

SECTION I

RFP 2024-111

MDS CASE MANAGEMENT REVIEW SERVICES

CELTIC CONSULTING, LLC

339 MAIN STREET

TORRINGTON, CONNECTICUT 06790

860-321-7413

AUTHORIZED DESIGNEE OF CELTIC CONSULTING:

MAUREEN MCCARTHY, PRESIDENT & CEO

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SECTION II

QUALIFICATION/EXPERIENCE

Dear Members of the MDS Case Management Review Services Request for Proposals Review Committee,

Celtic Consulting has had the privilege to function as the MDS Case Management Review consultant since 2019 and is pleased to know the value brought to Shaker Place Rehabilitation and Nursing Center. Through a successful partnership, we've helped Shaker Place enhance their MDS case management processes and improve overall operational efficiency. Our team has provided critical support with MDS completion during staff leave of absence, ensuring no disruption in compliance or reimbursement workflows. Additionally, we delivered comprehensive training to the Directors of MDS, OBRA MDS Coordinators, and MDS Clerks, strengthening their knowledge and skill sets. To further support the interdisciplinary team, we provided targeted PDPM education to social workers, dietitians, recreational therapists, and rehab staff, ensuring accurate implementation of PDPM protocols.

Further, we improved communication and collaboration across the interdisciplinary team by implementing best practice standards for managing both PDPM and Case Mix, fostering a more integrated approach to patient care and reimbursement. We also streamlined the Utilization Review process, incorporating a thorough review of Medicare and Medicaid revenue reimbursement opportunities, allowing the facility to identify and capture potential financial gains.

In addition to our work on MDS and interdisciplinary team management, we assisted with the monthly triple check meeting process, refining Medicare management workflows, and providing auditing and education to the team. We also supported the facility in preparing and submitting records for two OMIG audits, which resulted in minimal revenue loss and ensured continued compliance with regulatory standards.

We are honored to be considered a trusted advisor to the Shaker Place team and would be privileged to continue working in this capacity. Our approach as a firm is to offer whole-organization support and to find solutions for any challenge. We believe in addressing all issues head-on, rather than turning a blind eye to the challenges our clients encounter. Through these efforts, we've helped the Shaker Place optimize their MDS processes, improve interdisciplinary team coordination, and enhance financial performance while maintaining full compliance with Medicare and Medicaid regulations.

As a partner already familiar with your organization, we wanted to take this opportunity to reintroduce our team and the comprehensive services we continue to provide, ensuring we remain aligned with your evolving needs and goals. Celtic Consulting is a post-acute care advisory firm, and delivers operational, clinical, and financial support for healthcare providers. Founded in 2001, Celtic serves hundreds of clients across the country as Regulatory and Operational subject matter experts and from National, Regional, and State Professional Associations as innovative thought leaders.

For over two decades our consultants have provided end-to-end guidance for post-acute care operations, compliance auditing, acuity-based payment systems, survey and focused survey prep, quality improvement, payroll-based journal (PBJ) reporting, denials management, litigation support, and revenue cycle management.

Our firm's philosophy centers on the belief that organizational compliance fosters peace of mind and ensures proper reimbursement. We value each client's unique qualities and the circumstances that shape their project goals. By collaborating from the initial contact through project completion, we consistently build tailored solutions that deliver integrated, sustainable outcomes.

Celtic provides expert analysis of MDS 3.0 Assessment, documentation components and the impact of key fields on reimbursement of claims to the Medicare program. This work is ongoing for multiple facilities across the country. Celtic equips our partners with efficient processes and utilizes our expertise to identify opportunities for advancement in clinical reimbursement operations.

Our associates implement monitoring, oversight, and educational programs to assist clients in Case Mix Index (CMI) improvement and increases in daily Medicaid payment rates. We understand that the upcoming transition to the Patient-Driven Payment Model (PDPM) for Medicaid reimbursement presents a significant shift for skilled nursing facilities in New York. Celtic specializes in guiding facilities like yours through such complex changes. Our team has extensive experience in compliance, reimbursement strategies, and operational efficiency, ensuring a smooth transition while optimizing your facility's potential under the new model. We tailor our support to meet your specific needs, helping you stay ahead of regulatory requirements while improving care and financial outcomes. Recognized for our expertise in PDPM, we serve as advisors to multiple state associations for the Medicaid payment system transition. With exclusive insights, we position our clients to be successful.

We've assisted many providers in adapting to changes in documentation systems and data collection processes. Celtic offers readiness assessments, targeted education, and support for new CMI tracking systems. With our proven track record in PDPM, we've helped clients optimize revenue and sustain long-term gains.

We're excited to share that we will soon be releasing our CMI Toolkit, designed specifically to help skilled nursing facilities navigate the transition from CMI to PDPM with ease. This comprehensive resource provides valuable tools and strategies for establishing systems to optimize Medicaid reimbursement under PDPM. If awarded this RFP, we would offer access to the toolkit, along with targeted education and hands-on support to ensure effective use of the tools and successful implementation with your staff.

With the upcoming transition to PDPM for Medicaid reimbursement, securing optimal rates now is essential, as they will serve as the foundation for future reimbursement rates post-transition. Our streamlined systems are designed to help you capture the most accurate CMI that reflects the high-quality care you provide, leading to optimal Medicaid revenue. Many of our clients have benefited from our support, achieving substantial increases in their Medicaid rates, with gains of up to \$83 per day.

Our firm has partnered with numerous organizations to mitigate or prevent revenue loss following the 2019 implementation of CMS' PDPM system. Through comprehensive operational assessments, we identify barriers and key factors impacting reimbursement success. By collaborating closely with our clients, we design multi-pronged action plans tailored to their unique needs, enabling providers to sustain gains across multiple payment sources.

As recognized leaders in PDPM, we bring extensive experience as faculty for the AHCA PDPM Academy and have played a pivotal role in educating state associations across the nation during the initial transition to PDPM. Our expertise continues to be in demand, and we most recently provided PDPM methodology education for state associations in September 2024. Known for our efficiency, compliance guidance, and deep understanding of PDPM regulatory requirements, we help clients streamline processes and optimize their reimbursement strategies under the Medicare PDPM system. Our solutions ensure not only compliance but also long-term financial health for the facilities we serve.

Additionally, Celtic has experience providing Independent Review Organization (IRO) services for CMI audits under the direction of the Office of the Medicaid Inspector General (OMIG) along with legal partner JMJ Healthcare Compliance Group, LLC. Additional services have included OMIG Audit Review Appeals on behalf of SNF Providers, as well as OMIG Compliance Auditing, with experience in 12 states with Case Mix Payment Systems. Further, Celtic is currently engaged in providing IRO services on a federal level with U.S. Department of Health and Human Services to multiple New York skilled nursing facilities operating under a Corporate Integrity Agreements (CIA).

