Kimsey experienced two waiver denials; an 1915(c) waiver designed to serve people with serious mental illness in assisted living and a Section 1115 Waiver proposing work requirements. In both circumstances, Kimsey and her team: <ul style="list-style-type: none"> ○ <i>Carefully crafted a message to stakeholders that explained what happened, and why. This included meeting with critical stakeholder groups in person.</i> ○ <i>Analyzed the financial impact with federal financial participation loss, and the implications for using general funds only;</i> ○ <i>Re-examined federal authority to accomplish state goals, and how to pivot to realize these goals;</i> ○ <i>Continued conversations with CMS to explore other avenues/opportunities to accomplish state goals.</i> 		
M		Please explain your experience working with state programs to draft, submit, and implement such waivers.		
	COMMENT:		20	15

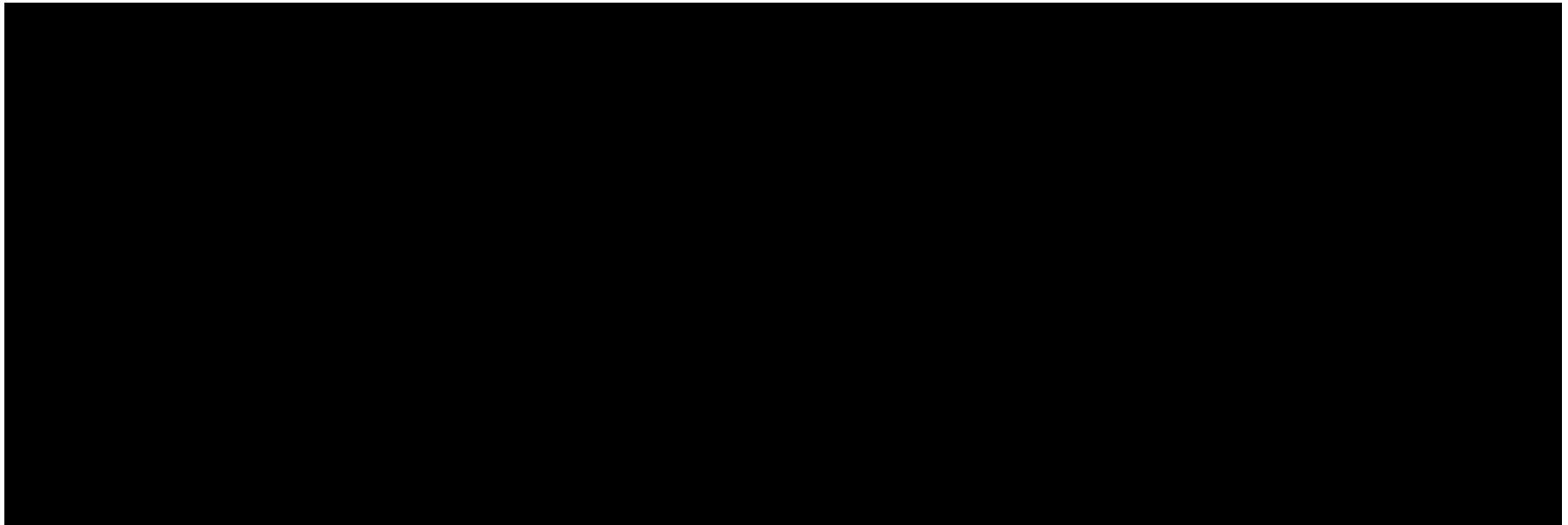


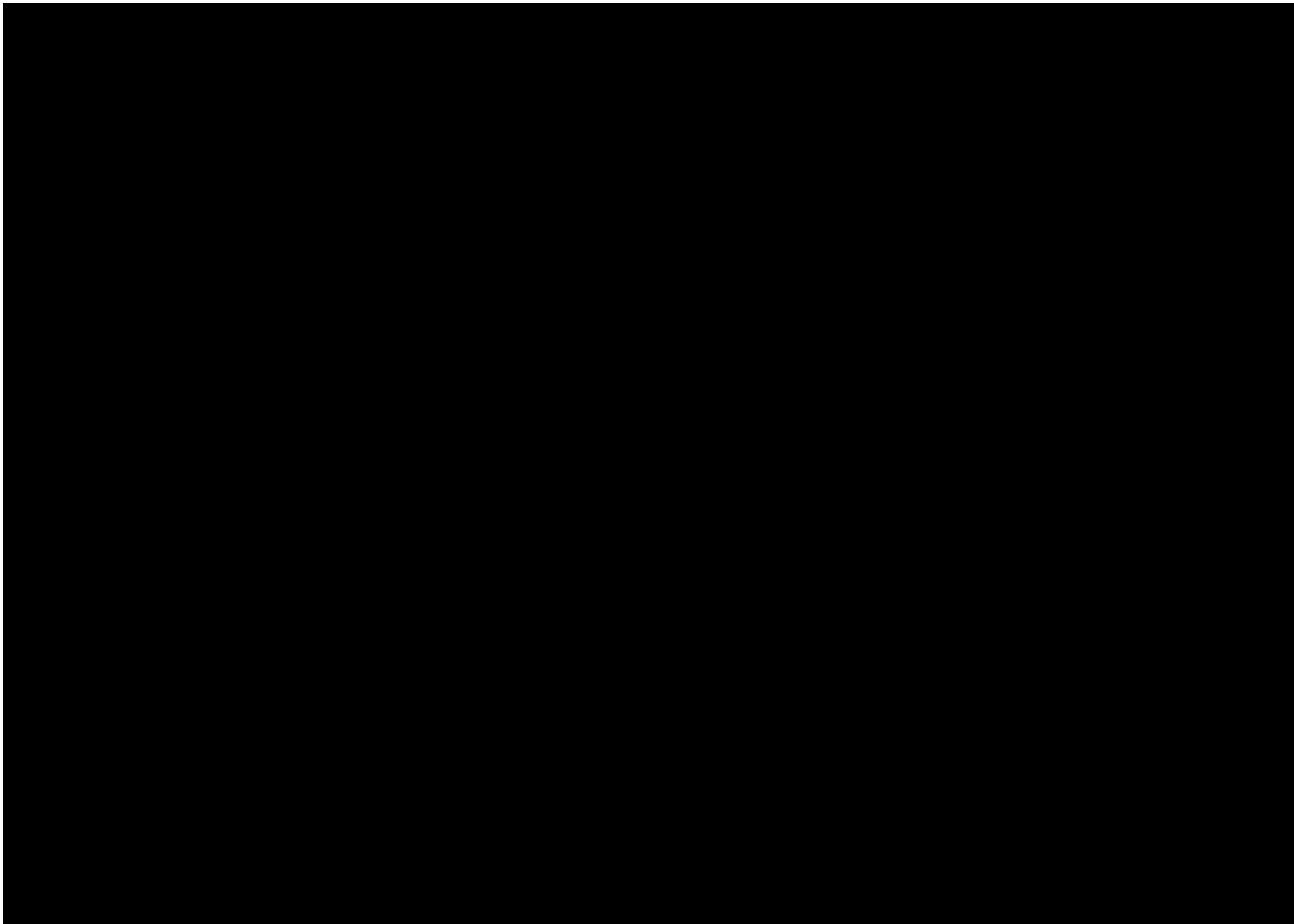


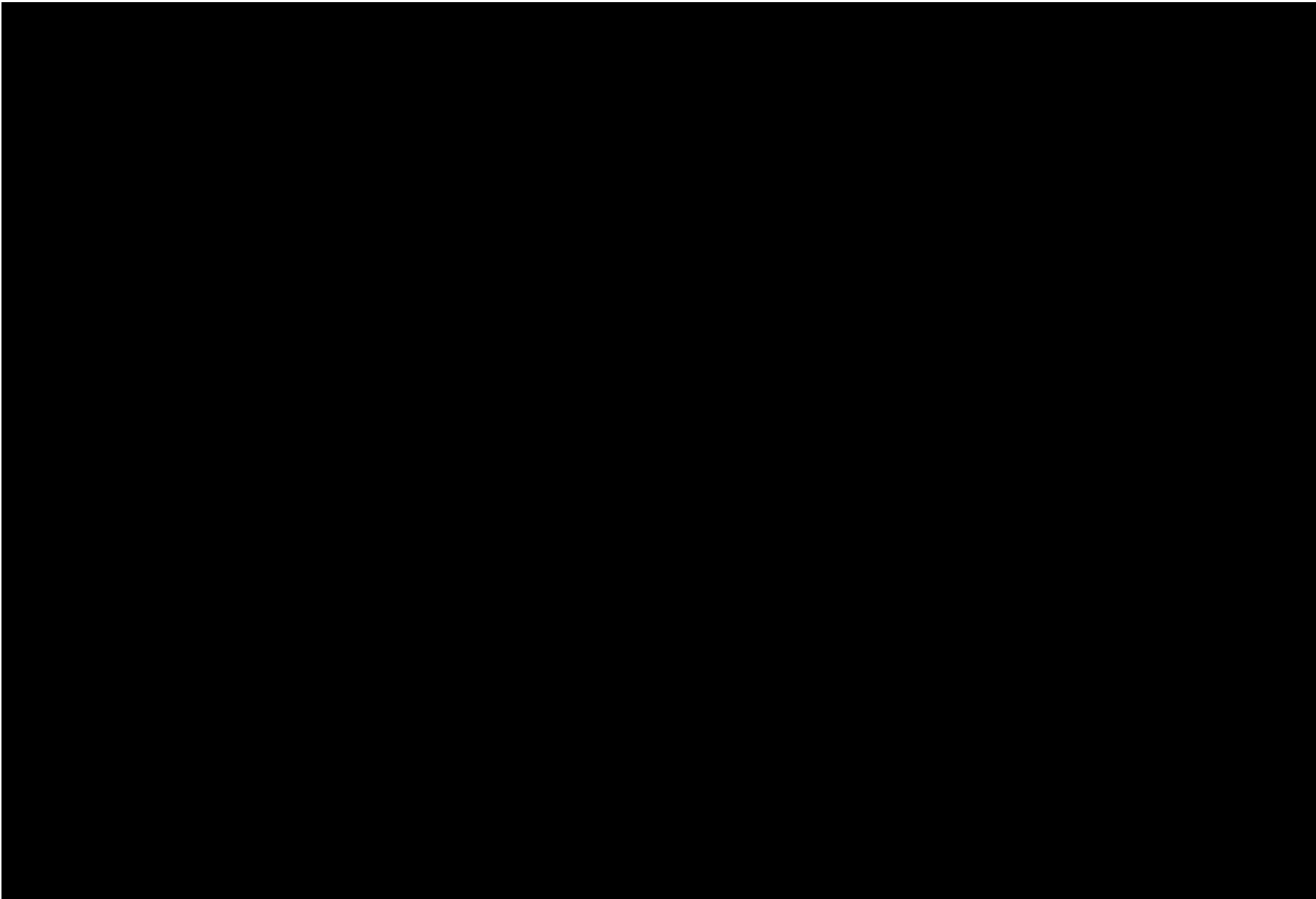
6.	BIDDER'S PROPOSED PRICING (QUOTATION OR COST RESPONSE)			15 MAX POINTS
	Please identify all allocated costs, together with the total charges Bidder is willing to accept in consideration of the full performance of the Contract.			15
	COMMENT:	SEE ANSWER TO 6A BELOW SCORING TABLE.		
B	Please fully describe any assumptions Bidder has made that affect its proposed total charges, if those assumptions are not explicitly addressed in Attachment A, Sample Contract.			NOT SCORED
	COMMENT:	<p>ATI developed the budget under the assumption that there will be a one-year project period from January through December 2024 with the option for a six-month extension for continued work on the Section 1115 waiver application or pre-implementation activities. Given that this is a new and novel demonstration, the extension may be used to continue to negotiate and propose new options to CMS.</p> <p>This budget and proposal assume that ATI will not serve as the independent evaluator contractor that the State will need after the Section 1115 waiver is approved in order to comply with CMS requirements. The ATI team will support the development of hypotheses related to the Section 1115 Waiver, which are included in the waiver application and ultimately inform the State's waiver evaluation approach. For example, ATI may speak to the hypotheses that the State will demonstrate savings, prevent poverty, and improve health outcomes as a result of the State's waiver policies. This work in the application will serve as a</p>		

		starting point for the independent evaluation design requirement that states must meet once their Section 1115 application is approved. After DSHS' Section 1115 waiver is approved, the State, per the Special Terms and Conditions (STC), is required to submit an evaluation design to CMS for CMS approval.		
C		Bidder should also propose a schedule of payments corresponding to its charges for successfully performing the tasks necessary to accomplish identified milestones corresponding to project objectives and performance measures within each phase. Bidders are required to collect and pay Washington State sales tax, if applicable.	NOT SCORED	
	COMMENT:	ATI will submit monthly invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. The invoices will describe and document to DSHS' satisfaction a description of the work performed, activities accomplished, the progress of the project, and fees.		

6A.







WRITTEN RESPONSE SCORING
November 30 – December 5, 2023
RFP #2334-839
Medicaid 1115 Waiver Policy Consultant

Vendor Name: ATI Advisory

Evaluator Number: Enter Evaluator #WE2

General Guidelines:

- Please score each vendor's response without reference to the scores for other vendors. Each score should reflect your score based on the criteria only.
- Please note all scores and comments in the allotted sections. If you change a score, initial the change.
- Please include comments that will assist the vendor in understanding why the response did not get full points. Positive comments are also welcome.
- We would prefer that you leave a comment for each question scored, briefly explaining why you assigned that particular score.
- You may discuss the proposals among the evaluation team, but each evaluator should score independently. **We do not use consensus scoring.**
- Do not downgrade a proposal because it did not address something that was not asked for in the Solicitation.

Scoring of Proposals

The following available points will be assigned to the proposal for evaluation purposes:

Section 5 Bidder Qualifications & Experience 270 points

Section 6 Budget & Reporting 15 points

If you have questions, please direct them to Lauren Bragazzi, Solicitation Coordinator, phone 360-664-6047. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Score	Description	Discussion
90-100% of available points	Exceptional	Clearly superior to that which is average.
70-80%	Above Average	Better than that which is average.
50-60%	Average	Baseline score for each item with adjustments based upon the evaluator's interpretation of the Bidder's response.
30-40%	Below Average	Substandard to that which is average.
10-20%	Failing	Non-responsive or clearly inadequate to that which is average.
0%	No Experience	Response shows no experience in this skill or capability.

Evaluator Scoresheet for RFP #2334-839

You will be evaluating one part of the bidder’s submission: Section 5. Bidder Qualifications & Experience and Section 6. Bidder’s Cost Proposal. If a question requires Bidders to submit additional documents, they will be included in an attached document.

5.	BIDDER QUALIFICATIONS AND EXPERIENCE (270 Points)		270 MAX POINTS	SCORE
E	<p>Please provide the number of years of experience you or your organization has in drafting 1115 waivers. Please describe the experiences, skills, and qualifications your organization possesses that are relevant to an evaluation of your ability to perform the Contract that is the subject of this Solicitation. Please ensure that your answer to this question includes all information that you wish DSHS to consider in determining whether you meet the minimum Bidder qualifications set forth in the Solicitation Document. Please include any relevant experience that distinguishes your organization or makes it uniquely qualified for the Contract.</p>			
	COMMENT:	<p>ANSWER: ATI has built a project team with unmatched expertise to support DSHS in drafting a Section 1115 Waiver and exploring other approaches to recognize savings created by the WCF. The ideal team understands the Section 1115 Waiver process and regulation, as well as LTC financing and broader policy levers available to the State. Our proposed project team reflects the comprehensive expertise DSHS needs.</p> <ul style="list-style-type: none"> • Collectively, ATI’s proposed project team brings 55 years of experience drafting Section 1115 Waivers and providing technical assistance with additional processes key to the development of a successful Section 1115 Waiver. This experience includes stakeholder engagement, project governance, inter-agency facilitation, negotiating with CMS, plans for monitoring and evaluation, data analytics, and implementation. Members of our team have reviewed Section 1115 Waiver applications on behalf of the OMB, have experience working with CMS on implementing, evaluating, and providing technical assistance for 1115A (Medicare Medicaid Innovation) waivers, and are national experts in LTC financing and social insurance program design. • ATI’s smaller size and focus on healthcare ensures we are nimble and flexible enough to provide our expertise in ways that best meet the State’s needs and offers access to 	50	50

our senior leadership and thought leaders that larger firms rarely extend. Our approach is to work collaboratively with our clients as partners and trusted advisors. We prioritize the goals and needs of our clients and match those needs with our expertise to produce excellent results. Our team will include national experts on LTC financing and 1115 Waiver development, including Anne Tumlinson, Marc Cohen, Tom Betlach, and Karen Kimsey, to ensure that DSHS has the right people at the table when making key policy decisions.

ATI's Expertise and Resources:

- **ATI's team has helped to develop Section 1115 Waivers with eight states**, including California, North Carolina, and Hawai'i, and has experience reviewing Section 1115 Waiver applications at CMS and implementing a Section 1115 Waiver on the ground in New York. These experiences give the ATI team perspective across the Section 1115 Waiver life cycle from application development and CMS approval to on-the-ground implementation. Furthermore, we have provided training to state clients on the Section 1115 Waiver process to ensure success in navigating federal requirements and norms. We work to elevate states' unique needs, ensuring we are fully listening and responding to state and stakeholder direction. For example, based on client needs we support Hawai'i's State Medicaid Agency with the full Section 1115 Waiver process—from policy ideation to drafting and CMS negotiations—by project managing multiple scopes of work and deliverable components among State contractors (e.g., actuaries), conducting research and policy options analyses, and facilitating eight workgroups on key topics to drive policy decision-making, among other activities.
- **ATI's staff and advisors are nationally recognized experts in LTC financing.** ATI founder and project advisor Anne Tumlinson has decades of experience in LTC financing, including advising on the development of budget neutrality principals for Section 1115 Waivers, leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, and managing a multi-stakeholder effort to develop model options for a federal LTC social insurance program and share those options publicly through a variety of papers, presentations and

chartbooks. Similarly, Marc Cohen has over thirty years of experience leading research on the financing and delivery of LTSS and supported Washington in the design of the WCF. ATI intimately understands how to navigate financing LTC social insurance like WCF. Because Washington’s proposal of generating shared savings from LTC insurance through a Section 1115 Waiver is novel, ATI’s deep financing expertise can help Washington build a compelling application and avoid key obstacles. Anne Tumlinson and Marc Cohen have each been invited, on multiple occasions, to present testimony on LTC financing to U.S. House and Senate committees.

- **Our Medicaid team understands Medicaid financing and how to optimize the federal match** and can quickly vet the direction of budget impacts from shifting dollars between Medicaid and non-Medicaid state payment sources. ATI understands the multiple interaction points between LTSS and CMS policy and can speak to these interactions if they arise in discussion with CMS. With experience reviewing budget neutrality at the federal OMB, our team also understands federal budget neutrality requirements and will work collaboratively to support and align with the State’s consultant or team leading budget neutrality calculations for DSHS, as we did recently for Hawai’i’s State Medicaid Agency.
- **Our team includes skilled communicators who have negotiated with CMS.** As stated above, our team includes former CMS and OMB employees who understand federal requirements and what these agencies need to advance state requests. Our experience working with states on particularly innovative programs, including Hawai’i’s Section 1115 Waiver, will allow us to negotiate with CMS regarding the unique nature of DSHS’ approach and the expected benefits at the federal and state levels. For example, Arizona’s former State Medicaid Director Tom Betlach negotiated the approval of three Section 1115 Waiver amendments that were initially not approved including an amendment to establish a patient centered medical home. The state wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes.

- **We understand the broader healthcare environment** and have subject matter experts across Medicaid, Medicare, dual eligible policy, LTSS, LTC financing, and social service programs. We bring nuance and historical context to policy decisions. For example, Anne Tumlinson, with support from The SCAN Foundation, pioneered health services research that analyzed healthcare spending specifically attributable to the Medicare population experiencing functional and cognitive decline, laying the groundwork for higher value healthcare through integrated financing and delivery across medical and LTC. Our team includes nationally recognized experts across these topics and is deeply connected to the national policy conversations on these topics, for example through public forums at the Bipartisan Policy Center or private informal policy consultations with our peers and colleagues in stakeholder organizations, which means we can anticipate policy direction and advise DSHS accordingly. We are experts on federal and state policy and program design innovations, CMS guidance, and approval precedents. With this experience and our creativity, we can help the State understand and leverage its full purchasing power.

ATI's Approach:

- **Our unparalleled approach centers on understanding the unique needs of states and stakeholders**, whether that is education and training or administrative support and leading conversations. We are the go-to source for private and public sector entities to learn about and receive support on LTC issues and policy. This is evidenced by our project portfolio and the speaking engagements our team is invited to present at (for more detail, see team resumes in Attachment F). ATI is dedicated to facilitating key decisions through an inclusive and responsive process and prioritize fostering an environment of collaboration, organization, and effective communication. Further, we are exposed regularly to the lived experiences of individuals with LTSS needs through their family caregivers who are part of the national Daughtershed community, which ATI founder and CEO Anne Tumlinson founded. We see first-hand the impact of the financial devastation LTSS-need creates. One of our company values, connectedness, speaks to our commitment to ensure our clients benefit from the full extent of deep

and long-standing relationships and ability to build bridges across different stakeholder groups and perspectives.

- **ATI excels at seamlessly coordinating and facilitating decision-making processes across diverse agencies and stakeholders.** Our expertise lies in building consensus – a crucial skill in navigating the intricate landscape of federal resources and decision-makers – and weaving in state and local perspectives. We recognize that negotiating with CMS for the approval of DSHS’ Section 1115 Waiver will require significant federal resources. All Section 1115 Waivers are reviewed and approved by a federal review team that includes central office project officers and leadership in the State Demonstrations Group along with regional office representation, the OMB, and other federal agency decision makers. In working with Pennsylvania and other states, our team members have developed presentation materials that can be used in federal negotiations and to encourage effective communication. For example, in Alabama, our proposed Executive Sponsor, Johanna Barraza-Cannon attended meetings with CMS in person in Baltimore as a representative for the State while State staff, contractors, and other team members participated remotely in discussions and negotiations.
- **The ATI team is characterized by its adaptability, agility, and ability to address the most challenging problems in LTC.** Recognizing the complexity of DSHS’ initiative, we understand that the path may not always be linear. As such, it will be critical for Washington to have a team with the expertise and adaptability to chart and navigate new strategies. In the face of potential shifts, such as CMS requiring course adjustments, ATI will support DSHS to successfully negotiate approval or pursue alternatives as we have done with other states.
- Please see Response 5J for additional detail and examples of ATI’s performance and capabilities, including a description of our engagement with eight states, implementing Section 1115 Waivers as a provider system, and CMS 1115 experience. Response 5L offers eight key examples of ATI and ATI’s staff policy research capabilities.

ATI Team Experience and Subject Matter Expertise

As we noted above, ATI is led by experts in the field of complex care and LTC financing across Medicaid, Medicare, dual eligible policy and programs, and LTSS. Our team includes former federal, state, plan, and provider executives and we have supported clients with projects similar to DSHS' Section 1115 Waiver application. For this effort with DSHS, we have assembled a core team of ATI staff with Section 1115 Waiver and project management expertise, and an Advisor Group of ATI staff and ATI partners with national expertise spanning LTC, Section 1115 Waiver development and approval, and other waiver types DSHS might consider.

Below are short biographies that highlight the experiences of key project leadership, advisors, and team members. For an organization chart and resumes, see Response 5F.

Core Team Experience:

- **Johanna Barraza-Cannon, Director at ATI**, will serve as the Executive Sponsor. She has over 20 years of experience in health and human services policy, finance, strategy, and operations. As a consultant at Navigant Consulting (now Guidehouse), Johanna helped Alabama and Pennsylvania develop their Section 1115 Waivers. This included facilitating brainstorming and decision making (develop options analyses, PowerPoint presentations, decision memorandums) across multiple workgroups (developing a governance structure for these workgroups) to determine what requests would go in the application, engaging with stakeholders, and writing sections of the application. At ATI, Barraza-Cannon served as a subject matter expert on the Hawai'i Section 1115 Waiver renewal request which included reviewing application material, assisting with state decision making, and stakeholder engagement. As a technical director at CMS, Barraza-Cannon worked with states on their Section 1115 Waiver requests and served on the federal review team for numerous demonstration requests including HIFA and family planning requests. While a consultant at Navigant, Barraza-Cannon worked with multiple states on the CMMI State Innovation Model grant program, to help develop new and innovative solutions in care coordination, multi-payer models, health information technology, behavioral health, and stakeholder engagement.

		<p>Furthermore, she served as the interim Medicaid director for South Dakota, staffed the State Illinois House Health Appropriations Committee, and has federal experience as the Policy Director for the Office of Health Information Technology at HRSA and as a Technical Director in the Center for Medicaid and CHIP Services (CMCS) at CMS.</p> <ul style="list-style-type: none"> <p>• Morgan Craven, Director at ATI, will serve as the Project Director. She has supported numerous states in the development and implementation of Section 1115 Waivers, most recently North Carolina, California, and Hawai'i. Craven leverages eight years of experience advising clients on a broad range of strategies related to Medicaid innovation and delivery system reform, federal and state legislative and regulatory analysis, managed care innovation, incentive payment programs, stakeholder engagement, and project management. Prior to joining ATI, Craven was a Manager at Manatt Health providing strategic guidance and hands-on technical assistance, primarily to state Medicaid agencies. During her tenure, she supported state Medicaid agencies on a broad range of policy design and implementation issues, including Medicaid financing approaches, provider reimbursement, quality evaluations, and value-based payments. Craven also facilitated robust CMS engagement and technical assistance to state Medicaid agency partners regarding submitting and negotiating approvals for supplemental and directed payments, designing and framing quality evaluations, demonstrating compliance with managed care and financing rules, and other escalated issues. Craven started her career at Lockton Companies where she advised on regulatory compliance, risk mitigation, and design of employer-sponsored managed care plans. In addition to her extensive experience in policy design and implementation, Craven is skilled in developing multivariate Excel models, conducting financial analyses, and providing project management support and infrastructure to state Medicaid agencies. Craven received her Master of Public Health, Health Policy from George Washington University, and her Bachelor of Business Administration from Southern Methodist University.</p> <p>• Laura Benzing, Senior Analyst at ATI, will serve as Project Manager overseeing daily project activities to ensure project success. Currently, Benzing serves as the ATI project manager helping to develop the Hawai'i Section 1115 Waiver by managing project communication and progress but also conducting policy analysis and drafting material.</p> 		
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		<p>Benzing works with California’s Office of Medicare Innovation and Integration (OMII) to research and inform state policy strategies to support Medicare-only beneficiaries, including those with LTSS needs. At ATI, Benzing conducts policy analysis and data analytics, in addition to serving as a project manager. Benzing has completed her coursework for a Master's in Health Informatics with a concentration in Management at George Mason University and received her Bachelor of Science in Biology, minoring in Computational Biology and Creative Writing, from Duke University.</p> <ul style="list-style-type: none"> • Cleanthe (Cleo) Kordomenos, Senior Analyst at ATI, will serve as part of the project team for this effort, with a particular focus on health policy research and analysis. At ATI, Kordomenos applies her experience with federal and state health insurance programs to advise and provide technical assistance to states on policy and program design (including Section 1115 Waivers), particularly on issues related to Medicaid LTSS, dual eligible populations, and delivery system transformation for people with complex health and social needs. Kordomenos also currently supports the State of Hawai’i in the development of their Section 1115 Waiver submission, advising the State on opportunities to best leverage federal authorities and funding pathways to promote whole-person care and address social determinants of health within the State's Medicaid program. Prior to joining ATI, Kordomenos supported Section 1115A evaluations for federal health care delivery and financing demonstrations on behalf of CMMI, including the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents and the Financial Alignment Initiative. Kordomenos also advanced research efforts on integrated care models for dually eligible individuals and populations with LTSS needs for the Office of Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services and the Medicaid and CHIP Payment Access Commission (MACPAC), including an analysis on the factors affecting the development of Medicaid nursing facility payment policies across seven states. Kordomenos received her Master of Public Health from the Johns Hopkins Bloomberg School of Public Health and a Bachelor of Arts in Health Communication Studies from The College of New Jersey. • Nils Franco, Senior Analyst at ATI, will serve as part of the project team for this effort, with a particular focus on data analytics and evaluation design planning. Franco leads 		
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			<p>quantitative research and supports qualitative research to advise clients on federal and state health insurance programs. Prior to joining ATI, Franco served the Altarum Institute’s Center for Value in Health Care and Center for Eldercare Improvement as a research analyst. His work there included economic modeling of the impact of social policies, business consulting on home- and center-based services, and federal research on Medicare–Medicaid integration amid COVID-19. In a key project, he derived county-level data from Medicare administrative files to describe Part D outcomes for beneficiaries aged 65+ and describe users of post-acute and LTC, including their functional and cognitive conditions, their diagnoses, and their use of healthcare. At a federal level, Franco’s past work has included consulting and data management for the Center for Medicare and Medicaid Innovation (CMMI) and the Medicare Ombudsman Group, as well as designing statistical methods for a research project funded by the Agency for Healthcare Research and Quality. Franco received his bachelor’s degree in Economics from American University. He was a fellow of the Public Policy and International Affairs (PPIA) Program in 2017 at Carnegie Mellon University’s Heinz College.</p> <ul style="list-style-type: none"> • Jonathan Amos, Analyst at ATI, will serve as part of the project team, with a focus on health policy research and analysis. At ATI, Amos currently supports the State of Hawai’i in the development of their Section 1115 Waiver submission, conducting key research to advise the State on policy approaches to promote whole-person care and reduce health disparities impacting Hawai’i’s most vulnerable Medicaid members. Amos prepared materials that informed the State’s policy decision-making, identified policy pathways approved in other states’ Medicaid programs applicable to Hawai’i, and drafted large sections of the Section 1115 Waiver submission. Prior to joining ATI, Amos managed new specialty scheduling projects for Corewell Health’s COVID-19 response, leading strategic planning and implementation of COVID-19 Community Vaccination Clinics and COVID-19 Long Haul Clinics. Amos uses their experience in health systems operations and six years of relevant health policy research to bridge the gap between policy, patients, payers, and providers, particularly relating to health equity, social determinants of health, and Medicaid opportunities to address health-related social needs. Amos received their Bachelor of Arts in Social Relations and Policy 		
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from Michigan State University and anticipates completing their Master of Public Health at the University of Michigan in May 2024.

Advisor Group Experience:

- **Anne Tumlinson, Founder and CEO of ATI Advisory**, leads the nation in setting the direction of aging and disability policy and is a nationally recognized expert in LTC financing. Highlights from her 30-year career include:
 - Advising policy officials on LTC policy at the White House Office of Management and Budget, including the development of budget neutrality principals for Medicaid Section 1115 Waiver review, and dual eligible demonstration design;
 - Producing a paper on catastrophic federal LTC insurance design for the Georgetown University Financing Project, funded by the Robert Wood Johnson Foundation;
 - Building a publicly accessible, stylized model of social insurance options for LTC financing, with funding from The SCAN Foundation, in advance of Congressional debate of the CLASS Act;
 - Leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, under contract with the Department of Health and Human Services Assistant Secretary for Program Evaluation;
 - Testifying before the Senate Aging Committee, House Energy and Commerce Committee, and the Bipartisan Congressional LTC Reform Commission on LTC financing reform;
 - Managing a multi-funder, multi-stakeholder effort to develop model options for a federal LTC social insurance program design, under contract with The SCAN Foundation. Work included managing an actuarial team at Milliman and a dynamic microsimulation model build at the Urban Institute; and

- Pioneering health services research that analyzes healthcare spending for the population segment that experiences varying levels of functional and/or cognitive decline.

Tumlinson also founded and serves as CEO of ATI Advisory, a consulting and research firm that guides public and private leaders in solving the hardest problems in healthcare, with a focus on developing creative solutions for addressing LTSS needs. Early on at ATI, Tumlinson led a large-scale LTC financing project exploring insurance options for social insurance, involving many stakeholders and extensive oversight of the DynaSim model. More recently, ATI served as the project leader and coordinator for a multi-funder, multi-stakeholder effort to specify and model several options for federal LTC social insurance program design. The effort produced consensus across stakeholders and researchers and influenced the shape of federal legislation. She also founded and serves as the Board Chair for Daughtershood, an online and in-person community that connects family caregivers with each other for support and information. She serves on the non-profit board of Mary's Center, an FQHC in Washington, DC, and as a member of the National Academy of Social Insurance. Tumlinson spent her early career working in government, first as an aging and healthcare advisor to Congressman John Lewis (D-GA) and then as the lead for Medicaid program oversight at the Office of Management and Budget.

- **Tom Betlach, MPA, Partner at Speire Healthcare Strategies**, joined Speire as a partner to advise government and private sector clients on complex health policy and strategic initiatives. He is a nationally recognized thought leader on Medicaid and health care policy, known for his expertise in serving complex populations, delivery system transformation, value-based purchasing, managed care, and cost containment. Prior to joining Speire, Betlach spent 27 years serving in a variety of leadership roles for the State of Arizona. He served five different governors in three different cabinet positions. Most recently, Betlach served as director of the Arizona Health Care Cost Containment System (AHCCCS), Arizona's State Medicaid agency, where he reported directly to the governor. AHCCCS provided health care coverage to 1.9 million Arizonans at an annual cost of \$13 billion. During his tenure, Arizona became an early innovator in leveraging

competitive managed care contracting strategies and Section 1115 Waivers to transform health care delivery. Arizona successfully pursued a multi-year strategy to integrate behavioral health services, expanded the delivery of services to address social determinants of health and pursued value-based purchasing strategies. Arizona remains one of the lowest-cost LTC programs nationally and has maintained high levels of home and community-based placement for persons with LTC needs.

Known for his ability to work across government, Betlach was integral to Arizona's development of a broad coalition to streamline justice system transitions to health care. This multi-pronged, collaborative strategy resulted in a more effective approach to delivering care. The effort aligned well with broader initiatives in the Medicaid program to expand housing and employment support services. Upon his departure, Arizona Medicaid was the third largest housing authority in Arizona. He also led initiatives to develop stronger partnerships with tribal organizations. Through innovative Section 1115 Waivers and other authorities, Arizona created first-in-the-nation models that improved services for tribal members. Betlach serves as a critical Medicaid and health policy resource for policymakers across the country. He led an Arizona/federal government partnership to create new tools that improve services for those dually eligible for Medicaid and Medicare. Betlach has testified on multiple occasions before Congress and his leadership on dual eligible population services is recognized nationally. Betlach served as both vice president and president of the National Association of Medicaid Directors. He currently serves on the board for the National Committee for Quality Assurance (NCQA) and is a member of the Congressional Budget Office Panel of Health Advisers. Betlach holds a master's degree in public administration from the University of Arizona and a bachelor's degree in political science from the University of Wisconsin.

- **Marc A. Cohen, Ph.D., Professor of Gerontology at UMass Boston**, co-directs the LeadingAge LTSS Center @UMass Boston and serves as a Research Director at the Center for Community Engagement in Health Innovation at Community Catalyst. Throughout his career, Dr. Cohen has conducted extensive research on public policy issues affecting the financing and delivery of LTSS and has skillfully demonstrated his expertise in multiple settings.

		<p>Cohen was part of the team that worked on the initial development of the WCF with Milliman. He conducted stakeholder interviews with Washingtonians for a Better Future and provided consulting service support to the WCF team working on issues related to benefit eligibility definitions and assessment work. Prior to joining UMass in the fall of 2016, Dr. Cohen served as the Chief Research and Development Officer and former President and co-founder of LifePlans, Inc., a LTC research and risk management company. At LifePlans, Inc., Dr. Cohen consulted for and conducted research for health insurers, health providers, trade associations, Congress, states, and government agencies. His contributions have helped to develop innovative reinsurance programs and health risk management products, improve the efficiency of care delivery, and create data-driven solutions to optimize health care systems. Concurrently, Dr. Cohen served as a senior researcher for both the Center for Health and LTC Research and Brookdale Institute of Gerontology conducting analyses for foundations, universities, and congressional staff on LTC financing and care delivery. Here, he developed expertise on the utilization of Medicare and Medicaid home health care services, nursing home care, and community-based services, and the role of competition and different financial models on pricing and efficiency of health care systems.</p> <p>He has testified before Congress, the Bipartisan Policy Center, and other organizations; served on Governor Patrick’s Task Force on LTSS Financing for Massachusetts; was a Steering Committee member of the LTC Financing Collaborative; and served as a Chair for a National Academy of Social Insurance Study panel on Designing State-Based Social Insurance for LTSS. More recently, he has been examining ways to improve person-centered care, add services to senior housing, improve patient engagement in the research process, evaluate and strengthen family caregiving advocacy, and address issues related to caring for individuals dually eligible for Medicaid and Medicare. Over the years, his work has been quoted extensively and he has been interviewed by the <i>New York Times</i>, <i>Wall Street Journal</i>, and <i>Time Magazine</i> as a thought leader on elder care financing issues. Dr. Cohen received his Ph.D. from the Heller School at Brandeis University and his master’s degree from the Kennedy School of Government at Harvard University.</p>		
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		<ul style="list-style-type: none"> • Brianna Janoski, Managing Director at ATI, leads ATI’s state work related to Medicaid, aging, and dual eligible program design. She has supported over 25 states across Medicaid agencies and Departments of Aging. Janoski served as a technical assistance contractor to CMS during the roll out of the Financial Alignment Demonstrations from 2012 to 2016 as a part of the Integrated Care Resource Center. During this time, she provided various types of support to the 10+ states pursuing capitated and managed fee-for-service demonstrations under 1115A demonstration authority. Before joining ATI, Janoski was an independent consultant who supported clients on projects related to managed care, Medicaid, Medicare, State Health Insurance Assistance Programs (SHIPs), and integrating care for dual eligible individuals. Janoski also served as the Associate Vice President of Medicare/Duals Plan Product and a Director of Public Policy at Molina Healthcare. Janoski began her career working at the Center for Health Care Strategies where she engaged with states across the country to reform care for complex populations and served as a technical assistance provider on behalf of CMS to help states implementing Section 2703 Health Homes and Financial Alignment Demonstrations. Janoski received her Master of Public Health in Urban Health and Bachelor of Science in Health Science degrees from Northeastern University. • Karen Kimsey, Partner at Speire Healthcare Strategies, will bring 1115, and Medicaid subject matter expertise to this project. Kimsey has more than 27 years in public health care policy, program development and operation, and finance. She is also a nationally recognized expert in Medicaid-funded LTSS. Before joining Speire, Kimsey served as the director of Virginia’s Medicaid and Child Health Insurance Programs, including the provision of acute, behavioral health and LTSS to more than 2.1 million Virginians at an annual cost of \$20 billion. Kimsey also served in multiple executive level roles in the Virginia Medicaid program. As the Medicaid Chief Deputy Director, she was the operational lead for the creation of the Medicaid Expansion benefit, which now supports 600,000 low-income adults. This included streamlining eligibility processing for incarcerated populations. As Deputy of Complex Care and Services, she led the effort to integrate long-term and behavioral health services and supports into managed care, including the development of an innovative model of managed care for individuals enrolled in both Medicare and Medicaid. She also led the creation of a new 		
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addiction and treatment services benefit to address the opioid crisis. Additionally, she was the primary Medicaid lead for the redesign of the Intellectual and Developmental Disability service delivery system while the State was under a settlement agreement with the Department of Justice. Nationally, Kimsey served on the governance committee and as east coast representative of the National Association of Medicaid Directors. She currently serves as a Member of the American Board of Internal Medicine's Action Group on Health Equity. Kimsey holds a Master of Social Work degree and a certificate in Aging Studies from Virginia Commonwealth University in addition to a Bachelor of Social Work from James Madison University.

- **Tyler Overstreet Cromer, Principal at ATI**, brings a decade and a half of experience in health and aging policy, analytics, budget formulation and execution, and consulting. She advises clients on innovative healthcare financing and delivery models and provides expertise in Medicare value-based care program design and Older Americans Act programs, including Medicare Advantage, Special Needs Plans, PACE, traditional Medicare Fee-For-Service, and value-based programs. Prior to joining ATI, Cromer served as a senior executive at the White House Office of Management and Budget, providing oversight and expertise for budget development and execution for the Department of Health and Human Services (HHS). In her federal role, Cromer was involved in many of the reforms to traditional Medicare, having led efforts at OMB related to the Center for Medicare & Medicaid Innovation (CMMI) from its inception until her arrival at ATI. She also worked on the initial design and regulations of the Medicare Shared Savings Program. Cromer has provided oversight, expertise, and policy and budget guidance to various health programs and agencies, whose discretionary budgets total over \$8 billion annually, including CMS and the Older Americans Act programs administered by Administration for Community Living (ACL). Cromer frequently partnered with HHS for planning and executing major management improvement efforts. Cromer frequently speaks at national conferences on healthcare, caregiving, and the complex needs of Medicare beneficiaries. Cromer received her Master of Public Administration from the Maxwell School at Syracuse University and her Bachelor of Arts from Wake Forest University.

Together, the proposed team exhibits a comprehensive mastery of diverse skill sets required for successful project execution. **Figure 1**, describes how project team members align the projects’ key competencies, demonstrating the team’s holistic capabilities, education, and expertise that will serve as the foundation for a successful project.

Figure 1: Proposal Project Team Expertise (Two dots – expert-level experience, one dot – mid-level experience)

Subject Matter Expertise and Technical Expertise	Project Team						Advisors					
	Johanna Barraza – Cannon	Morgan Craven	Laura Benzling	Cleo Kordomenos	Jonathan Amos	Nils Franco	Anne Tumlinson	Brie Janoski	Marc Cohen	Tom Betlach	Karen Kimsey	Tyler Overstreet-Cromer
Drafting Section 1115 Waivers	
Negotiating Section 1115 Waivers with CMS	
Conducting Stakeholder Engagement
Long Term Care Financing Expertise					
Working Within Federal and/or State Government
Working with State Medicaid Agencies
Managing Projects
Facilitating Meetings

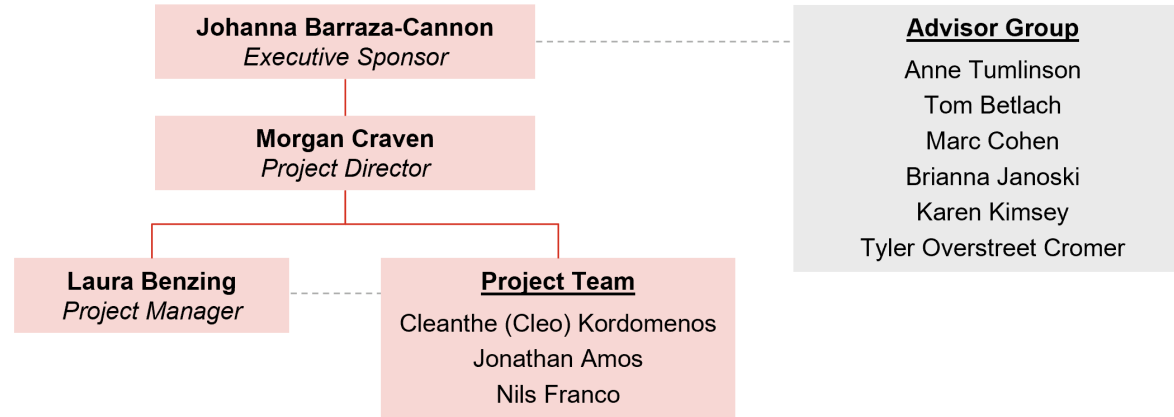
ATI meets all minimum Bidder qualifications.

ATI is licensed to do business in the State of Washington and has demonstrated experience assisting states with Section 1115 Waivers (see additional detail in Response 5B). ATI is staffed to meet the project requirements and timelines (see additional detail in Response 5C). Team members are able to provide services and be available for project needs from 8:00am - 5:00pm Pacific time (see additional detail in Response 5D).

F	<p>Please provide the names of the key team members you will assign to this Contract, if you are the Successful Bidder, and provide their proposed roles and copies of resumes describing the relevant experience they possess. Bidder should note that if awarded a contract, it may not reassign its key personnel from the Project without prior approval of DSHS.</p>		
	<p>COMMENT: ANSWER: ATI’s proposed project team is led by seasoned professionals specialized in complex care and LTC financing, encompassing expertise in Medicaid, Medicare, dual eligible policy and programs, as well as LTSS. Our accomplished team includes nationally renowned experts and former State Medicaid Agency executives.</p> <p>Refer to the organizational chart (Figure 2) to see how we will deploy our project team. For a more in-depth exploration of our team's qualifications and credentials, please reference their resumes in Attachment F. See Response 5E for short staff biographies that offer succinct highlights of key experiences. As the Executive Sponsor, Johanna Barraza-Cannon will serve as the senior-level professional responsible for overseeing the entire project and guiding it in the right direction based on her expertise and experience. Morgan Craven, the Project Director, will be responsible for the planning and execution of the project, serving as the primary meeting facilitator and central point of communication between DSHS, ATI, and relevant stakeholders. As the Project Manager, Laura Benzing will serve as the administrator for coordinating efforts, planning tasks, and ensuring the full team is informed, updated, and progressing along the workplan. Our project team reflects a combination of qualitative and quantitative capabilities and includes Cleo Kordomenos, Jonathan Amons, and Nils Franco. Kordomenos and Amos will be responsible for research, material development, and project management tasks, leveraging their recent experience leading this work for ATI as part of our Hawai’i 1115 support. Franco will be responsible for conducting and communicating data analyses, including any state data needed to help make a compelling case to CMS for approval of the proposed Section 1115 Waiver, and providing LTC financing insights. Advisors will serve as strategic partners to the Core Team and as needed, to DSHS, reviewing and shaping content with their specialized knowledge and guidance. Our proposed staffing approach with a Core</p>	10	10

Team and an Advisor Group will help ensure the application has the best chance of CMS approval and aligns with Washington’s goals.

Figure 2: ATI WCF Section 1115 Waiver Team Organizational Chart



G Please describe your method for assuring that your services and deliverables are provided in accordance with high quality standards and for immediately correcting any deficiencies. What data would you propose to report to DSHS which would permit verification of your quality assurance activity, findings, and actions?

COMMENT:

ANSWER:

The ATI team assures high-quality, timely, and budget-consistent services and deliverables through its formalized and systematic quality control processes spanning qualitative and quantitative analytics, technical report writing, financial modeling, meeting facilitation, and more. As part of these processes, we:

- **Monitor resource utilization** to ensure we are providing the appropriate amount of support to our clients, based on budgeted hours and contract deliverables. Resource utilization monitoring also ensures the right staff are deployed for an appropriate amount of time, to maximize the expertise we are providing to Washington. We do this using project management

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software that tracks daily project team hours, overlaid with the project management plan, budget, and deliverable production (described more in our response to 5H, below). Individual staff and project team managers also work together closely to ensure staff are deployed efficiently. For example, staff and project team managers have a recurring weekly “stand-up” meeting to discuss staff deployment, project deliverables, and critical timelines. This approach incorporates expected and unexpected staffing absences, for example time off, to ensure project obligations are met. Given the short timeframe associated with Washington’s novel Section 1115 Waiver design, resource utilization will be especially important.

- **Ensure consistently high-quality output** to minimize our clients’ review and revision time, and in the case of Section 1115 Waiver design, to maximize likelihood of waiver approval. For each deliverable, ATI assesses and addresses quality separate from the development of and review of the deliverable’s content. For example, while core project staff will review and iterate on a deliverable at least twice before sending or presenting to a client, a separate team of ATI staff who were not involved in the development of the deliverable will review for quality and consistency.

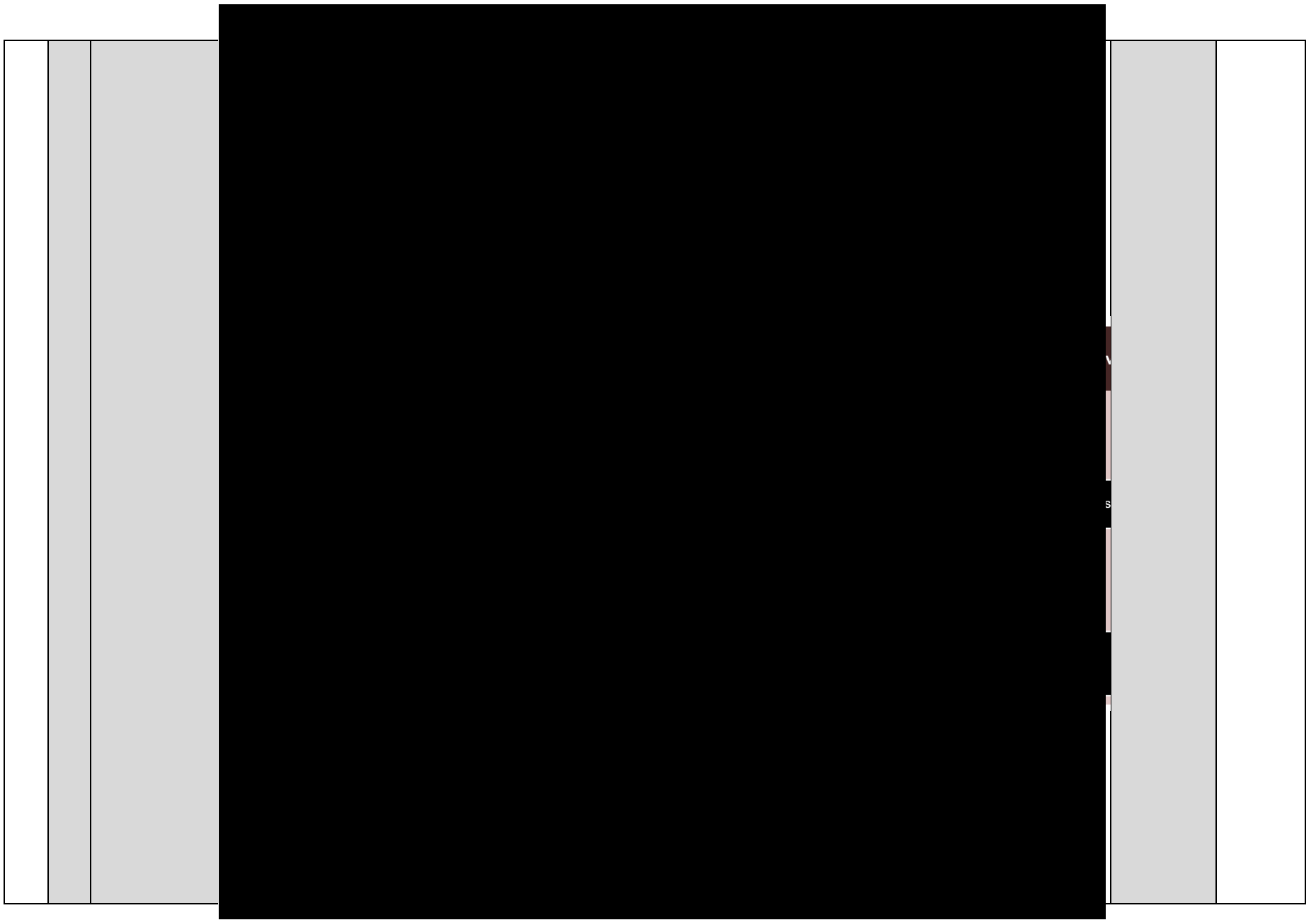
In the Section *Policy Design and Preparation* in Response 5I, we discuss ATI’s quality control process for the drafting of the Section 1115 Waiver application and related materials in further detail. Notably, ATI will build a style guide with DSHS to ensure appropriate, consistent language and best practices are used. ATI also customizes existing checklists to match client needs. For example, custom checklists may include practices related to proofing, accessibility, language translations, and other document remediations and will ensure that all reviews and sign offs are completed (as described in the project’s governance plan, further detailed within Response 5I). These tools and best practices were developed through our team’s experience in stakeholder engagement and CMS engagement with other states.

