GENERAL SERVICES ADMINISTRATION SERVICES
FEDERAL SUPPLY SERVICE AUTHORIZED
FEDERAL SUPPLY SCHEDULE CATALOG/PRICE LIST

On-line access to contract ordering information, terms and conditions, up-to-date pricing, and the option to create an electronic delivery order is available through GSA Advantage! a menu-driven database system. The INTERNET address for GSA Advantage! is http://www.gsaadvantage.gov

Schedule Title: Multiple Award Schedule (MAS)

<table>
<thead>
<tr>
<th>Large Category</th>
<th>Subcategory</th>
<th>PSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Services</td>
<td>Business Administrative Services</td>
<td>R408</td>
</tr>
<tr>
<td>Professional Services</td>
<td>Training</td>
<td>R704</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Complementary Special Item Numbers (SINs)</td>
<td>0000</td>
</tr>
</tbody>
</table>

For more information on ordering from Federal Supply Schedules click on the GSA Schedules link at www.gsa.gov

Contract Number: 47QRAA22D00BZ

Contract Period: June 30, 2022, to June 29, 2027

Contractor: Harmony Healthcare International, Inc.
430 Boston Street Suite 104
Topsfield, MA 01983
www.harmony-healthcare.com

Contractor’s Administration Source:
Kris Mastrangelo OTR/L, LNHA, MBA (she/hers/her)
President & CEO
Cell: 617-595-6032
Office: 978-887-8919
Fax: 978-409-2120
Email: KMastrangelo@Harmony-Healthcare.com

Business Size:
Small Business
Woman Owned Business
Women Owned (WOSB)

Prices shown herein are Net (Discount deducted)
FEDERAL SUPPLY SERVICE

CUSTOMER INFORMATION:

1a. Awarded Special Item Numbers (SINs)

<table>
<thead>
<tr>
<th>SINs</th>
<th>SIN Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>541611</td>
<td>Management and Financial Consulting, Acquisition and Grants Management Support, and Business Program, and Project Management Services</td>
</tr>
<tr>
<td>611430</td>
<td>Professional and Management Development Training</td>
</tr>
<tr>
<td>OLM</td>
<td>Order Level Materials</td>
</tr>
</tbody>
</table>

1b. Lowest Priced Model Number and Price For Each SIN: N/A

1c. Hourly & Service Rates: See price list on page 9.

2. MAXIMUM ORDER:

<table>
<thead>
<tr>
<th>SINs</th>
<th>Maximum Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>541611</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>611430</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>OLM</td>
<td>$250,000</td>
</tr>
</tbody>
</table>

3. MINIMUM ORDER: $100

4. GEOGRAPHIC COVERAGE: Domestic

5. POINT(S) OF PRODUCTION: Same as contractor

6. DISCOUNT FROM LIST PRICES: Prices shown are GSA Net, discount deducted.
7. QUANTITY DISCOUNT(S):
   - 1% on Orders $250,000-$500,000 per year
   - 2% on Orders $500,001+ per year

8. PROMPT PAYMENT TERMS: Net 30 Days

   Information for Ordering Offices: Prompt payment terms cannot be negotiated out of the contractual agreement in exchange for other concessions.

9. FOREIGN ITEMS: Not Applicable

10a. TIME OF DELIVERY: Determined on the Task Order Level

10b. EXPEDITED DELIVERY: Contact contractor

10c. OVERNIGHT AND 2-DAY DELIVERY: Contact contractor

10d. URGENT REQUIREMENTS: Agencies can contact the Contractor’s representative to affect a faster delivery. Customers are encouraged to contact the contractor for the purpose of requesting accelerated delivery.

11. FOB POINT: Destination

12a. ORDERING ADDRESS: Same as contractor

12b. ORDERING PROCEDURES: For supplies and services, the ordering procedures, information on Blanket Purchase Agreements (BPA’s) are found in Federal Acquisition Regulation (FAR) 8.405-3

13. PAYMENT ADDRESS: Same as contractor

14. WARRANTY PROVISION: Not Applicable

15. EXPORT PACKING CHARGES: N/A

16. TERMS AND CONDITIONS OF RENTAL, MAINTENANCE, AND REPAIR (IF APPLICABLE): N/A

17. TERMS AND CONDITIONS OF INSTALLATION (IF APPLICABLE): N/A
18a. TERMS AND CONDITIONS OF REPAIR PARTS INDICATING DATE OF PARTS PRICE LISTS AND ANY DISCOUNTS FROM LIST PRICES (IF AVAILABLE): N/A