Celtic's committed resources are professionals with numerous years of hands-on managerial and subject matter experience. Associates are subject matter experts with the current PDPM payment model, CMI optimization, productivity and efficiency, and documentation integrity.

Our team is comprised of registered nurses, physical therapists, educators, legal nurse consultants, infection preventionists, and senior billing staff who have held a variety of positions in long-term care facilities. Many of our Associates have years of experience at overseeing the tasks of an MDS Coordinator, gained from prior work experience as MDS Coordinators. The Associates' use of real-world experiences with skilled nursing facilities helps to foster the development of creative, outcome-driven solutions for organizations. Celtic's Associates are under the guidance of Maureen McCarthy, is the Medicare and MDS 3.0 Advisor to the New York State Health Facilities Association (NYSHFA) and Connecticut Association of Health Care Facilities (CAHCF), and was selected to provide education nationally as an American Health Care Association (AHCA) PDPM Academy faculty member. As education is a valuable component of our approach, our employees receive frequent education pertaining to industry updates and changes valuable to our clients. Maureen is also a Master Teacher for the MDS Process, Director of Nursing Services, as well as Quality Assurance and Performance Improvement through the American Association of Post-Acute Care Nursing.

Associates have an in-depth working knowledge of a number of software programs, including: NetHealth, Casamba, Rehab Optima. Celtic is also an authorized PointClickCare partner. The slight increase in Celtic Consulting's annual cost is representative of the increased costs for the facility's rehab software platform, NetHealth.

Our firm partners with a variety of post-acute care providers, including skilled nursing facilities, facility management companies, assisted living facilities and intermediate care facilities.

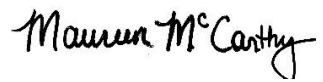
Throughout the challenges posed by the COVID-19 pandemic, Celtic maintained seamless consulting services for Shaker Place, demonstrating our adaptability and resilience. We are confident in our ability to continue providing uninterrupted support, especially during periods of seasonal illnesses or outbreaks, ensuring that your operations remain stable and well-prepared for any future health challenges.

Celtic Consulting maintains insurance coverage and Certificate of Insurance is made available upon request.

The firm is endorsed by New York State Health Facilities Association (NYSHFA), the New York Chapter of the American College of Health Care Administrators (NY ACHCA), Southern New York Association (SNYA), and Greater New York Health Care Facilities Association (GNYHCFA).

Thank you for the opportunity to present our experience and credentials to provide support to your organization.

Sincerely,

A handwritten signature in black ink that reads "Maureen McCarthy". The script is cursive and fluid, with the first name and last name clearly distinguishable.

Maureen McCarthy, RN

President

Celtic Consulting

Phone: 860-321-7413

Email: mmccarthy@celticconsulting.org

CELTIC CONSULTING PROFESSIONAL STAFF MEMBERS ASSIGNED TO ENGAGEMENT

Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA

Maureen is the President and CEO of Celtic Consulting, LLC, nationally recognized as a luminary amongst long-term care operators and clinicians for Reimbursement and Regulatory matters, Audits, and Analysis, Enhancing Operational Efficiency, Education and Litigation Support. Maureen combines clinical expertise with regulatory acuity, to assist clients with developing sustainable remediation plans. She is a registered nurse with nearly forty years of work experience, including direct patient care, MDS Coordinator, Director of Nursing, and Rehab Director, and Medicare biller.

Maureen has trained thousands of clinicians and administrators; **Certified as Master Teacher** for the Director of Nursing Course (DNS-MT), Master Teacher for Quality Assurance and Performance Improvement processes (QCP-MT), Master Teacher of the MDS (RAC-MT), and Master Teacher in Advanced MDS (RAC-MTA) which contains the Patient Driven Payment Model (PDPM), and Medicare Regulations. She is a Medicare & MDS 3.0 Advisor for several state affiliates, advisor to the Medicare Administrative Contractor (MAC-J13), the Medicare contractor for the National Government Services Provider Advisory Group.

Recognized for thought-leadership, Maureen presents to many long-term care associations- the American Health Care Association (AHCA), American Association of Post-Acute Care Nursing (AAPACN), and the American College of Health Care Administrators (ACHCA) amongst others. Maureen serves on multiple committees and is a sitting member of the Board of Directors for several organizations; her current commitments are:

- **Medicare & MDS 3.0 Advisor** for several state affiliates,
- Advisor to the Medicare Administrative Contractor (**MAC-J13**), the Medicare contractor for the National Government Services Provider Advisory Group,
- **Chair for the Board of Directors** of the American Association of Post-Acute Care Nursing (**AAPACN**)
- Immediate Past Chair, and member of the **Expert Advisory Panel** for the American Association of Post-Acute Care Nursing (**AAPACN**),
- Serves on the **Clinical Practice Committee and Reimbursement Committee** for the American Health Care Association (AHCA)
- Chair of the Education Committee for the American College of Health Care Administrators (ACHCA)
- Sits on the **Technical Expert Panel (TEP)** for the Measurement Gaps and Measure Development Priorities for the Skilled Nursing Facility (SNF) **Value-Based Purchasing (VBP) Program**, hosted by Acumen Post-Acute Care Quality Reporting Program **in collaboration with the Centers for Medicare and Medicaid Services (CMS)**.
- Twice served as the President of The Association for Long Term Care Financial Managers (ALTCFM), an association of financial professionals and accounts receivables staff, Medicare; and
- Contributes articles to an industry newsletter released to financial professionals.

She provides webinar presentations, conducts seminars on topics relevant to the long term care industry organizations. Her publications have been in leading industry journals such as *PPS Alert*, *McKnight's Long-Term Care News*, and *Skilled Nursing News*, and authored these books:

- "The Long Term Care Compliance Toolkit" (2011).
- "ICD-10 Compliance Process Improvement and Maintenance for LTC" (2015).
- "Medicare Audits: A Survival Guide for SNF" (2016).
- "5-Star Quality Rating System Technical Users Guide" (2017).
- "A SNF's Guide to Medication Reconciliation and Drug Regimen Review" (2018).

Maureen is also the founder and CEO of MDSRescue, LLC, providing interim MDS completion services across the country.

(Resume included)

Maureen McCarthy will work from Celtic Consulting's office, located in Torrington, CT.

Dr. Cheryl Ben-David, PT, DPT

Dr. Ben-David is the Chief Operating Officer at Celtic Consulting, LLC. She is a clinician who brings over two decades of experience, having worked in the highly regulated environment of healthcare within the US, with a focus on Compliance across, billing, reimbursement, pharmaceutical promotion, and privacy. Her areas of expertise include: Healthcare Regulatory Compliance, Revenue & Profitability Growth, Litigation Support & Investigations, Process Improvements, Efficiency, Medicare Parts A & B, HR Counsel & Advisory, Training & Leadership Mentoring, Rehabilitation Program Oversight, Team Leadership & Motivation, and Workflow Analysis. Cheryl is a Doctor of Physical Therapy, Certified Health Care Compliance (CHC), Certified Risk Adjustment Coder (CRC), Certified Professional Coder (CPC) and Certified Dental Coder, (CDC).

