

Holliday, Karen

From: Pam Cooney [pam.cooney@pbpainc.com]
Sent: Thursday, April 07, 2016 1:37 PM
To: Holliday, Karen
Subject: RE:
Attachments: Ken Robinson PBPA Response to request.pdf

Karen

Let's hope this works.

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April 7, 2016

To: Senator, Alan Clark, Co-Chair
Representative, Kim Hammer, Co-Chair
Joint Performance Review Committee

During the March 30, 2016 Joint Performance Review (JPR) Committee hearing, Representative Hammer requested of Kenneth Robinson, President of Pine Bluff Psychological Associates (PBPA), PA, an overview of PBPA's business and technical model that is in place to meet the project goals as set forth in the DHS RFP #DDS-2013-02 for Children, Youth and adult Assessments, and the effects on the model caused by various difficulties encountered with the project as well as by the dramatic decrease in the project size and scope as compared to the RFP requirements. This document will have brevity as a primary goal in communicating these issues as a more detailed perspective would require a complete review of the RFP itself.

The resulting Contract # 4600030227 stipulated completion of 5,000 individuals in a nine (9) month period from October 1, 2013 to June 30, 2014, even though the RFP had called for 5,500.

"The populations to be assessed are as follows:

1. Approximately 1300 persons age 5 on or before August 1 of the current school year through age 17 who are receiving either
 - a. Home and Community Based Services, Alternative Community Services, (HCBS, ACS) or
 - b. Residential Services in an Intermediate Care Facility for Individuals with an Intellectual Disability or Related Condition (ICF-IID).
2. Approximately 2300 persons school-age and older whose names are on the Arkansas ACS waiting list, and

3. Approximately 1500 persons who are receiving Adult Development services in a Developmental Day Treatment Clinic Services (DDTCS) setting and who are not receiving ACS Waiver services or on the ACS wait list.
4. All persons who begin receiving services in 1 and 3 above, and anyone whose name is placed on the waiting list during the contract period."

In order to conduct this many assessments, the first considerations had to be the number of assessors needed, their compensation and geographical placement across the state. PBPA has a successful history with these issues in the progress made by that time on Contract #4600025503.

Based on 5,500 projected assessments per the RFP, PBPA knew from experience, that at least twelve (12) assessors would need to be dedicated to the project. The physical location of individuals to be assessed was an unknown variable and PBPA had to rely on past experience to make best estimates regarding the statewide distribution of Assessors. Compensation to Assessors was based on prevailing salary and compensation for individuals with similar qualifications, retention, travel requirements and time needed to complete an assessment.

Staffing for office personnel was based on prior experience with Contract #4600025503. A structure providing two levels of cross-training and back-up was considered as a minimally required model. Thus salaries and personnel for the office were calculated based on being compensated for 5,500 assessments. Other elements including office expenses, insurance and equipment were also factored in and remain fixed regardless of assessments actually completed.

Based on these factors PBPA submitted a cost per assessment of \$169.20. This represents a \$20.00 increase over Contract #4600025503 as a result of experience with unexpected expenses and a projection of doing fewer assessments than called for by as much as twenty percent over the ten month period.

Assessor reimbursement: \$85.00 per assessment

PBPA Operating and Margin: \$84.20 per assessment

Soon into the contract, we learned that DDS did not have reliable contact information for the individuals from the wait list to be assessed. DDS management informed us that finding the individuals would be our responsibility although this was not part of the RFP.

The immediate impact on the project was added work, time and expense to PBPA office staff and assessors to find and contact individuals in order to make appointments for the assessments. This was done by working from lists of names given to us by DDS. Assessors, assisted by PBPA office staff, had to spend time making numerous phone calls to multiple numbers and mailing letters (no fewer than three if needed) in an attempt to locate individuals, many of whom had no idea what the contact or assessments were for. This resulted in a dramatic slowdown in getting assessments done. In turn this caused assessors to struggle in conducting assessments for which they could invoice PBPA for compensation. There was not money budgeted into our response to the RFP to completely account for these problems.