18b. TERMS AND CONDITIONS FOR ANY OTHER SERVICES (IF APPLICABLE): N/A

19. LIST OF SERVICE AND DISTRIBUTION POINTS (IF APPLICABLE): N/A

20. LIST OF PARTICIPATING DEALERS (IF APPLICABLE): N/A

21. PREVENTIVE MAINTENANCE (IF APPLICABLE): N/A

22a. SPECIAL ATTRIBUTES SUCH AS ENVIRONMENTAL ATTRIBUTES (e.g., recycled content, energy efficiency, and/or reduced pollutants): N/A

22b. Section 508 Compliance for EIT: N/A

23. Unique Entity Identifier (UEI) Number: ZH99LR3KNYH4

24. Contractor has an active registration in the SAM database.
<table>
<thead>
<tr>
<th>SIN</th>
<th>SIN Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>611430</td>
<td>Professional and Management Development Training</td>
</tr>
</tbody>
</table>

**DESCRIPTION:**

Services include offering an array of short duration courses and seminars for management and professional development. Training for career development may be provided directly to individuals or through employers' training programs, and courses may be customized or modified to meet the special needs of customers. Instruction may be provided in diverse settings, such as the establishment's or agency's training facilities, and through diverse means, such as correspondence, television, the Internet, or other electronic and distance-learning methods. The training provided may include the use of simulators and simulation methods. Proposed professional services shall be in support of planning, creating, and/or executing testing and test administration, learning management, internship, or development of new courses or subject matter delivered via an instructor-led (i.e., traditional classroom setting or conference/seminar) and/or web-based (i.e., Internet/Intranet, software packages and computer applications) system.

Examples include Training Services that are instructor led Training or Web Based Training of Education Courses, Course Development and Test Administration, Learning Management, and Internships; Environmental Training Services in order to meet Federal mandates and Executive Orders; training of agency personnel to deal with media and media responses; Logistics Training Services related to system operations, automated tools for supply and value chain management, property and inventory management, distribution and transportation management, and maintenance of equipment and facilities; Audit & Financial training services related to course development and instruction required to support audit, review, financial assessment and financial management activities.

Any firm offering Defense Acquisition Workforce Improvement Act (DAWIA) and Federal Acquisition Certification in Contracting (FAC-C) Training for Acquisition Workforce Personnel will include an identify only DAWIA and FAC-C courses that have been deemed DAU equivalent or approved by the Federal Acquisition Institute (FAI).

**NOTE:** In accordance with OMB Policy Letter 05-01, civilian agencies must follow the course equivalency determinations accepted by the Defense Acquisition University (DAU) to ensure that core training is comparable across the workforce and qualifies for certification. When procuring FAC-C and DAWIA training for the audience identified below, the task order level Contracting Officer shall confirm that the courses being acquired are listed on one of the following websites: https://www.fai.gov/drupal/certification/verified-contracting-course-vendor-listing OR http://icatalog.dau.mil/appg.aspx (click on commercial vendors). Training Audience-Acquisition professionals interested in completing FAC-C or DAWIA.
<table>
<thead>
<tr>
<th>SIN</th>
<th>SIN Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>541611</td>
<td>Management and Financial Consulting, Acquisition and Grants Management Support, and Business Program and Project Management Services</td>
</tr>
</tbody>
</table>

**DESCRIPTION:**

Provide operating advice and assistance on administrative and management issues.

Examples include:

- Strategic and organizational planning,
- Business process improvement,
- Acquisition and grants management support,
- Facilitation,
- Surveys,
- Assessment and improvement of financial management systems,
- Financial reporting and analysis,
- Due diligence in validating an agency’s portfolio of assets and related support services,
- Strategic financial planning,
- Financial policy formulation and development,
- Special cost studies,
- Actuarial services,
- Economic and regulatory analysis,
- Benchmarking and program metrics, and
- Business program and project management.

Inherently Governmental services as identified in **FAR 7.503** or by the ordering agency are prohibited. It is the responsibility of the Contracting Officer placing the order to make this determination.

Ordering activities must require prospective contractors to identify potential conflicts of interest and address those, prior to task order award.

Personal services as defined in **FAR 37.104** are prohibited.
SERVICES AWARDED SCOPE

<table>
<thead>
<tr>
<th>SIN</th>
<th>SIN Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLM</td>
<td>Order-Level Materials (OLM)</td>
</tr>
</tbody>
</table>

DESCRIPTION:

OLMs are supplies and/or services acquired in direct support of an individual task or delivery order placed against a Schedule contract or BPA. OLM pricing is not established at the Schedule contract or BPA level, but at the order level. Since OLMs are identified and acquired at the order level, the ordering contracting officer (OCO) is responsible for making a fair and reasonable price determination for all OLMs. OLMs are procured under a special ordering procedure that simplifies the process for acquiring supplies and services necessary to support individual task or delivery orders placed against a Schedule contract or BPA. Using this new procedure, ancillary supplies and services not known at the time of the Schedule award may be included and priced at the order level.