Combining her clinical, operational and compliance background, Cheryl has supported clients, and their counsel, to address:

- Medicare reimbursement appeals
- Compliance matters
- Independent Review Organization (IRO) monitorship
- Workflow Analysis
- Performance Improvement Plans
- Documentation Training

Cheryl's work products have been used to achieve substantial reduction of settlement amounts, as well as favorably influence redetermination decisions of denied claims.

Investigational clinical documentation reviews performed under attorney-client privilege have assisted:

- Skilled Nursing Facilities (SNF)
- Hospice Agencies
- Home Health Agencies (HHA)
- Outpatient Therapy Clinics
- National Dental Clinics
- Durable Medical Equipment Providers (DME)

Compliance audits of medical coding and billing records across the post-acute health care continuum, dental coding, and durable medical equipment services, have helped clients:

- Defend against allegations of improper billing
- Modify related policies and procedures

Cheryl's clients have turned to her as a trusted advisor - supporting business decisions in the context of both pro-active and reactive compliance engagements. The result of sustaining meaningful interactions across client's organization levels and service lines.

(Resume included)

Dr. Cheryl Ben-David will work from Celtic Consulting's office, located in Torrington, CT.

Lori Chuisano, RN, BSN, RAC-CT, QCP, DNS-CT, RAC-CTA

Lori Chuisano is the Director of Quality & Education and the Senior Lead of Clinical Reimbursement, Certified in the Resident Assessment Process (RAC-CT), and advanced course (RAC-CTA). Her advanced certifications include, Gerontological Nurse Certification through the American Nurses Credentialing Center (ANCC), Nurse Paralegal Diploma, Certified in Quality Assurance Performance Improvement, QAPI (QCP), Certified in Director of Nursing Services (DNS-CT). She brings over two decades of clinical experience in Acute and Post-Acute Care. Her work experience includes, Infection Control, Regional MDS Coordinator for (50+) multi-facility chain, Regional Clinical Reimbursement Specialist in CT, MA, NC, NY, RI, Interim Director of Nursing, Assistant Director of Nursing, MDS Director, MDS Coordinator, Clinical Evaluator, Staff Development, Nursing Supervisor, Admissions Associate, and Practical Nursing Instructor. Lori is a subject matter expert in Payroll Based Journal Staffing (PBJ) and speaks regularly on the subject. She has presented to the Association for Long-Term Care Financial Managers (ALTCFM) and is called upon to assist organizations understand the regulatory requirements for nursing home staffing practices. Further, she is recognized within the industry as an expert in matters related to Regulatory Compliance, Auditing, and Quality for Skilled Nursing Facilities (SNFs) and Hospital Swing-Bed Units. As an expert Lori has assisted numerous clients with Strategic Planning, Budget Management, Policy Development and Performance Improvement at the Enterprise and Facility levels. As the Director of Quality & Education she has designed custom educational modules for state affiliate organizations, professional association events, clients, and Celtic staff. She participated as faculty for the American Health Care Association (AHCA) at the Patient-Driven Payment Model (PDPM) Academy workshops for state affiliates in 2019. Lori is a member of the American Association of Post-Acute Care Nursing (AAPACN) and the American Health Care Association (AHCA).

(Resume included)

Lori Chuisano will work from Celtic Consulting's office, located in Torrington, CT.

Angela Dominie, RN, RAC-CT, RAC-CTA, QCP

Angela Dominie, RN, is a Clinical Reimbursement Associate at Celtic Consulting. She holds advanced certifications; Resident Assessment Coordinator Certified, RAC-CT, Resident Assessment Coordinator Advanced, RAC-CTA, and is Quality Assurance Performance Improvement (QAPI) Certified Professional (QCP). She brings over two decades of clinical experience in Long-Term Care. Her nursing career path began as a Certified Nursing Assistant, Licensed Practical Nurse, and then a Registered Nurse. Angie's work experience includes positions as a Case Mix Coordinator, Unit Manager, and Director of Nursing, and as an MDS Director. This pathway equips Angie with exceptional communication skills. She is seen as an excellent educator and relatable as a mentor by employing a hands-on approach, which provides clients ample opportunity to practice the demonstrated concepts. Angie is a Medicare regulation expert, well-versed in PDPM, and known as a subject matter expert with New York State Case-Mix. Angie is a member of The American Association of Post-Acute Care Nursing, (AAPACN) New York State Health Facilities Association (NYSHFA), and the American Health Care Association (AHCA)..

(Resume included)

Angela Dominie is located in the facility's region, and will work from Celtic Consulting's office, located in Torrington, CT. Mileage for her travel is calculated from her local address. Angela is the main associate assigned to the facility.

MAUREEN K. MCCARTHY, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA
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GOSHEN, CT 06756
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EMPLOYMENT

2002 to present

Celtic Consulting, LLC
President/CEO

- Providing clinical reimbursement, clinical operations and compliance advisory services to post-acute providers across the country
- MDS/PPS/PDPM training, systems review and analysis
- Compliance auditing and reporting
- Denials Management assistance with chart review process and appeals
- Medicare Program oversight
- State agency survey preparation
- Medicare and Medicaid billing training and collections assistance

2019 to present

MDSRescue, LLC
CEO

- An organization that provides temporary MDS completion services across the nation
- MDSRescue can provides quality temporary staff member to make certain assessments are being completed correctly and timely, which avoids revenue losses for facilities and peace of mind knowing the job is being done properly
- Complete MDS Department Oversight/ Temporary MDS Completion/ Supplemental MDS Completion
- Also provides MDS hours to submit to your Payroll-Based Journals to improve your 5-star rating and maintain compliance

2012 to present

Care Transitions, LLP
Founder, CEO

- Development of Care Coordination and Patient Management System designed to assist individuals or caregivers by monitoring their health status
- Patient Assessment, Patient Monitoring and Prevention Procedure Development to include arrangement for: Wellness Education, Transportation, Delivery of Medicine/Medical supplies, Home Care/Companion Services, Assistance with Insurance application, etc.
- Improvement of the health status of individuals involved in Care Transitions, Reduction in spending related to unnecessary rehospitalizations, Minimized risk of CMS payment rate reduction
- Improved synchronicity between hospitals, skilled nursing facilities, home health providers and individuals

2010 to 2014

National Healthcare Associates, Inc.
Vice President of Clinical Reimbursement

- Oversight and management of Medicare Part A & B programs for 42 facilities in 7 states with 5 different case mix systems and 3 different MACs
- Medicare Program development and compliance
- Medical record review ADR management through appeal process

2001 to 2002

Renaissance Health Care Consulting, Inc. (Dissolved 2002)
Director of Clinical Services

- Provide leadership and guidance to clients to ensure effective clinical programs.
- Evaluate financial viability of current programs and implement measures to enhance efficiency.
- Review compliance with state and federal regulations.
- Provide oversight and assistance in Skilled Nursing Facility operations.

