SECTION I

RFP-2021-109

MDS CASE MANAGEMENT REVIEW SERVICES

CELTIC CONSULTING, LLC

507 EAST MAIN STREET

SUITE 308

TORRINGTON, CONNECTICUT 06790

860-321-7413

AUTHORIZED DESIGNEE OF CELTIC CONSULTING:

MAUREEN MCCARTHY, PRESIDENT & CEO

SECTION I

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SECTION II

To Whom It May Concern,

Celtic Consulting has had the privilege to function as the MDS Case Management Review consultant over the course of the past three years and is pleased to know the value brought to Shaker Place Rehabilitation and Nursing Center. We appreciate the positive feedback your organization provided and would be honored to have the opportunity to continue supporting Shaker Place Rehabilitation and Nursing Center in our capacity as consultants and advisors.

Celtic Consulting is a post-acute care advisory firm concentrated in clinical operations and regulatory compliance. Founded in 2001, it 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 two decades our consultants have provided end-to-end guidance for Reimbursement and Regulatory matters, Clinical Performance, and Enhancement initiatives, Patient Driven Payment Model (PDPM)/Minimum Data Set (MDS), and Case Mix Index (CMI), Quality Improvement strategies, Compliance solutions, Medical Coding and Billing, and Litigation Support for Post-Acute Care.

The firm's philosophy is based on the foundation that maintaining compliance within an organization contributes to peace of mind and appropriate reimbursement. The firm values the unique qualities of each client and the circumstances contributing to project goals and objectives. Recognized for building a solutions framework with the client from the first contact through completion results in successful, 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.

Our associates implement monitoring, oversight and educational programs to assist clients in Case Mix Index (CMI) improvement and increases in daily Medicaid payment rates.

The firm currently partners with a number of organizations to prevent or remediate decreased revenue following the recent implementation of CMS' PDPM payment system. Celtic is skilled in launching operational assessments to reveal barriers and factors contributing to reimbursement success. By engaging our clients in multi-prong action plans, we have assisted in providers sustaining gains with multiple payment sources.

Celtic equips our partners with efficient processes and utilizes our expertise to identify opportunities for advancement in clinical reimbursement operations.

Additionally, Celtic has experience as an Independent Review Organization (IRO) 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.

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, productivity and efficiency, and documentation integrity. The Associates' use of real-world experiences as an MDS Coordinator for skilled nursing facilities helps to foster the development of creative, outcome-driven solutions for organizations.

Our team is comprised of registered nurses, physical therapists, educators, legal nurse consultants and billers who have held a variety of positions in long-term care facilities. 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 Assocation 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.

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.

During the pandemic caused by COVID-19, Celtic was able to continue to provide Shaker Place Rehabilitation and Nursing Center with seamless consulting service and is confident in its ability to continue to provide continuous service should another health emergency arise.

Celtic Consulting maintains at least the minimum coverage requirements for Worker(s) Compensation and Employer's Liability Insurance, Automobile Liability Insurance, General Liability Insurance, and Certificate of Insurance is made available upon request.

The firm is endorsed by New York State Health Facilities Association (NYSHFA), 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,

Maureen McCarthy

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 over two decades 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. She sits on the Board of Directors for the American Association Post-Acute Care Nurses (AAPACN) and Vice-Chair of the Expert Advisory Panel for the American Association of Nurse Assessment Coordination (AANAC).

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.