OLM SIN-Level Requirements/Ordering Instructions:

- Purchased under the authority of the FSS Program
- Unknown until an order is placed
- Defined and priced at the ordering activity level in accordance with GSAR clause 552.238-115 Special Ordering Procedures for the Acquisition of Order-Level Materials. (Price analysis for OLMs is not conducted when awarding the FSS contract or FSS BPA; therefore, GSAR 538.270 and 538.271 do not apply to OLMs)
- Only authorized for use in direct support of another awarded SIN.
- Only authorized for inclusion at the order level under a Time-and-Materials (T&M) or Labor-Hour (LH) Contract Line-Item Number (CLIN)
- Subject to a Not To Exceed (NTE) ceiling price
- OLMs are not:
  - Open Market Items.
  - Items awarded under ancillary supplies/services or other direct cost (ODC) SINs (these items are defined, priced, and awarded at the FSS contract level)

OLM Pricing:

- Prices for items provided under the Order-Level Materials SIN must be inclusive of the Industrial Funding Fee (IFF).
- The value of OLMs in a task or delivery order, or the cumulative value of OLMs in orders against an FSS BPA awarded under an FSS contract, cannot exceed 33.33%.

NOTE: When used in conjunction with a Cooperative Purchasing eligible SIN, this SIN is Cooperative Purchasing Eligible.
<table>
<thead>
<tr>
<th>SIN(s)</th>
<th>Labor Title</th>
<th>GSA Price w/ IFF</th>
<th>Unit of Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>541611</td>
<td>Senior Vice President</td>
<td>$382.87</td>
<td>HR</td>
</tr>
<tr>
<td>541611</td>
<td>Senior Compliance Consultant</td>
<td>$268.01</td>
<td>HR</td>
</tr>
<tr>
<td>541611</td>
<td>Senior Executive Consultant</td>
<td>$239.29</td>
<td>HR</td>
</tr>
<tr>
<td>541611</td>
<td>Audit Manager</td>
<td>$143.58</td>
<td>HR</td>
</tr>
</tbody>
</table>
Harmony Healthcare International, Inc. (HHI)
430 Boston Street, Suite 104, Topsfield, MA 01983
Tel: 617.595.6032
kmastrangelo@harmony-healthcare.com
www.harmony-healthcare.com

Corporate Overview

The HHI Team is composed of on staff, accomplished professionals who serve as HHI Consultants to for-profit, not-for-profit, stand-alone and multi-facility chains across the country. Historically, Harmony Healthcare International, Inc. (HHI) has ranked among the top 5,000 fastest-growing private companies in the U.S. for three consecutive years by Inc. Magazine.

Harmony Healthcare International, Inc. (HHI) is one of the nation’s leading healthcare consulting companies, helping thousands of nursing facilities and healthcare organizations from Northern Maine to Hawaii, with providing guidance, implementing systems and assisting with oversight to ensure residents and patients receive person-centered care. All the while, safeguarding that these clients receive the support they need to stay in business.

Speaking Engagements
Kris is a nationally recognized keynote speaker in the Post-Acute and Long-Term Care (PALTC) continuum specializing in nursing homes, with more than 28 years of experience in the Health Care Industry. Kris began as an Occupational Therapist with a degree from Tufts University followed by a Master’s in Business Administration from Salem State University coupled with a Nursing Home Administrator’s License. All of which afford Kris an in-depth perspective into the clinical, financial, and operational components critical for business success. Kris works collaboratively with industry experts to create continuing education and professional development courses for clinical professionals including Occupational Therapists, Physical Therapists, Speech Language Pathologists, Nurses, and Nursing Home Administrators.