1994-2001

Sun Healthcare Group
Regional Program Analyst

- Evaluate operational, financial and clinical results of the Medicare and Managed Care programs through review and audit of systems.
- Records and provides recommendations for improved effectiveness.

Rehabilitation Manager

- Assessment and review of facility Nursing and Rehabilitation programs.
- Training and education to SunBridge regional and facility staff.
- Analyzing clinical and financial data to produce optimal outcomes.

Regional Case Manager

- Financial, clinical, and operational responsibility for commercial insurance customers in the Connecticut, New Jersey and Maryland markets. (approx. 400 residents average at any given time)
- Commercial contract negotiation and evaluation to ensure profitability.
- Cost Analysis based on clinical data for all residents in 44 facilities

Clinical Services Coordinator (troubleshooter)

- Clinical oversight of 13 Western CT region facilities
- Management & training for poor performing facilities in the southern region (SC/NC/VA/KY/DE)
- Provide clinical guidance to Directors of Nursing and other clinical team members

Director of Nursing Services

- 24-hour responsibility for high quality clinical care for 120 residents.
- 3 consecutive deficiency-free state and federal surveys.
- Statistical analysis of clinical indicators, as well as budgetary compliance.

1992-1994

Nurse's Day Care

Owner/Operator – Child Care

- Financial and operational responsibility for all clients.
- Marketing presentation to grow customer base.

1989-1991

Horizon Healthcare/Greenery

MDS Coordinator

- Interdisciplinary team leader for 210 bed Skilled Nursing Facility.
- Resident Assessment Instrument completion and accuracy.
- Responsibility for state and federal regulatory compliance.
- PRI certified for screen completion.

1988-1989

Dr. Arthur Sullivan (Deceased 1989)

R.N. Office Manager

- Clinical assistance with medical/surgical procedures.
- Medicare and Commercial Insurance billing.

1986-1987

St. Mary's Hospital

Medical/ Surgical Staff Nurse

- Acute care nursing in a community based 280-bed hospital.

EDUCATION

Post University

Bachelor of Science in Business Administration 1993

Mattatuck Community College

Associate of Science in Nursing 1986

LICENSES and CERTIFICATIONS

Registered Nurse, Connecticut, License # E49444

Resident Assessment Coordinator- Certified (RAC-CT) and Master Teacher Status (RAC-MT) held

QAPI Certified Professional (QCP) and Master Teacher Status (QCP-MT) held

Director of Nursing Services- Certified (DNS-CT) and Master Teacher Status (DNS-MT) held

Resident Assessment Coordinator- Advanced Certification (RAC-CTA) and Master Teacher Status (RAC-MTA) held

AWARDS

Alpha Chi National Honor Society
Rose Traurig Women Scholars
American College of Health Care Administrators (ACHCA) Recipient of the 2018 Education Award

ACTIVITIES

Chair for the Board of Directors for American Association of Post-Acute Care Nurses (AAPACN)
Immediate Past Chair and member for the Expert Advisory Panel for AAPACN
American Health Care Association (AHCA) PDPM Academy Training Faculty
Elected to serve on the American Health Care Association's (AHCA) Clinical Practice Committee and Reimbursement Committee
Chair of the Education Committee for the American College of Health Care Administrators (ACHCA)
Nationally recognized as an expert of reimbursement and skilled nursing operations, recurring speaker for multiple state and national organizations
Twice served as the President of the Association for Long Term Care Financial Managers (ALTCFM)
Medicare & MDS 3.0 Advisor for several state affiliates
Executive Committee/Medicare/MDS 3.0 Advisor Connecticut Association of Health Care Facilities (CAHCF)
Participates on multiple committees for the New York State Healthcare Facilities Association (NYSHFA)
Editorial Advisor for (HCPro) PPS Alert & LTC Billing Alert magazine
Advisor to the J13 Medicare contractor National Government Services Provider Advisory Group
HCPro Editorial Advisor-PPS/Billing/Clinical
CONDONA- CT Directors of Nursing Association (former)
CT Staff Development Coordinators association
Long Term Care Bookkeepers Forum-Connecticut
Topic instructor for the University of Connecticut Nursing Home Administrators Program

MEMBERSHIPS

American Health Care Association (AHCA)
American College of Health Care Administrators (ACHCA)
American Association of Post-Acute Care Nurses (AAPACN) Member
American Association of Post-Acute Care Nurses (AAPACN) Gold Sponsor
Worldwide Women's Association
Association of Long Term Care Financial Managers
Connecticut Association of Health Care Facilities (CAHCF)
American College of Health Care Administrators – NY, NJ, MA & CT Chapters
National Government Services Provider Advisory Group
Massachusetts Senior Care Association
Health Care Association of New Jersey (HCANJ)
New York State Healthcare Facilities Association (NYSHFA)
Rhode Island Health Center Association (RIHCA)

AUTHORED PUBLICATIONS

"A SNF's Guide to Medication Reconciliation and Drug Regimen Review" (2018)
5-Star Quality Rating System Technical Users Guide" (2017)
"Medicare Audits: A Survival Guide for SNF" (2016)
"ICD-10 Compliance Process Improvement and Maintenance for LTC" (2015)
"The Long Term Care Compliance Toolkit" (2011)

CHERYL BEN-DAVID, DPT

914-400-4702 ▪ cheryl.f.bendavid@gmail.com ▪ [LinkedIn Profile](#)

SENIOR HEALTHCARE COMPLIANCE PRACTICE LEADER

Post-Acute Care, Rehabilitation & Durable Medical Equipment Regulatory Expert – Process Improvement Catalyst

Deeply knowledgeable regulatory and compliance consultant and subject matter expert across the post-acute care continuum: Skilled Nursing Facility, Home Health, Hospice, Durable Medical Equipment, and Rehabilitation services: including Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP). Recognized for excellence in service delivery across operations process improvement and litigation investigations. Trusted team leader for both clinicians and consulting professionals. Earned reputation for delivering revenue and profit growth.

- Healthcare Regulatory Compliance
- Revenue & Profitability Growth
- Litigation Support & Investigations
- Process Improvements / Efficiency
- Workflow Analysis
- HR Counsel & Advisory
- Training & Leadership Mentoring
- Rehabilitation Program Oversight
- Team Leadership & Motivation

CAREER HIGHLIGHTS

Celtic Consulting, LLC ▪ Torrington, CT

Current

Independent Consulting Firm for Skilled Nursing Facilities across the country

Chief Operating Officer

Analyzing internal operations to identify areas of process enhancement. Demonstrates extensive knowledge and expertise in the fields of corporate compliance and security; revenue and profitability; and billing and reimbursement compliance.

