



State of Arkansas

Department of Human Services

Project Management Office

RFP NUMBER: 710-23-0037

TECHNICAL PROPOSAL PACKET

REDACTED

August 18, 2023 – 1:00 p.m. Central Time

Arkansas Department of Human Services

Attn: Office of Procurement (OP)

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Response Signature Page

Vendor Agreement and Compliance

Signed Addenda

Signed Addendums 1, 2, 3, 4, 5 and 6

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–2000) and is projected to increase by a further 1.5 million by 2020 (Office for National Statistics 2001). The number of people aged 65 and over is projected to increase from 10.5 million in 1990 to 12.5 million in 2020, with the number of people aged 75 and over increasing from 4.5 million to 6.5 million in the same period.

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (2000) has identified the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing' and 'positive ageing'. This paradigm is based on the idea that ageing is a process, not a state, and that the quality of life of older people is determined by a range of factors, including physical health, mental health, social support, and access to services.

The Department of Health (2000) has identified a number of key areas for action in order to develop this new paradigm. These include: (1) improving the physical health of older people; (2) improving the mental health of older people; (3) improving the social support of older people; and (4) improving access to services for older people. The Department of Health (2000) has also identified a number of key areas for research in order to develop this new paradigm. These include: (1) research on the physical health of older people; (2) research on the mental health of older people; (3) research on the social support of older people; and (4) research on access to services for older people.

The Department of Health (2000) has also identified a number of key areas for policy development in order to develop this new paradigm. These include: (1) developing policies to improve the physical health of older people; (2) developing policies to improve the mental health of older people; (3) developing policies to improve the social support of older people; and (4) developing policies to improve access to services for older people. The Department of Health (2000) has also identified a number of key areas for practice development in order to develop this new paradigm. These include: (1) developing practices to improve the physical health of older people; (2) developing practices to improve the mental health of older people; (3) developing practices to improve the social support of older people; and (4) developing practices to improve access to services for older people.

The Department of Health (2000) has also identified a number of key areas for evaluation in order to develop this new paradigm. These include: (1) evaluating the physical health of older people; (2) evaluating the mental health of older people; (3) evaluating the social support of older people; and (4) evaluating access to services for older people. The Department of Health (2000) has also identified a number of key areas for monitoring in order to develop this new paradigm. These include: (1) monitoring the physical health of older people; (2) monitoring the mental health of older people; (3) monitoring the social support of older people; and (4) monitoring access to services for older people.

The Department of Health (2000) has also identified a number of key areas for implementation in order to develop this new paradigm. These include: (1) implementing the physical health of older people; (2) implementing the mental health of older people; (3) implementing the social support of older people; and (4) implementing access to services for older people. The Department of Health (2000) has also identified a number of key areas for dissemination in order to develop this new paradigm. These include: (1) disseminating the physical health of older people; (2) disseminating the mental health of older people; (3) disseminating the social support of older people; and (4) disseminating access to services for older people.

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The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The next section describes the methodology used in the study, including the data sources and the statistical techniques employed. The results of the study are then presented, followed by a discussion of the findings and their implications. Finally, the paper concludes with a summary of the main points and suggestions for future research.

The research was conducted using a quantitative approach, with data collected from a large sample of participants. The results show a significant positive correlation between the variables studied, indicating that the hypothesis was supported. The findings have important implications for the field and suggest that further research is needed to explore the underlying mechanisms.

In conclusion, the study provides valuable insights into the relationship between the variables and highlights the need for continued research in this area. The results are consistent with previous findings and offer new perspectives on the topic.

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The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The next section describes the methodology used in the study, including the data collection and analysis techniques. The results of the study are then presented, followed by a discussion of the findings and their implications. The paper concludes with a summary of the main points and a list of references.

The research was conducted in a systematic and rigorous manner, following the principles of good research practice. The data was collected from a representative sample of the population, and the analysis was carried out using appropriate statistical methods. The results of the study are presented in a clear and concise manner, and the implications of the findings are discussed in detail.

The findings of the study have important implications for the field of research. They suggest that there is a need for further research in this area, and that the results of this study can be used to inform policy and practice. The paper also highlights the importance of the research and the need for continued research in this field.

In conclusion, the paper presents a comprehensive and detailed study of the topic. It provides a clear and concise summary of the findings, and discusses the implications of the results. The research was conducted in a systematic and rigorous manner, and the results are presented in a clear and concise manner.

Attachment A – Contract Grant and Disclosure Form





Equal Opportunity Policy

Proposed Subcontractors Form

The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of education, where cultural differences can significantly impact learning outcomes.

The second part of the paper focuses on the methodology used in the study. It describes the process of selecting participants, collecting data, and analyzing the results. The authors emphasize the importance of using a mixed-methods approach to gain a comprehensive understanding of the research topic.

The third part of the paper presents the findings of the study. It discusses the results of the quantitative data analysis and the insights gained from the qualitative interviews. The authors conclude that there are significant differences in learning outcomes between the two groups, and these differences can be attributed to cultural factors.

The final part of the paper discusses the implications of the findings for future research and practice. It suggests that educators should be aware of the cultural context of their students and tailor their teaching methods accordingly. Additionally, it calls for further research to explore the role of culture in education more fully.

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TECHNICAL PROPOSAL PACKET

1 E.1 – RFP Section 2.2 Minimum Qualifications (Pass/Fail)

In this section, we demonstrate how NTT DATA meets all Minimum Qualifications set forth in RFP Section 2.2 by specifically addressing each item below.

1.1 Contractor Experience (A)

In this subsection, we describe how NTT DATA exceeds the experience requirements of this RFP.

[REDACTED]

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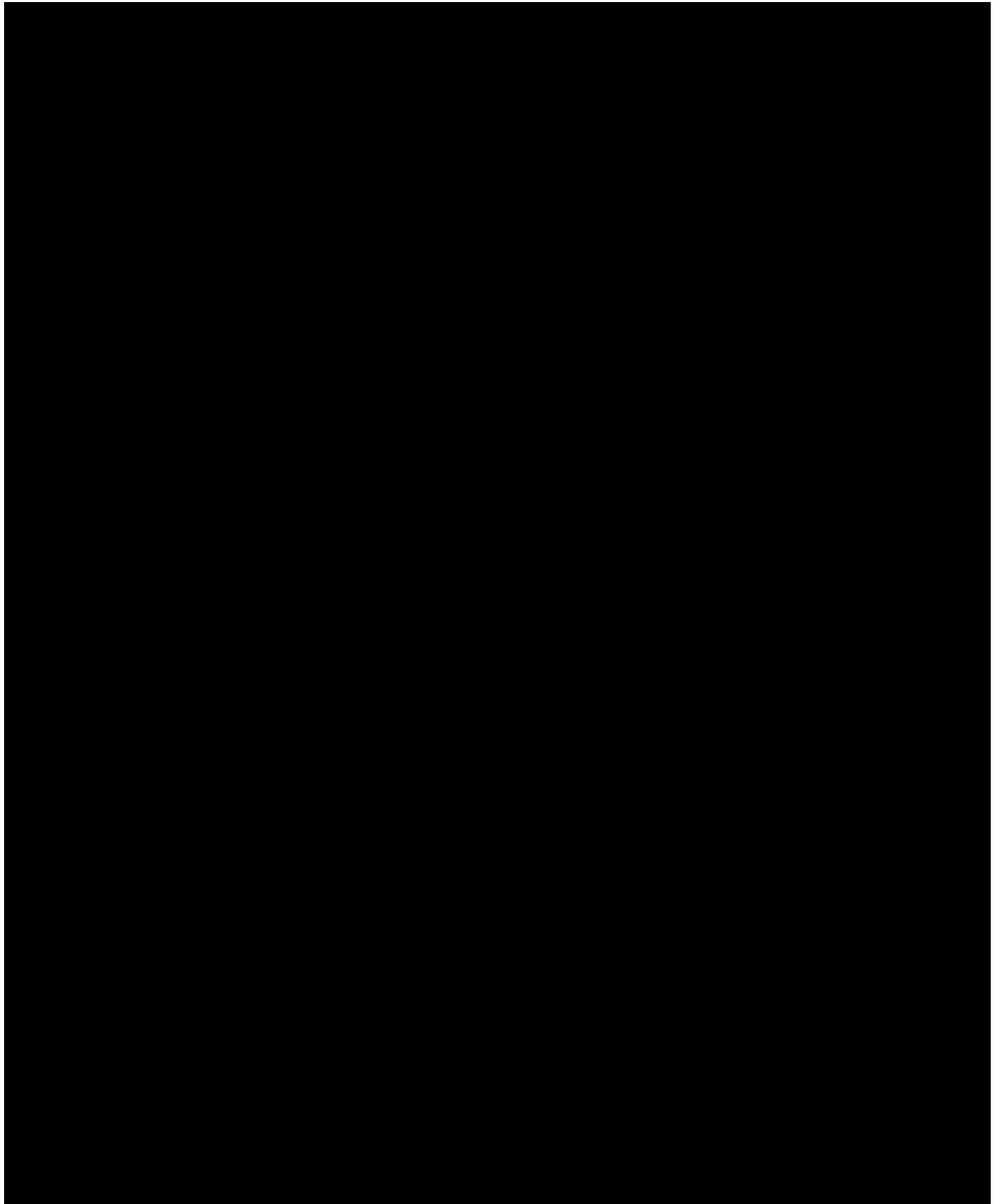
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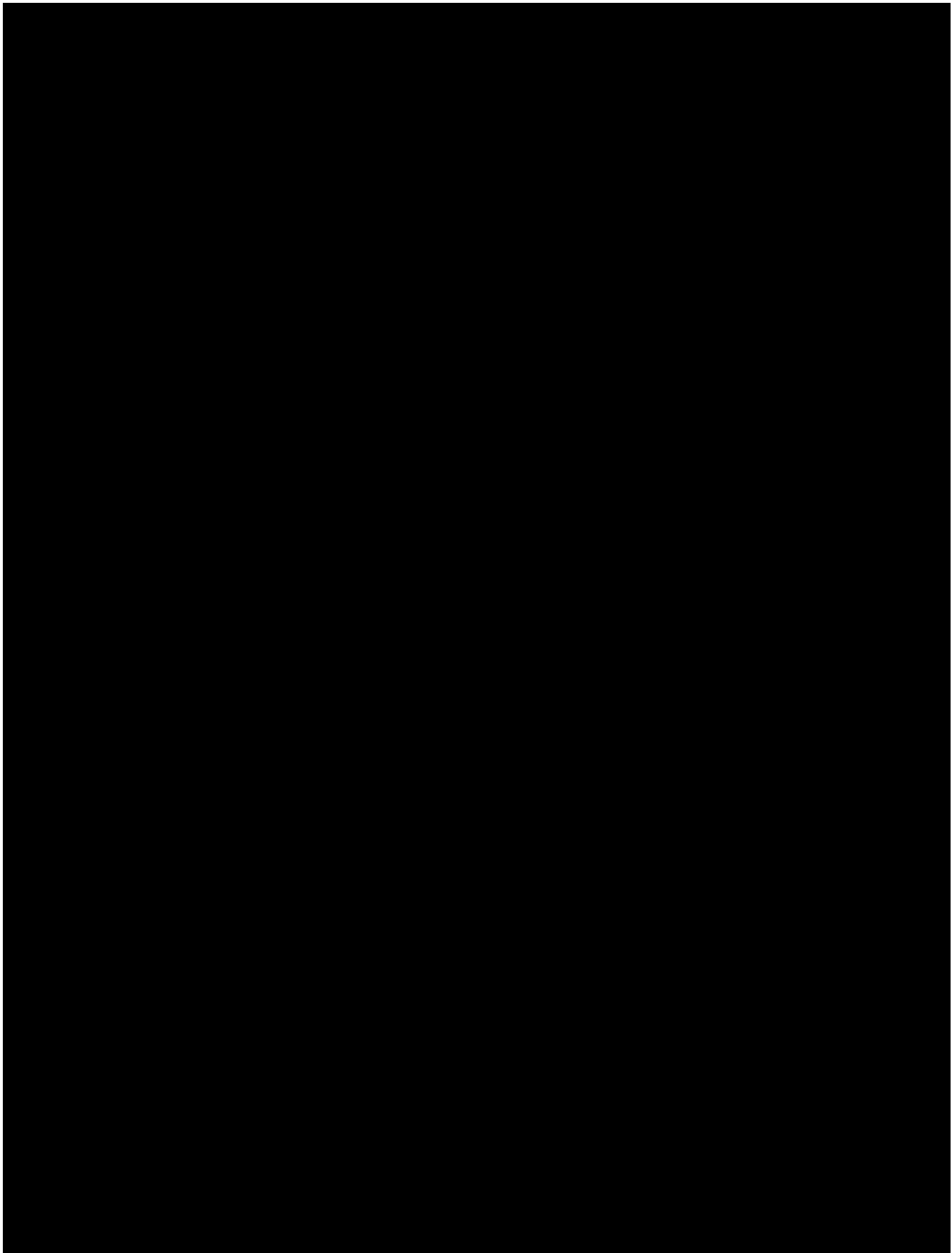
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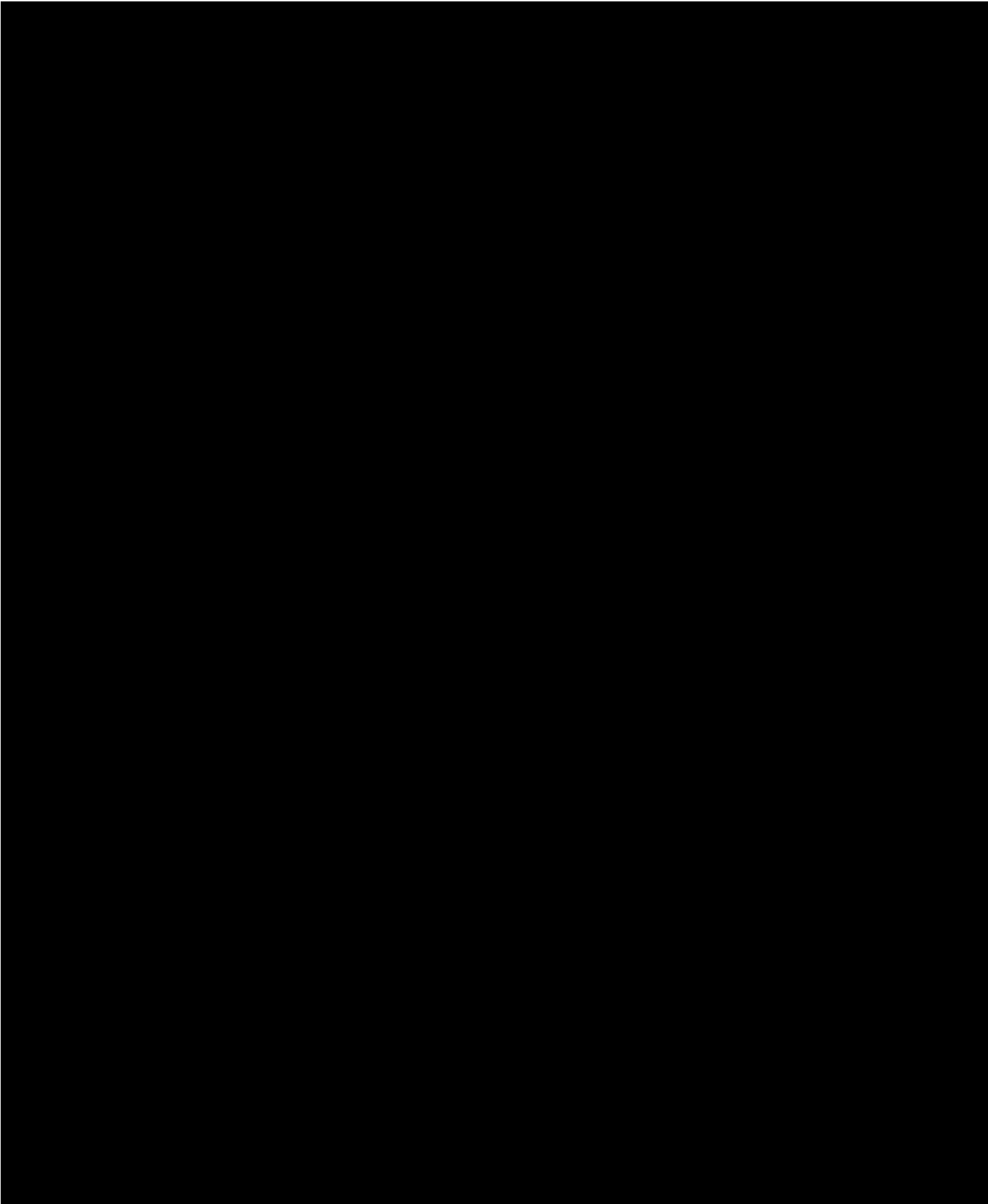
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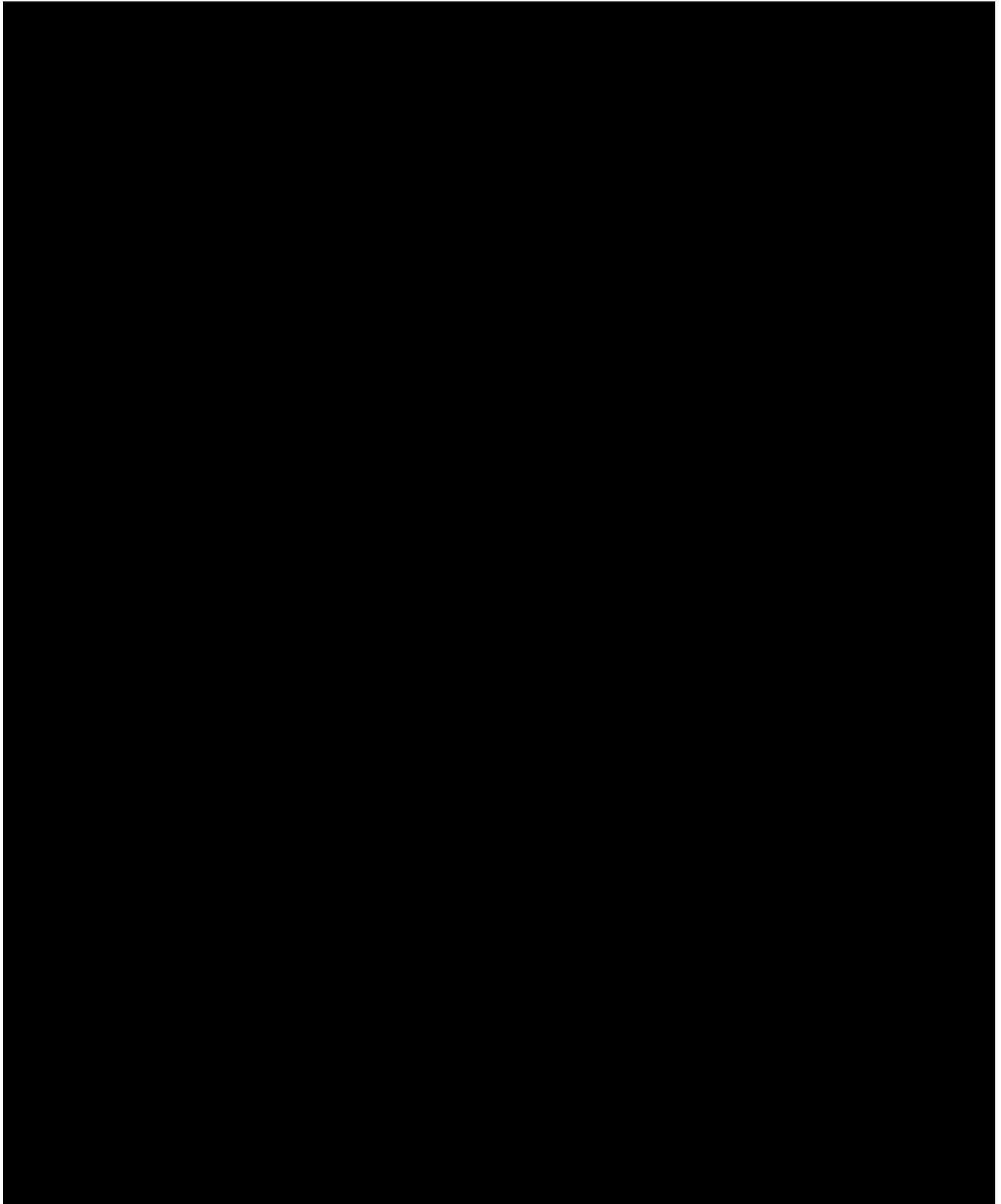
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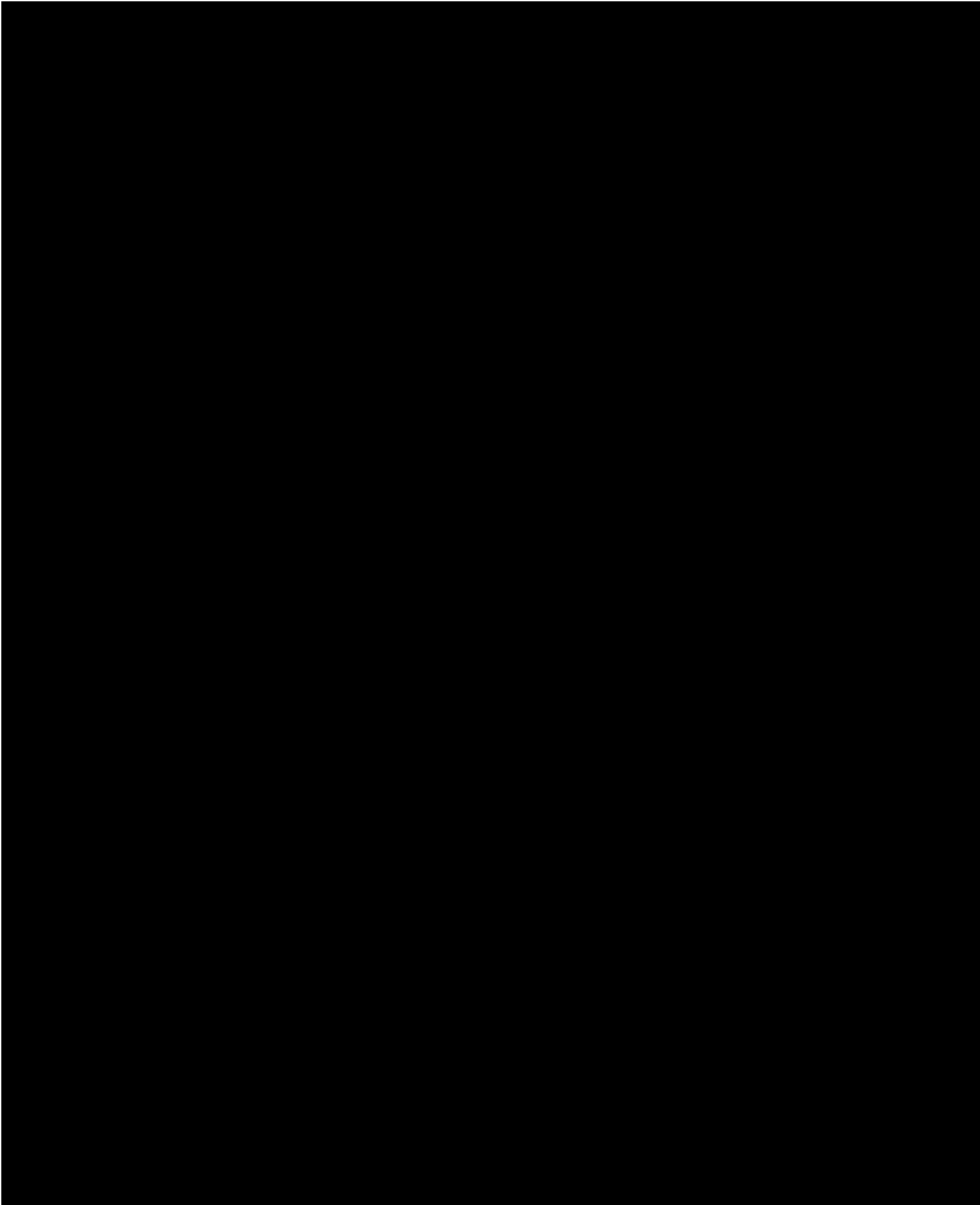
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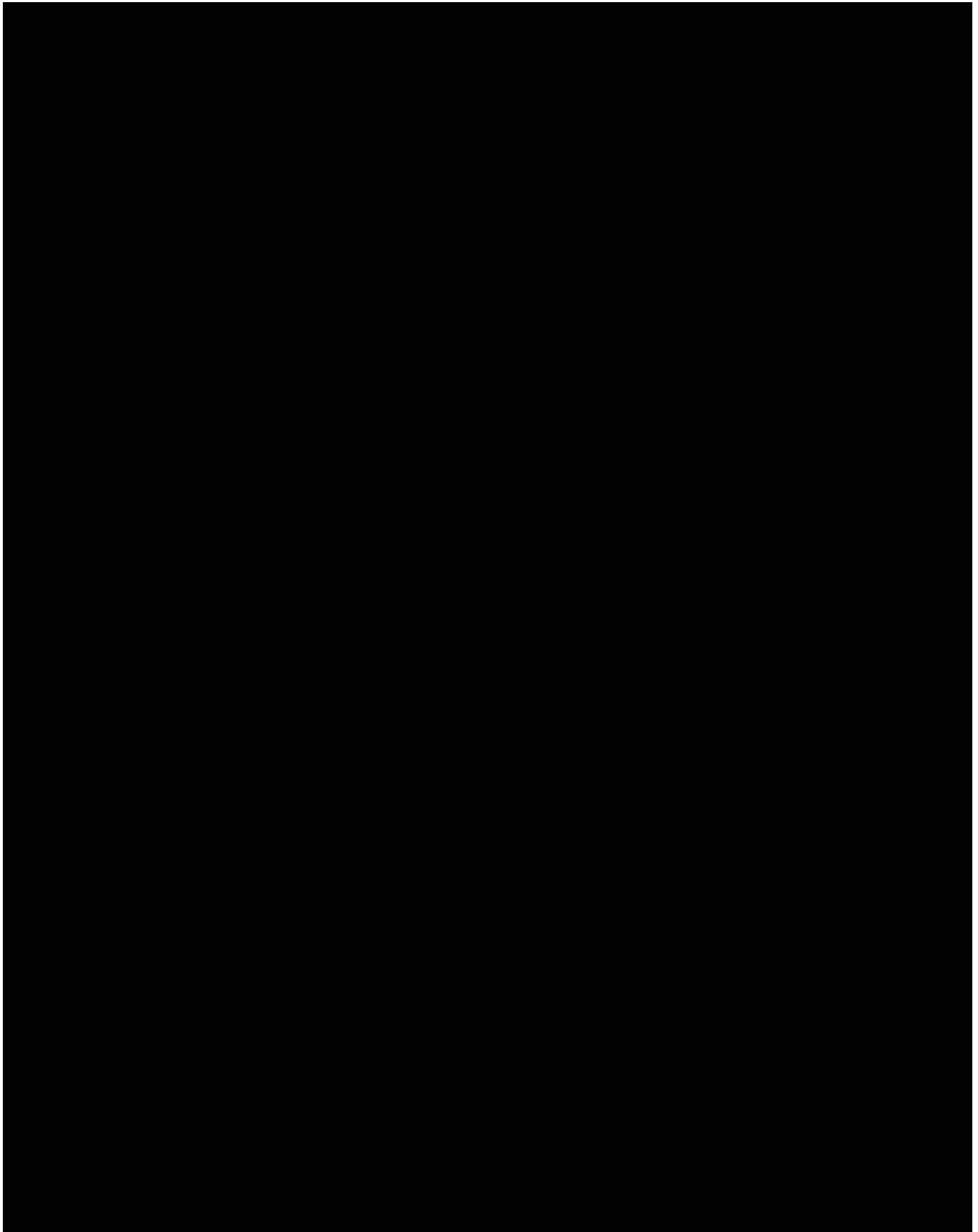


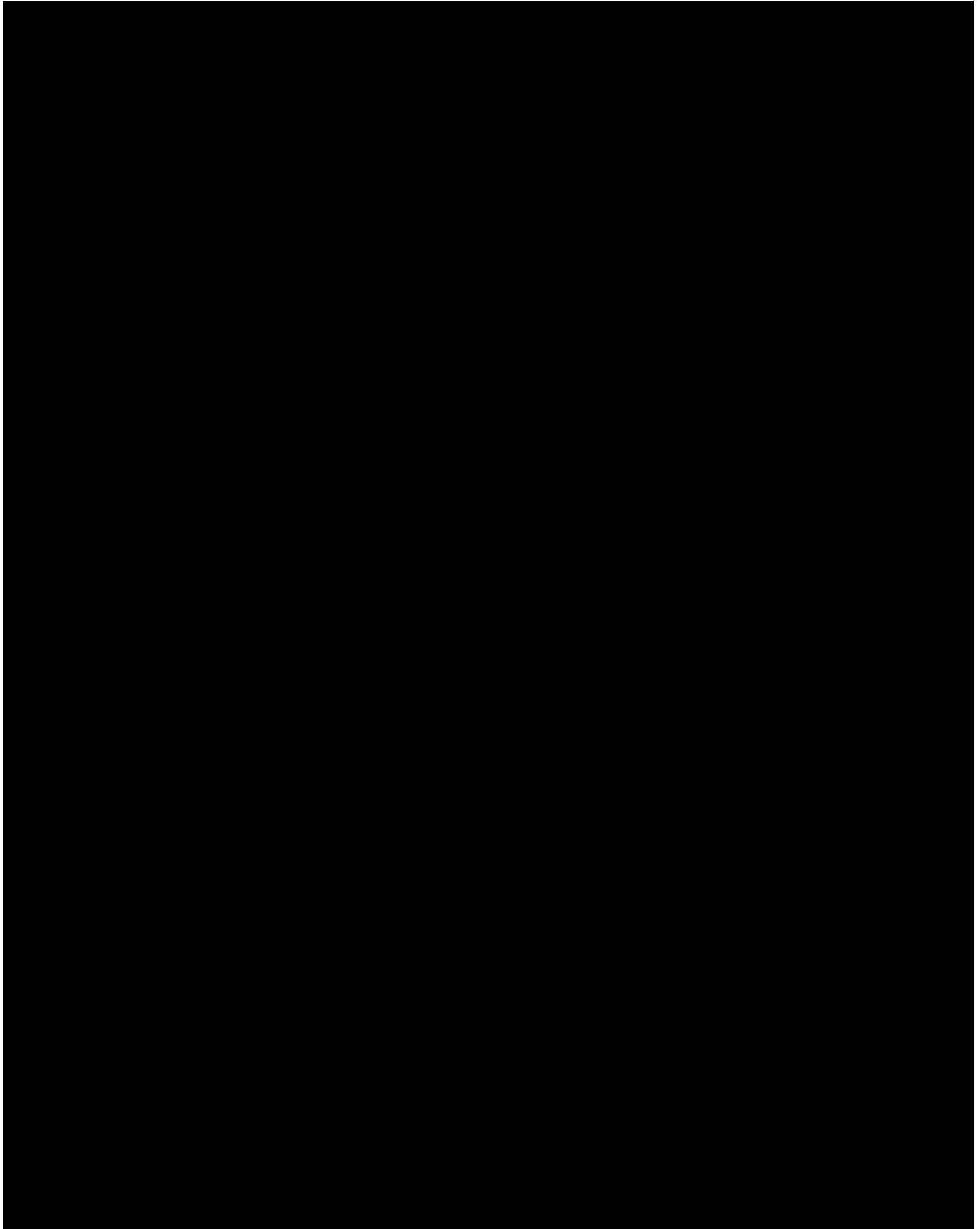


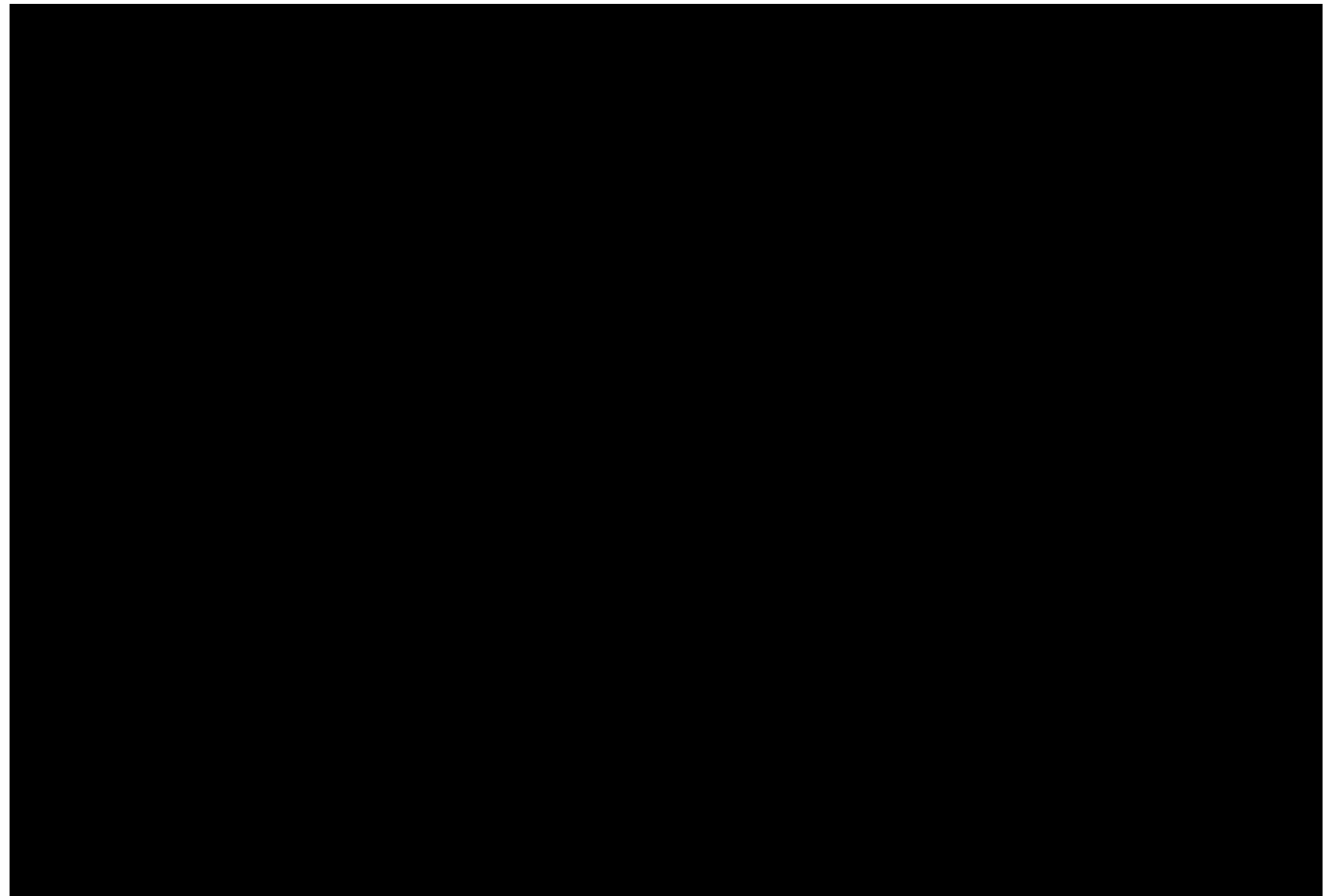
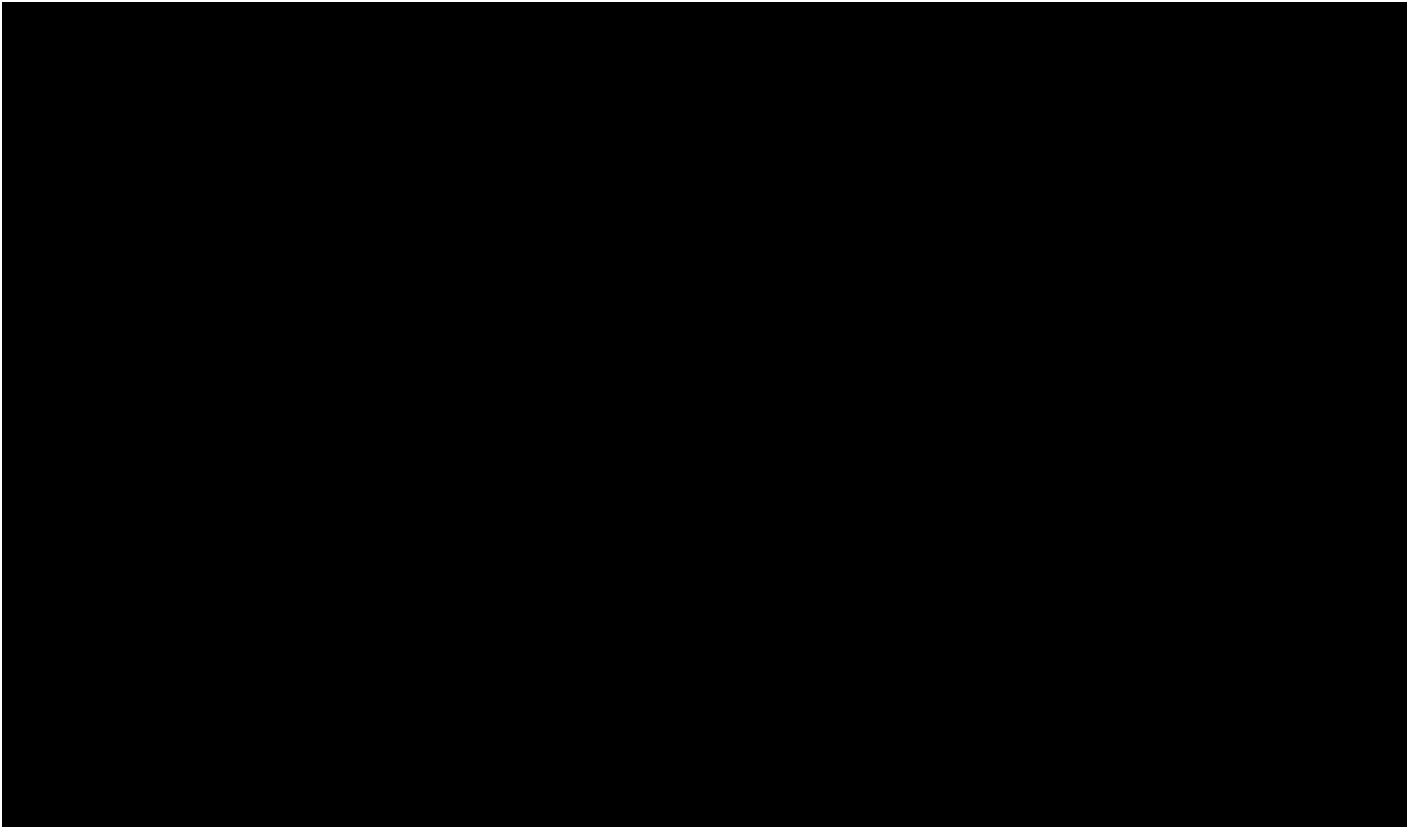