National Affiliations

Contact Details
Kris Mastrangelo, OFR/L, LNHA, MBA
President & CEO, Harmony Healthcare International, Inc. (HHI)
Cell: 617.595.6032 | Office: 1.800.510.6413
e-mail: kmastrangelo@harmony-healthcare.com
harmony-healthcare.com

Approved Contact Hour Provider

www.harmony-healthcare.com
## Capability Statement

### Audit
- Appeals and Denied Claims Management
- Billing and Coding On-Site Mentoring
- Compliance Auditing and Monitoring
- Five-Star Quality Rating Audits and Improvement Methods
- Home Care Integrity (Therapy, MDS, etc.) Auditing and Monitoring
- Managed Care Auditing and Monitoring
- Managed Medicare Auditing and Monitoring
- MDS Systems Assessment
- Medicaid (Case Mix States) Auditing and Monitoring
- Medicare Auditing and Monitoring
- Medicare Part A Auditing and Monitoring
- Medicare Part B Auditing and Monitoring
- Mock MDS Focused Survey (Two Days)
- Mock RAC (Recovery Audit Contractor) (Two Day)
- Mock RAC (Recovery Audit Contractor) Therapy and MDS
- Mock Regulatory Survey (Three Days)
- Mock Survey Level IV
- Mock Zone Program Integrity Contractor (ZPIC)
- OAPI
- Quality Measure Auditing and Monitoring
- Skilled Therapy Documentation Review Auditing and Monitoring
- Therapy Systems Assessment Auditing and Monitoring

### Reimbursement
- Accountable Care Organization
- Billing
- Bundled Payment
- Comprehensive Joint Replacement (CJR)
- Consolidated Billing
- Cost Reporting
- Managed Care
- Medicaid
- Medicare Part A and Part B
- Pre and Post Pay Claims Review and Preparation (PREP)
- Revenue Cycle Management
- Value-Based Purchasing

### Education (live, remote, public and private)
- Certification and Competency Programs
- Seminars
- Symposium

### Efficiency
- Hiring and Recruitment
- Interim Harmony HH Specialist
- Mentoring/Coaching
- Placement: Interim and Permanent
- Retention Program Development
- Staff Talent Enrichment

### Survey
- Accident and Incident Investigation
- Adverse Events Focused Survey
- Expert Witness Services
- Facility Assessment
- Five Star Quality Rating System
- IDR (Informal Dispute Resolution)
- IODR (Independent Informal Dispute Resolution)
- Infection Control
- Mock Dementia Focused Survey (Two Days)
- Mock MDS Focused Survey (Two Days – Five Days)
- Mock Regulatory Survey
- Plan of Correction Development
- Policy and Procedure Review and Development

---

### Contact Details

Kris Mastrangelo, OTR/L, LNHA, MBA (Adjunct)
President & CEO, Harmony Healthcare International, Inc. (HHI)

Tel: 617.595.6032
Fax: 1.800.530.6413
e-mail: kmastrangelo@harmony-healthcare.com

Harmony Healthcare International, Inc. (HHI)
Contract # 47QRAA22D00BZ

www.harmony-healthcare.com
<table>
<thead>
<tr>
<th>Labor Title</th>
<th>Labor Description &amp; Qualifications</th>
</tr>
</thead>
</table>
| Senior Vice Presidents   | are responsible for the day-to-day management and leadership of their respective divisions, via managing Senior Executive Consultants, Senior Compliance Consultants and Audit Managers, developing and implementing education and training modules, analyzing client information, developing policies and procedures, educating and training clients and/or project team based on divisional specialized expertise, fostering client relationships, overseeing report deliverables, participating in national and state subcommittees in subject matter expertise, providing consulting expertise and guidance to clients, staying apprised of all CMS Rules of Participation for subject matter expertise, and communicating all changes of CMS Rules of Participation for subject matter expertise to staff and clients. Senior Vice Presidents demonstrate in-depth knowledge in their respective division’s areas of expertise. Senior Vice Presidents manage, motivate, and lead staff to provide exceptional client deliverables. **Minimum Education:** Bachelor’s Degree **Minimum Experience:** 25 years **Applicable Training/Certifications:**  
  - CHHI-QAPI  
  - CHHI-Survey  
  - CHHI-Compliance  
  - CHHI-Rehabilitation  
  - CHHI-MDS  
  - CHHI-Medicare  
  - CHHI-Infection Control |
<table>
<thead>
<tr>
<th>Labor Title</th>
<th>Labor Description &amp; Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior Compliance...</strong></td>
<td>Senior Compliance Consultants are responsible for investigating, surveying, planning, analyzing and evaluating the effectiveness and level of compliance operations programs of healthcare providers.</td>
</tr>
<tr>
<td></td>
<td>Senior Compliance Consultants are adept at and highly experienced in utilizing advanced qualitative and quantitative analytical skills in investigating, evaluating, and improving the effectiveness of the compliance operations.</td>
</tr>
<tr>
<td></td>
<td>The major duties of this position include surveying, investigating and measuring the effectiveness, efficiency, and outcomes of healthcare provider/client programs, establishing methods and techniques for analyzing and evaluating the effectiveness of the clinical and financial program operations.</td>
</tr>
<tr>
<td></td>
<td>Senior Compliance Consultants can work individually or in a team framework. A consulting unit (team framework) can include Senior Executive Consultants, Audit Managers and Senior Compliance Consultants. Working within a team concept, Senior Compliance Consultants possess proven personnel management skills to serve as the leader with functions and responsibilities to include interfacing with clients and staff, identifying challenges, developing and implementing solutions, assigning responsibilities, overseeing systemization, generating report deliverables and communicating with senior level stakeholders.</td>
</tr>
<tr>
<td>Minimum Education:</td>
<td>Bachelor’s Degree</td>
</tr>
<tr>
<td>Minimum Experience:</td>
<td>20 years</td>
</tr>
<tr>
<td>Applicable Training/Certifications:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CHHI-Compliance</td>
</tr>
<tr>
<td></td>
<td>• CHHI- Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>• CHHI-MDS</td>
</tr>
<tr>
<td></td>
<td>• CHHI-Medicare</td>
</tr>
</tbody>
</table>
AWARDED LABOR CATEGORIES & DESCRIPTIONS