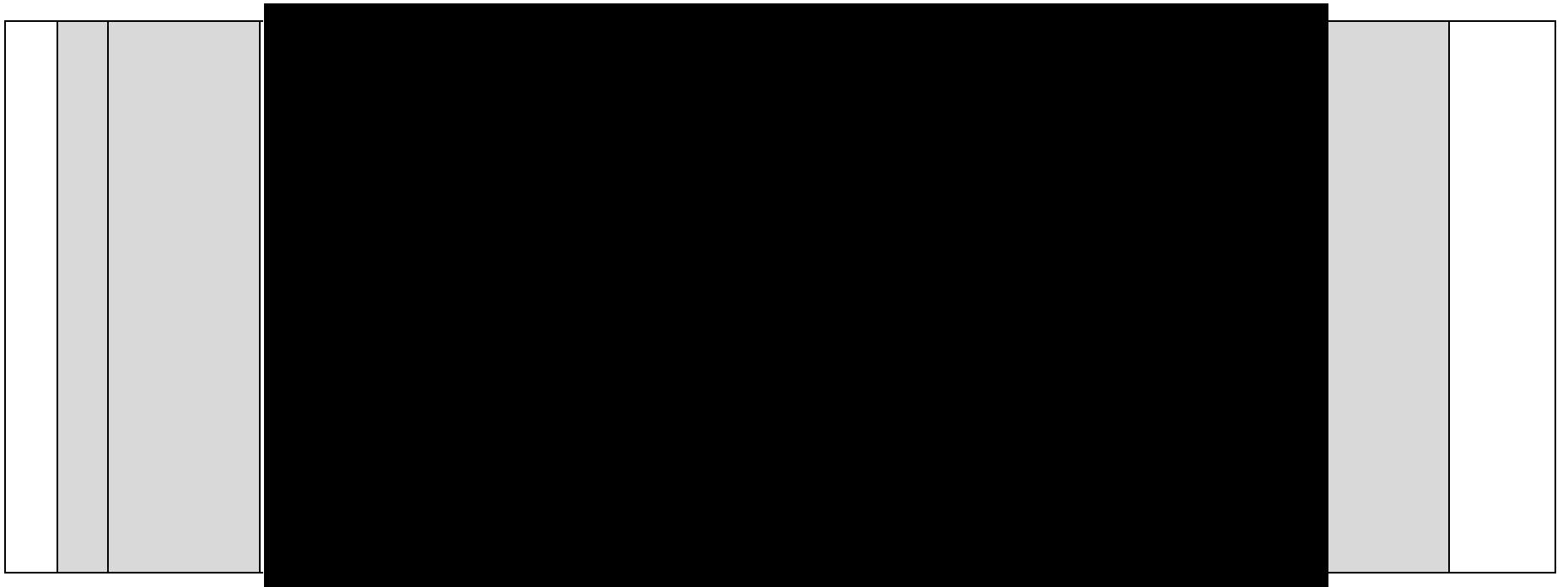
		<p>A key aspect of quality control is the confidence that the right people have reviewed the deliverable. In addition to ATI’s in-house advisors, ATI’s subcontractor partners Tom Betlach and Karen Kimsey, former State Medicaid Directors and Section 1115 Waiver experts, and Marc Cohen, an LTC financing expert, will offer strategic reviews of deliverables, offering an added layer of insight to ensure deliverables are of utmost value to DSHS. We will also utilize project and team management tools to ensure staff are appropriately aligned to tasks and to ensure timely completion of project milestones and deliverables. As needed, our tools depict task-level progress and milestones to ensure alignment between the project team and client on large ongoing efforts.</p> <ul style="list-style-type: none">• Communicate effectively to ensure our clients have the tools and information they need to feel confident in the quality of the work. This involves regular check-ins on progress and process, project tracking tools, and, for relevant deliverables, ATI provides a “read me” page with methods or slides with details on key definitions. In summary, ATI will report on our alignment with custom style guides and quality control checklists, as well as communicate the levels of review for key deliverables. <p>In addition, ATI subscribes to a “plan-do-check-act” philosophy in our project work, through which we identify smaller scale opportunities and work products to vet with our clients and with our advisors. This approach ensures an efficient use of resources and high-quality output and allows us to immediately course-correct if it is needed for a project or task. As part of this philosophy, we also conduct task and project post-mortems and apply continuous learning and process improvement to our projects. In our work with Hawai’i, for example, we interfaced with the State’s communications team early in the project to understand their team’s operational processes, capacity, and understanding of the communications requirements associated with Section 1115 Waivers. Based on these discussions, we developed and vetted with the client a public comment period action plan for the State’s communications team to ensure they knew exactly when, where, and how to disseminate public comment materials. By taking early action and orienting the team to</p>		
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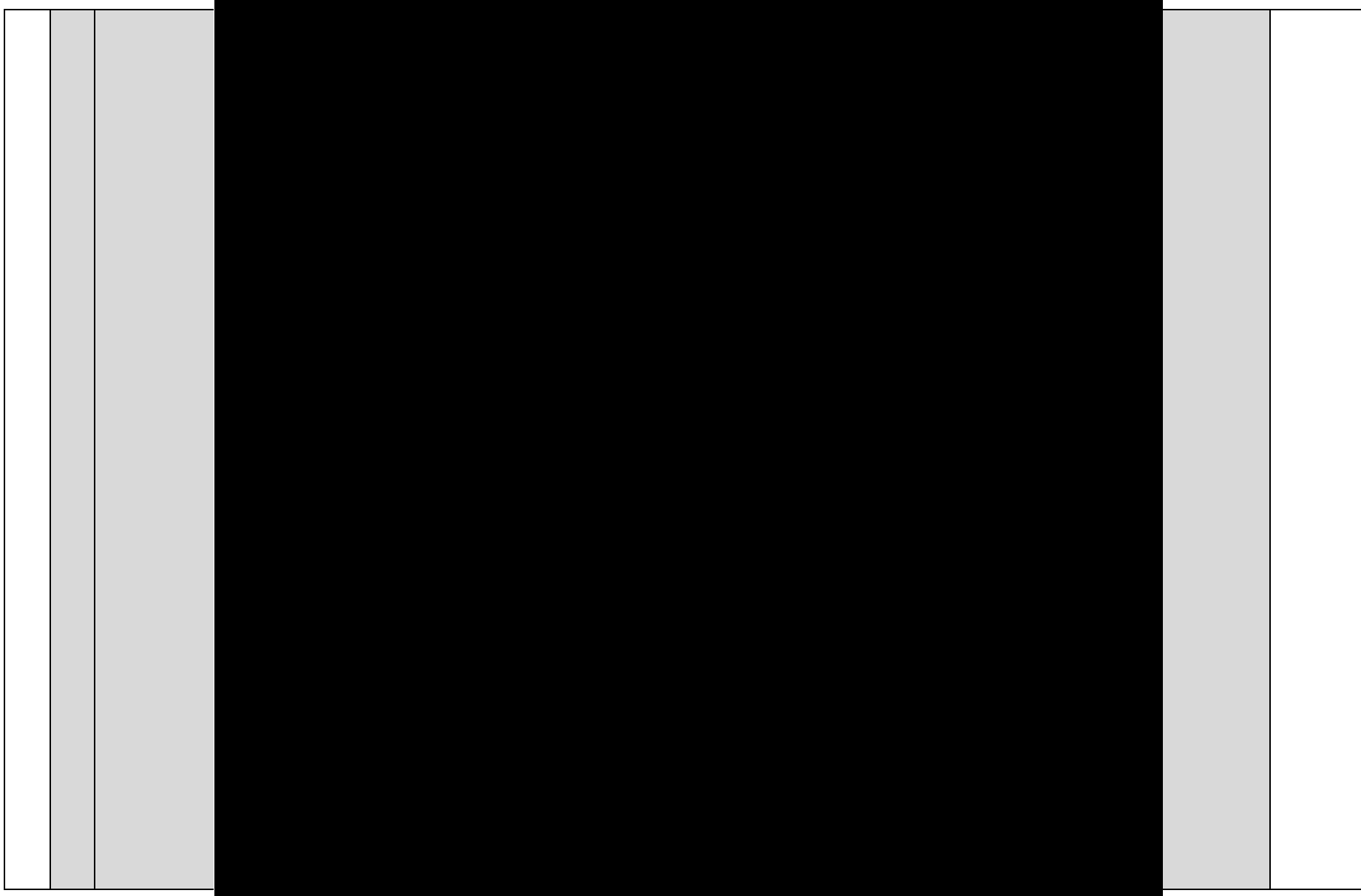
		<p>these procedures prior to the public comment period, the State’s team was able to execute the required tasks quickly, efficiently, and without error.</p> <p>For each Deliverable, ATI and DSHS will mutually agree upon a Deliverable Expectation Document (DED) that outlines the expected format, content and mutually agreed acceptance criteria. The DED will be developed prior to work commencing on the Deliverable. ATI will follow the timeframes below in accordance with DSHS requirements:</p> <table border="1" data-bbox="520 505 1732 781"> <tr> <td data-bbox="520 505 1016 621">1. Review Preparation (Pre-Submission)</td> <td data-bbox="1016 505 1732 621">At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.</td> </tr> <tr> <td data-bbox="520 621 1016 703">2. Submission</td> <td data-bbox="1016 621 1732 703">Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in the</td> </tr> <tr> <td data-bbox="520 703 1016 781">3. Deliverable Acceptance</td> <td data-bbox="1016 703 1732 781">Contract Manager notifies Contractor via email that the Deliverable is approved.</td> </tr> </table> <p>ATI will report metrics to DSHS throughout the project’s tenure to allow DSHS to verify our project’s quality and performance. We have found two successful tools to be (1) an Excel or similar project status tracker (sent on a cadence that works for DSHS, as frequently as weekly), with information on each line item and deliverable, planned deliverable date, actual deliverable date, line item status, line item “owner,” and other information relevant to the project; and (2) a monthly project report that includes hours, tasks completed, and other key items of interest to DSHS. ATI retains closed items on our project status trackers with clients, to allow us to quickly quantify or identify project issues or opportunities (e.g., timeliness), and to re-open project line items as new information becomes available or as the project evolves.</p>	1. Review Preparation (Pre-Submission)	At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.	2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in the	3. Deliverable Acceptance	Contract Manager notifies Contractor via email that the Deliverable is approved.		
1. Review Preparation (Pre-Submission)	At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.									
2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in the									
3. Deliverable Acceptance	Contract Manager notifies Contractor via email that the Deliverable is approved.									
H	Please describe the measures you employ to assure that your services and deliverables are provided in a cost-effective manner that is consistent with quality outcomes and fair employment practices.	20	18							

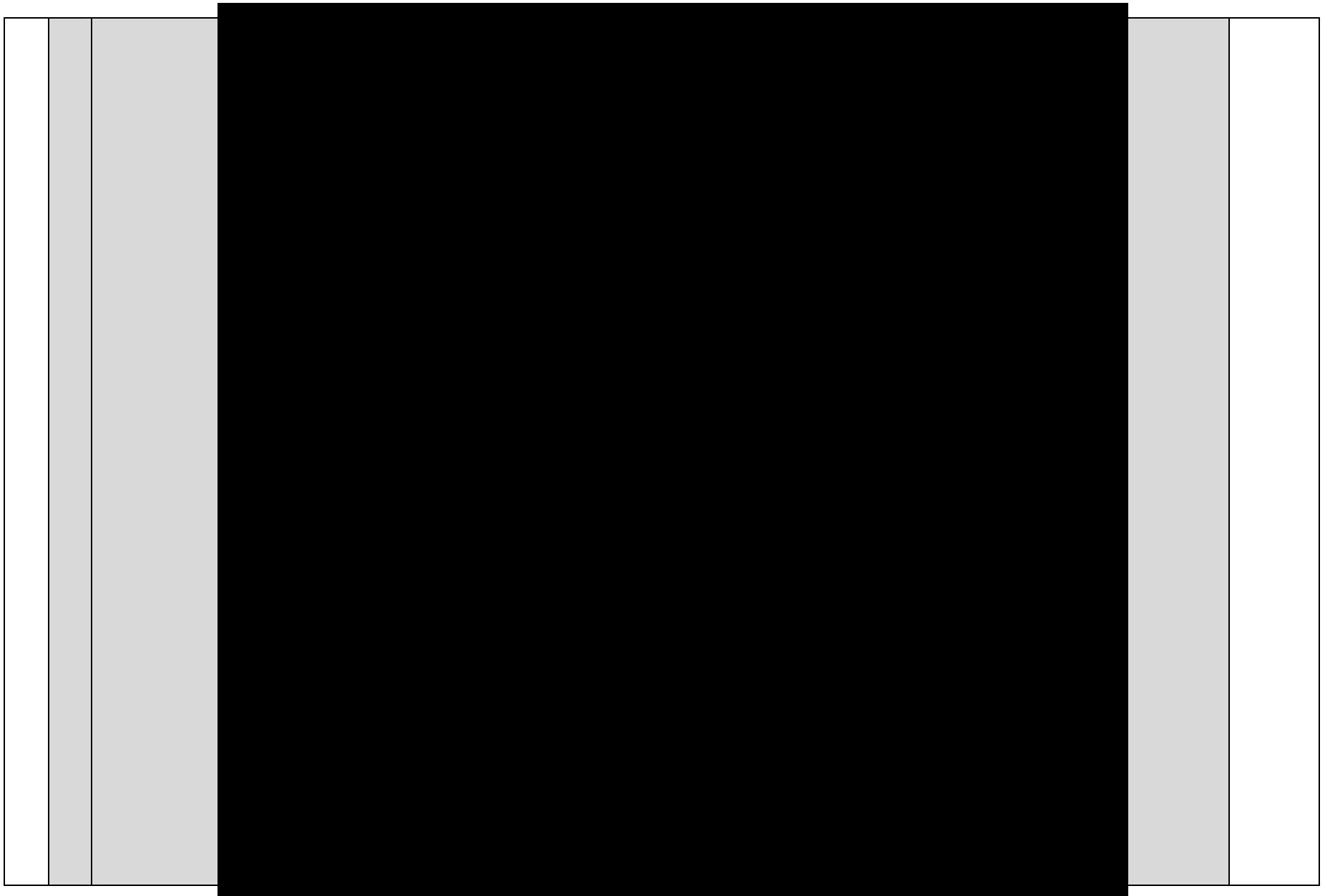
	COMMENT:	<p>ANSWER:</p> <p>As partly described above in our response to 5G, ATI is committed to delivering exceptional services that are cost-effective and adhere to the highest standards of quality. We achieve this balance through industry-leading best practices, advanced project management tools, and continuous improvement, ensuring our services are efficient, effective, and transparent.</p> <p>Our adherence to project management best practices is a cornerstone of our delivery strategy. This involves rigorous project management protocols, including comprehensive planning, risk management, and quality control measures. These practices ensure that every project is executed with precision, efficiency, and a focus on delivering value to our clients, while also maintaining the flexibility to adapt to changing needs and challenges. To complement our project management approach, we employ Kantata, a sophisticated project management software. Kantata's robust features enable us to streamline project workflows, optimize resource allocation, and track project progress in real-time. The synergy between our best practices and Kantata's technological capabilities allows us to minimize waste, reduce overheads, and optimize our operations. This allows pricing efficiencies for our clients and ensures timely, high quality deliverable production.</p> <p>Integral to our operational ethos is the commitment to fair employment practices. By implementing efficient project management techniques and leveraging Kantata's capabilities, we ensure that our team members work in a structured, supportive environment. This fosters job satisfaction, promotes work-life balance, and ensures that our staff are compensated fairly for their contributions, reflecting our dedication to ethical employment practices. We are proud to maintain these standards in all our engagements, reflecting our unwavering commitment to excellence and ethical business practices.</p> <p>In addition, we attest that we offer our best, discounted rates to our state clients and have used those rates for our cost proposal for this effort with Washington. In complement to our earlier point that a successful consultant must have a breadth of expertise across Medicare, Medicaid, dual eligible policy, and LTC, the breadth of our project portfolio across private and</p>		
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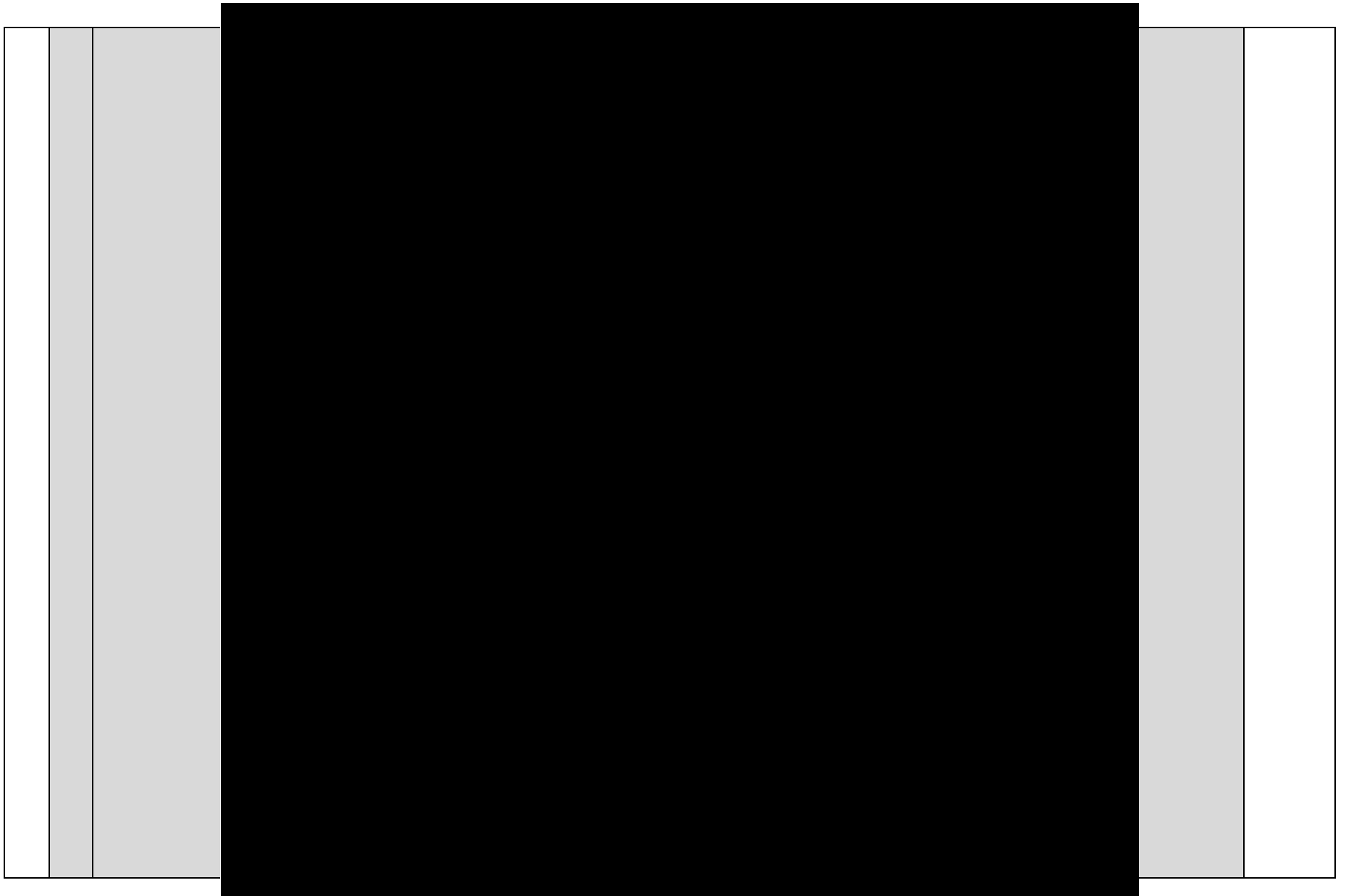
		public sector clients allows us to staff our state projects with national talent while assuring cost-effective project delivery.		
I		Please provide a projected timeline that you expect to be able to complete the deliverables involved in this project.		
	COMMENT:		30	30

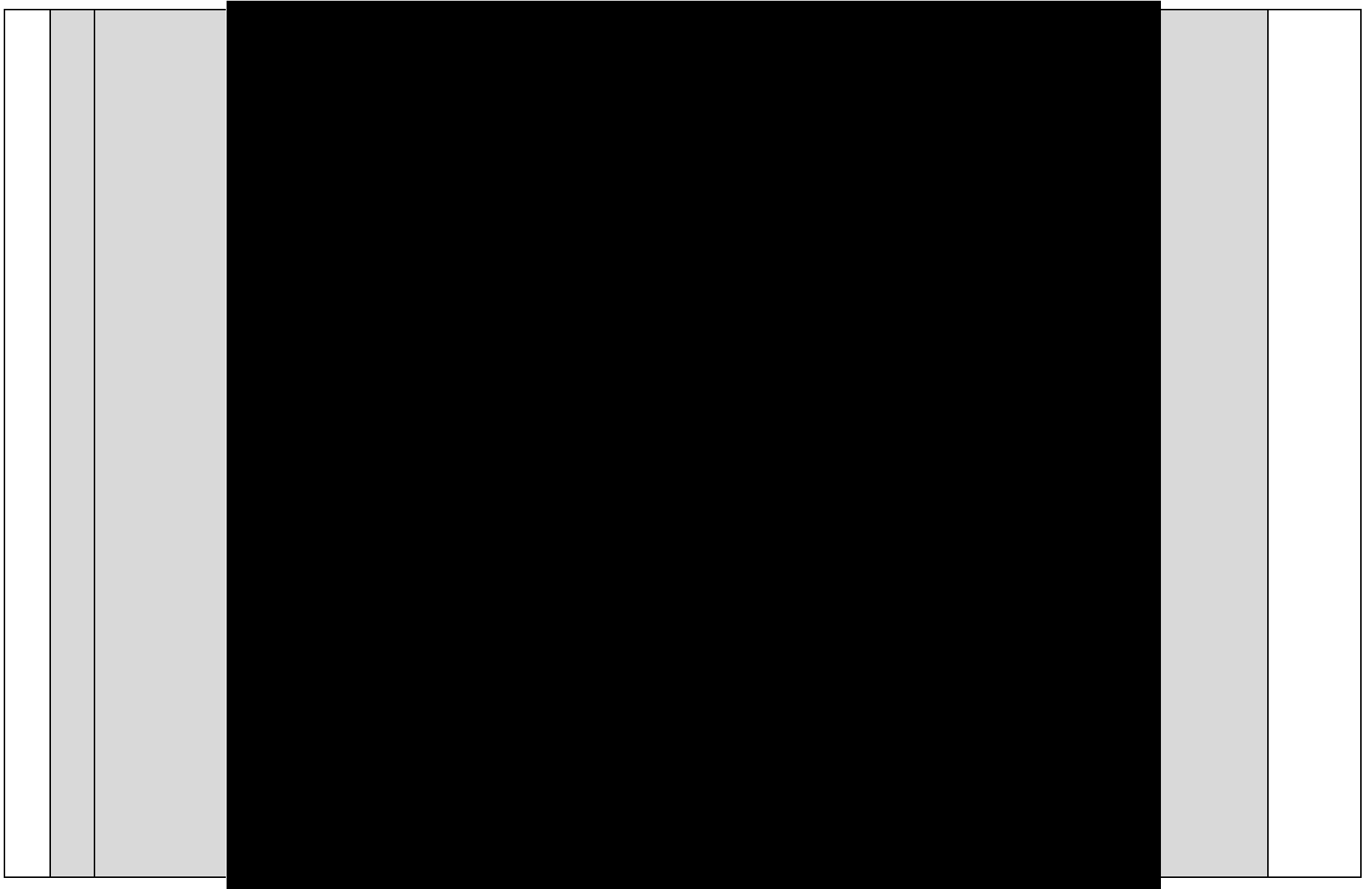


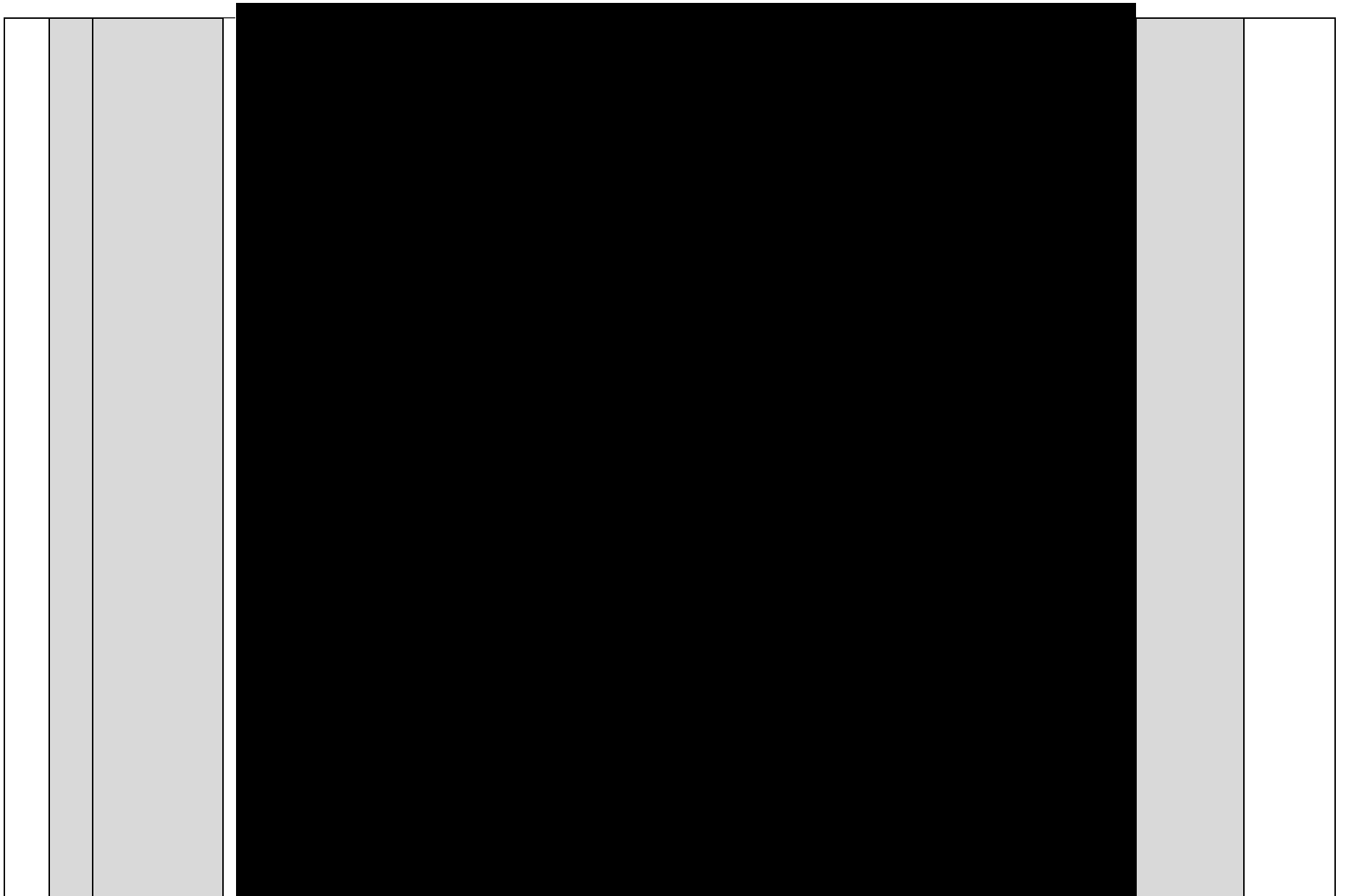


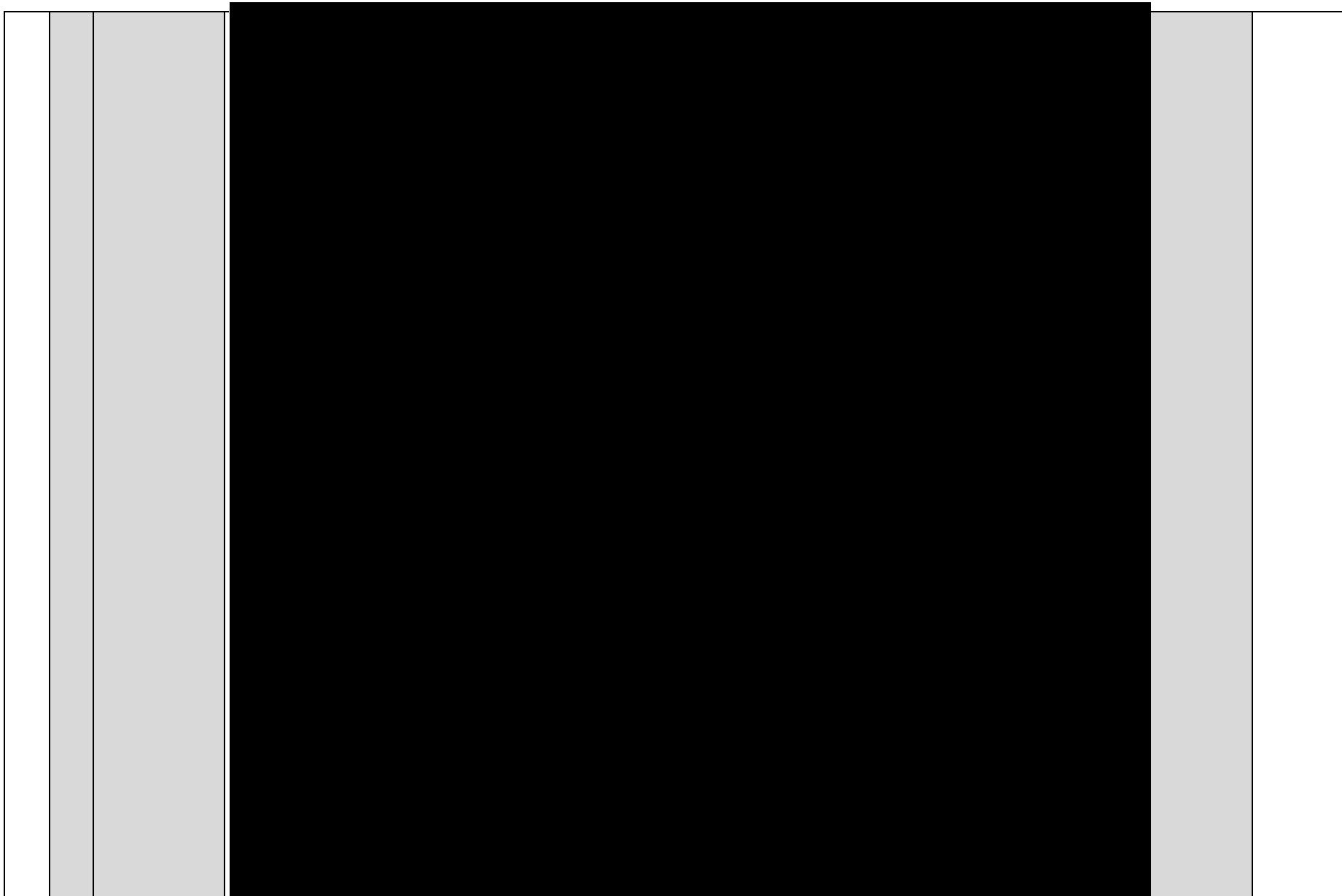


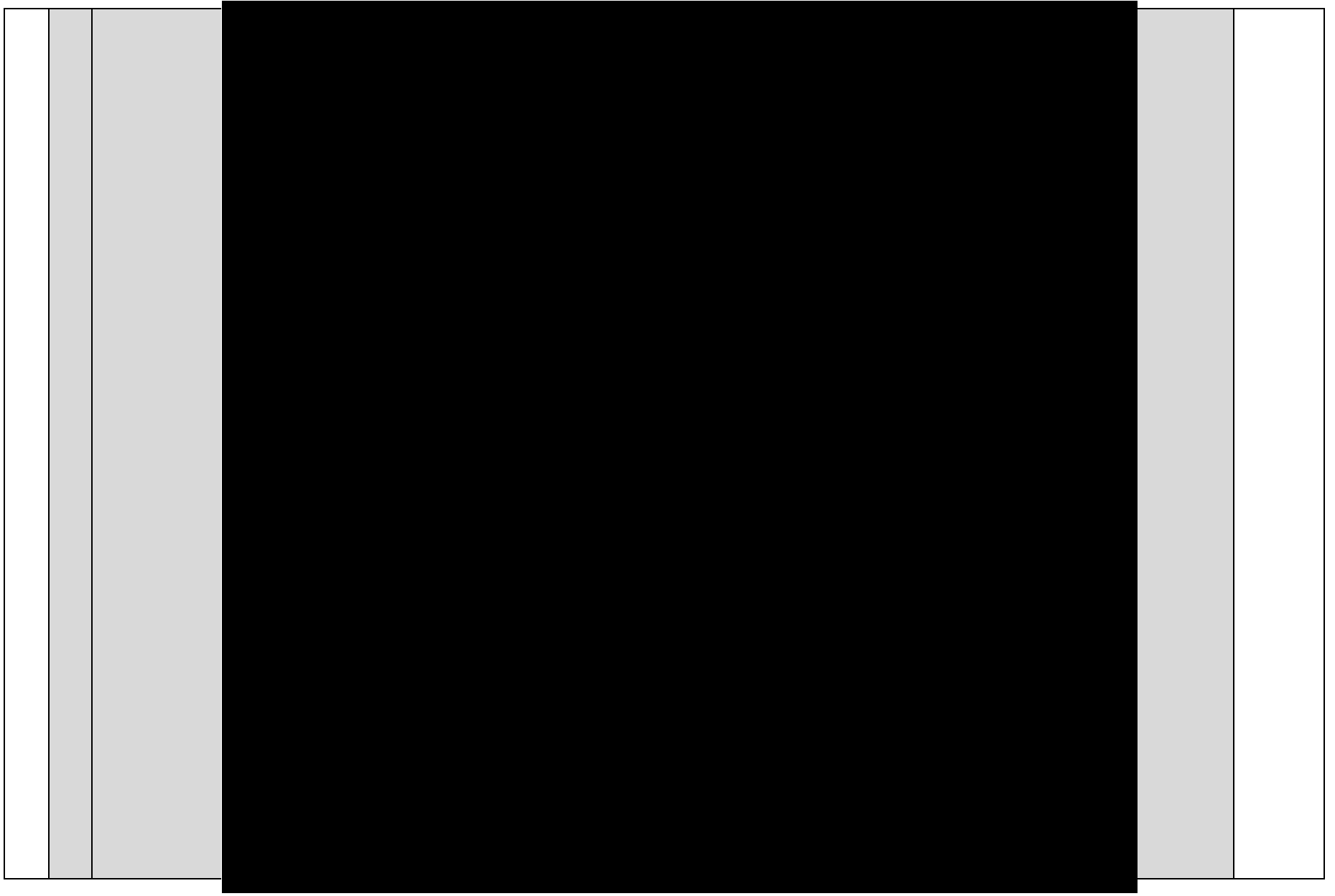


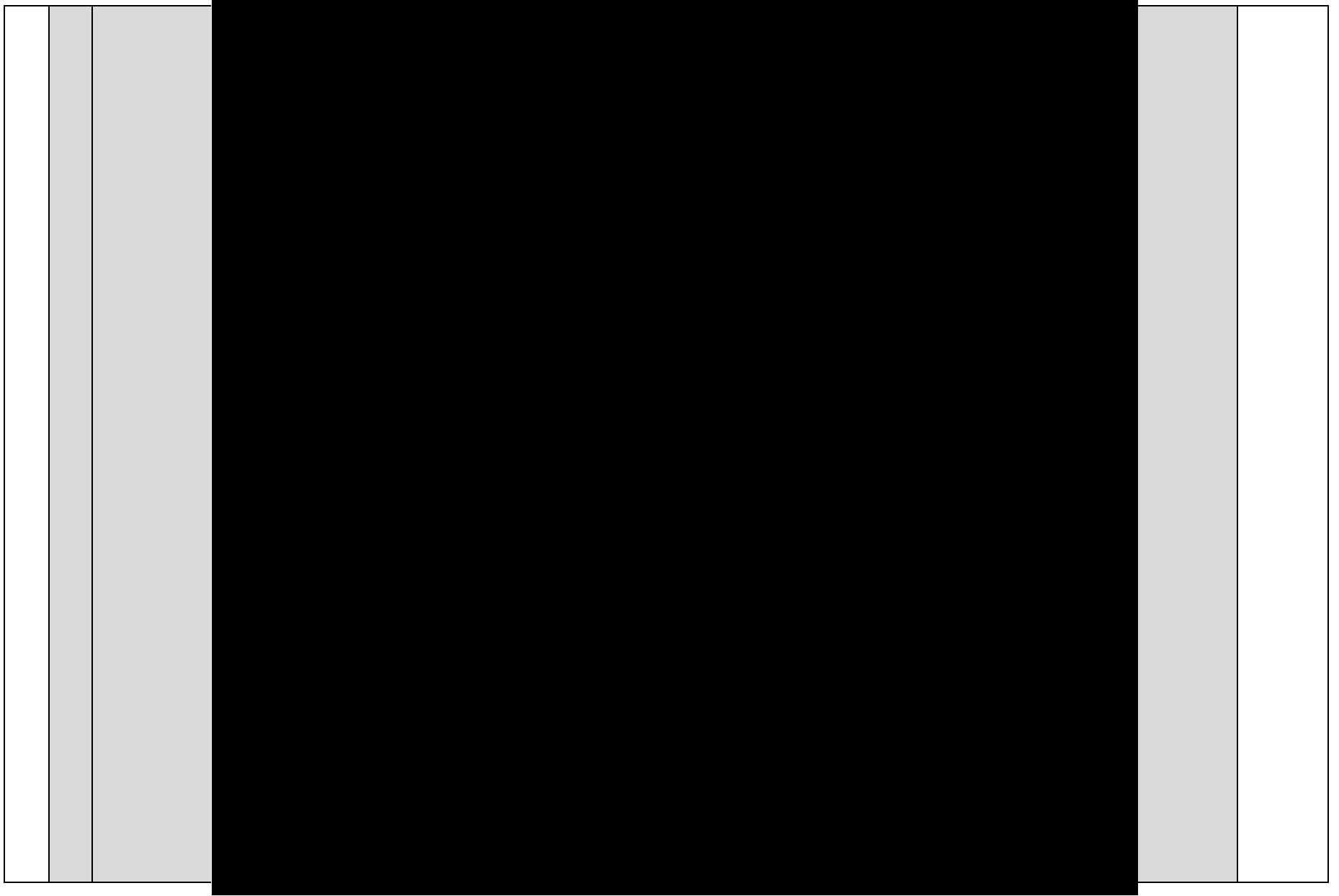


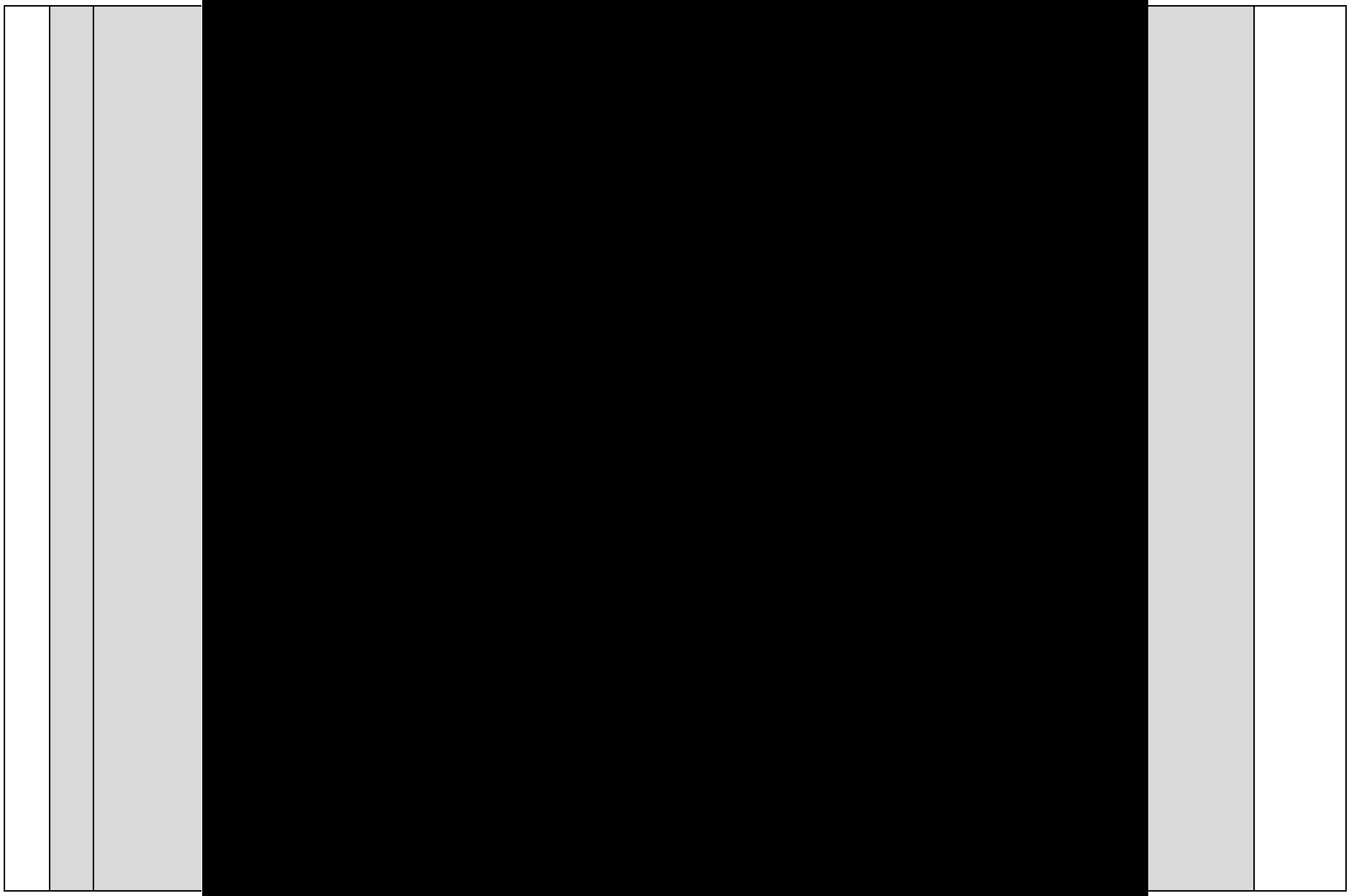




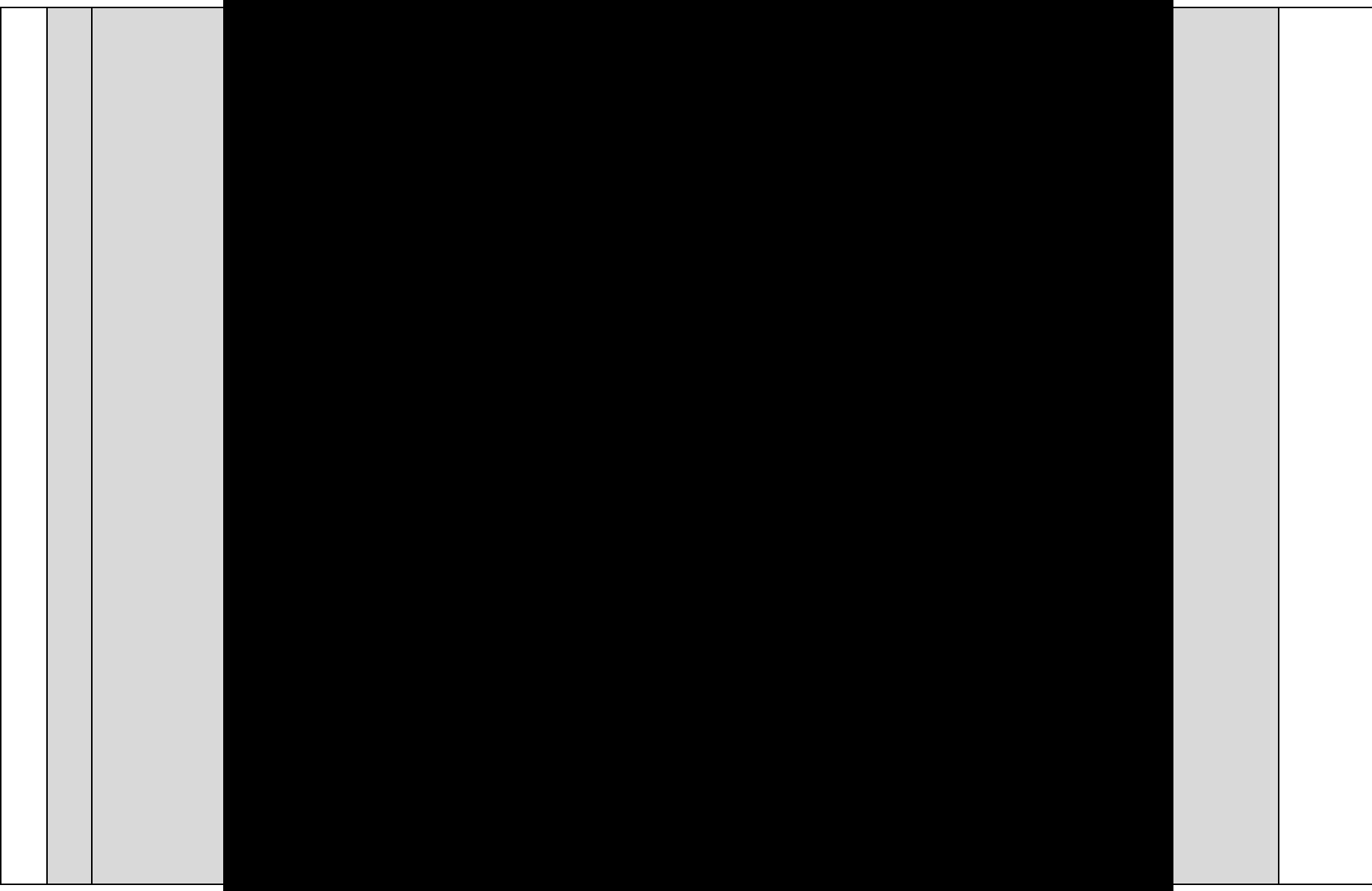


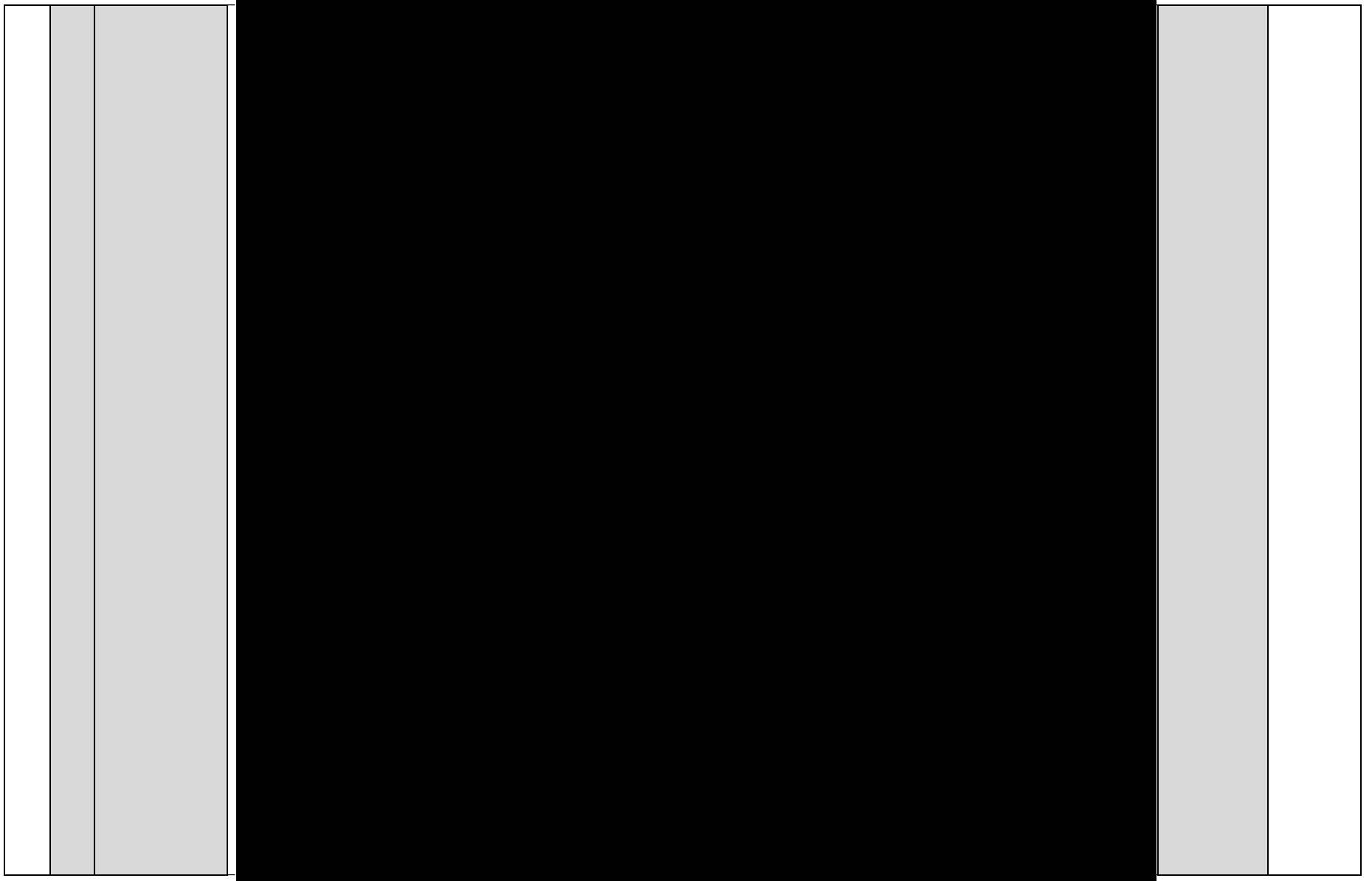


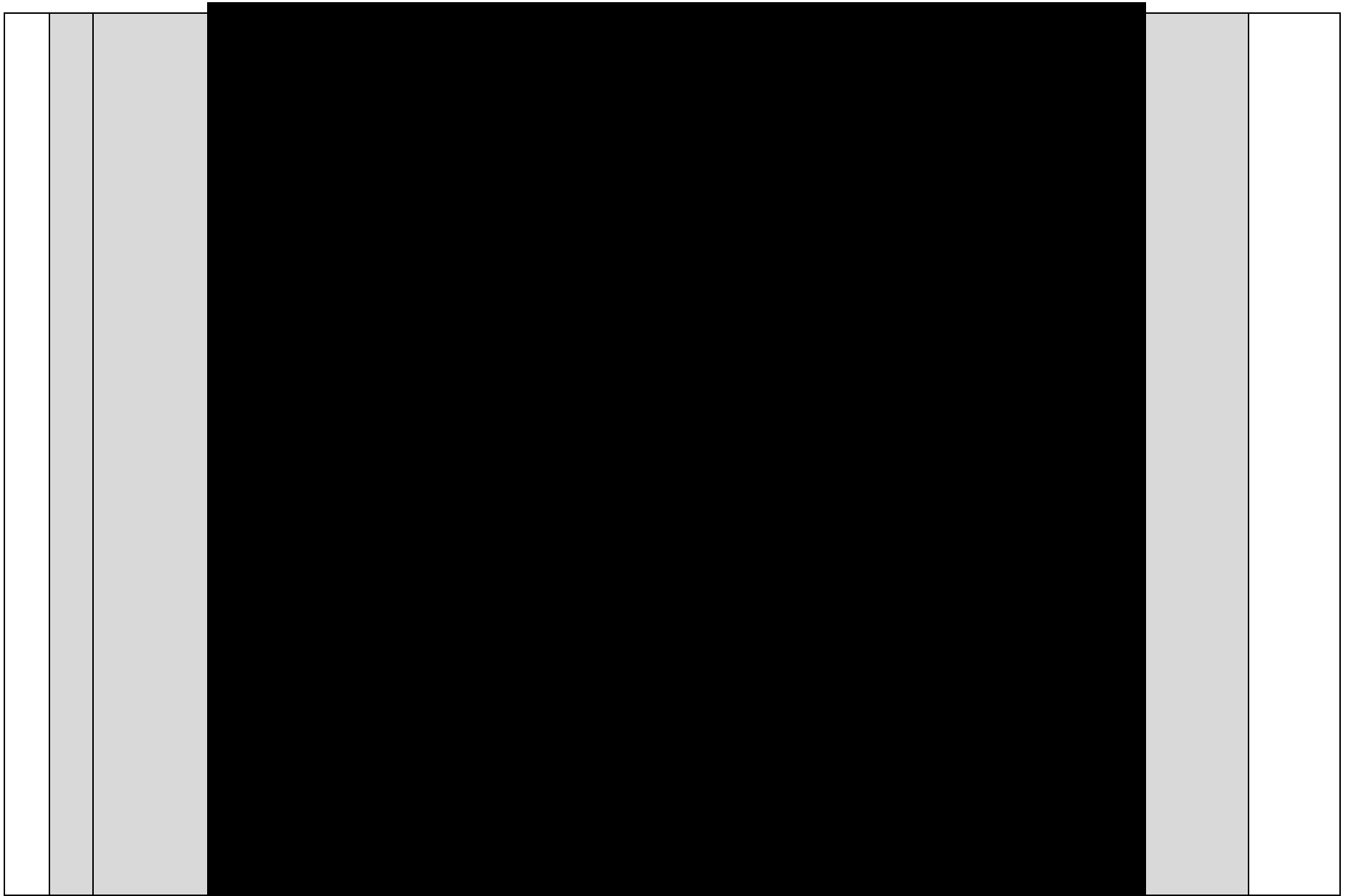


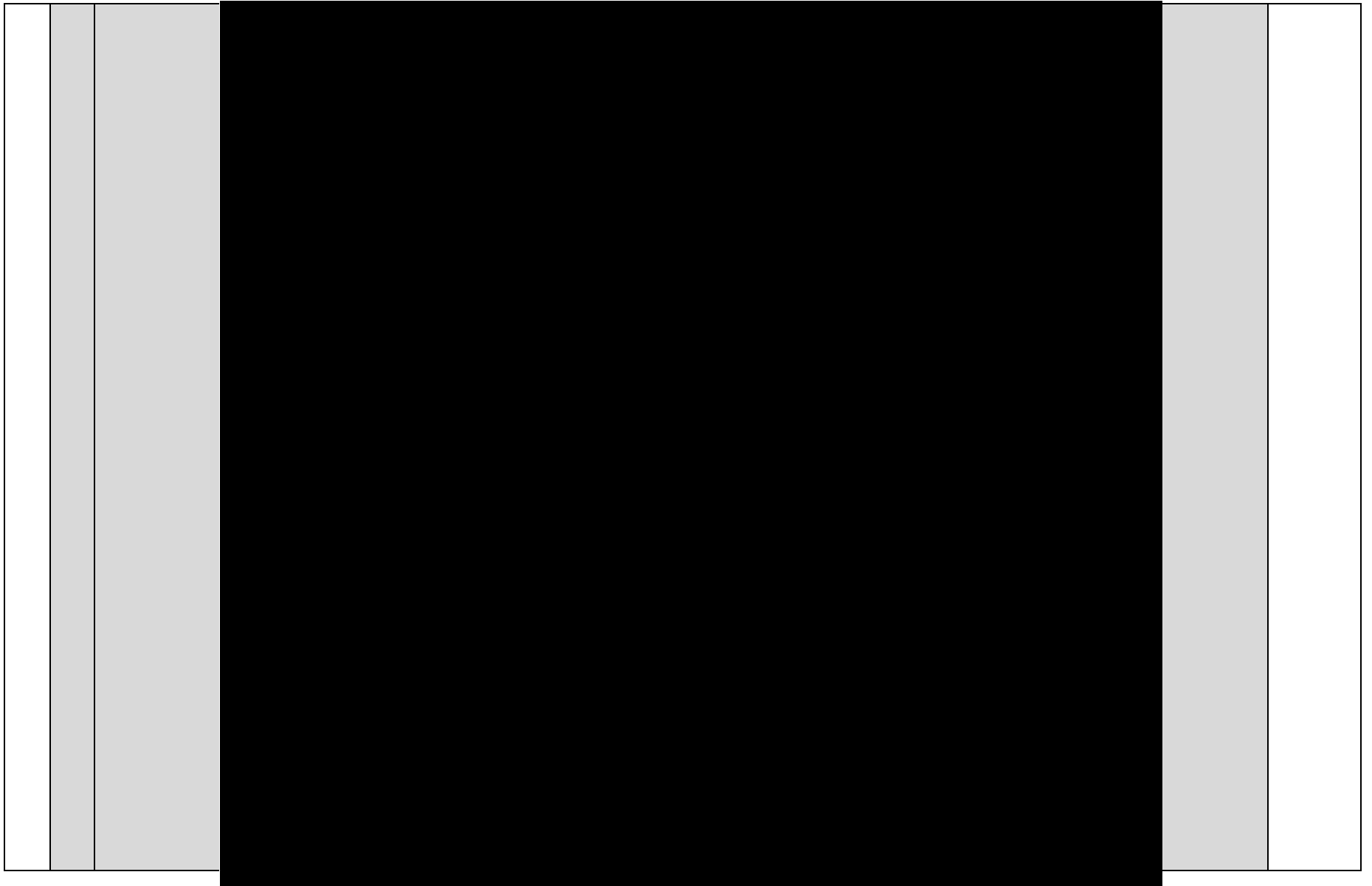














J		<p>Please describe your experience in drafting waivers comparable to the 1115 Medicaid Demonstration Waiver, including implementation of the waiver after acceptance. Please describe any barriers or obstacles that arose, if any, and how you were able to overcome them.</p>			
	COMMENT:	<p>ANSWER:</p> <p>ATI understands the challenges DSHS will face in receiving approval for its Section 1115 Waiver. The State of Washington and DSHS are proposing a program that is the first of its kind in the nation and will require a unique approach that will involve careful and detailed deliberations internal to the State and with CMS.</p> <p>Washington State leads the country in state innovation to address gaps in LTC financing for its residents. It ranks second on the 2023 LTSS State Scorecard, published by AARP. The WCF protects residents from exhausting their financial resources to access Medicaid LTC benefits. WCF pays up to \$36,500 of inflation adjusted dollars for a wide range of flexible, person-</p>		50	50

		<p>centered LTSS. Recent analysis by the Urban Institute for the U.S. Department of Health and Human Services projects that 30 percent of the people turning 65 between 2021 and 2025 who incur Medicaid spending for LTSS will incur less than \$50,000 over their lifetime, and another 20 percent will incur Medicaid LTSS spending between \$50,000 and \$150,000. These estimates are national but demonstrate the potential magnitude of Medicaid savings that WCF is contributing. Put another way, if we extrapolate the national projections to Washington State, a little less than 30 percent of residents will never incur Medicaid LTSS spending because of the WCF. For the remainder of residents, the State is contributing about \$36,000 over their lifetime but only saving half of that amount.</p> <p>We understand that Washington State is trying to recoup the savings that their taxpayer investment is creating. Washington State taxpayers are reducing Medicaid program outlays through delayed institutionalization, which leads to both state and federal savings. DSHS is requesting to share in the federal Medicaid LTSS savings through the Section 1115 Waiver. Unfortunately, the federal Medicaid “baseline” already implicitly includes the savings from WCF because the program is current law, rather than a proposal, making Washington State’s “budget neutrality” case challenging. However, ATI will bring its federal budgetary expertise, Section 1115 waiver experience, LTC financing background, and creative problem solving to bear in making the case for this waiver. This demonstration could be ground-breaking and establish a pathway for other states to leverage Medicaid spending into insurance products that better spread risk and protect Americans from the financial risks associated with LTSS need. This type of demonstration could set a precedent that would allow more states to support the LTC needs of all residents, especially the lower income “middle market” that has captured the attention of so many policymakers. We will anticipate and be especially attentive to CMS and OMB sensitivities to potential national precedents.</p> <p>In addition to the national implications of this Section 1115 Waiver, we recognize the importance of shared savings to the State which will promote further support for WCF and allow for continued policy innovations that support Washington State residents. ATI is</p>		
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committed to producing a demonstration application that is compelling and thorough as well as effective and strategic communication with CMS to achieve approval.

The ATI team has experience developing and implementing comparable new and innovative Section 1115 Waivers, from the state perspective, as well as the CMS and implementing provider perspectives. The nine examples below describe the ATI team’s engagement and the barriers and obstacles overcome during the project.

1. **Hawai’i** – ATI project managed and drafted a Section 1115 Waiver while supporting the policy design of more than eight novel or significantly redesigned programs or benefits. These initiatives required extensive stakeholder engagement and workgroup decision making within a tight timeline. For straightforward demonstrations, states often take six to over 12 months to complete policy design activities, including developing workgroups to ideate and vet preliminary approaches with stakeholders, and between three and eight months to draft and submit a demonstration to CMS. Hawai’i, however, was operating on a much more truncated timeline and therefore required intensive support from ATI to meet their goals. From the kickoff, ATI organized and supported the policy decision process, coordinated with the State’s actuarial team to advance budget neutrality and financing components, and drafted a finalized Section 1115 Waiver for MQD to submit for public comment within five months. To do this, ATI developed and communicated clear workplans to keep all staff and stakeholders on track and worked closely and collaboratively with MQD.
2. **Pennsylvania** – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Pennsylvania develop its Section 1115 Waiver for submission to CMS. There were elements related to incentives for healthy living, encouraging employment, and cost-sharing requirements, which were all relatively new at the time of development. This included facilitating brainstorming, and decision making (e.g., developing options analyses, PowerPoint presentations, and decision memos) across multiple workgroups and developing a governance structure for these workgroups to determine the requests to include in the application. Barraza-Cannon also engaged with stakeholders and wrote sections of the application. This Section 1115 Waiver

		<p>application required significant back and forth between CMS and Pennsylvania before it was approved by CMS.</p> <ol style="list-style-type: none"> 3. California – Prior to joining ATI, our proposed Project Director Morgan Craven served as the engagement manager for Manatt Health’s multi-year contract with the California Department of Health Care Services (DHCS), supporting the advancement of the State’s CalAIM initiative and associated federal authority submissions, including the Section 1115 Waiver renewal and amendment. Craven also established and operated the DHCS project management office, which was a new strategic initiative within DHCS to coordinate the CalAIM initiatives and authorities across the various divisions within DHCS. In these roles, Craven served as a central point of coordination and strategic direction, staff education, and risk escalation to DHCS and State leadership. Given the significant amount of intradepartmental coordination required to achieve the CalAIM vision and obtain federal authorities, Craven filled a critical role in educating staff at all levels across DHCS to ensure alignment towards common goals. 4. Arizona – Our proposed Project Advisor Tom Betlach served as Arizona’s Medicaid Director and supported the development of four comprehensive Section 1115 Waivers covering a variety of policy initiatives: notably, expanding coverage to childless adults a decade before the Affordable Care Act, establishing comprehensive HCBS services, benefit and coverage reductions during the great recession, funding initiatives around rural hospitals, provider incentives for service integration, mandatory managed care models, health incentive accounts, and employer based coverage. Arizona faced a variety of stakeholder and CMS engagement negotiation challenges, including waiver denials. However, through CMS negotiation, Arizona was able to receive approval for two Section 1115 Waivers which established a patient centered medical home and a delivery system reform incentive program. 5. New York – Before joining ATI, two ATI leaders managed the implementation of the Section 1115 Waiver in New York, through a hospital-led performing provider system responsible for the health of more than 600,000 Medicaid recipients living in Brooklyn. This involved administering the demonstration’s priorities through a network of over 500 partners in Brooklyn, spanning hospitals, Federally Qualified Health Centers (FQHCs), community-based organizations (CBOs), and legal services organizations, 		
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			<p>among others. Challenges that arose during implementation included (1) reaching consensus among network partners on how to best operationalize the demonstration’s priorities, (2) cumbersome state reporting requirements, and (3) measuring intervention effectiveness in real-time to allow for adjustments. As a Section 1115 Waiver lead implementing provider, our team leaders were able to mitigate these challenges through direct communication and negotiation with the State, soliciting input and feedback from network partners, and obtaining access to State Medicaid data. In this way, ATI leadership has firsthand experience implementing a Section 1115 Waiver and mitigating the challenges of coordinating across stakeholders.</p> <p>6. Alabama – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Alabama develop its Section 1115 Waiver to adopt statewide managed care through risk-bearing, provider-based regional care organizations (RCOs). Barraza-Cannon served as a subject matter expert and took part in the discussions between the State and CMS. Challenges included communicating with CMS on the State’s goals.</p> <p>7. Georgia – Our proposed Project Advisor Tom Betlach supported Georgia’s State Medicaid Agency to apply for expanded Medicaid coverage for adults up to 100% of the federal poverty level through qualifying activities, mandatory employer-based coverage, and health incentive accounts. While the application was initially approved, approval was rescinded. Betlach advised the State on determining the proper course of action and ultimately, the waiver approval was restored.</p> <p>8. North Carolina – Before joining ATI, our proposed Project Director Morgan Craven supported North Carolina in several capacities during its delivery system transformation efforts, which primarily authorized the State’s managed care transition and pilot services for health-related social needs. Craven supported the design, formation, and waiver approval of the State’s “Tailored Plan,” designed to support individuals with certain behavioral health or intellectual/developmental disability (I/DD), and LTSS needs. Craven also served as the engagement manager, creating and maintaining flexible and strategic project management infrastructures for the State. Lastly, Craven supported the State in various CMS and stakeholder engagement efforts, including ongoing CMS engagement following the approval of the State’s Section 1115 Waiver, payment and financing reform to obtain CMS approval of dozens</p>		
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			<p>of directed payments and state plan amendments, and supporting and overseeing stakeholder engagement efforts to obtain public buy-in for transformation policy goals. In all these efforts, continued engagement, negotiation, and iteration with CMS was required to obtain and navigate barriers to federal approvals. For example, where the State was unable to meet certain payment reporting requirements for newly implemented directed payments, Craven worked with CMS to develop an alternative implementation plan, which provided the State with a glidepath of additional time and flexibility to meet federal requirements.</p> <p>9. CMS – In addition to her experience developing and implementing Section 1115 Waivers with states, our proposed Executive Sponsor Johanna Barraza-Cannon reviewed Section 1115 Waiver applications while serving as a technical director at CMS. While at MITRE she also contracted with CMS to help make process improvements in the review, approval, and monitoring of Section 1115 Waivers.</p> <p>ATI understands the barriers and obstacles that DSHS may encounter in pursuing a Section 1115 Waiver, and we possess the expertise to navigate and overcome these hurdles. Potential challenges could include coordinating with other State stakeholders (e.g., the Governor’s office, HCA), effectively communicating the State’s goals and approach to CMS, political concerns, delays in CMS approval, coordinating across Federal offices who will be interested in this new approach, concerns from the federal Office of Management and Budget (OMB), developing acceptable budget neutrality calculations (we understand this work is part of a separate engagement), and complexity in implementation and evaluation.</p> <ul style="list-style-type: none"> • ATI can guide the State to the strongest approach. The ATI team is equipped to assess a variety of different authorities and other federal opportunities to assess which path may be the best fit to meet the State’s goals. Furthermore, our experience positions us well to support the State in developing a compelling case that is most likely to receive approval from CMS. • We understand political nuance in LTC financing policy. Our LTC experts are nationally known and have experience in LTC legislation, finance, policy, and data to help design 		
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		<p>an innovative waiver that meets CMS requirements. This will help to make the case for this innovative Section 1115 Waiver.</p> <ul style="list-style-type: none"> <p>ATI is well-equipped to address potential delays and obstacles at the State level. Many decisions need to be made within the State before the application is submitted to CMS. This requires significant discussion, brainstorming, and consensus building across multiple government stakeholders even before any material is shared for stakeholder engagement or with CMS. ATI has experience facilitating highly complex decision making across state leadership including across department, branch of government, and within an Agency’s executive team. These decisions comprise the Section 1115 Waiver request to CMS, which cannot be drafted before consensus on these decisions is reached. Stakeholders may have comments or requests that the State will need to reflect in its application. ATI's robust project management ensures that relevant stakeholders are informed and engaged to meet DSHS' goals within the stipulated timeframe.</p> <p>ATI can anticipate and respond to potential delays in CMS approval. Section 1115 Waivers are approved at the discretion of the Secretary of HHS and must meet many requirements including CMS policy requirements, stakeholder engagement, transparency, and budget neutrality. Though CMS has worked to make approvals for renewals and approvals for previously approved authorities easier for states, new demonstration authority like DSHS is proposing will require more discussion internal to Washington and more discussion and negotiation with CMS. Once an application has been developed and submitted to CMS (or submitted as a concept paper or draft), the State will need to work with CMS, which requires negotiation and can take a significant amount of time. Furthermore, any change or transition in the federal executive branch may pose a challenge, especially as approval can be paused or questioned by a new Administration. ATI views soliciting CMS approval as a dynamic process. We will work with DSHS to adjust the approach, Special Terms and Conditions (STCs), and other key elements to reach an agreement with CMS.</p> <p>ATI’s experience with OMB will help effectively navigate potential roadblocks. As an integral part of the federal review team for all Section 1115 Waivers, OMB seeks to ensure that federal costs are not higher with the demonstration. With our proposed</p> 		
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		<p>Project Advisor Tyler Overstreet Cromer's decade-long experience at OMB, including senior executive services, we are well-equipped to address and communicate key budgetary points effectively.</p> <ul style="list-style-type: none"> • ATI is committed to planning for and addressing complex challenges in the implementation process. Once the Section 1115 Waiver is approved, the implementation phase will require meticulous project management, financial monitoring including savings, and ensuring budget neutrality. Collaborating closely with HCA as the Medicaid authority, we are prepared to support the implementation of CMS conditions, for example, operational plans during pre-implementation that will support implementation through the life of the Section 1115 waiver. 		
K	<p>Please provide a work sample of a comparable waiver you or your organization has completed. Please include this waiver as a separate pdf file attached to your submission.</p> <p>COMMENT:</p>	<p>ANSWER:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	50	45

policy goals. Below we include examples of our policy research for Section 1115 Waivers as well as non-1115 demonstrations but related to Washington’s broader goals across Medicare and Medicaid savings and LTC.