- ✓ Collaborates with the CEO in setting and driving organizational vision, operational strategy, and hiring needs
- ✓ Establishes policies that promote company culture and vision
- ✓ Leads employees to encourage maximum performance and dedication
- ✓ Translates strategy into actionable goals for performance and growth helping to implement organization-wide goal setting, performance management, and annual operating planning
- ✓ Oversees company operations and employee productivity, building a highly inclusive culture ensuring team members thrive and organizational outcomes are met
- ✓ Ensures effective recruiting, onboarding, professional development, performance management, and retention
- ✓ Adheres to company, federal, state, and local business requirements, enforcing compliance and taking action when necessary

ANKURA (FORMERLY NAVIGANT) ▪ WASHINGTON, D.C.

2013 – 2020

Mid-sized management consulting firm with 1,400 employees serving multiple industries; acquired Navigant division in 2018

Senior Director – Disputes Investigations & Forensic Litigation, Ankura ▪ 2018 – 2020

Retained after Navigant acquisition to serve as **healthcare regulatory and compliance expert** for post-acute care continuum (skilled nursing facilities, home health agencies, hospice services, outpatient rehab clinics and durable medical equipment). Oversaw director-level staff member while reporting to the Senior Managing Director for the practice. Served as point of contact between clients and internal teams.

- ✓ Provided litigation support to clients by reviewing/distilling large volumes of clinical information provided by rehab clinicians (PTs, OTs, SLPs) and **reporting findings in response to multimillion-dollar lawsuits and fraud allegations.**
- ✓ Served as project manager/lead reviewer; developed and managed budgets, delegated work to team including data analysts and statisticians, performed quality assurance (QA), and managed service delivery to scope of work.
- ✓ Drove compliance reviews and audits for internal processes by collaborating with internal compliance officers.
- ✓ **Secured new engagements and increased scopes of work** to expand existing contracts based on quality of work and by building strong client relationships; **delivered \$100K+ in additional revenue.**

Associate Director, Navigant ▪ 2013 – 2018

Initially brought on to drive performance improvement engagements for **Healthcare Clinical Operations and Performance Improvement team** before transitioning to Healthcare Provider team focused on Disputes Investigations and Forensic Litigation.

- ✓ Earned reputation as firm-wide SME on post-acute care healthcare regulations and rehab therapy (PT, OT, and SLP).
- ✓ Appointed to lead 4-person team to **project manage build-out of a new accountable care organization (ACO).**
- ✓ Elevated utilization and value to the firm by gaining 3 coding certifications to support billable service delivery for medical coding team; later earned compliance certifications to increase capacity for compliance engagements.
 - **Increased coding team delivery efficiency by up to 30%, and expanded capacity by up to 70%.**
- ✓ **Secured new \$65K engagement** via attorney referral due to relationship cultivation and reputation for excellence.
- ✓ Earned **Rock Star of Rock Stars Award for Team Harmony** in 2017 by executive leadership team.

CHERYL BEN-DAVID, DPT

RSM (FORMERLY MCGGLADREY, LLP) ▪ NEW YORK, NY

2010 – 2012

\$2B Audit, tax, and consulting firm serving multiple industries with 900+ employees

Practice Lead for Clinical Operations & Performance Improvement

Recruited full-time after consulting engagement **to build out a post-acute care practice** for the firm. Led all prospecting, client pitches, and negotiation as well as service delivery for internal clients (auditors and tax practices) and skilled nursing providers.

- ✓ **Achieved 85% win-rate on service agreement proposals** as partner for internal clients resulting in hundreds of thousands of dollars in additional revenue.
- ✓ Drove process and efficiency improvements, clinical reviews, program development, leadership training, regulatory compliance audits, and profit/revenue growth consulting for skilled nursing facilities, hospice, and home care services.
 - **Delivered up to 45% growth in revenue retention and increased billing accuracy by up to 90%.**
- ✓
- ✓ **Secured new post-acute care contracts** by developing go-to-market partnership with Chicago-based contract team.
- ✓ Provided HR-related consulting including staffing model development, policy and job description updates aligned to regulatory requirements, and employee engagement strategy development.
- ✓ **Completed 18-month professional training program**, “Champions for Growth,” due to strong pipeline development.

CONSULTCBENDAVID ▪ NEW YORK, NY

2008 – 2010

Boutique consulting firm providing performance improvement and training for rehab departments in NY and NJ

Executive Director & Principal Consultant

Launched and led consultancy serving skilled nursing facilities’ short and long-term programs. Delivered performance improvement, cost containment, and revenue enhancement initiatives to elevate operations, clinical outcomes, and profitability for rehab departments. Collaborated with CEOs, CFOs, Administrators, and Directors of Nursing on engagements.

- ✓ Bolstered PRI index to set Medicaid rate for next fiscal year by developing the clinical profile and services provided.
- ✓ **Turned around unprofitable rehab department** by increasing efficiency of therapy service model **by up to 75%.**
- ✓ Improved evaluation and first treatment of short-term rehab patients by up to 33% (to within 24-hours of admission).
- ✓ **Delivered 200% increase in revenue for Medicare Part B rehab services** (from just 10% to 30% per service).
- ✓ Reduced treatment plan redundancies, introduced programs and treatments, and educated clinical staff on essential elements of documentation to support services billed to Medicare.
- ✓ **Built-out robust Nursing Rehab Program** based on emerging best practices in collaboration with Director of Nursing.
- ✓ Provided HR counsel, management coaching, and new candidate selection for Director of Rehab and staff positions.

KATERI RESIDENCE NURSING & REHABILITATION CENTER ▪ NEW YORK, NY

2006 – 2008

520- bed skilled nursing and rehabilitation facility

Director of Rehabilitation Services ▪ 2006 – 2008

Director of Physical Therapy ▪ 2006 – 2006

Initially joined to lead physical therapy services before earning promotion after 6 months to lead **35-person team of multi- discipline therapists and 10 per diem therapists** while reporting directly to the Executive Chief/Administrator. Reported out to Board of Directors quarterly and **oversaw all operations, staffing, P&L, and clinical outcomes** for the department.

- ✓ Slashed annual consulting costs by 65% and **captured \$750K in savings** in just 2 years.
- ✓ Improved **rehab staff productivity by 38%** (to 90%) and achieved **100% retention of Medicare Part B billing revenue.**
- ✓ Grew upper-tier RUG-III **billing by 60%** after transforming clinical program delivery model.
- ✓ Negotiated up to **20% reduction in agency fees** for per diem clinicians.