<table>
<thead>
<tr>
<th>Labor Title</th>
<th>Labor Description &amp; Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior Executive Consultants</strong></td>
<td>Senior Executive Consultants provide expertise, guidance, consultation, facilitation, thought leadership, and education to the client on specialized knowledge involving clinical, financial and operational business components of healthcare providers. Senior Executive Consultants are adept in clinical competencies, state and federal regulations, state and federal reimbursement, technology, public policy and administrative/management practices. Senior Executive Consultants can work individually or in a team framework. A consulting unit (team framework) can include Senior Executive Consultants, Audit Managers and Senior Compliance Consultants. Working within a team concept, Senior Executive Consultants possess proven personnel management skills to serve as the leader with functions and responsibilities to include interfacing with clients and staff, identifying challenges, developing and implementing solutions, assigning responsibilities, overseeing systemization, generating report deliverables and communicating with senior level stakeholders. Minimum Education: Bachelor’s Degree Minimum Experience: 15 years Applicable Training/Certifications:  • CHHI-MDS  • CHHI-Rehabilitation  • CHHI-Medicare</td>
</tr>
</tbody>
</table>
AWARDED LABOR CATEGORIES & DESCRIPTIONS

<table>
<thead>
<tr>
<th>Labor Title</th>
<th>Labor Description &amp; Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit Manager</td>
<td>Audit Managers are responsible for directing the day-to-day accomplishment of the engagement objectives. The audit manager sets priorities, ensures daily coordination among the engagement team and monitors the progress of the engagement. The audit manager is also responsible for interaction with the client management regarding. Audit Managers are responsible for providing functional expertise to tasks, directing audits and tasks to meet timeliness and quality standards, ensuring audits and tasks are performed in compliance with state and federal guidelines and principals, organizing and managing the activities/tasks required to assure accurate and thorough submission of assessments and reporting of provider patient information. Audit Managers work within a team concept taking direction from a Senior Executive Consultant or a Senior Compliance Consultant to complete engagement tasks using clinical, financial and operational process tools. Audit Managers are knowledgeable and proficient in assessing, identifying, defining and developing systems, policies and procedures. Audit Managers assist clients with implementing industry best practices, overseeing clinical personnel, analyzing and defining documentation requirements for health care provider protection. Audit Managers perform Infection Control Assessments, MDS Assessments, Quality Measure Analysis, Vulnerability and Risk Assessments. Audit Managers duties require a solid knowledge of the Minimum Data Set, Resident Assessment Instrument, Care Planning, Infection Control Principals, ICD-10 Coding, Quality Measures and relevant regulatory requirements of participation for the domain of practice defined in the scope of services. Minimum Education: Bachelor’s degree Minimum Experience: 5 years Applicable Training/Certifications: • CHHI-Infection Prevention • CHHI-MDS</td>
</tr>
<tr>
<td>SIN</td>
<td>Course Title</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>611430</td>
<td>Public PDPM Tour - Non-Client</td>
</tr>
<tr>
<td>611430</td>
<td>Public 3 Day AANAC RAC-CT / Non AANAC Member</td>
</tr>
<tr>
<td>611430</td>
<td>Public 3 Day AANAC RAC-CT / Active AANAC Member</td>
</tr>
<tr>
<td>611430</td>
<td>Public MDS Competency Bootcamp (Client)</td>
</tr>
<tr>
<td>611430</td>
<td>Public MDS Competency Bootcamp (Non-Client)</td>
</tr>
<tr>
<td>611430</td>
<td>Public Case Mix</td>
</tr>
<tr>
<td>611430</td>
<td>Webinars OnDemand - PDPM</td>
</tr>
<tr>
<td>611430</td>
<td>Webinars OnDemand - PDPM Bootcamp</td>
</tr>
<tr>
<td>611430</td>
<td>Webinars OnDemand - SNF ABN &amp; NOMNC</td>
</tr>
<tr>
<td>611430</td>
<td>harmonyYY Symposium</td>
</tr>
</tbody>
</table>
### AWARDED COURSES & DESCRIPTIONS