- **Hawai’i Advancing Medicare and Medicaid Integration (AMMI) Policy Research and Compliance Review** – ATI provides research and technical assistance to support Hawai’i’s State Medicaid Agency in better integrating Medicare and Medicaid for dual eligible individuals. ATI is working with the Hawai’i State Medicaid Agency on (1) launching a new Fully Integrated Dual Eligible Special Needs (FIDE SNP) program; (2) enhancing its existing Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) program; and (3) advancing new and robust care coordination and management strategies. These care coordination and management strategies involve novel data sharing requirements for the State, to create greater care efficiencies and integration for individuals enrolled in the State’s Medicaid 1915(c) Home and Community-Based Services Waiver for individuals with intellectual and developmental disabilities (I/DD) and individuals enrolled in the State’s separate managed care program for individuals with serious mental illness (SMI). Such efforts to better integrate Medicare and Medicaid programmatic and operational requirements required extensive policy research and analysis to ensure compliance with and reconcile discrepancies between federal Medicare and Medicaid regulations, in addition to Hawai’i Medicaid’s unique delivery system and requirements. As an example, ATI supported Hawai’i in developing its exclusively aligned enrollment strategy for the new FIDE SNP by analyzing more than 20 different enrollment and disenrollment scenarios, to help inform policy, system, and operational changes. Such efforts involved ATI liaising with CMS on the State’s behalf to navigate regulatory and sub-regulatory complexities in operationalizing aligned Medicare and Medicaid enrollment into FIDE SNPs.
- **North Carolina Tailored Plan Development, Compliance Review, and Implementation** – This project designing federal waivers for complex care populations, described above, involved significant amounts of research to ensure that care delivery approaches, managed care guardrails, and associated federal authorities met the population’s unique needs and advanced the State’s goals. As a part of this work,

		<p>Craven supported a significant amount of research related to federal waiver authorities for HCBS delivery, institution for mental disease (IMD) exclusions, and other relevant care delivery provisions (see Response 5J for more detail on this project).</p> <ul style="list-style-type: none"> • California CalAIM Development, Compliance Review, and Implementation – Our proposed Project Director supported the design and implementation of more than \$1 billion in incentive payment programs to support CalAIM. These programs are subject to strict regulatory standards and CMS oversight in both their design and execution. As such, our proposed Project Director's team researched relevant incentive payment approaches in other states, conducted interviews and workgroups with stakeholders, assessed State needs and priorities at the county level, and mapped out federal requirements to design the program. Following the program launch and at the State's direction, the program went through several iterations; as such, Craven was required to assess possible impacts to federal compliance, program impact, and stakeholder comments, adjusting the program's trajectory to remain compliant while also achieving new State policy goals (see Response 5J for more detail on this project). • Hawai'i Section 1115 Waiver Development and Compliance Review – ATI completed extensive research on various State Section 1115 Waivers, CMS guidance on Medicaid coverage of Health-Related Social Needs (HRSN), funding mechanisms to support state Medicaid innovation, and recent federal and state policy changes impacting Medicaid eligibility, benefits, and service delivery in Hawai'i. To inform state decision-making, ATI compiled slide decks and policy trackers delineating comparable federal authority pathways successfully approved in other states to provide Medicaid coverage of relevant housing supports, nutrition supports, pre-release services for justice-involved individuals, and other new benefits and services. Notably, several of the proposed benefits have few or no precedents, requiring a novel approach to evidencing and framing the requested authority for CMS. For example, the State is seeking approval for a set of Native Hawai'ian Traditional Healing benefits, which included expansive eligibility, scope, and service delivery details that had never been proposed before in other states. ATI also navigated a complex and conflicting history of CMS guidance regarding designated state health plan (DSHP) funding requests—this work required 		
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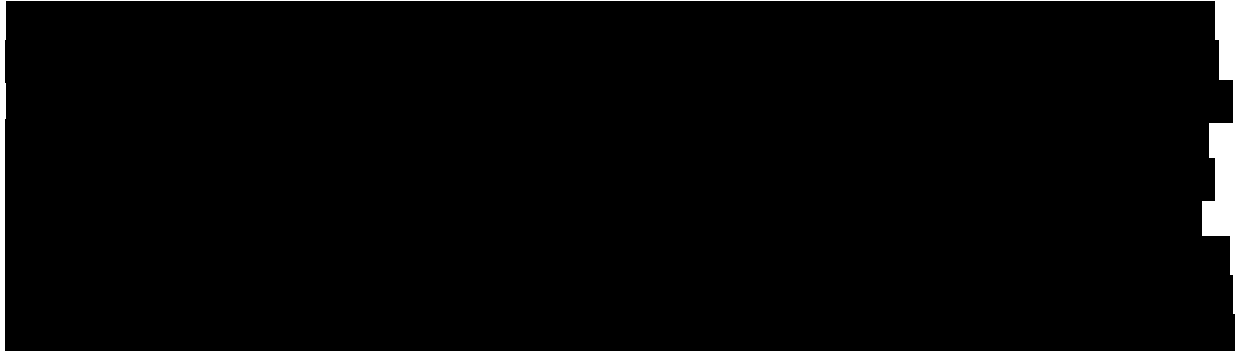
level-setting client education regarding the possible funding opportunity, detailed analysis of State financial documents to identify eligible state-funded programs to leverage, and level-setting with State leaders (e.g., the Governor's office) on the likelihood of approvability. Prior to drafting the waiver application, ATI performed extensive desktop research to buttress State arguments for receiving federal financial support for newly proposed services and benefits, collating evidence from other states, peer-reviewed academic literature, and relevant CMS guidance. ATI turned policy research and literature reviews into compelling narratives to support Hawai'i's proposed Section 1115 Waiver (see Response 5K for more detail on this project).

In addition to conducting policy research for Section 1115 Waivers, ATI had demonstrated policy research experience related to the subject matter and alternate policy levers that may be relevant to the State's WCF Section 1115 Waiver application.

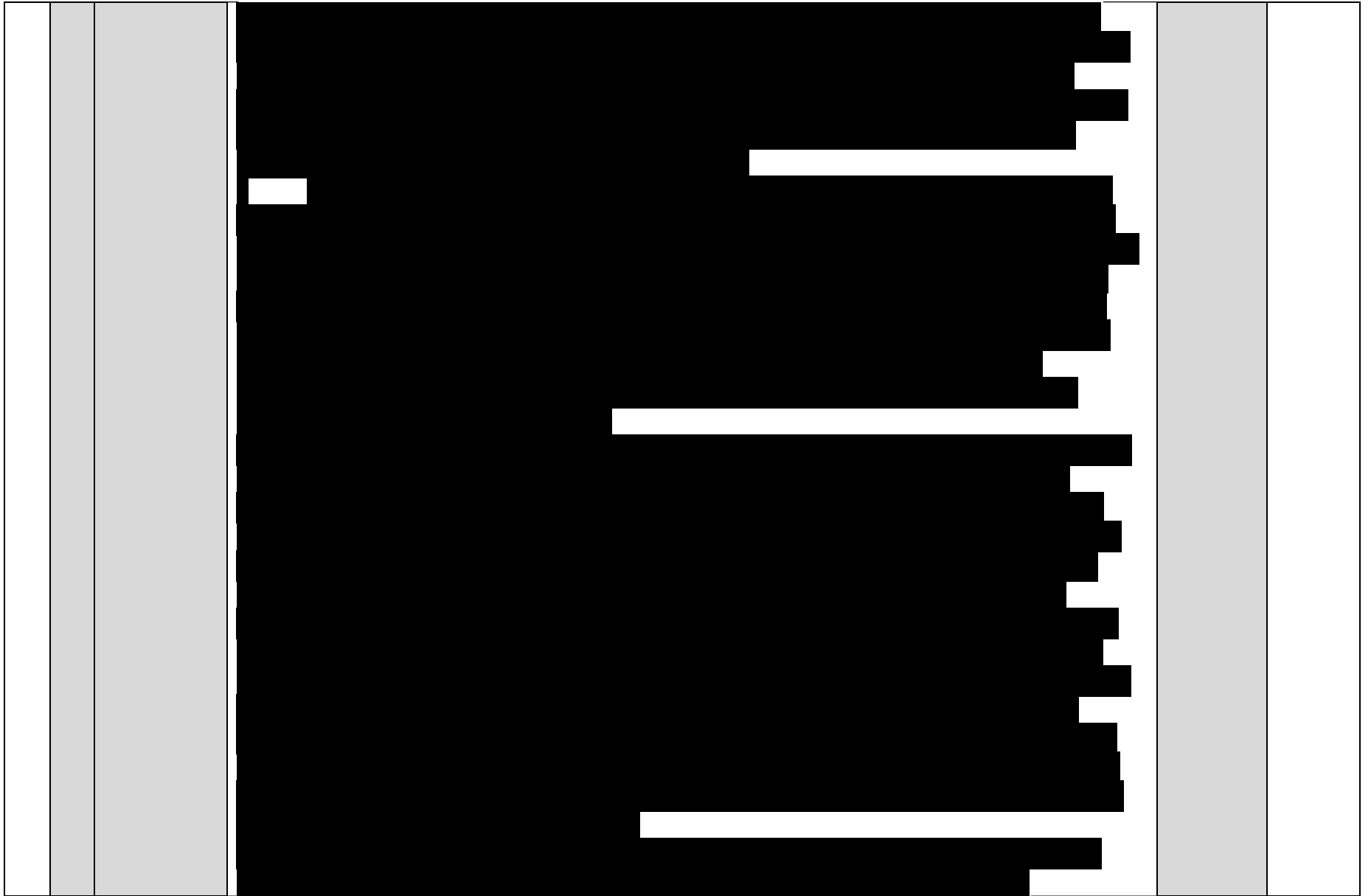
- Research on Impact of Collapse in Private LTC Insurance Market on Medicaid Programs. Marc Cohen and Anne Tumlinson led 2020 research for the Anthem Public Policy Institute culminating in two papers, Protecting Consumers and Medicaid from Catastrophic Long-Term Care Costs and Why State Support for the Long-Term Care Insurance Industry Makes Good Financial Sense. These papers explored the implications of private LTC insurance market collapse on consumer and Medicaid expenditures, particularly in force lifetime policies sold to a more middle market consumer in the late 1990s and early 2000s. The findings suggest that state Medicaid programs are better protected when state policies seek to protect the value of these insurance products through strong insurance pools and other regulatory mechanisms. The work draws a clear line between the long-term sustainability of Medicaid and pooling risk through insurance products available to individuals who are at higher risk of financial catastrophe due to future LTSS need.
- **Maine Value-Based Arrangement Development and Compliance Review** – Prior to joining ATI, our proposed Project Director Morgan Craven supported the conceptualization and preliminary designs of a glidepath towards a value-based

		<p>payment arrangement between Maine and its providers. To accomplish this, Craven conducted a landscape assessment of similar program designs and policies in other state Medicaid programs, reviewed relevant federal regulations and CMS guidance, and conducted a series of interviews with Medicaid providers and health systems in the State. Based on this research, the team prepared scenario-based recommendations, which allowed the State to review several viable pathways toward value-based care within the existing care delivery system and understand which federal authorities to request.</p> <ul style="list-style-type: none"> Nonmedical Supplemental Benefits Research with The SCAN Foundation – As part of a multi-year partnership with The SCAN Foundation and the Long-Term Quality Alliance, ATI has performed qualitative and quantitative research on nonmedical supplemental benefits in Medicare Advantage, with a focus on policy flexibilities and opportunities. For nearly five years, ATI has monitored and analyzed the evolving policy and programmatic environment related to Medicare Advantage supplemental benefits, including how states can interact with these nonmedical benefits as a part of state program design. For this work with The SCAN Foundation and for related ATI projects with states, ATI has conducted qualitative (interviews and regular publication of policy and practice reports) and quantitative (analysis of the number, geography, and type of plans offering these benefits) analytics. ATI has contributed to the policy conversation around the role of these nonmedical benefits, served as a thought partner to federal and state policymakers on the benefits, and seen several of ATI recommendations reflected in CMS policy actions. ATI’s Research on LTC and Aging – ATI is a national voice that conducts original research on the intersection of LTSS need, Medicare healthcare spending, and health equity issues using ATI’s extensive data assets through the CMS Virtual Research Data Center (VRDC). These data analytics support our policy interpretation and model development. We regularly share our research on our website and social media, present at conferences, or in publications; over the past year and a half, our team published or had accepted nearly ten articles in Health Affairs on topics ranging from Medicaid Managed Care rules to state options for dual eligible benefits or improving English proficiency. Our team also publishes timely summaries of proposed and final 		
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		<p>rules or policy developments and then communicates the impact of the policy changes with our clients.</p> <p>Our team has experience with CMS denials and reworking Section 1115 Waiver applications to meet CMS requirements and obtain approval. Often, reaching consensus with CMS in an iterative process that can involve making significant changes to Section 1115 Waiver applications. Our team also has experience discussing state proposals with CMS to help obtain consensus and approval. We are experienced with CMS guidance including templates, policies, and precedents which help demonstrate compliance with CMS requirements.</p> <ul style="list-style-type: none"> • Arizona – As Arizona’s former Medicaid director, our proposed Project Advisor Tom Betlach has extensive experience with Section 1115 Waivers in the State, including three that were not initially approved by CMS: <ul style="list-style-type: none"> ○ <i>Establishing a patient centered medical home</i> - The State wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes. ○ <i>Delivery system reform incentive program</i> - Arizona pursued funding for a delivery system reform incentive program that could not be approved given limited timeframes. The State was able to pivot and work with CMS to create a smaller more targeted incentive program for behavioral health integration. ○ <i>Traditional healing services</i>: The second waiver dealt with providing authority for the State to offer traditional healing services. This was not approved by CMS and the State is still exploring a path forward. • Georgia – As noted previously, Tom Betlach also supported Georgia in navigating their Section 1115 Waiver to offer Medicaid coverage through qualifying activities. While the waiver was initially approved, it was later rescinded by the Biden 		
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		<p>Administration. Ultimately, the State pursued legal action and the waiver was reinstated.</p> <ul style="list-style-type: none"> • Virginia – As Virginia’s former Medicaid director, our proposed Project Advisor Karen Kimsey experienced two waiver denials; an 1915(c) waiver designed to serve people with serious mental illness in assisted living and a Section 1115 Waiver proposing work requirements. In both circumstances, Kimsey and her team: <ul style="list-style-type: none"> ○ <i>Carefully crafted a message to stakeholders that explained what happened, and why. This included meeting with critical stakeholder groups in person.</i> ○ <i>Analyzed the financial impact with federal financial participation loss, and the implications for using general funds only;</i> ○ <i>Re-examined federal authority to accomplish state goals, and how to pivot to realize these goals;</i> ○ <i>Continued conversations with CMS to explore other avenues/opportunities to accomplish state goals.</i> 		
M	Please explain your experience working with state programs to draft, submit, and implement such waivers.			
	COMMENT:	ANSWER:		
			20	20



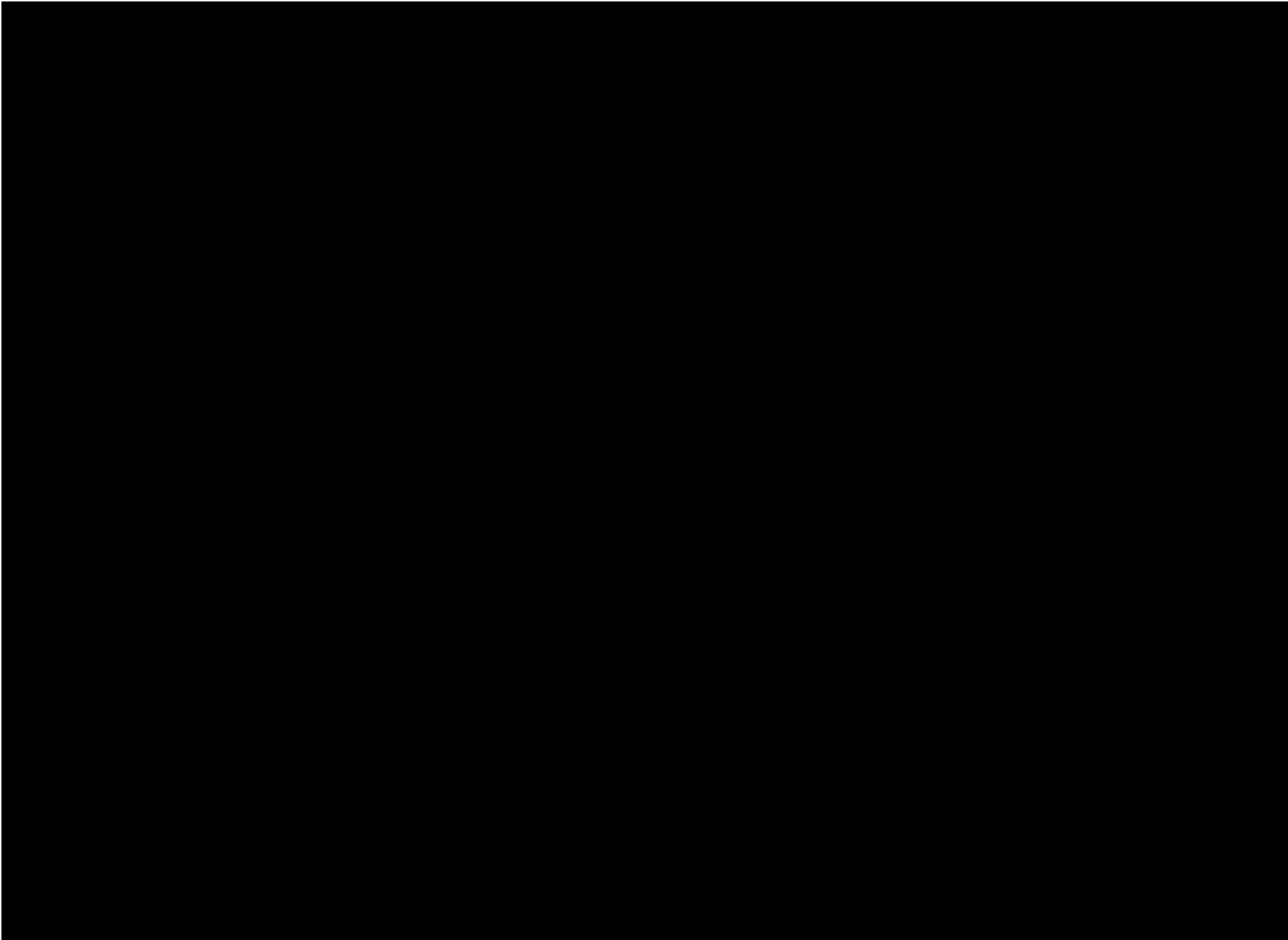


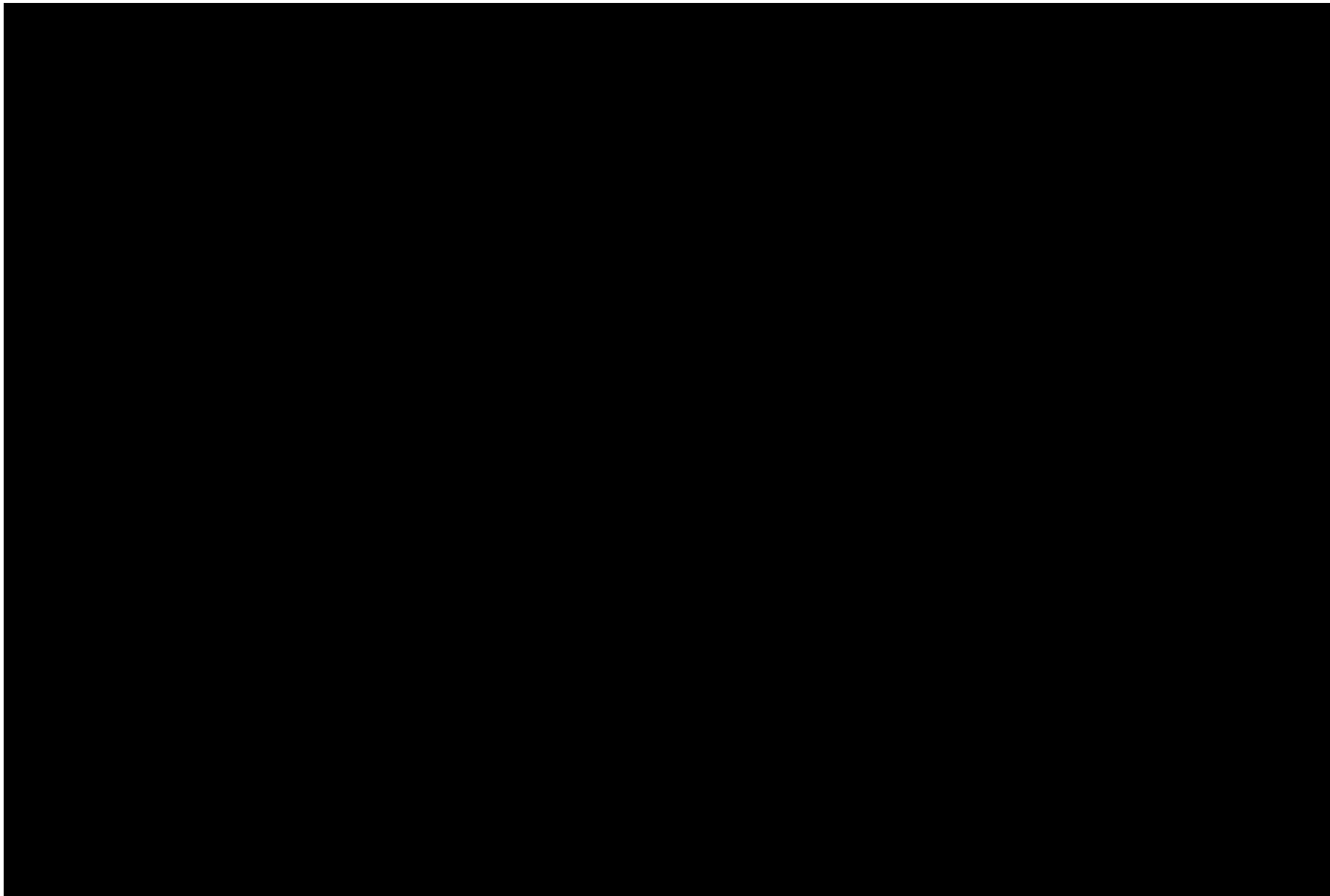
6.	BIDDER'S PROPOSED PRICING (QUOTATION OR COST RESPONSE)			15 MAX POINTS
	Please identify all allocated costs, together with the total charges Bidder is willing to accept in consideration of the full performance of the Contract.			15
	COMMENT:	SEE ANSWER TO 6A BELOW SCORING TABLE.		
B	Please fully describe any assumptions Bidder has made that affect its proposed total charges, if those assumptions are not explicitly addressed in Attachment A, Sample Contract.			NOT SCORED
	COMMENT:	<p>ATI developed the budget under the assumption that there will be a one-year project period from January through December 2024 with the option for a six-month extension for continued work on the Section 1115 waiver application or pre-implementation activities. Given that this is a new and novel demonstration, the extension may be used to continue to negotiate and propose new options to CMS.</p> <p>This budget and proposal assume that ATI will not serve as the independent evaluator contractor that the State will need after the Section 1115 waiver is approved in order to comply with CMS requirements. The ATI team will support the development of hypotheses related to the Section 1115 Waiver, which are included in the waiver application and ultimately inform the State's waiver evaluation approach. For example, ATI may speak to the hypotheses that the State will demonstrate savings, prevent poverty, and improve health outcomes as a result of the State's waiver policies. This work in the application will serve as a</p>		

		starting point for the independent evaluation design requirement that states must meet once their Section 1115 application is approved. After DSHS' Section 1115 waiver is approved, the State, per the Special Terms and Conditions (STC), is required to submit an evaluation design to CMS for CMS approval.		
C		Bidder should also propose a schedule of payments corresponding to its charges for successfully performing the tasks necessary to accomplish identified milestones corresponding to project objectives and performance measures within each phase. Bidders are required to collect and pay Washington State sales tax, if applicable.	NOT SCORED	
	COMMENT:	ATI will submit monthly invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. The invoices will describe and document to DSHS' satisfaction a description of the work performed, activities accomplished, the progress of the project, and fees.		

6A.







WRITTEN RESPONSE SCORING
November 30 – December 5, 2023
RFP #2334-839
Medicaid 1115 Waiver Policy Consultant

Vendor Name: ATI Advisory

Evaluator Number: WE3

General Guidelines:

- Please score each vendor's response without reference to the scores for other vendors. Each score should reflect your score based on the criteria only.
- Please note all scores and comments in the allotted sections. If you change a score, initial the change.
- Please include comments that will assist the vendor in understanding why the response did not get full points. Positive comments are also welcome.
- We would prefer that you leave a comment for each question scored, briefly explaining why you assigned that particular score.
- You may discuss the proposals among the evaluation team, but each evaluator should score independently. **We do not use consensus scoring.**
- Do not downgrade a proposal because it did not address something that was not asked for in the Solicitation.

Scoring of Proposals

The following available points will be assigned to the proposal for evaluation purposes:

Section 5 Bidder Qualifications & Experience	270 points
Section 6 Budget & Reporting	15 points

If you have questions, please direct them to Lauren Bragazzi, Solicitation Coordinator, phone 360-664-6047. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Score	Description	Discussion
90-100% of available points	Exceptional	Clearly superior to that which is average.
70-80%	Above Average	Better than that which is average.
50-60%	Average	Baseline score for each item with adjustments based upon the evaluator's interpretation of the Bidder's response.
30-40%	Below Average	Substandard to that which is average.
10-20%	Failing	Non-responsive or clearly inadequate to that which is average.
0%	No Experience	Response shows no experience in this skill or capability.

Evaluator Scoresheet for RFP #2334-839

You will be evaluating one part of the bidder’s submission: Section 5. Bidder Qualifications & Experience and Section 6. Bidder’s Cost Proposal. If a question requires Bidders to submit additional documents, they will be included in an attached document.

5.	BIDDER QUALIFICATIONS AND EXPERIENCE (270 Points)		270 MAX POINTS	SCORE
E	<p>Please provide the number of years of experience you or your organization has in drafting 1115 waivers. Please describe the experiences, skills, and qualifications your organization possesses that are relevant to an evaluation of your ability to perform the Contract that is the subject of this Solicitation. Please ensure that your answer to this question includes all information that you wish DSHS to consider in determining whether you meet the minimum Bidder qualifications set forth in the Solicitation Document. Please include any relevant experience that distinguishes your organization or makes it uniquely qualified for the Contract.</p>			
	COMMENT:	<p>ANSWER:</p> <p>ATI has built a project team with unmatched expertise to support DSHS in drafting a Section 1115 Waiver and exploring other approaches to recognize savings created by the WCF. The ideal team understands the Section 1115 Waiver process and regulation, as well as LTC financing and broader policy levers available to the State. Our proposed project team reflects the comprehensive expertise DSHS needs.</p> <ul style="list-style-type: none"> Collectively, ATI’s proposed project team brings 55 years of experience drafting Section 1115 Waivers and providing technical assistance with additional processes key to the development of a successful Section 1115 Waiver. This experience includes stakeholder engagement, project governance, inter-agency facilitation, negotiating with CMS, plans for monitoring and evaluation, data analytics, and implementation. Members of our team have reviewed Section 1115 Waiver applications on behalf of the OMB, have experience working with CMS on implementing, evaluating, and providing technical assistance for 1115A (Medicare Medicaid Innovation) waivers, and are national experts in LTC financing and social insurance program design. ATI’s smaller size and focus on healthcare ensures we are nimble and flexible enough to provide our expertise in ways that best meet the State’s needs and offers access to 	50	35 – detailed resume, most experience with 1115 appears to be direct experience

our senior leadership and thought leaders that larger firms rarely extend. Our approach is to work collaboratively with our clients as partners and trusted advisors. We prioritize the goals and needs of our clients and match those needs with our expertise to produce excellent results. Our team will include national experts on LTC financing and 1115 Waiver development, including Anne Tumlinson, Marc Cohen, Tom Betlach, and Karen Kimsey, to ensure that DSHS has the right people at the table when making key policy decisions.

ATI's Expertise and Resources:

- **ATI's team has helped to develop Section 1115 Waivers with eight states**, including California, North Carolina, and Hawai'i, and has experience reviewing Section 1115 Waiver applications at CMS and implementing a Section 1115 Waiver on the ground in New York. These experiences give the ATI team perspective across the Section 1115 Waiver life cycle from application development and CMS approval to on-the-ground implementation. Furthermore, we have provided training to state clients on the Section 1115 Waiver process to ensure success in navigating federal requirements and norms. We work to elevate states' unique needs, ensuring we are fully listening and responding to state and stakeholder direction. For example, based on client needs we support Hawai'i's State Medicaid Agency with the full Section 1115 Waiver process—from policy ideation to drafting and CMS negotiations—by project managing multiple scopes of work and deliverable components among State contractors (e.g., actuaries), conducting research and policy options analyses, and facilitating eight workgroups on key topics to drive policy decision-making, among other activities.
- **ATI's staff and advisors are nationally recognized experts in LTC financing.** ATI founder and project advisor Anne Tumlinson has decades of experience in LTC financing, including advising on the development of budget neutrality principals for Section 1115 Waivers, leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, and managing a multi-stakeholder effort to develop model options for a federal LTC social insurance program and share those options publicly through a variety of papers, presentations and

chartbooks. Similarly, Marc Cohen has over thirty years of experience leading research on the financing and delivery of LTSS and supported Washington in the design of the WCF. ATI intimately understands how to navigate financing LTC social insurance like WCF. Because Washington’s proposal of generating shared savings from LTC insurance through a Section 1115 Waiver is novel, ATI’s deep financing expertise can help Washington build a compelling application and avoid key obstacles. Anne Tumlinson and Marc Cohen have each been invited, on multiple occasions, to present testimony on LTC financing to U.S. House and Senate committees.

- **Our Medicaid team understands Medicaid financing and how to optimize the federal match** and can quickly vet the direction of budget impacts from shifting dollars between Medicaid and non-Medicaid state payment sources. ATI understands the multiple interaction points between LTSS and CMS policy and can speak to these interactions if they arise in discussion with CMS. With experience reviewing budget neutrality at the federal OMB, our team also understands federal budget neutrality requirements and will work collaboratively to support and align with the State’s consultant or team leading budget neutrality calculations for DSHS, as we did recently for Hawai’i’s State Medicaid Agency.
- **Our team includes skilled communicators who have negotiated with CMS.** As stated above, our team includes former CMS and OMB employees who understand federal requirements and what these agencies need to advance state requests. Our experience working with states on particularly innovative programs, including Hawai’i’s Section 1115 Waiver, will allow us to negotiate with CMS regarding the unique nature of DSHS’ approach and the expected benefits at the federal and state levels. For example, Arizona’s former State Medicaid Director Tom Betlach negotiated the approval of three Section 1115 Waiver amendments that were initially not approved including an amendment to establish a patient centered medical home. The state wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes.

- **We understand the broader healthcare environment** and have subject matter experts across Medicaid, Medicare, dual eligible policy, LTSS, LTC financing, and social service programs. We bring nuance and historical context to policy decisions. For example, Anne Tumlinson, with support from The SCAN Foundation, pioneered health services research that analyzed healthcare spending specifically attributable to the Medicare population experiencing functional and cognitive decline, laying the groundwork for higher value healthcare through integrated financing and delivery across medical and LTC. Our team includes nationally recognized experts across these topics and is deeply connected to the national policy conversations on these topics, for example through public forums at the Bipartisan Policy Center or private informal policy consultations with our peers and colleagues in stakeholder organizations, which means we can anticipate policy direction and advise DSHS accordingly. We are experts on federal and state policy and program design innovations, CMS guidance, and approval precedents. With this experience and our creativity, we can help the State understand and leverage its full purchasing power.

ATI's Approach:

- **Our unparalleled approach centers on understanding the unique needs of states and stakeholders**, whether that is education and training or administrative support and leading conversations. We are the go-to source for private and public sector entities to learn about and receive support on LTC issues and policy. This is evidenced by our project portfolio and the speaking engagements our team is invited to present at (for more detail, see team resumes in Attachment F). ATI is dedicated to facilitating key decisions through an inclusive and responsive process and prioritize fostering an environment of collaboration, organization, and effective communication. Further, we are exposed regularly to the lived experiences of individuals with LTSS needs through their family caregivers who are part of the national Daughtershed community, which ATI founder and CEO Anne Tumlinson founded. We see first-hand the impact of the financial devastation LTSS-need creates. One of our company values, connectedness, speaks to our commitment to ensure our clients benefit from the full extent of deep

and long-standing relationships and ability to build bridges across different stakeholder groups and perspectives.

- **ATI excels at seamlessly coordinating and facilitating decision-making processes across diverse agencies and stakeholders.** Our expertise lies in building consensus – a crucial skill in navigating the intricate landscape of federal resources and decision-makers – and weaving in state and local perspectives. We recognize that negotiating with CMS for the approval of DSHS’ Section 1115 Waiver will require significant federal resources. All Section 1115 Waivers are reviewed and approved by a federal review team that includes central office project officers and leadership in the State Demonstrations Group along with regional office representation, the OMB, and other federal agency decision makers. In working with Pennsylvania and other states, our team members have developed presentation materials that can be used in federal negotiations and to encourage effective communication. For example, in Alabama, our proposed Executive Sponsor, Johanna Barraza-Cannon attended meetings with CMS in person in Baltimore as a representative for the State while State staff, contractors, and other team members participated remotely in discussions and negotiations.
- **The ATI team is characterized by its adaptability, agility, and ability to address the most challenging problems in LTC.** Recognizing the complexity of DSHS’ initiative, we understand that the path may not always be linear. As such, it will be critical for Washington to have a team with the expertise and adaptability to chart and navigate new strategies. In the face of potential shifts, such as CMS requiring course adjustments, ATI will support DSHS to successfully negotiate approval or pursue alternatives as we have done with other states.
- Please see Response 5J for additional detail and examples of ATI’s performance and capabilities, including a description of our engagement with eight states, implementing Section 1115 Waivers as a provider system, and CMS 1115 experience. Response 5L offers eight key examples of ATI and ATI’s staff policy research capabilities.

ATI Team Experience and Subject Matter Expertise

As we noted above, ATI is led by experts in the field of complex care and LTC financing across Medicaid, Medicare, dual eligible policy and programs, and LTSS. Our team includes former federal, state, plan, and provider executives and we have supported clients with projects similar to DSHS' Section 1115 Waiver application. For this effort with DSHS, we have assembled a core team of ATI staff with Section 1115 Waiver and project management expertise, and an Advisor Group of ATI staff and ATI partners with national expertise spanning LTC, Section 1115 Waiver development and approval, and other waiver types DSHS might consider.

Below are short biographies that highlight the experiences of key project leadership, advisors, and team members. For an organization chart and resumes, see Response 5F.

Core Team Experience:

- **Johanna Barraza-Cannon, Director at ATI**, will serve as the Executive Sponsor. She has over 20 years of experience in health and human services policy, finance, strategy, and operations. As a consultant at Navigant Consulting (now Guidehouse), Johanna helped Alabama and Pennsylvania develop their Section 1115 Waivers. This included facilitating brainstorming and decision making (develop options analyses, PowerPoint presentations, decision memorandums) across multiple workgroups (developing a governance structure for these workgroups) to determine what requests would go in the application, engaging with stakeholders, and writing sections of the application. At ATI, Barraza-Cannon served as a subject matter expert on the Hawai'i Section 1115 Waiver renewal request which included reviewing application material, assisting with state decision making, and stakeholder engagement. As a technical director at CMS, Barraza-Cannon worked with states on their Section 1115 Waiver requests and served on the federal review team for numerous demonstration requests including HIFA and family planning requests. While a consultant at Navigant, Barraza-Cannon worked with multiple states on the CMMI State Innovation Model grant program, to help develop new and innovative solutions in care coordination, multi-payer models, health information technology, behavioral health, and stakeholder engagement.

		<p>Furthermore, she served as the interim Medicaid director for South Dakota, staffed the State Illinois House Health Appropriations Committee, and has federal experience as the Policy Director for the Office of Health Information Technology at HRSA and as a Technical Director in the Center for Medicaid and CHIP Services (CMCS) at CMS.</p> <ul style="list-style-type: none"> <p>● Morgan Craven, Director at ATI, will serve as the Project Director. She has supported numerous states in the development and implementation of Section 1115 Waivers, most recently North Carolina, California, and Hawai'i. Craven leverages eight years of experience advising clients on a broad range of strategies related to Medicaid innovation and delivery system reform, federal and state legislative and regulatory analysis, managed care innovation, incentive payment programs, stakeholder engagement, and project management. Prior to joining ATI, Craven was a Manager at Manatt Health providing strategic guidance and hands-on technical assistance, primarily to state Medicaid agencies. During her tenure, she supported state Medicaid agencies on a broad range of policy design and implementation issues, including Medicaid financing approaches, provider reimbursement, quality evaluations, and value-based payments. Craven also facilitated robust CMS engagement and technical assistance to state Medicaid agency partners regarding submitting and negotiating approvals for supplemental and directed payments, designing and framing quality evaluations, demonstrating compliance with managed care and financing rules, and other escalated issues. Craven started her career at Lockton Companies where she advised on regulatory compliance, risk mitigation, and design of employer-sponsored managed care plans. In addition to her extensive experience in policy design and implementation, Craven is skilled in developing multivariate Excel models, conducting financial analyses, and providing project management support and infrastructure to state Medicaid agencies. Craven received her Master of Public Health, Health Policy from George Washington University, and her Bachelor of Business Administration from Southern Methodist University.</p> <p>● Laura Benzing, Senior Analyst at ATI, will serve as Project Manager overseeing daily project activities to ensure project success. Currently, Benzing serves as the ATI project manager helping to develop the Hawai'i Section 1115 Waiver by managing project communication and progress but also conducting policy analysis and drafting material.</p> 		
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		<p>Benzing works with California’s Office of Medicare Innovation and Integration (OMII) to research and inform state policy strategies to support Medicare-only beneficiaries, including those with LTSS needs. At ATI, Benzing conducts policy analysis and data analytics, in addition to serving as a project manager. Benzing has completed her coursework for a Master's in Health Informatics with a concentration in Management at George Mason University and received her Bachelor of Science in Biology, minoring in Computational Biology and Creative Writing, from Duke University.</p> <ul style="list-style-type: none"> • Cleanthe (Cleo) Kordomenos, Senior Analyst at ATI, will serve as part of the project team for this effort, with a particular focus on health policy research and analysis. At ATI, Kordomenos applies her experience with federal and state health insurance programs to advise and provide technical assistance to states on policy and program design (including Section 1115 Waivers), particularly on issues related to Medicaid LTSS, dual eligible populations, and delivery system transformation for people with complex health and social needs. Kordomenos also currently supports the State of Hawai’i in the development of their Section 1115 Waiver submission, advising the State on opportunities to best leverage federal authorities and funding pathways to promote whole-person care and address social determinants of health within the State's Medicaid program. Prior to joining ATI, Kordomenos supported Section 1115A evaluations for federal health care delivery and financing demonstrations on behalf of CMMI, including the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents and the Financial Alignment Initiative. Kordomenos also advanced research efforts on integrated care models for dually eligible individuals and populations with LTSS needs for the Office of Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services and the Medicaid and CHIP Payment Access Commission (MACPAC), including an analysis on the factors affecting the development of Medicaid nursing facility payment policies across seven states. Kordomenos received her Master of Public Health from the Johns Hopkins Bloomberg School of Public Health and a Bachelor of Arts in Health Communication Studies from The College of New Jersey. • Nils Franco, Senior Analyst at ATI, will serve as part of the project team for this effort, with a particular focus on data analytics and evaluation design planning. Franco leads 		
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			<p>quantitative research and supports qualitative research to advise clients on federal and state health insurance programs. Prior to joining ATI, Franco served the Altarum Institute’s Center for Value in Health Care and Center for Eldercare Improvement as a research analyst. His work there included economic modeling of the impact of social policies, business consulting on home- and center-based services, and federal research on Medicare–Medicaid integration amid COVID-19. In a key project, he derived county-level data from Medicare administrative files to describe Part D outcomes for beneficiaries aged 65+ and describe users of post-acute and LTC, including their functional and cognitive conditions, their diagnoses, and their use of healthcare. At a federal level, Franco’s past work has included consulting and data management for the Center for Medicare and Medicaid Innovation (CMMI) and the Medicare Ombudsman Group, as well as designing statistical methods for a research project funded by the Agency for Healthcare Research and Quality. Franco received his bachelor’s degree in Economics from American University. He was a fellow of the Public Policy and International Affairs (PPIA) Program in 2017 at Carnegie Mellon University’s Heinz College.</p> <ul style="list-style-type: none"> • Jonathan Amos, Analyst at ATI, will serve as part of the project team, with a focus on health policy research and analysis. At ATI, Amos currently supports the State of Hawai’i in the development of their Section 1115 Waiver submission, conducting key research to advise the State on policy approaches to promote whole-person care and reduce health disparities impacting Hawai’i’s most vulnerable Medicaid members. Amos prepared materials that informed the State’s policy decision-making, identified policy pathways approved in other states’ Medicaid programs applicable to Hawai’i, and drafted large sections of the Section 1115 Waiver submission. Prior to joining ATI, Amos managed new specialty scheduling projects for Corewell Health’s COVID-19 response, leading strategic planning and implementation of COVID-19 Community Vaccination Clinics and COVID-19 Long Haul Clinics. Amos uses their experience in health systems operations and six years of relevant health policy research to bridge the gap between policy, patients, payers, and providers, particularly relating to health equity, social determinants of health, and Medicaid opportunities to address health-related social needs. Amos received their Bachelor of Arts in Social Relations and Policy 		
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from Michigan State University and anticipates completing their Master of Public Health at the University of Michigan in May 2024.

Advisor Group Experience:

- **Anne Tumlinson, Founder and CEO of ATI Advisory**, leads the nation in setting the direction of aging and disability policy and is a nationally recognized expert in LTC financing. Highlights from her 30-year career include:
 - Advising policy officials on LTC policy at the White House Office of Management and Budget, including the development of budget neutrality principals for Medicaid Section 1115 Waiver review, and dual eligible demonstration design;
 - Producing a paper on catastrophic federal LTC insurance design for the Georgetown University Financing Project, funded by the Robert Wood Johnson Foundation;
 - Building a publicly accessible, stylized model of social insurance options for LTC financing, with funding from The SCAN Foundation, in advance of Congressional debate of the CLASS Act;
 - Leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, under contract with the Department of Health and Human Services Assistant Secretary for Program Evaluation;
 - Testifying before the Senate Aging Committee, House Energy and Commerce Committee, and the Bipartisan Congressional LTC Reform Commission on LTC financing reform;
 - Managing a multi-funder, multi-stakeholder effort to develop model options for a federal LTC social insurance program design, under contract with The SCAN Foundation. Work included managing an actuarial team at Milliman and a dynamic microsimulation model build at the Urban Institute; and

- Pioneering health services research that analyzes healthcare spending for the population segment that experiences varying levels of functional and/or cognitive decline.

Tumlinson also founded and serves as CEO of ATI Advisory, a consulting and research firm that guides public and private leaders in solving the hardest problems in healthcare, with a focus on developing creative solutions for addressing LTSS needs. Early on at ATI, Tumlinson led a large-scale LTC financing project exploring insurance options for social insurance, involving many stakeholders and extensive oversight of the DynaSim model. More recently, ATI served as the project leader and coordinator for a multi-funder, multi-stakeholder effort to specify and model several options for federal LTC social insurance program design. The effort produced consensus across stakeholders and researchers and influenced the shape of federal legislation. She also founded and serves as the Board Chair for Daughtershood, an online and in-person community that connects family caregivers with each other for support and information. She serves on the non-profit board of Mary's Center, an FQHC in Washington, DC, and as a member of the National Academy of Social Insurance. Tumlinson spent her early career working in government, first as an aging and healthcare advisor to Congressman John Lewis (D-GA) and then as the lead for Medicaid program oversight at the Office of Management and Budget.

- **Tom Betlach, MPA, Partner at Speire Healthcare Strategies**, joined Speire as a partner to advise government and private sector clients on complex health policy and strategic initiatives. He is a nationally recognized thought leader on Medicaid and health care policy, known for his expertise in serving complex populations, delivery system transformation, value-based purchasing, managed care, and cost containment. Prior to joining Speire, Betlach spent 27 years serving in a variety of leadership roles for the State of Arizona. He served five different governors in three different cabinet positions. Most recently, Betlach served as director of the Arizona Health Care Cost Containment System (AHCCCS), Arizona's State Medicaid agency, where he reported directly to the governor. AHCCCS provided health care coverage to 1.9 million Arizonans at an annual cost of \$13 billion. During his tenure, Arizona became an early innovator in leveraging

			<p>competitive managed care contracting strategies and Section 1115 Waivers to transform health care delivery. Arizona successfully pursued a multi-year strategy to integrate behavioral health services, expanded the delivery of services to address social determinants of health and pursued value-based purchasing strategies. Arizona remains one of the lowest-cost LTC programs nationally and has maintained high levels of home and community-based placement for persons with LTC needs.</p> <p>Known for his ability to work across government, Betlach was integral to Arizona’s development of a broad coalition to streamline justice system transitions to health care. This multi-pronged, collaborative strategy resulted in a more effective approach to delivering care. The effort aligned well with broader initiatives in the Medicaid program to expand housing and employment support services. Upon his departure, Arizona Medicaid was the third largest housing authority in Arizona. He also led initiatives to develop stronger partnerships with tribal organizations. Through innovative Section 1115 Waivers and other authorities, Arizona created first-in-the-nation models that improved services for tribal members. Betlach serves as a critical Medicaid and health policy resource for policymakers across the country. He led an Arizona/federal government partnership to create new tools that improve services for those dually eligible for Medicaid and Medicare. Betlach has testified on multiple occasions before Congress and his leadership on dual eligible population services is recognized nationally. Betlach served as both vice president and president of the National Association of Medicaid Directors. He currently serves on the board for the National Committee for Quality Assurance (NCQA) and is a member of the Congressional Budget Office Panel of Health Advisers. Betlach holds a master’s degree in public administration from the University of Arizona and a bachelor’s degree in political science from the University of Wisconsin.</p> <ul style="list-style-type: none"> • Marc A. Cohen, Ph.D., Professor of Gerontology at UMass Boston, co-directs the LeadingAge LTSS Center @UMass Boston and serves as a Research Director at the Center for Community Engagement in Health Innovation at Community Catalyst. Throughout his career, Dr. Cohen has conducted extensive research on public policy issues affecting the financing and delivery of LTSS and has skillfully demonstrated his expertise in multiple settings. 		
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			<p>Cohen was part of the team that worked on the initial development of the WCF with Milliman. He conducted stakeholder interviews with Washingtonians for a Better Future and provided consulting service support to the WCF team working on issues related to benefit eligibility definitions and assessment work. Prior to joining UMass in the fall of 2016, Dr. Cohen served as the Chief Research and Development Officer and former President and co-founder of LifePlans, Inc., a LTC research and risk management company. At LifePlans, Inc., Dr. Cohen consulted for and conducted research for health insurers, health providers, trade associations, Congress, states, and government agencies. His contributions have helped to develop innovative reinsurance programs and health risk management products, improve the efficiency of care delivery, and create data-driven solutions to optimize health care systems. Concurrently, Dr. Cohen served as a senior researcher for both the Center for Health and LTC Research and Brookdale Institute of Gerontology conducting analyses for foundations, universities, and congressional staff on LTC financing and care delivery. Here, he developed expertise on the utilization of Medicare and Medicaid home health care services, nursing home care, and community-based services, and the role of competition and different financial models on pricing and efficiency of health care systems.</p> <p>He has testified before Congress, the Bipartisan Policy Center, and other organizations; served on Governor Patrick’s Task Force on LTSS Financing for Massachusetts; was a Steering Committee member of the LTC Financing Collaborative; and served as a Chair for a National Academy of Social Insurance Study panel on Designing State-Based Social Insurance for LTSS. More recently, he has been examining ways to improve person-centered care, add services to senior housing, improve patient engagement in the research process, evaluate and strengthen family caregiving advocacy, and address issues related to caring for individuals dually eligible for Medicaid and Medicare. Over the years, his work has been quoted extensively and he has been interviewed by the <i>New York Times</i>, <i>Wall Street Journal</i>, and <i>Time Magazine</i> as a thought leader on elder care financing issues. Dr. Cohen received his Ph.D. from the Heller School at Brandeis University and his master’s degree from the Kennedy School of Government at Harvard University.</p>		
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		<ul style="list-style-type: none"> • Brianna Janoski, Managing Director at ATI, leads ATI’s state work related to Medicaid, aging, and dual eligible program design. She has supported over 25 states across Medicaid agencies and Departments of Aging. Janoski served as a technical assistance contractor to CMS during the roll out of the Financial Alignment Demonstrations from 2012 to 2016 as a part of the Integrated Care Resource Center. During this time, she provided various types of support to the 10+ states pursuing capitated and managed fee-for-service demonstrations under 1115A demonstration authority. Before joining ATI, Janoski was an independent consultant who supported clients on projects related to managed care, Medicaid, Medicare, State Health Insurance Assistance Programs (SHIPs), and integrating care for dual eligible individuals. Janoski also served as the Associate Vice President of Medicare/Duals Plan Product and a Director of Public Policy at Molina Healthcare. Janoski began her career working at the Center for Health Care Strategies where she engaged with states across the country to reform care for complex populations and served as a technical assistance provider on behalf of CMS to help states implementing Section 2703 Health Homes and Financial Alignment Demonstrations. Janoski received her Master of Public Health in Urban Health and Bachelor of Science in Health Science degrees from Northeastern University. • Karen Kimsey, Partner at Speire Healthcare Strategies, will bring 1115, and Medicaid subject matter expertise to this project. Kimsey has more than 27 years in public health care policy, program development and operation, and finance. She is also a nationally recognized expert in Medicaid-funded LTSS. Before joining Speire, Kimsey served as the director of Virginia’s Medicaid and Child Health Insurance Programs, including the provision of acute, behavioral health and LTSS to more than 2.1 million Virginians at an annual cost of \$20 billion. Kimsey also served in multiple executive level roles in the Virginia Medicaid program. As the Medicaid Chief Deputy Director, she was the operational lead for the creation of the Medicaid Expansion benefit, which now supports 600,000 low-income adults. This included streamlining eligibility processing for incarcerated populations. As Deputy of Complex Care and Services, she led the effort to integrate long-term and behavioral health services and supports into managed care, including the development of an innovative model of managed care for individuals enrolled in both Medicare and Medicaid. She also led the creation of a new 		
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addiction and treatment services benefit to address the opioid crisis. Additionally, she was the primary Medicaid lead for the redesign of the Intellectual and Developmental Disability service delivery system while the State was under a settlement agreement with the Department of Justice. Nationally, Kimsey served on the governance committee and as east coast representative of the National Association of Medicaid Directors. She currently serves as a Member of the American Board of Internal Medicine's Action Group on Health Equity. Kimsey holds a Master of Social Work degree and a certificate in Aging Studies from Virginia Commonwealth University in addition to a Bachelor of Social Work from James Madison University.

- **Tyler Overstreet Cromer, Principal at ATI**, brings a decade and a half of experience in health and aging policy, analytics, budget formulation and execution, and consulting. She advises clients on innovative healthcare financing and delivery models and provides expertise in Medicare value-based care program design and Older Americans Act programs, including Medicare Advantage, Special Needs Plans, PACE, traditional Medicare Fee-For-Service, and value-based programs. Prior to joining ATI, Cromer served as a senior executive at the White House Office of Management and Budget, providing oversight and expertise for budget development and execution for the Department of Health and Human Services (HHS). In her federal role, Cromer was involved in many of the reforms to traditional Medicare, having led efforts at OMB related to the Center for Medicare & Medicaid Innovation (CMMI) from its inception until her arrival at ATI. She also worked on the initial design and regulations of the Medicare Shared Savings Program. Cromer has provided oversight, expertise, and policy and budget guidance to various health programs and agencies, whose discretionary budgets total over \$8 billion annually, including CMS and the Older Americans Act programs administered by Administration for Community Living (ACL). Cromer frequently partnered with HHS for planning and executing major management improvement efforts. Cromer frequently speaks at national conferences on healthcare, caregiving, and the complex needs of Medicare beneficiaries. Cromer received her Master of Public Administration from the Maxwell School at Syracuse University and her Bachelor of Arts from Wake Forest University.

Together, the proposed team exhibits a comprehensive mastery of diverse skill sets required for successful project execution. **Figure 1**, describes how project team members align the projects’ key competencies, demonstrating the team’s holistic capabilities, education, and expertise that will serve as the foundation for a successful project.

Figure 1: Proposal Project Team Expertise (Two dots – expert-level experience, one dot – mid-level experience)

Subject Matter Expertise and Technical Expertise	Project Team						Advisors					
	Johanna Barraza – Cannon	Morgan Craven	Laura Benzling	Cleo Kordomenos	Jonathan Amos	Nils Franco	Anne Tumlinson	Brie Janoski	Marc Cohen	Tom Betlach	Karen Kimsey	Tyler Overstreet-Cromer
Drafting Section 1115 Waivers	
Negotiating Section 1115 Waivers with CMS	
Conducting Stakeholder Engagement
Long Term Care Financing Expertise					
Working Within Federal and/or State Government
Working with State Medicaid Agencies
Managing Projects
Facilitating Meetings

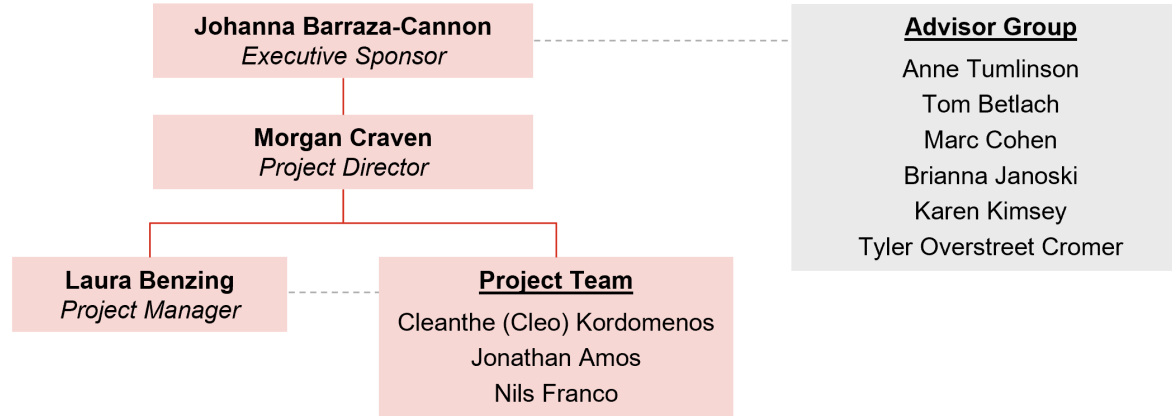
ATI meets all minimum Bidder qualifications.

ATI is licensed to do business in the State of Washington and has demonstrated experience assisting states with Section 1115 Waivers (see additional detail in Response 5B). ATI is staffed to meet the project requirements and timelines (see additional detail in Response 5C). Team members are able to provide services and be available for project needs from 8:00am - 5:00pm Pacific time (see additional detail in Response 5D).

F	<p>Please provide the names of the key team members you will assign to this Contract, if you are the Successful Bidder, and provide their proposed roles and copies of resumes describing the relevant experience they possess. Bidder should note that if awarded a contract, it may not reassign its key personnel from the Project without prior approval of DSHS.</p>		
	<p>COMMENT: ANSWER: ATI’s proposed project team is led by seasoned professionals specialized in complex care and LTC financing, encompassing expertise in Medicaid, Medicare, dual eligible policy and programs, as well as LTSS. Our accomplished team includes nationally renowned experts and former State Medicaid Agency executives.</p> <p>Refer to the organizational chart (Figure 2) to see how we will deploy our project team. For a more in-depth exploration of our team's qualifications and credentials, please reference their resumes in Attachment F. See Response 5E for short staff biographies that offer succinct highlights of key experiences. As the Executive Sponsor, Johanna Barraza-Cannon will serve as the senior-level professional responsible for overseeing the entire project and guiding it in the right direction based on her expertise and experience. Morgan Craven, the Project Director, will be responsible for the planning and execution of the project, serving as the primary meeting facilitator and central point of communication between DSHS, ATI, and relevant stakeholders. As the Project Manager, Laura Benzing will serve as the administrator for coordinating efforts, planning tasks, and ensuring the full team is informed, updated, and progressing along the workplan. Our project team reflects a combination of qualitative and quantitative capabilities and includes Cleo Kordomenos, Jonathan Amons, and Nils Franco. Kordomenos and Amos will be responsible for research, material development, and project management tasks, leveraging their recent experience leading this work for ATI as part of our Hawai’i 1115 support. Franco will be responsible for conducting and communicating data analyses, including any state data needed to help make a compelling case to CMS for approval of the proposed Section 1115 Waiver, and providing LTC financing insights. Advisors will serve as strategic partners to the Core Team and as needed, to DSHS, reviewing and shaping content with their specialized knowledge and guidance. Our proposed staffing approach with a Core</p>	10	8 – org chart, resumes attached

Team and an Advisor Group will help ensure the application has the best chance of CMS approval and aligns with Washington’s goals.

Figure 2: ATI WCF Section 1115 Waiver Team Organizational Chart



G Please describe your method for assuring that your services and deliverables are provided in accordance with high quality standards and for immediately correcting any deficiencies. What data would you propose to report to DSHS which would permit verification of your quality assurance activity, findings, and actions?

COMMENT:

ANSWER:

The ATI team assures high-quality, timely, and budget-consistent services and deliverables through its formalized and systematic quality control processes spanning qualitative and quantitative analytics, technical report writing, financial modeling, meeting facilitation, and more. As part of these processes, we:

- **Monitor resource utilization** to ensure we are providing the appropriate amount of support to our clients, based on budgeted hours and contract deliverables. Resource utilization monitoring also ensures the right staff are deployed for an appropriate amount of time, to maximize the expertise we are providing to Washington. We do this using project management

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18 – clear plan, deliverable expectations

software that tracks daily project team hours, overlaid with the project management plan, budget, and deliverable production (described more in our response to 5H, below). Individual staff and project team managers also work together closely to ensure staff are deployed efficiently. For example, staff and project team managers have a recurring weekly “stand-up” meeting to discuss staff deployment, project deliverables, and critical timelines. This approach incorporates expected and unexpected staffing absences, for example time off, to ensure project obligations are met. Given the short timeframe associated with Washington’s novel Section 1115 Waiver design, resource utilization will be especially important.

- **Ensure consistently high-quality output** to minimize our clients’ review and revision time, and in the case of Section 1115 Waiver design, to maximize likelihood of waiver approval. For each deliverable, ATI assesses and addresses quality separate from the development of and review of the deliverable’s content. For example, while core project staff will review and iterate on a deliverable at least twice before sending or presenting to a client, a separate team of ATI staff who were not involved in the development of the deliverable will review for quality and consistency.