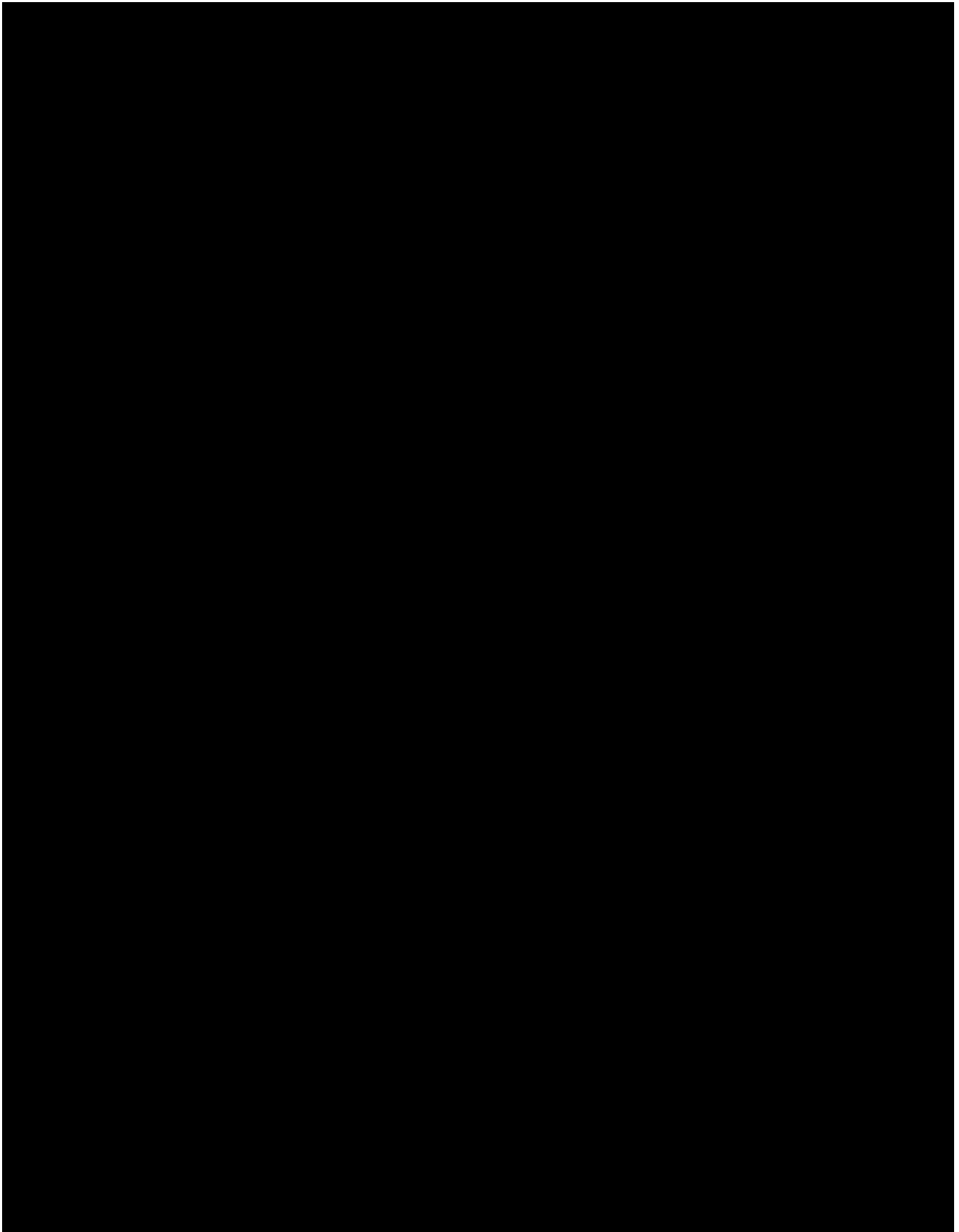


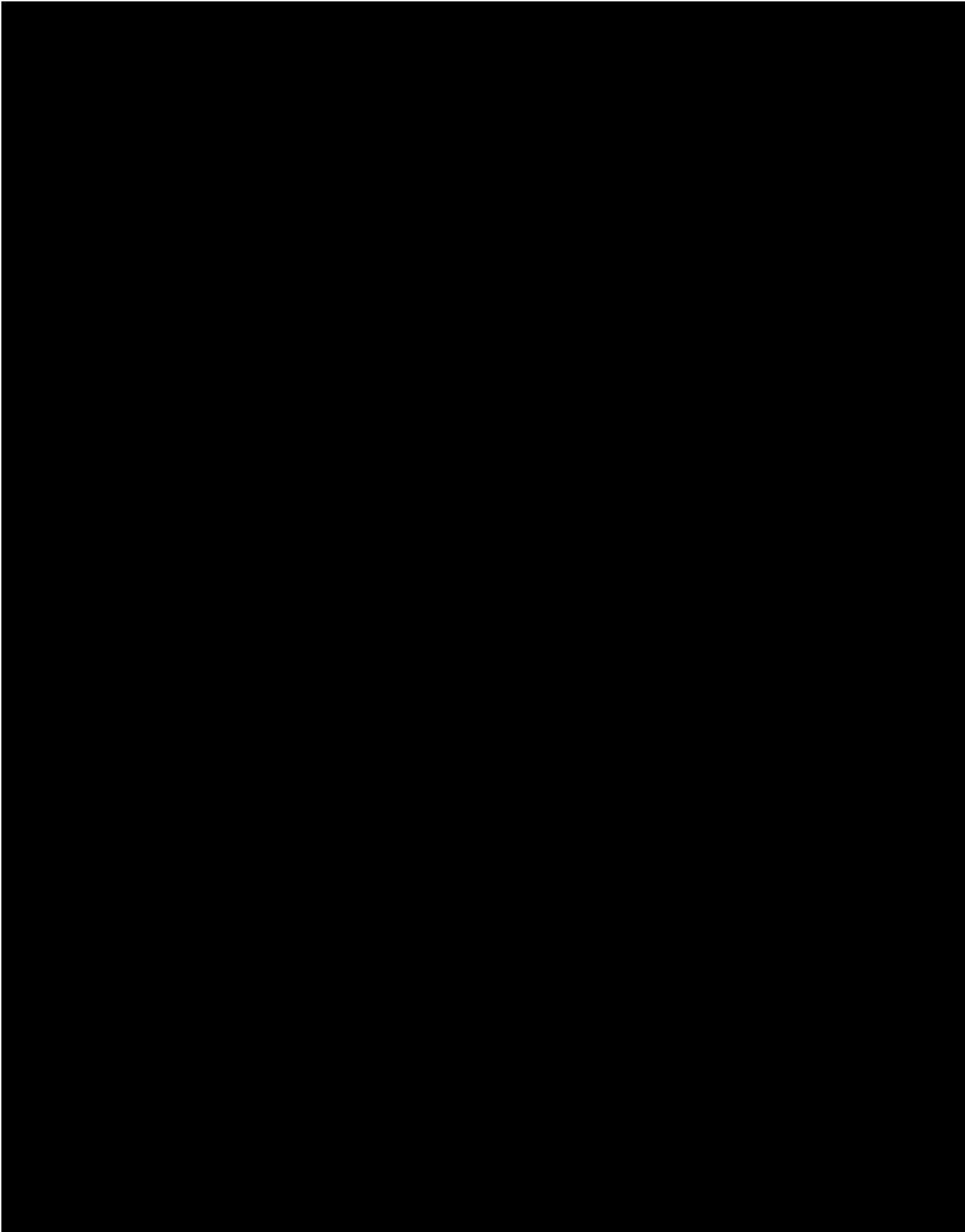


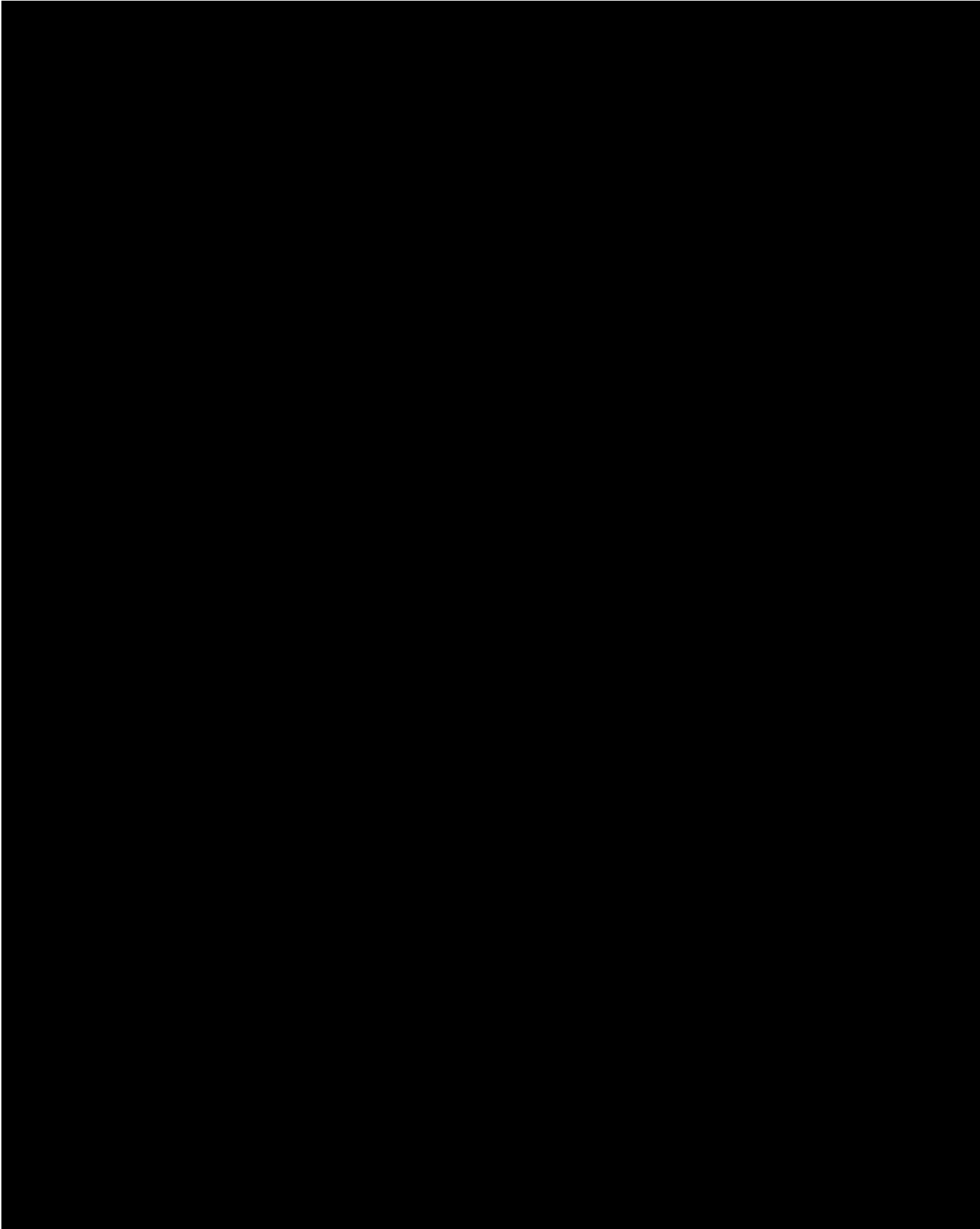


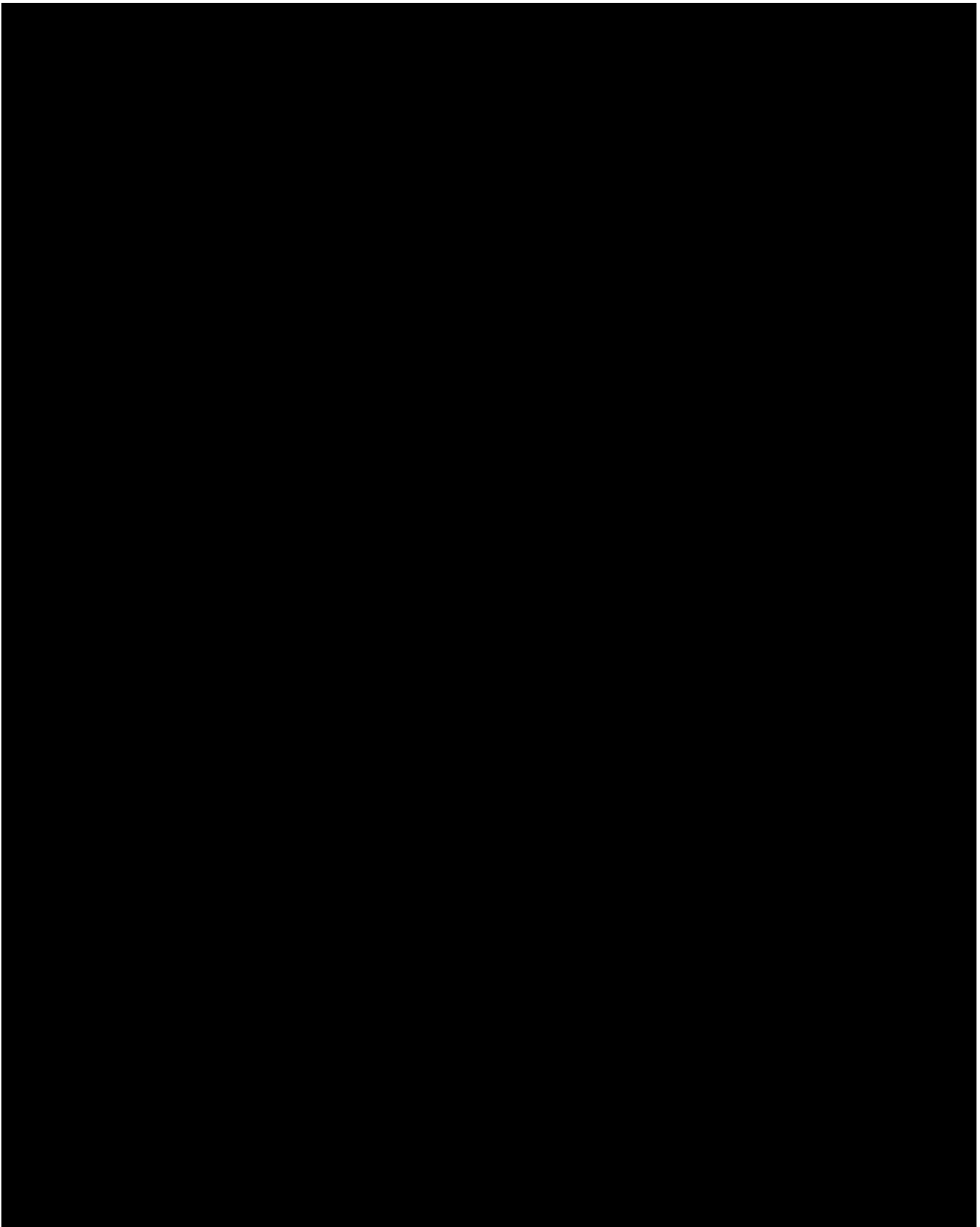


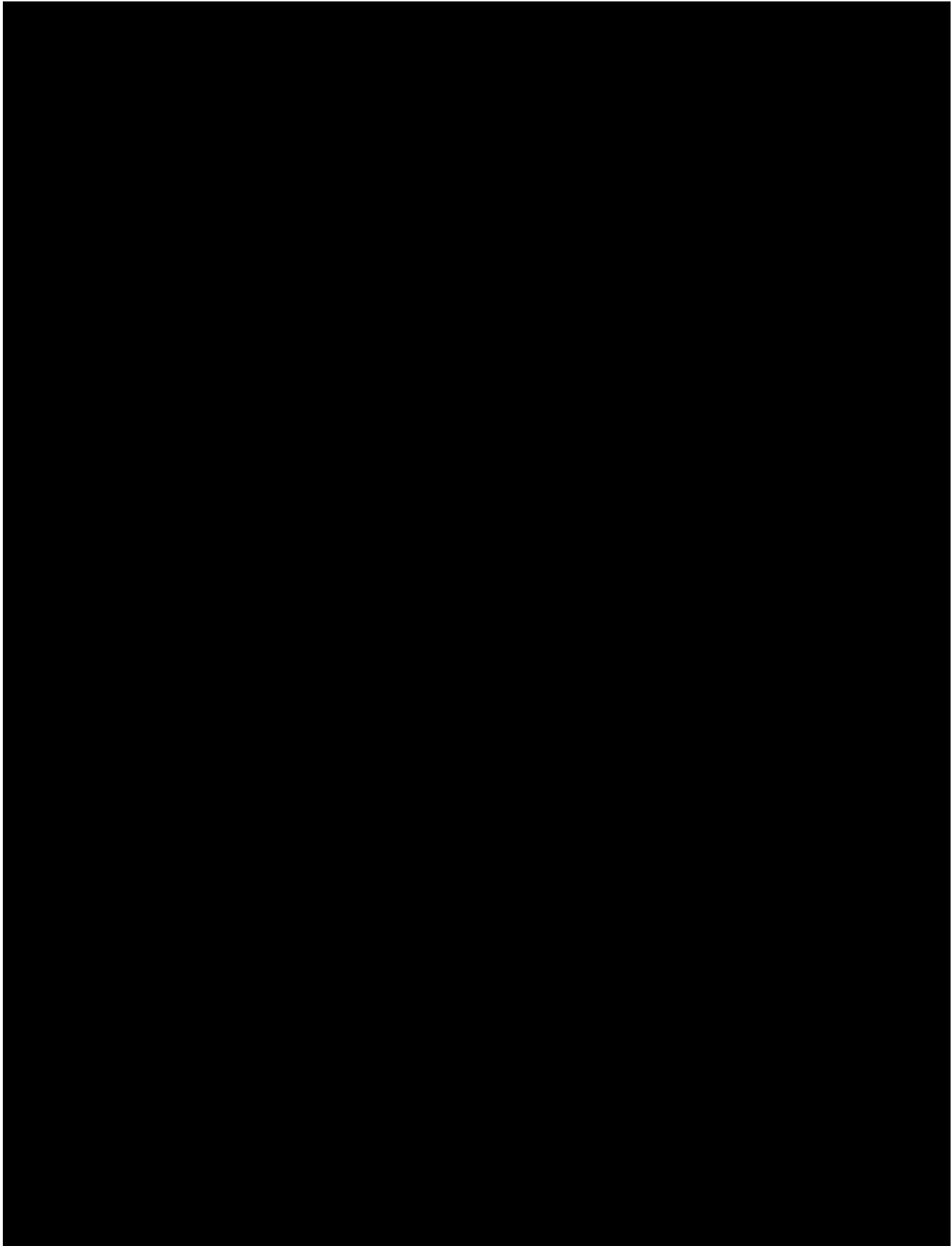


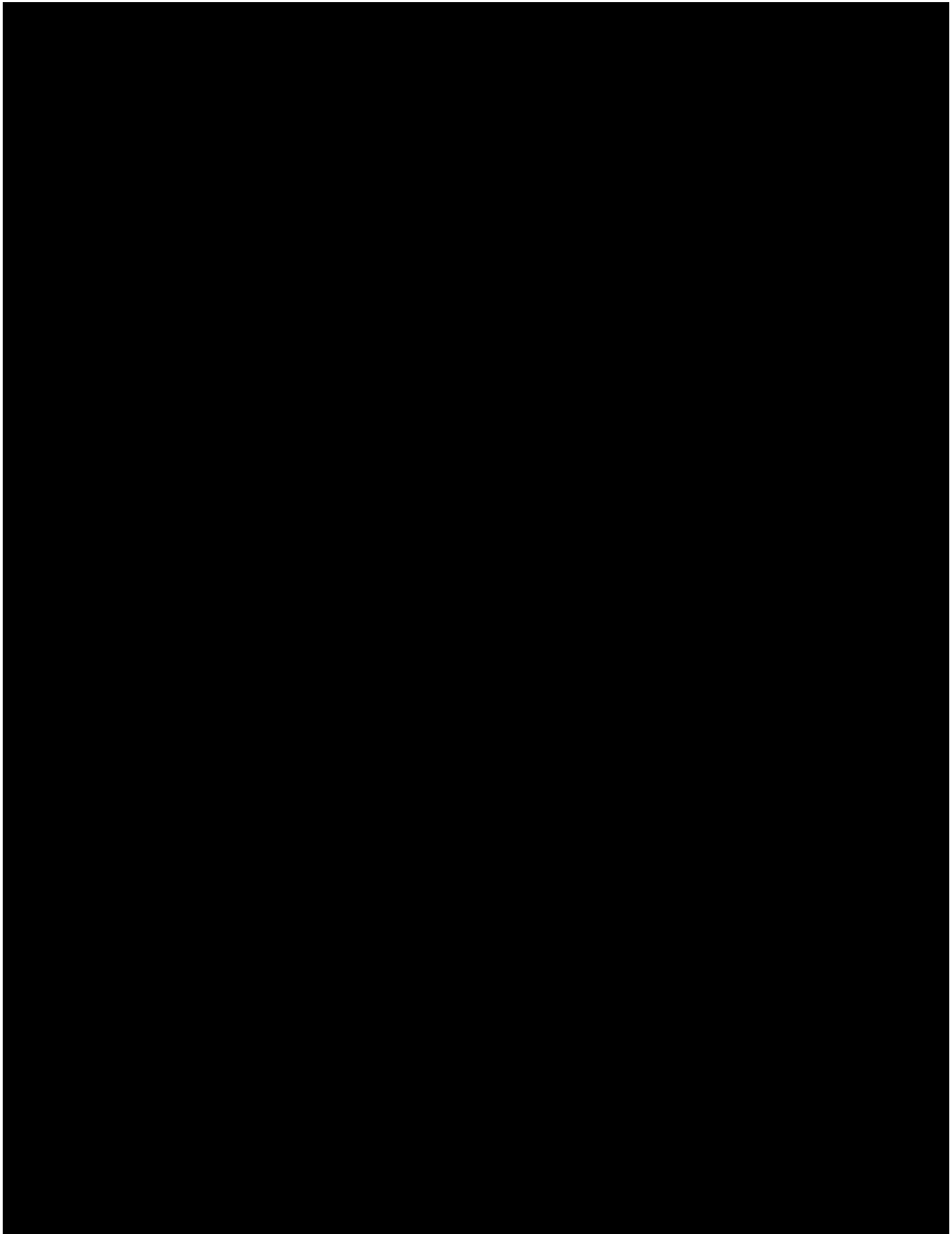


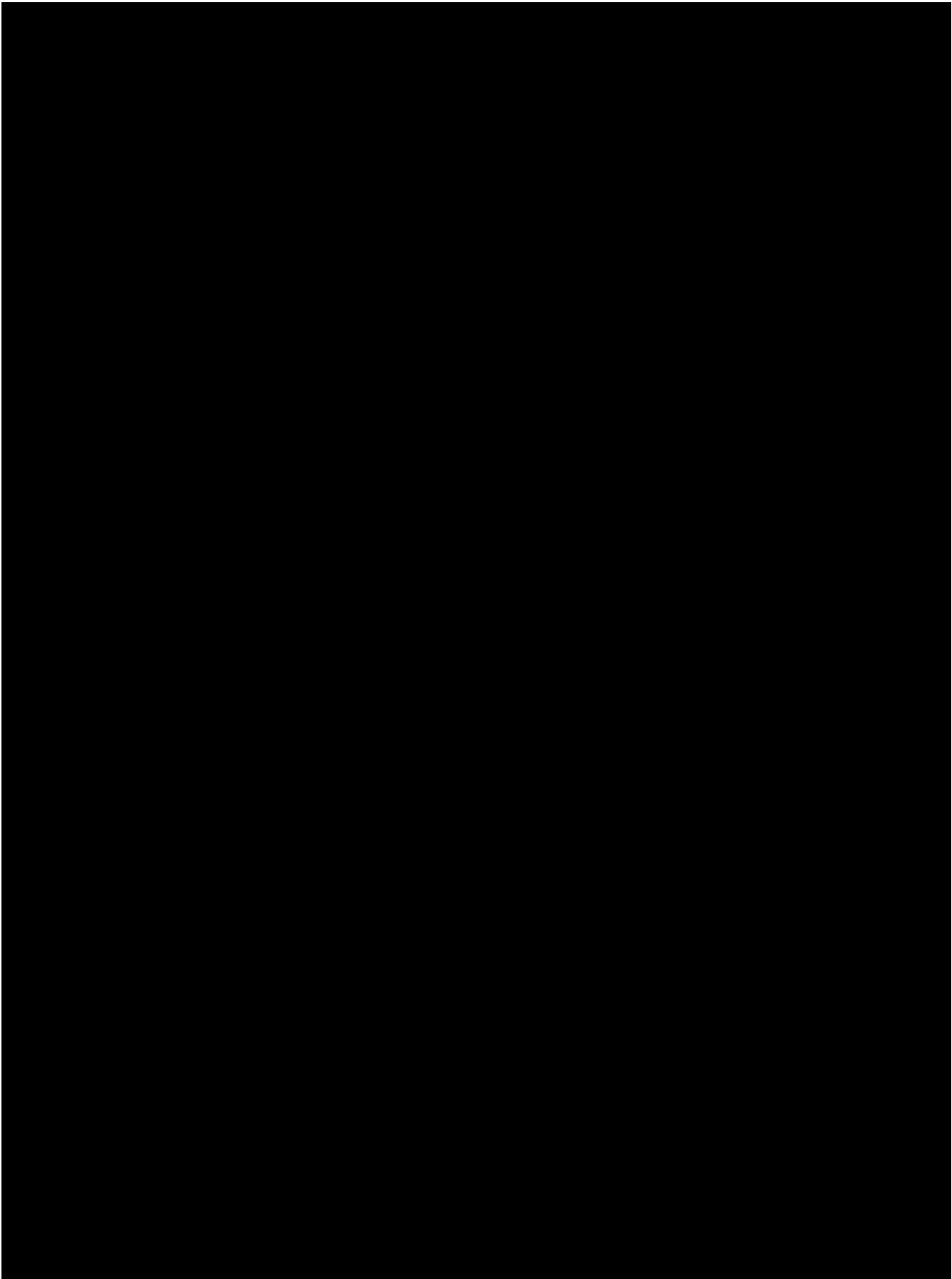


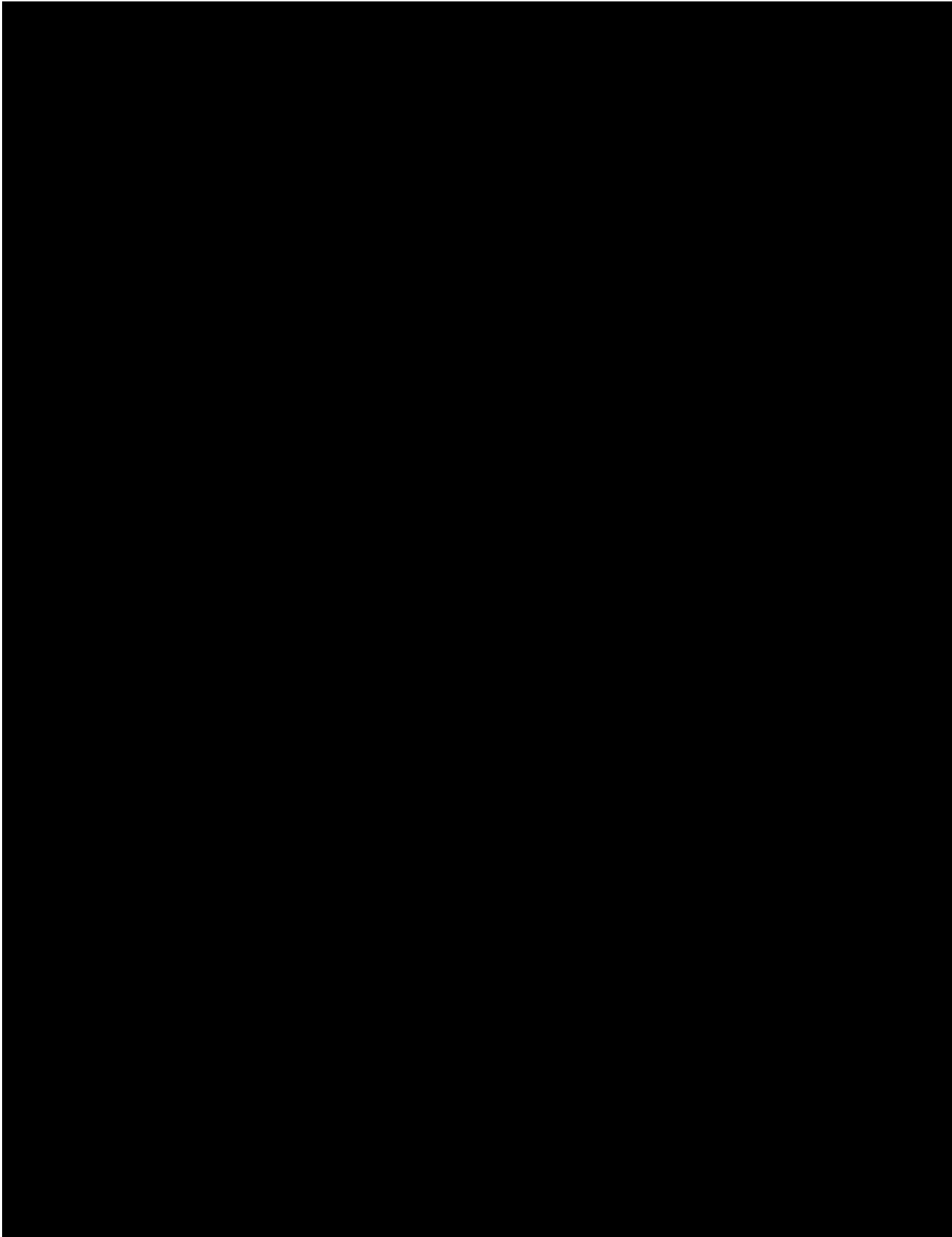


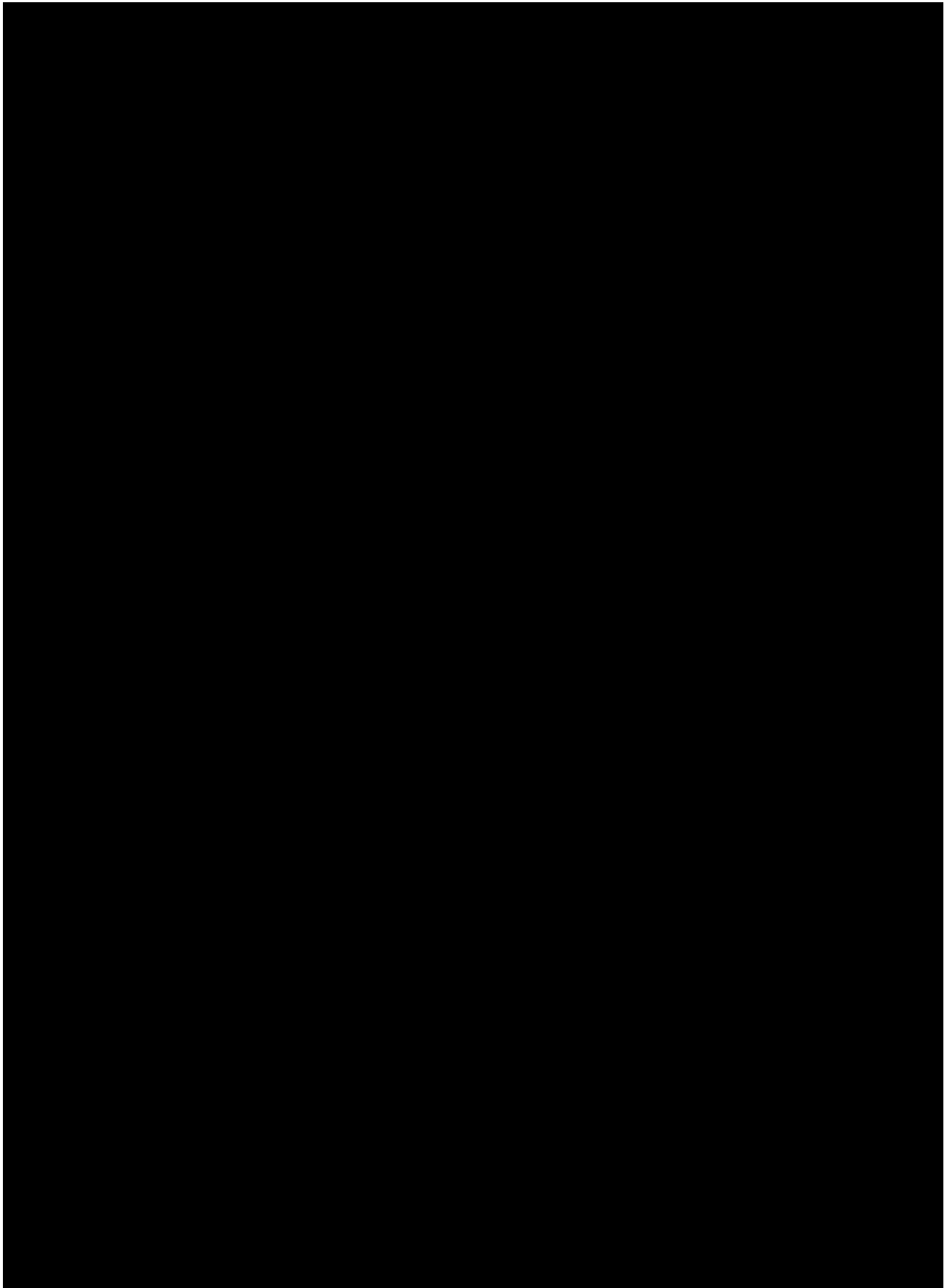


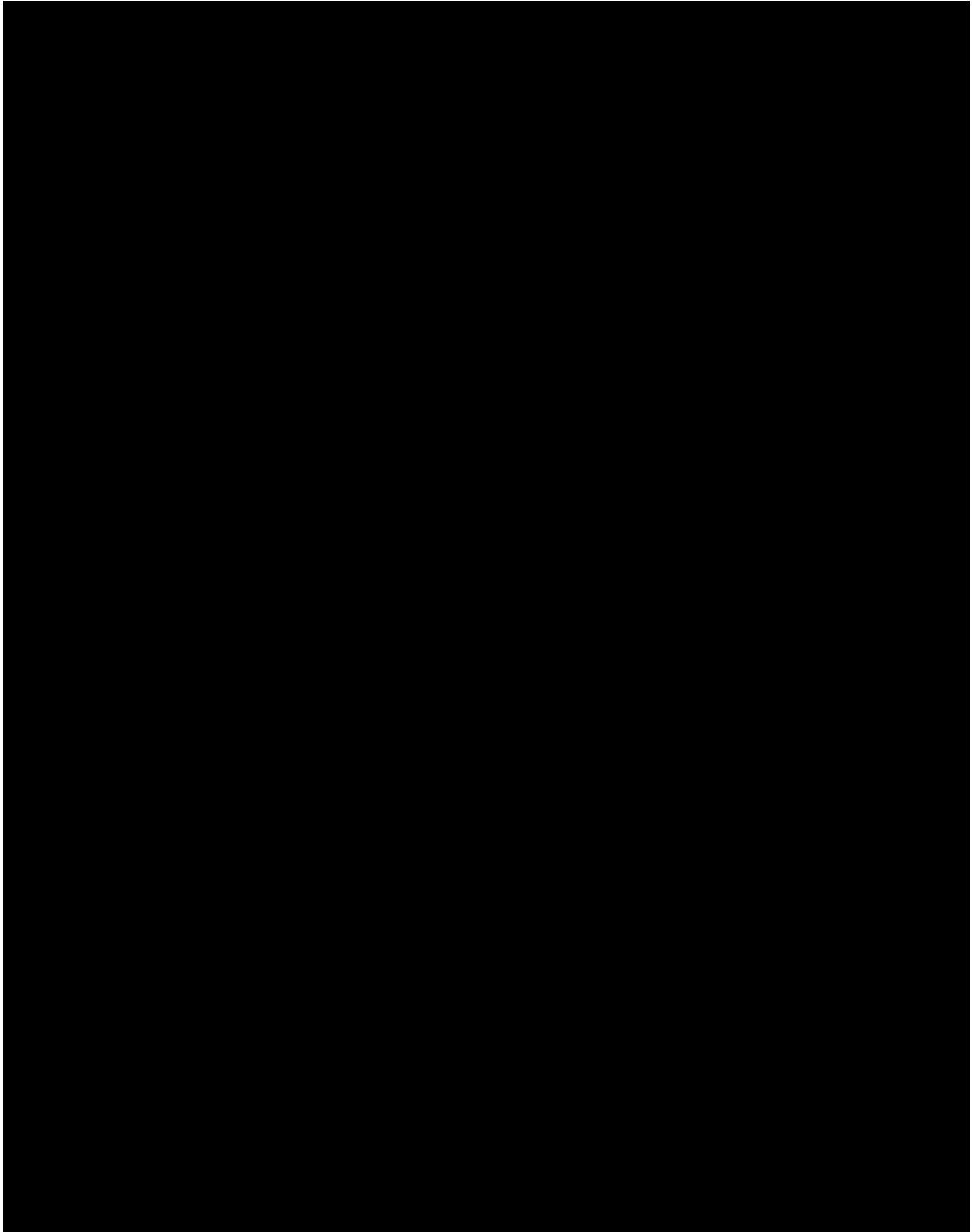


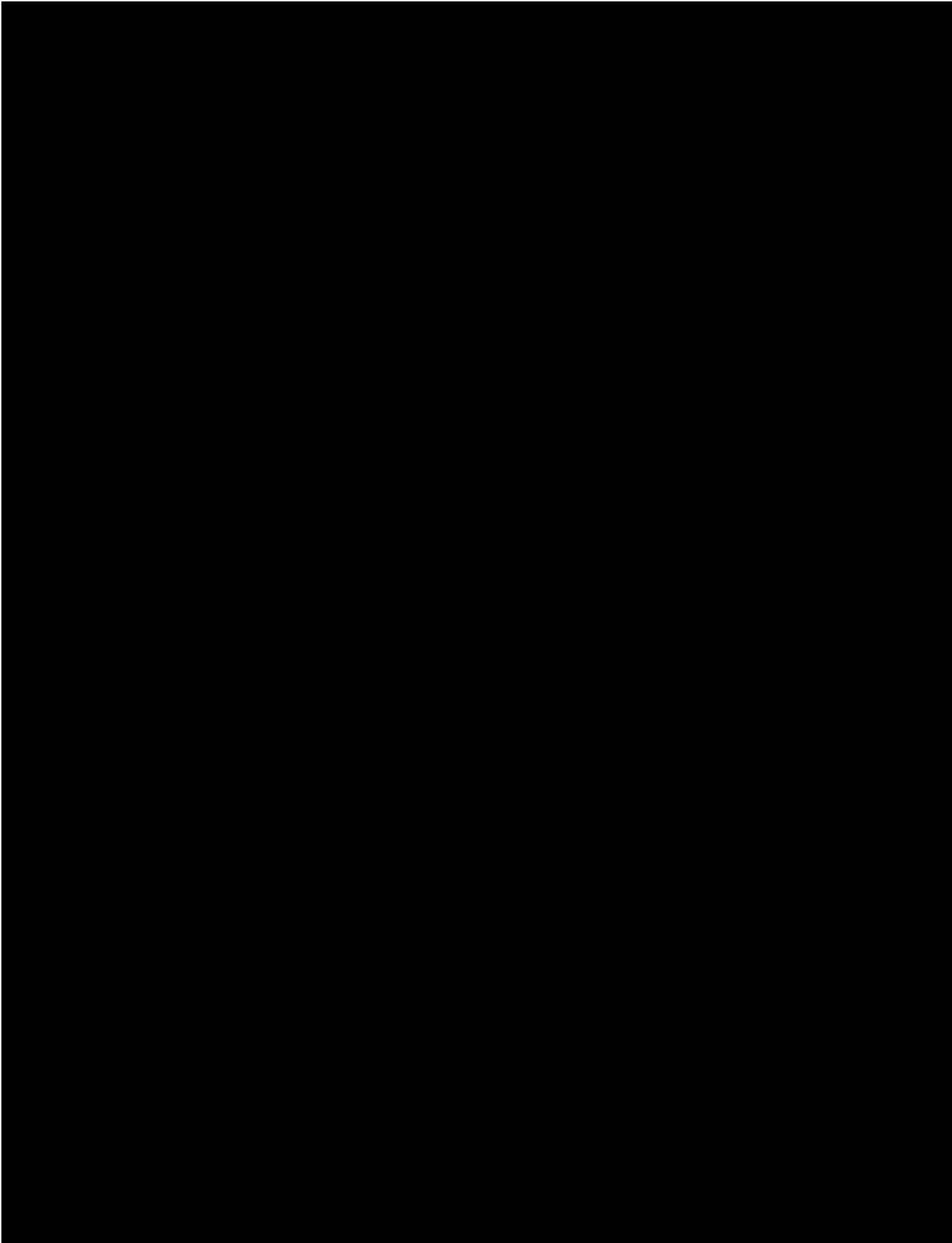


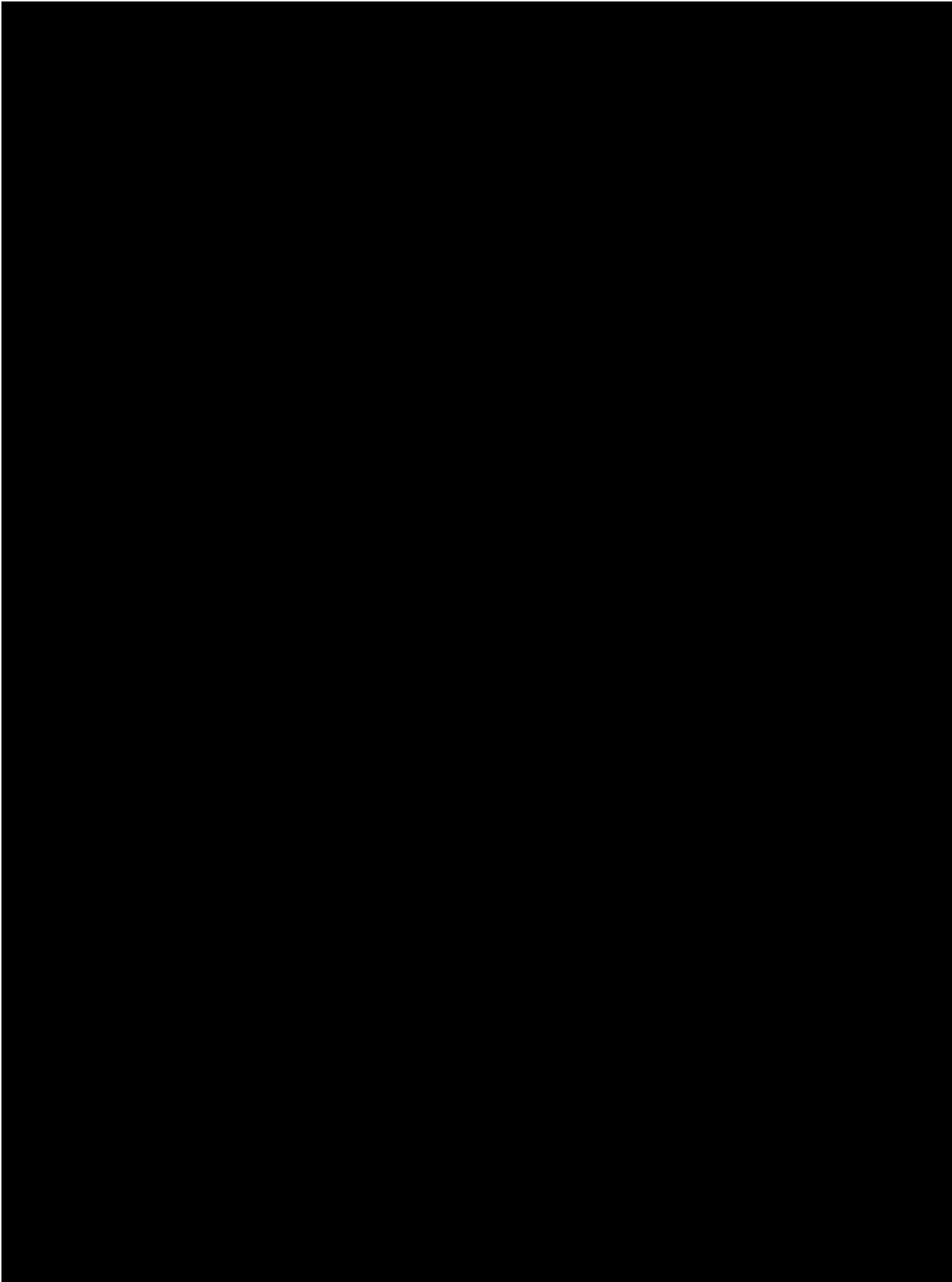


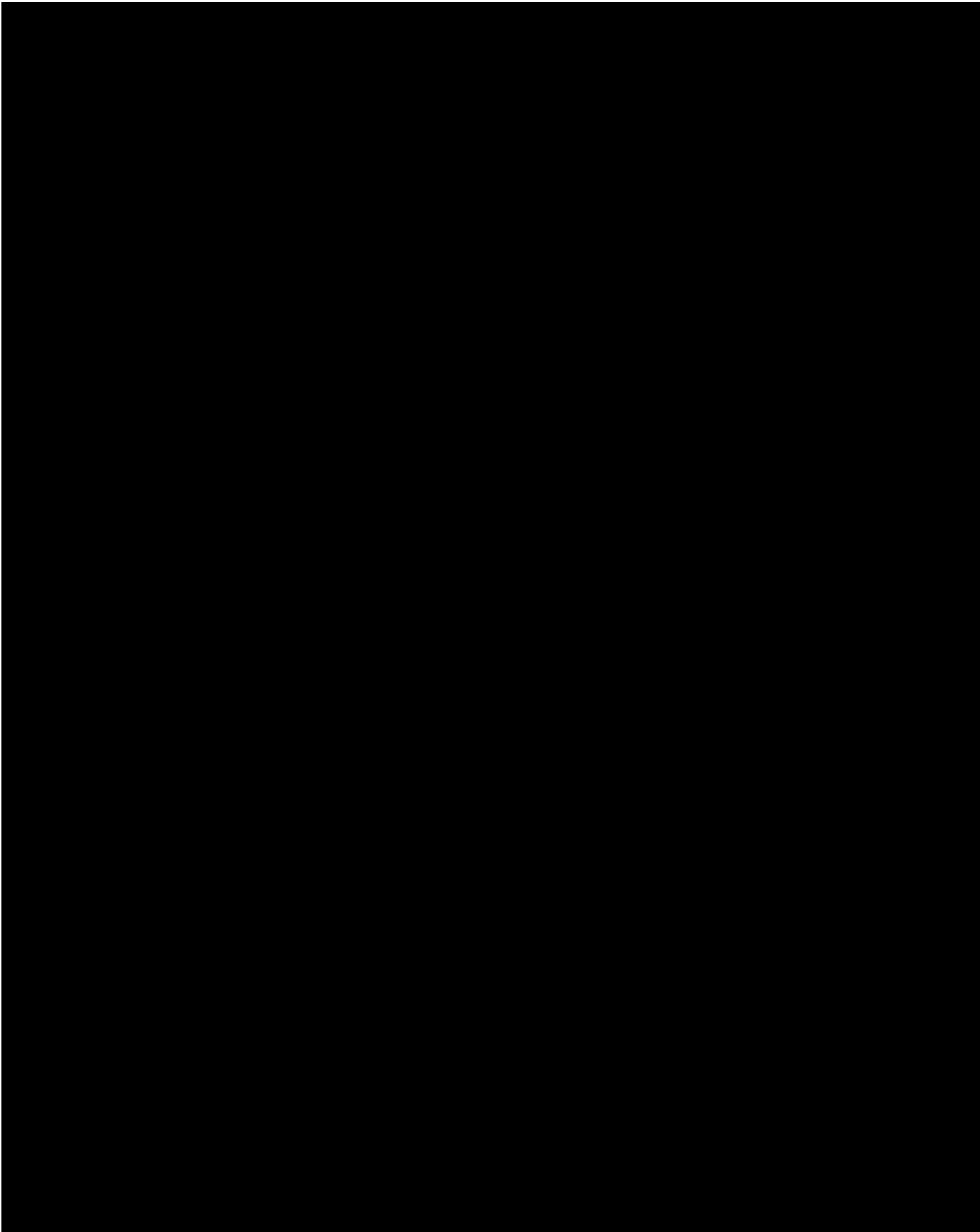












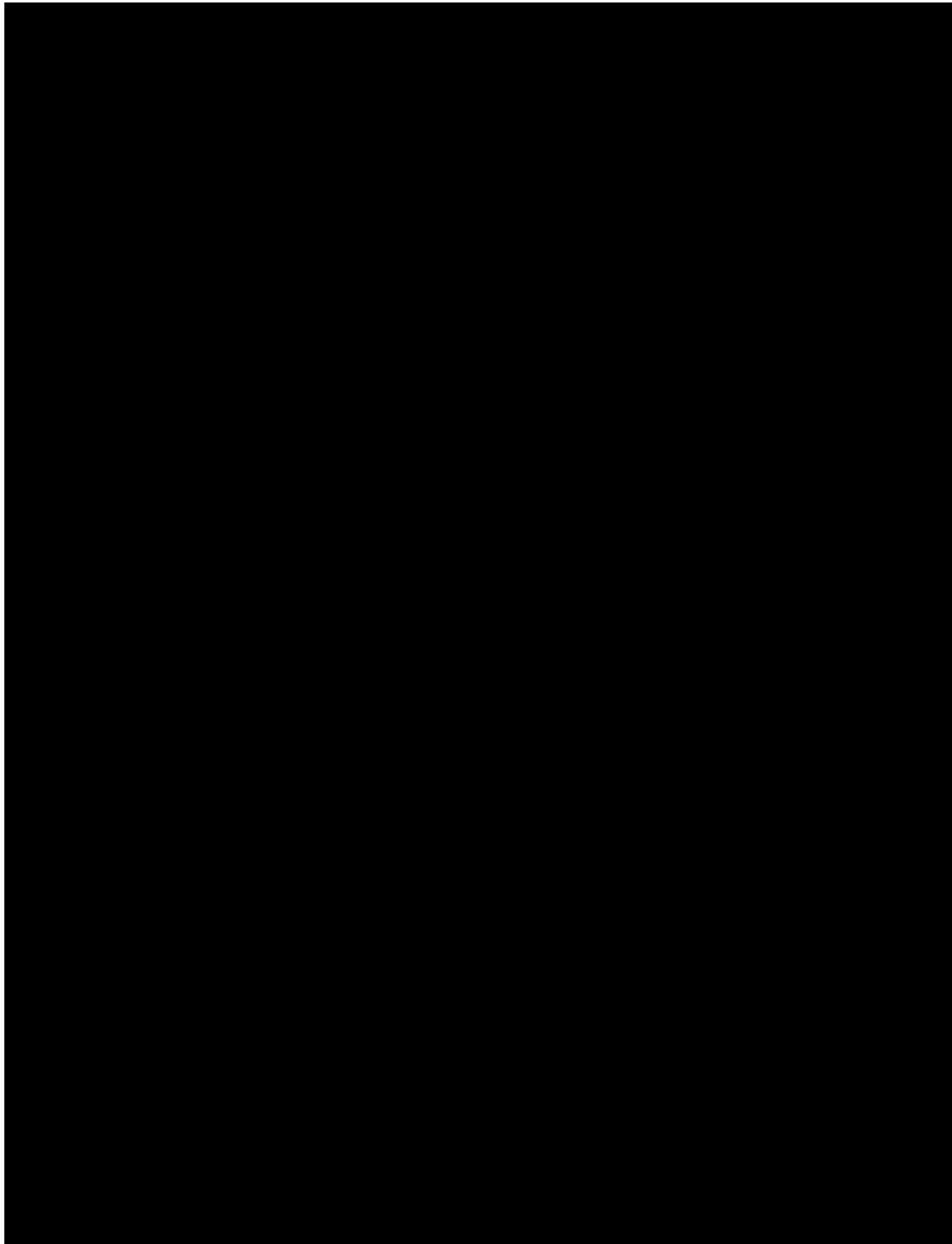
1.2 Attachment H – Client History Form Completed and Signed (B)

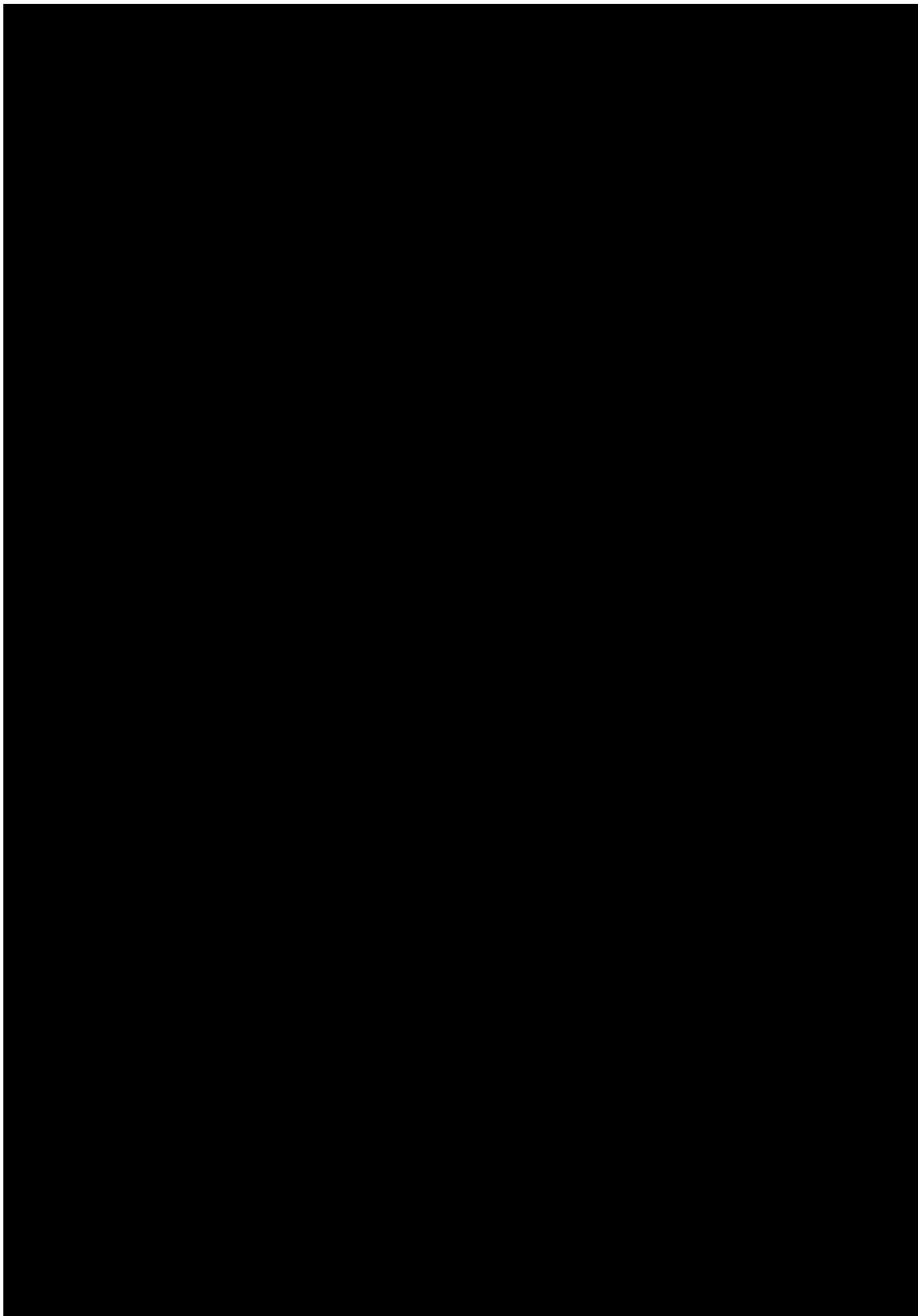
Refer to Attachment H – Client History Form.

Attachment H

Client History Form

RFP # 710-23-0037





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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) and the number of people in the public sector who are employed in the health sector has increased by 1.2 million (from 1.3 million in 1980 to 2.5 million in 1998).

There are a number of reasons why the public sector has grown so rapidly. One of the main reasons is that the public sector has become the main provider of health care in the UK. The public sector has also become the main provider of education, social care, and other services.

There are a number of challenges facing the public sector in the future. One of the main challenges is that the public sector is facing a large increase in demand for its services. This is due to a number of factors, including an ageing population, an increase in the number of people with chronic conditions, and an increase in the number of people who are unable to work.

Another challenge facing the public sector is that it is facing a large increase in costs. This is due to a number of factors, including an increase in the price of drugs and medical equipment, an increase in the cost of staff, and an increase in the cost of buildings and other infrastructure.

There are a number of ways in which the public sector can meet these challenges. One way is to increase efficiency. This can be done by a number of ways, including by reducing waste, by improving the quality of services, and by increasing the productivity of staff.

Another way is to increase funding. This can be done by a number of ways, including by increasing the amount of money that is spent on health care, by increasing the amount of money that is spent on education, and by increasing the amount of money that is spent on social care.