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
</table>
| Public PDPM Non-Client | This dynamic national tour prepares Skilled Nursing Facilities across the country for Payment Reform and the Future of Reimbursement. The speaker will provide Skilled Nursing Facility Professionals with the knowledge to prepare for the proposed October 1, 2019, implementation of Patient Driven Payment Model (PDPM) as CMS proposed in the SNF PPS Final Rule FY 2019.  
PDPM correlates payment to the patients’ conditions and care needs rather than volume of services (Cost-Based) provided, or resources rendered (PPS RUGs System).  
The seminar begins with a detailed review of PDPM components and concludes with an interactive discussion and engaging, audience-driven question and answer segment.  
Research and experience-based perspectives on the impact of the PDPM as well as recommendations for executing a systematic approach to managing the 41,000 different HIPPS Codes will be shared.  
This course educates staff of the Skilled Nursing Facility on the details of PDPM, the most comprehensive change to reimbursement in decades.  
**Course Length:** 1 Day  
**Minimum Participants:** 1  
**Maximum Participants:** 70 |
<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public 3 Day AANAC RAC-CT AANAC Non-Member</td>
<td>Increase your knowledge of clinical assessment and care planning, completion of the MDS, and the regulations surrounding the RAI/MDS process by attending the three-day AANAC Resident Assessment Coordinator—Certified (RAC-CT®) certification workshop, which includes Patient-Driven Payment Model curriculum. Having the RAC-CT credential behind your name shows that you are a knowledgeable and capable MDS professional. This certification is the most widely-recognized and respected MDS 3.0 certification available in the long-term care profession, as well as the mark of nurses who understand more than a paper form—they understand resident assessment. The workshop will increase your knowledge and skills required to perform accurate assessments using the RAI manual.</td>
</tr>
</tbody>
</table>

**Course Length:** 3 Days  
**Minimum Participants:** 1  
**Maximum Participants:** 40
### AWARDED COURSES & DESCRIPTIONS

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public 3 Day AANAC RAC-CT Active Member</td>
<td>Increase your knowledge of clinical assessment and care planning, completion of the MDS, and the regulations surrounding the RAI/MDS process by attending the three-day AANAC Resident Assessment Coordinator—Certified (RAC-CT®) certification workshop, which includes Patient-Driven Payment Model curriculum. Having the RAC-CT credential behind your name shows that you are a knowledgeable and capable MDS professional. This certification is the most widely-recognized and respected MDS 3.0 certification available in the long-term care profession, as well as the mark of nurses who understand more than a paper form—they understand resident assessment. The workshop will increase your knowledge and skills required to perform accurate assessments using the RAI manual.</td>
</tr>
</tbody>
</table>

**Course Length:** 3 Days  
**Minimum Participants:** 1  
**Maximum Participants:** 40
**AWARDED COURSES & DESCRIPTIONS**

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public MDS Competency Bootcamp (Client)</strong></td>
<td>Price for contracted clients. This 24-week remote course is split up into three (3), eight-week levels. One (1) hour per week. Level 1, Level 2 and Level 3 are billed separately. Each eight (8)-week level will consist of eight (8)-participation hours. Total course is 24 participation hours over 24 weeks. There is a quiz each week and a final competency exam after all 24 hours/weeks of participation are complete. A detailed discussion of ADL Coding and ADL Scoring will help provide the participant with the tools to manage ARD selection more successfully and to teach the nursing team how to document ADLs more accurately. The Care Area Assessments (CAAs) will be introduced as the vital link between the MDS 3.0 and the accurate and resident specific care plan. Participants will learn how to successfully manage the OBRA schedule and the PPS schedule, including the scheduled and unscheduled assessments. This course is ideal for MDS Coordinators who have one year of experience or less. Participants will have the opportunity to ask questions and glean provider-specific clarifications that can be applied immediately upon returning to the workplace. Digital training materials are included. Learning Outcomes 1. Articulate the intent of each MDS 3.0 section and correct coding strategies for each item. 2. Identify newly updated MDS 3.0 coding guidelines as they relate to care and reimbursement. 3. Outline changes to the PPS assessment schedule, including unscheduled OBRA assessment requirements. 4. Demonstrate calculations for ADL coding, scoring, and correlate accurate MDS 3.0 coding with reimbursement, regulatory survey, publicly reported information, and Quality Measures.</td>
</tr>
<tr>
<td><strong>Course Length:</strong> 24 Weeks</td>
<td><strong>Minimum Participants:</strong> 1  <strong>Maximum Participants:</strong> 40</td>
</tr>
</tbody>
</table>
AWARDED COURSES & DESCRIPTIONS