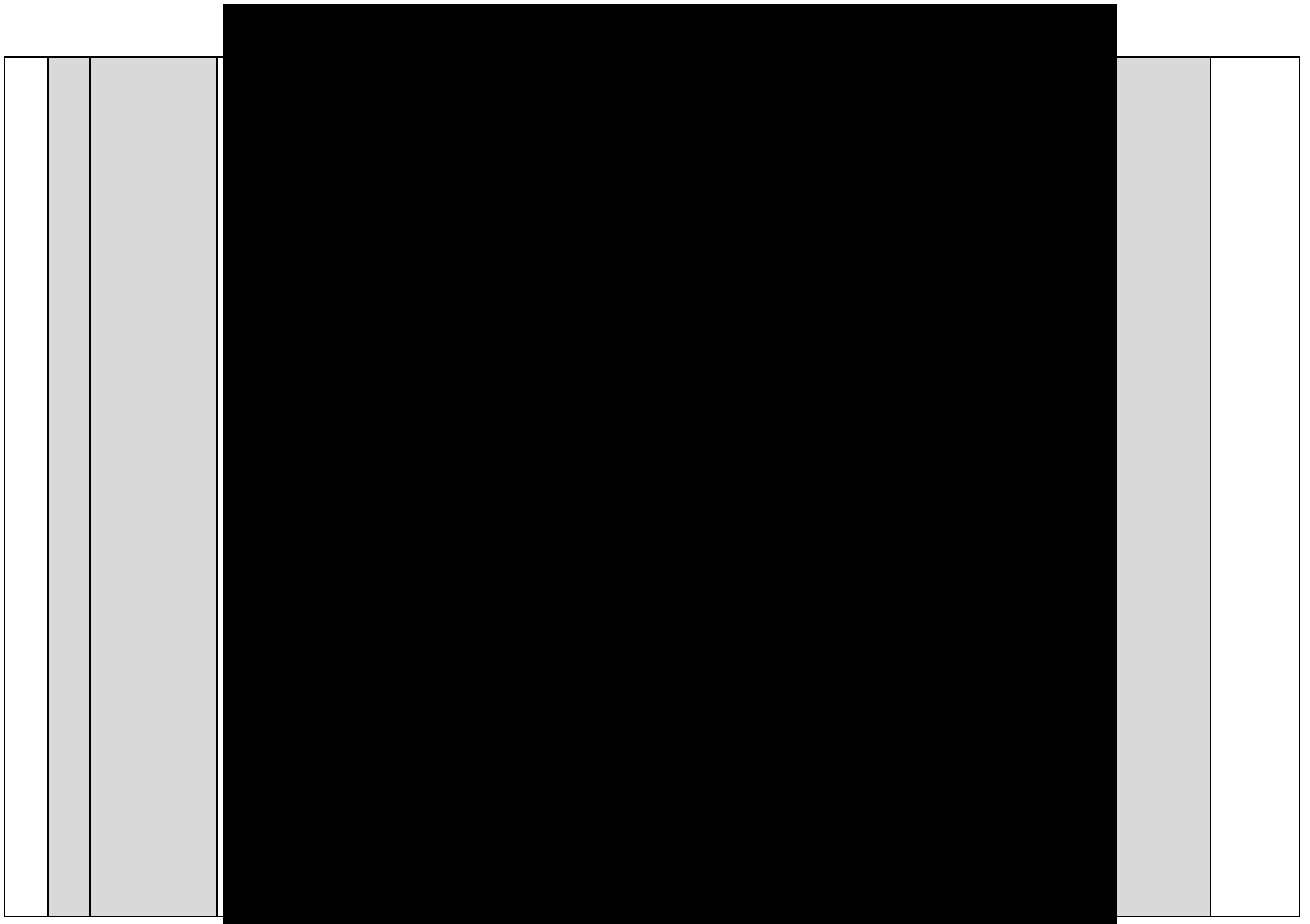
In the Section *Policy Design and Preparation* in Response 5I, we discuss ATI’s quality control process for the drafting of the Section 1115 Waiver application and related materials in further detail. Notably, ATI will build a style guide with DSHS to ensure appropriate, consistent language and best practices are used. ATI also customizes existing checklists to match client needs. For example, custom checklists may include practices related to proofing, accessibility, language translations, and other document remediations and will ensure that all reviews and sign offs are completed (as described in the project’s governance plan, further detailed within Response 5I). These tools and best practices were developed through our team’s experience in stakeholder engagement and CMS engagement with other states.

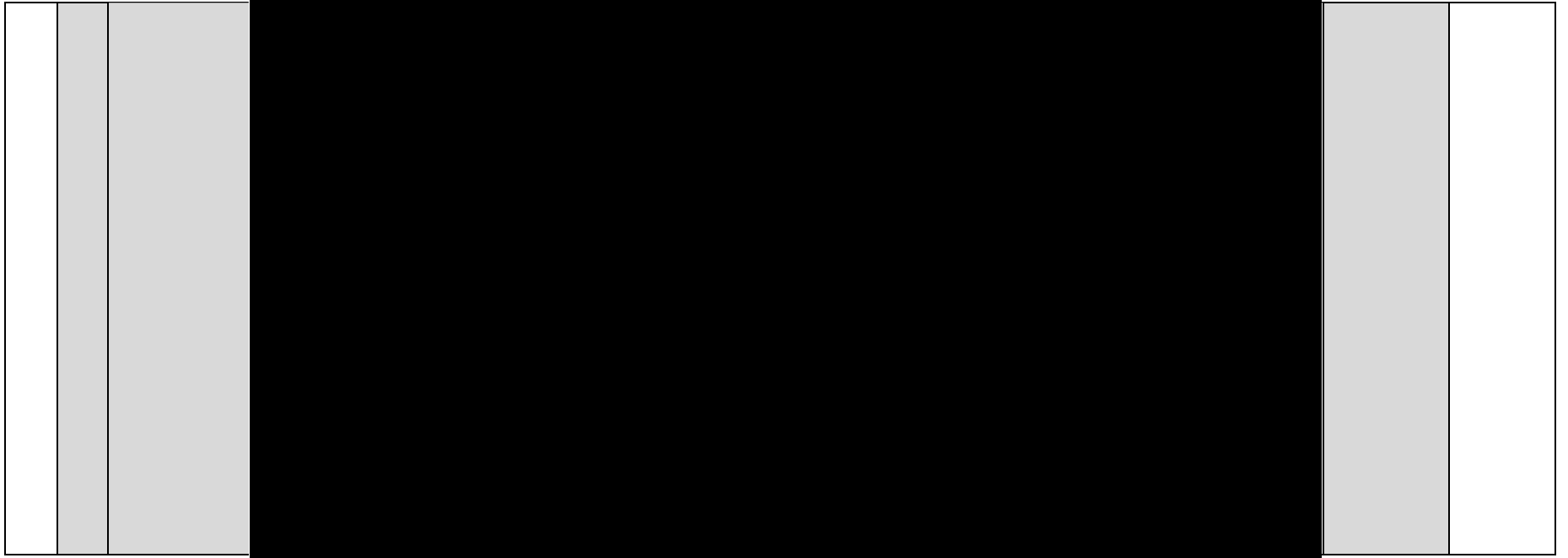
		<p>A key aspect of quality control is the confidence that the right people have reviewed the deliverable. In addition to ATI’s in-house advisors, ATI’s subcontractor partners Tom Betlach and Karen Kimsey, former State Medicaid Directors and Section 1115 Waiver experts, and Marc Cohen, an LTC financing expert, will offer strategic reviews of deliverables, offering an added layer of insight to ensure deliverables are of utmost value to DSHS. We will also utilize project and team management tools to ensure staff are appropriately aligned to tasks and to ensure timely completion of project milestones and deliverables. As needed, our tools depict task-level progress and milestones to ensure alignment between the project team and client on large ongoing efforts.</p> <ul style="list-style-type: none">• Communicate effectively to ensure our clients have the tools and information they need to feel confident in the quality of the work. This involves regular check-ins on progress and process, project tracking tools, and, for relevant deliverables, ATI provides a “read me” page with methods or slides with details on key definitions. In summary, ATI will report on our alignment with custom style guides and quality control checklists, as well as communicate the levels of review for key deliverables. <p>In addition, ATI subscribes to a “plan-do-check-act” philosophy in our project work, through which we identify smaller scale opportunities and work products to vet with our clients and with our advisors. This approach ensures an efficient use of resources and high-quality output and allows us to immediately course-correct if it is needed for a project or task. As part of this philosophy, we also conduct task and project post-mortems and apply continuous learning and process improvement to our projects. In our work with Hawai’i, for example, we interfaced with the State’s communications team early in the project to understand their team’s operational processes, capacity, and understanding of the communications requirements associated with Section 1115 Waivers. Based on these discussions, we developed and vetted with the client a public comment period action plan for the State’s communications team to ensure they knew exactly when, where, and how to disseminate public comment materials. By taking early action and orienting the team to</p>		
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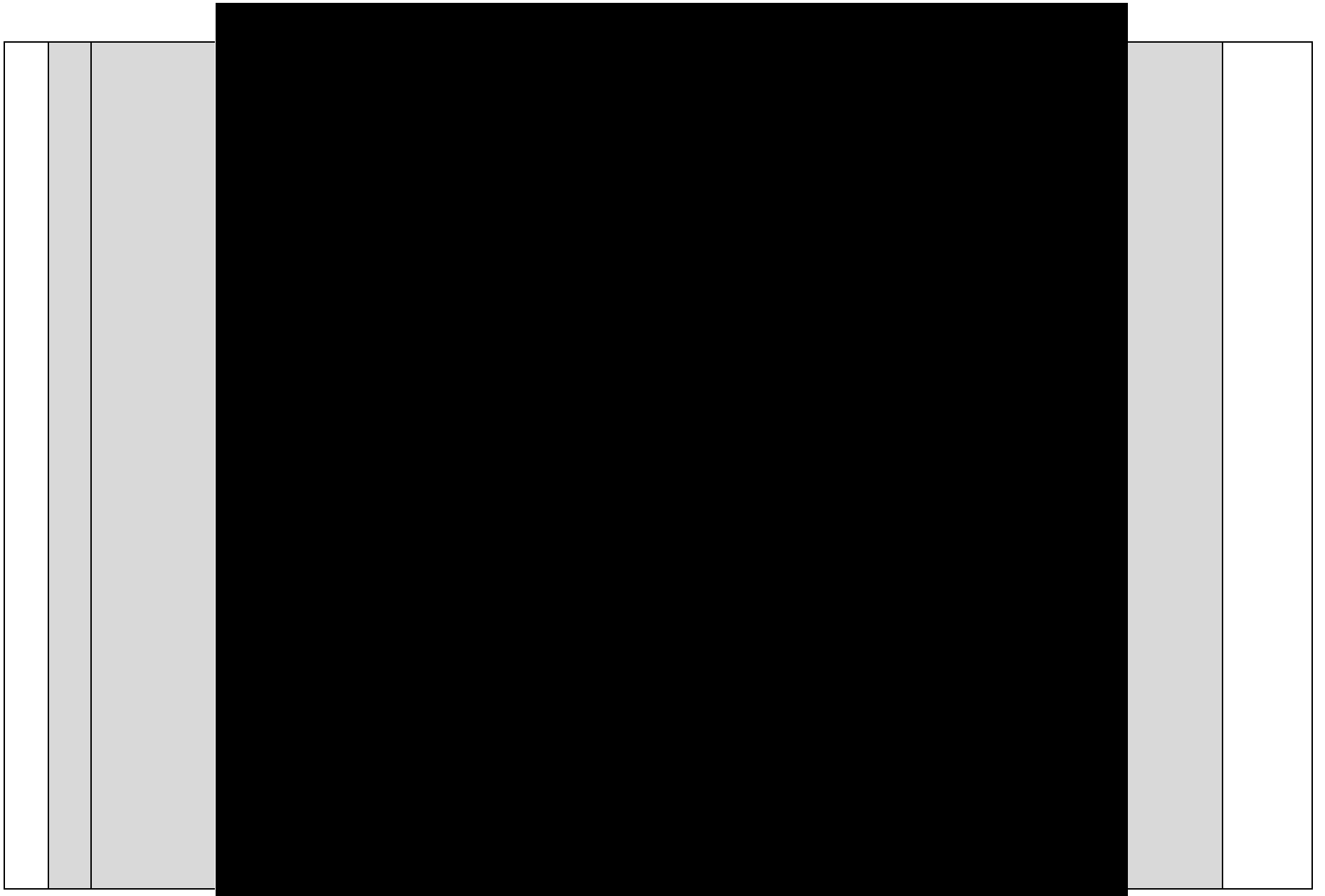
		<p>these procedures prior to the public comment period, the State’s team was able to execute the required tasks quickly, efficiently, and without error.</p> <p>For each Deliverable, ATI and DSHS will mutually agree upon a Deliverable Expectation Document (DED) that outlines the expected format, content and mutually agreed acceptance criteria. The DED will be developed prior to work commencing on the Deliverable. ATI will follow the timeframes below in accordance with DSHS requirements:</p> <table border="1" data-bbox="520 505 1738 781"> <tr> <td data-bbox="520 505 1016 621">1. Review Preparation (Pre-Submission)</td> <td data-bbox="1016 505 1738 621">At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.</td> </tr> <tr> <td data-bbox="520 621 1016 703">2. Submission</td> <td data-bbox="1016 621 1738 703">Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in th</td> </tr> <tr> <td data-bbox="520 703 1016 781">3. Deliverable Acceptance</td> <td data-bbox="1016 703 1738 781">Contract Manager notifies Contractor via email that th Deliverable is approved.</td> </tr> </table> <p>ATI will report metrics to DSHS throughout the project’s tenure to allow DSHS to verify our project’s quality and performance. We have found two successful tools to be (1) an Excel or similar project status tracker (sent on a cadence that works for DSHS, as frequently as weekly), with information on each line item and deliverable, planned deliverable date, actual deliverable date, line item status, line item “owner,” and other information relevant to the project; and (2) a monthly project report that includes hours, tasks completed, and other key items of interest to DSHS. ATI retains closed items on our project status trackers with clients, to allow us to quickly quantify or identify project issues or opportunities (e.g., timeliness), and to re-open project line items as new information becomes available or as the project evolves.</p>	1. Review Preparation (Pre-Submission)	At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.	2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in th	3. Deliverable Acceptance	Contract Manager notifies Contractor via email that th Deliverable is approved.		
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2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in th									
3. Deliverable Acceptance	Contract Manager notifies Contractor via email that th Deliverable is approved.									
H		Please describe the measures you employ to assure that your services and deliverables are provided in a cost-effective manner that is consistent with quality outcomes and fair employment practices.	20	15 – detail						

	COMMENT:	<p>ANSWER:</p> <p>As partly described above in our response to 5G, ATI is committed to delivering exceptional services that are cost-effective and adhere to the highest standards of quality. We achieve this balance through industry-leading best practices, advanced project management tools, and continuous improvement, ensuring our services are efficient, effective, and transparent.</p> <p>Our adherence to project management best practices is a cornerstone of our delivery strategy. This involves rigorous project management protocols, including comprehensive planning, risk management, and quality control measures. These practices ensure that every project is executed with precision, efficiency, and a focus on delivering value to our clients, while also maintaining the flexibility to adapt to changing needs and challenges. To complement our project management approach, we employ Kantata, a sophisticated project management software. Kantata's robust features enable us to streamline project workflows, optimize resource allocation, and track project progress in real-time. The synergy between our best practices and Kantata's technological capabilities allows us to minimize waste, reduce overheads, and optimize our operations. This allows pricing efficiencies for our clients and ensures timely, high quality deliverable production.</p> <p>Integral to our operational ethos is the commitment to fair employment practices. By implementing efficient project management techniques and leveraging Kantata's capabilities, we ensure that our team members work in a structured, supportive environment. This fosters job satisfaction, promotes work-life balance, and ensures that our staff are compensated fairly for their contributions, reflecting our dedication to ethical employment practices. We are proud to maintain these standards in all our engagements, reflecting our unwavering commitment to excellence and ethical business practices.</p> <p>In addition, we attest that we offer our best, discounted rates to our state clients and have used those rates for our cost proposal for this effort with Washington. In complement to our earlier point that a successful consultant must have a breadth of expertise across Medicare, Medicaid, dual eligible policy, and LTC, the breadth of our project portfolio across private and</p>		<p>d respons e on tool used, missing more detail on fair emp.</p>
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		public sector clients allows us to staff our state projects with national talent while assuring cost-effective project delivery.		
I		Please provide a projected timeline that you expect to be able to complete the deliverables involved in this project.		27 – detailed timeline
	COMMENT:	[REDACTED]		
		[REDACTED]		
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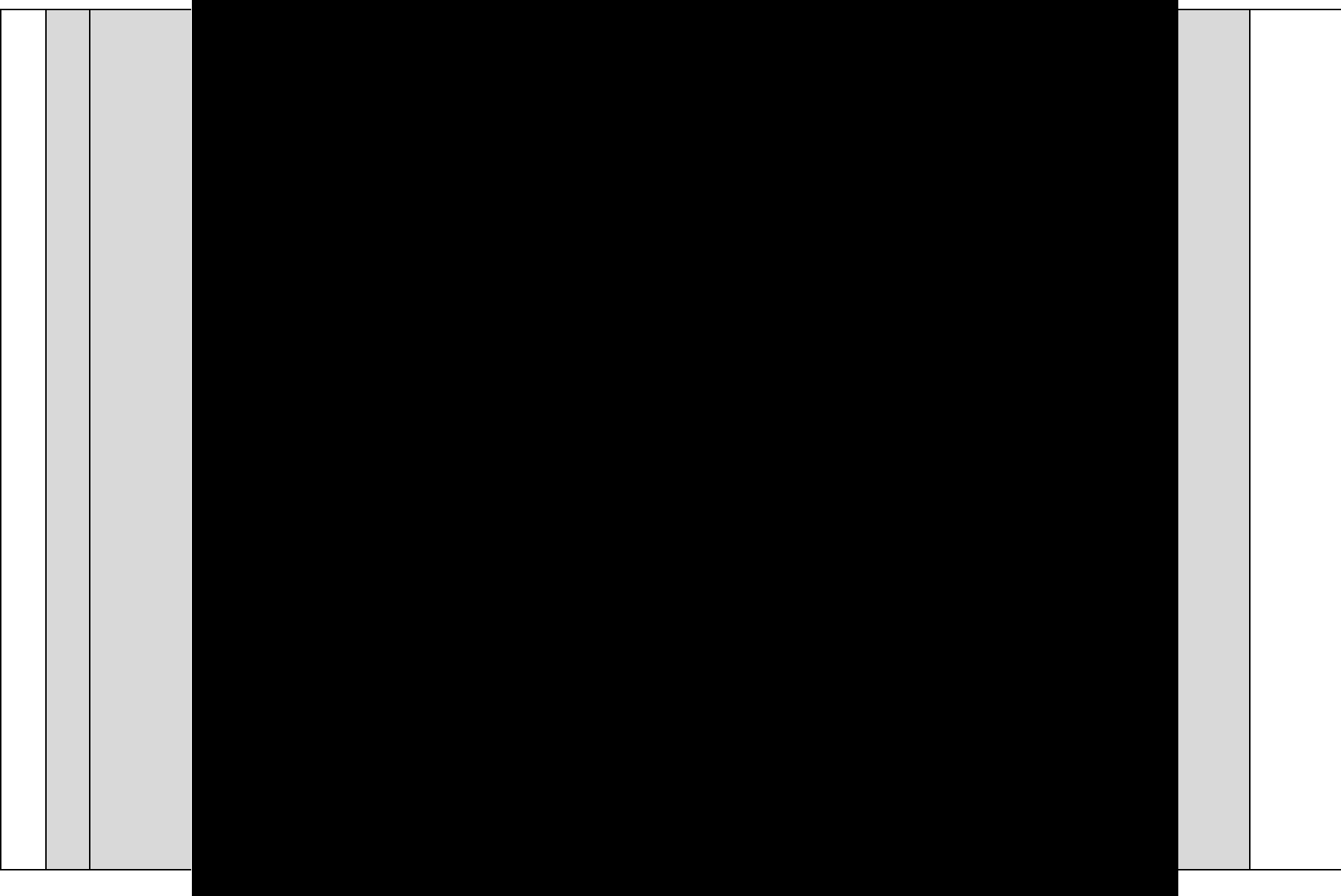


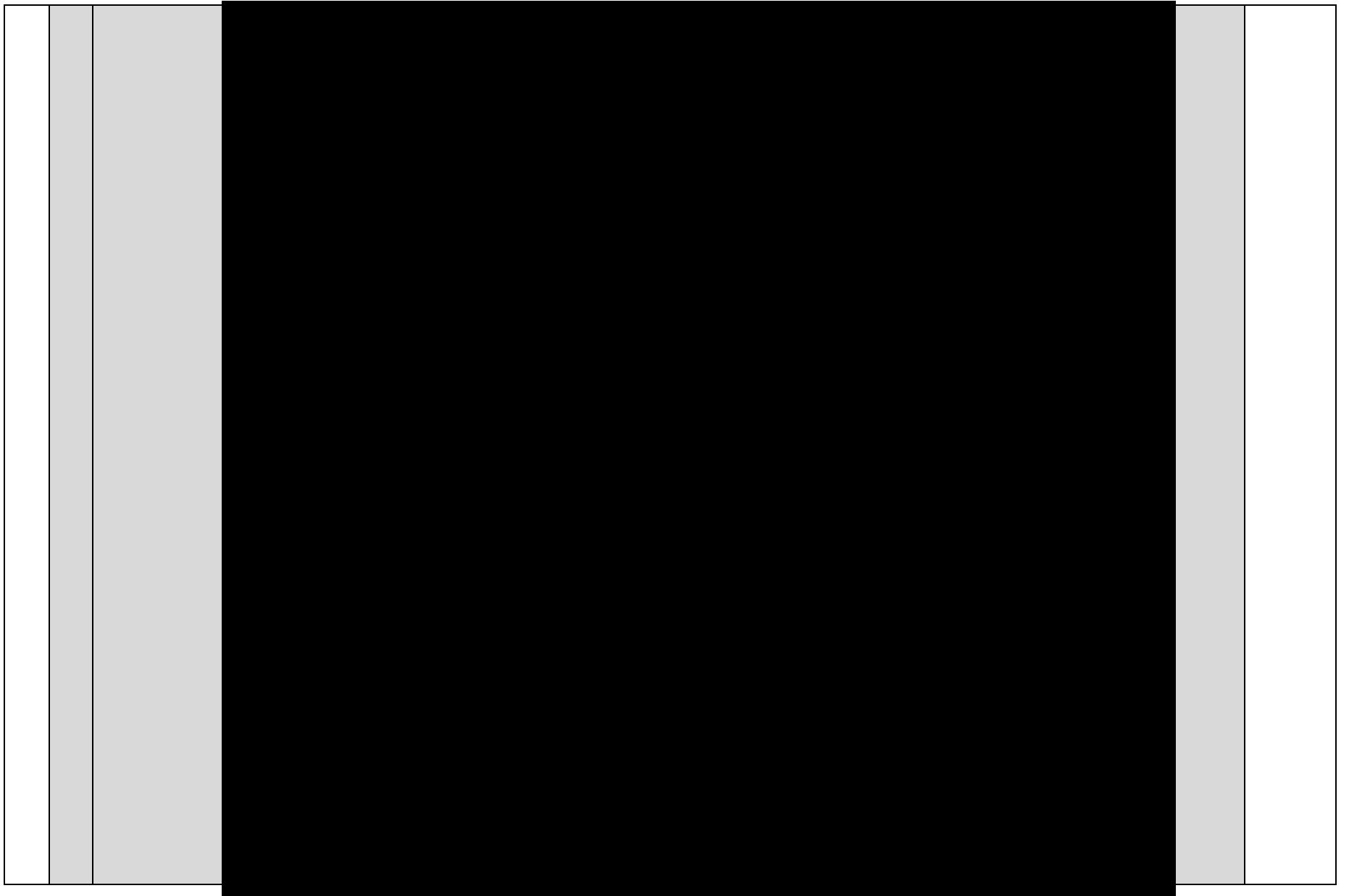


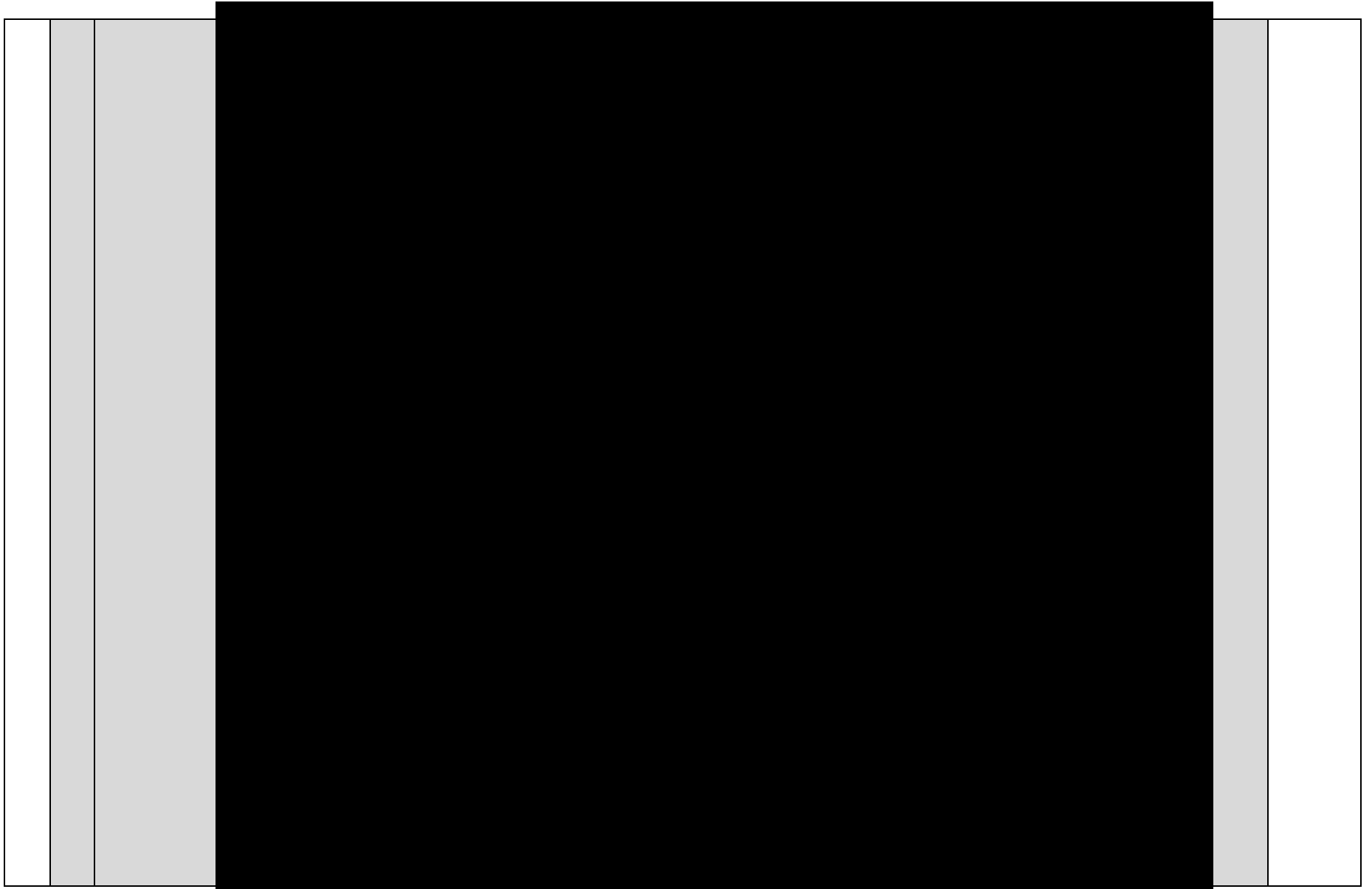












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J		<p>Please describe your experience in drafting waivers comparable to the 1115 Medicaid Demonstration Waiver, including implementation of the waiver after acceptance. Please describe any barriers or obstacles that arose, if any, and how you were able to overcome them.</p>			
	COMMENT:	<p>ANSWER:</p> <p>ATI understands the challenges DSHS will face in receiving approval for its Section 1115 Waiver. The State of Washington and DSHS are proposing a program that is the first of its kind in the nation and will require a unique approach that will involve careful and detailed deliberations internal to the State and with CMS.</p> <p>Washington State leads the country in state innovation to address gaps in LTC financing for its residents. It ranks second on the 2023 LTSS State Scorecard, published by AARP. The WCF protects residents from exhausting their financial resources to access Medicaid LTC benefits. WCF pays up to \$36,500 of inflation adjusted dollars for a wide range of flexible, person-</p>		50	35 – missing detail on overcover barriers

		<p>centered LTSS. Recent analysis by the Urban Institute for the U.S. Department of Health and Human Services projects that 30 percent of the people turning 65 between 2021 and 2025 who incur Medicaid spending for LTSS will incur less than \$50,000 over their lifetime, and another 20 percent will incur Medicaid LTSS spending between \$50,000 and \$150,000. These estimates are national but demonstrate the potential magnitude of Medicaid savings that WCF is contributing. Put another way, if we extrapolate the national projections to Washington State, a little less than 30 percent of residents will never incur Medicaid LTSS spending because of the WCF. For the remainder of residents, the State is contributing about \$36,000 over their lifetime but only saving half of that amount.</p> <p>We understand that Washington State is trying to recoup the savings that their taxpayer investment is creating. Washington State taxpayers are reducing Medicaid program outlays through delayed institutionalization, which leads to both state and federal savings. DSHS is requesting to share in the federal Medicaid LTSS savings through the Section 1115 Waiver. Unfortunately, the federal Medicaid “baseline” already implicitly includes the savings from WCF because the program is current law, rather than a proposal, making Washington State’s “budget neutrality” case challenging. However, ATI will bring its federal budgetary expertise, Section 1115 waiver experience, LTC financing background, and creative problem solving to bear in making the case for this waiver. This demonstration could be ground-breaking and establish a pathway for other states to leverage Medicaid spending into insurance products that better spread risk and protect Americans from the financial risks associated with LTSS need. This type of demonstration could set a precedent that would allow more states to support the LTC needs of all residents, especially the lower income “middle market” that has captured the attention of so many policymakers. We will anticipate and be especially attentive to CMS and OMB sensitivities to potential national precedents.</p> <p>In addition to the national implications of this Section 1115 Waiver, we recognize the importance of shared savings to the State which will promote further support for WCF and allow for continued policy innovations that support Washington State residents. ATI is</p>		
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committed to producing a demonstration application that is compelling and thorough as well as effective and strategic communication with CMS to achieve approval.

The ATI team has experience developing and implementing comparable new and innovative Section 1115 Waivers, from the state perspective, as well as the CMS and implementing provider perspectives. The nine examples below describe the ATI team’s engagement and the barriers and obstacles overcome during the project.

1. **Hawai’i** – ATI project managed and drafted a Section 1115 Waiver while supporting the policy design of more than eight novel or significantly redesigned programs or benefits. These initiatives required extensive stakeholder engagement and workgroup decision making within a tight timeline. For straightforward demonstrations, states often take six to over 12 months to complete policy design activities, including developing workgroups to ideate and vet preliminary approaches with stakeholders, and between three and eight months to draft and submit a demonstration to CMS. Hawai’i, however, was operating on a much more truncated timeline and therefore required intensive support from ATI to meet their goals. From the kickoff, ATI organized and supported the policy decision process, coordinated with the State’s actuarial team to advance budget neutrality and financing components, and drafted a finalized Section 1115 Waiver for MQD to submit for public comment within five months. To do this, ATI developed and communicated clear workplans to keep all staff and stakeholders on track and worked closely and collaboratively with MQD.
2. **Pennsylvania** – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Pennsylvania develop its Section 1115 Waiver for submission to CMS. There were elements related to incentives for healthy living, encouraging employment, and cost-sharing requirements, which were all relatively new at the time of development. This included facilitating brainstorming, and decision making (e.g., developing options analyses, PowerPoint presentations, and decision memos) across multiple workgroups and developing a governance structure for these workgroups to determine the requests to include in the application. Barraza-Cannon also engaged with stakeholders and wrote sections of the application. This Section 1115 Waiver

		<p>application required significant back and forth between CMS and Pennsylvania before it was approved by CMS.</p> <ol style="list-style-type: none"> 3. California – Prior to joining ATI, our proposed Project Director Morgan Craven served as the engagement manager for Manatt Health’s multi-year contract with the California Department of Health Care Services (DHCS), supporting the advancement of the State’s CalAIM initiative and associated federal authority submissions, including the Section 1115 Waiver renewal and amendment. Craven also established and operated the DHCS project management office, which was a new strategic initiative within DHCS to coordinate the CalAIM initiatives and authorities across the various divisions within DHCS. In these roles, Craven served as a central point of coordination and strategic direction, staff education, and risk escalation to DHCS and State leadership. Given the significant amount of intradepartmental coordination required to achieve the CalAIM vision and obtain federal authorities, Craven filled a critical role in educating staff at all levels across DHCS to ensure alignment towards common goals. 4. Arizona – Our proposed Project Advisor Tom Betlach served as Arizona’s Medicaid Director and supported the development of four comprehensive Section 1115 Waivers covering a variety of policy initiatives: notably, expanding coverage to childless adults a decade before the Affordable Care Act, establishing comprehensive HCBS services, benefit and coverage reductions during the great recession, funding initiatives around rural hospitals, provider incentives for service integration, mandatory managed care models, health incentive accounts, and employer based coverage. Arizona faced a variety of stakeholder and CMS engagement negotiation challenges, including waiver denials. However, through CMS negotiation, Arizona was able to receive approval for two Section 1115 Waivers which established a patient centered medical home and a delivery system reform incentive program. 5. New York – Before joining ATI, two ATI leaders managed the implementation of the Section 1115 Waiver in New York, through a hospital-led performing provider system responsible for the health of more than 600,000 Medicaid recipients living in Brooklyn. This involved administering the demonstration’s priorities through a network of over 500 partners in Brooklyn, spanning hospitals, Federally Qualified Health Centers (FQHCs), community-based organizations (CBOs), and legal services organizations, 		
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		<p>among others. Challenges that arose during implementation included (1) reaching consensus among network partners on how to best operationalize the demonstration’s priorities, (2) cumbersome state reporting requirements, and (3) measuring intervention effectiveness in real-time to allow for adjustments. As a Section 1115 Waiver lead implementing provider, our team leaders were able to mitigate these challenges through direct communication and negotiation with the State, soliciting input and feedback from network partners, and obtaining access to State Medicaid data. In this way, ATI leadership has firsthand experience implementing a Section 1115 Waiver and mitigating the challenges of coordinating across stakeholders.</p> <p>6. Alabama – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Alabama develop its Section 1115 Waiver to adopt statewide managed care through risk-bearing, provider-based regional care organizations (RCOs). Barraza-Cannon served as a subject matter expert and took part in the discussions between the State and CMS. Challenges included communicating with CMS on the State’s goals.</p> <p>7. Georgia – Our proposed Project Advisor Tom Betlach supported Georgia’s State Medicaid Agency to apply for expanded Medicaid coverage for adults up to 100% of the federal poverty level through qualifying activities, mandatory employer-based coverage, and health incentive accounts. While the application was initially approved, approval was rescinded. Betlach advised the State on determining the proper course of action and ultimately, the waiver approval was restored.</p> <p>8. North Carolina – Before joining ATI, our proposed Project Director Morgan Craven supported North Carolina in several capacities during its delivery system transformation efforts, which primarily authorized the State’s managed care transition and pilot services for health-related social needs. Craven supported the design, formation, and waiver approval of the State’s “Tailored Plan,” designed to support individuals with certain behavioral health or intellectual/developmental disability (I/DD), and LTSS needs. Craven also served as the engagement manager, creating and maintaining flexible and strategic project management infrastructures for the State. Lastly, Craven supported the State in various CMS and stakeholder engagement efforts, including ongoing CMS engagement following the approval of the State’s Section 1115 Waiver, payment and financing reform to obtain CMS approval of dozens</p>		
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			<p>of directed payments and state plan amendments, and supporting and overseeing stakeholder engagement efforts to obtain public buy-in for transformation policy goals. In all these efforts, continued engagement, negotiation, and iteration with CMS was required to obtain and navigate barriers to federal approvals. For example, where the State was unable to meet certain payment reporting requirements for newly implemented directed payments, Craven worked with CMS to develop an alternative implementation plan, which provided the State with a glidepath of additional time and flexibility to meet federal requirements.</p> <p>9. CMS – In addition to her experience developing and implementing Section 1115 Waivers with states, our proposed Executive Sponsor Johanna Barraza-Cannon reviewed Section 1115 Waiver applications while serving as a technical director at CMS. While at MITRE she also contracted with CMS to help make process improvements in the review, approval, and monitoring of Section 1115 Waivers.</p> <p>ATI understands the barriers and obstacles that DSHS may encounter in pursuing a Section 1115 Waiver, and we possess the expertise to navigate and overcome these hurdles. Potential challenges could include coordinating with other State stakeholders (e.g., the Governor’s office, HCA), effectively communicating the State’s goals and approach to CMS, political concerns, delays in CMS approval, coordinating across Federal offices who will be interested in this new approach, concerns from the federal Office of Management and Budget (OMB), developing acceptable budget neutrality calculations (we understand this work is part of a separate engagement), and complexity in implementation and evaluation.</p> <ul style="list-style-type: none"> • ATI can guide the State to the strongest approach. The ATI team is equipped to assess a variety of different authorities and other federal opportunities to assess which path may be the best fit to meet the State’s goals. Furthermore, our experience positions us well to support the State in developing a compelling case that is most likely to receive approval from CMS. • We understand political nuance in LTC financing policy. Our LTC experts are nationally known and have experience in LTC legislation, finance, policy, and data to help design 		
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		<p>an innovative waiver that meets CMS requirements. This will help to make the case for this innovative Section 1115 Waiver.</p> <ul style="list-style-type: none">• ATI is well-equipped to address potential delays and obstacles at the State level. Many decisions need to be made within the State before the application is submitted to CMS. This requires significant discussion, brainstorming, and consensus building across multiple government stakeholders even before any material is shared for stakeholder engagement or with CMS. ATI has experience facilitating highly complex decision making across state leadership including across department, branch of government, and within an Agency’s executive team. These decisions comprise the Section 1115 Waiver request to CMS, which cannot be drafted before consensus on these decisions is reached. Stakeholders may have comments or requests that the State will need to reflect in its application. ATI's robust project management ensures that relevant stakeholders are informed and engaged to meet DSHS' goals within the stipulated timeframe.• ATI can anticipate and respond to potential delays in CMS approval. Section 1115 Waivers are approved at the discretion of the Secretary of HHS and must meet many requirements including CMS policy requirements, stakeholder engagement, transparency, and budget neutrality. Though CMS has worked to make approvals for renewals and approvals for previously approved authorities easier for states, new demonstration authority like DSHS is proposing will require more discussion internal to Washington and more discussion and negotiation with CMS. Once an application has been developed and submitted to CMS (or submitted as a concept paper or draft), the State will need to work with CMS, which requires negotiation and can take a significant amount of time. Furthermore, any change or transition in the federal executive branch may pose a challenge, especially as approval can be paused or questioned by a new Administration. ATI views soliciting CMS approval as a dynamic process. We will work with DSHS to adjust the approach, Special Terms and Conditions (STCs), and other key elements to reach an agreement with CMS.• ATI’s experience with OMB will help effectively navigate potential roadblocks. As an integral part of the federal review team for all Section 1115 Waivers, OMB seeks to ensure that federal costs are not higher with the demonstration. With our proposed		
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		<p>Project Advisor Tyler Overstreet Cromer's decade-long experience at OMB, including senior executive services, we are well-equipped to address and communicate key budgetary points effectively.</p> <ul style="list-style-type: none"> • ATI is committed to planning for and addressing complex challenges in the implementation process. Once the Section 1115 Waiver is approved, the implementation phase will require meticulous project management, financial monitoring including savings, and ensuring budget neutrality. Collaborating closely with HCA as the Medicaid authority, we are prepared to support the implementation of CMS conditions, for example, operational plans during pre-implementation that will support implementation through the life of the Section 1115 waiver. 		
K	<p>Please provide a work sample of a comparable waiver you or your organization has completed. Please include this waiver as a separate pdf file attached to your submission.</p> <p>COMMENT:</p>	<p>ANSWER:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	50	35

		<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		
L	<p>Please describe your experience with researching necessary policy when drafting waivers and the process of confirming the waiver is compliant. Please also describe your experience with having a waiver denied after submission, if applicable.</p> <p>COMMENT:</p>	<p>ATI has extensive experience researching necessary policies when drafting waivers. Notably, ATI is adept at turning policy research and literature reviews into compelling narratives to support proposed policy changes. This involves not only understanding existing policies but also developing innovative solutions. The key policy research examples below showcase how ATI engages with various stakeholders, including state agencies, CMS, and Medicaid providers to assess the impact of proposed policy decisions, understand the needs and priorities of the state, and navigate complex regulatory landscapes to ensure compliance while achieving new</p>	20	18 – appears to be a lot of direct experience, policy research

policy goals. Below we include examples of our policy research for Section 1115 Waivers as well as non-1115 demonstrations but related to Washington’s broader goals across Medicare and Medicaid savings and LTC.

- **Hawai’i Advancing Medicare and Medicaid Integration (AMMI) Policy Research and Compliance Review** – ATI provides research and technical assistance to support Hawai’i’s State Medicaid Agency in better integrating Medicare and Medicaid for dual eligible individuals. ATI is working with the Hawai’i State Medicaid Agency on (1) launching a new Fully Integrated Dual Eligible Special Needs (FIDE SNP) program; (2) enhancing its existing Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) program; and (3) advancing new and robust care coordination and management strategies. These care coordination and management strategies involve novel data sharing requirements for the State, to create greater care efficiencies and integration for individuals enrolled in the State’s Medicaid 1915(c) Home and Community-Based Services Waiver for individuals with intellectual and developmental disabilities (I/DD) and individuals enrolled in the State’s separate managed care program for individuals with serious mental illness (SMI). Such efforts to better integrate Medicare and Medicaid programmatic and operational requirements required extensive policy research and analysis to ensure compliance with and reconcile discrepancies between federal Medicare and Medicaid regulations, in addition to Hawai’i Medicaid’s unique delivery system and requirements. As an example, ATI supported Hawai’i in developing its exclusively aligned enrollment strategy for the new FIDE SNP by analyzing more than 20 different enrollment and disenrollment scenarios, to help inform policy, system, and operational changes. Such efforts involved ATI liaising with CMS on the State’s behalf to navigate regulatory and sub-regulatory complexities in operationalizing aligned Medicare and Medicaid enrollment into FIDE SNPs.
- **North Carolina Tailored Plan Development, Compliance Review, and Implementation** – This project designing federal waivers for complex care populations, described above, involved significant amounts of research to ensure that care delivery approaches, managed care guardrails, and associated federal authorities met the population’s unique needs and advanced the State’s goals. As a part of this work,

		<p>Craven supported a significant amount of research related to federal waiver authorities for HCBS delivery, institution for mental disease (IMD) exclusions, and other relevant care delivery provisions (see Response 5J for more detail on this project).</p> <ul style="list-style-type: none"> California CalAIM Development, Compliance Review, and Implementation – Our proposed Project Director supported the design and implementation of more than \$1 billion in incentive payment programs to support CalAIM. These programs are subject to strict regulatory standards and CMS oversight in both their design and execution. As such, our proposed Project Director's team researched relevant incentive payment approaches in other states, conducted interviews and workgroups with stakeholders, assessed State needs and priorities at the county level, and mapped out federal requirements to design the program. Following the program launch and at the State's direction, the program went through several iterations; as such, Craven was required to assess possible impacts to federal compliance, program impact, and stakeholder comments, adjusting the program's trajectory to remain compliant while also achieving new State policy goals (see Response 5J for more detail on this project). Hawai'i Section 1115 Waiver Development and Compliance Review – ATI completed extensive research on various State Section 1115 Waivers, CMS guidance on Medicaid coverage of Health-Related Social Needs (HRSN), funding mechanisms to support state Medicaid innovation, and recent federal and state policy changes impacting Medicaid eligibility, benefits, and service delivery in Hawai'i. To inform state decision-making, ATI compiled slide decks and policy trackers delineating comparable federal authority pathways successfully approved in other states to provide Medicaid coverage of relevant housing supports, nutrition supports, pre-release services for justice-involved individuals, and other new benefits and services. Notably, several of the proposed benefits have few or no precedents, requiring a novel approach to evidencing and framing the requested authority for CMS. For example, the State is seeking approval for a set of Native Hawai'ian Traditional Healing benefits, which included expansive eligibility, scope, and service delivery details that had never been proposed before in other states. ATI also navigated a complex and conflicting history of CMS guidance regarding designated state health plan (DSHP) funding requests—this work required 		
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level-setting client education regarding the possible funding opportunity, detailed analysis of State financial documents to identify eligible state-funded programs to leverage, and level-setting with State leaders (e.g., the Governor's office) on the likelihood of approvability. Prior to drafting the waiver application, ATI performed extensive desktop research to buttress State arguments for receiving federal financial support for newly proposed services and benefits, collating evidence from other states, peer-reviewed academic literature, and relevant CMS guidance. ATI turned policy research and literature reviews into compelling narratives to support Hawai'i's proposed Section 1115 Waiver (see Response 5K for more detail on this project).

In addition to conducting policy research for Section 1115 Waivers, ATI had demonstrated policy research experience related to the subject matter and alternate policy levers that may be relevant to the State's WCF Section 1115 Waiver application.

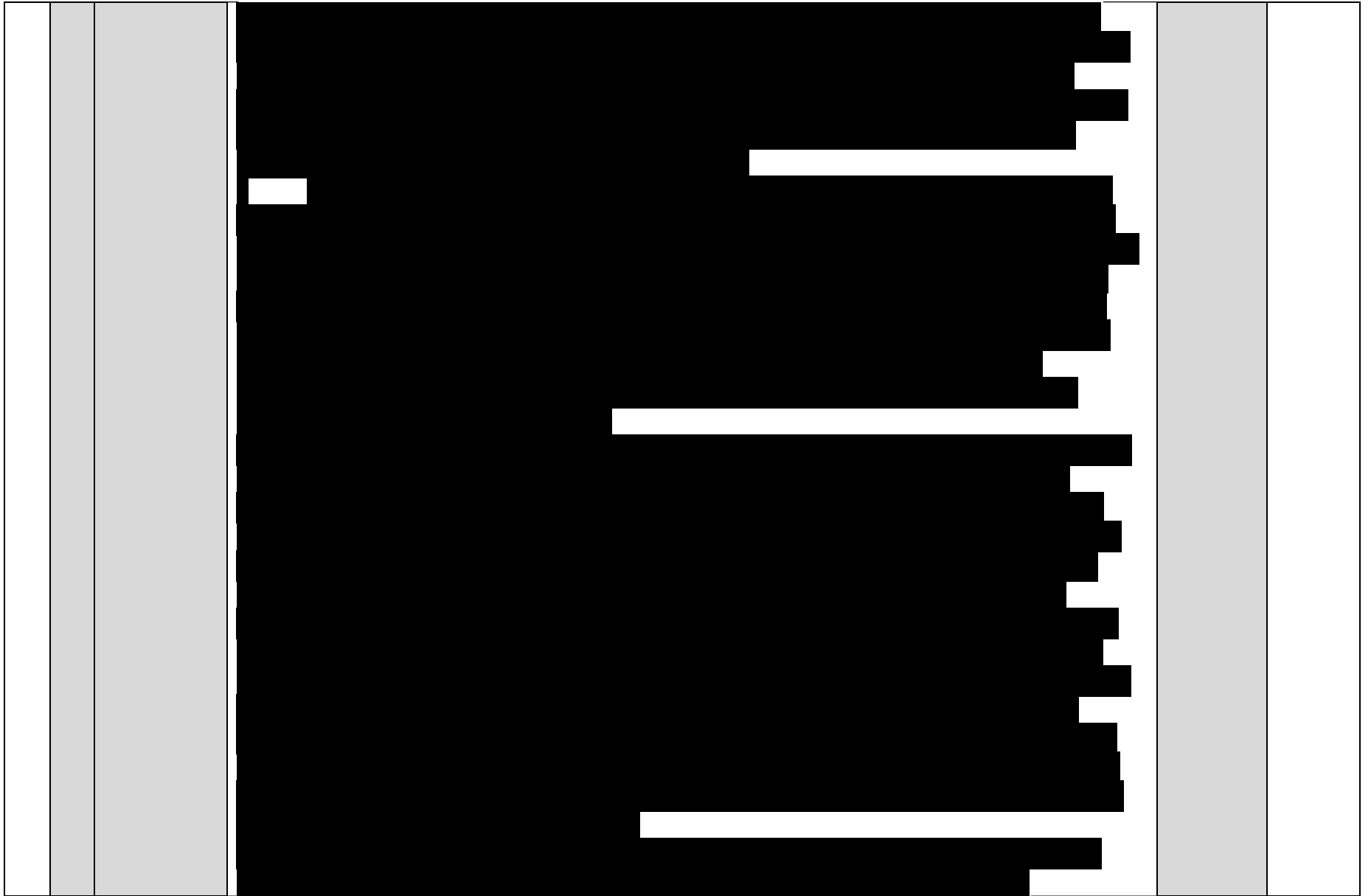
- Research on Impact of Collapse in Private LTC Insurance Market on Medicaid Programs. Marc Cohen and Anne Tumlinson led 2020 research for the Anthem Public Policy Institute culminating in two papers, Protecting Consumers and Medicaid from Catastrophic Long-Term Care Costs and Why State Support for the Long-Term Care Insurance Industry Makes Good Financial Sense. These papers explored the implications of private LTC insurance market collapse on consumer and Medicaid expenditures, particularly in force lifetime policies sold to a more middle market consumer in the late 1990s and early 2000s. The findings suggest that state Medicaid programs are better protected when state policies seek to protect the value of these insurance products through strong insurance pools and other regulatory mechanisms. The work draws a clear line between the long-term sustainability of Medicaid and pooling risk through insurance products available to individuals who are at higher risk of financial catastrophe due to future LTSS need.
- **Maine Value-Based Arrangement Development and Compliance Review** – Prior to joining ATI, our proposed Project Director Morgan Craven supported the conceptualization and preliminary designs of a glidepath towards a value-based

		<p>payment arrangement between Maine and its providers. To accomplish this, Craven conducted a landscape assessment of similar program designs and policies in other state Medicaid programs, reviewed relevant federal regulations and CMS guidance, and conducted a series of interviews with Medicaid providers and health systems in the State. Based on this research, the team prepared scenario-based recommendations, which allowed the State to review several viable pathways toward value-based care within the existing care delivery system and understand which federal authorities to request.</p> <ul style="list-style-type: none"> Nonmedical Supplemental Benefits Research with The SCAN Foundation – As part of a multi-year partnership with The SCAN Foundation and the Long-Term Quality Alliance, ATI has performed qualitative and quantitative research on nonmedical supplemental benefits in Medicare Advantage, with a focus on policy flexibilities and opportunities. For nearly five years, ATI has monitored and analyzed the evolving policy and programmatic environment related to Medicare Advantage supplemental benefits, including how states can interact with these nonmedical benefits as a part of state program design. For this work with The SCAN Foundation and for related ATI projects with states, ATI has conducted qualitative (interviews and regular publication of policy and practice reports) and quantitative (analysis of the number, geography, and type of plans offering these benefits) analytics. ATI has contributed to the policy conversation around the role of these nonmedical benefits, served as a thought partner to federal and state policymakers on the benefits, and seen several of ATI recommendations reflected in CMS policy actions. ATI’s Research on LTC and Aging – ATI is a national voice that conducts original research on the intersection of LTSS need, Medicare healthcare spending, and health equity issues using ATI’s extensive data assets through the CMS Virtual Research Data Center (VRDC). These data analytics support our policy interpretation and model development. We regularly share our research on our website and social media, present at conferences, or in publications; over the past year and a half, our team published or had accepted nearly ten articles in Health Affairs on topics ranging from Medicaid Managed Care rules to state options for dual eligible benefits or improving English proficiency. Our team also publishes timely summaries of proposed and final 		
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		<p>rules or policy developments and then communicates the impact of the policy changes with our clients.</p> <p>Our team has experience with CMS denials and reworking Section 1115 Waiver applications to meet CMS requirements and obtain approval. Often, reaching consensus with CMS in an iterative process that can involve making significant changes to Section 1115 Waiver applications. Our team also has experience discussing state proposals with CMS to help obtain consensus and approval. We are experienced with CMS guidance including templates, policies, and precedents which help demonstrate compliance with CMS requirements.</p> <ul style="list-style-type: none"> • Arizona – As Arizona’s former Medicaid director, our proposed Project Advisor Tom Betlach has extensive experience with Section 1115 Waivers in the State, including three that were not initially approved by CMS: <ul style="list-style-type: none"> ○ <i>Establishing a patient centered medical home</i> - The State wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes. ○ <i>Delivery system reform incentive program</i> - Arizona pursued funding for a delivery system reform incentive program that could not be approved given limited timeframes. The State was able to pivot and work with CMS to create a smaller more targeted incentive program for behavioral health integration. ○ <i>Traditional healing services</i>: The second waiver dealt with providing authority for the State to offer traditional healing services. This was not approved by CMS and the State is still exploring a path forward. • Georgia – As noted previously, Tom Betlach also supported Georgia in navigating their Section 1115 Waiver to offer Medicaid coverage through qualifying activities. While the waiver was initially approved, it was later rescinded by the Biden 		
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		<p>Administration. Ultimately, the State pursued legal action and the waiver was reinstated.</p> <ul style="list-style-type: none"> • Virginia – As Virginia’s former Medicaid director, our proposed Project Advisor Karen Kimsey experienced two waiver denials; an 1915(c) waiver designed to serve people with serious mental illness in assisted living and a Section 1115 Waiver proposing work requirements. In both circumstances, Kimsey and her team: <ul style="list-style-type: none"> ○ <i>Carefully crafted a message to stakeholders that explained what happened, and why. This included meeting with critical stakeholder groups in person.</i> ○ <i>Analyzed the financial impact with federal financial participation loss, and the implications for using general funds only;</i> ○ <i>Re-examined federal authority to accomplish state goals, and how to pivot to realize these goals;</i> ○ <i>Continued conversations with CMS to explore other avenues/opportunities to accomplish state goals.</i> 		
M		<p>Please explain your experience working with state programs to draft, submit, and implement such waivers.</p> <p>COMMENT: ANSWER:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>	20	10 – multiple policy paths discussed.



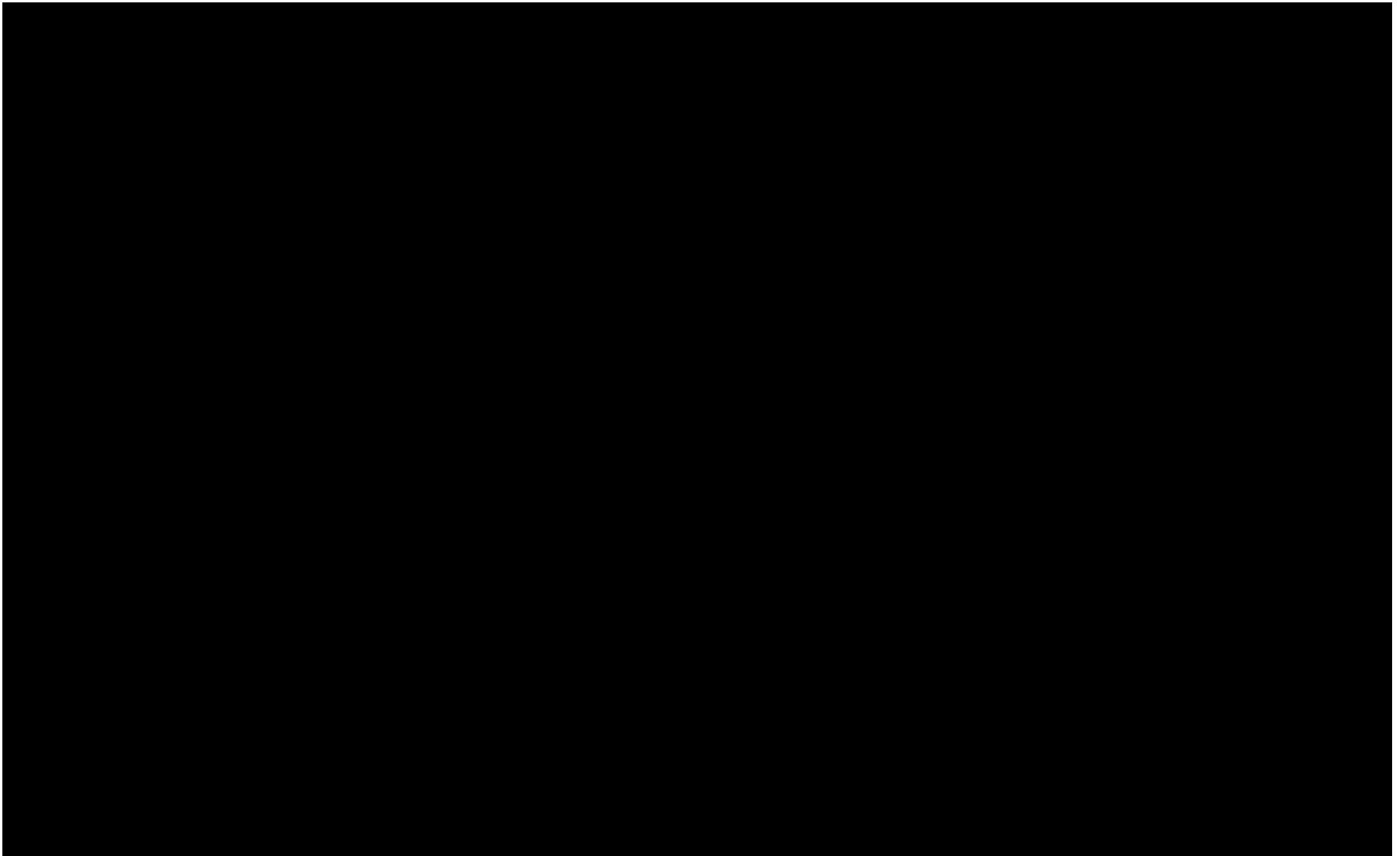


6.	BIDDER'S PROPOSED PRICING (QUOTATION OR COST RESPONSE)			15 MAX POINTS
	Please identify all allocated costs, together with the total charges Bidder is willing to accept in consideration of the full performance of the Contract.			15
	COMMENT:	SEE ANSWER TO 6A BELOW SCORING TABLE.		
B	Please fully describe any assumptions Bidder has made that affect its proposed total charges, if those assumptions are not explicitly addressed in Attachment A, Sample Contract.			NOT SCORED
	COMMENT:	<p>ATI developed the budget under the assumption that there will be a one-year project period from January through December 2024 with the option for a six-month extension for continued work on the Section 1115 waiver application or pre-implementation activities. Given that this is a new and novel demonstration, the extension may be used to continue to negotiate and propose new options to CMS.</p> <p>This budget and proposal assume that ATI will not serve as the independent evaluator contractor that the State will need after the Section 1115 waiver is approved in order to comply with CMS requirements. The ATI team will support the development of hypotheses related to the Section 1115 Waiver, which are included in the waiver application and ultimately inform the State's waiver evaluation approach. For example, ATI may speak to the hypotheses that the State will demonstrate savings, prevent poverty, and improve health outcomes as a result of the State's waiver policies. This work in the application will serve as a</p>		

		starting point for the independent evaluation design requirement that states must meet once their Section 1115 application is approved. After DSHS' Section 1115 waiver is approved, the State, per the Special Terms and Conditions (STC), is required to submit an evaluation design to CMS for CMS approval.		
C		Bidder should also propose a schedule of payments corresponding to its charges for successfully performing the tasks necessary to accomplish identified milestones corresponding to project objectives and performance measures within each phase. Bidders are required to collect and pay Washington State sales tax, if applicable.	NOT SCORED	
	COMMENT:	ATI will submit monthly invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. The invoices will describe and document to DSHS' satisfaction a description of the work performed, activities accomplished, the progress of the project, and fees.		

6A.

[REDACTED]			
[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



WRITTEN RESPONSE SCORING
November 30 – December 5, 2023
RFP #2334-839
Medicaid 1115 Waiver Policy Consultant

Vendor Name: ATI Advisory

Evaluator Number: Enter Evaluator #4

General Guidelines:

- Please score each vendor's response without reference to the scores for other vendors. Each score should reflect your score based on the criteria only.
- Please note all scores and comments in the allotted sections. If you change a score, initial the change.
- Please include comments that will assist the vendor in understanding why the response did not get full points. Positive comments are also welcome.
- We would prefer that you leave a comment for each question scored, briefly explaining why you assigned that particular score.
- You may discuss the proposals among the evaluation team, but each evaluator should score independently. **We do not use consensus scoring.**
- Do not downgrade a proposal because it did not address something that was not asked for in the Solicitation.