Previous roles included: Manager of Rehabilitation Department – Multiple Facilities ▪ **Territory Pharmaceutical Sales Rep** for Schering Plough ▪ **Regional Manager, NY & NJ** for Team Rehab ▪ **Staff Therapist** for Burke Rehabilitation Center

EDUCATION

Doctor of Physical Therapy (DPT), Des Moines University Osteopathic Medical Center,
College of Health Sciences

Bachelor of Science in Physical Therapy, Hunter College, Brookdale Health Sciences

Licenses & Certifications

Physical Therapy State Licenses: CT, NJ, NY

Certified Information Privacy Manager (CIPM) through IAPP (in process) ▪ Certified Health Care Compliance (CHC) ▪
Certified Risk Adjustment Coder (CRC) ▪ Certified Professional Coder (CPC) ▪ Certified Dental Coder (CDC)

PROFESSIONAL MEMBERSHIPS

International Association of Privacy Professionals (IAPP) ▪ Health Care Compliance Association (HCCA) ▪ American Health Law Association (AHLA) ▪ American Academy of Professional Coders (AAPC)

Lori Chuisano, RN, BSN, RAC-CT, QCP, DNS-CT, RAC-CTA

66 Route 55 West
Sherman, CT 06784
860-350-5872 or 203-947-3262
Lchuisano@gmail.com

Summary of Qualifications

- MDS 3.0 with excellent RUG utilization performance, AANAC Member, RAC Certification
- Experienced in supervising, coordinating, scheduling, and organizing nursing staff and responsibilities.
- Have participated in policy development, performance improvement, and budget management
- Development of clinical skill sets for both licensed and unlicensed nursing personnel.
- Clinical and classroom nursing education.

Education

RAC Certification/AANAC member	AANAC	2012
Bachelor of Science in Nursing, <i>with Honors</i>	University of Phoenix	2005
Nurse Consultant/Paralegal Diploma, <i>with Honors</i>	Kaplan College	2001
ANCC Gerontological Nurse Certification	1997 - 2002	
AAS Nursing	Dutchess Community College	1994

Professional Experience

<u>Director of Quality & Education,</u>	Celtic Consulting LLC	2020-present
<u>Senior Lead for Clinical Reimbursement</u>		
<u>Director of Operations</u>	Celtic Consulting LLC	2018-2020
<u>Clinical Reimbursement Associate</u>	Celtic Consulting LLC	2015-2018
<u>Regional Clinical Reimbursement Specialist</u>	Athena Healthcare	2014-2015
Provide guidance, education, & oversight to facility MDS Coordinators pertaining to MDS/RAI/PPS processes related resident care and financial reimbursement. Responsible for 9 facilities.		
<u>Regional MDS Coordinator</u>	National Healthcare Associates	2013-2014
Provide guidance, education, & oversight to facility MDS Coordinators pertaining to MDS/RAI/PPS processes related resident care and financial reimbursement. Responsible for 10 facilities.		
<u>MDS Director</u>	Bethel Health Care	2012-2013
Managed MDS dept supervising 4 nurses and 2 secretaries with average daily Medicare A census of 75.		
<u>MDS Coordinator</u>	Glen Hill Health & Rehabilitation	2012
<u>MDS Coordinator</u>	National Healthcare Associates: Village Crest	2010-2012
<u>Clinical Evaluator</u>	National Healthcare Associates	2008-2010
<u>Practical Nursing Instructor</u>	Lincoln Technical Institute	2007-2008
Clinical & class instruction & evaluation. Clinical: St. Vincent's & Bridgeport Hospitals, SNFs as needed.		
<u>Staff Nurse: Cardiothoracic Step down</u>	Danbury Hospital	2006-2011
<u>Assistant Nurse Manager / Charge Nurse</u>	Stamford Hospital	2005-2006
Special/Intermediate Care Unit: 14-bed monitored unit for critically ill/injured & mechanically-ventilated patients.		
<u>Staff Nurse / Charge Nurse</u>	New Milford Hospital	1998-2005
<u>ADON / Day Supervisor</u>	The Kent Specialty Care Facility	1995-1998

Angela Dominie RN, RAC-CT, RAC-CTA, QCP
(518) 260-7227

adominie76@gmail.com
15 Dawn Rd, Queensbury NY 12804

Education

SUNY Adirondack
Southern Adirondack Educational Center
Queensbury High School

2003 Associate Degree in Applied Science
1994 Licensed Practical Nurse Program
1993 Academic Diploma
1992 Certified Nursing Assistant Certification

Experience

Clinical Reimbursement Associate *December 2019 – Present*
Celtic Consulting | 339 Main Street, Torrington CT 06790

Provide education to the Interdisciplinary team which includes:

- PDPM
- MDS for the IDT
- Systems Development and Workflow
- ADL training
- Skilled Nursing Documentation
- Clinical Reimbursement Best Practices

Provide training and support to Newly Hired MDS Coordinators

Assess Accuracy of Data used to Calculate Quality Measures

Identify Facility processes that impact- 5 Star Rating, QRP, VBP, and Survey Quality Measures

Conduct and Prepare for Various Audits including Medicare, OMIG and ADT

Director of MDS August 2007 – November 2019

The Pines at Glens Falls | 170 Warren Street, Glens Falls NY 12801

Provided training and support to Newly Hired MDS Coordinators

Assessed Accuracy of Data used to Calculate Quality Measures

Actively involved in facility processes that impacted- 5 Star Rating, QRP, and Survey Quality Measures. Led weekly meetings with the IDT to discuss findings and develop QAPI plans.

Successfully prepared for audits including Medicare and OMIG with no negative findings

Previous Experience

Positions held include: Certified Nursing Assistant, Licensed Practical Nurse and Nurse Manager in the Southern Adirondack Region.

Skills

Extensive SNF experience having held many roles and positions which have included: Certified Nursing Assistant, LPN Charge Nurse, RN Unit Manager, Admissions Nurse, DNS, and Director of MDS.

PRI Certified since 2006

RAC-CT Certified since 2014

Quality Assurance and Performance Improvement (QAPI) Certified Professional (QCP)

SECTION III

REFERENCES

Larry Slatky, CNHA, FACHCA

Former Executive Director, Shaker Place Rehabilitation and Nursing Center

100 Heritage Lane

Albany, NY 12211

Email: Larry.Slatky@shakerplace.org

Phone: 516-869-2231

Michael Hotz, LNHA, HSE, CNHA, FACHCA

Regional Administrator, The Grand Healthcare System for Central New York

1657 Sunset Avenue

Utica, NY 13502

Email: Michael.hotz58@gmail.com

Phone: 315-797-7392

Anthony Restaino

Executive Director, Norwegian Christian Home and Health Center

1250 67th Street

Brooklyn, NY 11219

Email: arestaino@nchhc.org

Phone: 718-306-5642

SECTION IV

PLAN IMPLEMENTATION

MDS Case Management Review Services Overview

Celtic Consulting Associates will partner with the Skilled Nursing Facility to enhance patient care while addressing key operational objectives. Our engagement will focus on:

- Identifying opportunities for improvement through caregiver insights, staff interviews, clinical assessments, and an on-site review of medical record documentation;
- Supporting the development of compliant practices to ensure accurate and appropriate reimbursement;
- Providing ongoing staff education to maintain high standards of care;
- Strengthening documentation compliance.