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MAUREEN K. MCCARTHY, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA
P.O. BOX 148
GOSHEN, CT 06756
203-565-9911 CELL | 860-321-7413 OFFICE

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

Secretary Elect for the Board of Directors for American Association of Post-Acute Care Nurses (AAPACN)
Expert Advisory Panel for American Association of Nurse Assessment Coordination (AANAC)
American Health Care Association (AHCA) PDPM Academy Training Faculty
Nationally recognized as an expert of reimbursement and skilled nursing operations, recurring speaker for multiple state and national organizations
Long Term Care Bookkeepers Forum-Connecticut
Medicare & MDS 3.0 Advisor for several state affiliates
Editorial Advisor for (HCPro) PPS Alert & LTC Billing Alert magazine
Advisor to the J13 Medicare contractor National Government Services Provider Advisory Group
CONDONA- CT Directors of Nursing Association (former)
CT Staff Development Coordinators association

MEMBERSHIPS

Association of Long Term Care Financial Managers- Immediate Past President
Executive Committee/Medicare/MDS 3.0 Advisor Connecticut Association of Health Care Facilities (CAHCF)
American College of Health Care Administrators – NY, NJ, MA & CT Chapters
National Government Services Provider Advisory Group
HCPro Editorial Advisor-PPS/Billing/Clinical
New York State Healthcare Facility Association-multiple committees
American Association of Nurse Assessment Coordinators (AANAC)
American Association of Directors of Nursing Services (AADNS)
American Association of Post-Acute Care Nurses (AAPACN) Gold Sponsor

AUTHORED PUBLICATIONS

"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)*

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

SECTION III

CELTIC CONSULTING REFERENCES

Larry Slatky, CNHA, FACHCA

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

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SECTION IV

CELTIC CONSULTING PLAN IMPLMENTATION

MDS Case Management Review Services Overview
Celtic Consulting Associates will assist the Skilled Nursing Facility to improve patient care. Additionally, the scope of the engagement will include the following objectives:

- Identify areas of opportunity based upon caregiver observations, Staff interviews and clinical assessments, along with on-site review of medical record documentation;
- Assist in development of compliant practices to ensure accurate & appropriate reimbursement;
- Provide ongoing staff education;
- Improve documentation compliance.

Recommendations from Celtic Consulting will highlight both the clinical and financial impact of services, which are supported under Medicare guidelines.

The following is a list of services Celtic Consulting is able to provide to Shaker Place Rehabilitation and Nursing Center during six (6) visits on-site, or the equivalent, each month. Celtic will deliver a comprehensive written report of monthly support, including findings and recommendations. The priority and frequency of services included in the workflow may be designated by the facility, with recommendations from consultant. Some services may be provided during remote oversight, and some services may require additional fees. All additional fees and services would require facility approval.

Medicare and Medicaid Case Mix Auditing Workflow
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

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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

At close of the engagement, a formal written report with our findings and recommendations will be forwarded to the facility. After facility has received report, Celtic Consulting Auditor will be available for a conference call with Interdisciplinary team for review of findings and professional recommendations.

Patient Specific Clinical Case Management Strategies and Associated Impact Workflow

Celtic is available to assist the facility staff with managing care, reimbursement and expenses; including authorization process, billing compliance, and "cost out" which identifies daily expenses per patient day.

Education Workflow

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
- Patient Driven Payment Model (PDPM)
- Restorative Nursing Program Development
- New York State Specific Case Mix Reimbursement Criteria
- Rehabilitation Program Development

Monthly Medicare Part A Reimbursement Analysis Workflow

Celtic may provide a monthly analysis of RUG distribution, daily rate and monthly total revenue.

Therapy Program Analysis and Consultation Workflow

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 Workflow

Inaccurate coding may result in reduced revenue and inaccurate clinical condition assignment. The examination will attempt to verify the existence and appropriate utilization of a variety of procedures, forms and other documentation.

Celtic Consulting Associate will assess the following:

- ICD-10 Code assignment
- Sequencing of diagnosis codes, and assignment of primary diagnosis
- Review of the medical record to ensure appropriate diagnoses are reflected
- Review of ICD-10 coding structure

Findings and professional recommendations will be detailed in a formal report and provided via email to the facility.

Monthly Medicare Clinically Appropriate Stay Analysis Workflow

Celtic is available to analyze Length of Stay (LOS) and assist the facility team to determine skilled rehab vs. non-skilled level of care to ensure clinically appropriate stays.