There are a number of other ways in which the public sector can meet these challenges. These include by increasing the number of people who are employed in the public sector, by increasing the number of people who are employed in the health sector, and by increasing the number of people who are employed in education, social care, and other services.

It is important to note that the public sector is not the only provider of health care, education, social care, and other services. There are a number of other providers, including private providers, voluntary providers, and community providers. These providers can also play a role in meeting the challenges facing the public sector.

There are a number of ways in which the public sector and other providers can work together to meet these challenges. These include by sharing resources, by sharing information, and by working together to develop new services and products.

It is important to note that the public sector is not the only provider of health care, education, social care, and other services. There are a number of other providers, including private providers, voluntary providers, and community providers. These providers can also play a role in meeting the challenges facing the public sector.

There are a number of ways in which the public sector and other providers can work together to meet these challenges. These include by sharing resources, by sharing information, and by working together to develop new services and products.

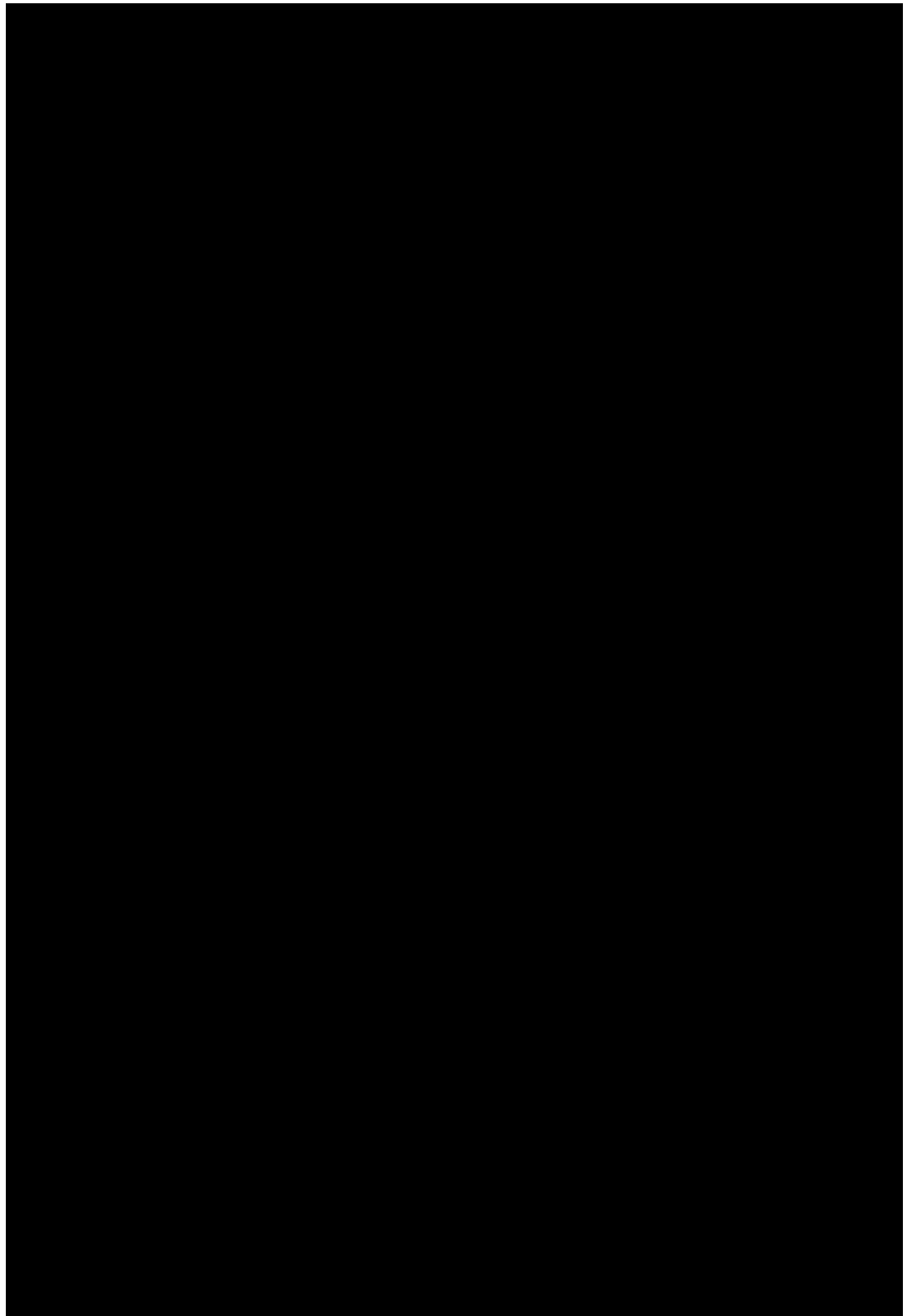
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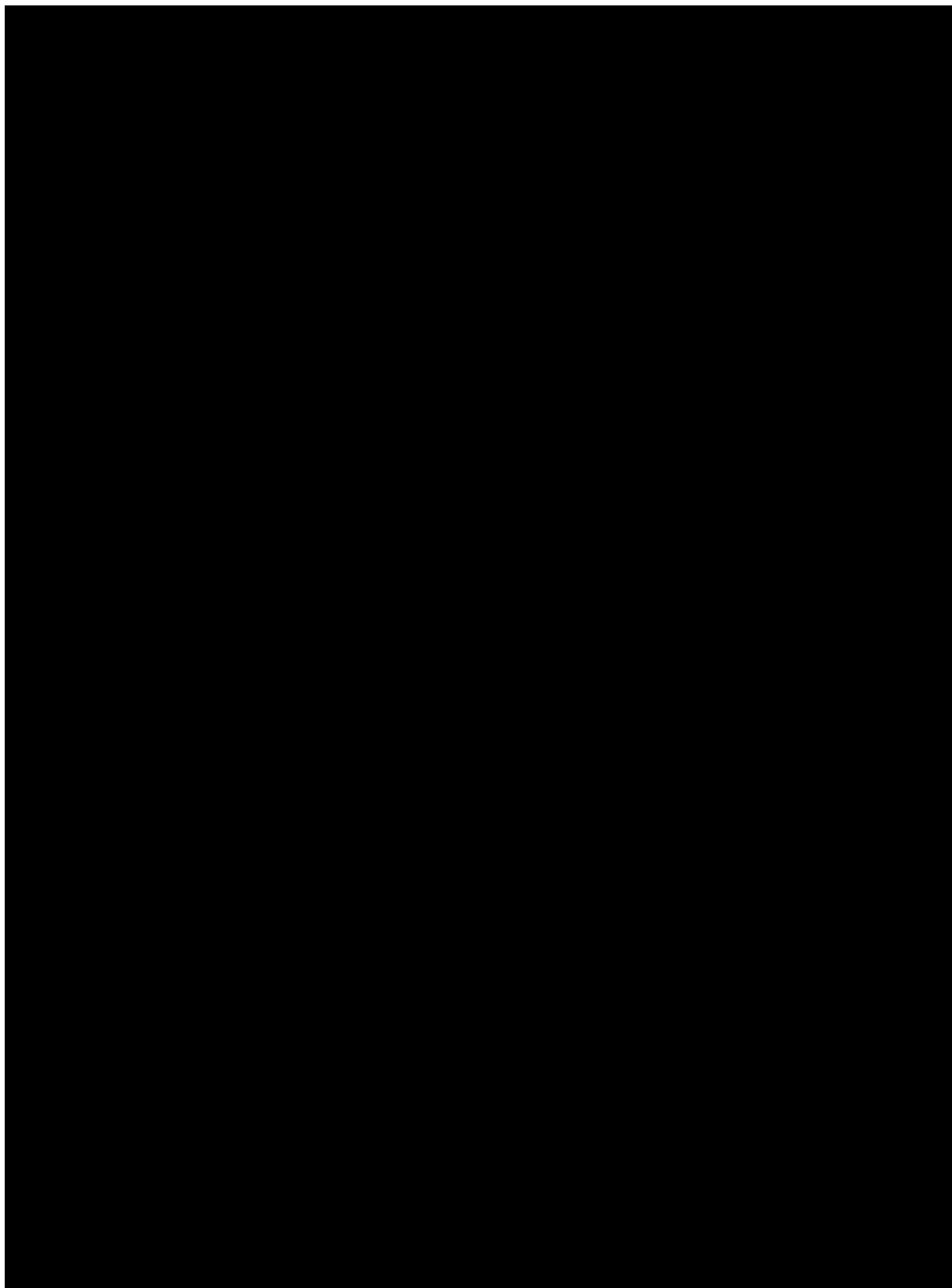
The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of education, where cultural differences can significantly impact learning outcomes.

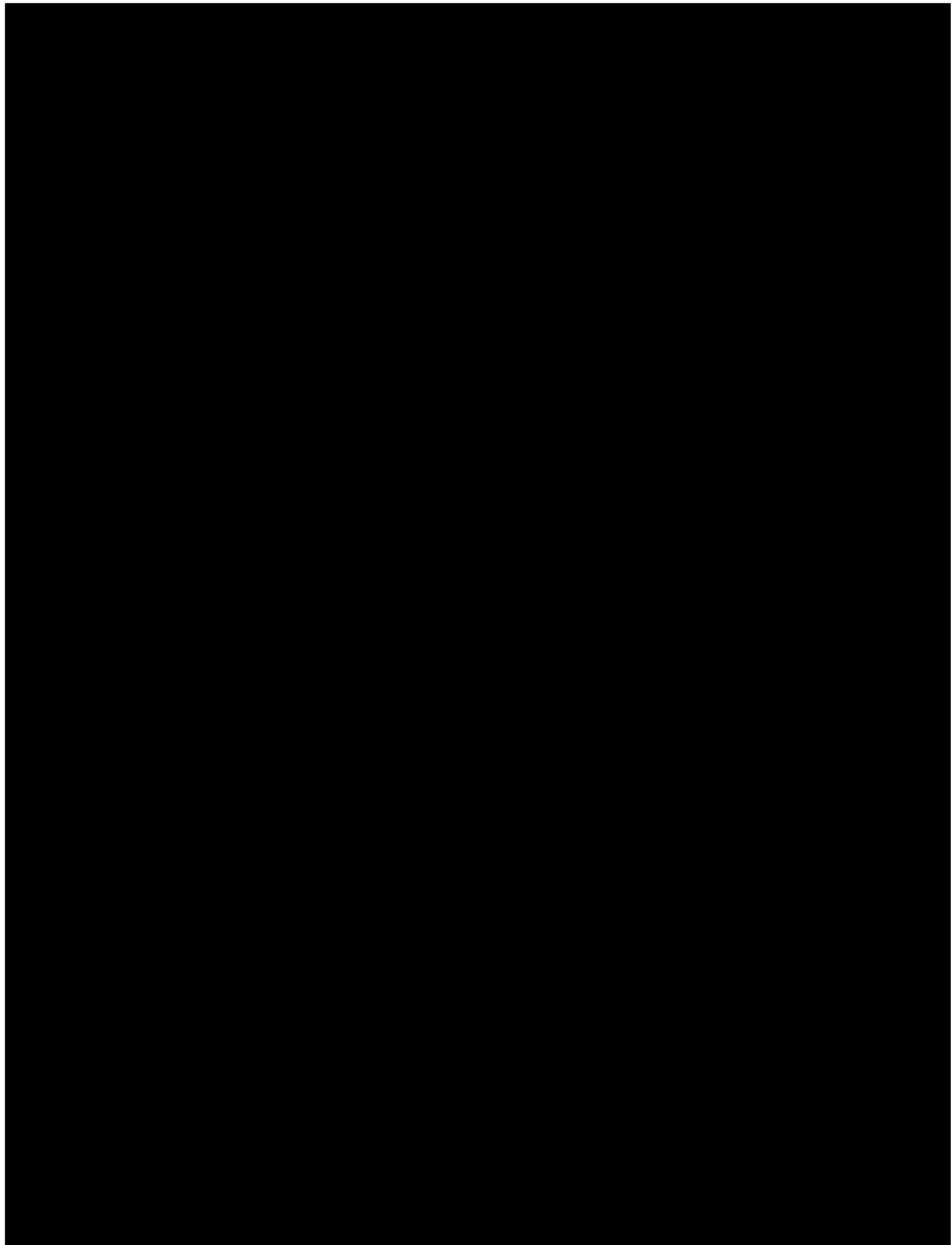
The second part of the paper focuses on the methodology used in the study. It describes the process of selecting participants, collecting data, and analyzing the results. The authors emphasize the importance of using a mixed-methods approach to capture both quantitative and qualitative data.

The third part of the paper presents the findings of the study. It shows that there are significant differences in learning outcomes between students from different cultural backgrounds. These differences are attributed to a variety of factors, including language barriers, social norms, and access to resources.

The final part of the paper discusses the implications of the findings for education. It suggests that educators should take steps to create a more inclusive and culturally responsive learning environment. This can be achieved through a variety of strategies, such as using culturally relevant materials, providing language support, and fostering a sense of community.