Scoring of Proposals

The following available points will be assigned to the proposal for evaluation purposes:

Section 5 Bidder Qualifications & Experience 270 points

Section 6 Budget & Reporting 15 points

If you have questions, please direct them to Lauren Bragazzi, Solicitation Coordinator, phone 360-664-6047. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Score	Description	Discussion
90-100% of available points	Exceptional	Clearly superior to that which is average.
70-80%	Above Average	Better than that which is average.
50-60%	Average	Baseline score for each item with adjustments based upon the evaluator's interpretation of the Bidder's response.
30-40%	Below Average	Substandard to that which is average.
10-20%	Failing	Non-responsive or clearly inadequate to that which is average.
0%	No Experience	Response shows no experience in this skill or capability.

Evaluator Scoresheet for RFP #2334-839

You will be evaluating one part of the bidder's submission: Section 5. Bidder Qualifications & Experience and Section 6. Bidder's Cost Proposal. If a question requires Bidders to submit additional documents, they will be included in an attached document.

5.	BIDDER QUALIFICATIONS AND EXPERIENCE (270 Points)		270 MAX POINTS	SCORE
E	<p>Please provide the number of years of experience you or your organization has in drafting 1115 waivers. Please describe the experiences, skills, and qualifications your organization possesses that are relevant to an evaluation of your ability to perform the Contract that is the subject of this Solicitation. Please ensure that your answer to this question includes all information that you wish DSHS to consider in determining whether you meet the minimum Bidder qualifications set forth in the Solicitation Document. Please include any relevant experience that distinguishes your organization or makes it uniquely qualified for the Contract.</p>			
	COMMENT:	<p>ANSWER: ATI has built a project team with unmatched expertise to support DSHS in drafting a Section 1115 Waiver and exploring other approaches to recognize savings created by the WCF. The ideal team understands the Section 1115 Waiver process and regulation, as well as LTC financing and broader policy levers available to the State. Our proposed project team reflects the comprehensive expertise DSHS needs.</p> <ul style="list-style-type: none"> Collectively, ATI's proposed project team brings 55 years of experience drafting Section 1115 Waivers and providing technical assistance with additional processes key to the development of a successful Section 1115 Waiver. This experience includes stakeholder engagement, project governance, inter-agency facilitation, negotiating with CMS, plans for monitoring and evaluation, data analytics, and implementation. Members of our team have reviewed Section 1115 Waiver applications on behalf of the OMB, have experience working with CMS on implementing, evaluating, and providing technical assistance for 1115A (Medicare Medicaid Innovation) waivers, and are national experts in LTC financing and social insurance program design. ATI's smaller size and focus on healthcare ensures we are nimble and flexible enough to provide our expertise in ways that best meet the State's needs and offers access to 	50	45

our senior leadership and thought leaders that larger firms rarely extend. Our approach is to work collaboratively with our clients as partners and trusted advisors. We prioritize the goals and needs of our clients and match those needs with our expertise to produce excellent results. Our team will include national experts on LTC financing and 1115 Waiver development, including Anne Tumlinson, Marc Cohen, Tom Betlach, and Karen Kimsey, to ensure that DSHS has the right people at the table when making key policy decisions.

ATI's Expertise and Resources:

- **ATI's team has helped to develop Section 1115 Waivers with eight states**, including California, North Carolina, and Hawai'i, and has experience reviewing Section 1115 Waiver applications at CMS and implementing a Section 1115 Waiver on the ground in New York. These experiences give the ATI team perspective across the Section 1115 Waiver life cycle from application development and CMS approval to on-the-ground implementation. Furthermore, we have provided training to state clients on the Section 1115 Waiver process to ensure success in navigating federal requirements and norms. We work to elevate states' unique needs, ensuring we are fully listening and responding to state and stakeholder direction. For example, based on client needs we support Hawai'i's State Medicaid Agency with the full Section 1115 Waiver process—from policy ideation to drafting and CMS negotiations—by project managing multiple scopes of work and deliverable components among State contractors (e.g., actuaries), conducting research and policy options analyses, and facilitating eight workgroups on key topics to drive policy decision-making, among other activities.
- **ATI's staff and advisors are nationally recognized experts in LTC financing.** ATI founder and project advisor Anne Tumlinson has decades of experience in LTC financing, including advising on the development of budget neutrality principals for Section 1115 Waivers, leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, and managing a multi-stakeholder effort to develop model options for a federal LTC social insurance program and share those options publicly through a variety of papers, presentations and

		<p>chartbooks. Similarly, Marc Cohen has over thirty years of experience leading research on the financing and delivery of LTSS and supported Washington in the design of the WCF. ATI intimately understands how to navigate financing LTC social insurance like WCF. Because Washington’s proposal of generating shared savings from LTC insurance through a Section 1115 Waiver is novel, ATI’s deep financing expertise can help Washington build a compelling application and avoid key obstacles. Anne Tumlinson and Marc Cohen have each been invited, on multiple occasions, to present testimony on LTC financing to U.S. House and Senate committees.</p> <ul style="list-style-type: none"> • Our Medicaid team understands Medicaid financing and how to optimize the federal match and can quickly vet the direction of budget impacts from shifting dollars between Medicaid and non-Medicaid state payment sources. ATI understands the multiple interaction points between LTSS and CMS policy and can speak to these interactions if they arise in discussion with CMS. With experience reviewing budget neutrality at the federal OMB, our team also understands federal budget neutrality requirements and will work collaboratively to support and align with the State’s consultant or team leading budget neutrality calculations for DSHS, as we did recently for Hawai’i’s State Medicaid Agency. • Our team includes skilled communicators who have negotiated with CMS. As stated above, our team includes former CMS and OMB employees who understand federal requirements and what these agencies need to advance state requests. Our experience working with states on particularly innovative programs, including Hawai’i’s Section 1115 Waiver, will allow us to negotiate with CMS regarding the unique nature of DSHS’ approach and the expected benefits at the federal and state levels. For example, Arizona’s former State Medicaid Director Tom Betlach negotiated the approval of three Section 1115 Waiver amendments that were initially not approved including an amendment to establish a patient centered medical home. The state wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes. 		
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		<ul style="list-style-type: none"> • We understand the broader healthcare environment and have subject matter experts across Medicaid, Medicare, dual eligible policy, LTSS, LTC financing, and social service programs. We bring nuance and historical context to policy decisions. For example, Anne Tumlinson, with support from The SCAN Foundation, pioneered health services research that analyzed healthcare spending specifically attributable to the Medicare population experiencing functional and cognitive decline, laying the groundwork for higher value healthcare through integrated financing and delivery across medical and LTC. Our team includes nationally recognized experts across these topics and is deeply connected to the national policy conversations on these topics, for example through public forums at the Bipartisan Policy Center or private informal policy consultations with our peers and colleagues in stakeholder organizations, which means we can anticipate policy direction and advise DSHS accordingly. We are experts on federal and state policy and program design innovations, CMS guidance, and approval precedents. With this experience and our creativity, we can help the State understand and leverage its full purchasing power. <p>ATI's Approach:</p> <ul style="list-style-type: none"> • Our unparalleled approach centers on understanding the unique needs of states and stakeholders, whether that is education and training or administrative support and leading conversations. We are the go-to source for private and public sector entities to learn about and receive support on LTC issues and policy. This is evidenced by our project portfolio and the speaking engagements our team is invited to present at (for more detail, see team resumes in Attachment F). ATI is dedicated to facilitating key decisions through an inclusive and responsive process and prioritize fostering an environment of collaboration, organization, and effective communication. Further, we are exposed regularly to the lived experiences of individuals with LTSS needs through their family caregivers who are part of the national Daughterhood community, which ATI founder and CEO Anne Tumlinson founded. We see first-hand the impact of the financial devastation LTSS-need creates. One of our company values, connectedness, speaks to our commitment to ensure our clients benefit from the full extent of deep 		
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		<p>and long-standing relationships and ability to build bridges across different stakeholder groups and perspectives.</p> <ul style="list-style-type: none"> • ATI excels at seamlessly coordinating and facilitating decision-making processes across diverse agencies and stakeholders. Our expertise lies in building consensus – a crucial skill in navigating the intricate landscape of federal resources and decision-makers – and weaving in state and local perspectives. We recognize that negotiating with CMS for the approval of DSHS’ Section 1115 Waiver will require significant federal resources. All Section 1115 Waivers are reviewed and approved by a federal review team that includes central office project officers and leadership in the State Demonstrations Group along with regional office representation, the OMB, and other federal agency decision makers. In working with Pennsylvania and other states, our team members have developed presentation materials that can be used in federal negotiations and to encourage effective communication. For example, in Alabama, our proposed Executive Sponsor, Johanna Barraza-Cannon attended meetings with CMS in person in Baltimore as a representative for the State while State staff, contractors, and other team members participated remotely in discussions and negotiations. • The ATI team is characterized by its adaptability, agility, and ability to address the most challenging problems in LTC. Recognizing the complexity of DSHS’ initiative, we understand that the path may not always be linear. As such, it will be critical for Washington to have a team with the expertise and adaptability to chart and navigate new strategies. In the face of potential shifts, such as CMS requiring course adjustments, ATI will support DSHS to successfully negotiate approval or pursue alternatives as we have done with other states. • Please see Response 5J for additional detail and examples of ATI’s performance and capabilities, including a description of our engagement with eight states, implementing Section 1115 Waivers as a provider system, and CMS 1115 experience. Response 5L offers eight key examples of ATI and ATI’s staff policy research capabilities. <p>ATI Team Experience and Subject Matter Expertise</p>		
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		<p>As we noted above, ATI is led by experts in the field of complex care and LTC financing across Medicaid, Medicare, dual eligible policy and programs, and LTSS. Our team includes former federal, state, plan, and provider executives and we have supported clients with projects similar to DSHS' Section 1115 Waiver application. For this effort with DSHS, we have assembled a core team of ATI staff with Section 1115 Waiver and project management expertise, and an Advisor Group of ATI staff and ATI partners with national expertise spanning LTC, Section 1115 Waiver development and approval, and other waiver types DSHS might consider.</p> <p>Below are short biographies that highlight the experiences of key project leadership, advisors, and team members. For an organization chart and resumes, see Response 5F.</p> <p><i>Core Team Experience:</i></p> <ul style="list-style-type: none"> • Johanna Barraza-Cannon, Director at ATI, will serve as the Executive Sponsor. She has over 20 years of experience in health and human services policy, finance, strategy, and operations. As a consultant at Navigant Consulting (now Guidehouse), Johanna helped Alabama and Pennsylvania develop their Section 1115 Waivers. This included facilitating brainstorming and decision making (develop options analyses, PowerPoint presentations, decision memorandums) across multiple workgroups (developing a governance structure for these workgroups) to determine what requests would go in the application, engaging with stakeholders, and writing sections of the application. At ATI, Barraza-Cannon served as a subject matter expert on the Hawai'i Section 1115 Waiver renewal request which included reviewing application material, assisting with state decision making, and stakeholder engagement. As a technical director at CMS, Barraza-Cannon worked with states on their Section 1115 Waiver requests and served on the federal review team for numerous demonstration requests including HIFA and family planning requests. While a consultant at Navigant, Barraza-Cannon worked with multiple states on the CMMI State Innovation Model grant program, to help develop new and innovative solutions in care coordination, multi-payer models, health information technology, behavioral health, and stakeholder engagement. 		
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		<p>Furthermore, she served as the interim Medicaid director for South Dakota, staffed the State Illinois House Health Appropriations Committee, and has federal experience as the Policy Director for the Office of Health Information Technology at HRSA and as a Technical Director in the Center for Medicaid and CHIP Services (CMCS) at CMS.</p> <ul style="list-style-type: none"> • Morgan Craven, Director at ATI, will serve as the Project Director. She has supported numerous states in the development and implementation of Section 1115 Waivers, most recently North Carolina, California, and Hawai'i. Craven leverages eight years of experience advising clients on a broad range of strategies related to Medicaid innovation and delivery system reform, federal and state legislative and regulatory analysis, managed care innovation, incentive payment programs, stakeholder engagement, and project management. Prior to joining ATI, Craven was a Manager at Manatt Health providing strategic guidance and hands-on technical assistance, primarily to state Medicaid agencies. During her tenure, she supported state Medicaid agencies on a broad range of policy design and implementation issues, including Medicaid financing approaches, provider reimbursement, quality evaluations, and value-based payments. Craven also facilitated robust CMS engagement and technical assistance to state Medicaid agency partners regarding submitting and negotiating approvals for supplemental and directed payments, designing and framing quality evaluations, demonstrating compliance with managed care and financing rules, and other escalated issues. Craven started her career at Lockton Companies where she advised on regulatory compliance, risk mitigation, and design of employer-sponsored managed care plans. In addition to her extensive experience in policy design and implementation, Craven is skilled in developing multivariate Excel models, conducting financial analyses, and providing project management support and infrastructure to state Medicaid agencies. Craven received her Master of Public Health, Health Policy from George Washington University, and her Bachelor of Business Administration from Southern Methodist University. • Laura Benzing, Senior Analyst at ATI, will serve as Project Manager overseeing daily project activities to ensure project success. Currently, Benzing serves as the ATI project manager helping to develop the Hawai'i Section 1115 Waiver by managing project communication and progress but also conducting policy analysis and drafting material. 		
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		<p>Benzing works with California’s Office of Medicare Innovation and Integration (OMII) to research and inform state policy strategies to support Medicare-only beneficiaries, including those with LTSS needs. At ATI, Benzing conducts policy analysis and data analytics, in addition to serving as a project manager. Benzing has completed her coursework for a Master's in Health Informatics with a concentration in Management at George Mason University and received her Bachelor of Science in Biology, minoring in Computational Biology and Creative Writing, from Duke University.</p> <ul style="list-style-type: none"> • Cleanthe (Cleo) Kordomenos, Senior Analyst at ATI, will serve as part of the project team for this effort, with a particular focus on health policy research and analysis. At ATI, Kordomenos applies her experience with federal and state health insurance programs to advise and provide technical assistance to states on policy and program design (including Section 1115 Waivers), particularly on issues related to Medicaid LTSS, dual eligible populations, and delivery system transformation for people with complex health and social needs. Kordomenos also currently supports the State of Hawai’i in the development of their Section 1115 Waiver submission, advising the State on opportunities to best leverage federal authorities and funding pathways to promote whole-person care and address social determinants of health within the State's Medicaid program. Prior to joining ATI, Kordomenos supported Section 1115A evaluations for federal health care delivery and financing demonstrations on behalf of CMMI, including the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents and the Financial Alignment Initiative. Kordomenos also advanced research efforts on integrated care models for dually eligible individuals and populations with LTSS needs for the Office of Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services and the Medicaid and CHIP Payment Access Commission (MACPAC), including an analysis on the factors affecting the development of Medicaid nursing facility payment policies across seven states. Kordomenos received her Master of Public Health from the Johns Hopkins Bloomberg School of Public Health and a Bachelor of Arts in Health Communication Studies from The College of New Jersey. • Nils Franco, Senior Analyst at ATI, will serve as part of the project team for this effort, with a particular focus on data analytics and evaluation design planning. Franco leads 		
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		<p>quantitative research and supports qualitative research to advise clients on federal and state health insurance programs. Prior to joining ATI, Franco served the Altarum Institute’s Center for Value in Health Care and Center for Eldercare Improvement as a research analyst. His work there included economic modeling of the impact of social policies, business consulting on home- and center-based services, and federal research on Medicare–Medicaid integration amid COVID-19. In a key project, he derived county-level data from Medicare administrative files to describe Part D outcomes for beneficiaries aged 65+ and describe users of post-acute and LTC, including their functional and cognitive conditions, their diagnoses, and their use of healthcare. At a federal level, Franco’s past work has included consulting and data management for the Center for Medicare and Medicaid Innovation (CMMI) and the Medicare Ombudsman Group, as well as designing statistical methods for a research project funded by the Agency for Healthcare Research and Quality. Franco received his bachelor’s degree in Economics from American University. He was a fellow of the Public Policy and International Affairs (PPIA) Program in 2017 at Carnegie Mellon University’s Heinz College.</p> <ul style="list-style-type: none"> • Jonathan Amos, Analyst at ATI, will serve as part of the project team, with a focus on health policy research and analysis. At ATI, Amos currently supports the State of Hawai’i in the development of their Section 1115 Waiver submission, conducting key research to advise the State on policy approaches to promote whole-person care and reduce health disparities impacting Hawai’i’s most vulnerable Medicaid members. Amos prepared materials that informed the State’s policy decision-making, identified policy pathways approved in other states’ Medicaid programs applicable to Hawai’i, and drafted large sections of the Section 1115 Waiver submission. Prior to joining ATI, Amos managed new specialty scheduling projects for Corewell Health’s COVID-19 response, leading strategic planning and implementation of COVID-19 Community Vaccination Clinics and COVID-19 Long Haul Clinics. Amos uses their experience in health systems operations and six years of relevant health policy research to bridge the gap between policy, patients, payers, and providers, particularly relating to health equity, social determinants of health, and Medicaid opportunities to address health-related social needs. Amos received their Bachelor of Arts in Social Relations and Policy 		
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from Michigan State University and anticipates completing their Master of Public Health at the University of Michigan in May 2024.

Advisor Group Experience:

- **Anne Tumlinson, Founder and CEO of ATI Advisory**, leads the nation in setting the direction of aging and disability policy and is a nationally recognized expert in LTC financing. Highlights from her 30-year career include:
 - Advising policy officials on LTC policy at the White House Office of Management and Budget, including the development of budget neutrality principals for Medicaid Section 1115 Waiver review, and dual eligible demonstration design;
 - Producing a paper on catastrophic federal LTC insurance design for the Georgetown University Financing Project, funded by the Robert Wood Johnson Foundation;
 - Building a publicly accessible, stylized model of social insurance options for LTC financing, with funding from The SCAN Foundation, in advance of Congressional debate of the CLASS Act;
 - Leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, under contract with the Department of Health and Human Services Assistant Secretary for Program Evaluation;
 - Testifying before the Senate Aging Committee, House Energy and Commerce Committee, and the Bipartisan Congressional LTC Reform Commission on LTC financing reform;
 - Managing a multi-funder, multi-stakeholder effort to develop model options for a federal LTC social insurance program design, under contract with The SCAN Foundation. Work included managing an actuarial team at Milliman and a dynamic microsimulation model build at the Urban Institute; and

		<ul style="list-style-type: none"> ○ Pioneering health services research that analyzes healthcare spending for the population segment that experiences varying levels of functional and/or cognitive decline. <p>Tumlinson also founded and serves as CEO of ATI Advisory, a consulting and research firm that guides public and private leaders in solving the hardest problems in healthcare, with a focus on developing creative solutions for addressing LTSS needs. Early on at ATI, Tumlinson led a large-scale LTC financing project exploring insurance options for social insurance, involving many stakeholders and extensive oversight of the DynaSim model. More recently, ATI served as the project leader and coordinator for a multi-funder, multi-stakeholder effort to specify and model several options for federal LTC social insurance program design. The effort produced consensus across stakeholders and researchers and influenced the shape of federal legislation. She also founded and serves as the Board Chair for Daughterhood, an online and in-person community that connects family caregivers with each other for support and information. She serves on the non-profit board of Mary’s Center, an FQHC in Washington, DC, and as a member of the National Academy of Social Insurance. Tumlinson spent her early career working in government, first as an aging and healthcare advisor to Congressman John Lewis (D-GA) and then as the lead for Medicaid program oversight at the Office of Management and Budget.</p> <ul style="list-style-type: none"> ● Tom Betlach, MPA, Partner at Speire Healthcare Strategies, joined Speire as a partner to advise government and private sector clients on complex health policy and strategic initiatives. He is a nationally recognized thought leader on Medicaid and health care policy, known for his expertise in serving complex populations, delivery system transformation, value-based purchasing, managed care, and cost containment. Prior to joining Speire, Betlach spent 27 years serving in a variety of leadership roles for the State of Arizona. He served five different governors in three different cabinet positions. Most recently, Betlach served as director of the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s State Medicaid agency, where he reported directly to the governor. AHCCCS provided health care coverage to 1.9 million Arizonans at an annual cost of \$13 billion. During his tenure, Arizona became an early innovator in leveraging 		
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		<p>competitive managed care contracting strategies and Section 1115 Waivers to transform health care delivery. Arizona successfully pursued a multi-year strategy to integrate behavioral health services, expanded the delivery of services to address social determinants of health and pursued value-based purchasing strategies. Arizona remains one of the lowest-cost LTC programs nationally and has maintained high levels of home and community-based placement for persons with LTC needs.</p> <p>Known for his ability to work across government, Betlach was integral to Arizona’s development of a broad coalition to streamline justice system transitions to health care. This multi-pronged, collaborative strategy resulted in a more effective approach to delivering care. The effort aligned well with broader initiatives in the Medicaid program to expand housing and employment support services. Upon his departure, Arizona Medicaid was the third largest housing authority in Arizona. He also led initiatives to develop stronger partnerships with tribal organizations. Through innovative Section 1115 Waivers and other authorities, Arizona created first-in-the-nation models that improved services for tribal members. Betlach serves as a critical Medicaid and health policy resource for policymakers across the country. He led an Arizona/federal government partnership to create new tools that improve services for those dually eligible for Medicaid and Medicare. Betlach has testified on multiple occasions before Congress and his leadership on dual eligible population services is recognized nationally. Betlach served as both vice president and president of the National Association of Medicaid Directors. He currently serves on the board for the National Committee for Quality Assurance (NCQA) and is a member of the Congressional Budget Office Panel of Health Advisers. Betlach holds a master’s degree in public administration from the University of Arizona and a bachelor’s degree in political science from the University of Wisconsin.</p> <ul style="list-style-type: none"> • Marc A. Cohen, Ph.D., Professor of Gerontology at UMass Boston, co-directs the LeadingAge LTSS Center @UMass Boston and serves as a Research Director at the Center for Community Engagement in Health Innovation at Community Catalyst. Throughout his career, Dr. Cohen has conducted extensive research on public policy issues affecting the financing and delivery of LTSS and has skillfully demonstrated his expertise in multiple settings. 		
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		<p>Cohen was part of the team that worked on the initial development of the WCF with Milliman. He conducted stakeholder interviews with Washingtonians for a Better Future and provided consulting service support to the WCF team working on issues related to benefit eligibility definitions and assessment work. Prior to joining UMass in the fall of 2016, Dr. Cohen served as the Chief Research and Development Officer and former President and co-founder of LifePlans, Inc., a LTC research and risk management company. At LifePlans, Inc., Dr. Cohen consulted for and conducted research for health insurers, health providers, trade associations, Congress, states, and government agencies. His contributions have helped to develop innovative reinsurance programs and health risk management products, improve the efficiency of care delivery, and create data-driven solutions to optimize health care systems. Concurrently, Dr. Cohen served as a senior researcher for both the Center for Health and LTC Research and Brookdale Institute of Gerontology conducting analyses for foundations, universities, and congressional staff on LTC financing and care delivery. Here, he developed expertise on the utilization of Medicare and Medicaid home health care services, nursing home care, and community-based services, and the role of competition and different financial models on pricing and efficiency of health care systems.</p> <p>He has testified before Congress, the Bipartisan Policy Center, and other organizations; served on Governor Patrick’s Task Force on LTSS Financing for Massachusetts; was a Steering Committee member of the LTC Financing Collaborative; and served as a Chair for a National Academy of Social Insurance Study panel on Designing State-Based Social Insurance for LTSS. More recently, he has been examining ways to improve person-centered care, add services to senior housing, improve patient engagement in the research process, evaluate and strengthen family caregiving advocacy, and address issues related to caring for individuals dually eligible for Medicaid and Medicare. Over the years, his work has been quoted extensively and he has been interviewed by the <i>New York Times</i>, <i>Wall Street Journal</i>, and <i>Time Magazine</i> as a thought leader on elder care financing issues. Dr. Cohen received his Ph.D. from the Heller School at Brandeis University and his master’s degree from the Kennedy School of Government at Harvard University.</p>		
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		<ul style="list-style-type: none"> • Brianna Janoski, Managing Director at ATI, leads ATI’s state work related to Medicaid, aging, and dual eligible program design. She has supported over 25 states across Medicaid agencies and Departments of Aging. Janoski served as a technical assistance contractor to CMS during the roll out of the Financial Alignment Demonstrations from 2012 to 2016 as a part of the Integrated Care Resource Center. During this time, she provided various types of support to the 10+ states pursuing capitated and managed fee-for-service demonstrations under 1115A demonstration authority. Before joining ATI, Janoski was an independent consultant who supported clients on projects related to managed care, Medicaid, Medicare, State Health Insurance Assistance Programs (SHIPs), and integrating care for dual eligible individuals. Janoski also served as the Associate Vice President of Medicare/Duals Plan Product and a Director of Public Policy at Molina Healthcare. Janoski began her career working at the Center for Health Care Strategies where she engaged with states across the country to reform care for complex populations and served as a technical assistance provider on behalf of CMS to help states implementing Section 2703 Health Homes and Financial Alignment Demonstrations. Janoski received her Master of Public Health in Urban Health and Bachelor of Science in Health Science degrees from Northeastern University. • Karen Kimsey, Partner at Speire Healthcare Strategies, will bring 1115, and Medicaid subject matter expertise to this project. Kimsey has more than 27 years in public health care policy, program development and operation, and finance. She is also a nationally recognized expert in Medicaid-funded LTSS. Before joining Speire, Kimsey served as the director of Virginia’s Medicaid and Child Health Insurance Programs, including the provision of acute, behavioral health and LTSS to more than 2.1 million Virginians at an annual cost of \$20 billion. Kimsey also served in multiple executive level roles in the Virginia Medicaid program. As the Medicaid Chief Deputy Director, she was the operational lead for the creation of the Medicaid Expansion benefit, which now supports 600,000 low-income adults. This included streamlining eligibility processing for incarcerated populations. As Deputy of Complex Care and Services, she led the effort to integrate long-term and behavioral health services and supports into managed care, including the development of an innovative model of managed care for individuals enrolled in both Medicare and Medicaid. She also led the creation of a new 	
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		<p>addiction and treatment services benefit to address the opioid crisis. Additionally, she was the primary Medicaid lead for the redesign of the Intellectual and Developmental Disability service delivery system while the State was under a settlement agreement with the Department of Justice. Nationally, Kimsey served on the governance committee and as east coast representative of the National Association of Medicaid Directors. She currently serves as a Member of the American Board of Internal Medicine’s Action Group on Health Equity. Kimsey holds a Master of Social Work degree and a certificate in Aging Studies from Virginia Commonwealth University in addition to a Bachelor of Social Work from James Madison University.</p> <ul style="list-style-type: none"> • Tyler Overstreet Cromer, Principal at ATI, brings a decade and a half of experience in health and aging policy, analytics, budget formulation and execution, and consulting. She advises clients on innovative healthcare financing and delivery models and provides expertise in Medicare value-based care program design and Older Americans Act programs, including Medicare Advantage, Special Needs Plans, PACE, traditional Medicare Fee-For-Service, and value-based programs. Prior to joining ATI, Cromer served as a senior executive at the White House Office of Management and Budget, providing oversight and expertise for budget development and execution for the Department of Health and Human Services (HHS). In her federal role, Cromer was involved in many of the reforms to traditional Medicare, having led efforts at OMB related to the Center for Medicare & Medicaid Innovation (CMMI) from its inception until her arrival at ATI. She also worked on the initial design and regulations of the Medicare Shared Savings Program. Cromer has provided oversight, expertise, and policy and budget guidance to various health programs and agencies, whose discretionary budgets total over \$8 billion annually, including CMS and the Older Americans Act programs administered by Administration for Community Living (ACL). Cromer frequently partnered with HHS for planning and executing major management improvement efforts. Cromer frequently speaks at national conferences on healthcare, caregiving, and the complex needs of Medicare beneficiaries. Cromer received her Master of Public Administration from the Maxwell School at Syracuse University and her Bachelor of Arts from Wake Forest University. 		
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Together, the proposed team exhibits a comprehensive mastery of diverse skill sets required for successful project execution. **Figure 1**, describes how project team members align the projects' key competencies, demonstrating the team's holistic capabilities, education, and expertise that will serve as the foundation for a successful project.

Figure 1: Proposal Project Team Expertise (Two dots – expert-level experience, one dot – mid-level experience)

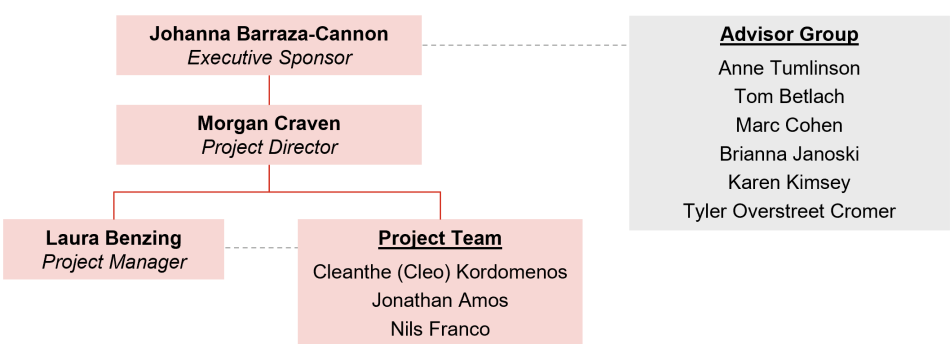
Subject Matter Expertise and Technical Expertise	Project Team						Advisors					
	Johanna Barraza – Cannon	Morgan Craven	Laura Benzling	Cleo Kordomenos	Jonathan Ainos	Nils Franco	Anne Tumlinson	Brie Janoski	Marc Cohen	Tom Bellach	Karen Kimsey	Tyler Overstreet-Cromer
Drafting Section 1115 Waivers	
Negotiating Section 1115 Waivers with CMS	
Conducting Stakeholder Engagement
Long Term Care Financing Expertise					
Working Within Federal and/or State Government
Working with State Medicaid Agencies
Managing Projects
Facilitating Meetings

ATI meets all minimum Bidder qualifications.

ATI is licensed to do business in the State of Washington and has demonstrated experience assisting states with Section 1115 Waivers (see additional detail in Response 5B). ATI is staffed to meet the project requirements and timelines (see additional detail in Response 5C). Team members are able to provide services and be available for project needs from 8:00am - 5:00pm Pacific time (see additional detail in Response 5D).

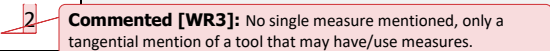
F	<p>Please provide the names of the key team members you will assign to this Contract, if you are the Successful Bidder, and provide their proposed roles and copies of resumes describing the relevant experience they possess. Bidder should note that if awarded a contract, it may not reassign its key personnel from the Project without prior approval of DSHS.</p>	10	
	<p>COMMENT: ANSWER: ATI's proposed project team is led by seasoned professionals specialized in complex care and LTC financing, encompassing expertise in Medicaid, Medicare, dual eligible policy and programs, as well as LTSS. Our accomplished team includes nationally renowned experts and former State Medicaid Agency executives.</p> <p>Refer to the organizational chart (Figure 2) to see how we will deploy our project team. For a more in-depth exploration of our team's qualifications and credentials, please reference their resumes in Attachment F. See Response 5E for short staff biographies that offer succinct highlights of key experiences. As the Executive Sponsor, Johanna Barraza-Cannon will serve as the senior-level professional responsible for overseeing the entire project and guiding it in the right direction based on her expertise and experience. Morgan Craven, the Project Director, will be responsible for the planning and execution of the project, serving as the primary meeting facilitator and central point of communication between DSHS, ATI, and relevant stakeholders. As the Project Manager, Laura Benzing will serve as the administrator for coordinating efforts, planning tasks, and ensuring the full team is informed, updated, and progressing along the workplan. Our project team reflects a combination of qualitative and quantitative capabilities and includes Cleo Kordomenos, Jonathan Amons, and Nils Franco. Kordomenos and Amos will be responsible for research, material development, and project management tasks, leveraging their recent experience leading this work for ATI as part of our Hawai'i 1115 support. Franco will be responsible for conducting and communicating data analyses, including any state data needed to help make a compelling case to CMS for approval of the proposed Section 1115 Waiver, and providing LTC financing insights. Advisors will serve as strategic partners to the Core Team and as needed, to DSHS, reviewing and shaping content with their specialized knowledge and guidance. Our proposed staffing approach with a Core</p>		

6 **Commented [WR1]:** This question simply asks for the bidder to provide information. Since there's no qualitative measure to this, any bidder will be "average" if they simply provide the information.

	<p>Team and an Advisor Group will help ensure the application has the best chance of CMS approval and aligns with Washington’s goals.</p> <p><i>Figure 2: ATI WCF Section 1115 Waiver Team Organizational Chart</i></p> 		
G	<p>Please describe your method for assuring that your services and deliverables are provided in accordance with high quality standards and for immediately correcting any deficiencies. What data would you propose to report to DSHS which would permit verification of your quality assurance activity, findings, and actions?</p> <p>COMMENT: ANSWER:</p> <p>The ATI team assures high-quality, timely, and budget-consistent services and deliverables through its formalized and systematic quality control processes spanning qualitative and quantitative analytics, technical report writing, financial modeling, meeting facilitation, and more. As part of these processes, we:</p> <ul style="list-style-type: none"> • Monitor resource utilization to ensure we are providing the appropriate amount of support to our clients, based on budgeted hours and contract deliverables. Resource utilization monitoring also ensures the right staff are deployed for an appropriate amount of time, to maximize the expertise we are providing to Washington. We do this using project management 	20	<p>8 Commented [WR2]: Details quality standards and internal QA, but does not address deficiency correction after identification by DSHS.</p>

		<p>software that tracks daily project team hours, overlaid with the project management plan, budget, and deliverable production (described more in our response to 5H, below). Individual staff and project team managers also work together closely to ensure staff are deployed efficiently. For example, staff and project team managers have a recurring weekly “stand-up” meeting to discuss staff deployment, project deliverables, and critical timelines. This approach incorporates expected and unexpected staffing absences, for example time off, to ensure project obligations are met. Given the short timeframe associated with Washington’s novel Section 1115 Waiver design, resource utilization will be especially important.</p> <ul style="list-style-type: none"> • Ensure consistently high-quality output to minimize our clients’ review and revision time, and in the case of Section 1115 Waiver design, to maximize likelihood of waiver approval. For each deliverable, ATI assesses and addresses quality separate from the development of and review of the deliverable’s content. For example, while core project staff will review and iterate on a deliverable at least twice before sending or presenting to a client, a separate team of ATI staff who were not involved in the development of the deliverable will review for quality and consistency. <p>In the Section <i>Policy Design and Preparation</i> in Response 5I, we discuss ATI’s quality control process for the drafting of the Section 1115 Waiver application and related materials in further detail. Notably, ATI will build a style guide with DSHS to ensure appropriate, consistent language and best practices are used. ATI also customizes existing checklists to match client needs. For example, custom checklists may include practices related to proofing, accessibility, language translations, and other document remediations and will ensure that all reviews and sign offs are completed (as described in the project’s governance plan, further detailed within Response 5I). These tools and best practices were developed through our team’s experience in stakeholder engagement and CMS engagement with other states.</p>	
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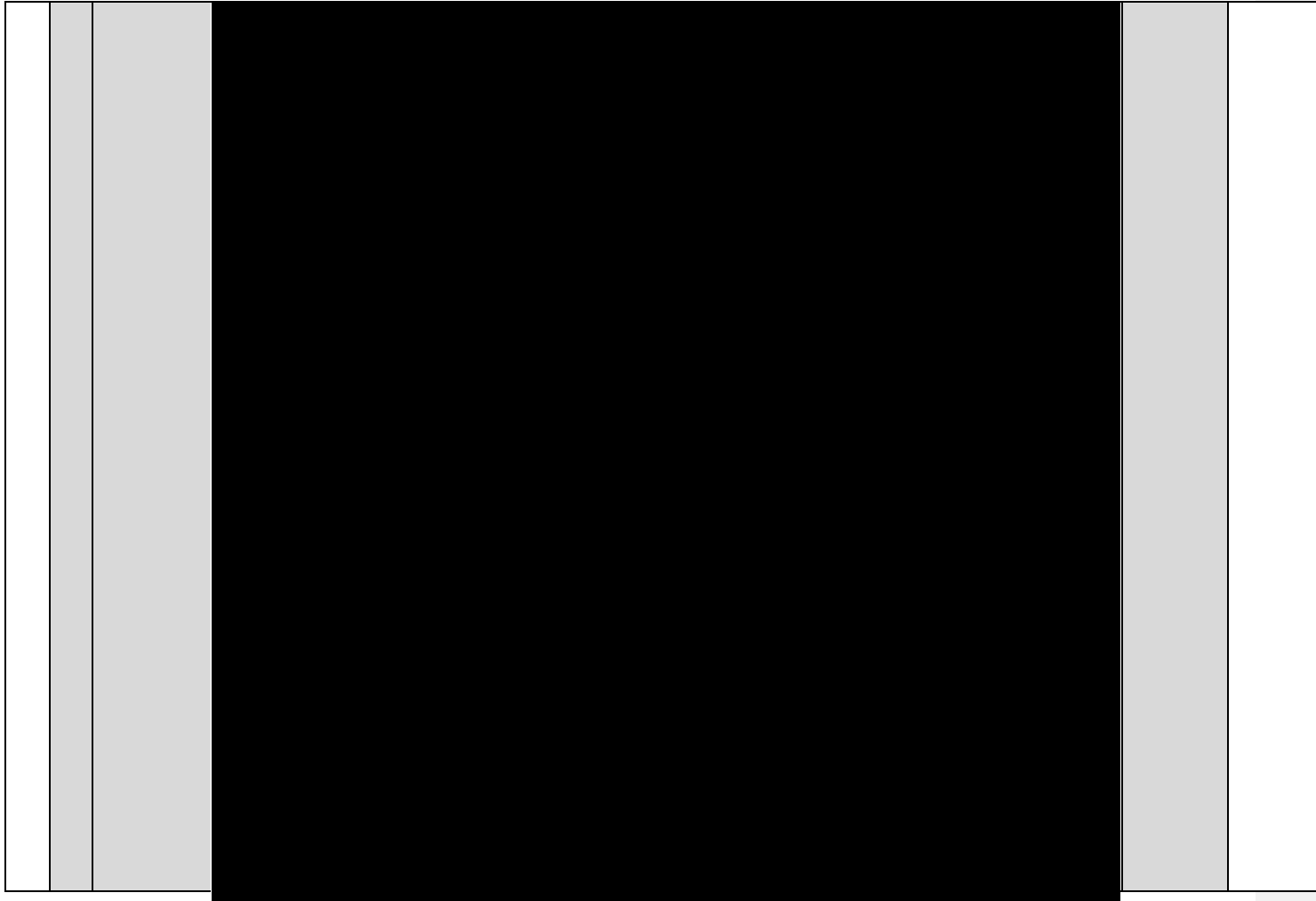
		<p>A key aspect of quality control is the confidence that the right people have reviewed the deliverable. In addition to ATI’s in-house advisors, ATI’s subcontractor partners Tom Betlach and Karen Kimsey, former State Medicaid Directors and Section 1115 Waiver experts, and Marc Cohen, an LTC financing expert, will offer strategic reviews of deliverables, offering an added layer of insight to ensure deliverables are of utmost value to DSHS. We will also utilize project and team management tools to ensure staff are appropriately aligned to tasks and to ensure timely completion of project milestones and deliverables. As needed, our tools depict task-level progress and milestones to ensure alignment between the project team and client on large ongoing efforts.</p> <ul style="list-style-type: none"> • Communicate effectively to ensure our clients have the tools and information they need to feel confident in the quality of the work. This involves regular check-ins on progress and process, project tracking tools, and, for relevant deliverables, ATI provides a “read me” page with methods or slides with details on key definitions. In summary, ATI will report on our alignment with custom style guides and quality control checklists, as well as communicate the levels of review for key deliverables. <p>In addition, ATI subscribes to a “plan-do-check-act” philosophy in our project work, through which we identify smaller scale opportunities and work products to vet with our clients and with our advisors. This approach ensures an efficient use of resources and high-quality output and allows us to immediately course-correct if it is needed for a project or task. As part of this philosophy, we also conduct task and project post-mortems and apply continuous learning and process improvement to our projects. In our work with Hawai’i, for example, we interfaced with the State’s communications team early in the project to understand their team’s operational processes, capacity, and understanding of the communications requirements associated with Section 1115 Waivers. Based on these discussions, we developed and vetted with the client a public comment period action plan for the State’s communications team to ensure they knew exactly when, where, and how to disseminate public comment materials. By taking early action and orienting the team to</p>		
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	<p>these procedures prior to the public comment period, the State’s team was able to execute the required tasks quickly, efficiently, and without error.</p> <p>For each Deliverable, ATI and DSHS will mutually agree upon a Deliverable Expectation Document (DED) that outlines the expected format, content and mutually agreed acceptance criteria. The DED will be developed prior to work commencing on the Deliverable. ATI will follow the timeframes below in accordance with DSHS requirements:</p> <table border="1" data-bbox="420 565 1396 787"> <tr> <td data-bbox="420 565 814 657">1. Review Preparation (Pre-Submission)</td> <td data-bbox="814 565 1396 657">At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.</td> </tr> <tr> <td data-bbox="420 657 814 722">2. Submission</td> <td data-bbox="814 657 1396 722">Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in th</td> </tr> <tr> <td data-bbox="420 722 814 787">3. Deliverable Acceptance</td> <td data-bbox="814 722 1396 787">Contract Manager notifies Contractor via email that th Deliverable is approved.</td> </tr> </table> <p>ATI will report metrics to DSHS throughout the project’s tenure to allow DSHS to verify our project’s quality and performance. We have found two successful tools to be (1) an Excel or similar project status tracker (sent on a cadence that works for DSHS, as frequently as weekly), with information on each line item and deliverable, planned deliverable date, actual deliverable date, line item status, line item “owner,” and other information relevant to the project; and (2) a monthly project report that includes hours, tasks completed, and other key items of interest to DSHS. ATI retains closed items on our project status trackers with clients, to allow us to quickly quantify or identify project issues or opportunities (e.g., timeliness), and to re-open project line items as new information becomes available or as the project evolves.</p>	1. Review Preparation (Pre-Submission)	At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.	2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in th	3. Deliverable Acceptance	Contract Manager notifies Contractor via email that th Deliverable is approved.		
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2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in th								
3. Deliverable Acceptance	Contract Manager notifies Contractor via email that th Deliverable is approved.								
H	Please describe the measures you employ to assure that your services and deliverables are provided in a cost-effective manner that is consistent with quality outcomes and fair employment practices.	20	 <p>Commented [WR3]: No single measure mentioned, only a tangential mention of a tool that may have/use measures.</p>						

	COMMENT:	<p>ANSWER:</p> <p>As partly described above in our response to 5G, ATI is committed to delivering exceptional services that are cost-effective and adhere to the highest standards of quality. We achieve this balance through industry-leading best practices, advanced project management tools, and continuous improvement, ensuring our services are efficient, effective, and transparent.</p> <p>Our adherence to project management best practices is a cornerstone of our delivery strategy. This involves rigorous project management protocols, including comprehensive planning, risk management, and quality control measures. These practices ensure that every project is executed with precision, efficiency, and a focus on delivering value to our clients, while also maintaining the flexibility to adapt to changing needs and challenges. To complement our project management approach, we employ Kantata, a sophisticated project management software. Kantata's robust features enable us to streamline project workflows, optimize resource allocation, and track project progress in real-time. The synergy between our best practices and Kantata's technological capabilities allows us to minimize waste, reduce overheads, and optimize our operations. This allows pricing efficiencies for our clients and ensures timely, high quality deliverable production.</p> <p>Integral to our operational ethos is the commitment to fair employment practices. By implementing efficient project management techniques and leveraging Kantata's capabilities, we ensure that our team members work in a structured, supportive environment. This fosters job satisfaction, promotes work-life balance, and ensures that our staff are compensated fairly for their contributions, reflecting our dedication to ethical employment practices. We are proud to maintain these standards in all our engagements, reflecting our unwavering commitment to excellence and ethical business practices.</p> <p>In addition, we attest that we offer our best, discounted rates to our state clients and have used those rates for our cost proposal for this effort with Washington. In complement to our earlier point that a successful consultant must have a breadth of expertise across Medicare, Medicaid, dual eligible policy, and LTC, the breadth of our project portfolio across private and</p>		
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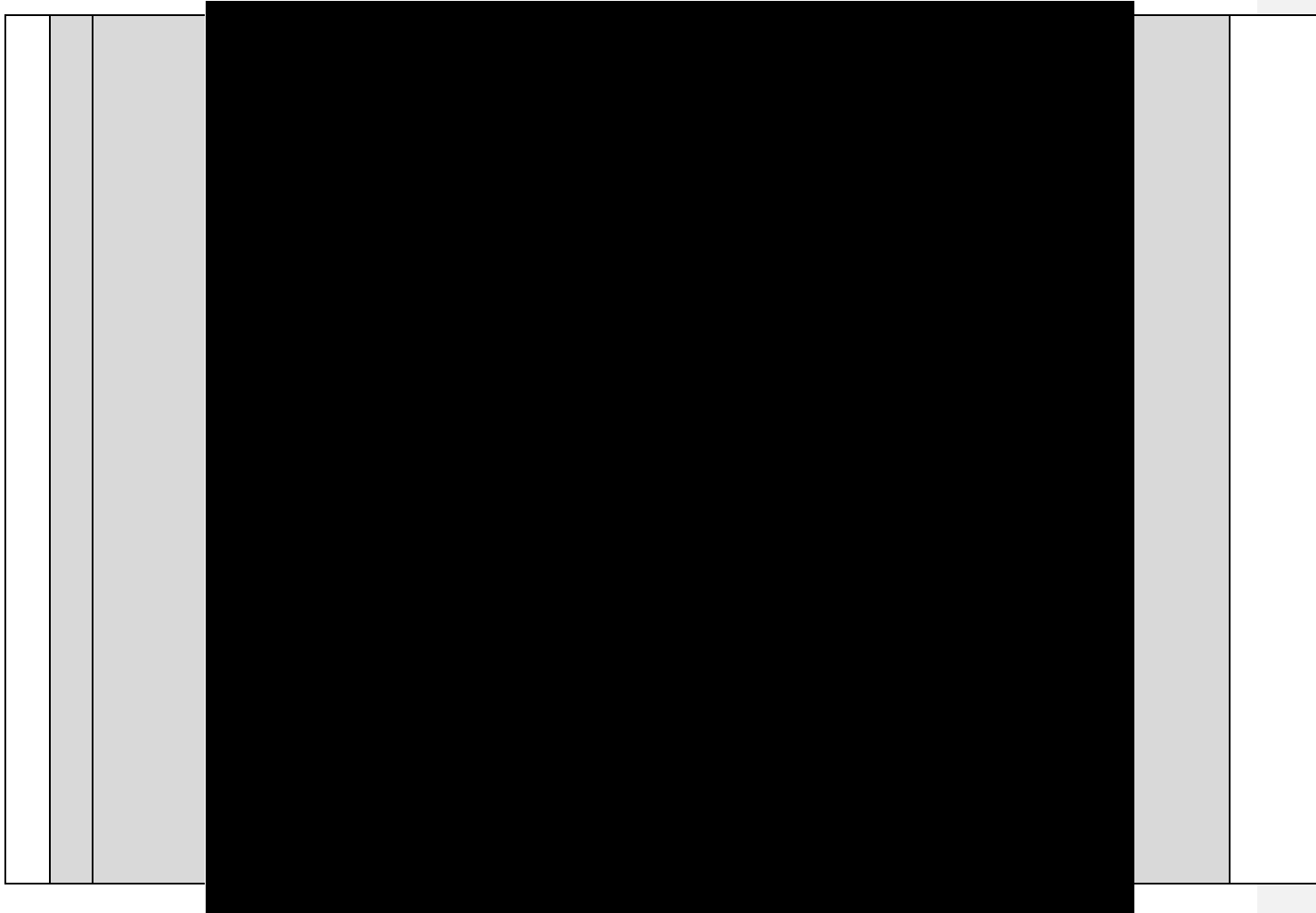
		public sector clients allows us to staff our state projects with national talent while assuring cost-effective project delivery.		
I		Please provide a projected timeline that you expect to be able to complete the deliverables involved in this project.		
	COMMENT:	[REDACTED]		
		[REDACTED]	30	
		[REDACTED]		
		[REDACTED]		

~~27~~ **Commented [WR4]:** Exceptionally detailed timeline that contained an abundance of substance that showed experience in 1115 development.