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
</table>
| Price for contracted clients.                   | This 24-week remote course is split up into three (3), eight-week levels. One (1) hour per week. Level 1, Level 2 and Level 3 are billed separately. Each eight (8)-week level will consist of eight (8)-participation hours. Total course is 24 participation hours over 24 weeks. There is a quiz each week and a final competency exam after all 24 hours/weeks of participation are complete.  
A detailed discussion of ADL Coding and ADL Scoring will help provide the participant with the tools to manage ARD selection more successfully and to teach the nursing team how to document ADLs more accurately. The Care Area Assessments (CAAs) will be introduced as the vital link between the MDS 3.0 and the accurate and resident specific care plan.  
Participants will learn how to successfully manage the OBRA schedule and the PPS schedule, including the scheduled and unscheduled assessments.  
This course is ideal for MDS Coordinators who have one year of experience or less. Participants will have the opportunity to ask questions and glean provider-specific clarifications that can be applied immediately upon returning to the workplace. Digital training materials are included.  
Learning Outcomes  
5. Articulate the intent of each MDS 3.0 section and correct coding strategies for each item.  
6. Identify newly updated MDS 3.0 coding guidelines as they relate to care and reimbursement.  
7. Outline changes to the PPS assessment schedule, including unscheduled OBRA assessment requirements.  
8. Demonstrate calculations for ADL coding, scoring, and correlate accurate MDS 3.0 coding with reimbursement, regulatory survey, publicly reported information, and Quality Measures. |
| Course Length: 24 Weeks                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Minimum Participants: 1                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Maximum Participants: 40                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
## AWARDED COURSES & DESCRIPTIONS

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Medicaid Case Mix</td>
<td>This <strong>1-Day Certification Program</strong> prepares the learner for the anticipated transition from Massachusetts Management Minutes Questionnaire (MMQ) to a Case Mix RUG-IV 48 Grouper Medicaid Reimbursement System. Facility level knowledge in MDS Coding and overall Systems Refinement will be critical for accuracy and appropriate payment levels. Notable changes and differences in RUG Leveling, the necessary documentation required to support the assigned Medicaid RUG Level, the crosswalk from MDS related sections and RUG Leveling, ARD Windows, ARD Scheduling, Index Maximizing versus Hierarchy leveling, as well as RUG IV-48 Specific RUG Level Requirements will be discussed. Restorative Nursing impacts Case Mix, Medicare Part B programming and Quality Measure Impact. As facilities transition to Case Mix, they will see Quality Measure triggers when striving for the highest level of reimbursement. This program provides strategies to positively impact Case Mix while addressing Quality Measures. This program will enable healthcare providers to deliver quality healthcare and obtain accurate and appropriate reimbursement through an understanding of the Case Mix RUG-IV 48 Grouper Medicaid Reimbursement System in Massachusetts as well as Restorative Nursing Services.</td>
</tr>
<tr>
<td>Course Length: 1 Day</td>
<td></td>
</tr>
<tr>
<td>Minimum Participants: 1</td>
<td></td>
</tr>
<tr>
<td>Maximum Participants: 40</td>
<td></td>
</tr>
</tbody>
</table>
# AWARDED COURSES & DESCRIPTIONS