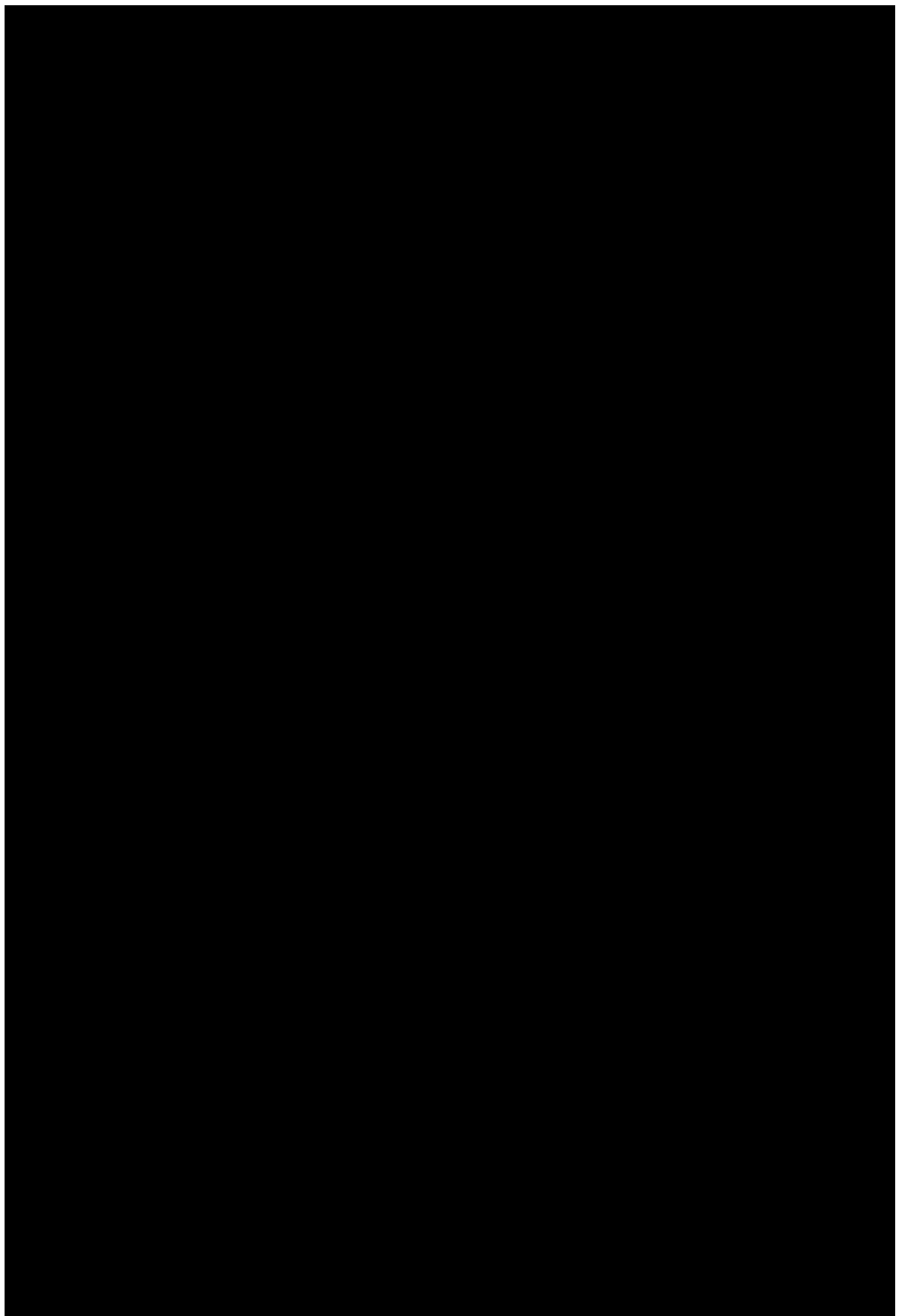


The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The methodology section describes the research design and the data collection process. The results section presents the findings of the study, and the conclusion section summarizes the main findings and provides recommendations for future research.

The study was conducted in a laboratory setting. The participants were recruited from a local university and were assigned to two groups: the experimental group and the control group. The experimental group received the intervention, while the control group did not. The data was collected over a period of six weeks.

The results of the study show that the intervention had a significant positive effect on the outcome variable. The experimental group showed a significant improvement in the outcome variable compared to the control group. The findings suggest that the intervention is effective in improving the outcome variable.

The conclusion of the study is that the intervention is effective in improving the outcome variable. The findings suggest that the intervention is a promising approach for improving the outcome variable. Further research is needed to confirm the findings and to explore the long-term effects of the intervention.



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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998 (Department of Health 1999). The number of people employed in the health sector has increased by 1.2 million, from 1.5 million in 1980 to 2.7 million in 1998 (Department of Health 1999).

There is a growing emphasis on the need to improve the quality of care provided by the public sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which sets out a framework for the regulation of health care providers. The Act requires health care providers to meet certain standards of quality and safety, and to be subject to external regulation. The Act also introduces a new system of accreditation for health care providers, which will require them to demonstrate that they meet certain standards of quality and safety.

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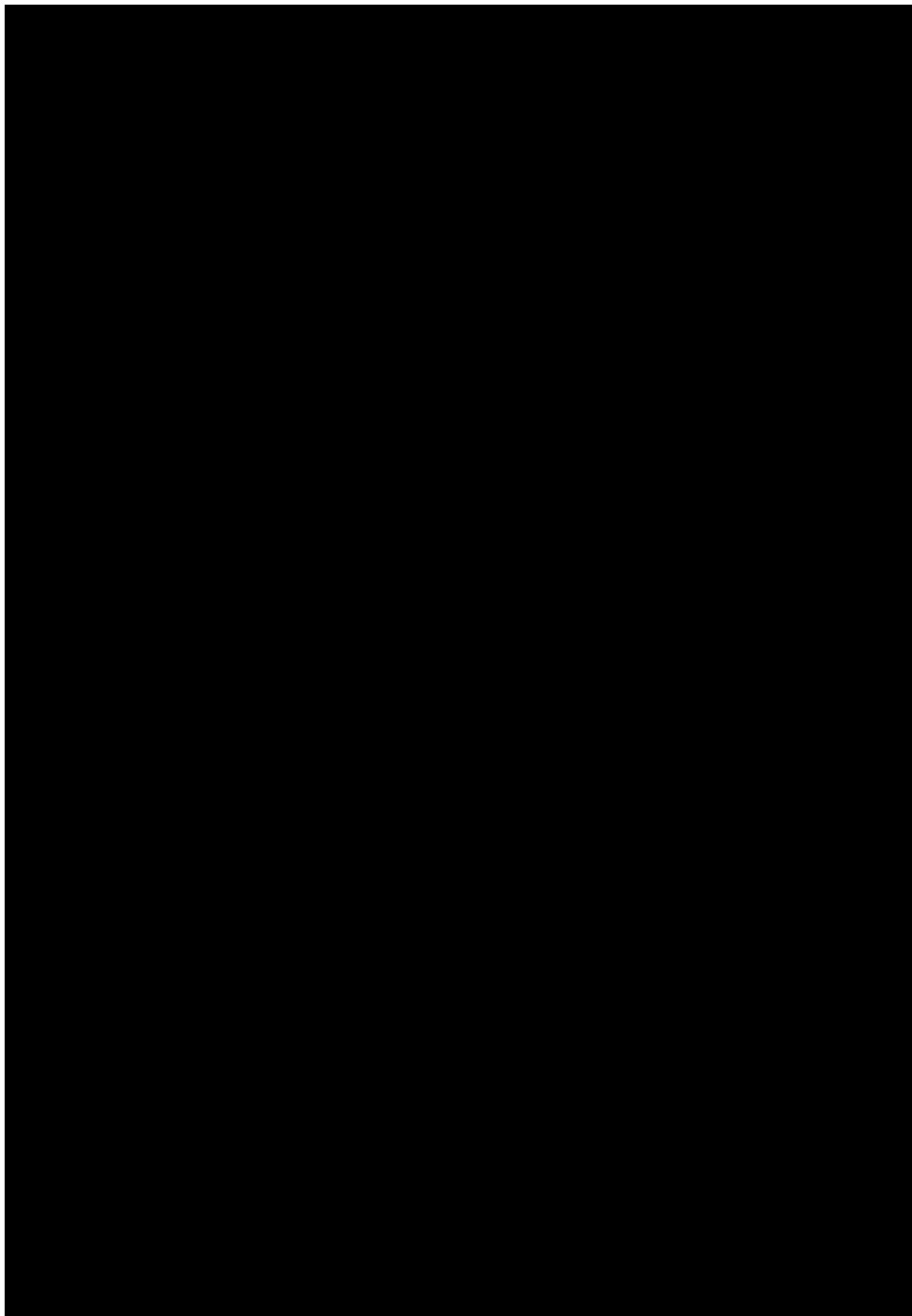
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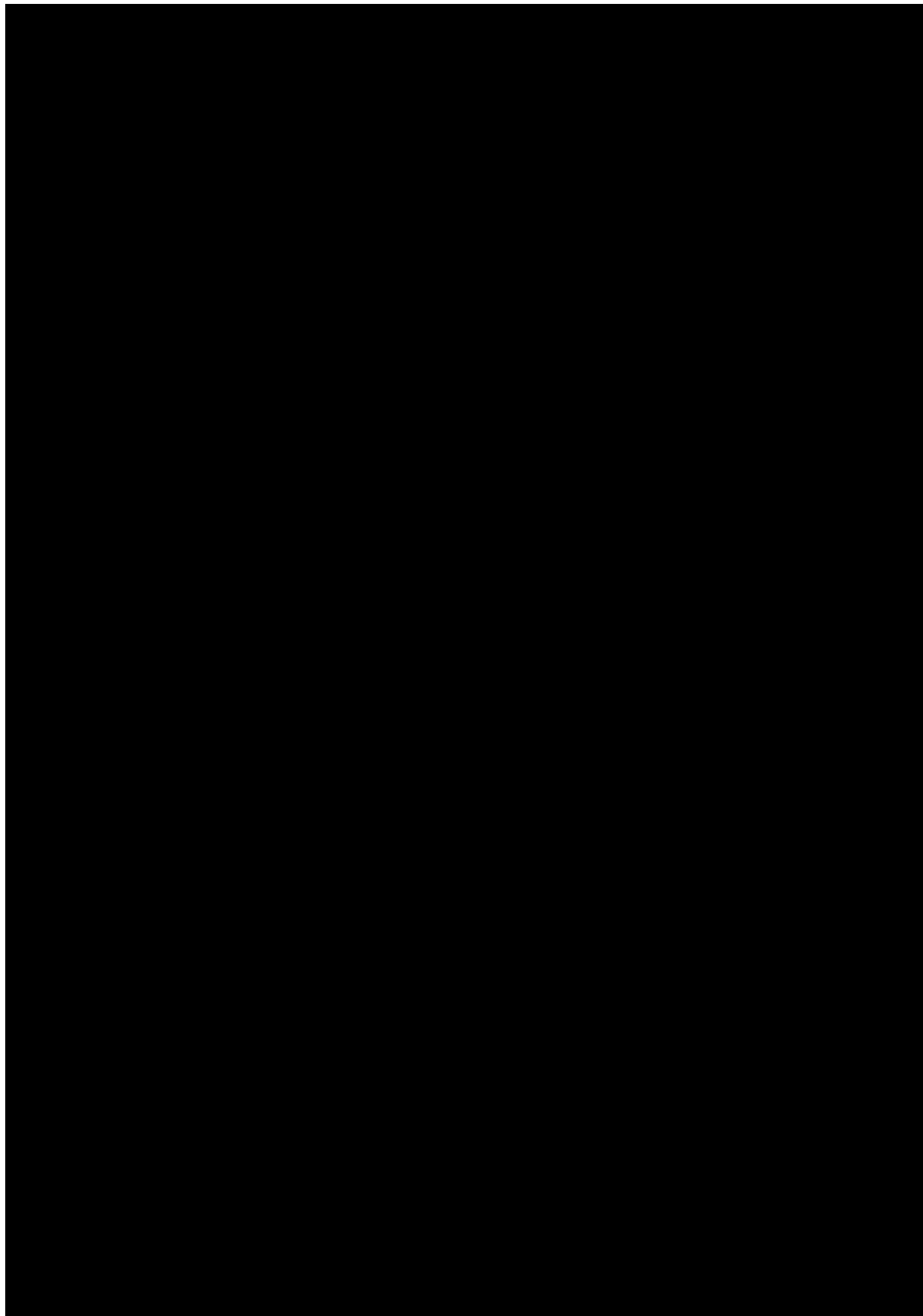
The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The next section describes the methodology used in the study, including the data collection and analysis techniques. The results of the study are then presented, followed by a discussion of the findings and their implications. The paper concludes with a summary of the main points and a list of references.

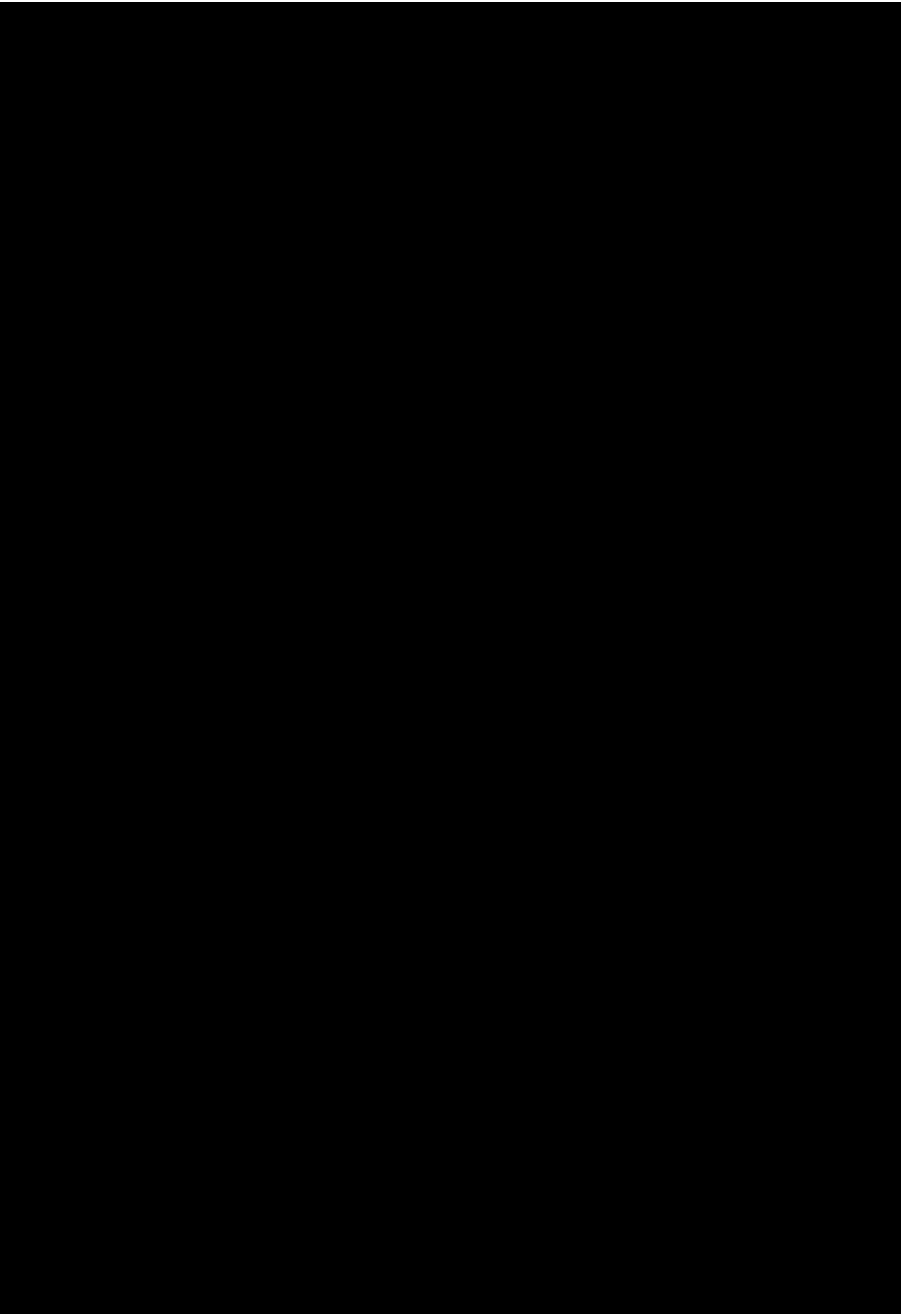
The research was conducted in a systematic and rigorous manner, following the principles of good research practice. The data was collected from a large and representative sample of the population, and the analysis was carried out using advanced statistical techniques. The results of the study are presented in a clear and concise manner, and the implications of the findings are discussed in detail.

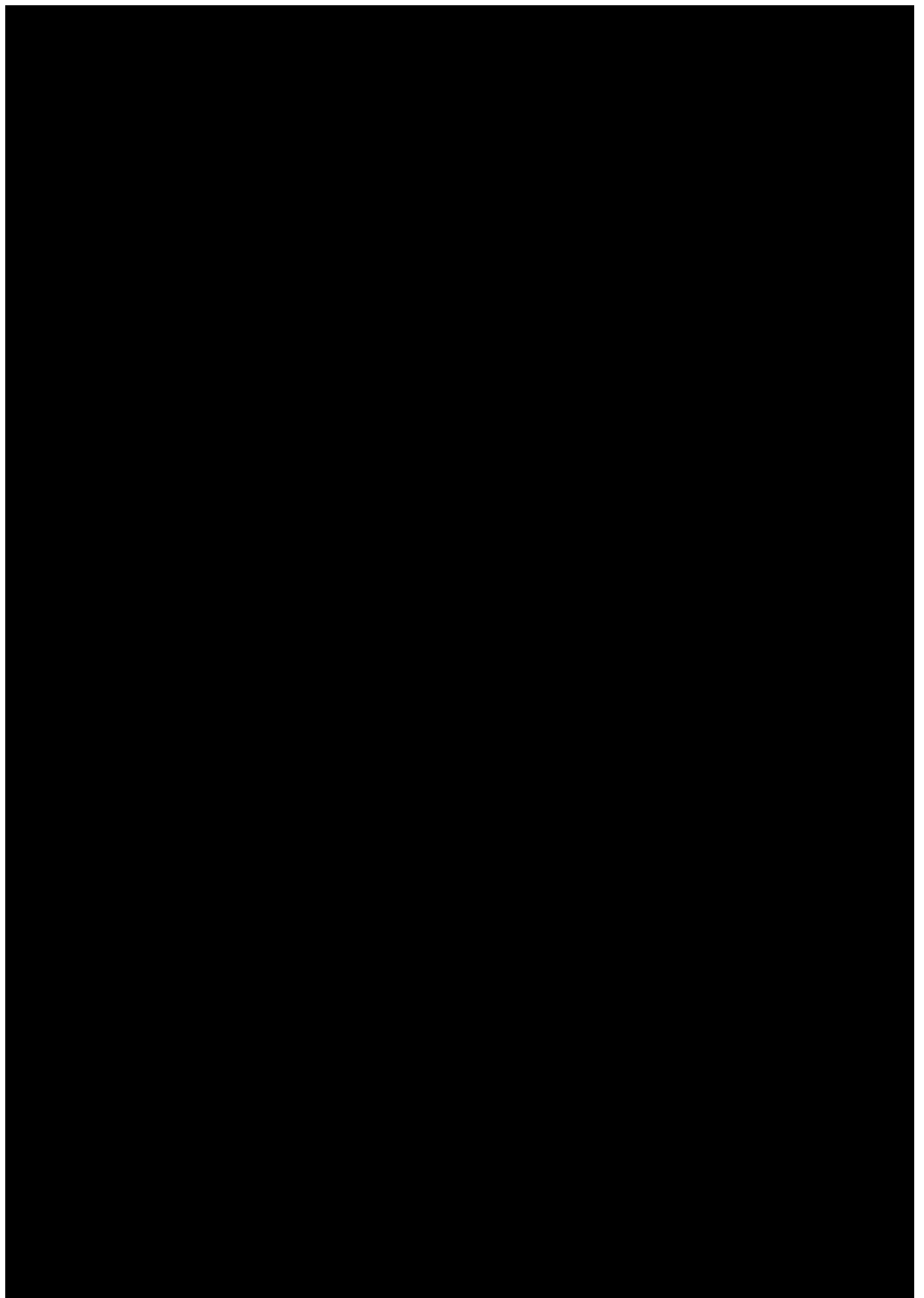
The findings of the study have important implications for the field of research. They provide valuable insights into the nature of the phenomenon being studied, and they suggest areas for further research. The results also have practical implications for the development of policies and interventions to address the issues identified in the study.

In conclusion, the study has made a significant contribution to the understanding of the topic. The findings are robust and reliable, and they provide a solid basis for further research and for the development of effective interventions.









the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over in the UK is projected to increase from 10.5 million in 1999 to 12.5 million in 2010.

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (2000) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on the following principles:

- Older people should be able to live independently and actively.
- Older people should be able to access the services and facilities they need.
- Older people should be able to participate in the life of their community.

The strategy also sets out a number of key objectives, including: to improve the health and well-being of older people; to improve the quality of life of older people; to improve the opportunities for older people to participate in the life of their community; and to improve the support available to older people.

The strategy is a key document for the development of policies and services for older people. It provides a framework for the development of policies and services that are based on the principles and objectives of the strategy.

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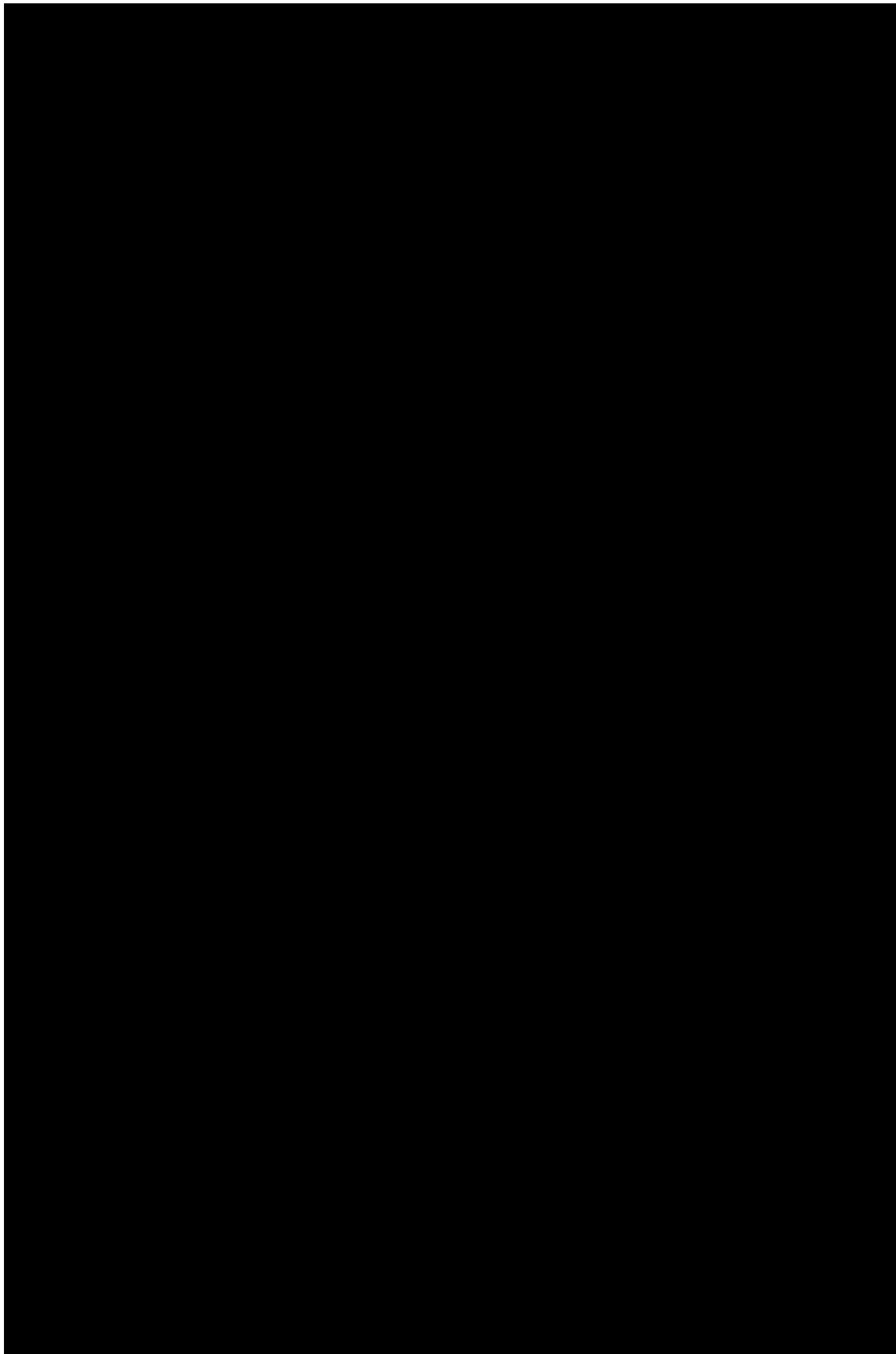
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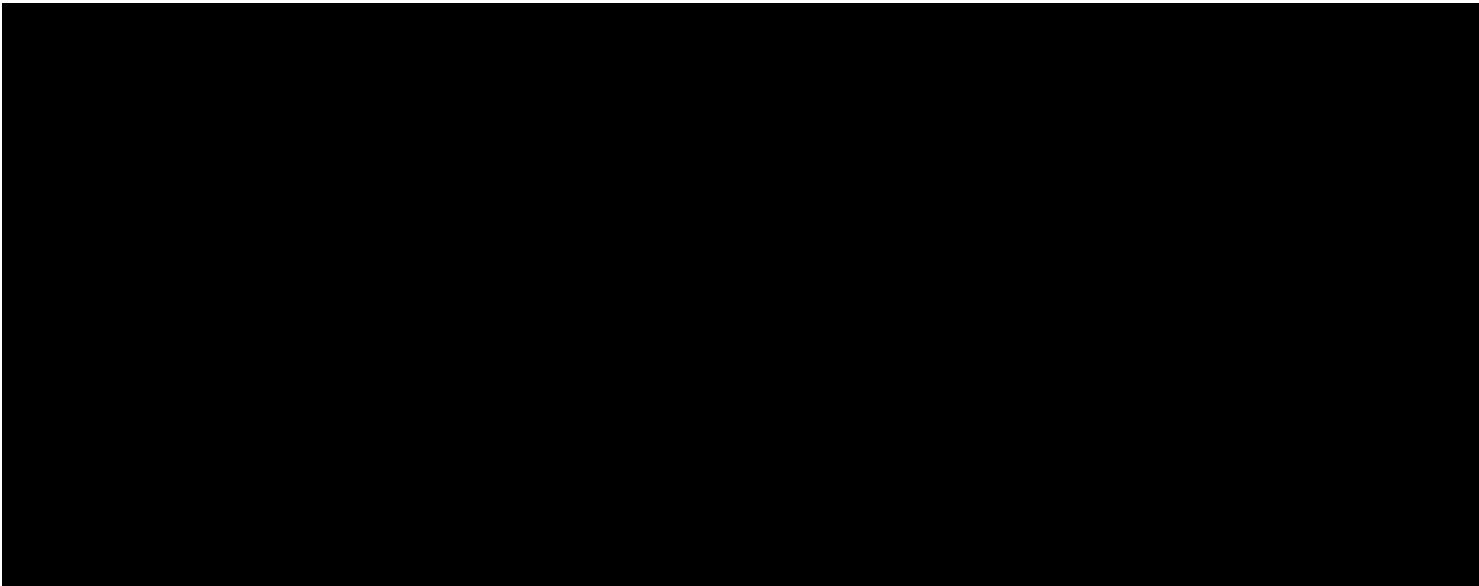
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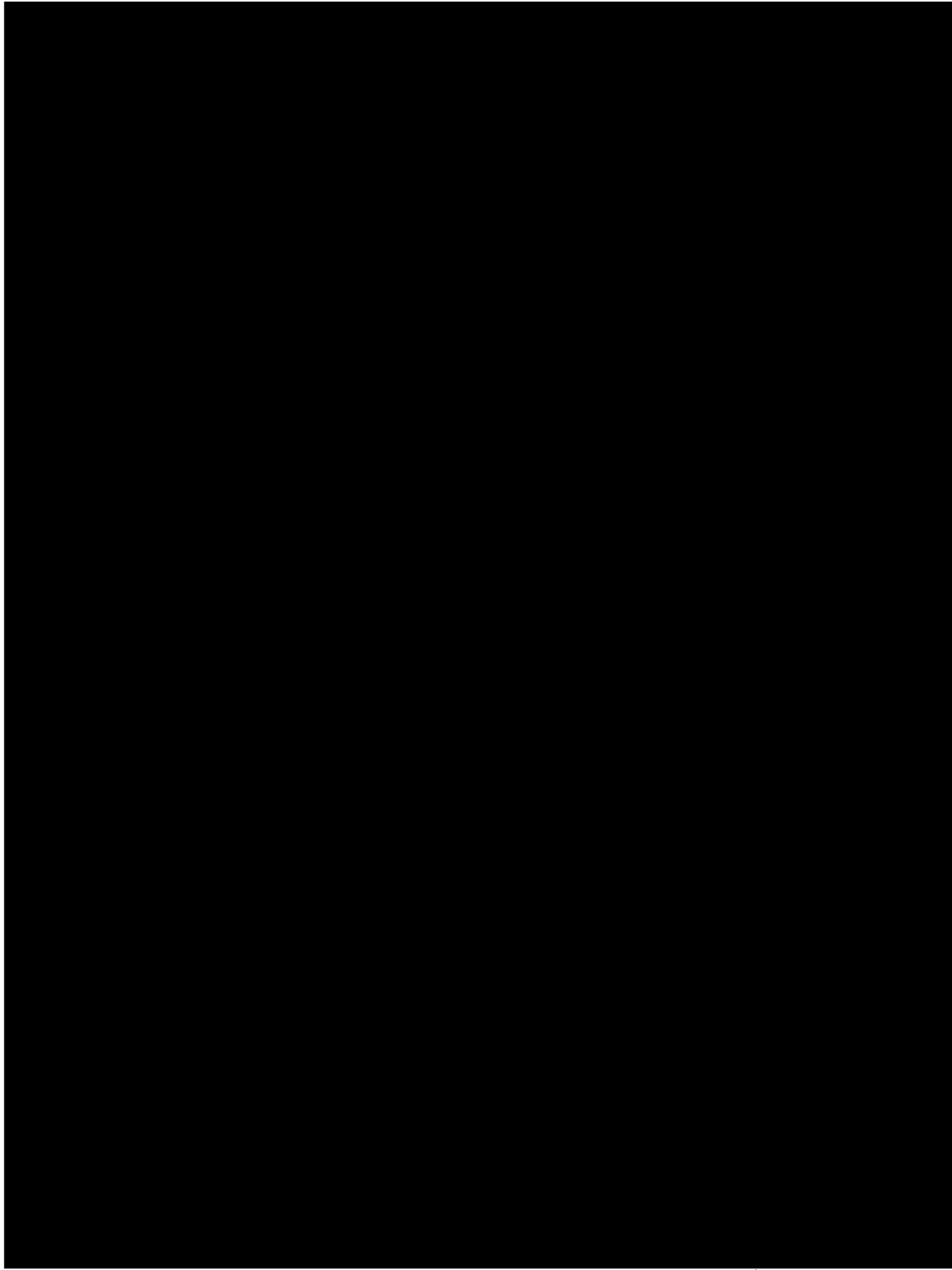
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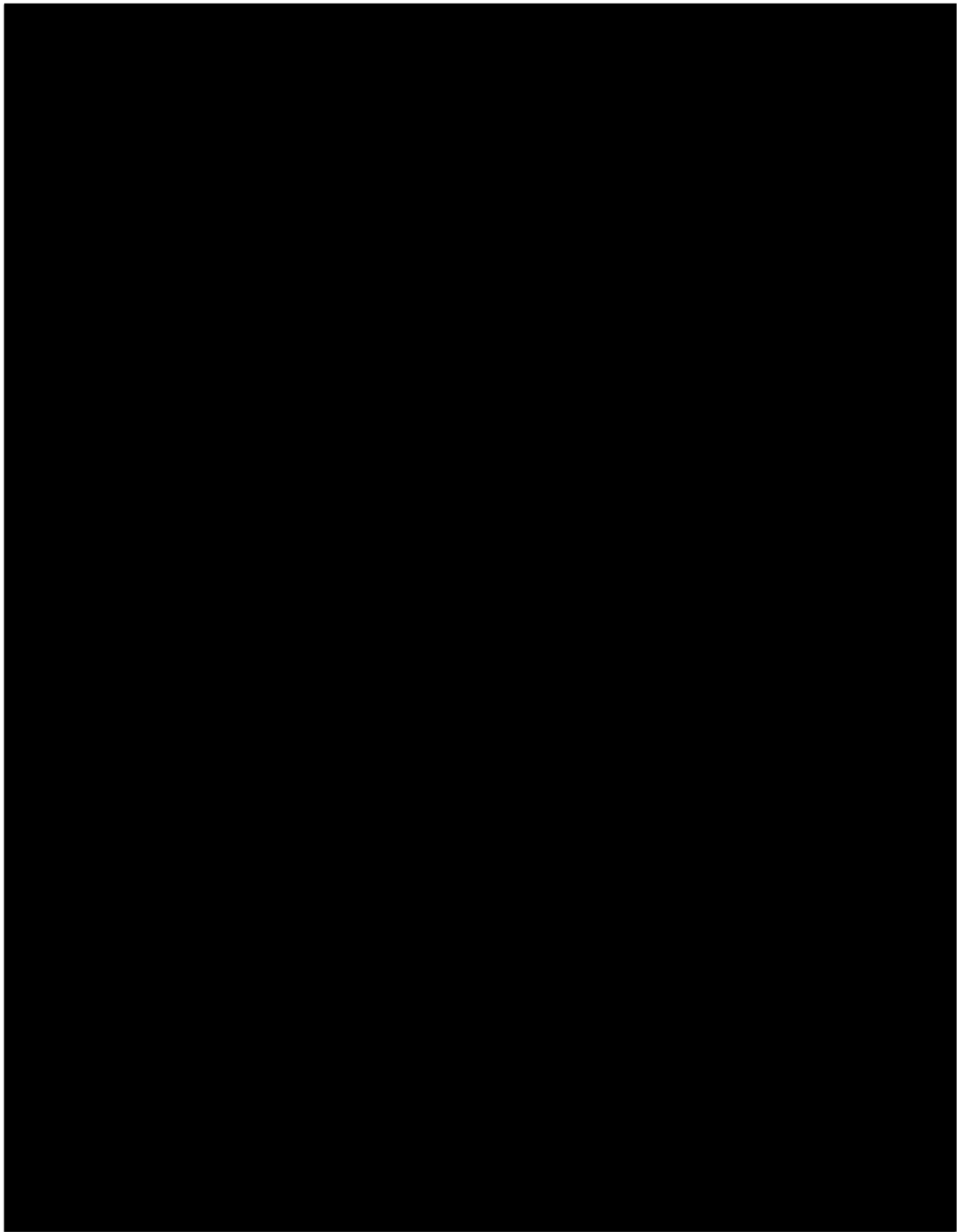
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1.3 Active Registration with the Arkansas Secretary of State's Office (C)





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There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1980s, *S. flexneri* was the most common cause of bacterial dysentery in children in the United Kingdom [12]. In the 1990s, the incidence of *S. flexneri* infections has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported as the most common cause of bacterial dysentery in children [11].

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1.4 All Required Licensure and Certification Documents (D)

Not Applicable. No other licenses or certifications are applicable to enable NTT DATA to properly perform the requested services.

1.5 Letter of Bondability (E)

2 E.2 – Company and Staff Information and Experience

2.1 Company Profile (A)

We provide a brief company profile in **Figure 4**.

Figure 4. Company Profile

Company Name	NTT DATA State Health Consulting, LLC
Ownership	A limited liability company 100% owned by NTT DATA Americas, Inc.
State and Date of Incorporation	State: Delaware Date of Incorporation: February 10, 2016
Number of Years in Business	36 years in business. Originally founded 36 years ago as FOX Systems. Fox Systems was acquired by Cognosante Holdings, LLC in 2010. On February 10, 2016, Cognosante Holdings formed Cognosante Consulting, LLC and in 2019, Cognosante Consulting was acquired by NTT DATA, Inc., now NTT DATA Americas, Inc., and established NTT DATA State Health Consulting, LLC.
List of Top Officers	<ul style="list-style-type: none"> • Robert David Pryor, Chief Executive Officer • John Graham, Group President, Commercial • Christopher Mardon, Group President, Public Sector • William David Croxville, Executive Vice President and Chief Financial Officer • Dean Williams, Executive Vice President, Global Delivery • John Mathes Dick, Executive Vice President, General Counsel and Secretary
Location of Company Headquarters and Other Company Offices	Headquarters: 7950 Legacy Drive, 11th Floor, Plano, Texas 75024 Other Offices: NTT DATA has offices across the United States.
Number of Employees, Both Locally and Nationally	Locally, NTT DATA employs approximately 95 Arkansans. Nationwide, we have approximately 500 consultants within NTT DATA State Health Consulting, LLC, and nearly 15,000 U.S.-based employees of NTT DATA Americas, Inc.

2.2 Attachment H – Client History Form (B)

Refer to Attachment H – Client History Form.