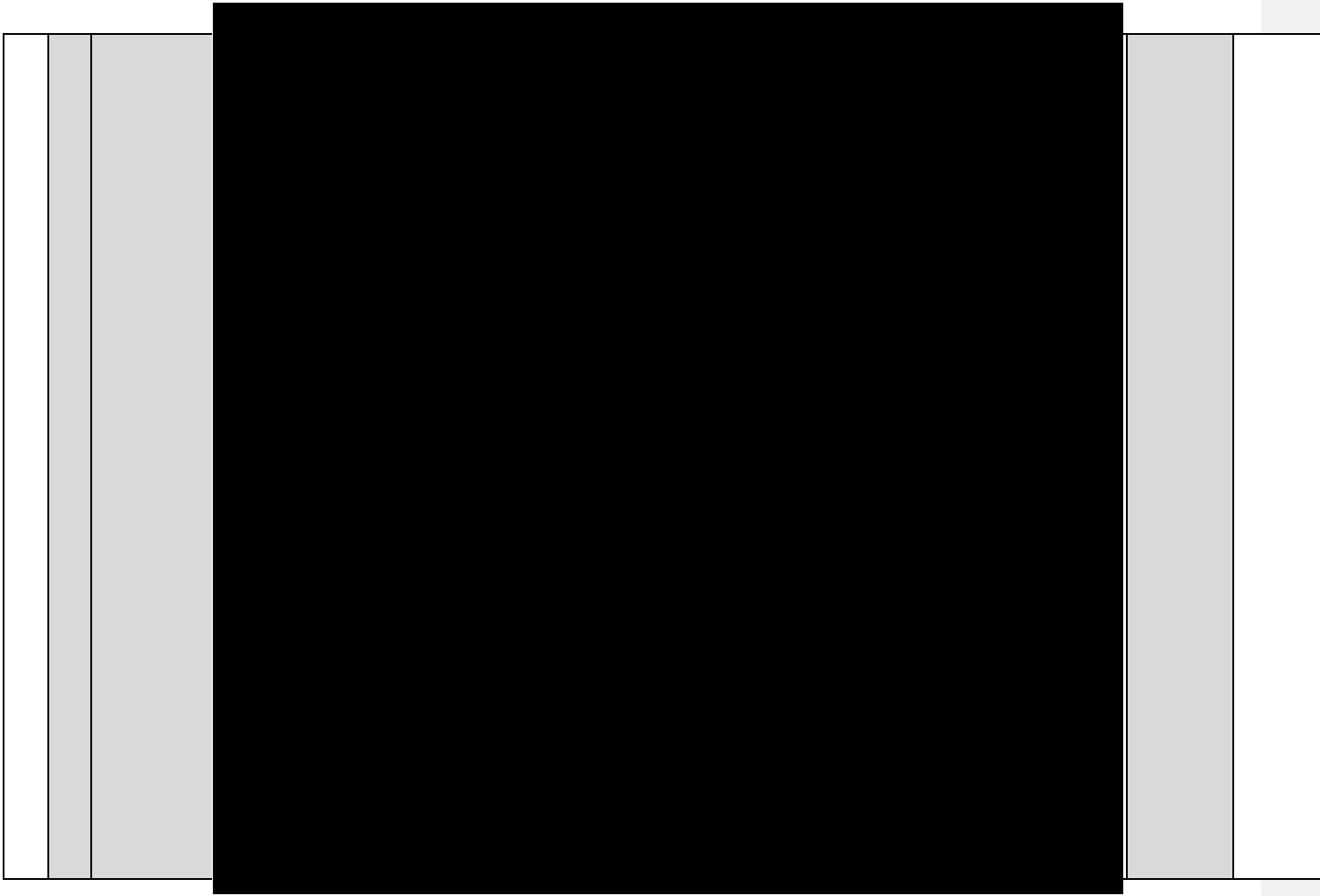




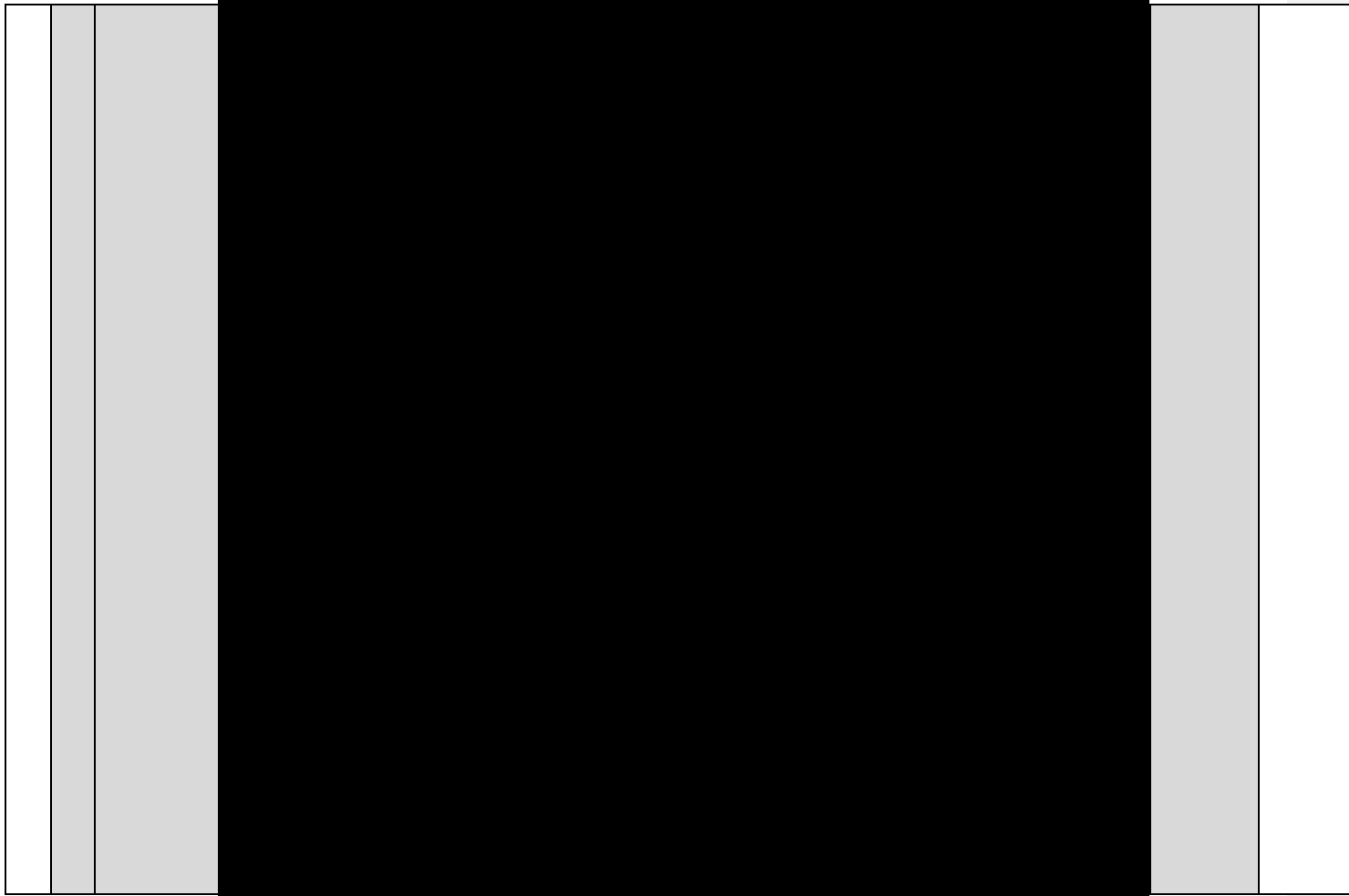


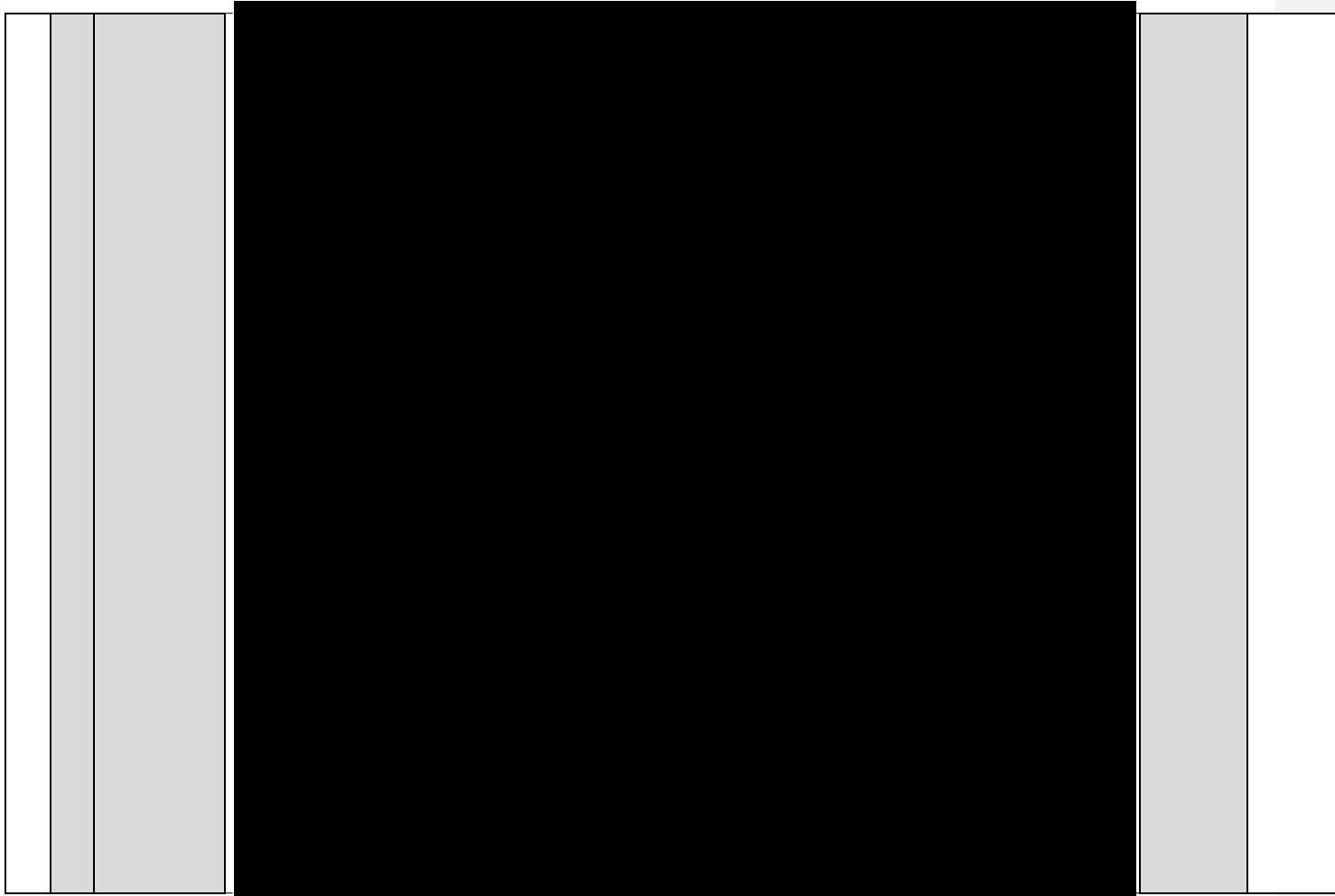






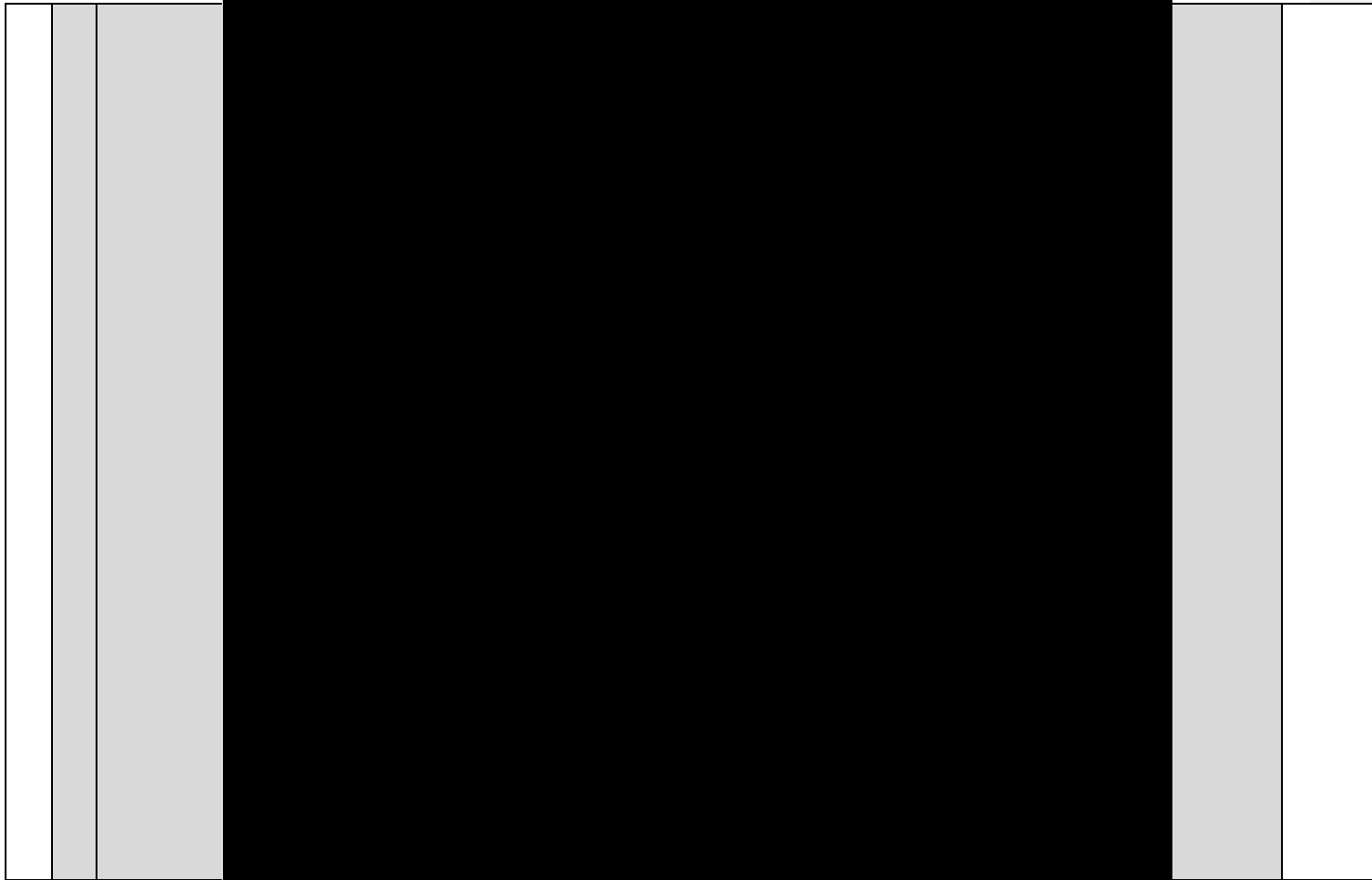


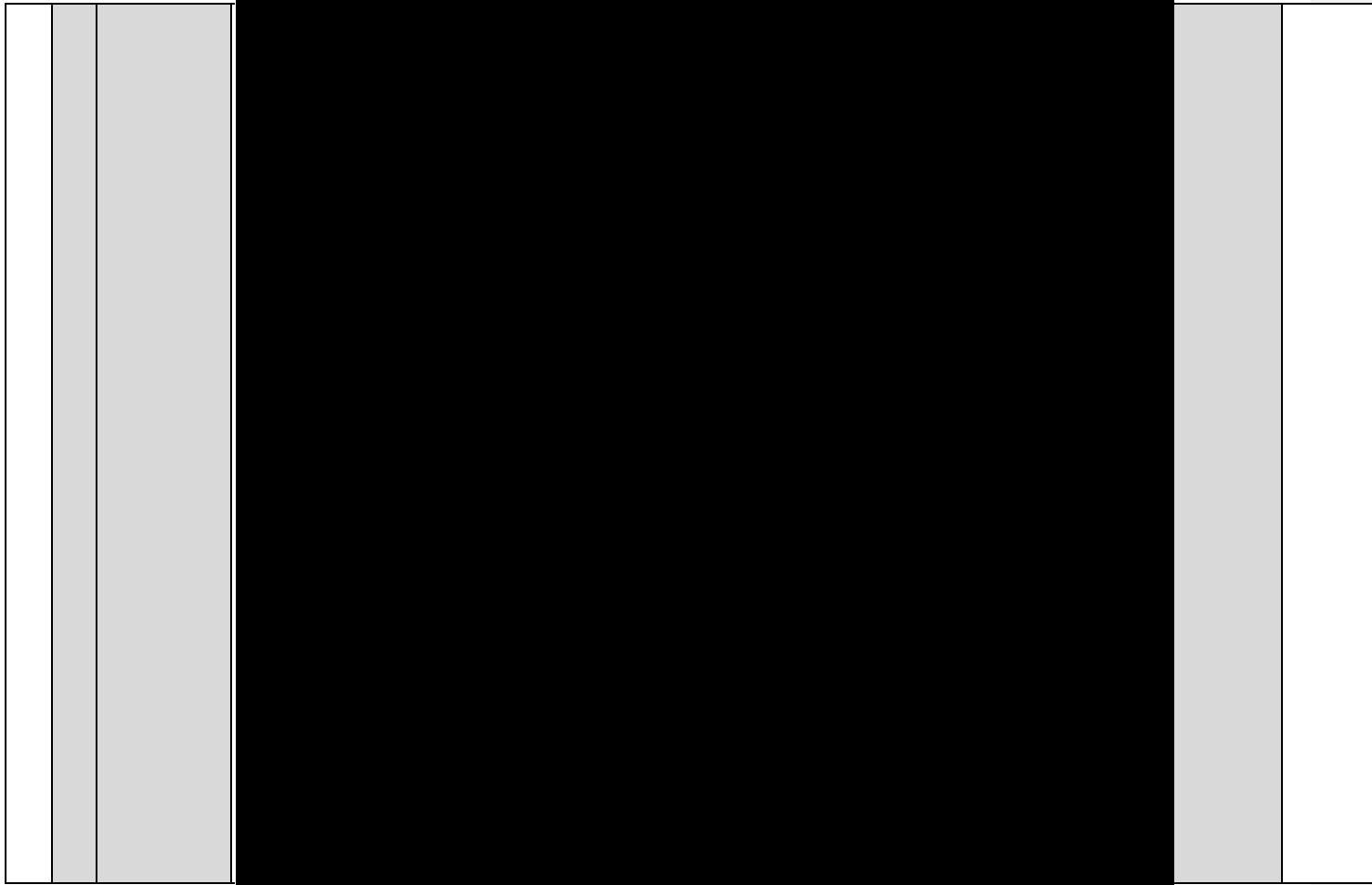


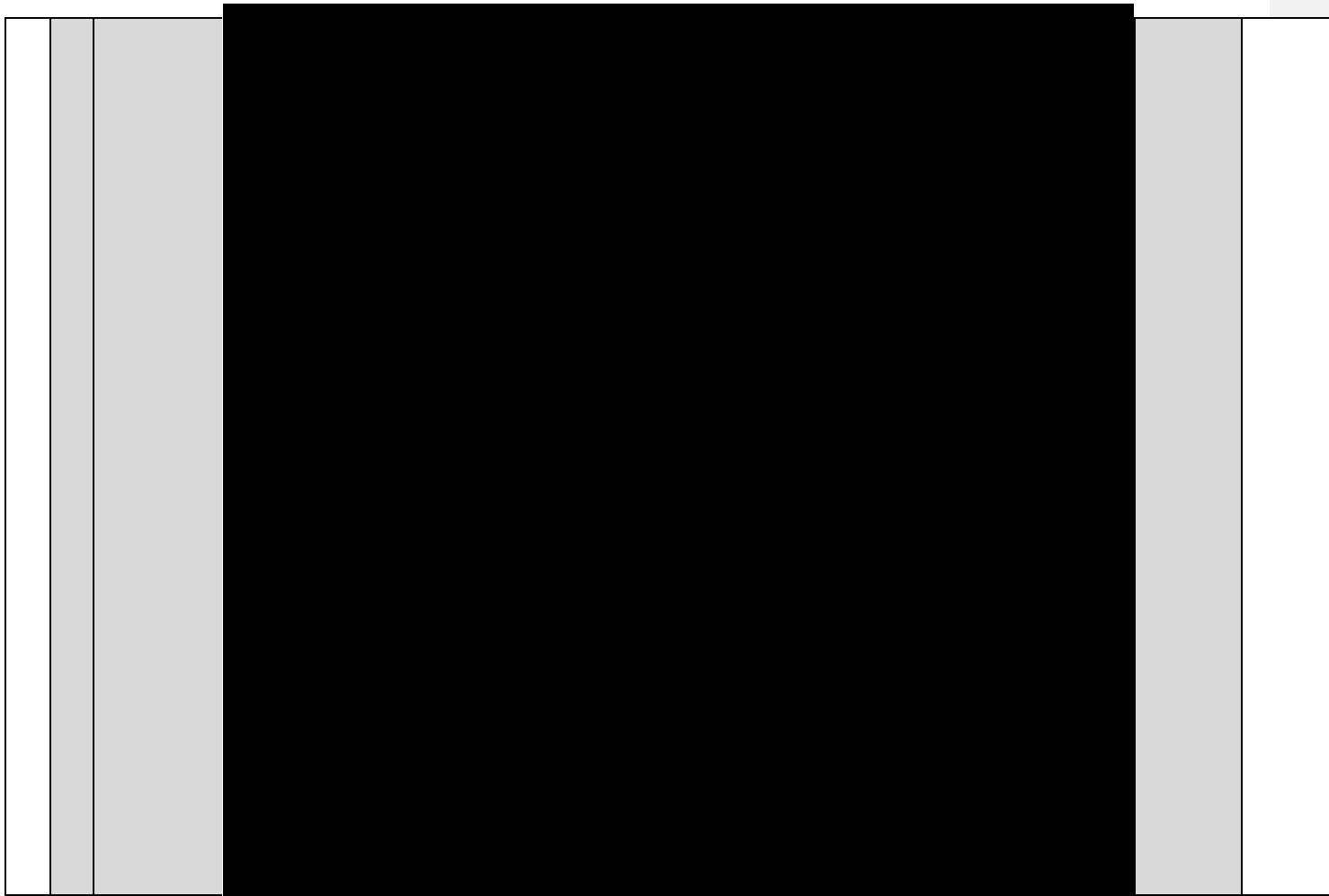


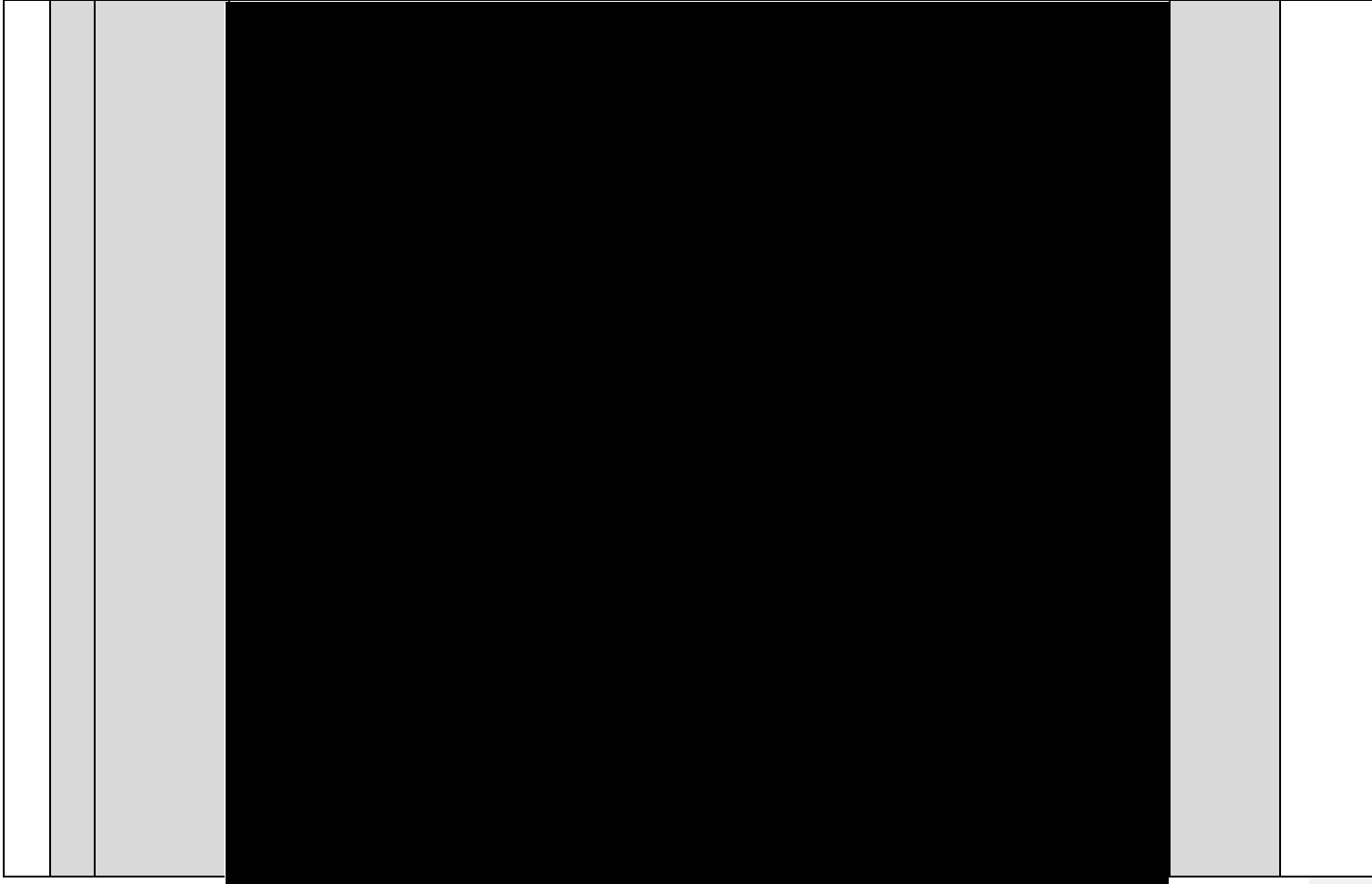












J	<p>Please describe your experience in drafting waivers comparable to the 1115 Medicaid Demonstration Waiver, including implementation of the waiver after acceptance. Please describe any barriers or obstacles that arose, if any, and how you were able to overcome them.</p>				
	<p>COMMENT: ANSWER: ATI understands the challenges DSHS will face in receiving approval for its Section 1115 Waiver. The State of Washington and DSHS are proposing a program that is the first of its kind in the nation and will require a unique approach that will involve careful and detailed deliberations internal to the State and with CMS.</p> <p>Washington State leads the country in state innovation to address gaps in LTC financing for its residents. It ranks second on the 2023 LTSS State Scorecard, published by AARP. The WCF protects residents from exhausting their financial resources to access Medicaid LTC benefits. WCF pays up to \$36,500 of inflation adjusted dollars for a wide range of flexible, person-</p>		50		

35 Commented [RWP(5)]: Detailed experience, good explanation of obstacles. However, most experience was pre-ATI.

		<p>centered LTSS. Recent analysis by the Urban Institute for the U.S. Department of Health and Human Services projects that 30 percent of the people turning 65 between 2021 and 2025 who incur Medicaid spending for LTSS will incur less than \$50,000 over their lifetime, and another 20 percent will incur Medicaid LTSS spending between \$50,000 and \$150,000. These estimates are national but demonstrate the potential magnitude of Medicaid savings that WCF is contributing. Put another way, if we extrapolate the national projections to Washington State, a little less than 30 percent of residents will never incur Medicaid LTSS spending because of the WCF. For the remainder of residents, the State is contributing about \$36,000 over their lifetime but only saving half of that amount.</p> <p>We understand that Washington State is trying to recoup the savings that their taxpayer investment is creating. Washington State taxpayers are reducing Medicaid program outlays through delayed institutionalization, which leads to both state and federal savings. DSHS is requesting to share in the federal Medicaid LTSS savings through the Section 1115 Waiver. Unfortunately, the federal Medicaid “baseline” already implicitly includes the savings from WCF because the program is current law, rather than a proposal, making Washington State’s “budget neutrality” case challenging. However, ATI will bring its federal budgetary expertise, Section 1115 waiver experience, LTC financing background, and creative problem solving to bear in making the case for this waiver. This demonstration could be ground-breaking and establish a pathway for other states to leverage Medicaid spending into insurance products that better spread risk and protect Americans from the financial risks associated with LTSS need. This type of demonstration could set a precedent that would allow more states to support the LTC needs of all residents, especially the lower income “middle market” that has captured the attention of so many policymakers. We will anticipate and be especially attentive to CMS and OMB sensitivities to potential national precedents.</p> <p>In addition to the national implications of this Section 1115 Waiver, we recognize the importance of shared savings to the State which will promote further support for WCF and allow for continued policy innovations that support Washington State residents. ATI is</p>		
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		<p>committed to producing a demonstration application that is compelling and thorough as well as effective and strategic communication with CMS to achieve approval.</p> <p>The ATI team has experience developing and implementing comparable new and innovative Section 1115 Waivers, from the state perspective, as well as the CMS and implementing provider perspectives. The nine examples below describe the ATI team’s engagement and the barriers and obstacles overcome during the project.</p> <ol style="list-style-type: none"> 1. Hawai’i – ATI project managed and drafted a Section 1115 Waiver while supporting the policy design of more than eight novel or significantly redesigned programs or benefits. These initiatives required extensive stakeholder engagement and workgroup decision making within a tight timeline. For straightforward demonstrations, states often take six to over 12 months to complete policy design activities, including developing workgroups to ideate and vet preliminary approaches with stakeholders, and between three and eight months to draft and submit a demonstration to CMS. Hawai’i, however, was operating on a much more truncated timeline and therefore required intensive support from ATI to meet their goals. From the kickoff, ATI organized and supported the policy decision process, coordinated with the State’s actuarial team to advance budget neutrality and financing components, and drafted a finalized Section 1115 Waiver for MQD to submit for public comment within five months. To do this, ATI developed and communicated clear workplans to keep all staff and stakeholders on track and worked closely and collaboratively with MQD. 2. Pennsylvania – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Pennsylvania develop its Section 1115 Waiver for submission to CMS. There were elements related to incentives for healthy living, encouraging employment, and cost-sharing requirements, which were all relatively new at the time of development. This included facilitating brainstorming, and decision making (e.g., developing options analyses, PowerPoint presentations, and decision memos) across multiple workgroups and developing a governance structure for these workgroups to determine the requests to include in the application. Barraza-Cannon also engaged with stakeholders and wrote sections of the application. This Section 1115 Waiver 		
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		<p>application required significant back and forth between CMS and Pennsylvania before it was approved by CMS.</p> <p>3. California – Prior to joining ATI, our proposed Project Director Morgan Craven served as the engagement manager for Manatt Health’s multi-year contract with the California Department of Health Care Services (DHCS), supporting the advancement of the State’s CalAIM initiative and associated federal authority submissions, including the Section 1115 Waiver renewal and amendment. Craven also established and operated the DHCS project management office, which was a new strategic initiative within DHCS to coordinate the CalAIM initiatives and authorities across the various divisions within DHCS. In these roles, Craven served as a central point of coordination and strategic direction, staff education, and risk escalation to DHCS and State leadership. Given the significant amount of intradepartmental coordination required to achieve the CalAIM vision and obtain federal authorities, Craven filled a critical role in educating staff at all levels across DHCS to ensure alignment towards common goals.</p> <p>4. Arizona – Our proposed Project Advisor Tom Betlach served as Arizona’s Medicaid Director and supported the development of four comprehensive Section 1115 Waivers covering a variety of policy initiatives: notably, expanding coverage to childless adults a decade before the Affordable Care Act, establishing comprehensive HCBS services, benefit and coverage reductions during the great recession, funding initiatives around rural hospitals, provider incentives for service integration, mandatory managed care models, health incentive accounts, and employer based coverage. Arizona faced a variety of stakeholder and CMS engagement negotiation challenges, including waiver denials. However, through CMS negotiation, Arizona was able to receive approval for two Section 1115 Waivers which established a patient centered medical home and a delivery system reform incentive program.</p> <p>5. New York – Before joining ATI, two ATI leaders managed the implementation of the Section 1115 Waiver in New York, through a hospital-led performing provider system responsible for the health of more than 600,000 Medicaid recipients living in Brooklyn. This involved administering the demonstration’s priorities through a network of over 500 partners in Brooklyn, spanning hospitals, Federally Qualified Health Centers (FQHCs), community-based organizations (CBOs), and legal services organizations,</p>		
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		<p>among others. Challenges that arose during implementation included (1) reaching consensus among network partners on how to best operationalize the demonstration’s priorities, (2) cumbersome state reporting requirements, and (3) measuring intervention effectiveness in real-time to allow for adjustments. As a Section 1115 Waiver lead implementing provider, our team leaders were able to mitigate these challenges through direct communication and negotiation with the State, soliciting input and feedback from network partners, and obtaining access to State Medicaid data. In this way, ATI leadership has firsthand experience implementing a Section 1115 Waiver and mitigating the challenges of coordinating across stakeholders.</p> <p>6. Alabama – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Alabama develop its Section 1115 Waiver to adopt statewide managed care through risk-bearing, provider-based regional care organizations (RCOs). Barraza-Cannon served as a subject matter expert and took part in the discussions between the State and CMS. Challenges included communicating with CMS on the State’s goals.</p> <p>7. Georgia – Our proposed Project Advisor Tom Betlach supported Georgia’s State Medicaid Agency to apply for expanded Medicaid coverage for adults up to 100% of the federal poverty level through qualifying activities, mandatory employer-based coverage, and health incentive accounts. While the application was initially approved, approval was rescinded. Betlach advised the State on determining the proper course of action and ultimately, the waiver approval was restored.</p> <p>8. North Carolina – Before joining ATI, our proposed Project Director Morgan Craven supported North Carolina in several capacities during its delivery system transformation efforts, which primarily authorized the State’s managed care transition and pilot services for health-related social needs. Craven supported the design, formation, and waiver approval of the State’s “Tailored Plan,” designed to support individuals with certain behavioral health or intellectual/developmental disability (I/DD), and LTSS needs. Craven also served as the engagement manager, creating and maintaining flexible and strategic project management infrastructures for the State. Lastly, Craven supported the State in various CMS and stakeholder engagement efforts, including ongoing CMS engagement following the approval of the State’s Section 1115 Waiver, payment and financing reform to obtain CMS approval of dozens</p>		
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		<p>of directed payments and state plan amendments, and supporting and overseeing stakeholder engagement efforts to obtain public buy-in for transformation policy goals. In all these efforts, continued engagement, negotiation, and iteration with CMS was required to obtain and navigate barriers to federal approvals. For example, where the State was unable to meet certain payment reporting requirements for newly implemented directed payments, Craven worked with CMS to develop an alternative implementation plan, which provided the State with a glidepath of additional time and flexibility to meet federal requirements.</p> <p>9. CMS – In addition to her experience developing and implementing Section 1115 Waivers with states, our proposed Executive Sponsor Johanna Barraza-Cannon reviewed Section 1115 Waiver applications while serving as a technical director at CMS. While at MITRE she also contracted with CMS to help make process improvements in the review, approval, and monitoring of Section 1115 Waivers.</p> <p>ATI understands the barriers and obstacles that DSHS may encounter in pursuing a Section 1115 Waiver, and we possess the expertise to navigate and overcome these hurdles. Potential challenges could include coordinating with other State stakeholders (e.g., the Governor’s office, HCA), effectively communicating the State’s goals and approach to CMS, political concerns, delays in CMS approval, coordinating across Federal offices who will be interested in this new approach, concerns from the federal Office of Management and Budget (OMB), developing acceptable budget neutrality calculations (we understand this work is part of a separate engagement), and complexity in implementation and evaluation.</p> <ul style="list-style-type: none"> • ATI can guide the State to the strongest approach. The ATI team is equipped to assess a variety of different authorities and other federal opportunities to assess which path may be the best fit to meet the State’s goals. Furthermore, our experience positions us well to support the State in developing a compelling case that is most likely to receive approval from CMS. • We understand political nuance in LTC financing policy. Our LTC experts are nationally known and have experience in LTC legislation, finance, policy, and data to help design 		
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		<p>an innovative waiver that meets CMS requirements. This will help to make the case for this innovative Section 1115 Waiver.</p> <ul style="list-style-type: none"> <p>ATI is well-equipped to address potential delays and obstacles at the State level. Many decisions need to be made within the State before the application is submitted to CMS. This requires significant discussion, brainstorming, and consensus building across multiple government stakeholders even before any material is shared for stakeholder engagement or with CMS. ATI has experience facilitating highly complex decision making across state leadership including across department, branch of government, and within an Agency’s executive team. These decisions comprise the Section 1115 Waiver request to CMS, which cannot be drafted before consensus on these decisions is reached. Stakeholders may have comments or requests that the State will need to reflect in its application. ATI's robust project management ensures that relevant stakeholders are informed and engaged to meet DSHS' goals within the stipulated timeframe.</p> <p>ATI can anticipate and respond to potential delays in CMS approval. Section 1115 Waivers are approved at the discretion of the Secretary of HHS and must meet many requirements including CMS policy requirements, stakeholder engagement, transparency, and budget neutrality. Though CMS has worked to make approvals for renewals and approvals for previously approved authorities easier for states, new demonstration authority like DSHS is proposing will require more discussion internal to Washington and more discussion and negotiation with CMS. Once an application has been developed and submitted to CMS (or submitted as a concept paper or draft), the State will need to work with CMS, which requires negotiation and can take a significant amount of time. Furthermore, any change or transition in the federal executive branch may pose a challenge, especially as approval can be paused or questioned by a new Administration. ATI views soliciting CMS approval as a dynamic process. We will work with DSHS to adjust the approach, Special Terms and Conditions (STCs), and other key elements to reach an agreement with CMS.</p> <p>ATI’s experience with OMB will help effectively navigate potential roadblocks. As an integral part of the federal review team for all Section 1115 Waivers, OMB seeks to ensure that federal costs are not higher with the demonstration. With our proposed</p> 		
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		<p>Project Advisor Tyler Overstreet Cromer's decade-long experience at OMB, including senior executive services, we are well-equipped to address and communicate key budgetary points effectively.</p> <ul style="list-style-type: none"> • ATI is committed to planning for and addressing complex challenges in the implementation process. Once the Section 1115 Waiver is approved, the implementation phase will require meticulous project management, financial monitoring including savings, and ensuring budget neutrality. Collaborating closely with HCA as the Medicaid authority, we are prepared to support the implementation of CMS conditions, for example, operational plans during pre-implementation that will support implementation through the life of the Section 1115 waiver. 		
K	<p>Please provide a work sample of a comparable waiver you or your organization has completed. Please include this waiver as a separate pdf file attached to your submission.</p> <p>COMMENT:</p>		50	

30 **Commented [RWP(6)]:** This question simply asks for the bidder to provide information. Since there's no qualitative measure to this, any bidder will be "average" if they simply provide the information.

L	Please describe your experience with researching necessary policy when drafting waivers and the process of confirming the waiver is compliant. Please also describe your experience with having a waiver denied after submission, if applicable.		20	
	COMMENT:	<p>ATI has extensive experience researching necessary policies when drafting waivers. Notably, ATI is adept at turning policy research and literature reviews into compelling narratives to support proposed policy changes. This involves not only understanding existing policies but also developing innovative solutions. The key policy research examples below showcase how ATI engages with various stakeholders, including state agencies, CMS, and Medicaid providers to assess the impact of proposed policy decisions, understand the needs and priorities of the state, and navigate complex regulatory landscapes to ensure compliance while achieving new</p>		

 **Commented [RWP(7)]:** Good discussion of policy research, but nothing regarding a process to determine whether a waiver is compliant. Good examples of denied waivers.

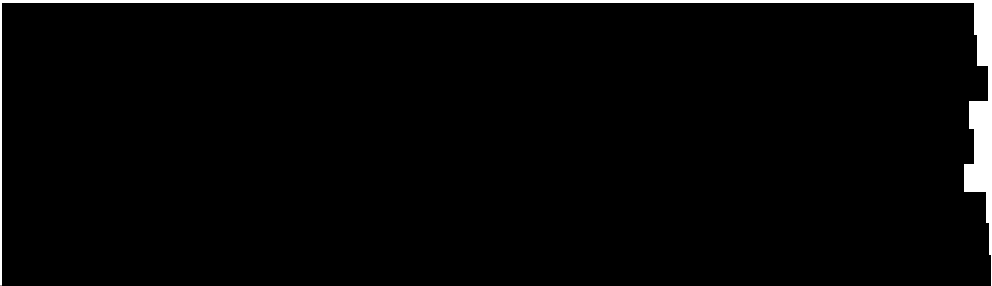
		<p>policy goals. Below we include examples of our policy research for Section 1115 Waivers as well as non-1115 demonstrations but related to Washington’s broader goals across Medicare and Medicaid savings and LTC.</p> <ul style="list-style-type: none"> <p>Hawai’i Advancing Medicare and Medicaid Integration (AMMI) Policy Research and Compliance Review – ATI provides research and technical assistance to support Hawai’i’s State Medicaid Agency in better integrating Medicare and Medicaid for dual eligible individuals. ATI is working with the Hawai’i State Medicaid Agency on (1) launching a new Fully Integrated Dual Eligible Special Needs (FIDE SNP) program; (2) enhancing its existing Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) program; and (3) advancing new and robust care coordination and management strategies. These care coordination and management strategies involve novel data sharing requirements for the State, to create greater care efficiencies and integration for individuals enrolled in the State’s Medicaid 1915(c) Home and Community-Based Services Waiver for individuals with intellectual and developmental disabilities (I/DD) and individuals enrolled in the State’s separate managed care program for individuals with serious mental illness (SMI). Such efforts to better integrate Medicare and Medicaid programmatic and operational requirements required extensive policy research and analysis to ensure compliance with and reconcile discrepancies between federal Medicare and Medicaid regulations, in addition to Hawai’i Medicaid’s unique delivery system and requirements. As an example, ATI supported Hawai’i in developing its exclusively aligned enrollment strategy for the new FIDE SNP by analyzing more than 20 different enrollment and disenrollment scenarios, to help inform policy, system, and operational changes. Such efforts involved ATI liaising with CMS on the State’s behalf to navigate regulatory and sub-regulatory complexities in operationalizing aligned Medicare and Medicaid enrollment into FIDE SNPs.</p> <p>North Carolina Tailored Plan Development, Compliance Review, and Implementation – This project designing federal waivers for complex care populations, described above, involved significant amounts of research to ensure that care delivery approaches, managed care guardrails, and associated federal authorities met the population’s unique needs and advanced the State’s goals. As a part of this work,</p> 		
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		<p>Craven supported a significant amount of research related to federal waiver authorities for HCBS delivery, institution for mental disease (IMD) exclusions, and other relevant care delivery provisions (see Response 5J for more detail on this project).</p> <ul style="list-style-type: none"> • California CalAIM Development, Compliance Review, and Implementation – Our proposed Project Director supported the design and implementation of more than \$1 billion in incentive payment programs to support CalAIM. These programs are subject to strict regulatory standards and CMS oversight in both their design and execution. As such, our proposed Project Director’s team researched relevant incentive payment approaches in other states, conducted interviews and workgroups with stakeholders, assessed State needs and priorities at the county level, and mapped out federal requirements to design the program. Following the program launch and at the State’s direction, the program went through several iterations; as such, Craven was required to assess possible impacts to federal compliance, program impact, and stakeholder comments, adjusting the program’s trajectory to remain compliant while also achieving new State policy goals (see Response 5J for more detail on this project). • Hawai’i Section 1115 Waiver Development and Compliance Review – ATI completed extensive research on various State Section 1115 Waivers, CMS guidance on Medicaid coverage of Health-Related Social Needs (HRSN), funding mechanisms to support state Medicaid innovation, and recent federal and state policy changes impacting Medicaid eligibility, benefits, and service delivery in Hawai’i. To inform state decision-making, ATI compiled slide decks and policy trackers delineating comparable federal authority pathways successfully approved in other states to provide Medicaid coverage of relevant housing supports, nutrition supports, pre-release services for justice-involved individuals, and other new benefits and services. Notably, several of the proposed benefits have few or no precedents, requiring a novel approach to evidencing and framing the requested authority for CMS. For example, the State is seeking approval for a set of Native Hawai’ian Traditional Healing benefits, which included expansive eligibility, scope, and service delivery details that had never been proposed before in other states. ATI also navigated a complex and conflicting history of CMS guidance regarding designated state health plan (DSHP) funding requests—this work required 		
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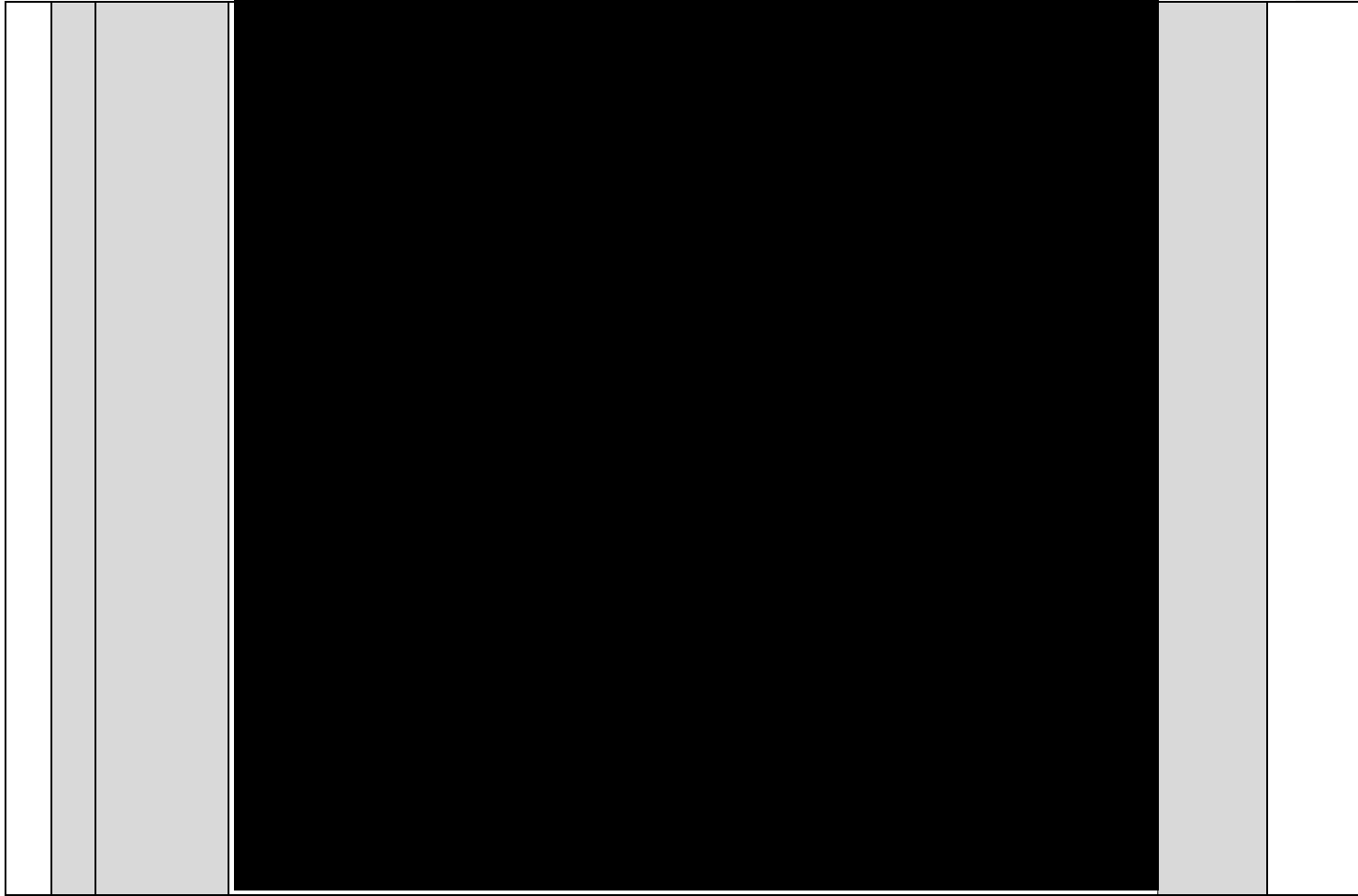
		<p>level-setting client education regarding the possible funding opportunity, detailed analysis of State financial documents to identify eligible state-funded programs to leverage, and level-setting with State leaders (e.g., the Governor’s office) on the likelihood of approvability. Prior to drafting the waiver application, ATI performed extensive desktop research to buttress State arguments for receiving federal financial support for newly proposed services and benefits, collating evidence from other states, peer-reviewed academic literature, and relevant CMS guidance. ATI turned policy research and literature reviews into compelling narratives to support Hawai’i’s proposed Section 1115 Waiver (see Response 5K for more detail on this project).</p> <p>In addition to conducting policy research for Section 1115 Waivers, ATI had demonstrated policy research experience related to the subject matter and alternate policy levers that may be relevant to the State’s WCF Section 1115 Waiver application.</p> <ul style="list-style-type: none"> • Research on Impact of Collapse in Private LTC Insurance Market on Medicaid Programs. Marc Cohen and Anne Tumlinson led 2020 research for the Anthem Public Policy Institute culminating in two papers, <u>Protecting Consumers and Medicaid from Catastrophic Long-Term Care Costs</u> and <u>Why State Support for the Long-Term Care Insurance Industry Makes Good Financial Sense</u>. These papers explored the implications of private LTC insurance market collapse on consumer and Medicaid expenditures, particularly in force lifetime policies sold to a more middle market consumer in the late 1990s and early 2000s. The findings suggest that state Medicaid programs are better protected when state policies seek to protect the value of these insurance products through strong insurance pools and other regulatory mechanisms. The work draws a clear line between the long-term sustainability of Medicaid and pooling risk through insurance products available to individuals who are at higher risk of financial catastrophe due to future LTSS need. • Maine Value-Based Arrangement Development and Compliance Review – Prior to joining ATI, our proposed Project Director Morgan Craven supported the conceptualization and preliminary designs of a glidepath towards a value-based 		
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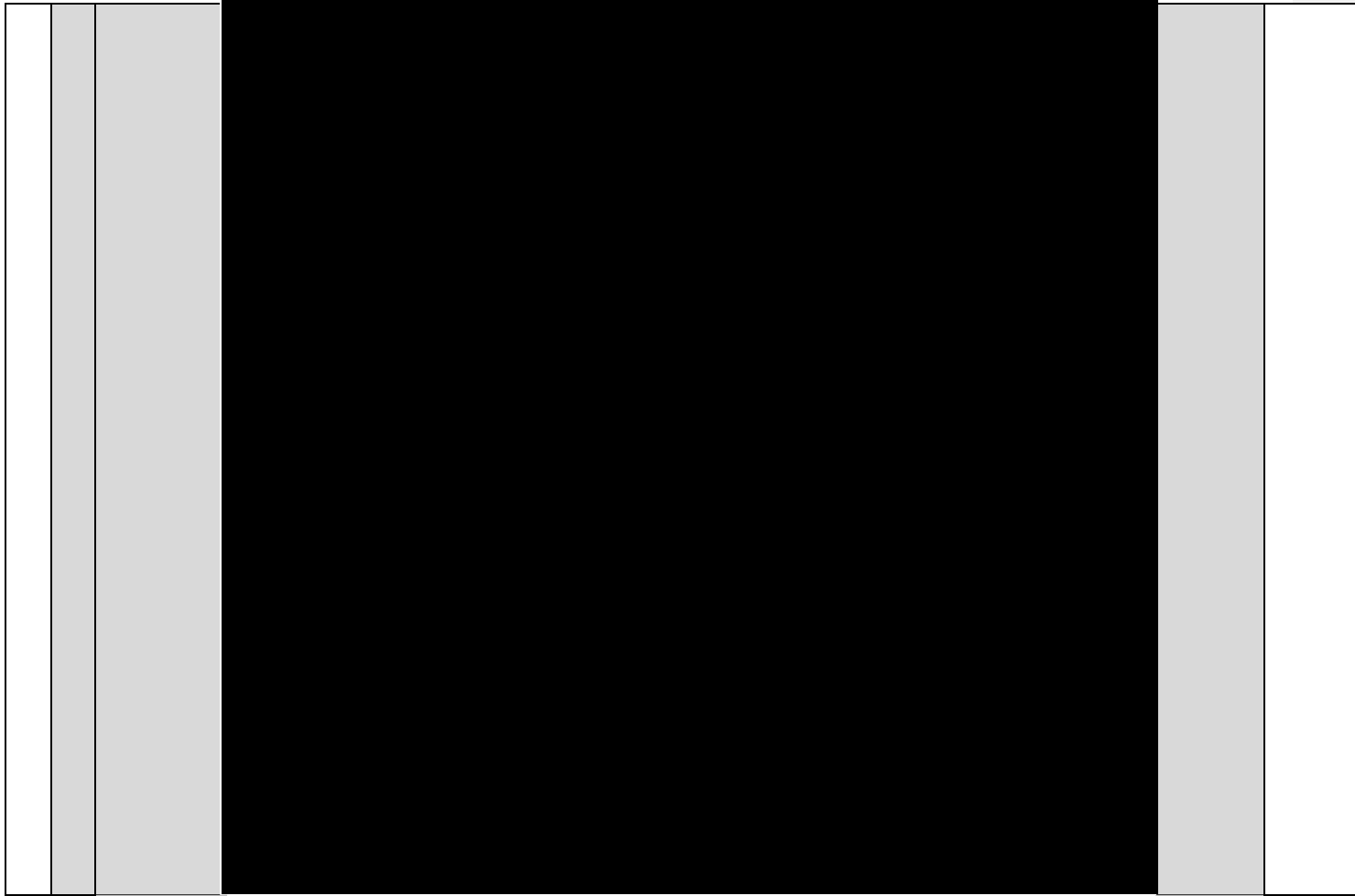
		<p>payment arrangement between Maine and its providers. To accomplish this, Craven conducted a landscape assessment of similar program designs and policies in other state Medicaid programs, reviewed relevant federal regulations and CMS guidance, and conducted a series of interviews with Medicaid providers and health systems in the State. Based on this research, the team prepared scenario-based recommendations, which allowed the State to review several viable pathways toward value-based care within the existing care delivery system and understand which federal authorities to request.</p> <ul style="list-style-type: none"> • Nonmedical Supplemental Benefits Research with The SCAN Foundation – As part of a multi-year partnership with The SCAN Foundation and the Long-Term Quality Alliance, ATI has performed qualitative and quantitative research on nonmedical supplemental benefits in Medicare Advantage, with a focus on policy flexibilities and opportunities. For nearly five years, ATI has monitored and analyzed the evolving policy and programmatic environment related to Medicare Advantage supplemental benefits, including how states can interact with these nonmedical benefits as a part of state program design. For this work with The SCAN Foundation and for related ATI projects with states, ATI has conducted qualitative (interviews and regular publication of policy and practice reports) and quantitative (analysis of the number, geography, and type of plans offering these benefits) analytics. ATI has contributed to the policy conversation around the role of these nonmedical benefits, served as a thought partner to federal and state policymakers on the benefits, and seen several of ATI recommendations reflected in CMS policy actions. • ATI's Research on LTC and Aging – ATI is a national voice that conducts original research on the intersection of LTSS need, Medicare healthcare spending, and health equity issues using ATI's extensive data assets through the CMS Virtual Research Data Center (VRDC). These data analytics support our policy interpretation and model development. We regularly share our research on our website and social media, present at conferences, or in publications; over the past year and a half, our team published or had accepted nearly ten articles in Health Affairs on topics ranging from Medicaid Managed Care rules to state options for dual eligible benefits or improving English proficiency. Our team also publishes timely summaries of proposed and final 		
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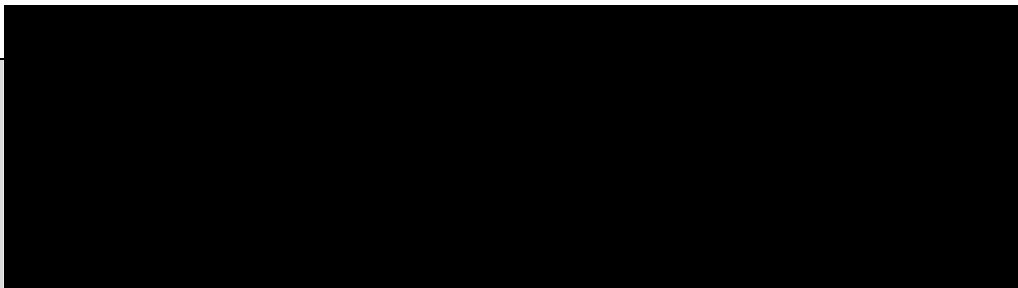
		<p>rules or policy developments and then communicates the impact of the policy changes with our clients.</p> <p>Our team has experience with CMS denials and reworking Section 1115 Waiver applications to meet CMS requirements and obtain approval. Often, reaching consensus with CMS in an iterative process that can involve making significant changes to Section 1115 Waiver applications. Our team also has experience discussing state proposals with CMS to help obtain consensus and approval. We are experienced with CMS guidance including templates, policies, and precedents which help demonstrate compliance with CMS requirements.</p> <ul style="list-style-type: none"> • Arizona – As Arizona’s former Medicaid director, our proposed Project Advisor Tom Betlach has extensive experience with Section 1115 Waivers in the State, including three that were not initially approved by CMS: <ul style="list-style-type: none"> ○ <i>Establishing a patient centered medical home</i> - The State wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes. ○ <i>Delivery system reform incentive program</i> - Arizona pursued funding for a delivery system reform incentive program that could not be approved given limited timeframes. The State was able to pivot and work with CMS to create a smaller more targeted incentive program for behavioral health integration. ○ <i>Traditional healing services</i>: The second waiver dealt with providing authority for the State to offer traditional healing services. This was not approved by CMS and the State is still exploring a path forward. • Georgia – As noted previously, Tom Betlach also supported Georgia in navigating their Section 1115 Waiver to offer Medicaid coverage through qualifying activities. While the waiver was initially approved, it was later rescinded by the Biden 		
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		<p>Administration. Ultimately, the State pursued legal action and the waiver was reinstated.</p> <ul style="list-style-type: none"> • Virginia – As Virginia’s former Medicaid director, our proposed Project Advisor Karen Kimsey experienced two waiver denials; an 1915(c) waiver designed to serve people with serious mental illness in assisted living and a Section 1115 Waiver proposing work requirements. In both circumstances, Kimsey and her team: <ul style="list-style-type: none"> ○ <i>Carefully crafted a message to stakeholders that explained what happened, and why. This included meeting with critical stakeholder groups in person.</i> ○ <i>Analyzed the financial impact with federal financial participation loss, and the implications for using general funds only;</i> ○ <i>Re-examined federal authority to accomplish state goals, and how to pivot to realize these goals;</i> ○ <i>Continued conversations with CMS to explore other avenues/opportunities to accomplish state goals.</i> 		
M		Please explain your experience working with state programs to draft, submit, and implement such waivers.		
	COMMENT:	ANSWER:		
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2 **Commented [RWP(8)]:** Answer is clearly not answering the call of the question, and instead recommending alternative waivers. Though experience is tangentially addressed, and other answers are cited in this document, the explanation is in the wrong context (i.e., experience is mentioned in order to promote the bidder’s recommendations other than an 1115). This question asked about 1115 waivers.



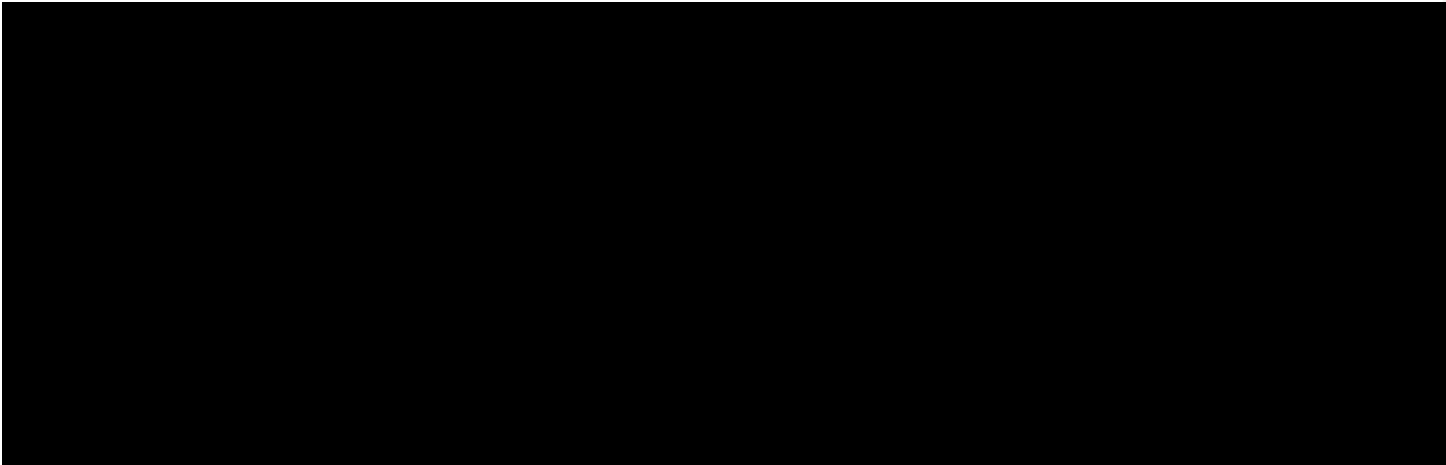


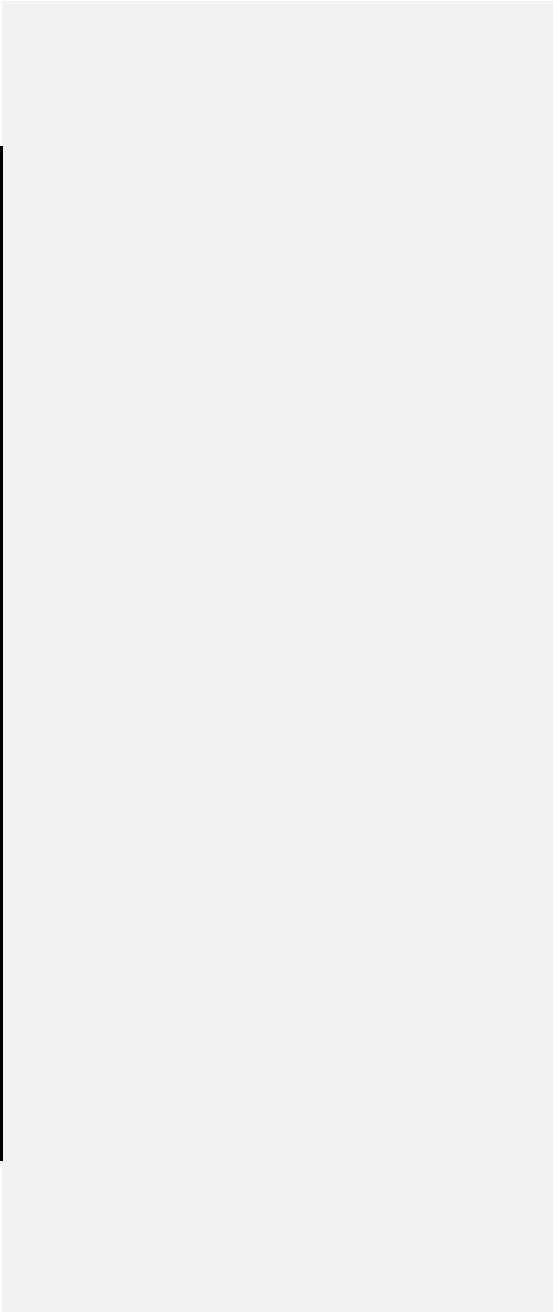
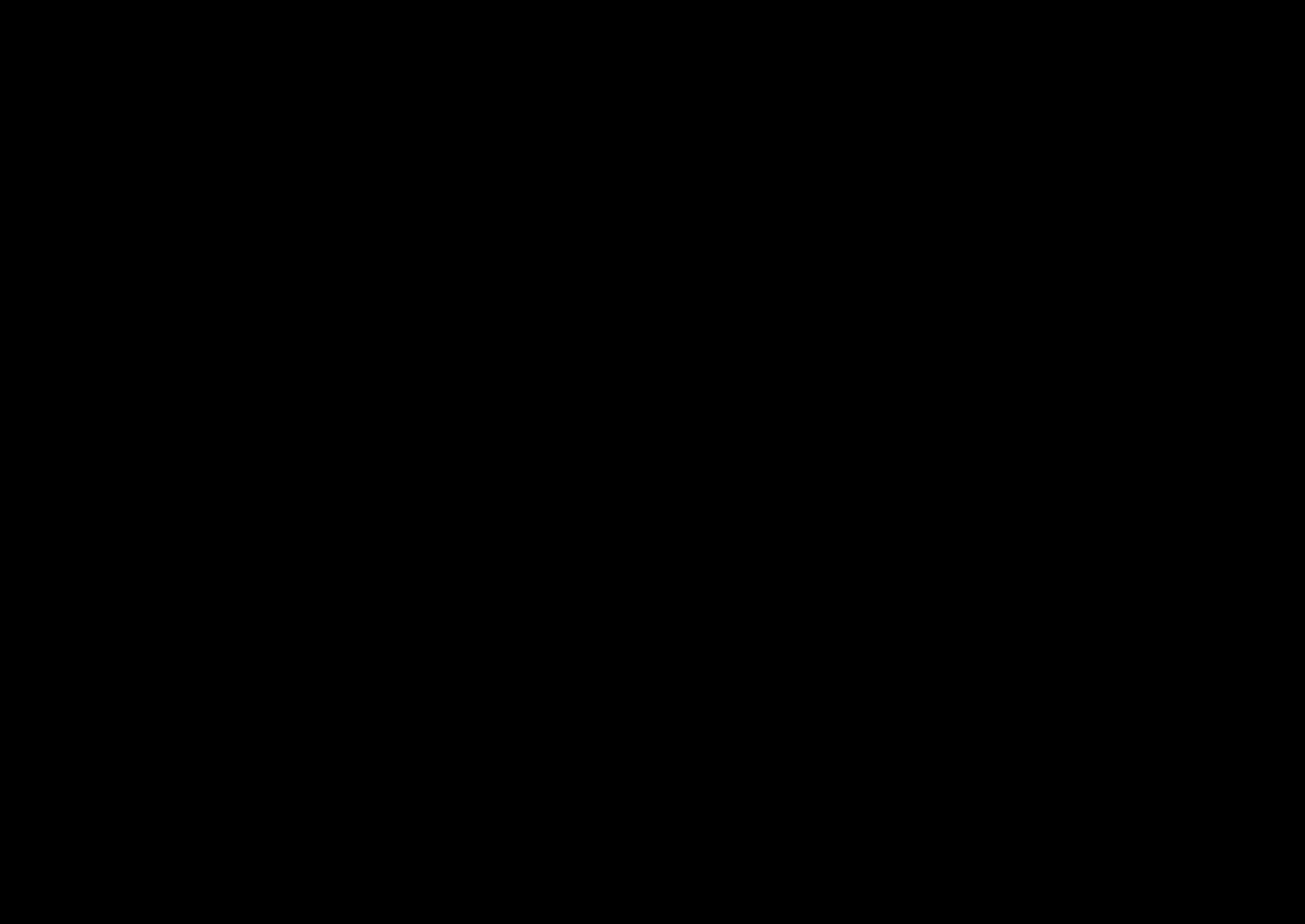


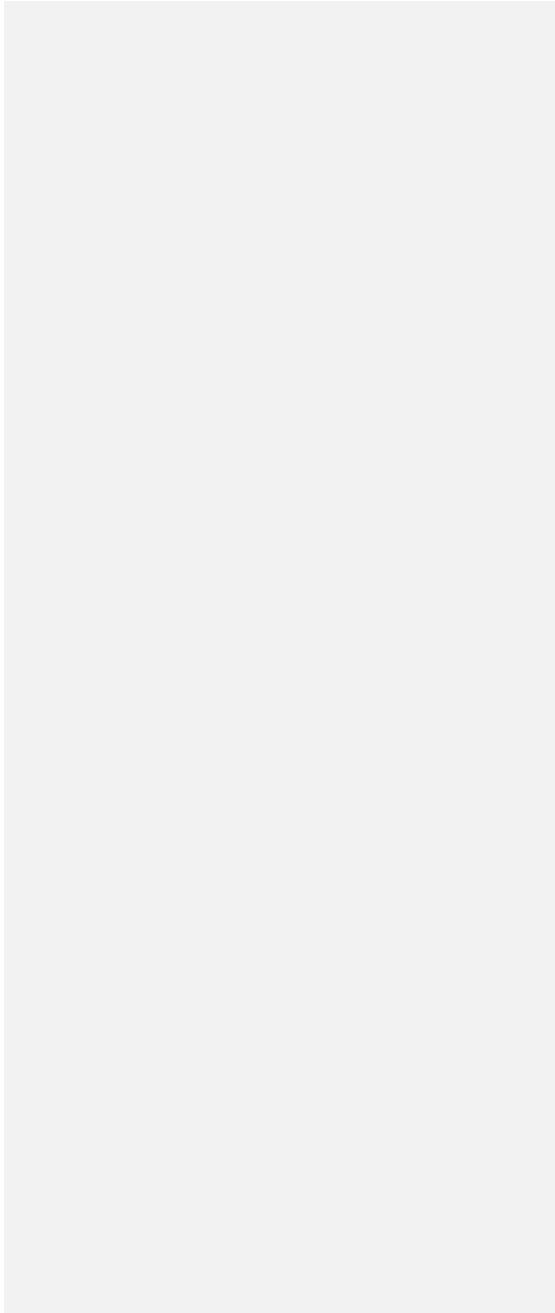
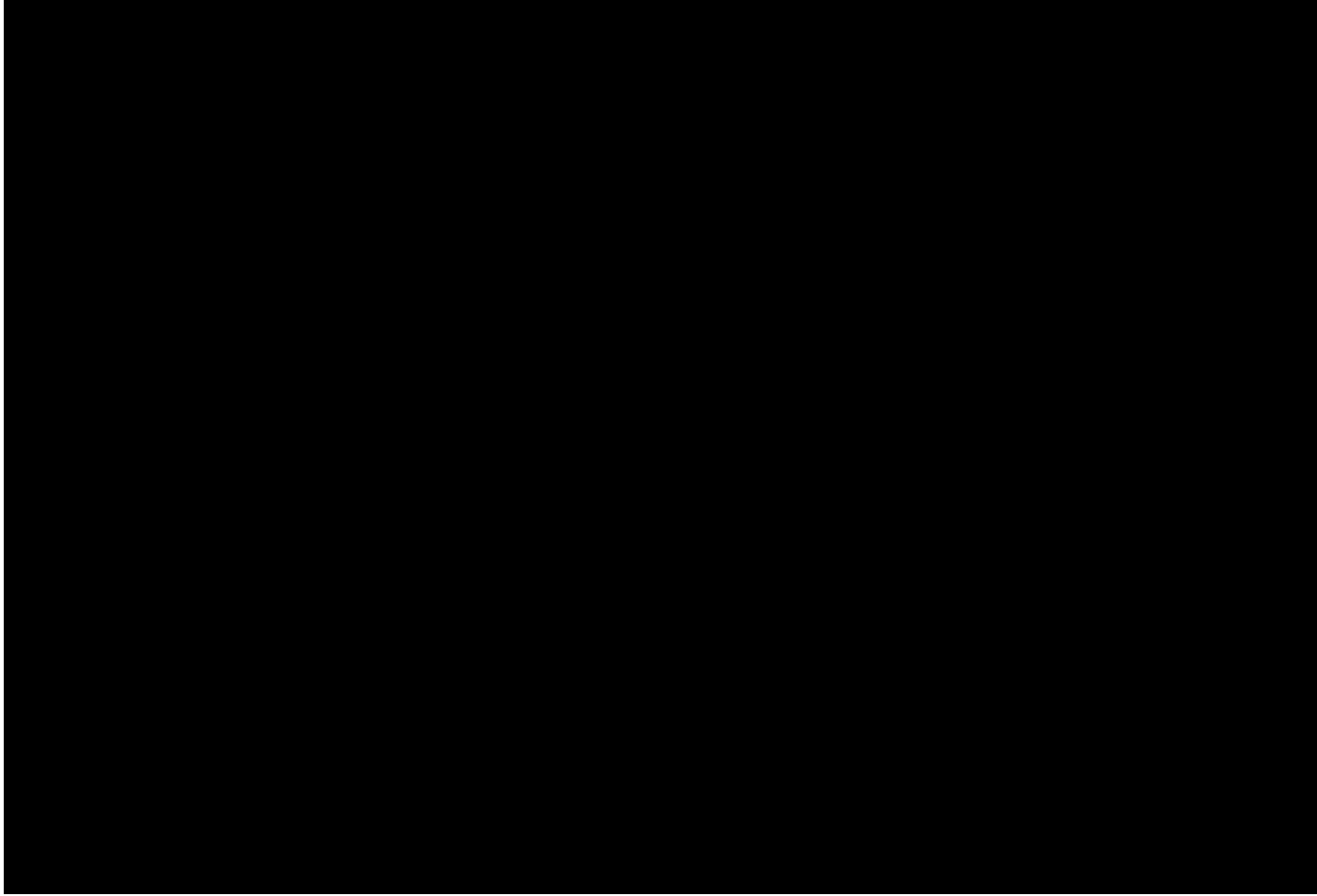
6.	BIDDER'S PROPOSED PRICING (QUOTATION OR COST RESPONSE)		15 MAX POINTS	
	Please identify all allocated costs, together with the total charges Bidder is willing to accept in consideration of the full performance of the Contract.		15	9 Commented [RWP(9): Quote is the same as the project funding, ignoring the nominal difference of \$4430. Average to bid the amount that is funded.
	COMMENT:	SEE ANSWER TO 6A BELOW SCORING TABLE.		
B	Please fully describe any assumptions Bidder has made that affect its proposed total charges, if those assumptions are not explicitly addressed in Attachment A, Sample Contract.		NOT SCORED	
	COMMENT:	ATI developed the budget under the assumption that there will be a one-year project period from January through December 2024 with the option for a six-month extension for continued work on the Section 1115 waiver application or pre-implementation activities. Given that this is a new and novel demonstration, the extension may be used to continue to negotiate and propose new options to CMS. This budget and proposal assume that ATI will not serve as the independent evaluator contractor that the State will need after the Section 1115 waiver is approved in order to comply with CMS requirements. The ATI team will support the development of hypotheses related to the Section 1115 Waiver, which are included in the waiver application and ultimately inform the State's waiver evaluation approach. For example, ATI may speak to the hypotheses that the State will demonstrate savings, prevent poverty, and improve health outcomes as a result of the State's waiver policies. This work in the application will serve as a		

		starting point for the independent evaluation design requirement that states must meet once their Section 1115 application is approved. After DSHS' Section 1115 waiver is approved, the State, per the Special Terms and Conditions (STC), is required to submit an evaluation design to CMS for CMS approval.		
	C	Bidder should also propose a schedule of payments corresponding to its charges for successfully performing the tasks necessary to accomplish identified milestones corresponding to project objectives and performance measures within each phase. Bidders are required to collect and pay Washington State sales tax, if applicable.	NOT SCORED	
	COMMENT:	ATI will submit monthly invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. The invoices will describe and document to DSHS' satisfaction a description of the work performed, activities accomplished, the progress of the project, and fees.		