Patient Driven Payment Model (PDPM) Oversight Workflow

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

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SECTION V

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: MDS Case Management Review Services
RFP Number: 2021-109

THIS PROPOSAL IS SUBMITTED TO:

Karen A. Storm, 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
None	

   (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): Cost Proposal Form attached

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

   _____

   507 East Main Street, Suite 308

   _____

   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: 2021-109

Total Annual cost: $202,500

The increase of $4,500 in Celtic Consulting's annual cost is representative of the increased costs for the facility's rehab software platform, NetHealth.

Hourly Rates

Consulting Level	Rate
Senior Lead	$395
Lead	$315
Associate	$275
Support Staff	$90

COMPANY: Celtic Consulting, LLC

ADDRESS: 507 East Main Street, Suite 308

CITY, STATE, ZIP: Torrington, CT 06790

TEL. NO.: 860-321-7413

FAX NO.: 860-618-7278

FEDERAL TAX ID NO.: 13-4126428

REPRESENTATIVE: Maureen McCarthy

E-MAIL: mmccarthy@celticconsulting.org

SIGNATURE AND TITLE Maureen McCarthy, President and CEO

DATE August 3, 2021

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.

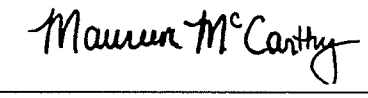
(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(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

8/4/2021

Date

Celtic Consulting, LLC

Company Name

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) **SS.:**

On this _____day of _____, 20____, before me personally appeared _____ 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.

_____

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF _____)
COUNTY OF _____) **SS.:**

On this _____day of _____, 20____, before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) _____; that he is the (give title) _____ of the (name of corporation) _____, 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.

_____

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Partnership:

STATE OF Connecticut)
COUNTY OF Litchfield) **SS.:**

On the 3rd day of August, 2021, before me personally came Maureen McCarthy, 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 Celtic Consulting 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 CT

Qualified in CT

Commission Expires SHARON J. DOWNEY
NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 30, 2024

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) **SS.:**

On this _____ day of _____, 20____ before me personally appeared _____ 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.

_____

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF _____)
COUNTY OF _____) **SS.:**

On this _____ day of _____, 20____ before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) _____, that he is the (give title) _____ of the (name of corporation) _____, 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.

_____

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Partnership:

STATE OF Connecticut)
COUNTY OF Hartford) **SS.:**

On the 3rd day of August 2021 before me personally came Maura McCarthy 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 Fuss & O'Neill 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 CT

Qualified in CT

Commission Expires SHARON J. DOWNEY NOTARY PUBLIC MY COMMISSION EXPIRES NOVEMBER 30, 2024

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS:

☐ PRIME CONTRACTOR

2. VENDOR'S LEGAL BUSINESS NAME	3. IDENTIFICATION NUMBERS
Celtic Consulting, LLC	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	7. TELEPHONE NUMBER	8. FAX NUMBER
507 East Main Street Suite 308 Torrington, CT 06790	860-321-7413	860-618-7278
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECCUTIVE OFFICE *IN NEW YORK STATE, if different from above*	10. TELEPHONE NUMBER	11. FAX NUMBER

12. AUTHORIZED CONTACT FOR THIE QUESTIONNAIRE

Name Maureen McCarthy

Title President/CEO

Telephone Number 860-321-7413

Fax Number 860-618-7278

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. ☐ Yes ☒ No

15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRICIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS:

a) An elected or appointed public official or officer? ☐ Yes ☒ No
List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service

b) An officer of any political party organization in Albany County, whether paid or unpaid? ☐ Yes ☒ No
List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.

16. 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), AFFLITIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:

a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; ☐ Yes ☒ No

2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;

3. entered into an agreement to a voluntary exclusion from bidding/contracting;

4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;

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;

6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;

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;

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

9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.

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? ☐ Yes ☒ No

c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:

1. federal, state or local health laws, rules or regulations. ☐ Yes ☒ No

17. 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? ☐ Yes ☒ No
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."

18. DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:

a) file returns or pay any applicable federal, state or city taxes? ☐ Yes ☒ No
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.

b) file returns or pay New York State unemployment insurance? ☐ Yes ☒ No
Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.

c) Property Tax ☐ Yes ☒ No
Indicate the years the vendor failed to file.

19. 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 OR THE DATE OF FILING? ☐ Yes ☒ No
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.

20. 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. ☐ Yes ☒ No

21.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES[1] :	☐ Yes ☒ 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 # 13-4216428

State of: Connecticut)
) ss:
County of: Litchfield

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 ad 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, LLC

Address 507 East Main St Suite 308

City, State, Zip Torrington CT 06790

Signature of Owner [signature]

Printed Name of Signatory Maureen McCall

Title President

Sworn before me this 3rd day of August 2021

[signature]
Notary Public

SHARON J. DOWNEY
NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 30, 2024

SHARON J DOWNEY
Printed Name

[signature]
Signature

8/3/21
Date

ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN # 13-4216428

State of:)
) ss:
County of:)

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 ad 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, LLC

Address 507 East Main Street, Suite 308

City, State, Zip Torrington, CT 06790

Signature of Owner Maureen McCarthy

Printed Name of Signatory Maureen McCarthy

Title President, CEO

Sworn before me this 31 day of August 2021

Notary Public

SHARON J. DOWNEY
NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 30, 2024

Printed Name

Signature

Date

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.

Maureen McCarthy
Signature

President/CEO
Title

8/4/2021
Date

Celtic Consulting, LLC
Company Name

DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: Thomas Coffey
Administrator

FROM: Karen Storm
Purchasing Agent

DATE: August 13, 2021

RE: RFP #2021-109 MDS Case Management Review Services

I am in receipt of your recommendation to award the aforementioned Request for Proposals to Celtic Consulting, LLC. in the amount of $ 202,500.

As there was only one proposal submitted and the firm continues to meet our expectations, we recommend that the contract be awarded to Celtic Consulting, LLC

Please obtain the necessary contract approval of the County Legislature, so that we may issue a Notice of Award to the successful proposer.

Shaker Place Rehabilitation and Nursing Center
RFP #2021-109
MDS Case Management Review Services

Shaker Place received one (1) proposal in response to the RFP for MDS Case Management Services. The proposal was reviewed by ACNH staff members, Tom Coffey, Administrator and Laura Vartanian, MDS Director.

Celtic Consulting's proposal demonstrated the capability and professional qualifications necessary to fulfill all aspects of the Scope of Services. Celtic is the facility's current provider for MDS Case Management Services and has assisted the facility in improving the Medicaid Case Mix Index (CMI), assisted with MDS training of new staff, as well as educating the MDS staff to improve MDS coding. These efforts have resulted in increased reimbursement to the facility.
As there was only one proposal submitted and the firm continues to meet our expectations, we recommend that the contract be awarded to Celtic Consulting, LLC

RESOLUTION NO. 284

AUTHORIZING AN AGREEMENT WITH CELTIC CONSULTING, LLC REGARDING MINIMUM DATA SET CONSULTING SERVICES AT THE SHAKER PLACE REHABILITATION AND NURSING CENTER

Introduced: 9/14/20
By Elder Care Committee:

WHEREAS, The Executive Director of the Albany County Department of Residential Health Care Facilities has requested authorization to enter into an agreement with Celtic Consulting, LLC regarding Minimum Data Set (MDS) consulting services at the Shaker Place Rehabilitation and Nursing Center in the amount of $198,000 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Executive Director indicated that Celtic Consulting, LLC will continue to monitor and supervise MDS documentation to ensure proper reimbursement from the Medicare and Medicaid programs in addition to monitoring staff on the patient driven payment model, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Celtic Consulting, LLC, Torrington, CT 06790 regarding MDS consulting services at the Shaker Place Rehabilitation and Nursing Center in an amount not to exceed $198,000 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.

IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.

Clerk, Albany County Legislature