Our recommendations will underscore both the clinical and financial benefits of the services, fully aligned with Medicare guidelines.

Celtic Consulting offers the following list of services to Shaker Place Rehabilitation and Nursing Center over six (6) on-site visits per month, or their equivalent. A comprehensive written report summarizing findings and recommendations will be provided monthly. The facility may prioritize and adjust the frequency of services, with recommendations from Celtic. While some services can be delivered remotely, others may incur additional fees. All additional fees and services would require prior approval from the facility before proceeding.

➤ ***Initial Audit of Supportive Documentation***

Upon project kickoff, Celtic may provide an initial evaluation of existing supportive documentation in place. This will include, but is not limited to, review of:

- ADL coding
- Discipline specific coding

Findings of the initial audit will provide insight for case management strategies the facility may wish to utilize and opportunities for education. Celtic will provide offer support to implement recommended strategies and offer education.

➤ ***Medicare and Medicaid Case Mix Auditing***

Inaccurate or incomplete Minimum Data Set (MDS) coding may render the resident care plan insufficient to meet resident care needs; may affect Quality Measures; may result in deficiencies; and may affect reimbursement. Auditing includes review of clinical documentation, billing practices, admitting and intake procedures. The purpose of this examination is to assess the degree of compliance to which these areas are performed in an attempt to ensure accurate reimbursement for services rendered. During the course of an audit, a broad range of activities are assessed within many departments and units through on-site inspection and interviews with your staff and residents. This includes significant processes and systems supporting the operations of the organization.

The review focuses on the following areas of the control environment:

- Admissions and patient intake
- Clinical documentation control and reporting
- Resident billing, specifically Medicare and third-party reimbursement

An audit is conducted by reviewing, compiling and analyzing information obtained from a variety of sources from throughout the organization. Specifically, information from the following sources:

- Standardized clinical records and patient billing documents
- Internal forms and control logs
- Review of daily operating practices and protocols
- Interviews with managerial, clinical and clerical personnel

Compliance Auditing will verify:

- Accuracy of completion of CMS Form UB-04
- Appropriateness of assessment reference dates to MDS information (Medicare and Medicaid)
- Adherence to PPS and OBRA required resident assessment schedule
- Correlation of MDS information to medical record documentation
- Nursing Services documentation/ Nursing Assistant documentation
- Completeness and timeliness of Medicare required physician certification
- Completeness and timeliness of rehabilitative documentation including physical, occupational and speech therapy services
- Verification of benefits
- Appropriate use of Medicare Secondary Payer Questionnaire and Admission agreement
- Appropriate and correct sequencing of ICD-10 medical diagnosis coding
- Medicare denial notices (SNF Determination on Admission or Continued Stay, and Notice of Medicare Non-Coverage)
- Processes in place to control and organize documentation

As audits are completed, formal written reports outlining our findings and recommendations will be delivered to the facility. Following each audit, a Celtic associate will review the findings, discuss recommendations, and collaborate on developing an actionable plan with the facility Interdisciplinary team.

➤ ***Patient-Specific Clinical Case Management Strategies and Associated Impact***

Celtic is available to offer personalized support to facility staff in streamlining care coordination, optimizing reimbursement, and managing operational expenses. This includes:

- **Care Management:** Guidance for the development and implementation of individualized care plans that ensure optimal patient outcomes that align with regulatory requirements.
- **Reimbursement Optimization:** Advisory support for the complexities of reimbursement processes, such as navigating payer-specific authorizations, ensuring accurate documentation, and maintaining compliance with Medicaid, Medicare, and private insurer regulations.
- **Authorization Process:** Supporting staff in managing timely and accurate submission of prior authorizations to avoid delays in treatment and reimbursement. This includes tracking approvals, denials, and appeals to ensure all care is fully covered.
- **Billing Compliance:** Provide recommendations to ensure that all services provided are accurately billed in compliance with regulatory standards, avoiding costly denials, penalties, or underpayments.
- **Cost Out Analysis:** Analysis of per-patient daily costs, to identify inefficiencies and potential cost savings, while maintaining high standards of care.

➤ ***Education***

Celtic Consulting Associates may provide ongoing formal and informal trainings throughout the engagement, related to but not limited to the following concepts:

- Medicare Entitlement, Eligibility and Coverage Criteria
- Medicare Nursing Documentation in a Skilled Nursing Facility
- Medicare Rehabilitation Documentation in a Skilled Nursing Facility
- ADL Coding Accuracy (MDS, Nursing, and Nursing Assistants)
- Patient Driven Payment Model (PDPM)
- New York State transition to PDPM methodology for Medicaid Reimbursement
- MDS 3.0; Discipline Specific (MDS, Therapy, Social Services, Dietician, Direct Care Nurses)
- Medicare Resource Utilization Groups (RUG-IV)
- Restorative Nursing Program Development
- New York State Specific Case Mix Reimbursement Criteria
- Rehabilitation Program Development

➤ ***Monthly Medicare Part A Reimbursement Analysis***

Celtic may provide a comprehensive monthly report that offers a detailed analysis of the facility's Medicare Part A reimbursement. This service includes:

PDPM Distribution: Analysis of patient distribution across different payment categories. By identifying shifts in classification, Celtic may offer guidance to adjust care delivery and documentation practices to ensure patients are appropriately classified and reimbursed for the level of care they require.

- **Daily Rate Analysis:** Assess average daily reimbursement rates, identifying trends and potential discrepancies that could be affecting revenue.
- **Monthly Total Revenue:** Provide breakdown of total Medicare Part A revenue. By comparing month-over-month trends, identify areas where improvements can be made in care delivery, billing accuracy, or payment classification to optimize overall reimbursement.

➤ ***Therapy Program Analysis and Consultation***

A comprehensive analysis of the rehabilitation department to include but not limited to:

- Analysis of: Medicare Part A, Medicare Part B, and other Payers
- Regulatory Compliance Analysis
- Clinical Program Assessment
- Documentation Audits
- Rehabilitation Department staffing and scheduling
- Recommendations/Monthly actions plans

➤ ***UB-04 Diagnosis Coding Audit***

Ensures accurate coding to prevent revenue loss and misassignment of clinical conditions. Celtic Associate will assess:

- **ICD-10 Code Assignment:** Verify the accuracy and appropriateness of ICD-10 codes used.
- **Diagnosis Sequencing:** Assess for appropriate order of diagnosis codes, including correct assignment of the primary diagnosis.
- **Medical Record Review:** Ensuring documentation accurately reflects patient diagnoses.
- **ICD-10 Structure Review:** Examining the coding structure for compliance and accuracy.