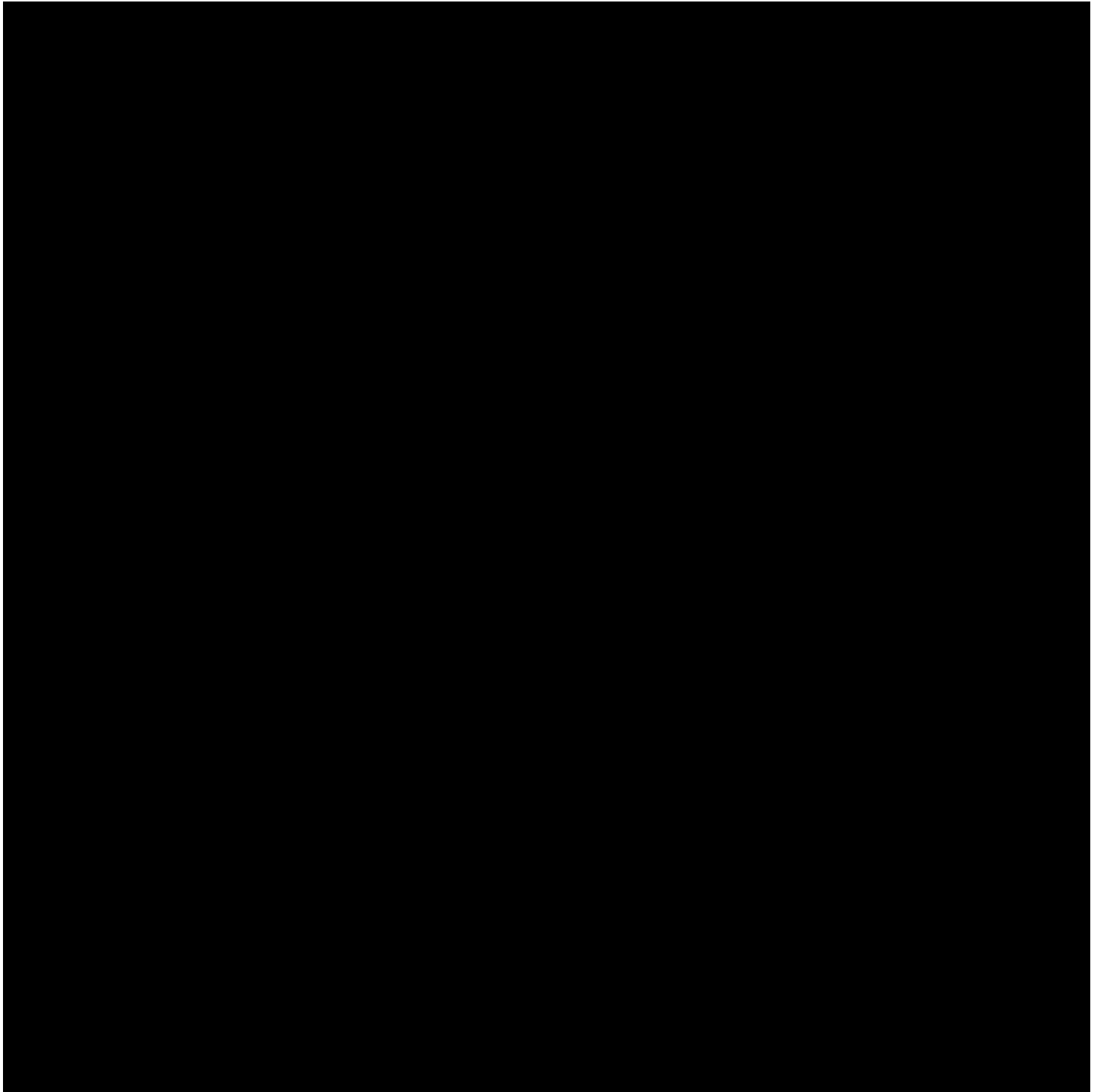
2.3 Example Experience Working with the Following Subsystems/Programs (C)

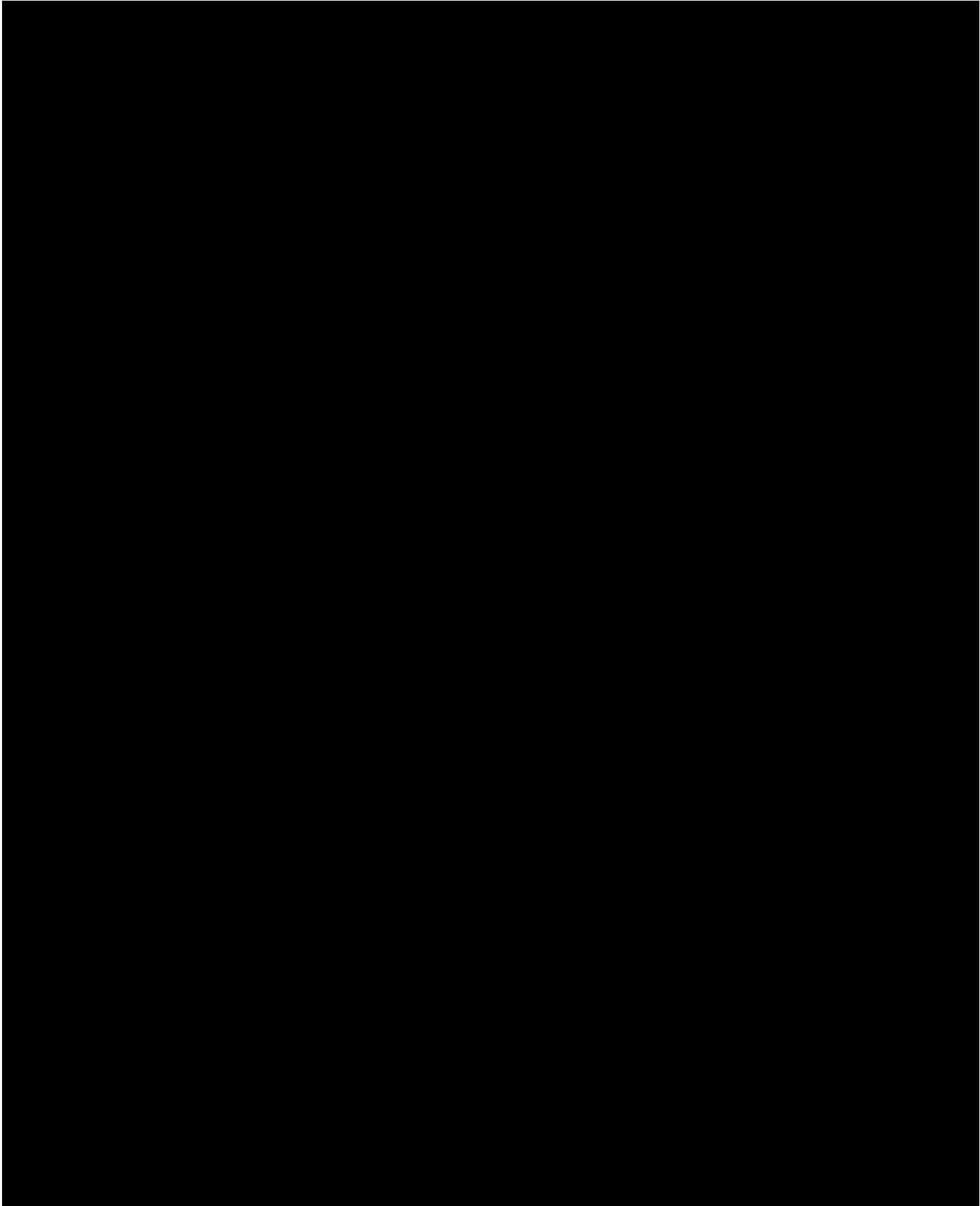
Over the past 36 years, NTT DATA has supported Medicaid agencies in 49 states, as well as in Puerto Rico and the District of Columbia, with Medicaid IT systems planning, program and project management, and oversight. We bring a unique combination of skills and expertise based in part on our deep knowledge of the Arkansas Medicaid Enterprise (AME). NTT DATA has worked in partnership with DHS since 2009, first as Cognosante and Cognosante Consulting, and more recently as NTT DATA.

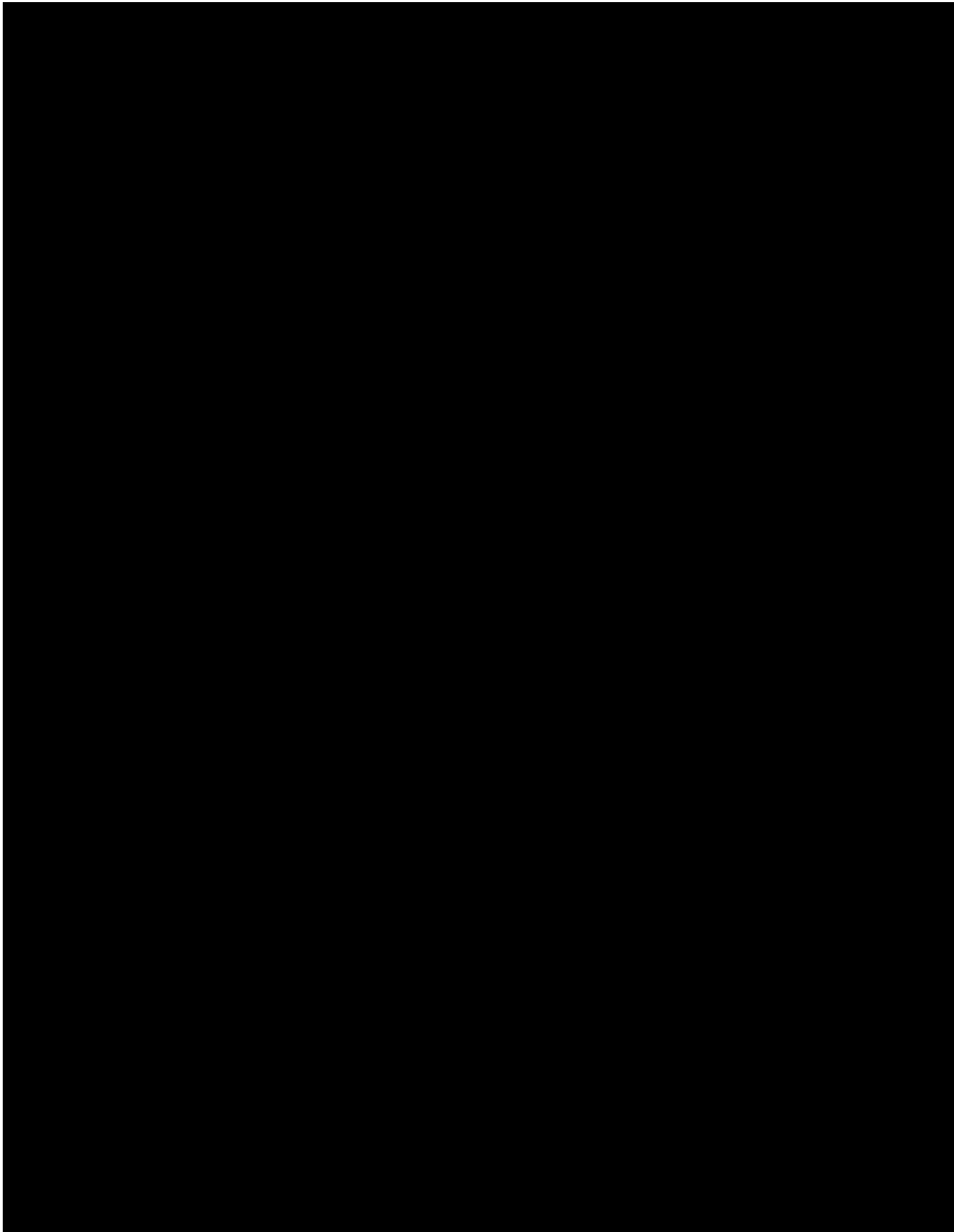
For the past 14 years, our personnel have assisted DHS in replacing and enhancing aging information systems with more current business and technology solutions. Through these services, we have helped drive readiness of DHS systems to support programs that serve Arkansans, especially those most in need. We also help prepare State staff and other

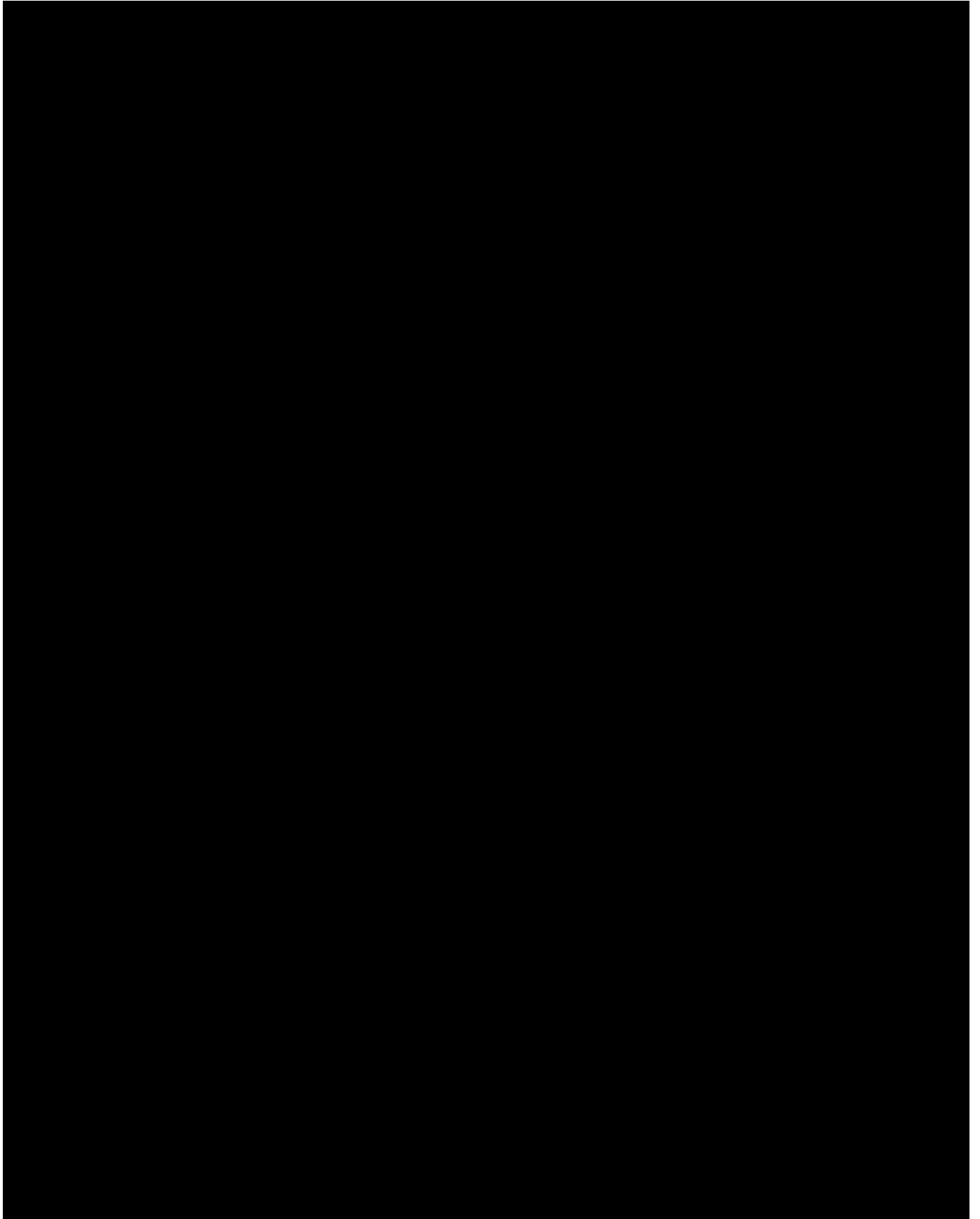
stakeholders to use the new systems to perform day-to-day functions. Examples of subsystems or program areas we have worked with include the core Medicaid Management Information System (MMIS), Pharmacy Claims Management, Third Party Liability (TPL), Provider Management, Data Warehouse / Decision Support System (DW/DSS), Eligibility and Enrollment, and Child Welfare.

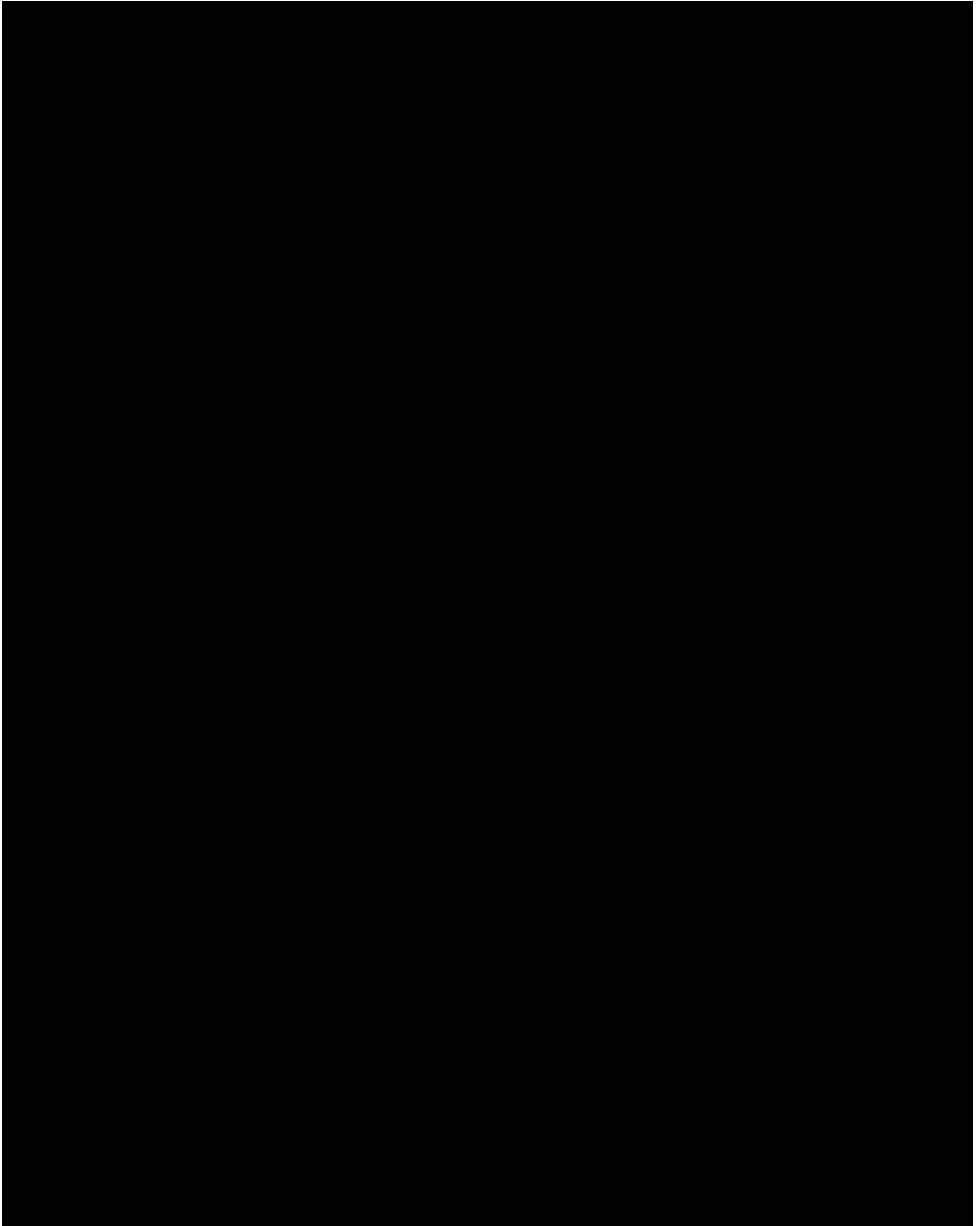
As **Figure 5** shows, NTT DATA also brings experience supporting other states' Medicaid agencies in these subsystems or program areas.

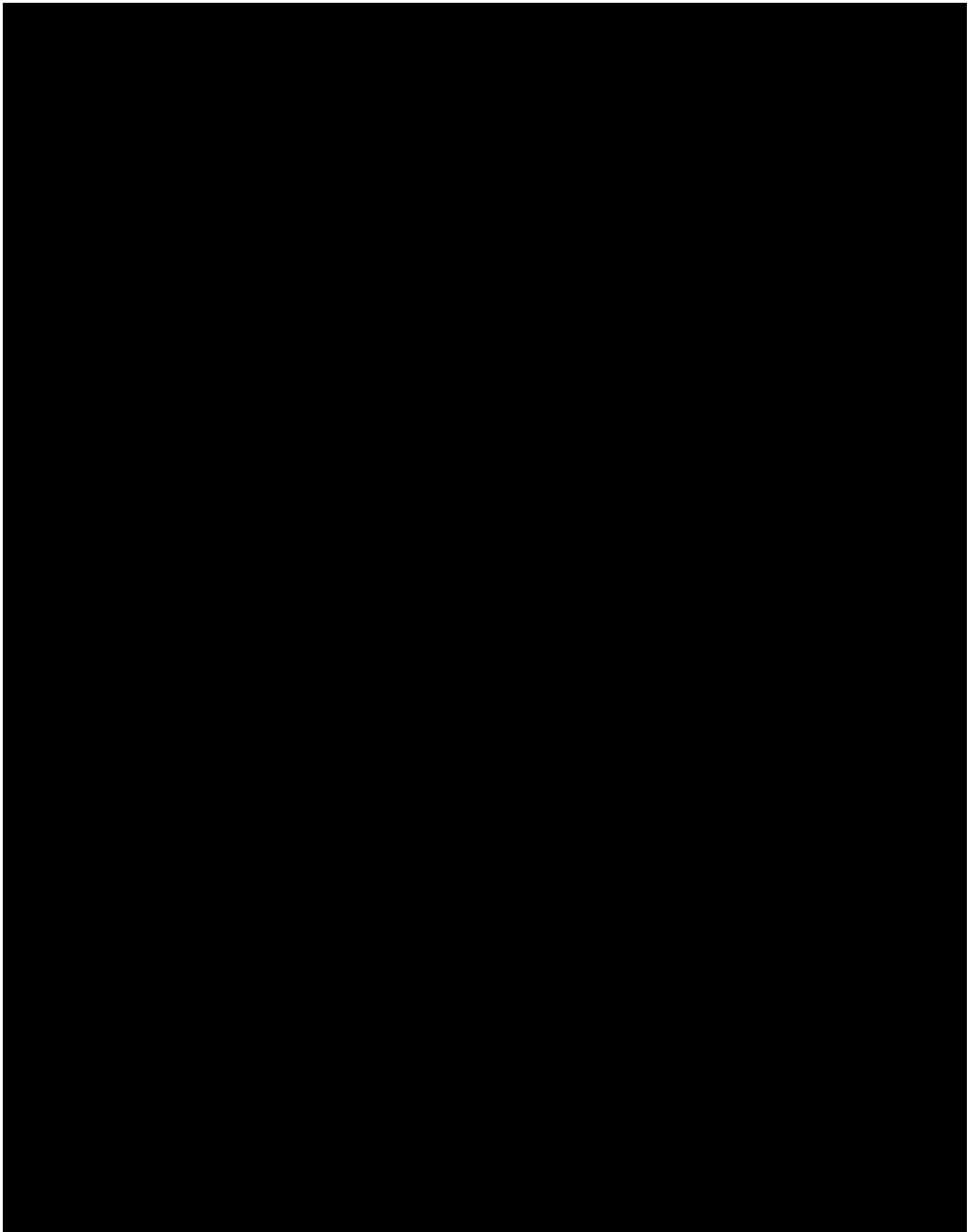










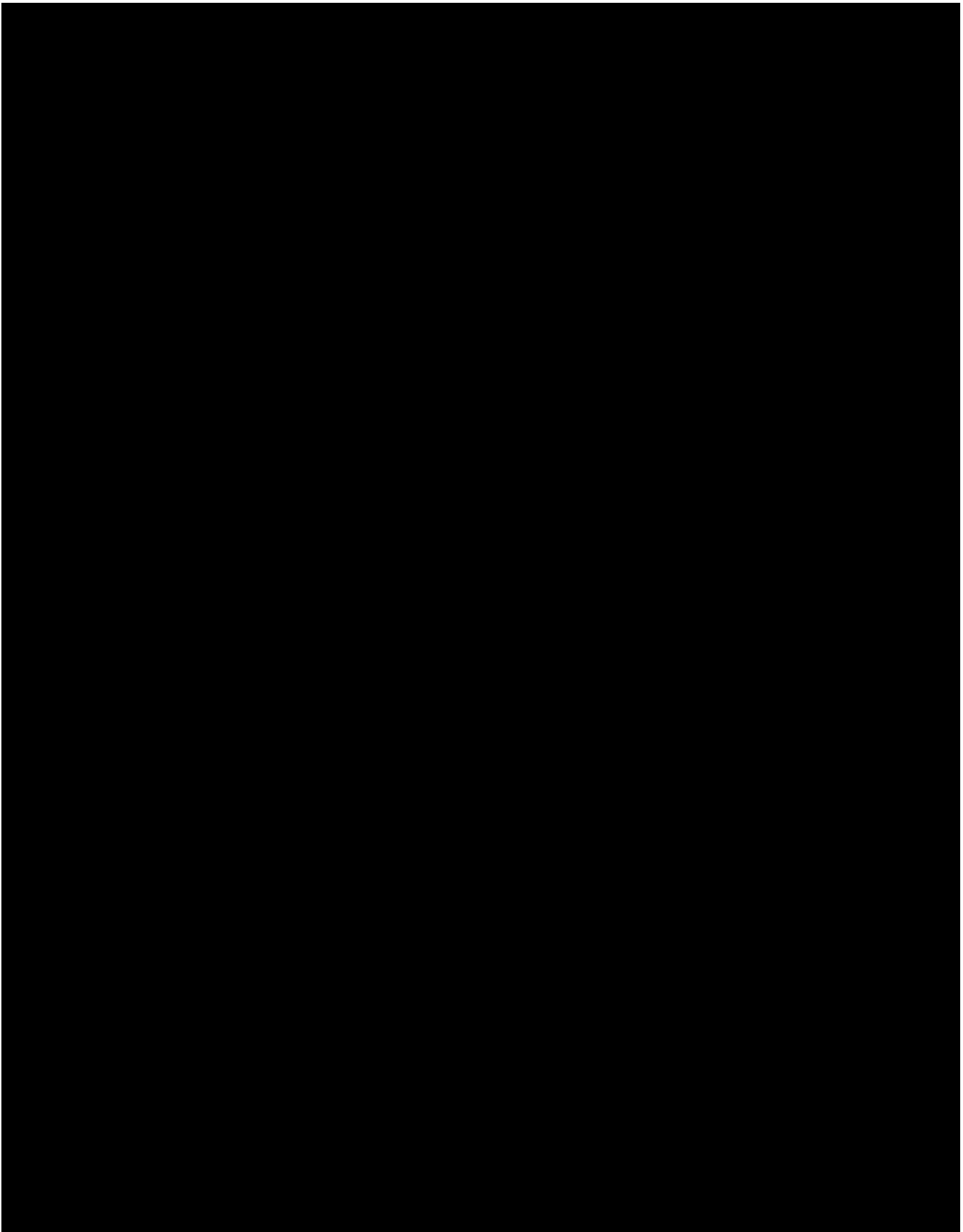


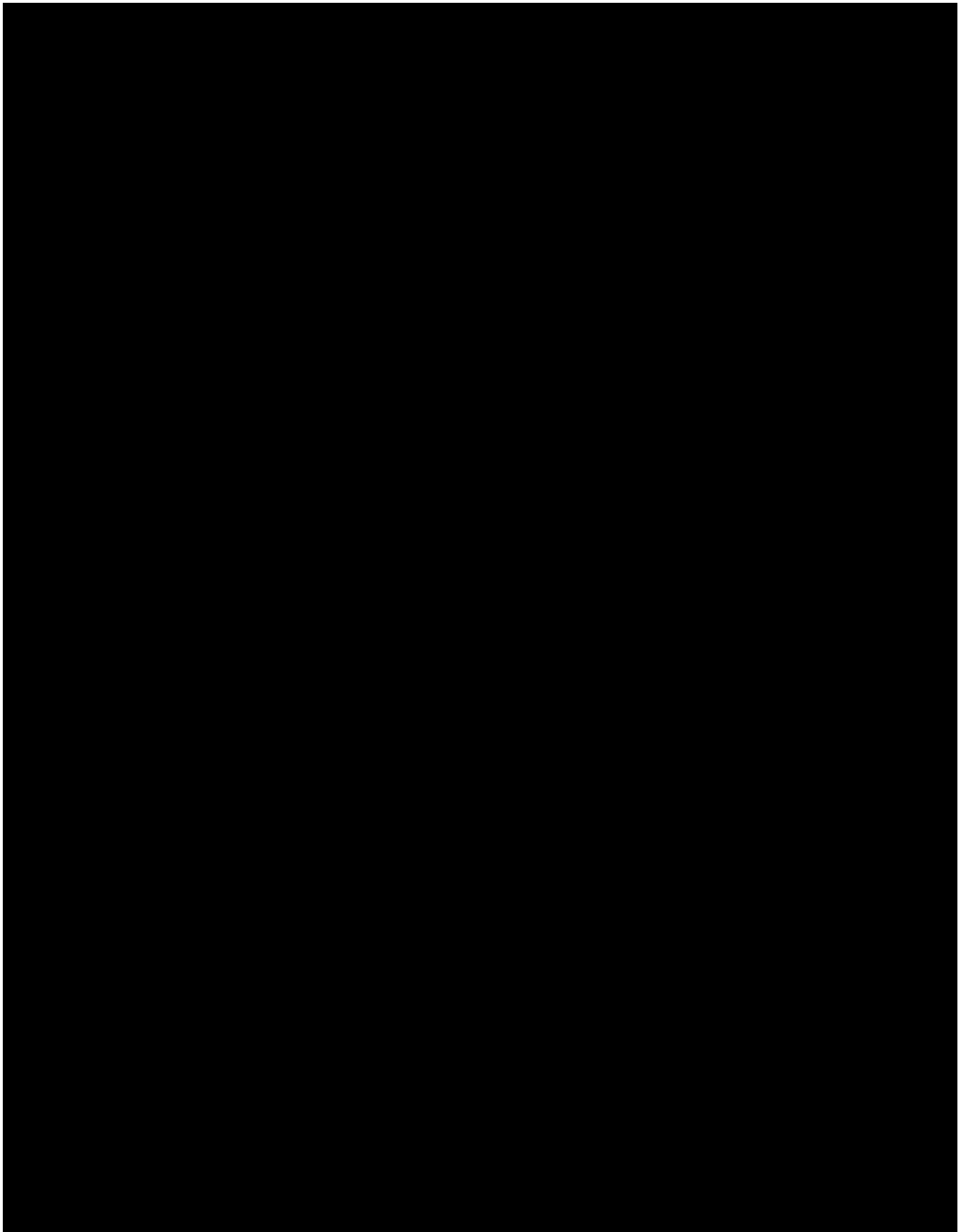
2.6 Project and Program Management Within a Multi-Vendor Environment (F)

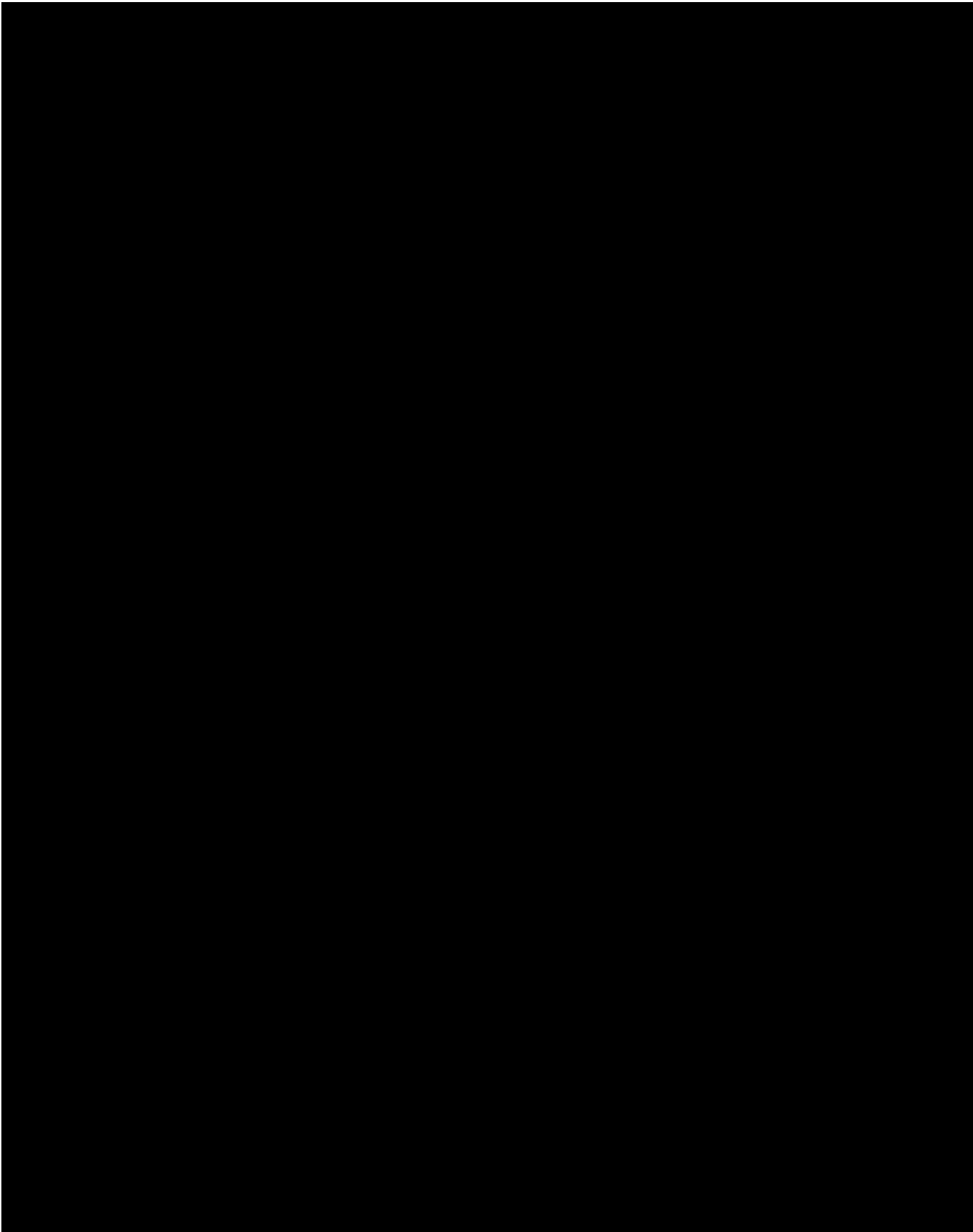
In an era of rapid digital transformation—when citizens increasingly expect information to be at the tip of their fingers and products to be on their doorsteps—multiple sets of skills and vendors need to be part of the system implementation process. Working environments necessitate effective, efficient collaboration among multiple teams and vendors so that each can perform to the best of their capabilities and contribute to achieving DHS’s goals. DHS has increased the number of Medicaid modules and, therefore, the number of vendors. This complexity reinforces the need for efficient vendor management across the program and for individual projects.