In addition PBPA and Assessors were struggling with difficulties related to the reporting system managed by MedCompass and later by CoCentrix. Paper assessments had to be done as opposed to completing the assessment off-line on the laptops. The coded paper assessments would then have to be entered into the DDS data system at the end of each day. This required an added procedure for which PBPA could not compensate assessors.

PBPA was notified on June 1, 2014 MedCompass would no longer be functional. Assessments completed after this date would be entered in CoCentrix/CCP at a later date. Estimated down time reported to PBPA was 90 days. At the end of the 90 days approximately 1,544 assessments needed to be entered into CoCentrix/CCP. This, of course, represented an additional cost to PBPA. It was later determined DDS would assist PBPA staff in entering the coded paper assessments which continued being conducted through June 2014 into CoCentrix/CCP. In July 2014 Assessors received training in CoCentrix/CCP and PBPA assessors were able to begin going off-line to conduct assessments which continues to this date.

Predictably, these problems resulted in the loss of assessors. In terms of assessors needed, this did not have a huge impact since the number of assessments being done per month had dramatically dropped in comparison to what the RFP had called for. However, it did necessitate that assessors drive a lot more in order to see fewer individuals spread out over larger geographical areas. Again, we did not have funds to compensate for the increase in travel time and expense incurred by assessors.

PBPA was also tasked to insure inter-rater reliability. This is accomplished by periodic peer-coding sessions with assessors conducted by PBPA's Supervision and Training Coordinator. As an expense item, the drop in assessments per month made this activity more difficult from a financial standpoint.

The project that was scheduled to be completed in 9 months was extended to 18 months. During that space of time, PBPA was able to complete approximately 4,700 assessments. For comparison:

Proposed Project:

5,500 Assessments
9 months
600+ assessments per month

Completed Project

4700 Assessments
18 months
261 assessments per month (57% decrease of projected assessments)

During the eighteen month duration PBPA experienced a \$40,000 negative cash flow as a result of added expenses and the distribution of work over an extra 9 month period.


Thus far in the renewal of this project, PBPA has conducted 1903 assessments since August 1, 2015. This represents only an average of only 238 assessments per month. With only three months remaining in this contract, it is unknown to PBPA as to how many individuals remain to be assessed.

Although there is disagreement between myself and Melissa Stone, Director of DDS, I recall that in an August 20, 2015 meeting that PBPA was assured there would be a minimum of 4200 (still less than 5,500 or 5,000) assessments done in this contract. If that is the case, PBPA will need over 600 referrals per month through June 30th to fulfill that number. If it is not the case, a drastic decrease in the number of assessments will occur as compared to what we were tasked to complete (5,500).

In short, both the RFPs (RFP #DDS-2013-02 and RFP # DDS-2012-01) required the contractor to build an infrastructure and business model for completion of 5,500 assessments. Both RFP's clearly indicated that projects could be renewed for seven years. The first project was terminated by DDS after year one. At no time have the projects (RFP #DDS-2013-02 and RFP # DDS-2012-01) provided the volume of work required to meet the expectations of the contractor, or to address the required expense and infrastructure put in place to accomplish the project. Costs for the projects were distributed over the number of assessments stated in the RFPs, since bids were required to be on a per assessment basis. The reality has been that costs and expenses have had to be distributed over significantly fewer assessments on an average per month basis.

Moving forward, it is unclear how many more assessments will be requested in this contract or for the renewal scheduled to begin July 1, 2016. We have received an email from Vickie Smith (DHHS OFA) informing that she had been authorized to develop an amendment to our contract with an amount of \$930,600. While this is a sufficient amount, PBPA is not able to plan for the project without having a firm, minimum number of assessments to be conducted. If significantly less than upon that which our model was built, an increase per assessment is warranted.

Respectfully submitted.


Kenneth B. Robinson, MS, LPE-I
President
Pine Bluff Psychological Associates, PA