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webinars</td>
<td>This webinar on <strong>Patient Drive Payment Model (PDPM)</strong> provides Health Care Professionals with an overview of the knowledge and tools necessary to understand and manage the reimbursement changes implemented on October 1, 2019, for SNF Medicare Part A Beneficiaries. Patient Driven Payment Model (PDPM) is the SNF Payment System that correlates payment to the patients’ conditions and care needs rather than volume of services (cost-Based) provided, or resources rendered (PPS RUGs System).</td>
</tr>
</tbody>
</table>
| OnDemand PDPM| Course Length: 1 Hour  
Minimum Participants: 1  
Maximum Participants: 5,000 |
<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Webinars</strong></td>
<td>This one (1) hour webinar on <strong>Patient Drive Payment Model (PDPM)</strong> provides Health Care Professionals with the knowledge and tools to understand and manage the reimbursement changes that went into effect on October 1, 2019, for SNF Medicare Part A Beneficiaries.</td>
</tr>
<tr>
<td><strong>OnDemand</strong></td>
<td>Patient Driven Payment Model (PDPM) is the SNF Payment System that correlates payment to the patients’ conditions and care needs, rather than volume of services (Cost-Based) provided, or resources rendered (PPS RUGs System).</td>
</tr>
<tr>
<td><strong>PDPM Bootcamp</strong></td>
<td>Harmony Healthcare International, Inc. (HHI) highlights <strong>tools, strategies and systems</strong> that help the healthcare professional better understand the PDPM system. One tool widely used across the country, the Hopforce PDPM Calculator, will be accessed and used for case studies.</td>
</tr>
</tbody>
</table>

**Course Length:** 1 Hour for 8 Sessions  
**Minimum Participants:** 1  
**Maximum Participants:** 5,000
AWARDED COURSES & DESCRIPTIONS

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
</table>
| SNF ABN & NOMNC | The speaker will describe the changing landscape of compliance enforcement to help providers identify and mitigate risk regarding Advance Beneficiary Notice of Non-Coverage (SNFABN) and Notice of Medicare Non-Coverage (NOMNC) sometimes referred to as the “Generic Notice” by industry professionals. Learning Outcomes

1. State the purpose of the SNF Advanced Beneficiary Notice (SNF ABN), and the Notice of Medicare Non-Coverage (NOMNC).
2. Identify 3 elements of issuing a valid Notice.
3. Understand how to provide timely and effective delivery of the Advance Beneficiary Notice of Non-Coverage (SNFABN) and Notice of Medicare Non-Coverage (NOMNC)

The speaker will provide clarification during the session so that the learner will be able to develop systems geared to meeting imposed regulatory requirements related to NOMNC and SNFABN, while rendering appropriate person-centered care. |
<p>| Course Length: 1 Hour | Minimum Participants: 1 |
| Maximum Participants: 5,000 |</p>
<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
</tr>
</thead>
</table>
| harmonyYY Symposium          | HHI’s Annual (LTPAC) Long-Term Care Post-Acute Interdisciplinary Symposium (harmonyYEAR) is a must-attend event for skilled nursing facility and long-term care professionals. Attendees receive two full days of interdisciplinary education and professional networking with peers from across the country. Described as one of the most dynamic two-day gathering of Nurses, Therapists, and Administrators in the Long-Term Post-Acute Care industry, the annual harmony symposium offers attendees the chance to learn from nationally known industry leaders in both general and breakout sessions. Offering a wide array of interdisciplinary sessions to choose from, the annual harmony symposium offers over 10 hours of continuing education and is an approved provider for: NAB, ANA, AOTA, APTA & ASHA. Along with two full days of education, attendees receive daily breakfast and lunch offerings and an evening Networking and Entertainment Reception. The HHI annual Harmony Symposium is recommended for, but not limited to, Owners/Operators, Executive Directors, Administrators, DONs, Directors of Rehab, and Interdisciplinary Team Members. Educational Topics Include, (but not limited to):  
  • Final Rule  
  • Five-Star Quality Rating (Health Inspection, Quality Measure, Staffing and PBJ)  
  • MDS Coding, Errors and Opportunity  
  • Medicare Coverage  
  • PDPM Rate Impact  
  • Regulatory Changes  
  • Reimbursement  
  • Survey (COVID-19, Civil Monetary Penalties (CMP’s), F-TAG Trends, Infection Control)  
  • Value-Based Purchasing  
  
Course Length: 2 Days  
Minimum Participants: 1  
Maximum Participants: 5,000 |
Service Contract Labor Standards: The Service Contract Labor Standards (SCLS), formerly the Service Contract Act (SCA), apply to this contract as it applies to the entire Multiple Award Schedule and all services provided. While no specific labor categories/services have been identified as being subject to SCLS due to exemptions for professional employees (FAR 22.1101, 22.1102 and 29 CFR 541.300), this contract still maintains the provisions and protections for SCLS eligible labor categories. If and/or when the contractor adds SCLS labor categories/employees to the contract through the modification process, the contractor must inform the Contracting Officer and establish a SCLS/SCA matrix identifying the GSA labor category titles, the occupational code, SCLS labor category titles and the applicable WD number. Failure to do so may result in cancellation of the contract.