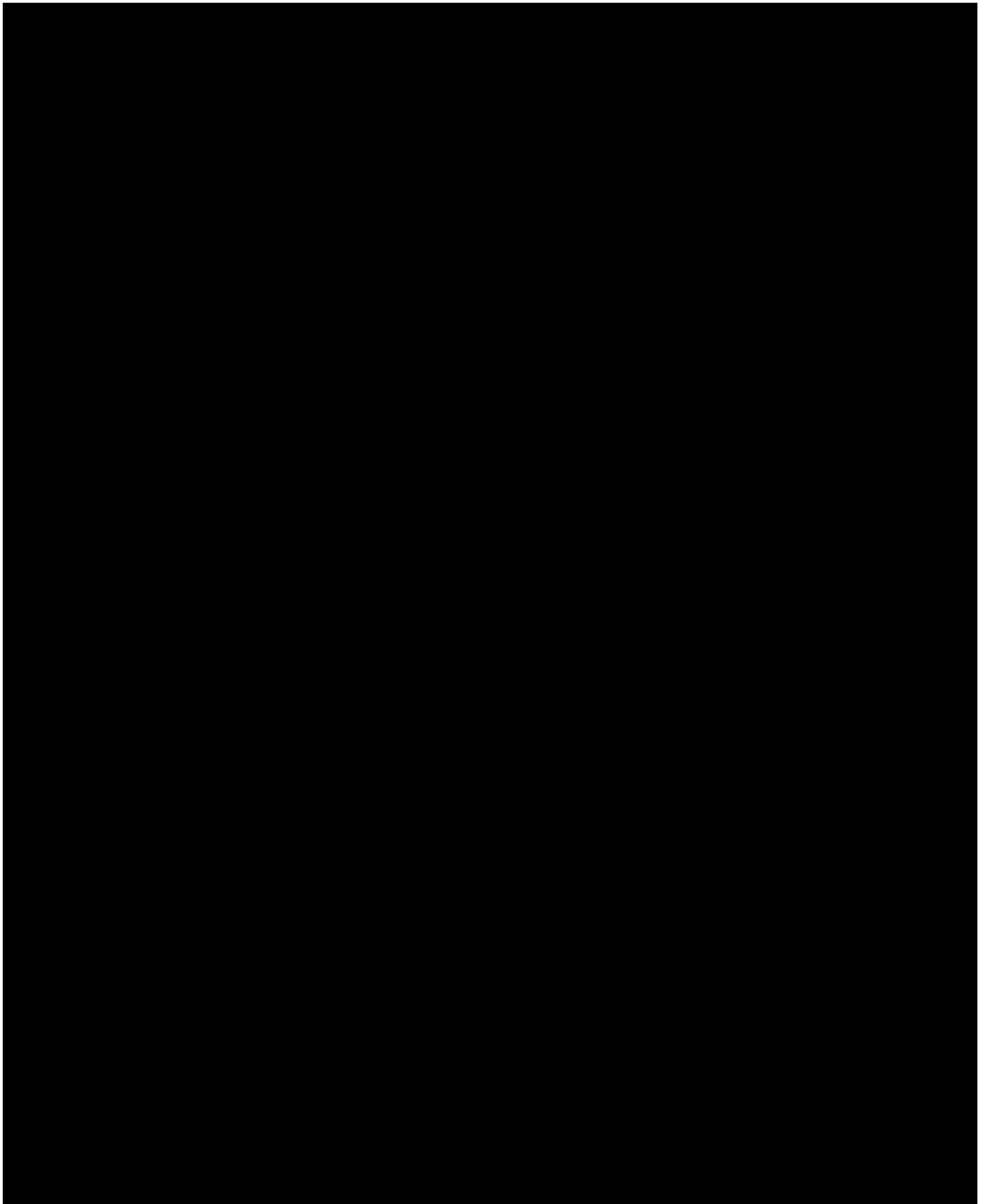
As we do today, NTT DATA will continue to help DHS go beyond traditional workflows and project management methods to drive seamless collaboration among vendors. Each vendor brings a different set of skills, different competencies, and different levels of process maturity to the working environment. This means a need for an increased level of vendor management, which our methodologies address.

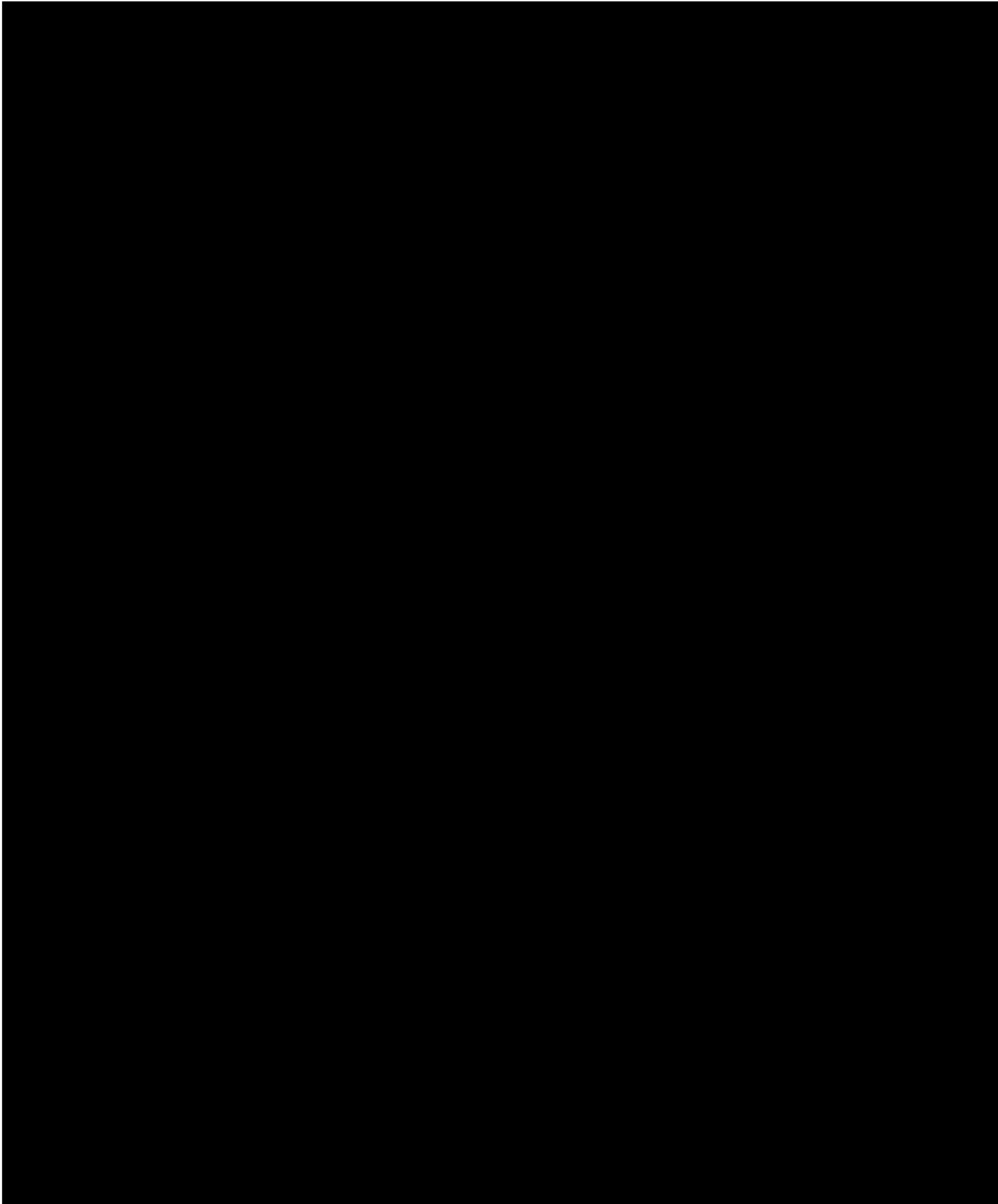
Project management in a multi-vendor environment is one of the most significant challenges faced by DHS. We have provided multi-vendor management support in many state government environments, including DHS. We provide two examples of this support in the next two sections.











2.9 Staff Qualifications and Experience (RFP Section 2.4) (I)

The NTT DATA Advantage—Reasons why NTT DATA positions DHS for Success:

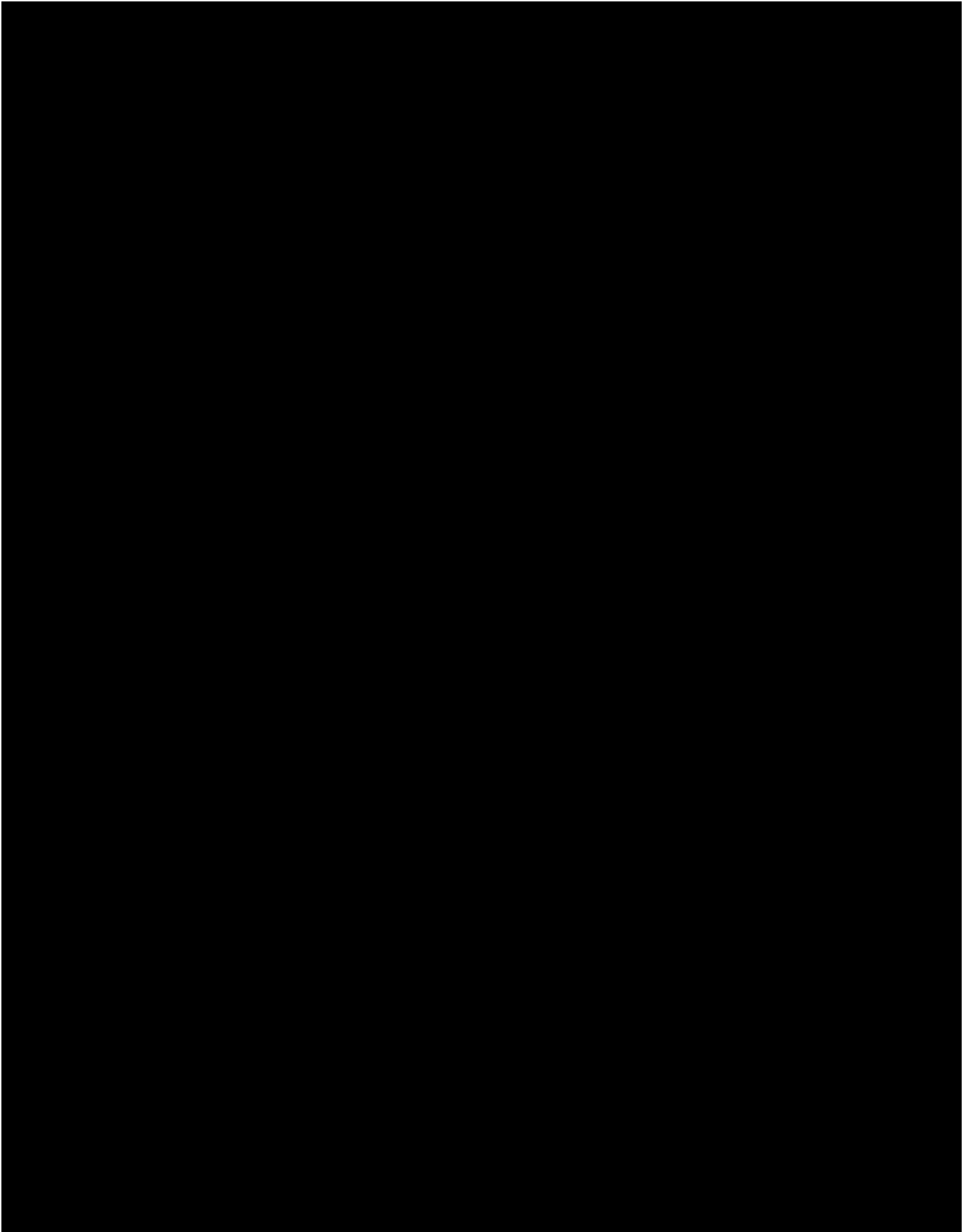
- ✓ **National Leader Supporting State Medicaid Agencies and Medicaid Enterprise Projects.** With NTT DATA as your partner, DHS is set for success with expertise from the country's leading Medicaid Enterprise Systems (MES) consulting company.
- ✓ **Value-Added Services and Support.** As a client of NTT DATA, DHS gains no-cost membership in state networking groups that are facilitated by NTT DATA. These groups provide regular dialogue with other states and opportunities to share best practices and lessons learned.
- ✓ **World-Class Client Satisfaction.** DHS leadership will continue to have confidence in NTT DATA based on our reputation for working with you and other states to achieve successful outcomes.
- ✓ **Deep Knowledge and Experience with Arkansas Medicaid.** NTT DATA brings the people DHS has come to rely on. Our employees offer deep subject-matter expertise with the Arkansas Medicaid Program and the IT systems that support it.
- ✓ **Long-Standing Commitment to DHS.** As your partner since 2009, NTT DATA remains committed to meeting and exceeding DHS's expectations.

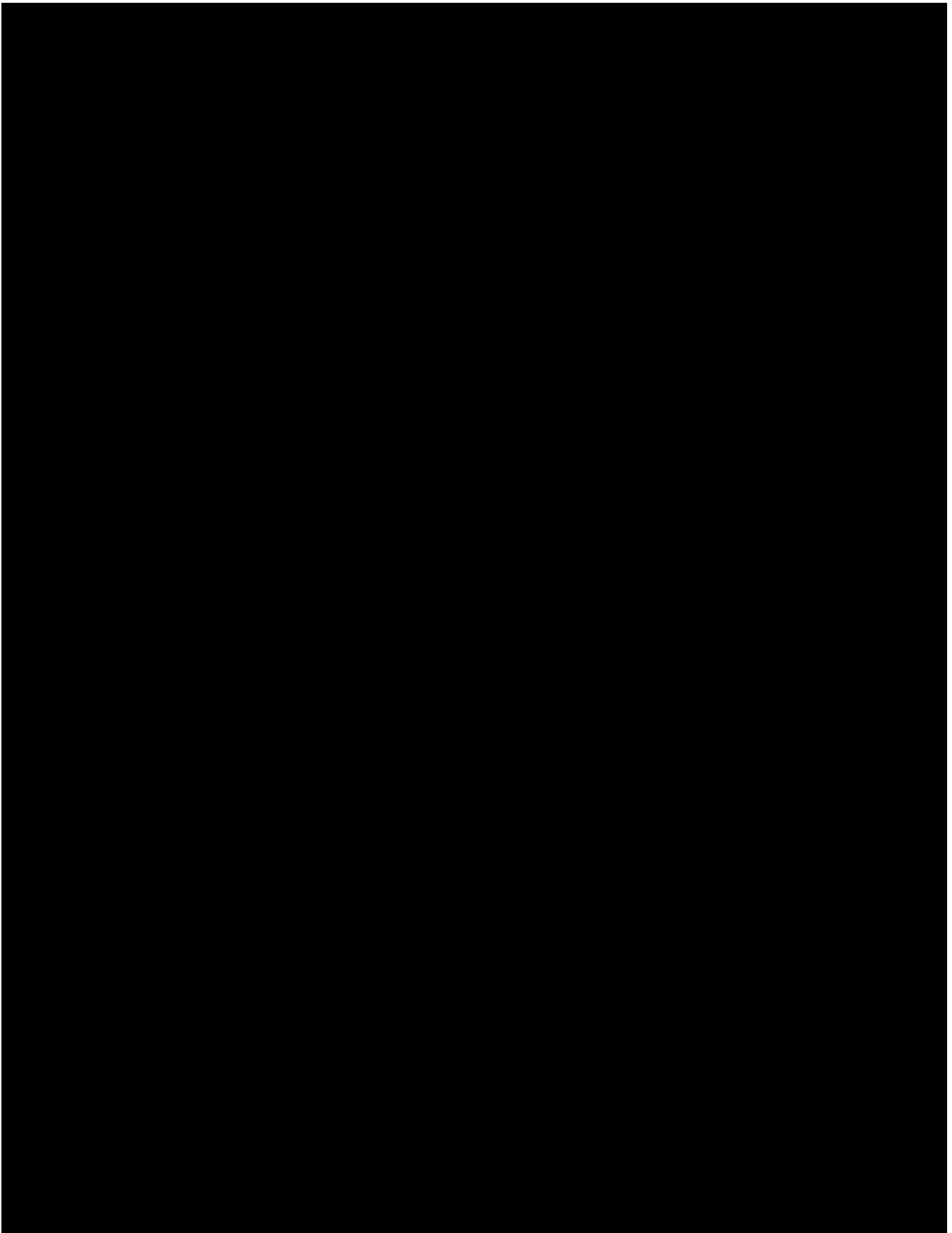
NTT DATA proposes a continuation of the team now serving DHS across all divisions and program areas. This team brings a long, proven record of producing results and desired outcomes for DHS and will be ready on Day One of the new contract. Since 2009, our team members have collectively demonstrated both professional and personal commitment to the success of DHS projects, and DHS leaders and program staff have become familiar with our team members' experience, expertise, and performance. Continuation of NTT DATA's existing team will drive continuity and uninterrupted delivery of required service and provide DHS with stability as we continue to support an evolution at DHS to improved Medicaid functions and processes.

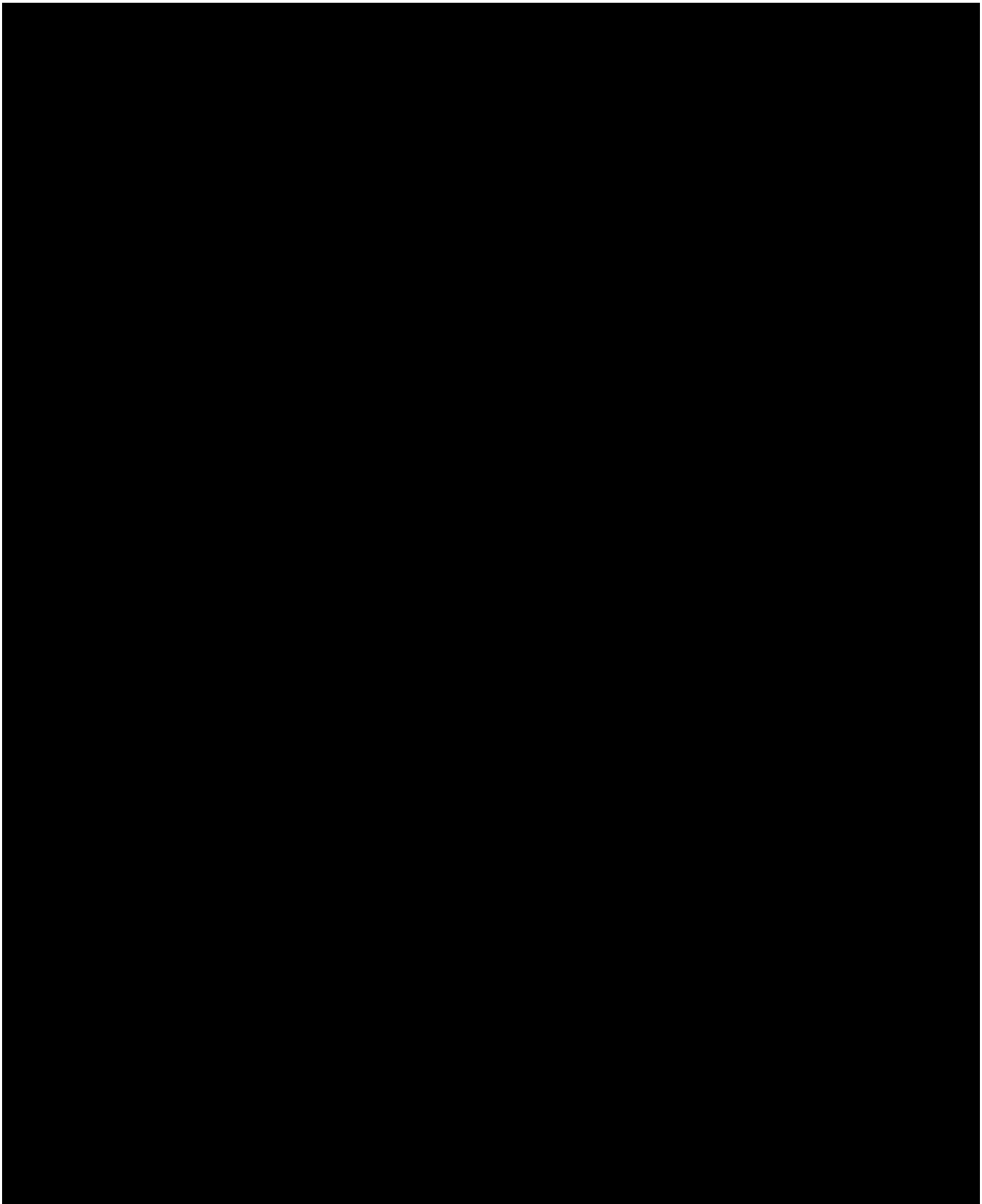
The combination of experience and expertise NTT DATA offers DHS differentiates us from other vendors and will provide a significant advantage for DHS. Specifically, our team brings:

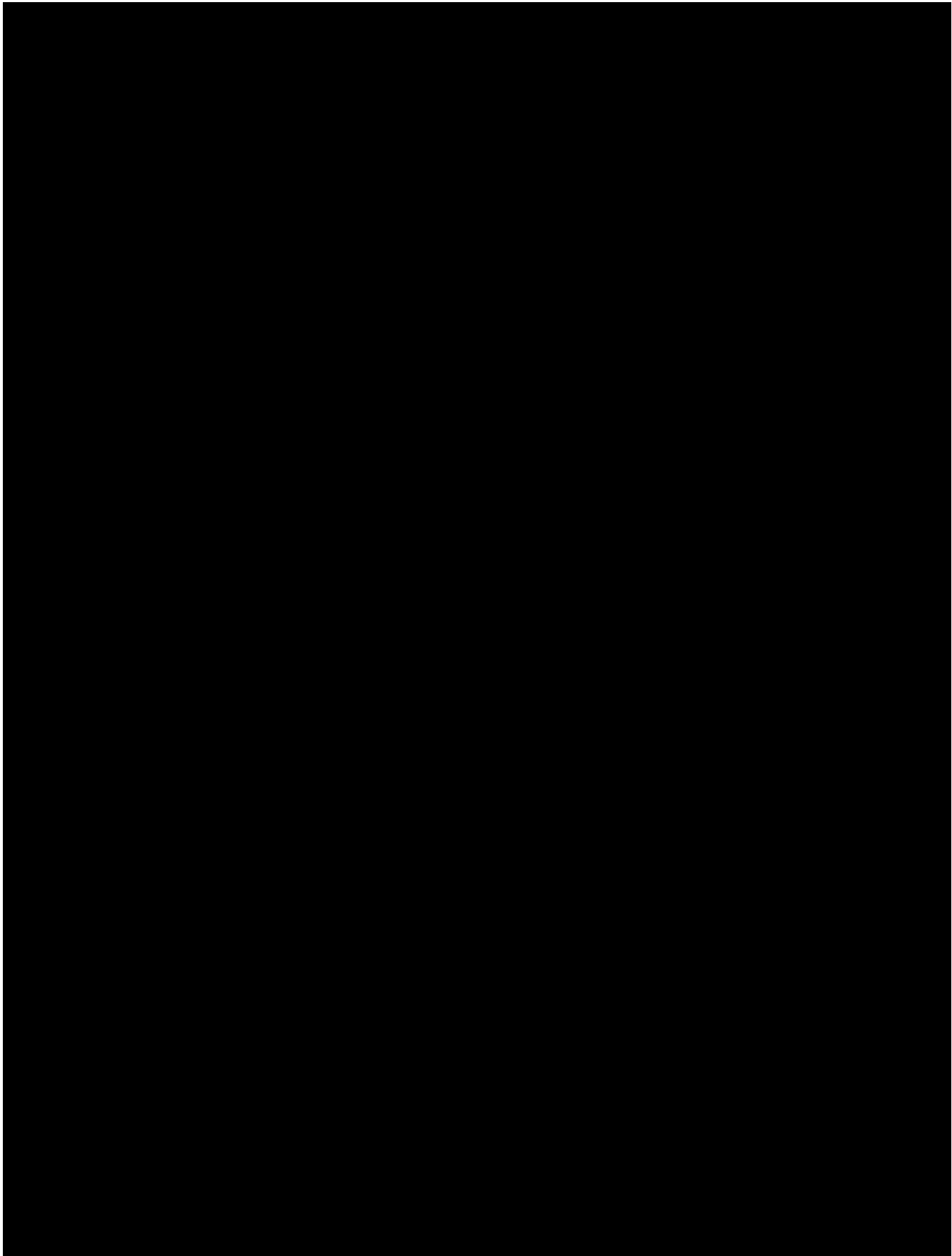
- ✓ A deep understanding of current State project management and oversight methodologies.
- ✓ Knowledge and understanding of DHS's structure, people, and processes.
- ✓ Strong relationships and a record of open communication with DHS program staff.
- ✓ Experience collaborating with DHS business and technical project managers.
- ✓ Experience collaborating with and uniting the DHS vendor community to achieve project outcomes and goals.
- ✓ Established relationships with federal partners.

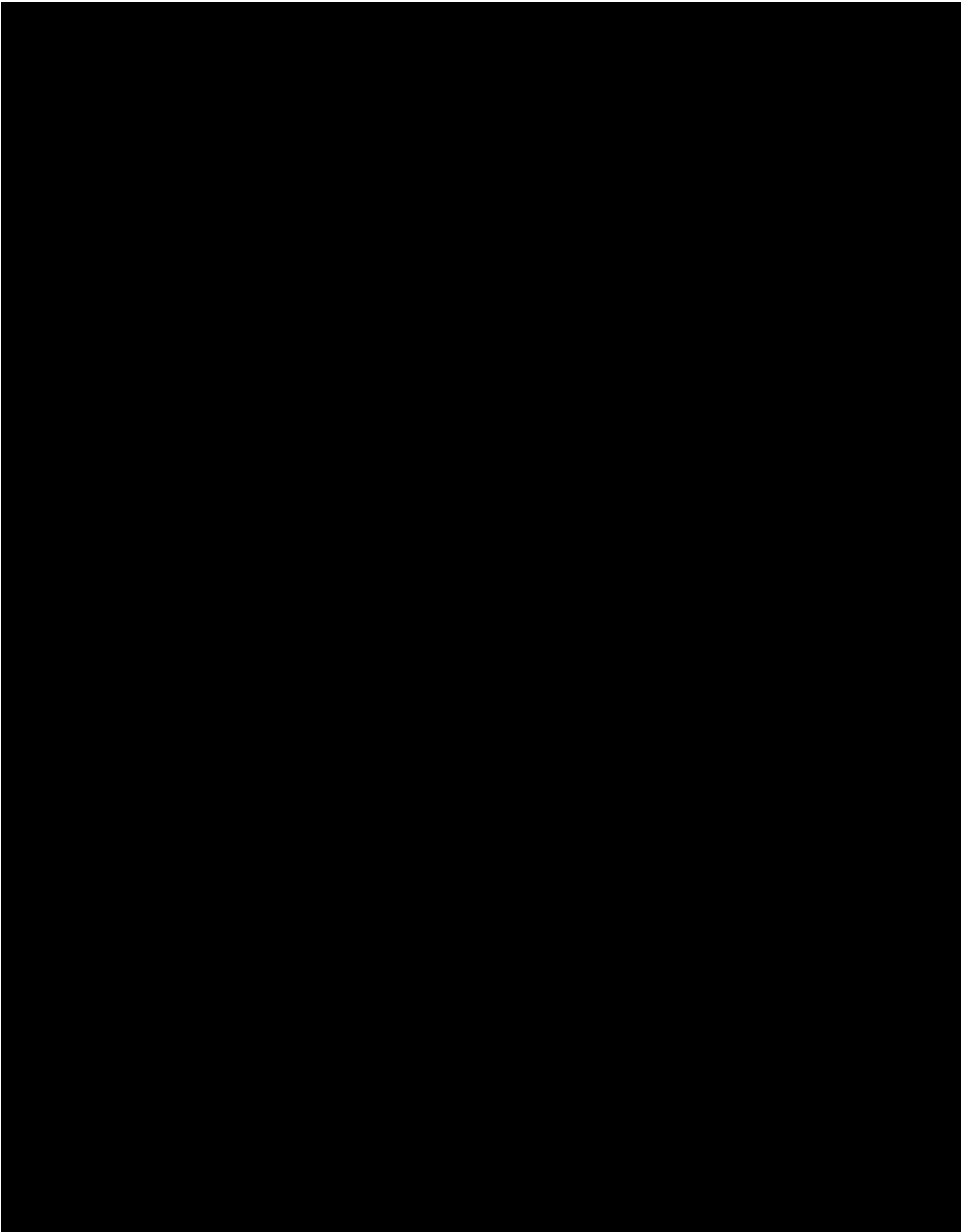
The following sections provide additional information on our proposed staff.

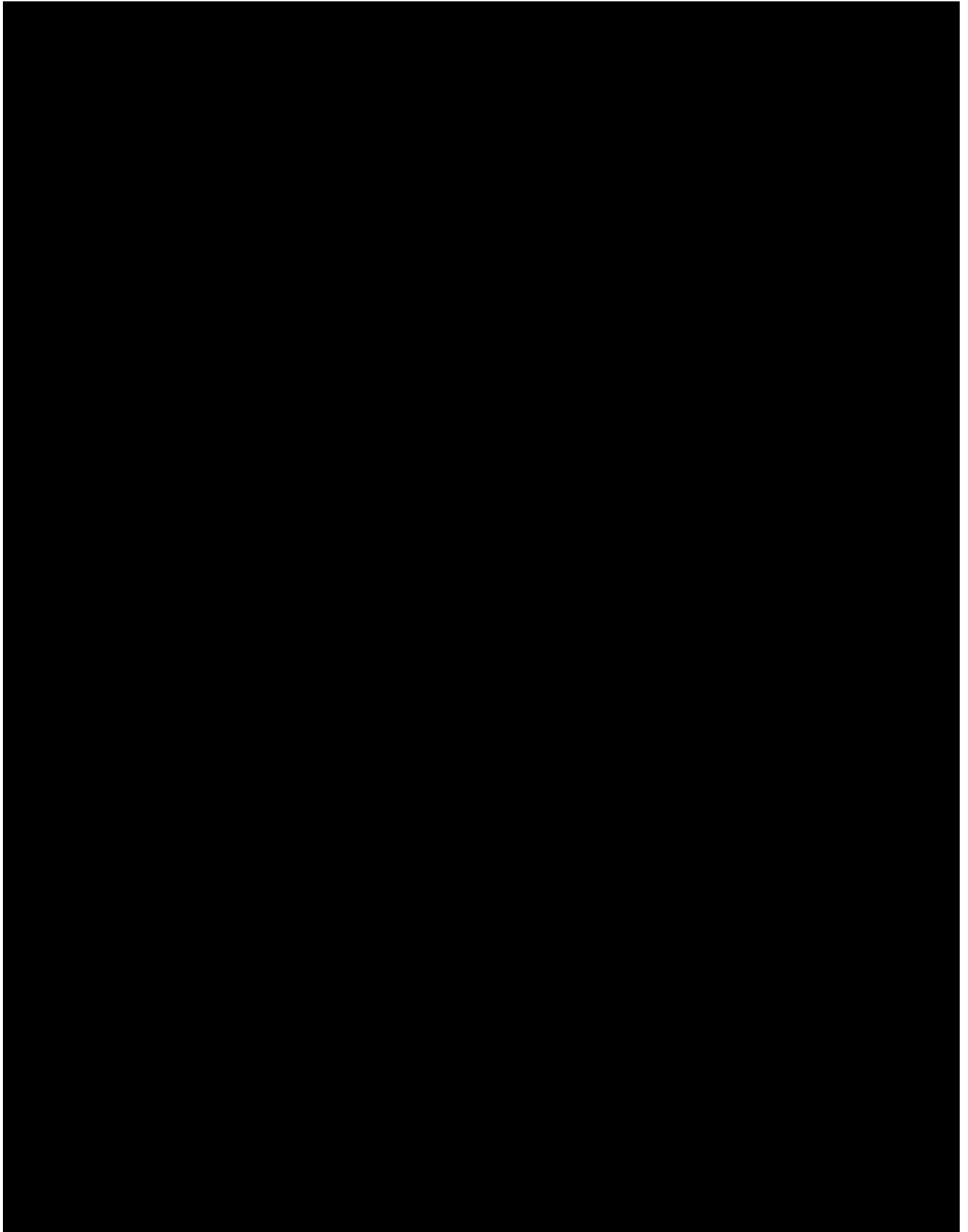






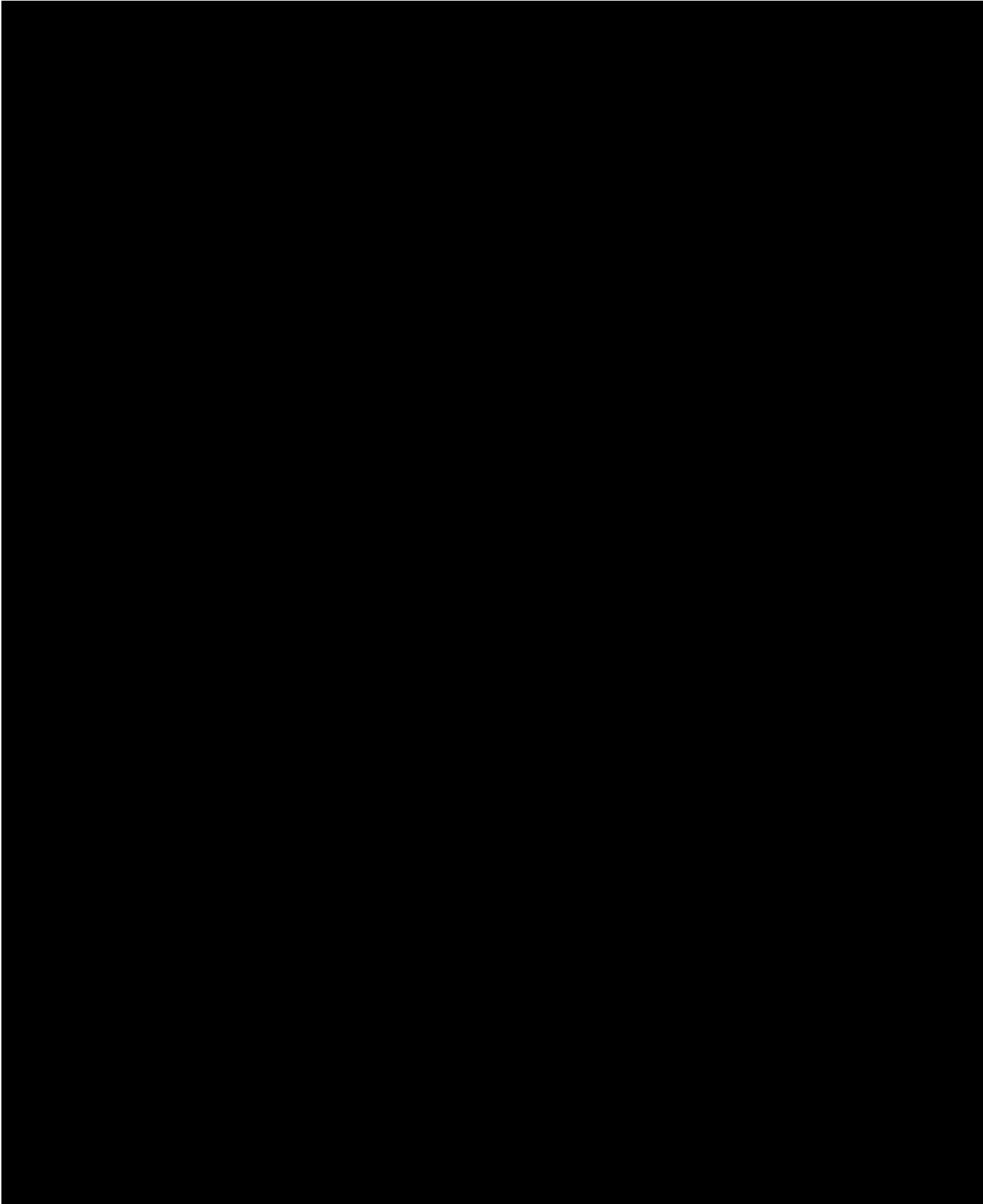






2.9.2 Staffing Management Plan for the PMO

DHS is a dynamic organization with an evolving list of projects. The staffing management plan is a living document built on a solid foundation that supports the needs of DHS. Our approach to staff management and resource allocation is based on the work to be completed, the time to complete it, and the resources available. Our current staffing management plan considers all these factors as we identify and outline the proposed staffing levels and skill sets needed to complete day-to-day work for DHS. This staffing management plan will be updated to include proposed staffing levels for key and non-key staff for completing the activities described within RFP Section 2.3 (Scope of Services and Contractor Responsibilities), a functional organization chart, an approach to staff turnover and retention, and contractor invoicing and time-keeping procedures.