6A.







WRITTEN RESPONSE SCORING
November 30 – December 5, 2023
RFP #2334-839
Medicaid 1115 Waiver Policy Consultant

Vendor Name: ATI Advisory

Evaluator Number: WE5

General Guidelines:

- Please score each vendor's response without reference to the scores for other vendors. Each score should reflect your score based on the criteria only.
- Please note all scores and comments in the allotted sections. If you change a score, initial the change.
- Please include comments that will assist the vendor in understanding why the response did not get full points. Positive comments are also welcome.
- We would prefer that you leave a comment for each question scored, briefly explaining why you assigned that particular score.
- You may discuss the proposals among the evaluation team, but each evaluator should score independently. **We do not use consensus scoring.**
- Do not downgrade a proposal because it did not address something that was not asked for in the Solicitation.

Scoring of Proposals

The following available points will be assigned to the proposal for evaluation purposes:

Section 5 Bidder Qualifications & Experience	270 points
Section 6 Budget & Reporting	15 points

If you have questions, please direct them to Lauren Bragazzi, Solicitation Coordinator, phone 360-664-6047. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Score	Description	Discussion
90-100% of available points	Exceptional	Clearly superior to that which is average.
70-80%	Above Average	Better than that which is average.
50-60%	Average	Baseline score for each item with adjustments based upon the evaluator's interpretation of the Bidder's response.
30-40%	Below Average	Substandard to that which is average.
10-20%	Failing	Non-responsive or clearly inadequate to that which is average.
0%	No Experience	Response shows no experience in this skill or capability.

Evaluator Scoresheet for RFP #2334-839

You will be evaluating one part of the bidder’s submission: Section 5. Bidder Qualifications & Experience and Section 6. Bidder’s Cost Proposal. If a question requires Bidders to submit additional documents, they will be included in an attached document.

5.	BIDDER QUALIFICATIONS AND EXPERIENCE (270 Points)		270 MAX POINTS	SCORE
E	<p>Please provide the number of years of experience you or your organization has in drafting 1115 waivers. Please describe the experiences, skills, and qualifications your organization possesses that are relevant to an evaluation of your ability to perform the Contract that is the subject of this Solicitation. Please ensure that your answer to this question includes all information that you wish DSHS to consider in determining whether you meet the minimum Bidder qualifications set forth in the Solicitation Document. Please include any relevant experience that distinguishes your organization or makes it uniquely qualified for the Contract.</p>			
	COMMENT:	<p>ANSWER: ATI has built a project team with unmatched expertise to support DSHS in drafting a Section 1115 Waiver and exploring other approaches to recognize savings created by the WCF. The ideal team understands the Section 1115 Waiver process and regulation, as well as LTC financing and broader policy levers available to the State. Our proposed project team reflects the comprehensive expertise DSHS needs.</p> <ul style="list-style-type: none"> Collectively, ATI’s proposed project team brings 55 years of experience drafting Section 1115 Waivers and providing technical assistance with additional processes key to the development of a successful Section 1115 Waiver. This experience includes stakeholder engagement, project governance, inter-agency facilitation, negotiating with CMS, plans for monitoring and evaluation, data analytics, and implementation. Members of our team have reviewed Section 1115 Waiver applications on behalf of the OMB, have experience working with CMS on implementing, evaluating, and providing technical assistance for 1115A (Medicare Medicaid Innovation) waivers, and are national experts in LTC financing and social insurance program design. ATI’s smaller size and focus on healthcare ensures we are nimble and flexible enough to provide our expertise in ways that best meet the State’s needs and offers access to 	50	42

our senior leadership and thought leaders that larger firms rarely extend. Our approach is to work collaboratively with our clients as partners and trusted advisors. We prioritize the goals and needs of our clients and match those needs with our expertise to produce excellent results. Our team will include national experts on LTC financing and 1115 Waiver development, including Anne Tumlinson, Marc Cohen, Tom Betlach, and Karen Kimsey, to ensure that DSHS has the right people at the table when making key policy decisions.

ATI's Expertise and Resources:

- **ATI's team has helped to develop Section 1115 Waivers with eight states**, including California, North Carolina, and Hawai'i, and has experience reviewing Section 1115 Waiver applications at CMS and implementing a Section 1115 Waiver on the ground in New York. These experiences give the ATI team perspective across the Section 1115 Waiver life cycle from application development and CMS approval to on-the-ground implementation. Furthermore, we have provided training to state clients on the Section 1115 Waiver process to ensure success in navigating federal requirements and norms. We work to elevate states' unique needs, ensuring we are fully listening and responding to state and stakeholder direction. For example, based on client needs we support Hawai'i's State Medicaid Agency with the full Section 1115 Waiver process—from policy ideation to drafting and CMS negotiations—by project managing multiple scopes of work and deliverable components among State contractors (e.g., actuaries), conducting research and policy options analyses, and facilitating eight workgroups on key topics to drive policy decision-making, among other activities.
- **ATI's staff and advisors are nationally recognized experts in LTC financing.** ATI founder and project advisor Anne Tumlinson has decades of experience in LTC financing, including advising on the development of budget neutrality principals for Section 1115 Waivers, leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, and managing a multi-stakeholder effort to develop model options for a federal LTC social insurance program and share those options publicly through a variety of papers, presentations and

chartbooks. Similarly, Marc Cohen has over thirty years of experience leading research on the financing and delivery of LTSS and supported Washington in the design of the WCF. ATI intimately understands how to navigate financing LTC social insurance like WCF. Because Washington’s proposal of generating shared savings from LTC insurance through a Section 1115 Waiver is novel, ATI’s deep financing expertise can help Washington build a compelling application and avoid key obstacles. Anne Tumlinson and Marc Cohen have each been invited, on multiple occasions, to present testimony on LTC financing to U.S. House and Senate committees.

- **Our Medicaid team understands Medicaid financing and how to optimize the federal match** and can quickly vet the direction of budget impacts from shifting dollars between Medicaid and non-Medicaid state payment sources. ATI understands the multiple interaction points between LTSS and CMS policy and can speak to these interactions if they arise in discussion with CMS. With experience reviewing budget neutrality at the federal OMB, our team also understands federal budget neutrality requirements and will work collaboratively to support and align with the State’s consultant or team leading budget neutrality calculations for DSHS, as we did recently for Hawai’i’s State Medicaid Agency.
- **Our team includes skilled communicators who have negotiated with CMS.** As stated above, our team includes former CMS and OMB employees who understand federal requirements and what these agencies need to advance state requests. Our experience working with states on particularly innovative programs, including Hawai’i’s Section 1115 Waiver, will allow us to negotiate with CMS regarding the unique nature of DSHS’ approach and the expected benefits at the federal and state levels. For example, Arizona’s former State Medicaid Director Tom Betlach negotiated the approval of three Section 1115 Waiver amendments that were initially not approved including an amendment to establish a patient centered medical home. The state wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes.

- **We understand the broader healthcare environment** and have subject matter experts across Medicaid, Medicare, dual eligible policy, LTSS, LTC financing, and social service programs. We bring nuance and historical context to policy decisions. For example, Anne Tumlinson, with support from The SCAN Foundation, pioneered health services research that analyzed healthcare spending specifically attributable to the Medicare population experiencing functional and cognitive decline, laying the groundwork for higher value healthcare through integrated financing and delivery across medical and LTC. Our team includes nationally recognized experts across these topics and is deeply connected to the national policy conversations on these topics, for example through public forums at the Bipartisan Policy Center or private informal policy consultations with our peers and colleagues in stakeholder organizations, which means we can anticipate policy direction and advise DSHS accordingly. We are experts on federal and state policy and program design innovations, CMS guidance, and approval precedents. With this experience and our creativity, we can help the State understand and leverage its full purchasing power.

ATI's Approach:

- **Our unparalleled approach centers on understanding the unique needs of states and stakeholders**, whether that is education and training or administrative support and leading conversations. We are the go-to source for private and public sector entities to learn about and receive support on LTC issues and policy. This is evidenced by our project portfolio and the speaking engagements our team is invited to present at (for more detail, see team resumes in Attachment F). ATI is dedicated to facilitating key decisions through an inclusive and responsive process and prioritize fostering an environment of collaboration, organization, and effective communication. Further, we are exposed regularly to the lived experiences of individuals with LTSS needs through their family caregivers who are part of the national Daughtershed community, which ATI founder and CEO Anne Tumlinson founded. We see first-hand the impact of the financial devastation LTSS-need creates. One of our company values, connectedness, speaks to our commitment to ensure our clients benefit from the full extent of deep

and long-standing relationships and ability to build bridges across different stakeholder groups and perspectives.

- **ATI excels at seamlessly coordinating and facilitating decision-making processes across diverse agencies and stakeholders.** Our expertise lies in building consensus – a crucial skill in navigating the intricate landscape of federal resources and decision-makers – and weaving in state and local perspectives. We recognize that negotiating with CMS for the approval of DSHS’ Section 1115 Waiver will require significant federal resources. All Section 1115 Waivers are reviewed and approved by a federal review team that includes central office project officers and leadership in the State Demonstrations Group along with regional office representation, the OMB, and other federal agency decision makers. In working with Pennsylvania and other states, our team members have developed presentation materials that can be used in federal negotiations and to encourage effective communication. For example, in Alabama, our proposed Executive Sponsor, Johanna Barraza-Cannon attended meetings with CMS in person in Baltimore as a representative for the State while State staff, contractors, and other team members participated remotely in discussions and negotiations.
- **The ATI team is characterized by its adaptability, agility, and ability to address the most challenging problems in LTC.** Recognizing the complexity of DSHS’ initiative, we understand that the path may not always be linear. As such, it will be critical for Washington to have a team with the expertise and adaptability to chart and navigate new strategies. In the face of potential shifts, such as CMS requiring course adjustments, ATI will support DSHS to successfully negotiate approval or pursue alternatives as we have done with other states.
- Please see Response 5J for additional detail and examples of ATI’s performance and capabilities, including a description of our engagement with eight states, implementing Section 1115 Waivers as a provider system, and CMS 1115 experience. Response 5L offers eight key examples of ATI and ATI’s staff policy research capabilities.

ATI Team Experience and Subject Matter Expertise

As we noted above, ATI is led by experts in the field of complex care and LTC financing across Medicaid, Medicare, dual eligible policy and programs, and LTSS. Our team includes former federal, state, plan, and provider executives and we have supported clients with projects similar to DSHS' Section 1115 Waiver application. For this effort with DSHS, we have assembled a core team of ATI staff with Section 1115 Waiver and project management expertise, and an Advisor Group of ATI staff and ATI partners with national expertise spanning LTC, Section 1115 Waiver development and approval, and other waiver types DSHS might consider.

Below are short biographies that highlight the experiences of key project leadership, advisors, and team members. For an organization chart and resumes, see Response 5F.

Core Team Experience:

- **Johanna Barraza-Cannon, Director at ATI**, will serve as the Executive Sponsor. She has over 20 years of experience in health and human services policy, finance, strategy, and operations. As a consultant at Navigant Consulting (now Guidehouse), Johanna helped Alabama and Pennsylvania develop their Section 1115 Waivers. This included facilitating brainstorming and decision making (develop options analyses, PowerPoint presentations, decision memorandums) across multiple workgroups (developing a governance structure for these workgroups) to determine what requests would go in the application, engaging with stakeholders, and writing sections of the application. At ATI, Barraza-Cannon served as a subject matter expert on the Hawai'i Section 1115 Waiver renewal request which included reviewing application material, assisting with state decision making, and stakeholder engagement. As a technical director at CMS, Barraza-Cannon worked with states on their Section 1115 Waiver requests and served on the federal review team for numerous demonstration requests including HIFA and family planning requests. While a consultant at Navigant, Barraza-Cannon worked with multiple states on the CMMI State Innovation Model grant program, to help develop new and innovative solutions in care coordination, multi-payer models, health information technology, behavioral health, and stakeholder engagement.

		<p>Furthermore, she served as the interim Medicaid director for South Dakota, staffed the State Illinois House Health Appropriations Committee, and has federal experience as the Policy Director for the Office of Health Information Technology at HRSA and as a Technical Director in the Center for Medicaid and CHIP Services (CMCS) at CMS.</p> <ul style="list-style-type: none"> <p>• Morgan Craven, Director at ATI, will serve as the Project Director. She has supported numerous states in the development and implementation of Section 1115 Waivers, most recently North Carolina, California, and Hawai'i. Craven leverages eight years of experience advising clients on a broad range of strategies related to Medicaid innovation and delivery system reform, federal and state legislative and regulatory analysis, managed care innovation, incentive payment programs, stakeholder engagement, and project management. Prior to joining ATI, Craven was a Manager at Manatt Health providing strategic guidance and hands-on technical assistance, primarily to state Medicaid agencies. During her tenure, she supported state Medicaid agencies on a broad range of policy design and implementation issues, including Medicaid financing approaches, provider reimbursement, quality evaluations, and value-based payments. Craven also facilitated robust CMS engagement and technical assistance to state Medicaid agency partners regarding submitting and negotiating approvals for supplemental and directed payments, designing and framing quality evaluations, demonstrating compliance with managed care and financing rules, and other escalated issues. Craven started her career at Lockton Companies where she advised on regulatory compliance, risk mitigation, and design of employer-sponsored managed care plans. In addition to her extensive experience in policy design and implementation, Craven is skilled in developing multivariate Excel models, conducting financial analyses, and providing project management support and infrastructure to state Medicaid agencies. Craven received her Master of Public Health, Health Policy from George Washington University, and her Bachelor of Business Administration from Southern Methodist University.</p> <p>• Laura Benzing, Senior Analyst at ATI, will serve as Project Manager overseeing daily project activities to ensure project success. Currently, Benzing serves as the ATI project manager helping to develop the Hawai'i Section 1115 Waiver by managing project communication and progress but also conducting policy analysis and drafting material.</p> 		
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		<p>Benzing works with California’s Office of Medicare Innovation and Integration (OMII) to research and inform state policy strategies to support Medicare-only beneficiaries, including those with LTSS needs. At ATI, Benzing conducts policy analysis and data analytics, in addition to serving as a project manager. Benzing has completed her coursework for a Master's in Health Informatics with a concentration in Management at George Mason University and received her Bachelor of Science in Biology, minoring in Computational Biology and Creative Writing, from Duke University.</p> <ul style="list-style-type: none"> • Cleanthe (Cleo) Kordomenos, Senior Analyst at ATI, will serve as part of the project team for this effort, with a particular focus on health policy research and analysis. At ATI, Kordomenos applies her experience with federal and state health insurance programs to advise and provide technical assistance to states on policy and program design (including Section 1115 Waivers), particularly on issues related to Medicaid LTSS, dual eligible populations, and delivery system transformation for people with complex health and social needs. Kordomenos also currently supports the State of Hawai’i in the development of their Section 1115 Waiver submission, advising the State on opportunities to best leverage federal authorities and funding pathways to promote whole-person care and address social determinants of health within the State's Medicaid program. Prior to joining ATI, Kordomenos supported Section 1115A evaluations for federal health care delivery and financing demonstrations on behalf of CMMI, including the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents and the Financial Alignment Initiative. Kordomenos also advanced research efforts on integrated care models for dually eligible individuals and populations with LTSS needs for the Office of Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services and the Medicaid and CHIP Payment Access Commission (MACPAC), including an analysis on the factors affecting the development of Medicaid nursing facility payment policies across seven states. Kordomenos received her Master of Public Health from the Johns Hopkins Bloomberg School of Public Health and a Bachelor of Arts in Health Communication Studies from The College of New Jersey. • Nils Franco, Senior Analyst at ATI, will serve as part of the project team for this effort, with a particular focus on data analytics and evaluation design planning. Franco leads 		
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			<p>quantitative research and supports qualitative research to advise clients on federal and state health insurance programs. Prior to joining ATI, Franco served the Altarum Institute’s Center for Value in Health Care and Center for Eldercare Improvement as a research analyst. His work there included economic modeling of the impact of social policies, business consulting on home- and center-based services, and federal research on Medicare–Medicaid integration amid COVID-19. In a key project, he derived county-level data from Medicare administrative files to describe Part D outcomes for beneficiaries aged 65+ and describe users of post-acute and LTC, including their functional and cognitive conditions, their diagnoses, and their use of healthcare. At a federal level, Franco’s past work has included consulting and data management for the Center for Medicare and Medicaid Innovation (CMMI) and the Medicare Ombudsman Group, as well as designing statistical methods for a research project funded by the Agency for Healthcare Research and Quality. Franco received his bachelor’s degree in Economics from American University. He was a fellow of the Public Policy and International Affairs (PPIA) Program in 2017 at Carnegie Mellon University’s Heinz College.</p> <ul style="list-style-type: none"> • Jonathan Amos, Analyst at ATI, will serve as part of the project team, with a focus on health policy research and analysis. At ATI, Amos currently supports the State of Hawai’i in the development of their Section 1115 Waiver submission, conducting key research to advise the State on policy approaches to promote whole-person care and reduce health disparities impacting Hawai’i’s most vulnerable Medicaid members. Amos prepared materials that informed the State’s policy decision-making, identified policy pathways approved in other states’ Medicaid programs applicable to Hawai’i, and drafted large sections of the Section 1115 Waiver submission. Prior to joining ATI, Amos managed new specialty scheduling projects for Corewell Health’s COVID-19 response, leading strategic planning and implementation of COVID-19 Community Vaccination Clinics and COVID-19 Long Haul Clinics. Amos uses their experience in health systems operations and six years of relevant health policy research to bridge the gap between policy, patients, payers, and providers, particularly relating to health equity, social determinants of health, and Medicaid opportunities to address health-related social needs. Amos received their Bachelor of Arts in Social Relations and Policy 		
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from Michigan State University and anticipates completing their Master of Public Health at the University of Michigan in May 2024.

Advisor Group Experience:

- **Anne Tumlinson, Founder and CEO of ATI Advisory**, leads the nation in setting the direction of aging and disability policy and is a nationally recognized expert in LTC financing. Highlights from her 30-year career include:
 - Advising policy officials on LTC policy at the White House Office of Management and Budget, including the development of budget neutrality principals for Medicaid Section 1115 Waiver review, and dual eligible demonstration design;
 - Producing a paper on catastrophic federal LTC insurance design for the Georgetown University Financing Project, funded by the Robert Wood Johnson Foundation;
 - Building a publicly accessible, stylized model of social insurance options for LTC financing, with funding from The SCAN Foundation, in advance of Congressional debate of the CLASS Act;
 - Leading a team of modelers estimating premiums and participation rates for the newly enacted CLASS Act program, under contract with the Department of Health and Human Services Assistant Secretary for Program Evaluation;
 - Testifying before the Senate Aging Committee, House Energy and Commerce Committee, and the Bipartisan Congressional LTC Reform Commission on LTC financing reform;
 - Managing a multi-funder, multi-stakeholder effort to develop model options for a federal LTC social insurance program design, under contract with The SCAN Foundation. Work included managing an actuarial team at Milliman and a dynamic microsimulation model build at the Urban Institute; and

- Pioneering health services research that analyzes healthcare spending for the population segment that experiences varying levels of functional and/or cognitive decline.

Tumlinson also founded and serves as CEO of ATI Advisory, a consulting and research firm that guides public and private leaders in solving the hardest problems in healthcare, with a focus on developing creative solutions for addressing LTSS needs. Early on at ATI, Tumlinson led a large-scale LTC financing project exploring insurance options for social insurance, involving many stakeholders and extensive oversight of the DynaSim model. More recently, ATI served as the project leader and coordinator for a multi-funder, multi-stakeholder effort to specify and model several options for federal LTC social insurance program design. The effort produced consensus across stakeholders and researchers and influenced the shape of federal legislation. She also founded and serves as the Board Chair for Daughtershood, an online and in-person community that connects family caregivers with each other for support and information. She serves on the non-profit board of Mary's Center, an FQHC in Washington, DC, and as a member of the National Academy of Social Insurance. Tumlinson spent her early career working in government, first as an aging and healthcare advisor to Congressman John Lewis (D-GA) and then as the lead for Medicaid program oversight at the Office of Management and Budget.

- **Tom Betlach, MPA, Partner at Speire Healthcare Strategies**, joined Speire as a partner to advise government and private sector clients on complex health policy and strategic initiatives. He is a nationally recognized thought leader on Medicaid and health care policy, known for his expertise in serving complex populations, delivery system transformation, value-based purchasing, managed care, and cost containment. Prior to joining Speire, Betlach spent 27 years serving in a variety of leadership roles for the State of Arizona. He served five different governors in three different cabinet positions. Most recently, Betlach served as director of the Arizona Health Care Cost Containment System (AHCCCS), Arizona's State Medicaid agency, where he reported directly to the governor. AHCCCS provided health care coverage to 1.9 million Arizonans at an annual cost of \$13 billion. During his tenure, Arizona became an early innovator in leveraging

competitive managed care contracting strategies and Section 1115 Waivers to transform health care delivery. Arizona successfully pursued a multi-year strategy to integrate behavioral health services, expanded the delivery of services to address social determinants of health and pursued value-based purchasing strategies. Arizona remains one of the lowest-cost LTC programs nationally and has maintained high levels of home and community-based placement for persons with LTC needs.

Known for his ability to work across government, Betlach was integral to Arizona's development of a broad coalition to streamline justice system transitions to health care. This multi-pronged, collaborative strategy resulted in a more effective approach to delivering care. The effort aligned well with broader initiatives in the Medicaid program to expand housing and employment support services. Upon his departure, Arizona Medicaid was the third largest housing authority in Arizona. He also led initiatives to develop stronger partnerships with tribal organizations. Through innovative Section 1115 Waivers and other authorities, Arizona created first-in-the-nation models that improved services for tribal members. Betlach serves as a critical Medicaid and health policy resource for policymakers across the country. He led an Arizona/federal government partnership to create new tools that improve services for those dually eligible for Medicaid and Medicare. Betlach has testified on multiple occasions before Congress and his leadership on dual eligible population services is recognized nationally. Betlach served as both vice president and president of the National Association of Medicaid Directors. He currently serves on the board for the National Committee for Quality Assurance (NCQA) and is a member of the Congressional Budget Office Panel of Health Advisers. Betlach holds a master's degree in public administration from the University of Arizona and a bachelor's degree in political science from the University of Wisconsin.

- **Marc A. Cohen, Ph.D., Professor of Gerontology at UMass Boston**, co-directs the LeadingAge LTSS Center @UMass Boston and serves as a Research Director at the Center for Community Engagement in Health Innovation at Community Catalyst. Throughout his career, Dr. Cohen has conducted extensive research on public policy issues affecting the financing and delivery of LTSS and has skillfully demonstrated his expertise in multiple settings.

		<p>Cohen was part of the team that worked on the initial development of the WCF with Milliman. He conducted stakeholder interviews with Washingtonians for a Better Future and provided consulting service support to the WCF team working on issues related to benefit eligibility definitions and assessment work. Prior to joining UMass in the fall of 2016, Dr. Cohen served as the Chief Research and Development Officer and former President and co-founder of LifePlans, Inc., a LTC research and risk management company. At LifePlans, Inc., Dr. Cohen consulted for and conducted research for health insurers, health providers, trade associations, Congress, states, and government agencies. His contributions have helped to develop innovative reinsurance programs and health risk management products, improve the efficiency of care delivery, and create data-driven solutions to optimize health care systems. Concurrently, Dr. Cohen served as a senior researcher for both the Center for Health and LTC Research and Brookdale Institute of Gerontology conducting analyses for foundations, universities, and congressional staff on LTC financing and care delivery. Here, he developed expertise on the utilization of Medicare and Medicaid home health care services, nursing home care, and community-based services, and the role of competition and different financial models on pricing and efficiency of health care systems.</p> <p>He has testified before Congress, the Bipartisan Policy Center, and other organizations; served on Governor Patrick’s Task Force on LTSS Financing for Massachusetts; was a Steering Committee member of the LTC Financing Collaborative; and served as a Chair for a National Academy of Social Insurance Study panel on Designing State-Based Social Insurance for LTSS. More recently, he has been examining ways to improve person-centered care, add services to senior housing, improve patient engagement in the research process, evaluate and strengthen family caregiving advocacy, and address issues related to caring for individuals dually eligible for Medicaid and Medicare. Over the years, his work has been quoted extensively and he has been interviewed by the <i>New York Times</i>, <i>Wall Street Journal</i>, and <i>Time Magazine</i> as a thought leader on elder care financing issues. Dr. Cohen received his Ph.D. from the Heller School at Brandeis University and his master’s degree from the Kennedy School of Government at Harvard University.</p>		
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		<ul style="list-style-type: none"> • Brianna Janoski, Managing Director at ATI, leads ATI’s state work related to Medicaid, aging, and dual eligible program design. She has supported over 25 states across Medicaid agencies and Departments of Aging. Janoski served as a technical assistance contractor to CMS during the roll out of the Financial Alignment Demonstrations from 2012 to 2016 as a part of the Integrated Care Resource Center. During this time, she provided various types of support to the 10+ states pursuing capitated and managed fee-for-service demonstrations under 1115A demonstration authority. Before joining ATI, Janoski was an independent consultant who supported clients on projects related to managed care, Medicaid, Medicare, State Health Insurance Assistance Programs (SHIPs), and integrating care for dual eligible individuals. Janoski also served as the Associate Vice President of Medicare/Duals Plan Product and a Director of Public Policy at Molina Healthcare. Janoski began her career working at the Center for Health Care Strategies where she engaged with states across the country to reform care for complex populations and served as a technical assistance provider on behalf of CMS to help states implementing Section 2703 Health Homes and Financial Alignment Demonstrations. Janoski received her Master of Public Health in Urban Health and Bachelor of Science in Health Science degrees from Northeastern University. • Karen Kimsey, Partner at Speire Healthcare Strategies, will bring 1115, and Medicaid subject matter expertise to this project. Kimsey has more than 27 years in public health care policy, program development and operation, and finance. She is also a nationally recognized expert in Medicaid-funded LTSS. Before joining Speire, Kimsey served as the director of Virginia’s Medicaid and Child Health Insurance Programs, including the provision of acute, behavioral health and LTSS to more than 2.1 million Virginians at an annual cost of \$20 billion. Kimsey also served in multiple executive level roles in the Virginia Medicaid program. As the Medicaid Chief Deputy Director, she was the operational lead for the creation of the Medicaid Expansion benefit, which now supports 600,000 low-income adults. This included streamlining eligibility processing for incarcerated populations. As Deputy of Complex Care and Services, she led the effort to integrate long-term and behavioral health services and supports into managed care, including the development of an innovative model of managed care for individuals enrolled in both Medicare and Medicaid. She also led the creation of a new 		
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addiction and treatment services benefit to address the opioid crisis. Additionally, she was the primary Medicaid lead for the redesign of the Intellectual and Developmental Disability service delivery system while the State was under a settlement agreement with the Department of Justice. Nationally, Kimsey served on the governance committee and as east coast representative of the National Association of Medicaid Directors. She currently serves as a Member of the American Board of Internal Medicine's Action Group on Health Equity. Kimsey holds a Master of Social Work degree and a certificate in Aging Studies from Virginia Commonwealth University in addition to a Bachelor of Social Work from James Madison University.

- **Tyler Overstreet Cromer, Principal at ATI**, brings a decade and a half of experience in health and aging policy, analytics, budget formulation and execution, and consulting. She advises clients on innovative healthcare financing and delivery models and provides expertise in Medicare value-based care program design and Older Americans Act programs, including Medicare Advantage, Special Needs Plans, PACE, traditional Medicare Fee-For-Service, and value-based programs. Prior to joining ATI, Cromer served as a senior executive at the White House Office of Management and Budget, providing oversight and expertise for budget development and execution for the Department of Health and Human Services (HHS). In her federal role, Cromer was involved in many of the reforms to traditional Medicare, having led efforts at OMB related to the Center for Medicare & Medicaid Innovation (CMMI) from its inception until her arrival at ATI. She also worked on the initial design and regulations of the Medicare Shared Savings Program. Cromer has provided oversight, expertise, and policy and budget guidance to various health programs and agencies, whose discretionary budgets total over \$8 billion annually, including CMS and the Older Americans Act programs administered by Administration for Community Living (ACL). Cromer frequently partnered with HHS for planning and executing major management improvement efforts. Cromer frequently speaks at national conferences on healthcare, caregiving, and the complex needs of Medicare beneficiaries. Cromer received her Master of Public Administration from the Maxwell School at Syracuse University and her Bachelor of Arts from Wake Forest University.

Together, the proposed team exhibits a comprehensive mastery of diverse skill sets required for successful project execution. **Figure 1**, describes how project team members align the projects’ key competencies, demonstrating the team’s holistic capabilities, education, and expertise that will serve as the foundation for a successful project.

Figure 1: Proposal Project Team Expertise (Two dots – expert-level experience, one dot – mid-level experience)

Subject Matter Expertise and Technical Expertise	Project Team						Advisors					
	Johanna Barraza – Cannon	Morgan Craven	Laura Benzing	Cleo Kordomenos	Jonathan Amos	Nils Franco	Anne Tumlinson	Brie Janoski	Marc Cohen	Tom Betlach	Karen Kimsey	Tyler Overstreet-Cromer
Drafting Section 1115 Waivers	
Negotiating Section 1115 Waivers with CMS	
Conducting Stakeholder Engagement
Long Term Care Financing Expertise					
Working Within Federal and/or State Government
Working with State Medicaid Agencies
Managing Projects
Facilitating Meetings

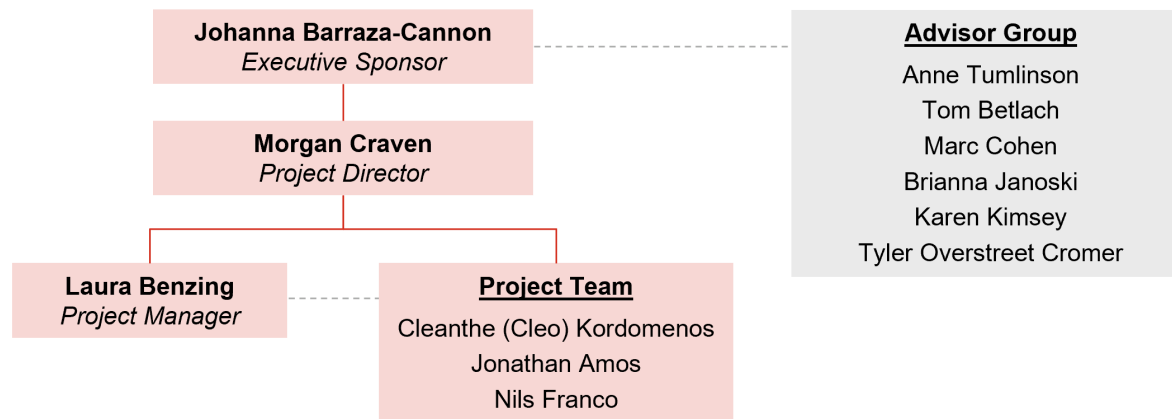
ATI meets all minimum Bidder qualifications.

ATI is licensed to do business in the State of Washington and has demonstrated experience assisting states with Section 1115 Waivers (see additional detail in Response 5B). ATI is staffed to meet the project requirements and timelines (see additional detail in Response 5C). Team members are able to provide services and be available for project needs from 8:00am - 5:00pm Pacific time (see additional detail in Response 5D).

F	<p>Please provide the names of the key team members you will assign to this Contract, if you are the Successful Bidder, and provide their proposed roles and copies of resumes describing the relevant experience they possess. Bidder should note that if awarded a contract, it may not reassign its key personnel from the Project without prior approval of DSHS.</p>		
	<p>COMMENT: ANSWER: ATI’s proposed project team is led by seasoned professionals specialized in complex care and LTC financing, encompassing expertise in Medicaid, Medicare, dual eligible policy and programs, as well as LTSS. Our accomplished team includes nationally renowned experts and former State Medicaid Agency executives.</p> <p>Refer to the organizational chart (Figure 2) to see how we will deploy our project team. For a more in-depth exploration of our team's qualifications and credentials, please reference their resumes in Attachment F. See Response 5E for short staff biographies that offer succinct highlights of key experiences. As the Executive Sponsor, Johanna Barraza-Cannon will serve as the senior-level professional responsible for overseeing the entire project and guiding it in the right direction based on her expertise and experience. Morgan Craven, the Project Director, will be responsible for the planning and execution of the project, serving as the primary meeting facilitator and central point of communication between DSHS, ATI, and relevant stakeholders. As the Project Manager, Laura Benzing will serve as the administrator for coordinating efforts, planning tasks, and ensuring the full team is informed, updated, and progressing along the workplan. Our project team reflects a combination of qualitative and quantitative capabilities and includes Cleo Kordomenos, Jonathan Amons, and Nils Franco. Kordomenos and Amos will be responsible for research, material development, and project management tasks, leveraging their recent experience leading this work for ATI as part of our Hawai’i 1115 support. Franco will be responsible for conducting and communicating data analyses, including any state data needed to help make a compelling case to CMS for approval of the proposed Section 1115 Waiver, and providing LTC financing insights. Advisors will serve as strategic partners to the Core Team and as needed, to DSHS, reviewing and shaping content with their specialized knowledge and guidance. Our proposed staffing approach with a Core</p>	10	8

Team and an Advisor Group will help ensure the application has the best chance of CMS approval and aligns with Washington’s goals.

Figure 2: ATI WCF Section 1115 Waiver Team Organizational Chart



G Please describe your method for assuring that your services and deliverables are provided in accordance with high quality standards and for immediately correcting any deficiencies. What data would you propose to report to DSHS which would permit verification of your quality assurance activity, findings, and actions?

COMMENT:

ANSWER:

The ATI team assures high-quality, timely, and budget-consistent services and deliverables through its formalized and systematic quality control processes spanning qualitative and quantitative analytics, technical report writing, financial modeling, meeting facilitation, and more. As part of these processes, we:

- **Monitor resource utilization** to ensure we are providing the appropriate amount of support to our clients, based on budgeted hours and contract deliverables. Resource utilization monitoring also ensures the right staff are deployed for an appropriate amount of time, to maximize the expertise we are providing to Washington. We do this using project management

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software that tracks daily project team hours, overlaid with the project management plan, budget, and deliverable production (described more in our response to 5H, below). Individual staff and project team managers also work together closely to ensure staff are deployed efficiently. For example, staff and project team managers have a recurring weekly “stand-up” meeting to discuss staff deployment, project deliverables, and critical timelines. This approach incorporates expected and unexpected staffing absences, for example time off, to ensure project obligations are met. Given the short timeframe associated with Washington’s novel Section 1115 Waiver design, resource utilization will be especially important.

- **Ensure consistently high-quality output** to minimize our clients’ review and revision time, and in the case of Section 1115 Waiver design, to maximize likelihood of waiver approval. For each deliverable, ATI assesses and addresses quality separate from the development of and review of the deliverable’s content. For example, while core project staff will review and iterate on a deliverable at least twice before sending or presenting to a client, a separate team of ATI staff who were not involved in the development of the deliverable will review for quality and consistency.

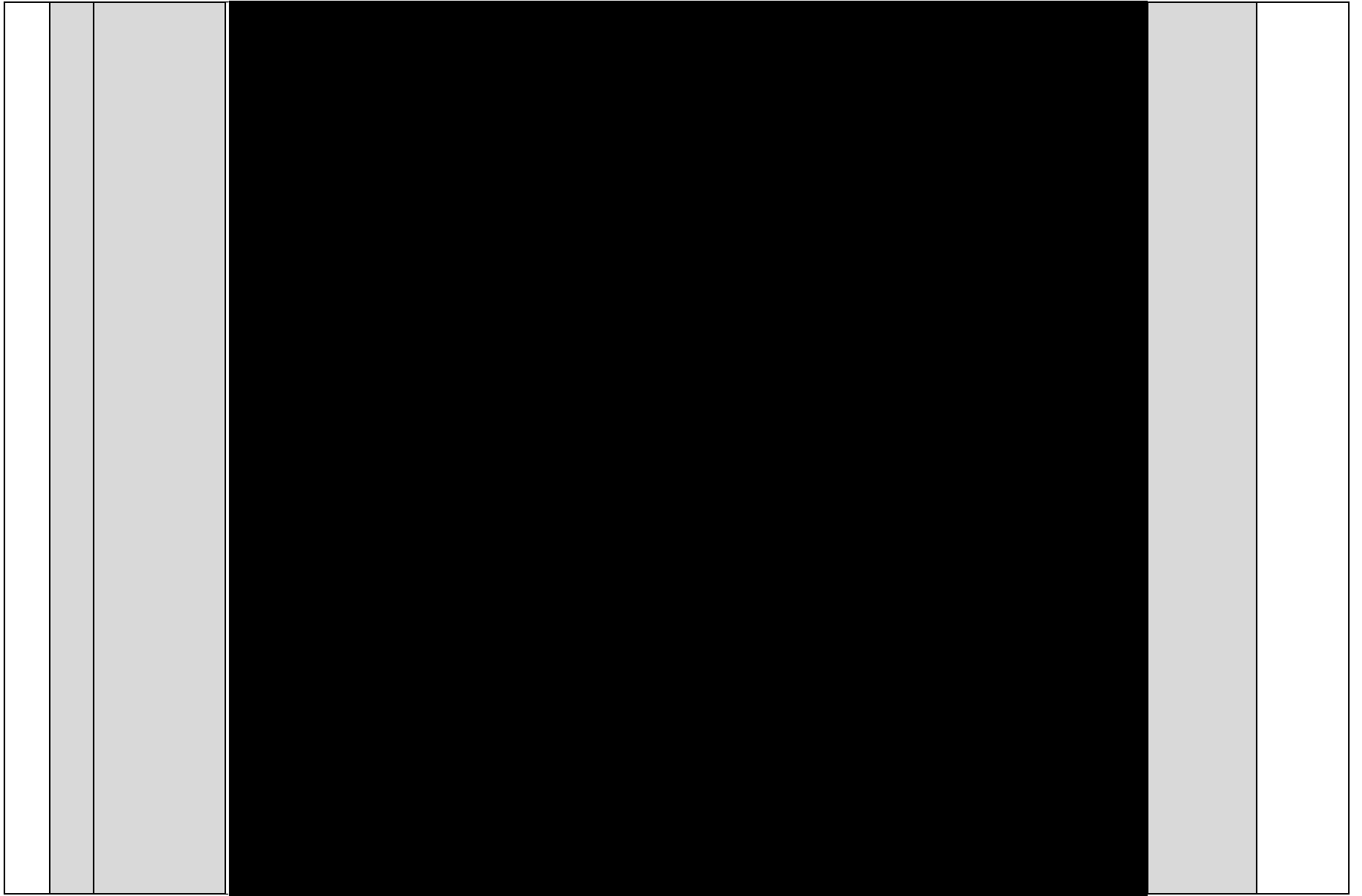
In the Section *Policy Design and Preparation* in Response 5I, we discuss ATI’s quality control process for the drafting of the Section 1115 Waiver application and related materials in further detail. Notably, ATI will build a style guide with DSHS to ensure appropriate, consistent language and best practices are used. ATI also customizes existing checklists to match client needs. For example, custom checklists may include practices related to proofing, accessibility, language translations, and other document remediations and will ensure that all reviews and sign offs are completed (as described in the project’s governance plan, further detailed within Response 5I). These tools and best practices were developed through our team’s experience in stakeholder engagement and CMS engagement with other states.

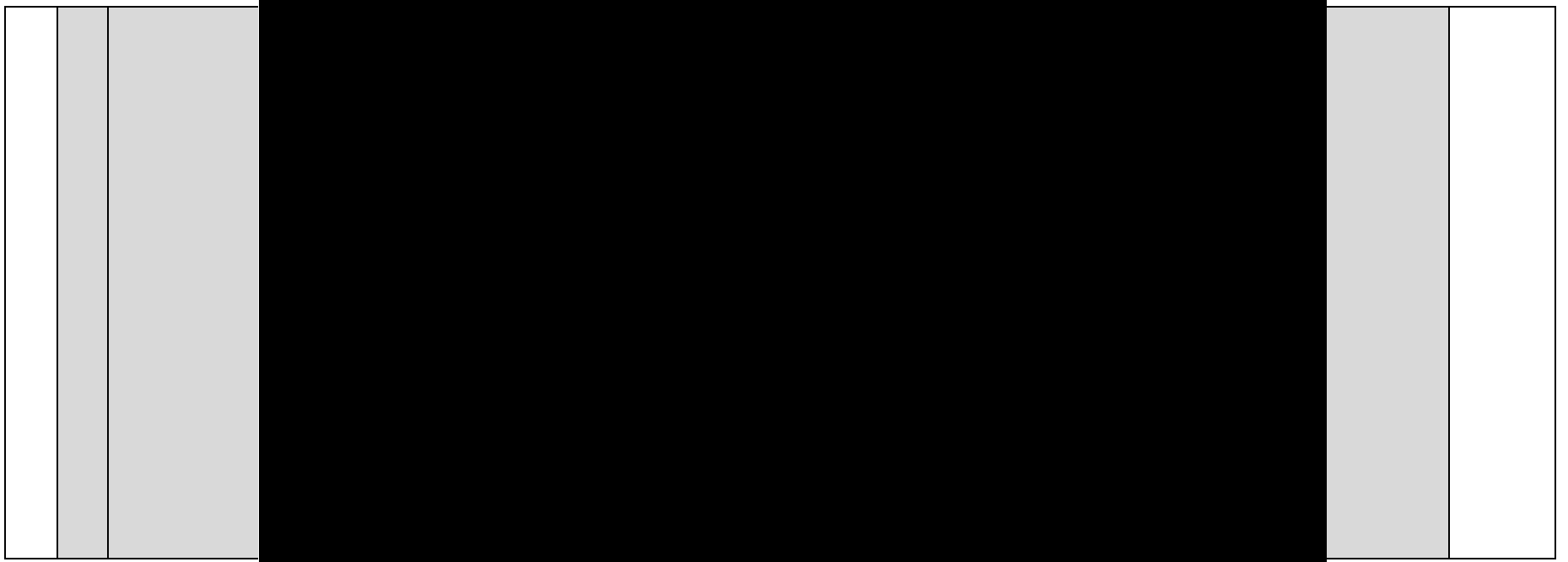
		<p>A key aspect of quality control is the confidence that the right people have reviewed the deliverable. In addition to ATI’s in-house advisors, ATI’s subcontractor partners Tom Betlach and Karen Kimsey, former State Medicaid Directors and Section 1115 Waiver experts, and Marc Cohen, an LTC financing expert, will offer strategic reviews of deliverables, offering an added layer of insight to ensure deliverables are of utmost value to DSHS. We will also utilize project and team management tools to ensure staff are appropriately aligned to tasks and to ensure timely completion of project milestones and deliverables. As needed, our tools depict task-level progress and milestones to ensure alignment between the project team and client on large ongoing efforts.</p> <ul style="list-style-type: none"> • Communicate effectively to ensure our clients have the tools and information they need to feel confident in the quality of the work. This involves regular check-ins on progress and process, project tracking tools, and, for relevant deliverables, ATI provides a “read me” page with methods or slides with details on key definitions. In summary, ATI will report on our alignment with custom style guides and quality control checklists, as well as communicate the levels of review for key deliverables. <p>In addition, ATI subscribes to a “plan-do-check-act” philosophy in our project work, through which we identify smaller scale opportunities and work products to vet with our clients and with our advisors. This approach ensures an efficient use of resources and high-quality output and allows us to immediately course-correct if it is needed for a project or task. As part of this philosophy, we also conduct task and project post-mortems and apply continuous learning and process improvement to our projects. In our work with Hawai’i, for example, we interfaced with the State’s communications team early in the project to understand their team’s operational processes, capacity, and understanding of the communications requirements associated with Section 1115 Waivers. Based on these discussions, we developed and vetted with the client a public comment period action plan for the State’s communications team to ensure they knew exactly when, where, and how to disseminate public comment materials. By taking early action and orienting the team to</p>		
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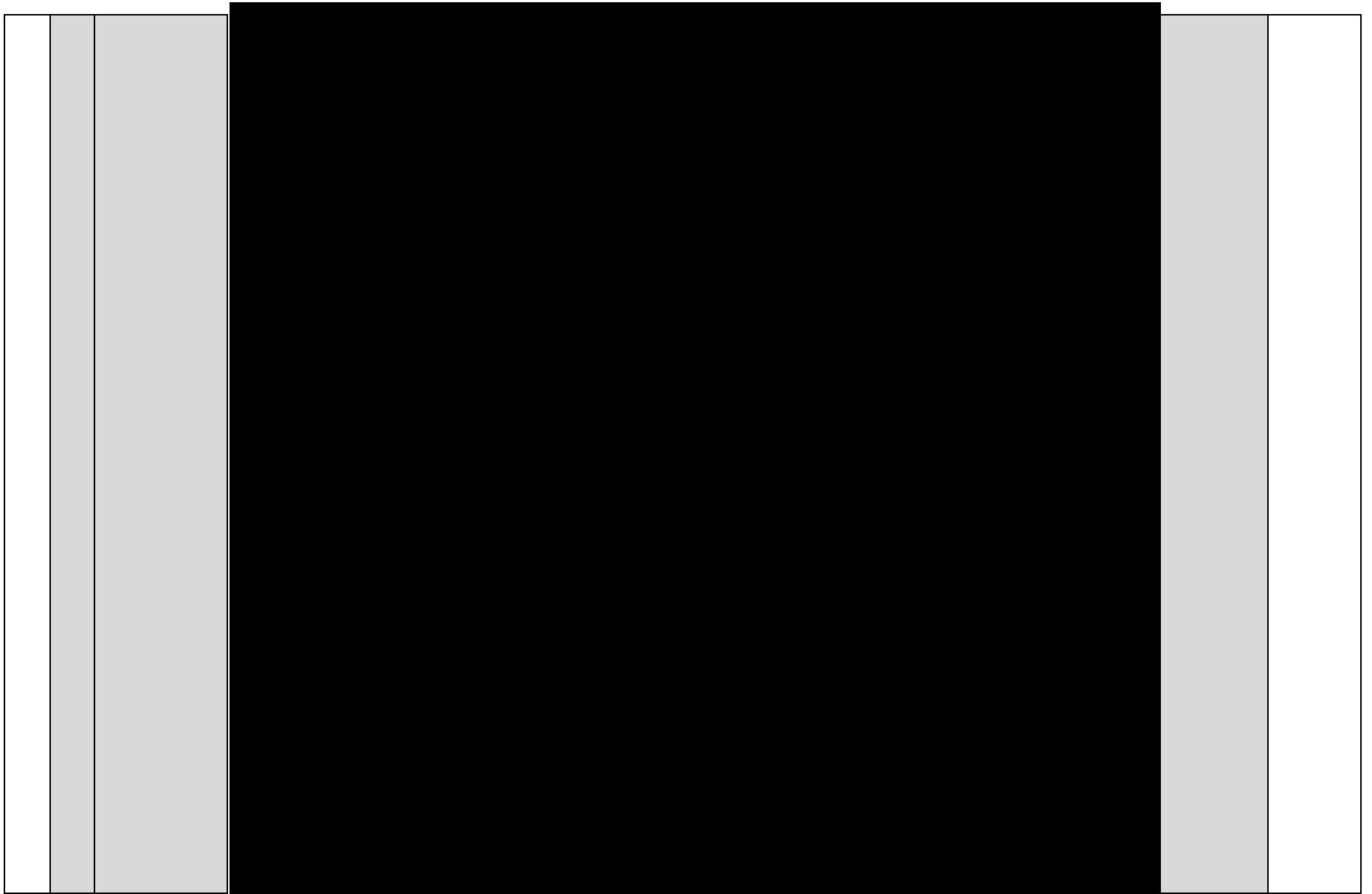
		<p>these procedures prior to the public comment period, the State’s team was able to execute the required tasks quickly, efficiently, and without error.</p> <p>For each Deliverable, ATI and DSHS will mutually agree upon a Deliverable Expectation Document (DED) that outlines the expected format, content and mutually agreed acceptance criteria. The DED will be developed prior to work commencing on the Deliverable. ATI will follow the timeframes below in accordance with DSHS requirements:</p> <table border="1" data-bbox="520 505 1732 781"> <tr> <td data-bbox="520 505 1018 621">1. Review Preparation (Pre-Submission)</td> <td data-bbox="1018 505 1732 621">At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.</td> </tr> <tr> <td data-bbox="520 621 1018 703">2. Submission</td> <td data-bbox="1018 621 1732 703">Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in th</td> </tr> <tr> <td data-bbox="520 703 1018 781">3. Deliverable Acceptance</td> <td data-bbox="1018 703 1732 781">Contract Manager notifies Contractor via email that th Deliverable is approved.</td> </tr> </table> <p>ATI will report metrics to DSHS throughout the project’s tenure to allow DSHS to verify our project’s quality and performance. We have found two successful tools to be (1) an Excel or similar project status tracker (sent on a cadence that works for DSHS, as frequently as weekly), with information on each line item and deliverable, planned deliverable date, actual deliverable date, line item status, line item “owner,” and other information relevant to the project; and (2) a monthly project report that includes hours, tasks completed, and other key items of interest to DSHS. ATI retains closed items on our project status trackers with clients, to allow us to quickly quantify or identify project issues or opportunities (e.g., timeliness), and to re-open project line items as new information becomes available or as the project evolves.</p>	1. Review Preparation (Pre-Submission)	At least one week before the Deliverable is due, the D Contract Manager confirms with Contractor that the Deliverable is on schedule.	2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in th	3. Deliverable Acceptance	Contract Manager notifies Contractor via email that th Deliverable is approved.		
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2. Submission	Contractor submits the completed Deliverable to the Contract Manager based on the process outlined in th									
3. Deliverable Acceptance	Contract Manager notifies Contractor via email that th Deliverable is approved.									
H		Please describe the measures you employ to assure that your services and deliverables are provided in a cost-effective manner that is consistent with quality outcomes and fair employment practices.	20	10						

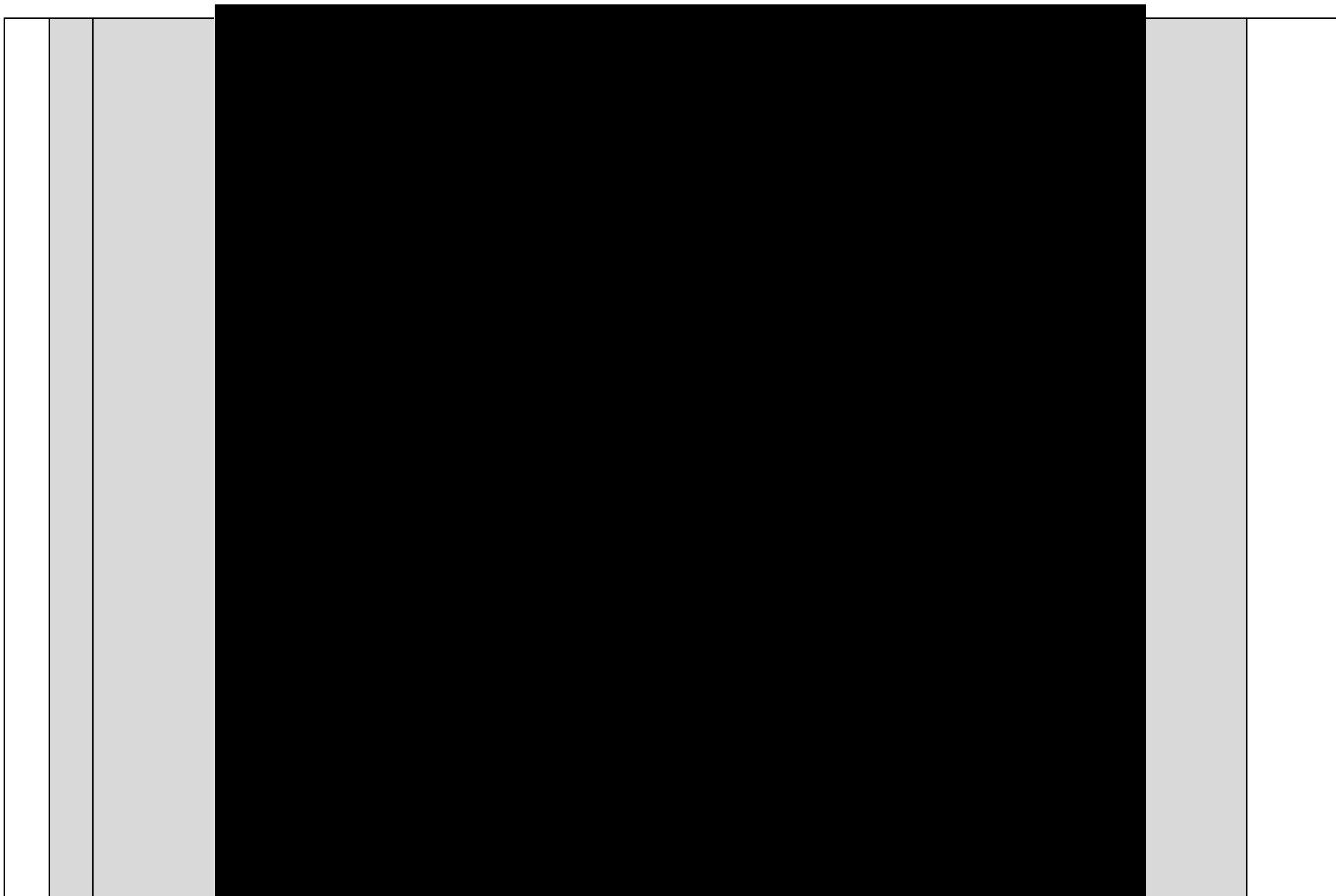
	COMMENT:	<p>ANSWER:</p> <p>As partly described above in our response to 5G, ATI is committed to delivering exceptional services that are cost-effective and adhere to the highest standards of quality. We achieve this balance through industry-leading best practices, advanced project management tools, and continuous improvement, ensuring our services are efficient, effective, and transparent.</p> <p>Our adherence to project management best practices is a cornerstone of our delivery strategy. This involves rigorous project management protocols, including comprehensive planning, risk management, and quality control measures. These practices ensure that every project is executed with precision, efficiency, and a focus on delivering value to our clients, while also maintaining the flexibility to adapt to changing needs and challenges. To complement our project management approach, we employ Kantata, a sophisticated project management software. Kantata's robust features enable us to streamline project workflows, optimize resource allocation, and track project progress in real-time. The synergy between our best practices and Kantata's technological capabilities allows us to minimize waste, reduce overheads, and optimize our operations. This allows pricing efficiencies for our clients and ensures timely, high quality deliverable production.</p> <p>Integral to our operational ethos is the commitment to fair employment practices. By implementing efficient project management techniques and leveraging Kantata's capabilities, we ensure that our team members work in a structured, supportive environment. This fosters job satisfaction, promotes work-life balance, and ensures that our staff are compensated fairly for their contributions, reflecting our dedication to ethical employment practices. We are proud to maintain these standards in all our engagements, reflecting our unwavering commitment to excellence and ethical business practices.</p> <p>In addition, we attest that we offer our best, discounted rates to our state clients and have used those rates for our cost proposal for this effort with Washington. In complement to our earlier point that a successful consultant must have a breadth of expertise across Medicare, Medicaid, dual eligible policy, and LTC, the breadth of our project portfolio across private and</p>		<p>Did not adequately address the "fair employment practices" component of the question</p>
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		public sector clients allows us to staff our state projects with national talent while assuring cost-effective project delivery.		
I		Please provide a projected timeline that you expect to be able to complete the deliverables involved in this project.		
	COMMENT:		30	24