Celtic will provide a summary of findings and recommendations.

➤ ***Monthly Medicare Clinically Appropriate Stay Analysis***

Celtic is available to provide review of patient Length of Stay (LOS), which may include:

- **Length of Stay (LOS) Analysis:** Detailed evaluation of the LOS for Medicare patients, ensuring that each stay is clinically justified based on the patient's medical needs.
- **Skilled vs. Non-Skilled Care Determination:** Celtic associate may review clinical documentation, therapy notes, and medical records to ensure that care decisions are well-supported, clinically appropriate, and aligned with Medicare guidelines.

Based on the analysis, we provide actionable recommendations to the facility's interdisciplinary team on when to transition patients from skilled rehab to non-skilled care or discharge.

➤ ***Patient Driven Payment Model (PDPM) Oversight***

Celtic may provide continued support of facility PDPM processes. Examples of support include:

- ICD-10 Diagnosis Assignment
- Clinical Conditions Category Assignment Oversight & Collection
- Case Mix Acuity Resource
- Case Mix Index Training
- PT, OT, ST, Nursing, Non-Therapy Ancillaries Utilization & Assignment
- Revenue Optimization Category Identification
- MDS Coordinator Workflow Optimization
- Monitoring Medicare Spending
- Care/Case Management principles to reduce spending
- Rehospitalization Management
- Medical record reviews oversight

➤ ***Remote Access to Celtic Consulting Associates between on-site visits***

SECTION V

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: MDS Case Management Review Services

RFP Number: 2024-111

THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date

Number

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

(c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
 - (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")
7. Communication concerning this Proposal shall be addressed to:

Maureen McCarthy

339 Main Street

Torrington, CT 06790

Phone: 860-321-7413

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: MDS Case Management Review Services

RFP Number: 2024-111

Total Annual cost: \$ 202,500

The increase of \$4,500 in Celtic Consulting's annual cost is representative of a portion of the increased costs for the facility's rehab software platform, NetHealth, and staff salary increases.


Hourly Rates for Additional Services Not Outlined in the Proposal

Senior Lead: \$465-575

Lead: \$375

Associate: \$315

Support Staff: \$90

COMPANY:	<u>Celtic Consulting</u>
ADDRESS:	<u>339 Main Street</u>
CITY, STATE, ZIP: TEL.	<u>Torrington, CT 06790</u>
NO.:	<u>860-321-7413</u>
FAX NO.:	<u></u>
FEDERAL TAX ID NO.:	<u>13-4216428</u>
REPRESENTATIVE:	<u>Maureen McCarthy</u>
E-MAIL:	<u>mmccarthy@celticconsulting.org</u>
SIGNATURE AND TITLE	<u> President, CEO</u>

DATE 9/17/2024

SECTION VI

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation



Signature

President, CEO

Title

Celtic Consulting

Company Name

9/17/2024

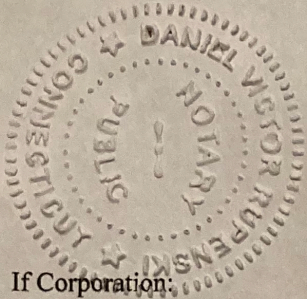
Date

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF Connecticut)
COUNTY OF Litchfield) SS.:

On this 16 day of September, 2024, before me personally appeared Maureen McCarthy to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.



Daniel Rupenski
Notary Public, State of Connecticut
Qualified in CT
Commission Expires 03/31/2028

If Corporation:

STATE OF Connecticut)
COUNTY OF Litchfield) SS.:

DANIEL VICTOR RUPENSKI
NOTARY PUBLIC
My Commission Expires Mar. 31, 2028

On this 16 day of September, 2024, before me personally appeared Maureen McCarthy to me known, who, being by me sworn, did say that he resides at (give address) 376 East St. S. Goshen CT 06756; that he is the (give title) CEO and Founder of the (name of corporation) Celtic Consulting, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

Daniel Rupenski
Notary Public, State of Connecticut
Qualified in CT
Commission Expires 03/31/2028

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

DANIEL VICTOR RUPENSKI
NOTARY PUBLIC
My Commission Expires Mar. 31, 2028

On the _____ day of _____, 20____, before me personally came _____, to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____
Qualified in _____
Commission Expires _____

ATTACHMENT “C” ALBANY COUNTY VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: <input type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR’S LEGAL BUSINESS NAME Celtic Consulting, LLC		3. IDENTIFICATION NUMBERS a) FEIN # 13-4216428 b) DUNS # 036624921	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) www.celticconsulting.org	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 339 Main Street, Torrington, CT 06790		7. TELEPHONE NUMBER 860-321-7413	8. FAX NUMBER
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THE QUESTIONNAIRE Name Maureen McCarthy Title President, CEO Telephone Number 860-321-7413 Fax Number e-mail mmccarthy@celticconsulting.org			
13. LIST ALL OF THE VENDOR’S PRINCIPAL OWNERS.			
a) NAME Maureen McCarthy	TITLE President, CEO	b) NAME	TITLE
c) NAME James McCarthy	TITLE Owner	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A “YES,” AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 			
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 80%;"> a) An elected or appointed public official or officer? <i>List each individual’s name, business title, the name of the organization and position elected or appointed to, and dates of service</i> </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 80%;"> b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i> </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>			

16.	<p>WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p> <p>a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p> <p>b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>1. federal, state or local health laws, rules or regulations.</p>
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES ¹ HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p> <p>c) Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Indicate the years the vendor failed to file.</i></p>
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES ¹ WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ration, Debt Ration, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

21.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES ¹ :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;		
Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.			

¹ “Affiliate” meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity’s daily operations, that entity will be an “affiliate” for purposes of this questionnaire.

**ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

State of: Connecticut
County of: Litchfield) ss:

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

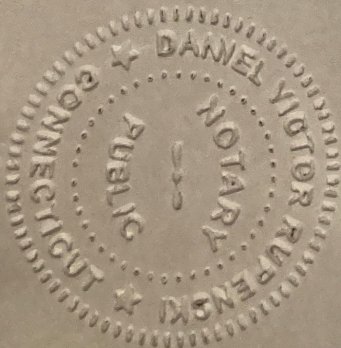
- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business Celtic Consulting Signature of Owner [Signature]
Address 339 Main Street Printed Name of Signatory Maureen McCarthy
City, State, Zip Torrington, CT 06790 Title CEO/Founder

Sworn before me this 16 day of September, 2024;

Notary Public

Daniel Rupenski
Printed Name
[Signature]
Signature
09/16/24
Date



**DANIEL VICTOR RUPENSKI
NOTARY PUBLIC
My Commission Expires Mar. 31, 2028**

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



Signature

President, CEO

Title

Celtic Consulting

Company Name

9/17/2024

Date