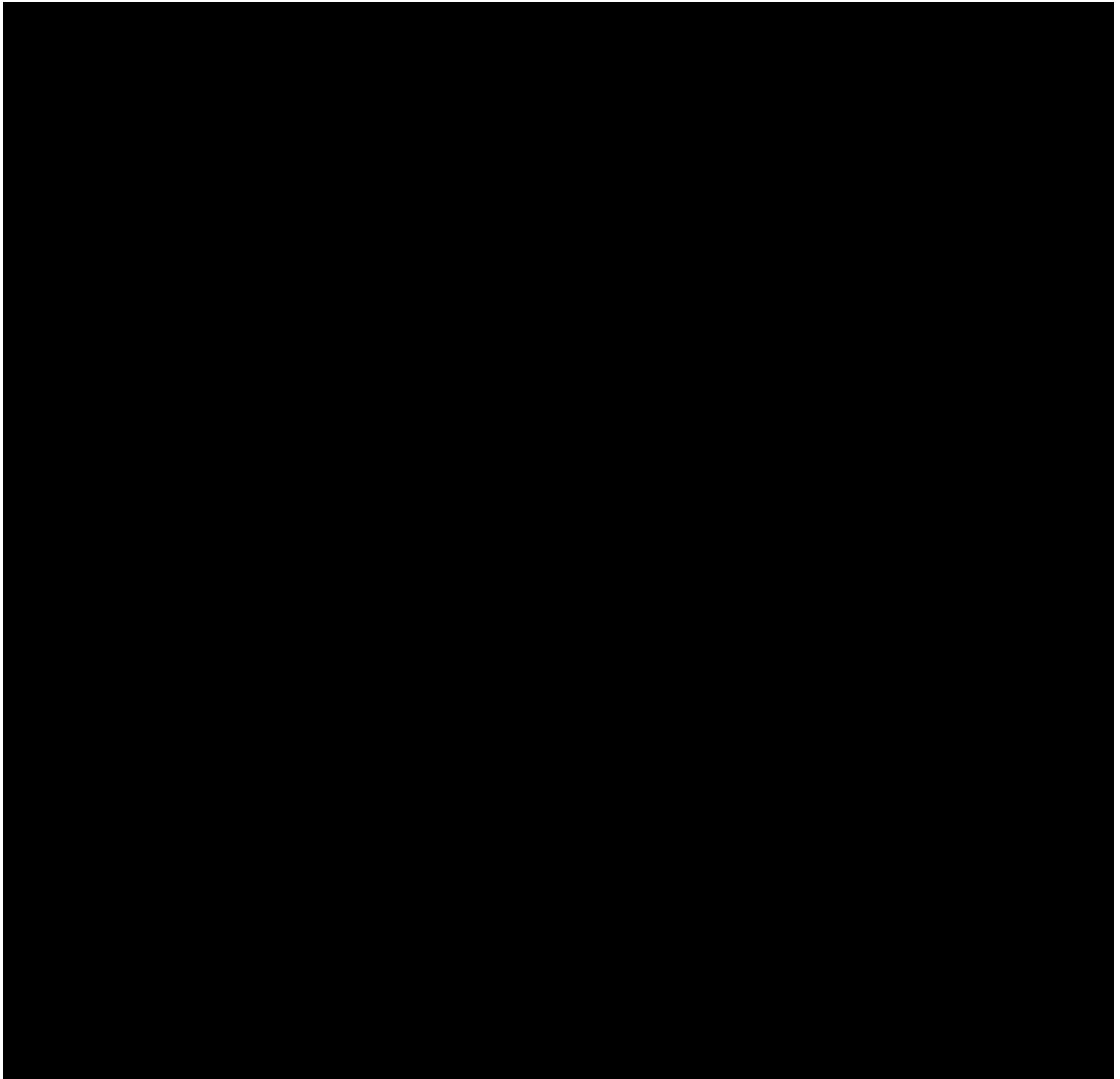


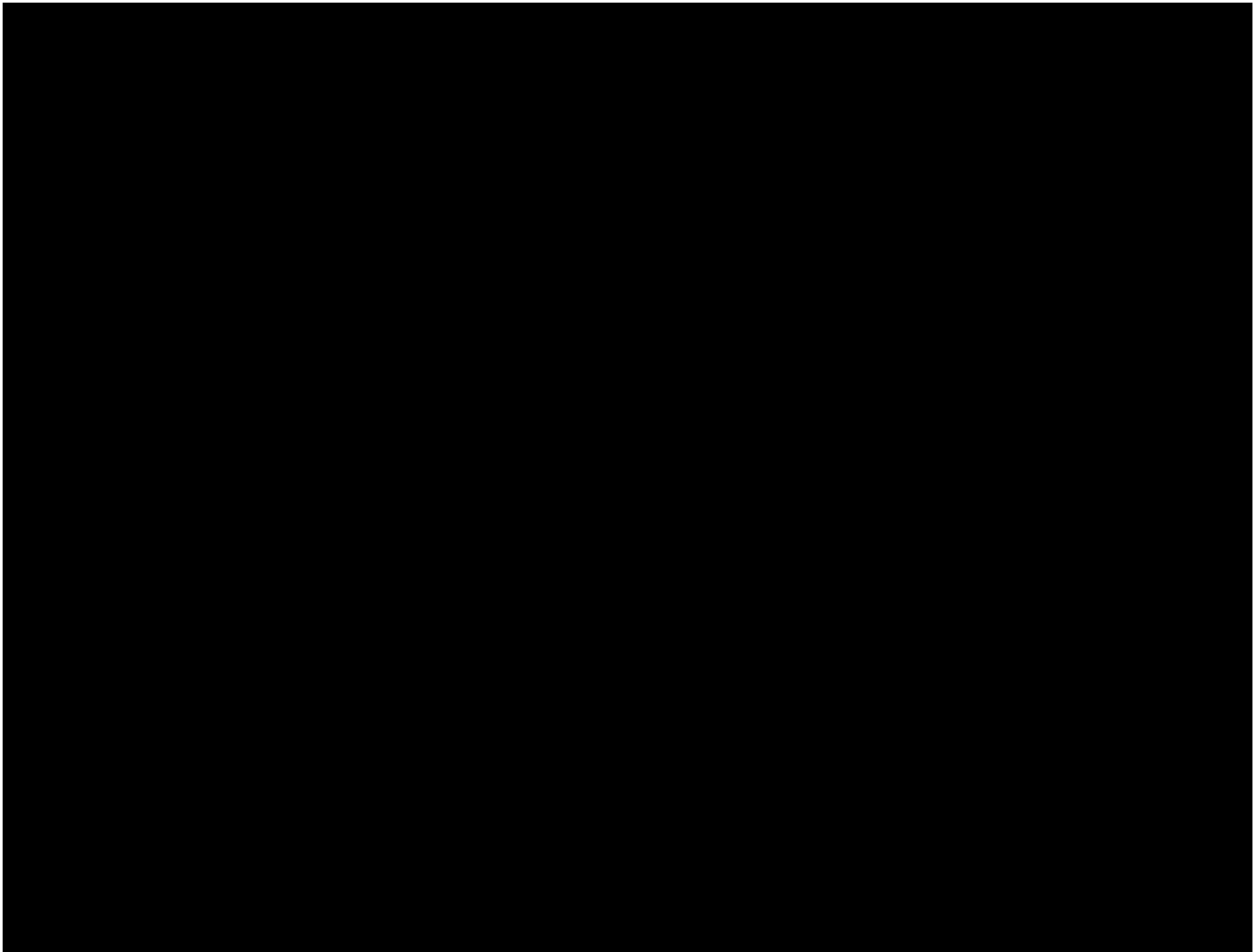
2.9.3 Staffing Management Plan for Similar Size and Scope Engagement

NTT DATA has supported 49 states, Puerto Rico, and the District of Columbia with Medicaid IT systems planning services, program and project management, and oversight. We use our proven methodology and templates as foundational starting points to align our service delivery and our staff management to the needs of our state partners. In **Exhibit B**, we provide a sample staffing management plan based on an engagement similar in size and scope to this DHS engagement.

2.9.4 Identify Prospective Contractor and Subcontractor Staff

As DHS's current PMO partner, we consistently demonstrate the experience and knowledge needed to successfully implement and staff the DHS PMO. Given this record of performance, DHS can be confident we have proposed a team of qualified personnel to meet the requirements of this RFP. All proposed staff are current NTT DATA employees who are committed to supporting the various DHS PMO areas as shown in the organizational charts supplied in Section 2.9.5.





2.10 Names of Subcontractors Being Proposed (If Applicable) (J)

No subcontractors are being proposed as part of this contract.

2.11 Role of Each Subcontractor (K)

No subcontractors are being proposed as part of this contract.

3 E.3 – RFP Section 2.3 – Approach to Contractor Responsibilities



Based on our experience providing services to DHS since 2009, NTT DATA brings proven approaches and processes for customer service, project control, status reporting, team staffing, engagement of stakeholders, and project commitment.

Based on these proven processes, we have demonstrated successful project delivery for the State of Arkansas via the DHS IT PMO, the BOS PMO, the ARIES PMO, and the CCWIS PMO, as well as through procurement support. Based on this experience, we also bring a strong understanding of the State's current environment and the upcoming pipeline of projects. All of this means NTT DATA is well positioned to continue using these approaches and processes to drive continued success for DHS. Under a new contract, we will continue to engage with DHS to provide nimble, agile, collaborative support.

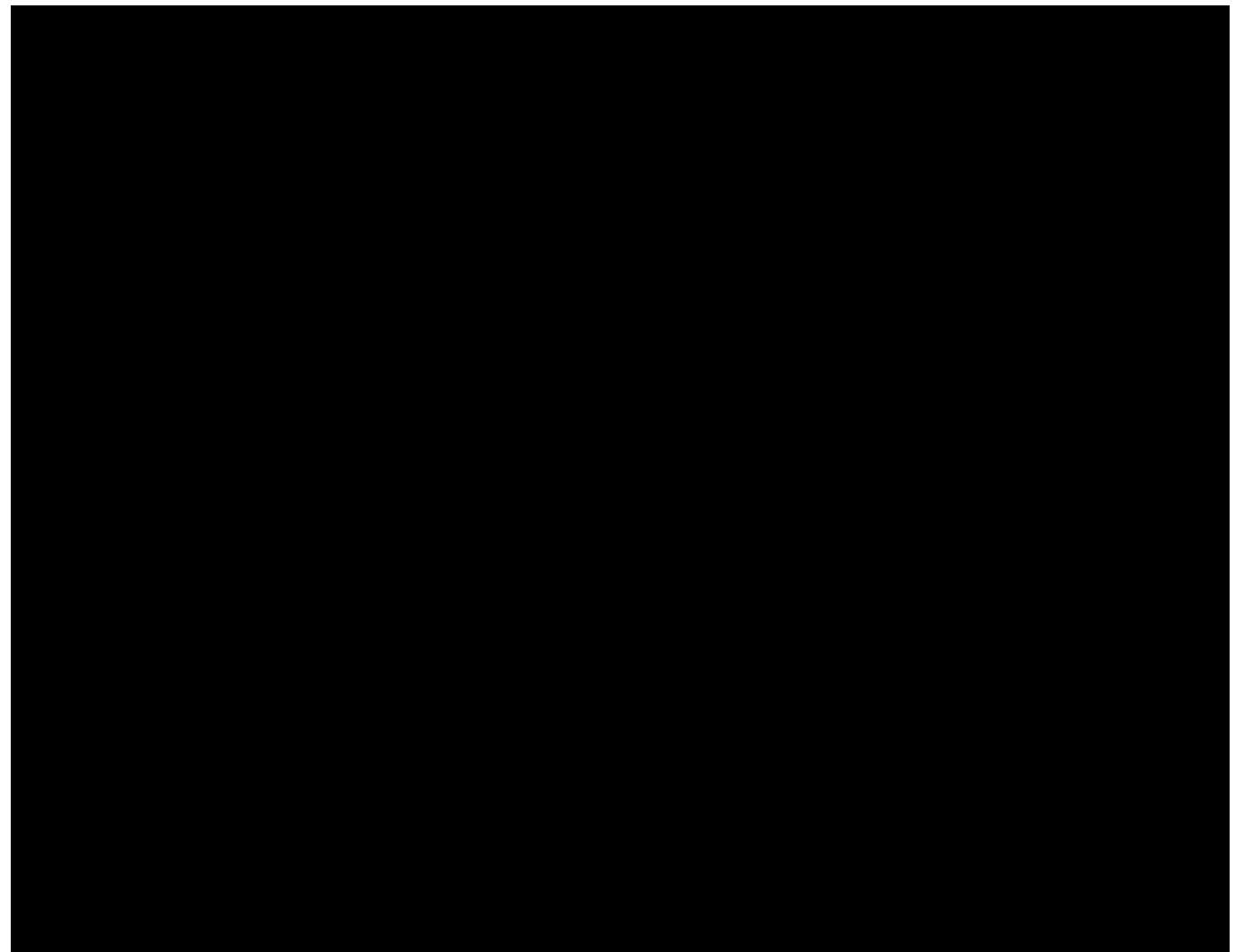
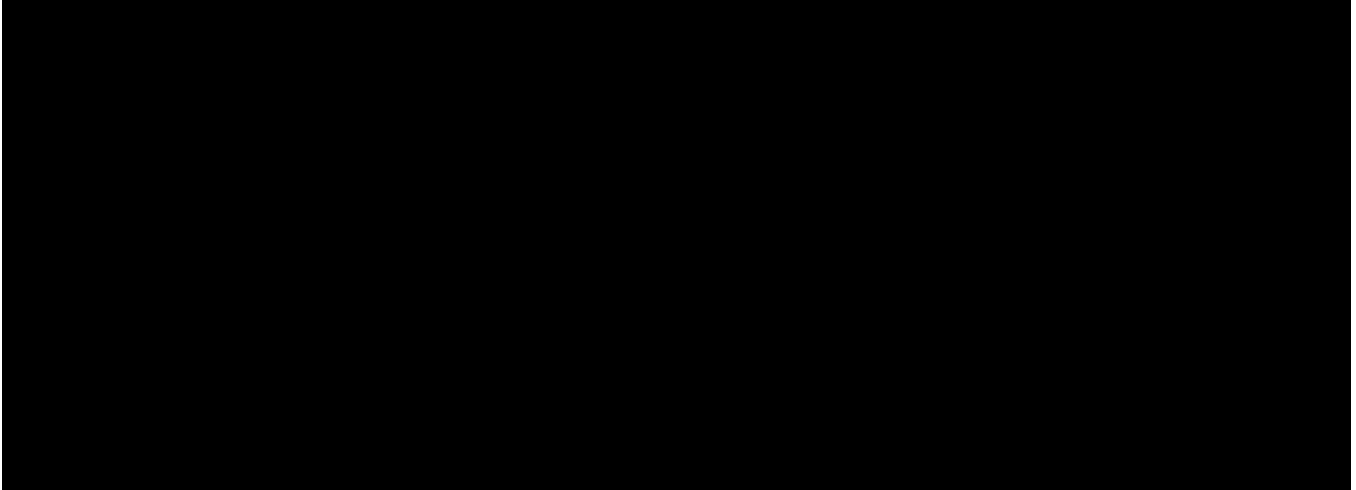
The NTT DATA Advantage—Reasons why NTT DATA positions DHS for Success:

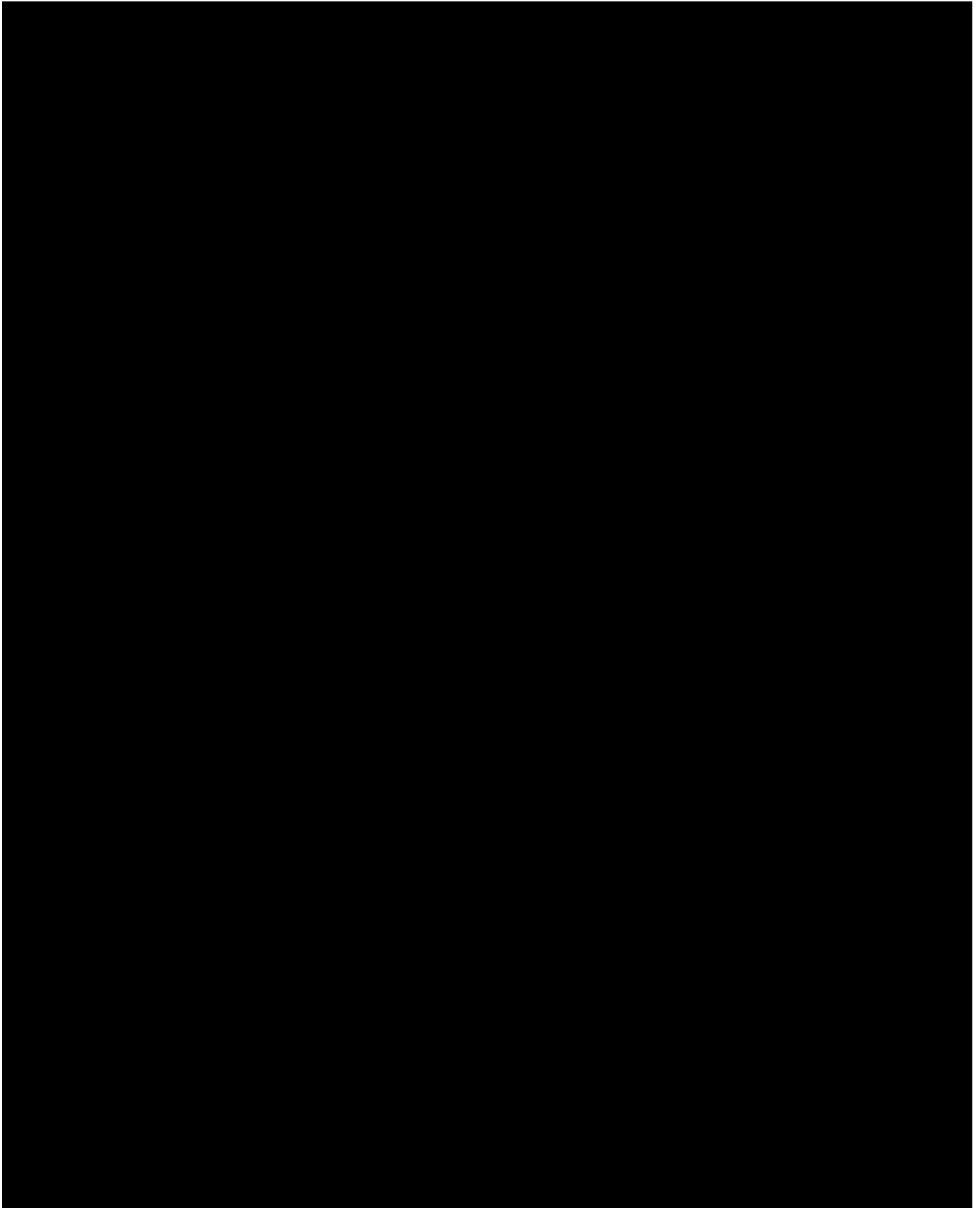
- ✓ **A detailed understanding of and significant experience with DHS programs, systems, and people.** DHS has been a valued NTT DATA partner since 2009. We have established four effective PMO teams, including the DHS IT PMO, BOS PMO, ARIES PMO, and CCWIS PMO. Through these teams, we collaborate with DHS executives, IT leaders, and business managers and staff across DHS divisions. We support the State's strong relationship with CMS. We also actively assist DHS with emerging changes in Arkansas health programs and the IT systems needed to support those programs today and in the future.
- ✓ **Responsive PMO teams with a solid track record supporting DHS with managing IT systems.** DHS, with our PMO support, has successfully implemented several key IT systems including the Medicaid/MMIS (Core, Data Warehouse, Pharmacy), Integrated Eligibility, and Electronic Visit Verification systems. Overall, we provide project management to DHS IT projects that are progressing as planned. We also pride ourselves in having a partner relationship with DHS business staff.
- ✓ **A PMO focused on the enterprise-wide systems portfolio.** We have assisted DHS in managing its IT projects as a DHS-wide portfolio connecting DHS business sponsors with project governance. We have developed a DHS-wide eligibility enterprise architecture with plans to use the architecture as an enterprise management integration tool for future projects. We also consistently look for ways to leverage Medicaid funding to support DHS projects.
- ✓ **A comprehensive project methodology, tools, and training.** We have provided project tools to help manage project plans, budgets, schedules, documentation, deliverables, and status reports.

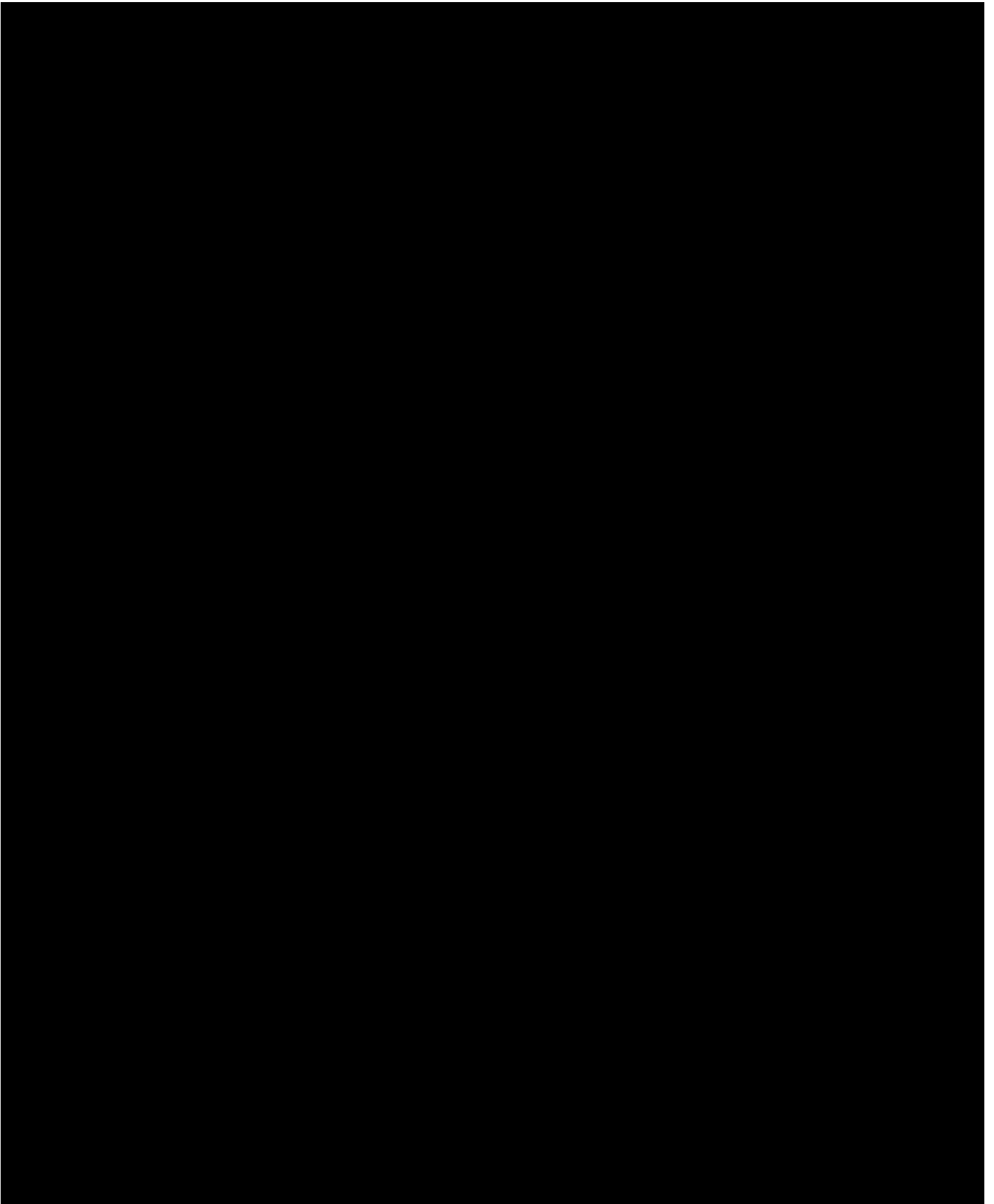
Our sound approach and solutions are essential to the success of DHS's PMOs. Guided by Project Management Body of Knowledge (PMBOK) best practices, we use an approach and methodology based on a flexible, integrated management process that complies with all RFP requirements. Project managers, PMOs, and project participants use these integrated processes to manage project schedules, budgets, and quality. These processes enable DHS and participating contractors working on DHS projects to successfully implement both new HHS solutions and associated new business processes. Our integrated management processes are tailored specifically for Arkansas, including the Project Life Cycle Methodology (PLCM) as well as templates, tools, and processes for managing essential elements of a DHS project.

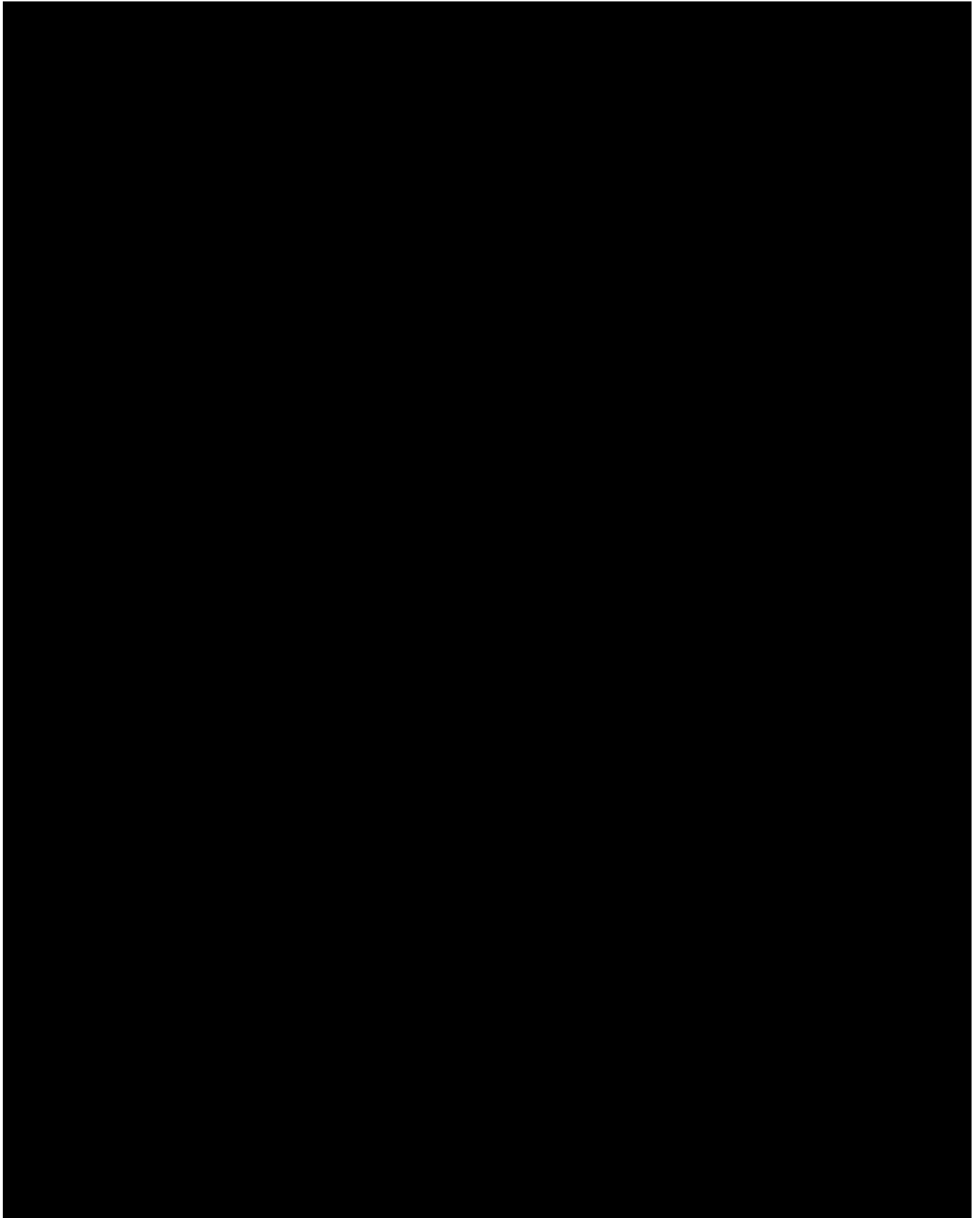
To support DHS success and to meet the requirements listed in RFP Section 2.3.E, NTT DATA will leverage our existing Enterprise Advantage Framework. We provide an overview of the service areas within this framework in proposal Section 3.1.2.

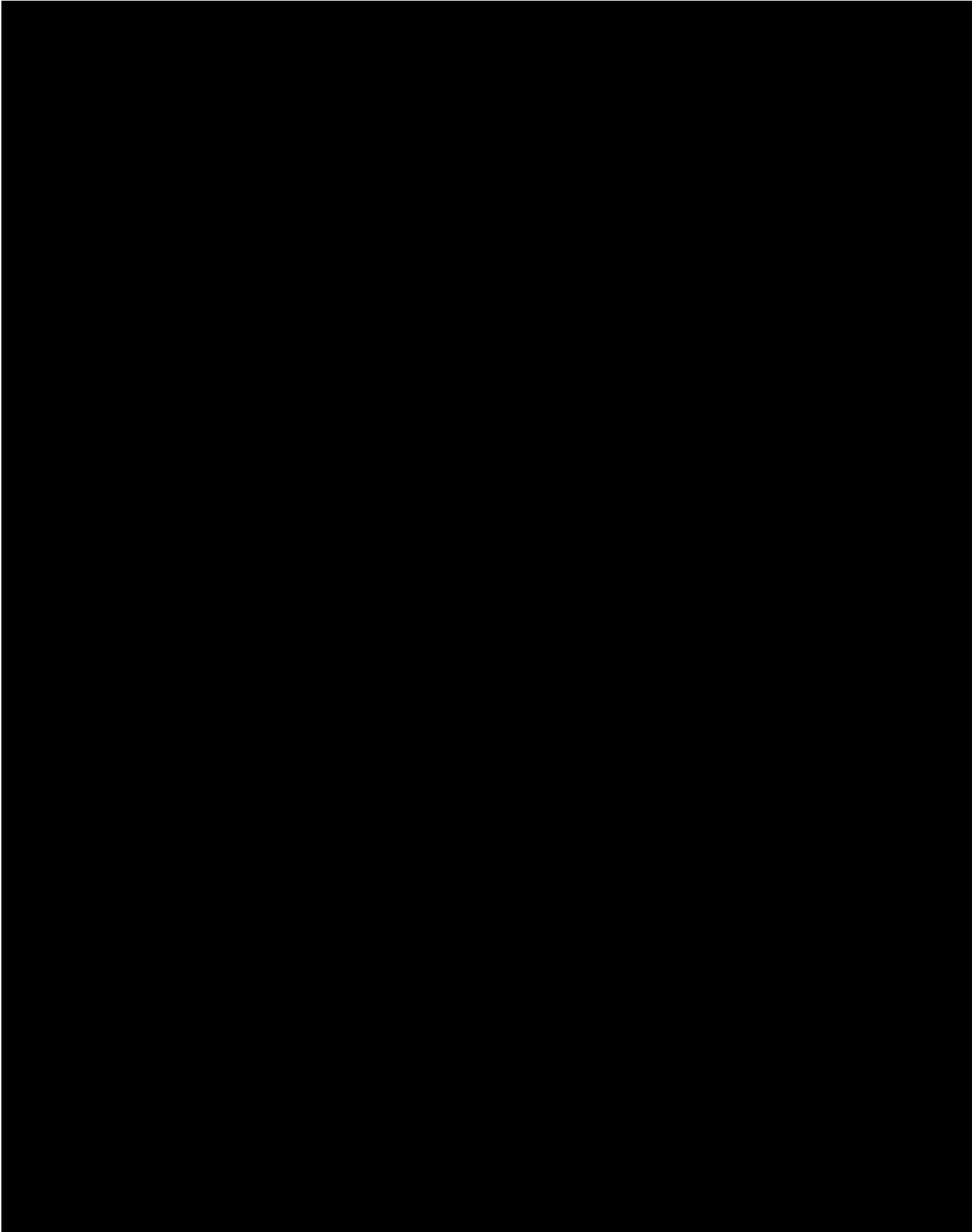
NTT DATA's PMO approach focuses on four components: (1) DHS systems, (2) the DHS and NTT DATA PMO teams managing them, (3) the essential PMO responsibilities these teams carry out, and (4) a common project framework. **Figure 16** describes the flow of these components and location within the proposal where we discuss each.