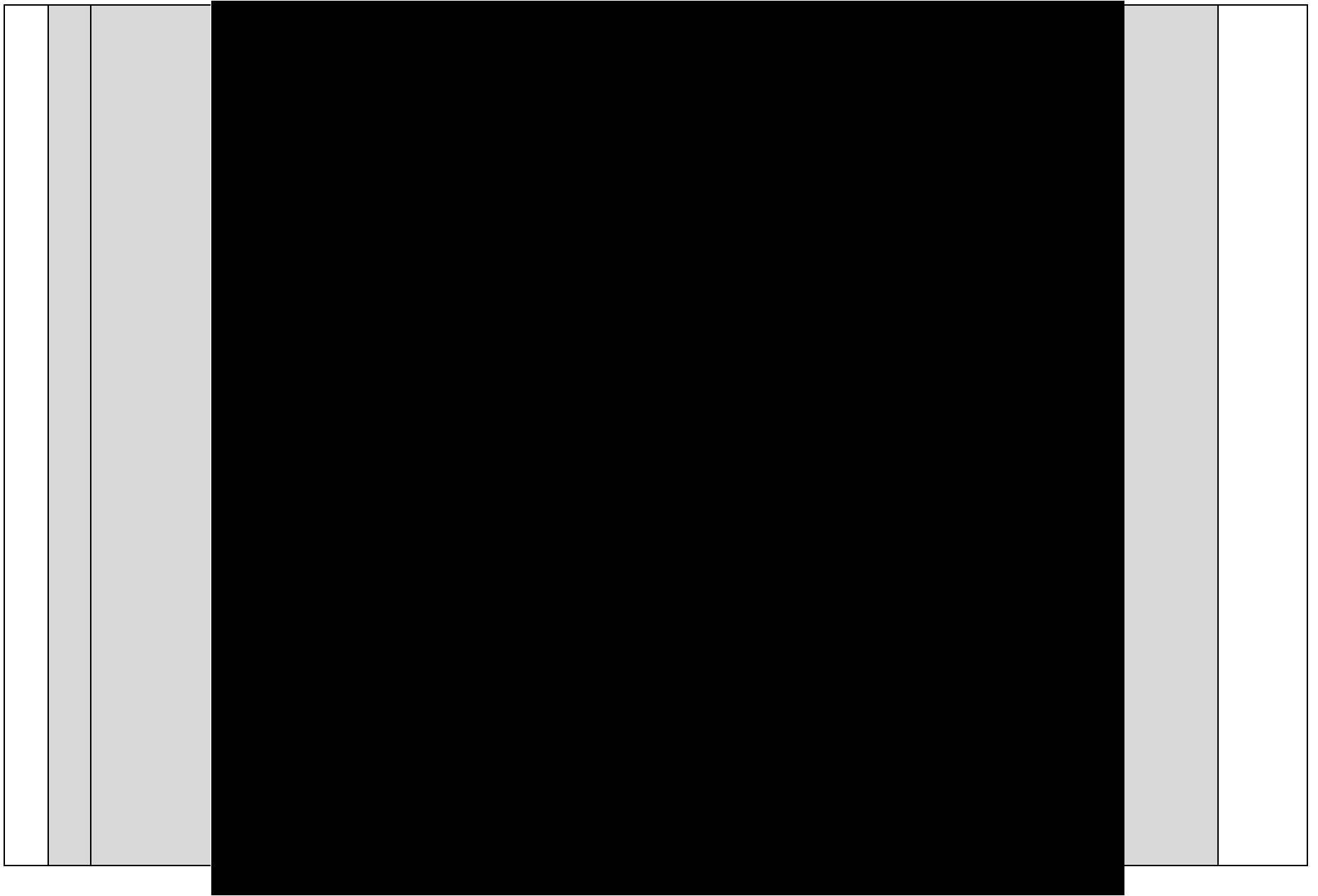


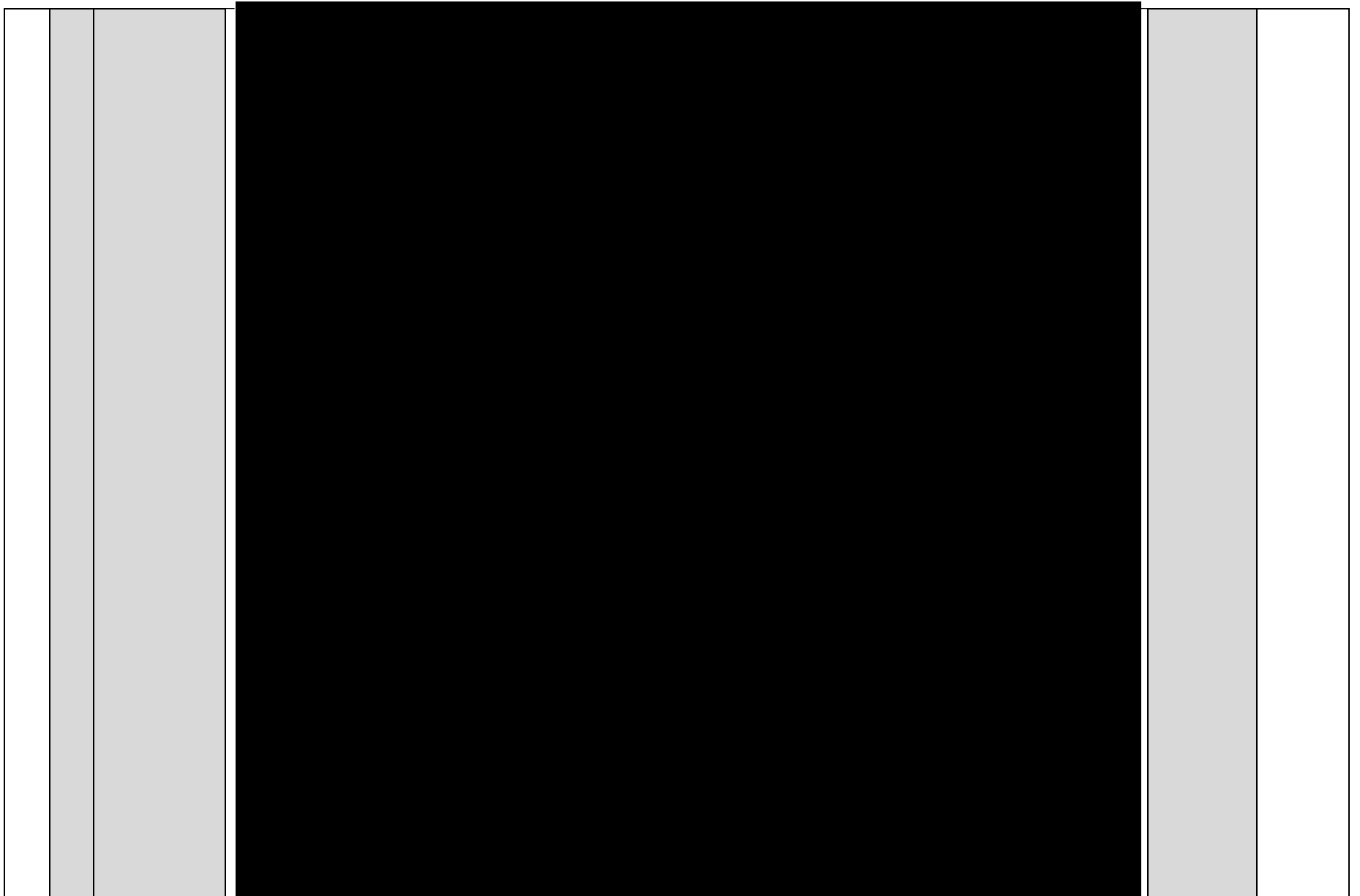


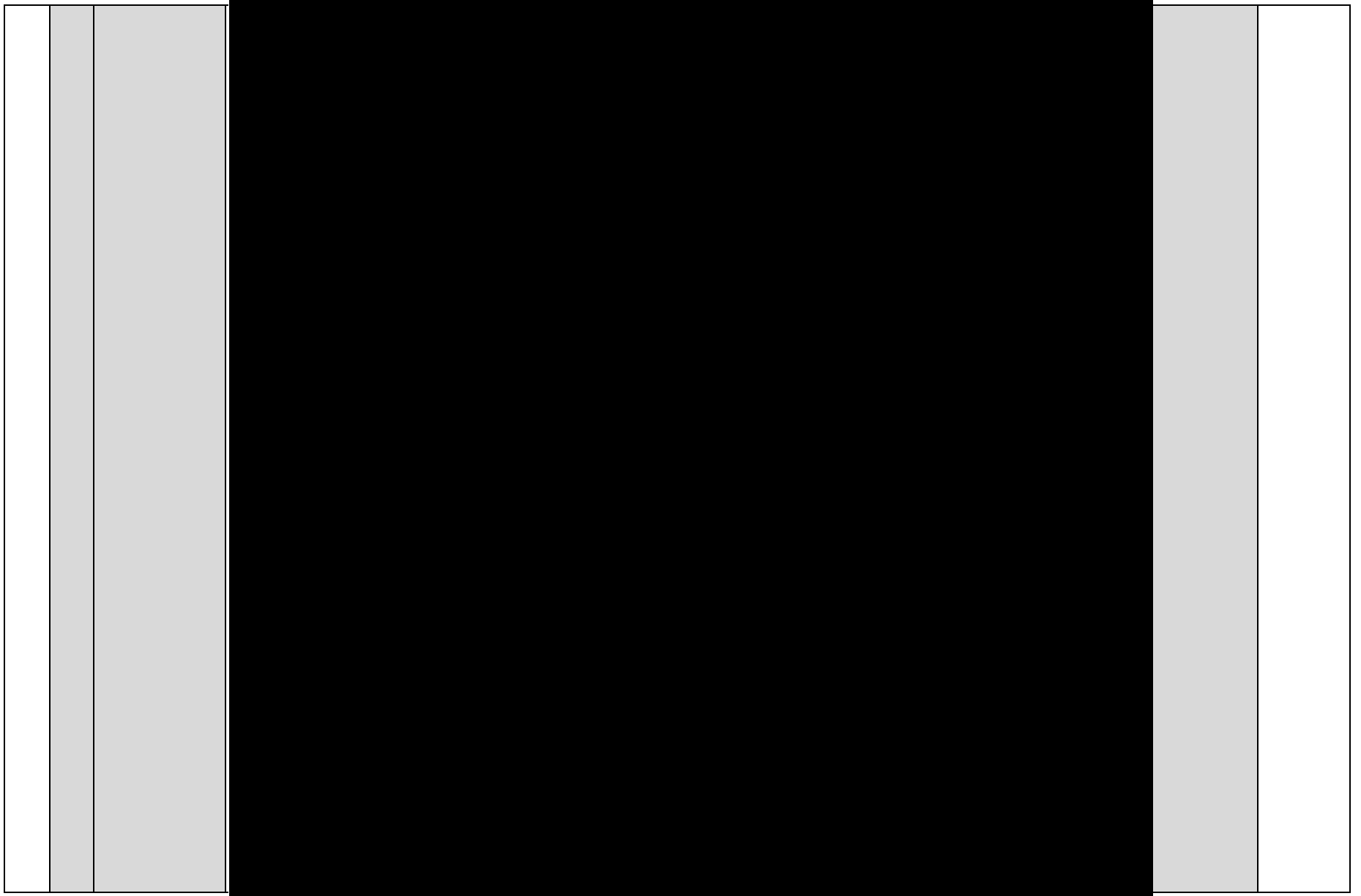


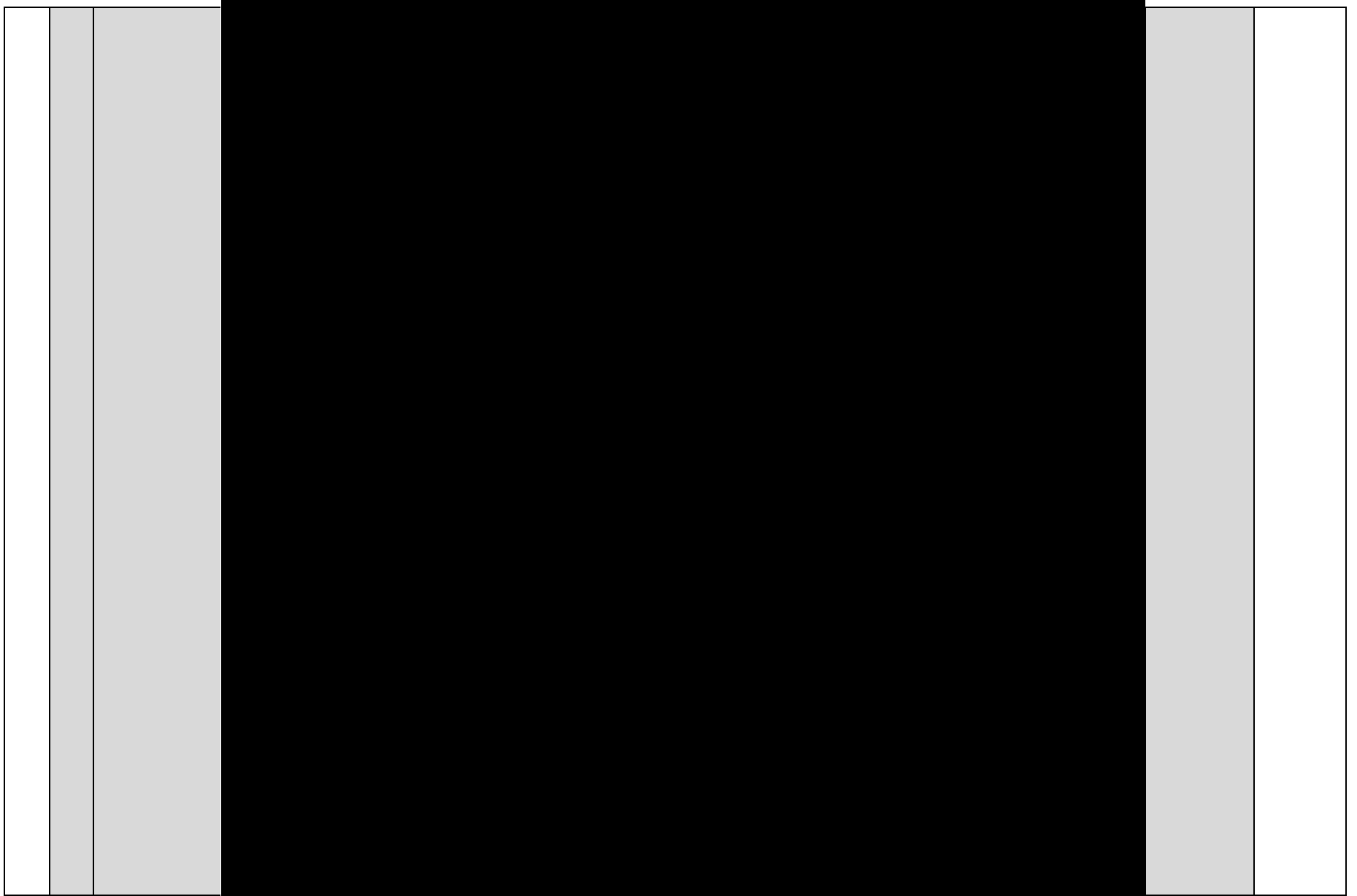






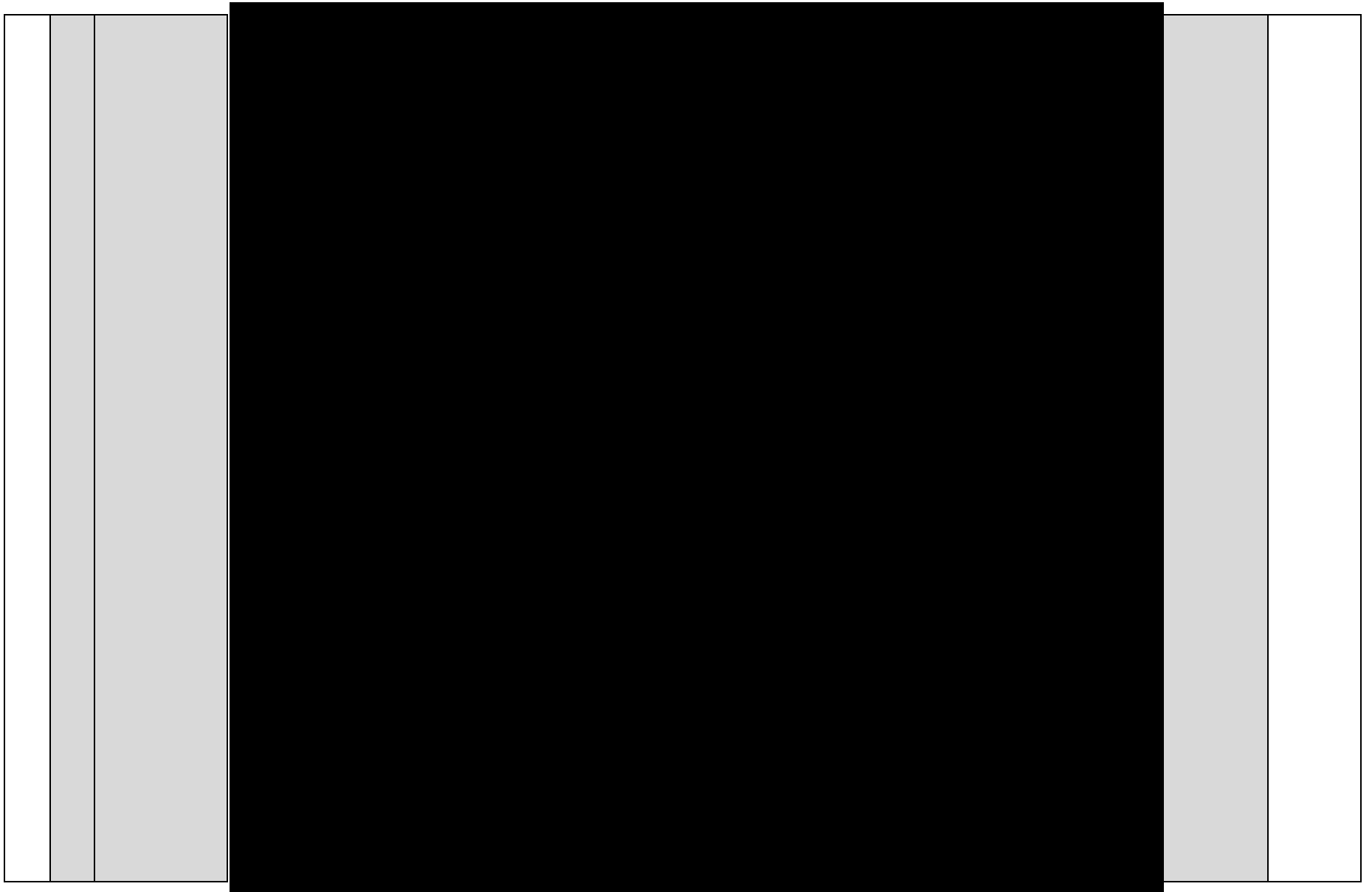




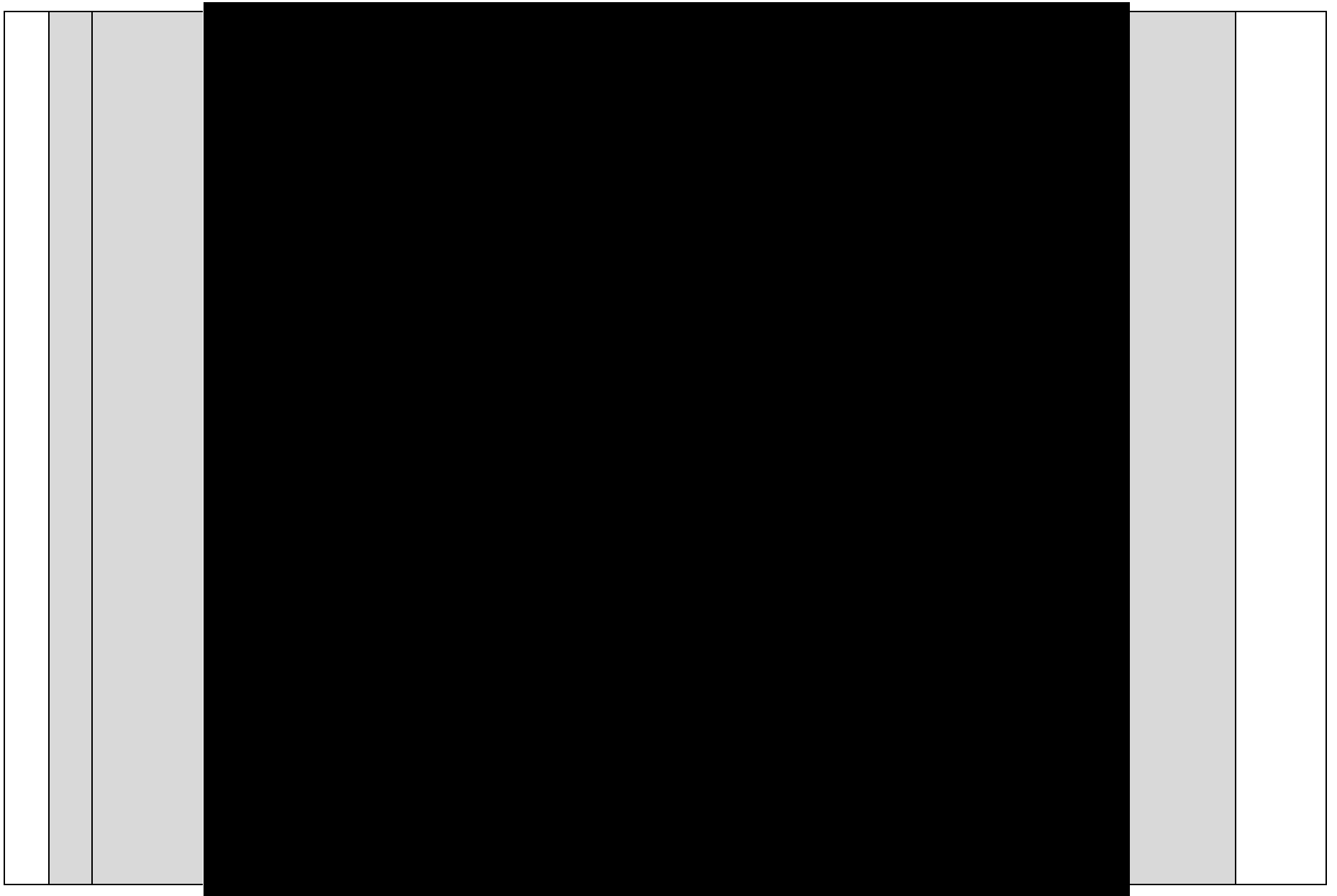


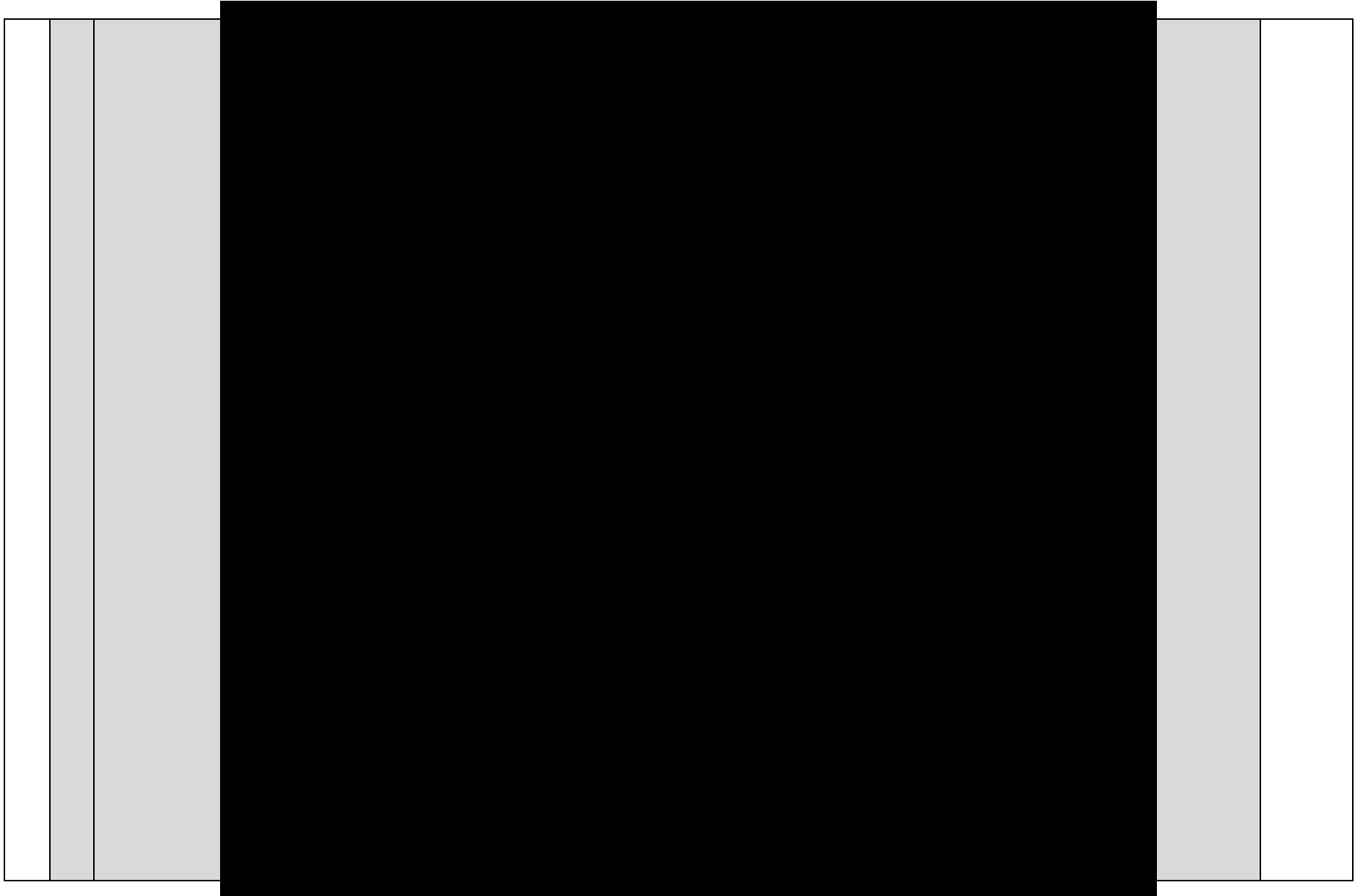












J		<p>Please describe your experience in drafting waivers comparable to the 1115 Medicaid Demonstration Waiver, including implementation of the waiver after acceptance. Please describe any barriers or obstacles that arose, if any, and how you were able to overcome them.</p>			
	COMMENT:	<p>ANSWER:</p> <p>ATI understands the challenges DSHS will face in receiving approval for its Section 1115 Waiver. The State of Washington and DSHS are proposing a program that is the first of its kind in the nation and will require a unique approach that will involve careful and detailed deliberations internal to the State and with CMS.</p> <p>Washington State leads the country in state innovation to address gaps in LTC financing for its residents. It ranks second on the 2023 LTSS State Scorecard, published by AARP. The WCF protects residents from exhausting their financial resources to access Medicaid LTC benefits. WCF pays up to \$36,500 of inflation adjusted dollars for a wide range of flexible, person-</p>		50	40

		<p>centered LTSS. Recent analysis by the Urban Institute for the U.S. Department of Health and Human Services projects that 30 percent of the people turning 65 between 2021 and 2025 who incur Medicaid spending for LTSS will incur less than \$50,000 over their lifetime, and another 20 percent will incur Medicaid LTSS spending between \$50,000 and \$150,000. These estimates are national but demonstrate the potential magnitude of Medicaid savings that WCF is contributing. Put another way, if we extrapolate the national projections to Washington State, a little less than 30 percent of residents will never incur Medicaid LTSS spending because of the WCF. For the remainder of residents, the State is contributing about \$36,000 over their lifetime but only saving half of that amount.</p> <p>We understand that Washington State is trying to recoup the savings that their taxpayer investment is creating. Washington State taxpayers are reducing Medicaid program outlays through delayed institutionalization, which leads to both state and federal savings. DSHS is requesting to share in the federal Medicaid LTSS savings through the Section 1115 Waiver. Unfortunately, the federal Medicaid “baseline” already implicitly includes the savings from WCF because the program is current law, rather than a proposal, making Washington State’s “budget neutrality” case challenging. However, ATI will bring its federal budgetary expertise, Section 1115 waiver experience, LTC financing background, and creative problem solving to bear in making the case for this waiver. This demonstration could be ground-breaking and establish a pathway for other states to leverage Medicaid spending into insurance products that better spread risk and protect Americans from the financial risks associated with LTSS need. This type of demonstration could set a precedent that would allow more states to support the LTC needs of all residents, especially the lower income “middle market” that has captured the attention of so many policymakers. We will anticipate and be especially attentive to CMS and OMB sensitivities to potential national precedents.</p> <p>In addition to the national implications of this Section 1115 Waiver, we recognize the importance of shared savings to the State which will promote further support for WCF and allow for continued policy innovations that support Washington State residents. ATI is</p>		
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committed to producing a demonstration application that is compelling and thorough as well as effective and strategic communication with CMS to achieve approval.

The ATI team has experience developing and implementing comparable new and innovative Section 1115 Waivers, from the state perspective, as well as the CMS and implementing provider perspectives. The nine examples below describe the ATI team’s engagement and the barriers and obstacles overcome during the project.

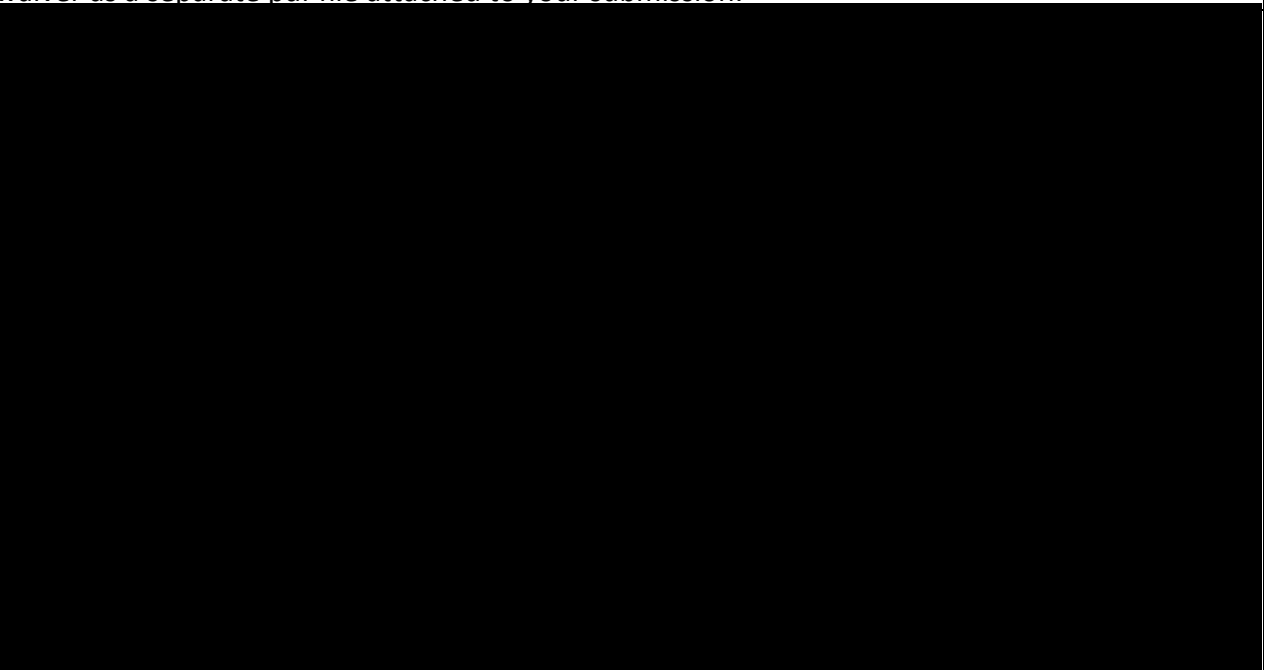
1. **Hawai’i** – ATI project managed and drafted a Section 1115 Waiver while supporting the policy design of more than eight novel or significantly redesigned programs or benefits. These initiatives required extensive stakeholder engagement and workgroup decision making within a tight timeline. For straightforward demonstrations, states often take six to over 12 months to complete policy design activities, including developing workgroups to ideate and vet preliminary approaches with stakeholders, and between three and eight months to draft and submit a demonstration to CMS. Hawai’i, however, was operating on a much more truncated timeline and therefore required intensive support from ATI to meet their goals. From the kickoff, ATI organized and supported the policy decision process, coordinated with the State’s actuarial team to advance budget neutrality and financing components, and drafted a finalized Section 1115 Waiver for MQD to submit for public comment within five months. To do this, ATI developed and communicated clear workplans to keep all staff and stakeholders on track and worked closely and collaboratively with MQD.
2. **Pennsylvania** – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Pennsylvania develop its Section 1115 Waiver for submission to CMS. There were elements related to incentives for healthy living, encouraging employment, and cost-sharing requirements, which were all relatively new at the time of development. This included facilitating brainstorming, and decision making (e.g., developing options analyses, PowerPoint presentations, and decision memos) across multiple workgroups and developing a governance structure for these workgroups to determine the requests to include in the application. Barraza-Cannon also engaged with stakeholders and wrote sections of the application. This Section 1115 Waiver

		<p>application required significant back and forth between CMS and Pennsylvania before it was approved by CMS.</p> <ol style="list-style-type: none"> 3. California – Prior to joining ATI, our proposed Project Director Morgan Craven served as the engagement manager for Manatt Health’s multi-year contract with the California Department of Health Care Services (DHCS), supporting the advancement of the State’s CalAIM initiative and associated federal authority submissions, including the Section 1115 Waiver renewal and amendment. Craven also established and operated the DHCS project management office, which was a new strategic initiative within DHCS to coordinate the CalAIM initiatives and authorities across the various divisions within DHCS. In these roles, Craven served as a central point of coordination and strategic direction, staff education, and risk escalation to DHCS and State leadership. Given the significant amount of intradepartmental coordination required to achieve the CalAIM vision and obtain federal authorities, Craven filled a critical role in educating staff at all levels across DHCS to ensure alignment towards common goals. 4. Arizona – Our proposed Project Advisor Tom Betlach served as Arizona’s Medicaid Director and supported the development of four comprehensive Section 1115 Waivers covering a variety of policy initiatives: notably, expanding coverage to childless adults a decade before the Affordable Care Act, establishing comprehensive HCBS services, benefit and coverage reductions during the great recession, funding initiatives around rural hospitals, provider incentives for service integration, mandatory managed care models, health incentive accounts, and employer based coverage. Arizona faced a variety of stakeholder and CMS engagement negotiation challenges, including waiver denials. However, through CMS negotiation, Arizona was able to receive approval for two Section 1115 Waivers which established a patient centered medical home and a delivery system reform incentive program. 5. New York – Before joining ATI, two ATI leaders managed the implementation of the Section 1115 Waiver in New York, through a hospital-led performing provider system responsible for the health of more than 600,000 Medicaid recipients living in Brooklyn. This involved administering the demonstration’s priorities through a network of over 500 partners in Brooklyn, spanning hospitals, Federally Qualified Health Centers (FQHCs), community-based organizations (CBOs), and legal services organizations, 		
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		<p>among others. Challenges that arose during implementation included (1) reaching consensus among network partners on how to best operationalize the demonstration’s priorities, (2) cumbersome state reporting requirements, and (3) measuring intervention effectiveness in real-time to allow for adjustments. As a Section 1115 Waiver lead implementing provider, our team leaders were able to mitigate these challenges through direct communication and negotiation with the State, soliciting input and feedback from network partners, and obtaining access to State Medicaid data. In this way, ATI leadership has firsthand experience implementing a Section 1115 Waiver and mitigating the challenges of coordinating across stakeholders.</p> <p>6. Alabama – Prior to joining ATI, our proposed Executive Sponsor Johanna Barraza-Cannon helped Alabama develop its Section 1115 Waiver to adopt statewide managed care through risk-bearing, provider-based regional care organizations (RCOs). Barraza-Cannon served as a subject matter expert and took part in the discussions between the State and CMS. Challenges included communicating with CMS on the State’s goals.</p> <p>7. Georgia – Our proposed Project Advisor Tom Betlach supported Georgia’s State Medicaid Agency to apply for expanded Medicaid coverage for adults up to 100% of the federal poverty level through qualifying activities, mandatory employer-based coverage, and health incentive accounts. While the application was initially approved, approval was rescinded. Betlach advised the State on determining the proper course of action and ultimately, the waiver approval was restored.</p> <p>8. North Carolina – Before joining ATI, our proposed Project Director Morgan Craven supported North Carolina in several capacities during its delivery system transformation efforts, which primarily authorized the State’s managed care transition and pilot services for health-related social needs. Craven supported the design, formation, and waiver approval of the State’s “Tailored Plan,” designed to support individuals with certain behavioral health or intellectual/developmental disability (I/DD), and LTSS needs. Craven also served as the engagement manager, creating and maintaining flexible and strategic project management infrastructures for the State. Lastly, Craven supported the State in various CMS and stakeholder engagement efforts, including ongoing CMS engagement following the approval of the State’s Section 1115 Waiver, payment and financing reform to obtain CMS approval of dozens</p>		
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			<p>of directed payments and state plan amendments, and supporting and overseeing stakeholder engagement efforts to obtain public buy-in for transformation policy goals. In all these efforts, continued engagement, negotiation, and iteration with CMS was required to obtain and navigate barriers to federal approvals. For example, where the State was unable to meet certain payment reporting requirements for newly implemented directed payments, Craven worked with CMS to develop an alternative implementation plan, which provided the State with a glidepath of additional time and flexibility to meet federal requirements.</p> <p>9. CMS – In addition to her experience developing and implementing Section 1115 Waivers with states, our proposed Executive Sponsor Johanna Barraza-Cannon reviewed Section 1115 Waiver applications while serving as a technical director at CMS. While at MITRE she also contracted with CMS to help make process improvements in the review, approval, and monitoring of Section 1115 Waivers.</p> <p>ATI understands the barriers and obstacles that DSHS may encounter in pursuing a Section 1115 Waiver, and we possess the expertise to navigate and overcome these hurdles. Potential challenges could include coordinating with other State stakeholders (e.g., the Governor’s office, HCA), effectively communicating the State’s goals and approach to CMS, political concerns, delays in CMS approval, coordinating across Federal offices who will be interested in this new approach, concerns from the federal Office of Management and Budget (OMB), developing acceptable budget neutrality calculations (we understand this work is part of a separate engagement), and complexity in implementation and evaluation.</p> <ul style="list-style-type: none"> • ATI can guide the State to the strongest approach. The ATI team is equipped to assess a variety of different authorities and other federal opportunities to assess which path may be the best fit to meet the State’s goals. Furthermore, our experience positions us well to support the State in developing a compelling case that is most likely to receive approval from CMS. • We understand political nuance in LTC financing policy. Our LTC experts are nationally known and have experience in LTC legislation, finance, policy, and data to help design 		
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		<p>an innovative waiver that meets CMS requirements. This will help to make the case for this innovative Section 1115 Waiver.</p> <ul style="list-style-type: none"> <p>ATI is well-equipped to address potential delays and obstacles at the State level. Many decisions need to be made within the State before the application is submitted to CMS. This requires significant discussion, brainstorming, and consensus building across multiple government stakeholders even before any material is shared for stakeholder engagement or with CMS. ATI has experience facilitating highly complex decision making across state leadership including across department, branch of government, and within an Agency’s executive team. These decisions comprise the Section 1115 Waiver request to CMS, which cannot be drafted before consensus on these decisions is reached. Stakeholders may have comments or requests that the State will need to reflect in its application. ATI's robust project management ensures that relevant stakeholders are informed and engaged to meet DSHS' goals within the stipulated timeframe.</p> <p>ATI can anticipate and respond to potential delays in CMS approval. Section 1115 Waivers are approved at the discretion of the Secretary of HHS and must meet many requirements including CMS policy requirements, stakeholder engagement, transparency, and budget neutrality. Though CMS has worked to make approvals for renewals and approvals for previously approved authorities easier for states, new demonstration authority like DSHS is proposing will require more discussion internal to Washington and more discussion and negotiation with CMS. Once an application has been developed and submitted to CMS (or submitted as a concept paper or draft), the State will need to work with CMS, which requires negotiation and can take a significant amount of time. Furthermore, any change or transition in the federal executive branch may pose a challenge, especially as approval can be paused or questioned by a new Administration. ATI views soliciting CMS approval as a dynamic process. We will work with DSHS to adjust the approach, Special Terms and Conditions (STCs), and other key elements to reach an agreement with CMS.</p> <p>ATI’s experience with OMB will help effectively navigate potential roadblocks. As an integral part of the federal review team for all Section 1115 Waivers, OMB seeks to ensure that federal costs are not higher with the demonstration. With our proposed</p> 		
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		<p>Project Advisor Tyler Overstreet Cromer's decade-long experience at OMB, including senior executive services, we are well-equipped to address and communicate key budgetary points effectively.</p> <ul style="list-style-type: none"> • ATI is committed to planning for and addressing complex challenges in the implementation process. Once the Section 1115 Waiver is approved, the implementation phase will require meticulous project management, financial monitoring including savings, and ensuring budget neutrality. Collaborating closely with HCA as the Medicaid authority, we are prepared to support the implementation of CMS conditions, for example, operational plans during pre-implementation that will support implementation through the life of the Section 1115 waiver. 		
K	<p>Please provide a work sample of a comparable waiver you or your organization has completed. Please include this waiver as a separate pdf file attached to your submission.</p> <p>COMMENT:</p>		50	42

L	Please describe your experience with researching necessary policy when drafting waivers and the process of confirming the waiver is compliant. Please also describe your experience with having a waiver denied after submission, if applicable.		20	18
	COMMENT:	<p>ATI has extensive experience researching necessary policies when drafting waivers. Notably, ATI is adept at turning policy research and literature reviews into compelling narratives to support proposed policy changes. This involves not only understanding existing policies but also developing innovative solutions. The key policy research examples below showcase how ATI engages with various stakeholders, including state agencies, CMS, and Medicaid providers to assess the impact of proposed policy decisions, understand the needs and priorities of the state, and navigate complex regulatory landscapes to ensure compliance while achieving new</p>		

policy goals. Below we include examples of our policy research for Section 1115 Waivers as well as non-1115 demonstrations but related to Washington’s broader goals across Medicare and Medicaid savings and LTC.

- **Hawai’i Advancing Medicare and Medicaid Integration (AMMI) Policy Research and Compliance Review** – ATI provides research and technical assistance to support Hawai’i’s State Medicaid Agency in better integrating Medicare and Medicaid for dual eligible individuals. ATI is working with the Hawai’i State Medicaid Agency on (1) launching a new Fully Integrated Dual Eligible Special Needs (FIDE SNP) program; (2) enhancing its existing Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) program; and (3) advancing new and robust care coordination and management strategies. These care coordination and management strategies involve novel data sharing requirements for the State, to create greater care efficiencies and integration for individuals enrolled in the State’s Medicaid 1915(c) Home and Community-Based Services Waiver for individuals with intellectual and developmental disabilities (I/DD) and individuals enrolled in the State’s separate managed care program for individuals with serious mental illness (SMI). Such efforts to better integrate Medicare and Medicaid programmatic and operational requirements required extensive policy research and analysis to ensure compliance with and reconcile discrepancies between federal Medicare and Medicaid regulations, in addition to Hawai’i Medicaid’s unique delivery system and requirements. As an example, ATI supported Hawai’i in developing its exclusively aligned enrollment strategy for the new FIDE SNP by analyzing more than 20 different enrollment and disenrollment scenarios, to help inform policy, system, and operational changes. Such efforts involved ATI liaising with CMS on the State’s behalf to navigate regulatory and sub-regulatory complexities in operationalizing aligned Medicare and Medicaid enrollment into FIDE SNPs.
- **North Carolina Tailored Plan Development, Compliance Review, and Implementation** – This project designing federal waivers for complex care populations, described above, involved significant amounts of research to ensure that care delivery approaches, managed care guardrails, and associated federal authorities met the population’s unique needs and advanced the State’s goals. As a part of this work,

		<p>Craven supported a significant amount of research related to federal waiver authorities for HCBS delivery, institution for mental disease (IMD) exclusions, and other relevant care delivery provisions (see Response 5J for more detail on this project).</p> <ul style="list-style-type: none"> California CalAIM Development, Compliance Review, and Implementation – Our proposed Project Director supported the design and implementation of more than \$1 billion in incentive payment programs to support CalAIM. These programs are subject to strict regulatory standards and CMS oversight in both their design and execution. As such, our proposed Project Director's team researched relevant incentive payment approaches in other states, conducted interviews and workgroups with stakeholders, assessed State needs and priorities at the county level, and mapped out federal requirements to design the program. Following the program launch and at the State's direction, the program went through several iterations; as such, Craven was required to assess possible impacts to federal compliance, program impact, and stakeholder comments, adjusting the program's trajectory to remain compliant while also achieving new State policy goals (see Response 5J for more detail on this project). Hawai'i Section 1115 Waiver Development and Compliance Review – ATI completed extensive research on various State Section 1115 Waivers, CMS guidance on Medicaid coverage of Health-Related Social Needs (HRSN), funding mechanisms to support state Medicaid innovation, and recent federal and state policy changes impacting Medicaid eligibility, benefits, and service delivery in Hawai'i. To inform state decision-making, ATI compiled slide decks and policy trackers delineating comparable federal authority pathways successfully approved in other states to provide Medicaid coverage of relevant housing supports, nutrition supports, pre-release services for justice-involved individuals, and other new benefits and services. Notably, several of the proposed benefits have few or no precedents, requiring a novel approach to evidencing and framing the requested authority for CMS. For example, the State is seeking approval for a set of Native Hawai'ian Traditional Healing benefits, which included expansive eligibility, scope, and service delivery details that had never been proposed before in other states. ATI also navigated a complex and conflicting history of CMS guidance regarding designated state health plan (DSHP) funding requests—this work required 		
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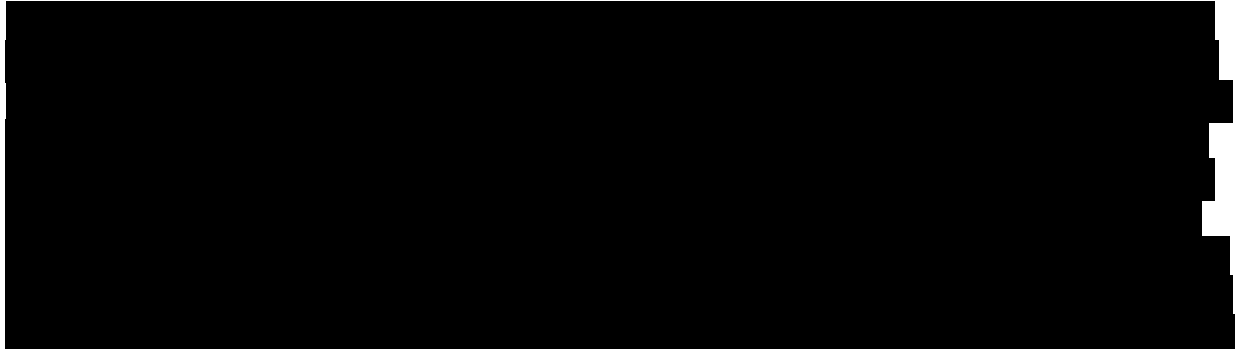
level-setting client education regarding the possible funding opportunity, detailed analysis of State financial documents to identify eligible state-funded programs to leverage, and level-setting with State leaders (e.g., the Governor's office) on the likelihood of approvability. Prior to drafting the waiver application, ATI performed extensive desktop research to buttress State arguments for receiving federal financial support for newly proposed services and benefits, collating evidence from other states, peer-reviewed academic literature, and relevant CMS guidance. ATI turned policy research and literature reviews into compelling narratives to support Hawai'i's proposed Section 1115 Waiver (see Response 5K for more detail on this project).

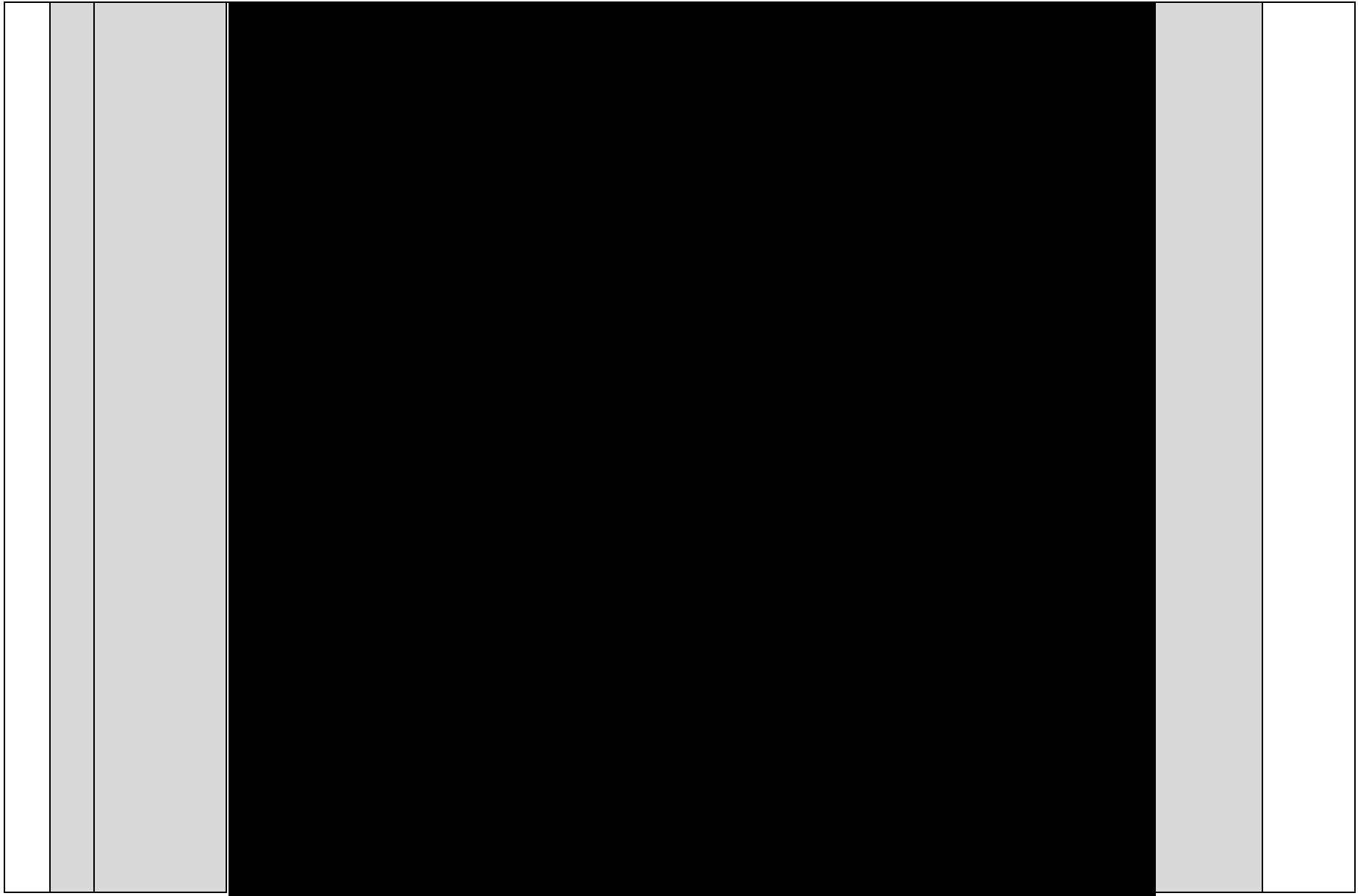
In addition to conducting policy research for Section 1115 Waivers, ATI had demonstrated policy research experience related to the subject matter and alternate policy levers that may be relevant to the State's WCF Section 1115 Waiver application.

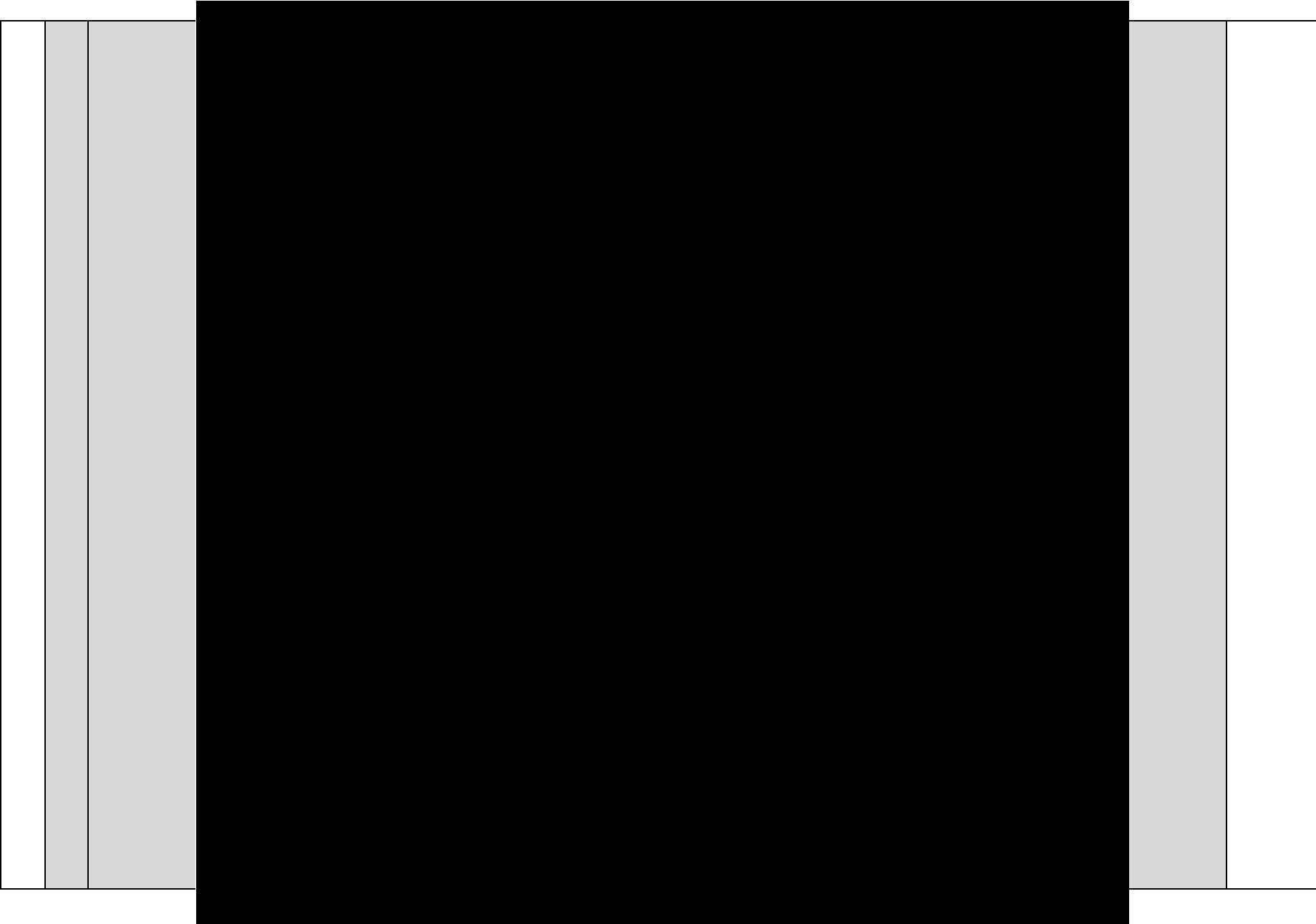
- Research on Impact of Collapse in Private LTC Insurance Market on Medicaid Programs. Marc Cohen and Anne Tumlinson led 2020 research for the Anthem Public Policy Institute culminating in two papers, Protecting Consumers and Medicaid from Catastrophic Long-Term Care Costs and Why State Support for the Long-Term Care Insurance Industry Makes Good Financial Sense. These papers explored the implications of private LTC insurance market collapse on consumer and Medicaid expenditures, particularly in force lifetime policies sold to a more middle market consumer in the late 1990s and early 2000s. The findings suggest that state Medicaid programs are better protected when state policies seek to protect the value of these insurance products through strong insurance pools and other regulatory mechanisms. The work draws a clear line between the long-term sustainability of Medicaid and pooling risk through insurance products available to individuals who are at higher risk of financial catastrophe due to future LTSS need.
- **Maine Value-Based Arrangement Development and Compliance Review** – Prior to joining ATI, our proposed Project Director Morgan Craven supported the conceptualization and preliminary designs of a glidepath towards a value-based

		<p>payment arrangement between Maine and its providers. To accomplish this, Craven conducted a landscape assessment of similar program designs and policies in other state Medicaid programs, reviewed relevant federal regulations and CMS guidance, and conducted a series of interviews with Medicaid providers and health systems in the State. Based on this research, the team prepared scenario-based recommendations, which allowed the State to review several viable pathways toward value-based care within the existing care delivery system and understand which federal authorities to request.</p> <ul style="list-style-type: none"> Nonmedical Supplemental Benefits Research with The SCAN Foundation – As part of a multi-year partnership with The SCAN Foundation and the Long-Term Quality Alliance, ATI has performed qualitative and quantitative research on nonmedical supplemental benefits in Medicare Advantage, with a focus on policy flexibilities and opportunities. For nearly five years, ATI has monitored and analyzed the evolving policy and programmatic environment related to Medicare Advantage supplemental benefits, including how states can interact with these nonmedical benefits as a part of state program design. For this work with The SCAN Foundation and for related ATI projects with states, ATI has conducted qualitative (interviews and regular publication of policy and practice reports) and quantitative (analysis of the number, geography, and type of plans offering these benefits) analytics. ATI has contributed to the policy conversation around the role of these nonmedical benefits, served as a thought partner to federal and state policymakers on the benefits, and seen several of ATI recommendations reflected in CMS policy actions. ATI’s Research on LTC and Aging – ATI is a national voice that conducts original research on the intersection of LTSS need, Medicare healthcare spending, and health equity issues using ATI’s extensive data assets through the CMS Virtual Research Data Center (VRDC). These data analytics support our policy interpretation and model development. We regularly share our research on our website and social media, present at conferences, or in publications; over the past year and a half, our team published or had accepted nearly ten articles in Health Affairs on topics ranging from Medicaid Managed Care rules to state options for dual eligible benefits or improving English proficiency. Our team also publishes timely summaries of proposed and final 		
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		<p>rules or policy developments and then communicates the impact of the policy changes with our clients.</p> <p>Our team has experience with CMS denials and reworking Section 1115 Waiver applications to meet CMS requirements and obtain approval. Often, reaching consensus with CMS in an iterative process that can involve making significant changes to Section 1115 Waiver applications. Our team also has experience discussing state proposals with CMS to help obtain consensus and approval. We are experienced with CMS guidance including templates, policies, and precedents which help demonstrate compliance with CMS requirements.</p> <ul style="list-style-type: none"> • Arizona – As Arizona’s former Medicaid director, our proposed Project Advisor Tom Betlach has extensive experience with Section 1115 Waivers in the State, including three that were not initially approved by CMS: <ul style="list-style-type: none"> ○ <i>Establishing a patient centered medical home</i> - The State wanted to provide an additional payment to these clinics that could meet certain expectations for coordinating care. While it was not approved through the waiver, Arizona worked closely with CMS staff and identified an alternative authority that could be used to make payments for American Indian Medical Homes. ○ <i>Delivery system reform incentive program</i> - Arizona pursued funding for a delivery system reform incentive program that could not be approved given limited timeframes. The State was able to pivot and work with CMS to create a smaller more targeted incentive program for behavioral health integration. ○ <i>Traditional healing services</i>: The second waiver dealt with providing authority for the State to offer traditional healing services. This was not approved by CMS and the State is still exploring a path forward. • Georgia – As noted previously, Tom Betlach also supported Georgia in navigating their Section 1115 Waiver to offer Medicaid coverage through qualifying activities. While the waiver was initially approved, it was later rescinded by the Biden 		
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		<p>Administration. Ultimately, the State pursued legal action and the waiver was reinstated.</p> <ul style="list-style-type: none"> • Virginia – As Virginia’s former Medicaid director, our proposed Project Advisor Karen Kimsey experienced two waiver denials; an 1915(c) waiver designed to serve people with serious mental illness in assisted living and a Section 1115 Waiver proposing work requirements. In both circumstances, Kimsey and her team: <ul style="list-style-type: none"> ○ <i>Carefully crafted a message to stakeholders that explained what happened, and why. This included meeting with critical stakeholder groups in person.</i> ○ <i>Analyzed the financial impact with federal financial participation loss, and the implications for using general funds only;</i> ○ <i>Re-examined federal authority to accomplish state goals, and how to pivot to realize these goals;</i> ○ <i>Continued conversations with CMS to explore other avenues/opportunities to accomplish state goals.</i> 		
M	Please explain your experience working with state programs to draft, submit, and implement such waivers.			
	COMMENT:	ANSWER:		
			20	17





6.	BIDDER'S PROPOSED PRICING (QUOTATION OR COST RESPONSE)			15 MAX POINTS	15
	Please identify all allocated costs, together with the total charges Bidder is willing to accept in consideration of the full performance of the Contract.			15	
	COMMENT:	SEE ANSWER TO 6A BELOW SCORING TABLE.			
B	Please fully describe any assumptions Bidder has made that affect its proposed total charges, if those assumptions are not explicitly addressed in Attachment A, Sample Contract.			NOT SCORED	
	COMMENT:	<p>ATI developed the budget under the assumption that there will be a one-year project period from January through December 2024 with the option for a six-month extension for continued work on the Section 1115 waiver application or pre-implementation activities. Given that this is a new and novel demonstration, the extension may be used to continue to negotiate and propose new options to CMS.</p> <p>This budget and proposal assume that ATI will not serve as the independent evaluator contractor that the State will need after the Section 1115 waiver is approved in order to comply with CMS requirements. The ATI team will support the development of hypotheses related to the Section 1115 Waiver, which are included in the waiver application and ultimately inform the State's waiver evaluation approach. For example, ATI may speak to the hypotheses that the State will demonstrate savings, prevent poverty, and improve health outcomes as a result of the State's waiver policies. This work in the application will serve as a</p>			

		starting point for the independent evaluation design requirement that states must meet once their Section 1115 application is approved. After DSHS' Section 1115 waiver is approved, the State, per the Special Terms and Conditions (STC), is required to submit an evaluation design to CMS for CMS approval.		
C		Bidder should also propose a schedule of payments corresponding to its charges for successfully performing the tasks necessary to accomplish identified milestones corresponding to project objectives and performance measures within each phase. Bidders are required to collect and pay Washington State sales tax, if applicable.	NOT SCORED	
	COMMENT:	ATI will submit monthly invoices using State Form A-19 Invoice Voucher, or such other form as designated by DSHS. The invoices will describe and document to DSHS' satisfaction a description of the work performed, activities accomplished, the progress of the project, and fees.		

6A.