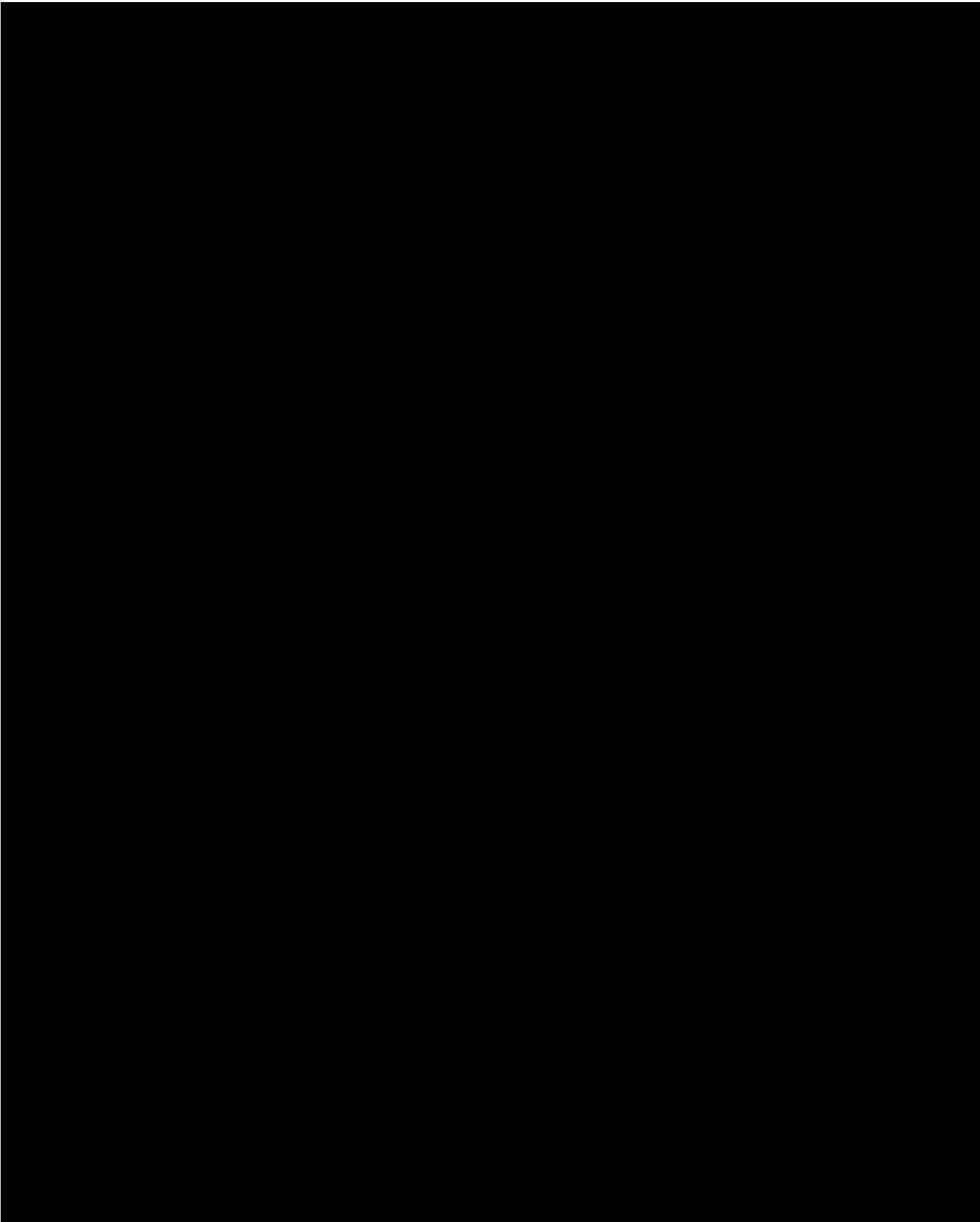


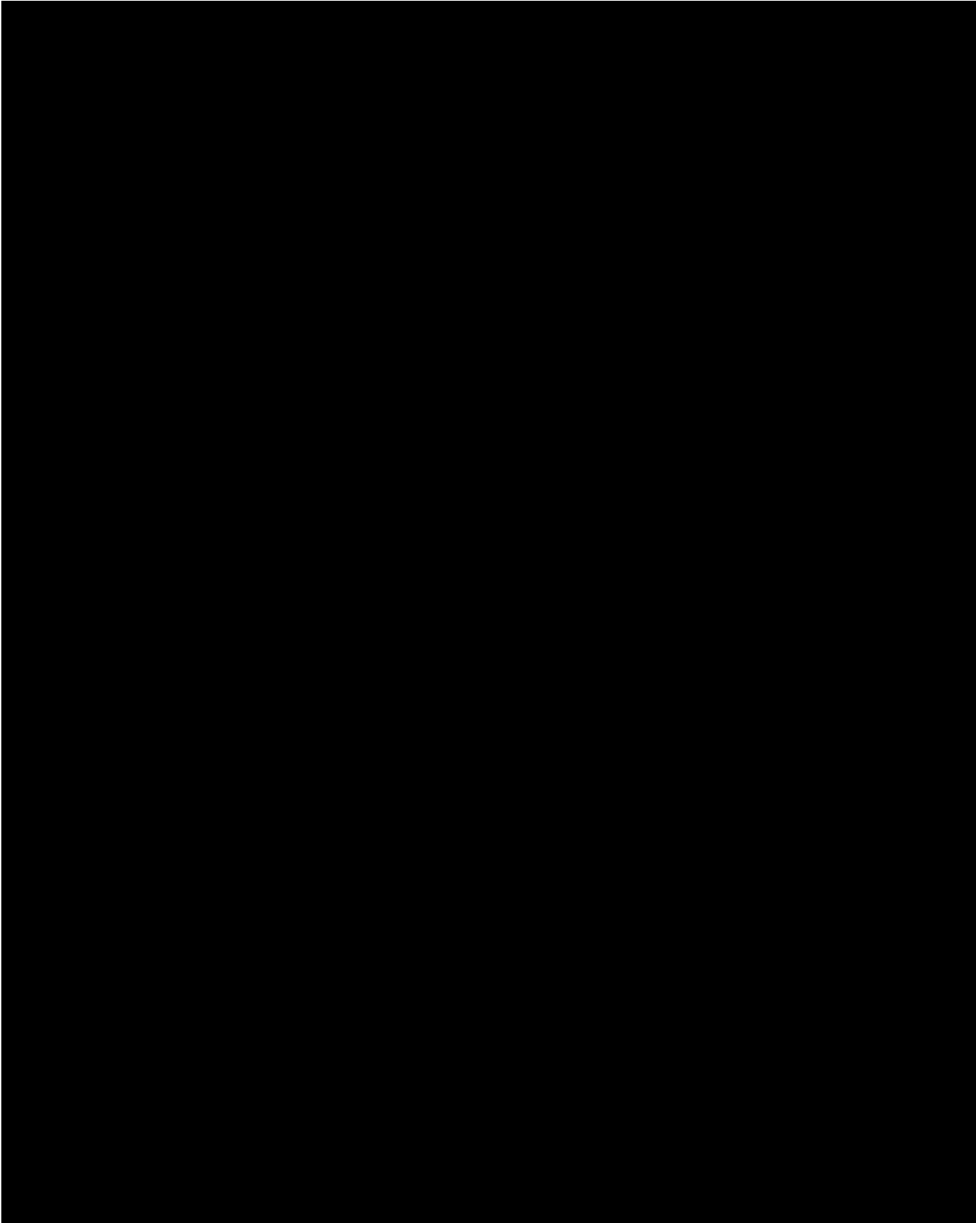


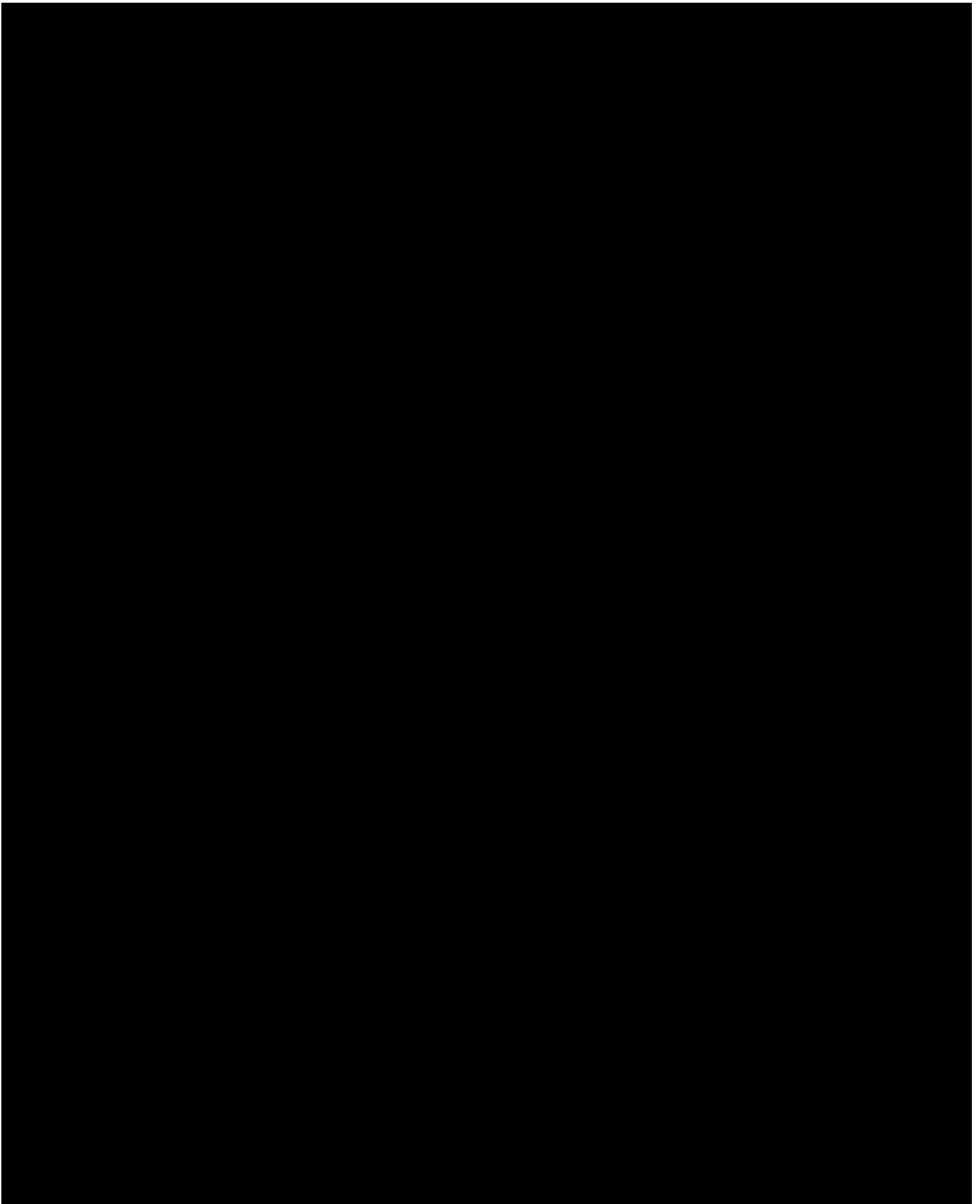


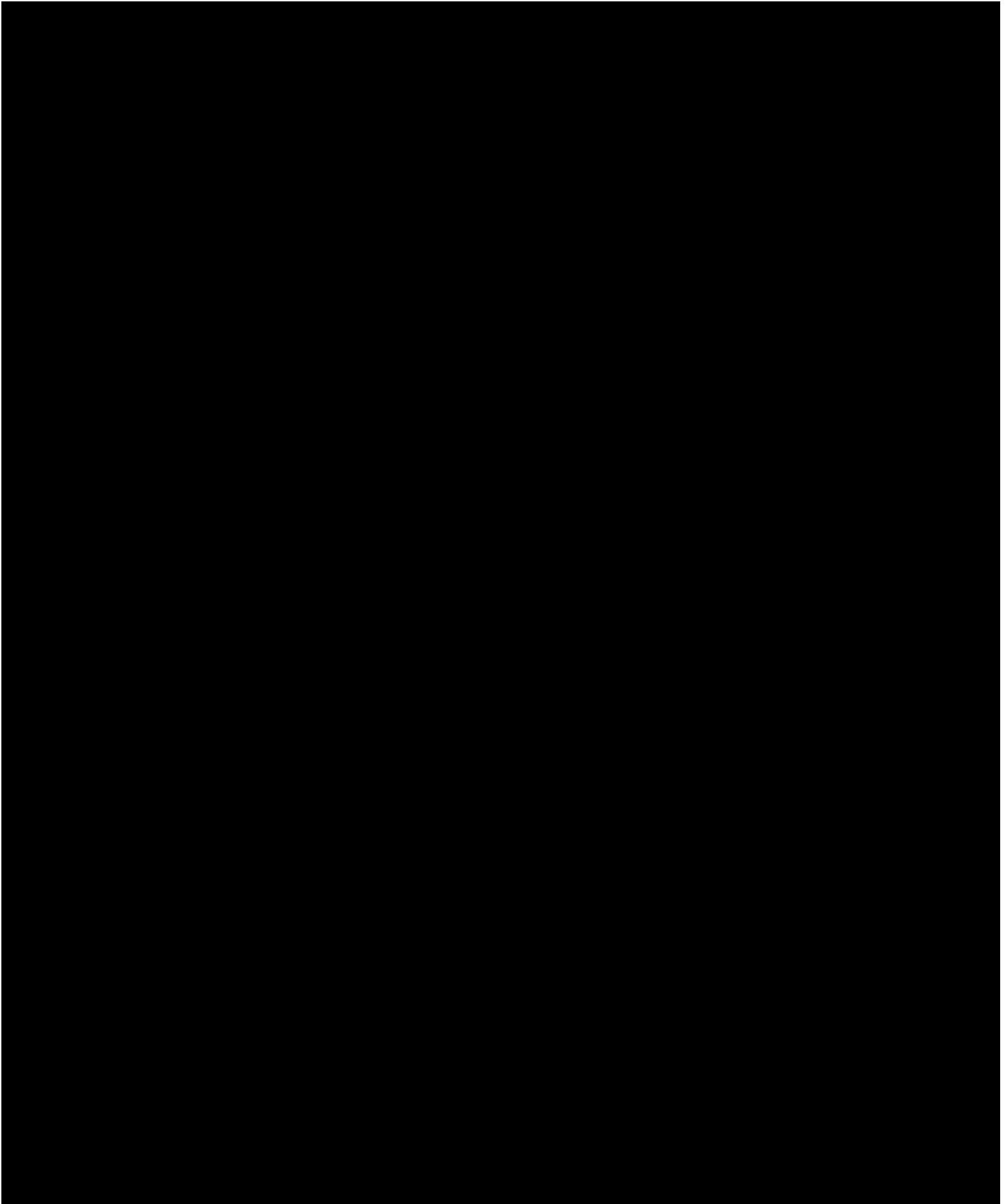


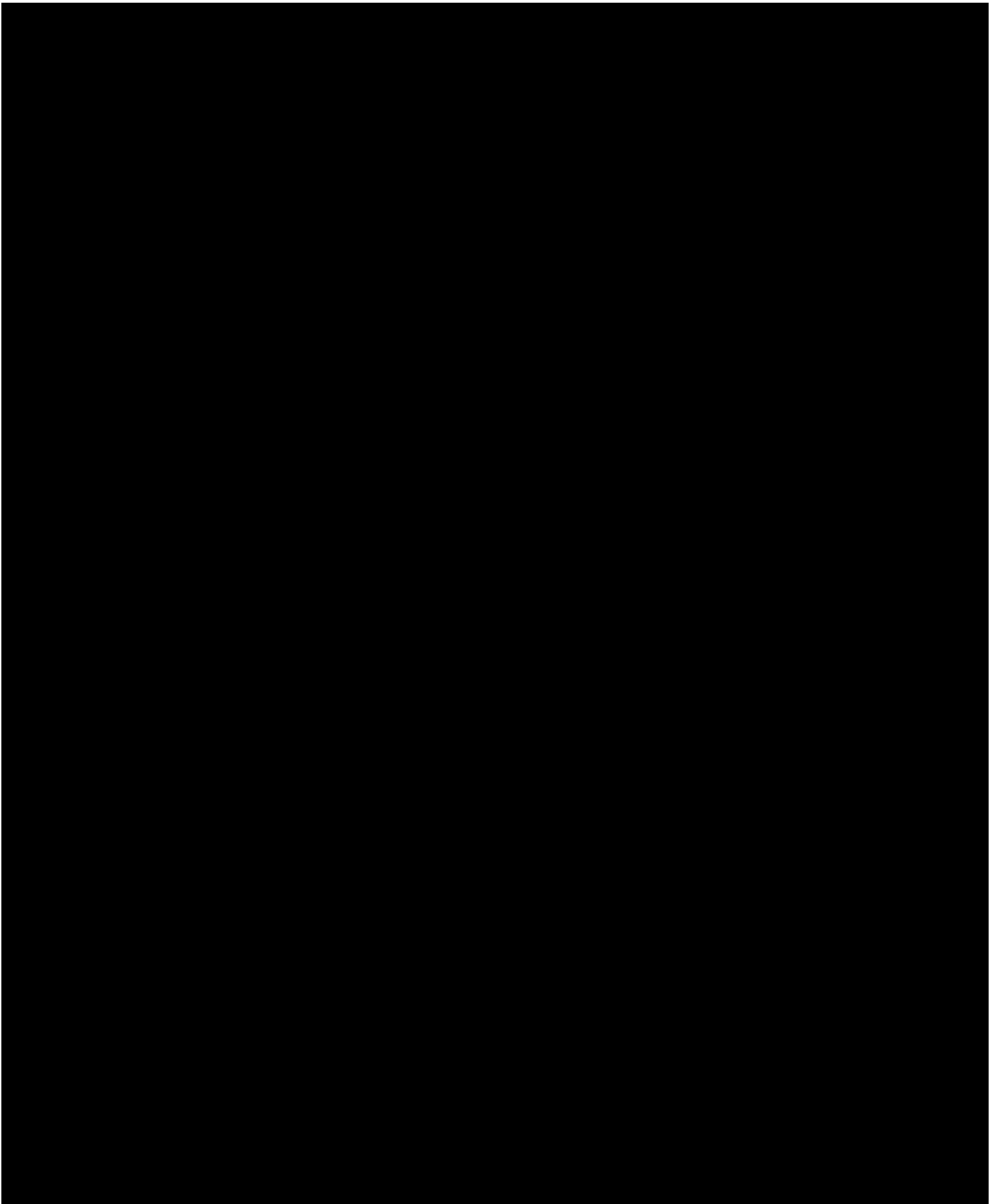


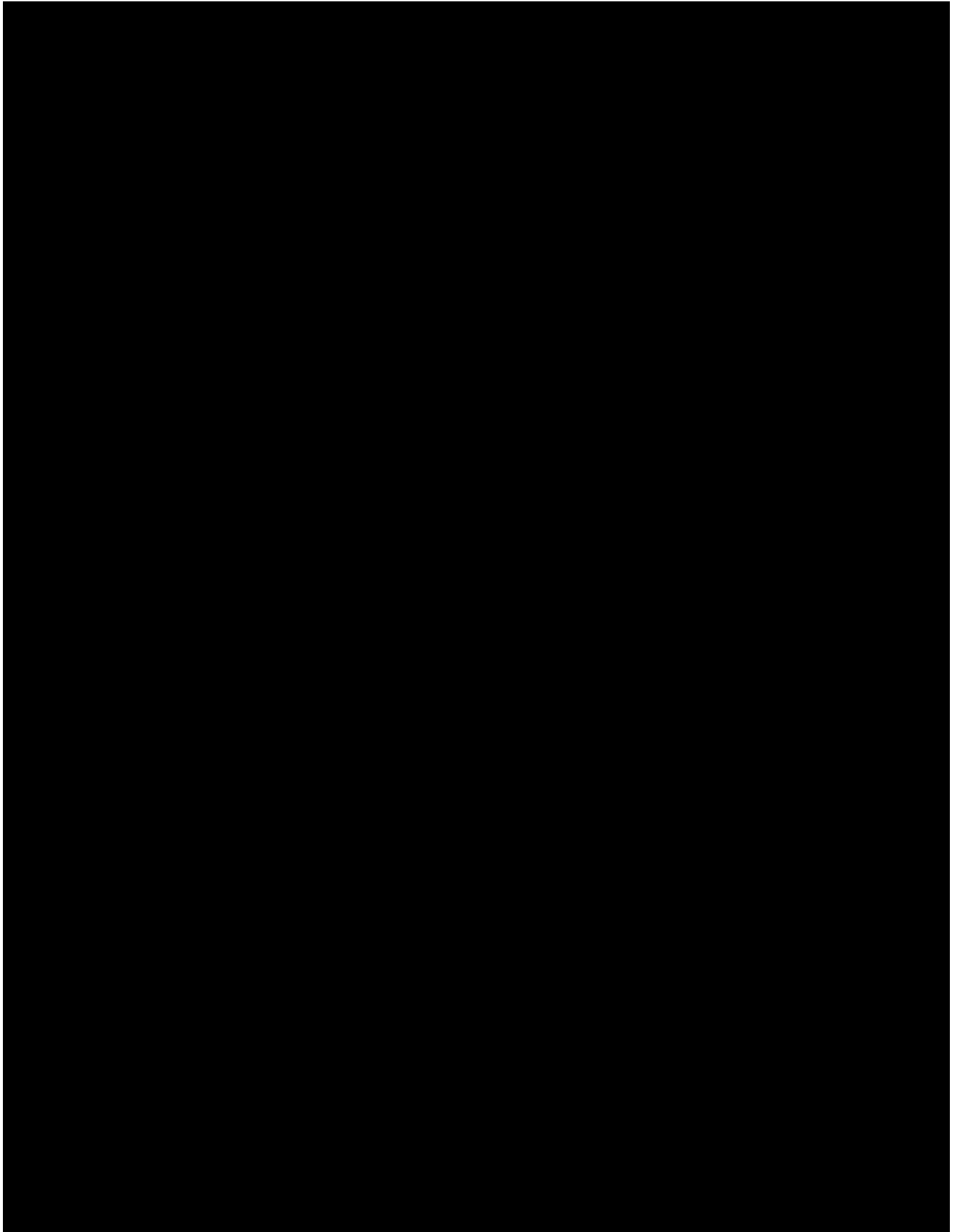


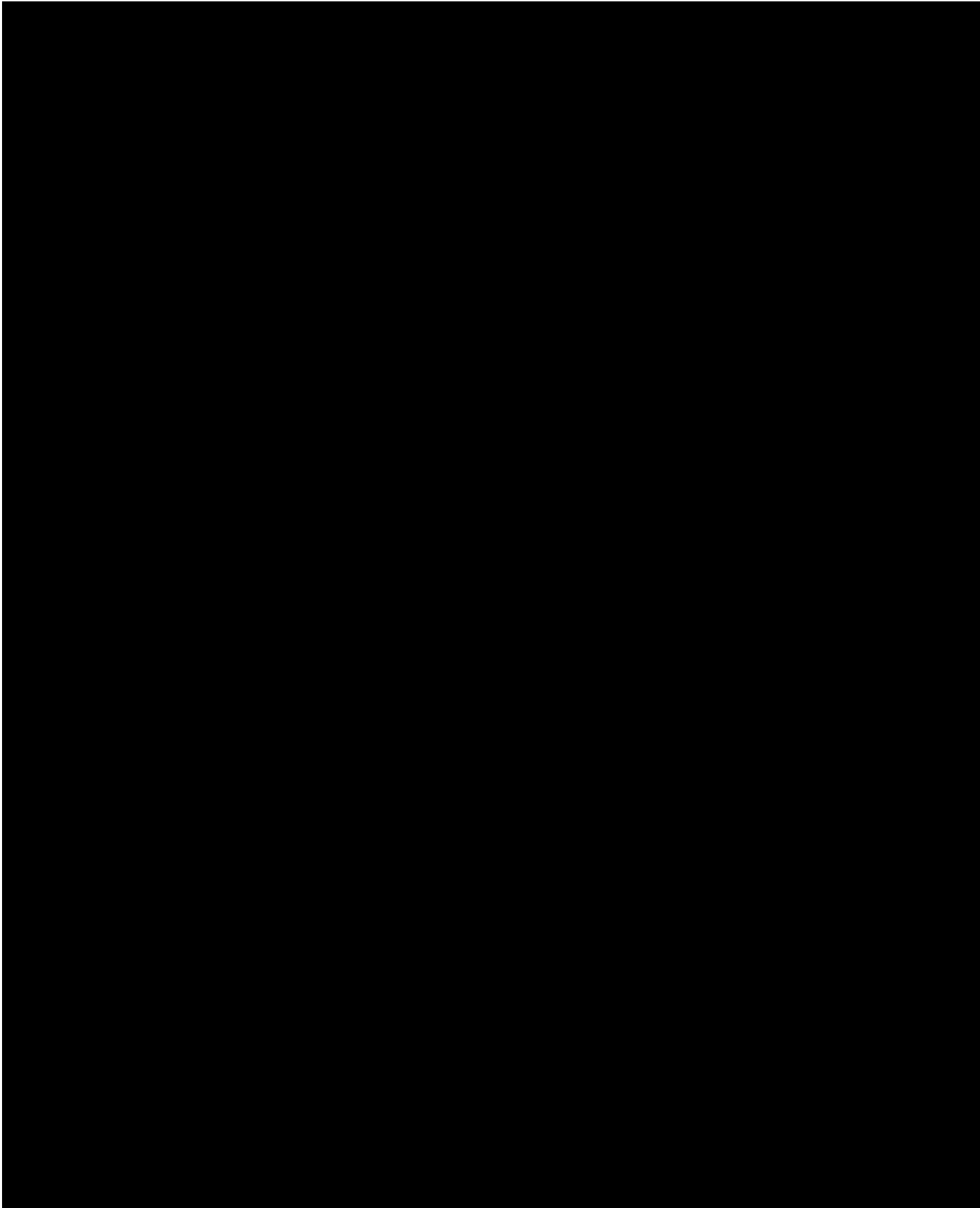


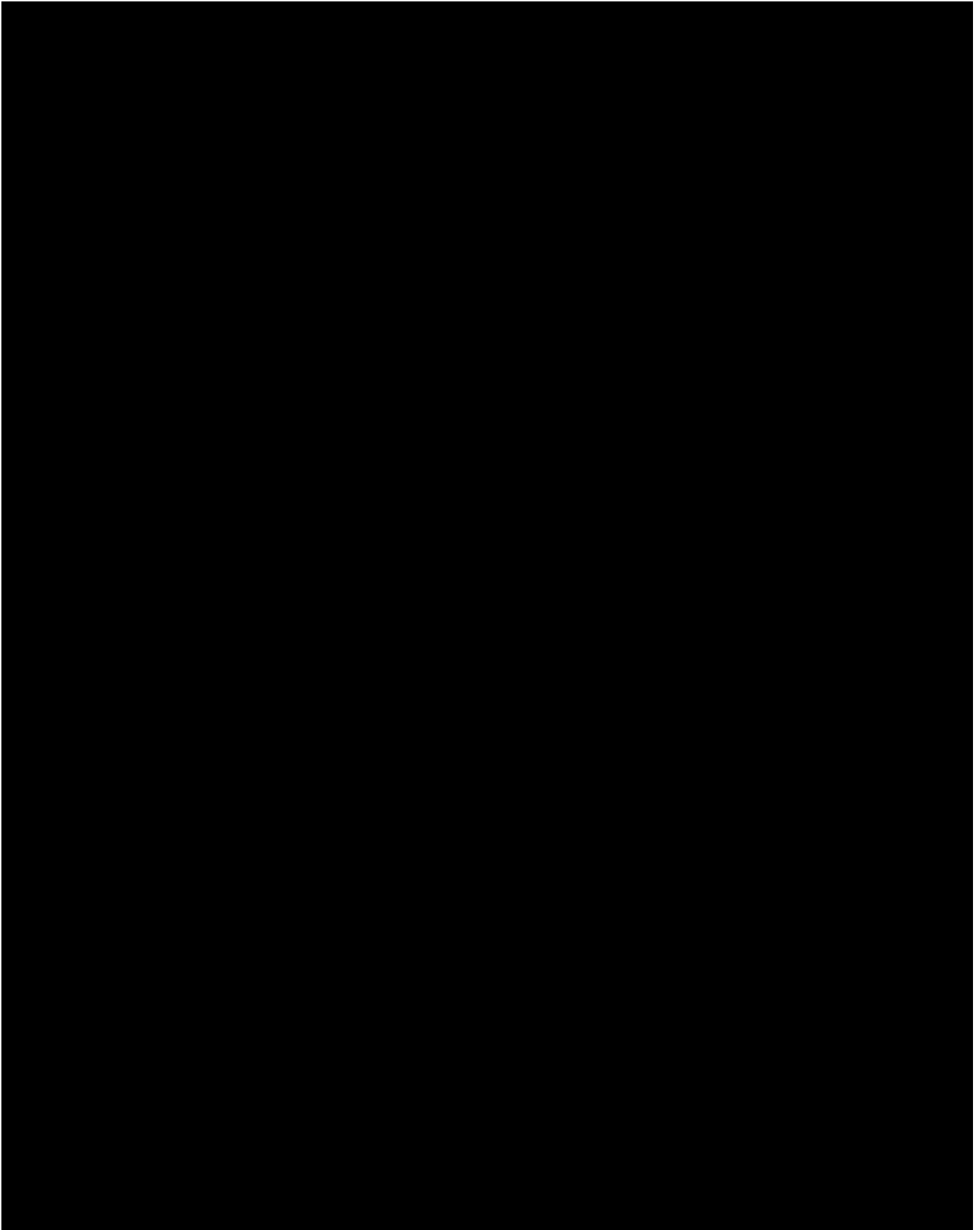


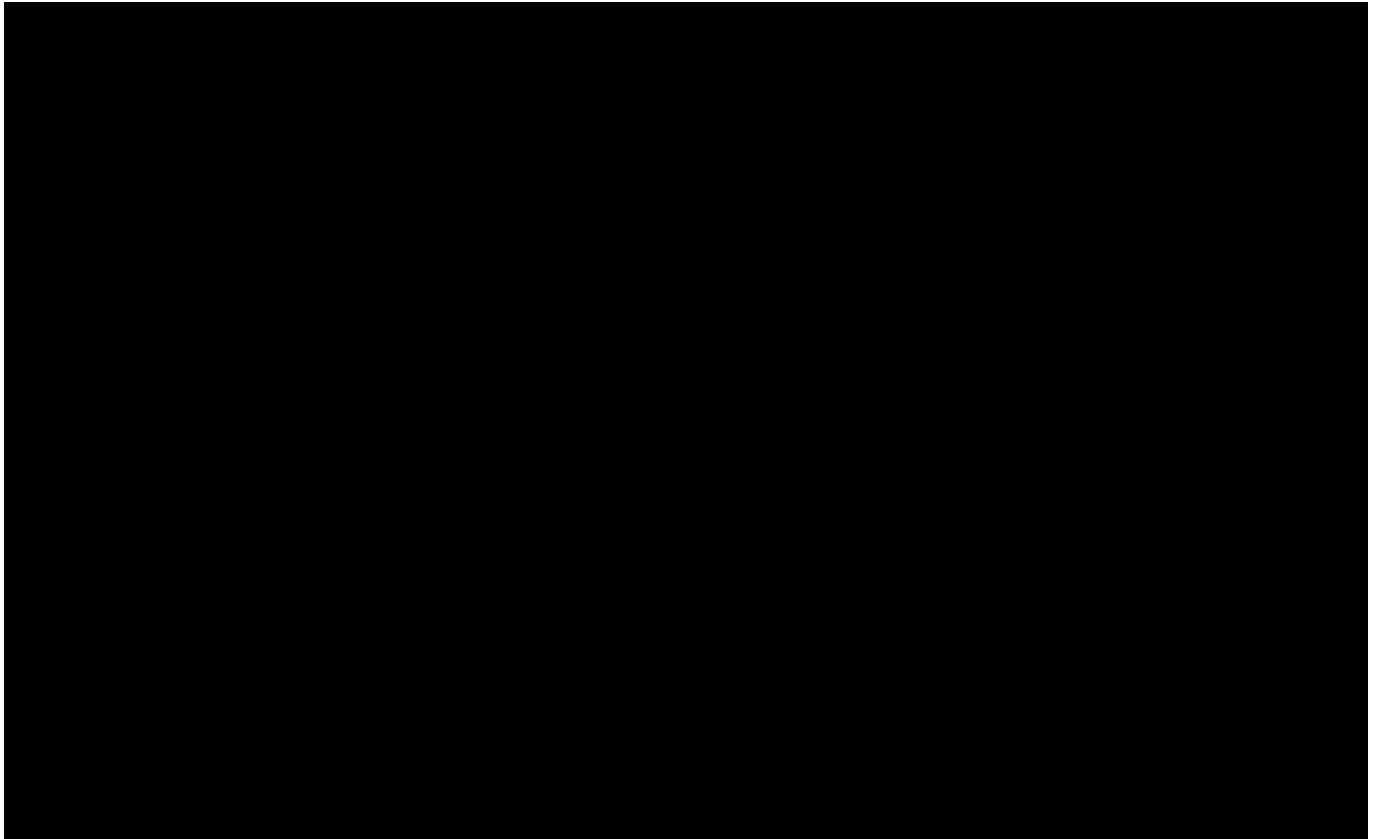












3.2 Responsibilities Needed to Complete the Requirements (B)

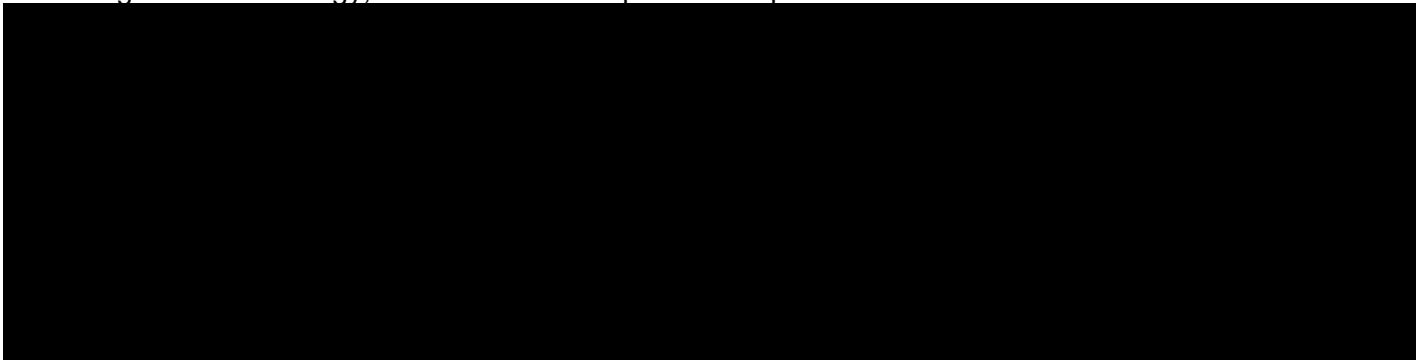
NTT DATA fully understands and acknowledges the responsibilities associated with delivering on the scope of services described in the RFP. We will continue to provide people, processes, and services to manage project implementations across DHS. We also will provide oversight of DHS's multi-contractor environment to support successful configuration, development, design, implementation, and maintenance activities, bringing projects in on time and within budget.

3.2.1 High Level Activities to Complete Requirements

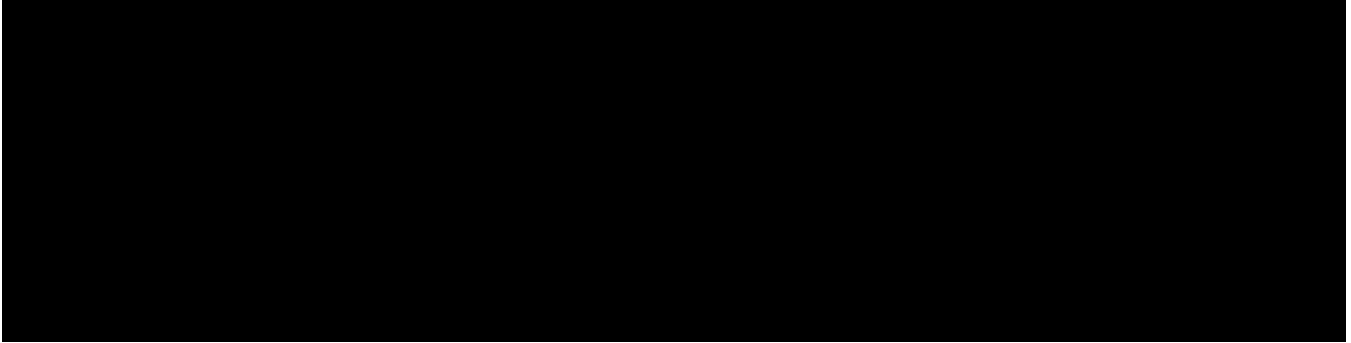
In this section, we describe the methodology we will use in the first 30 days to assess the current state of existing PMOs based on the requirements identified within the RFP. This methodology is known as the "Alignment Assessment" methodology.

3.2.1.1 Overview of the Alignment Assessment Methodology

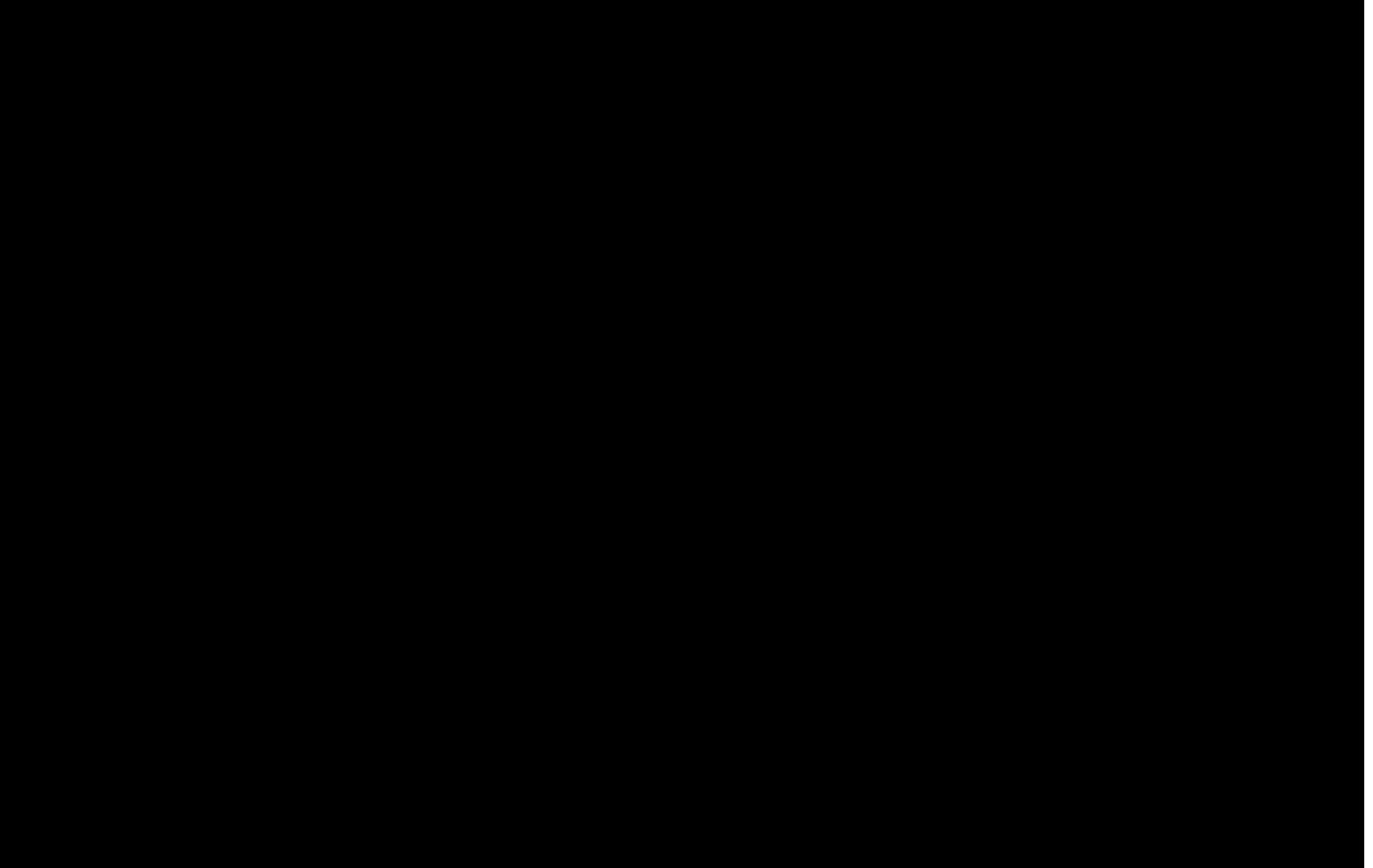
Our objective in using the Alignment Assessment methodology will be to evaluate the alignment of the current DHS processes and procedures with elements contained within this proposal. Using this methodology, we will rate both topics and implementation:



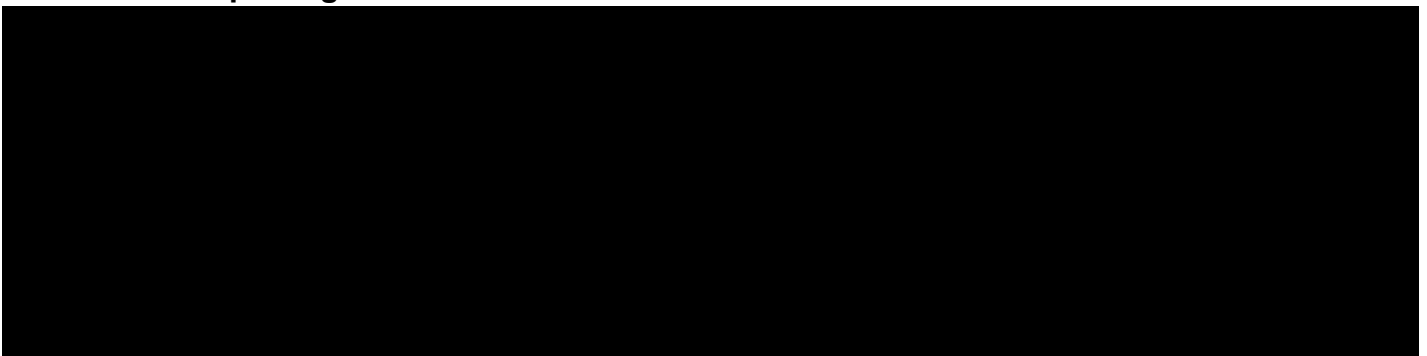
3.2.1.2 Process to Obtain Necessary Information for the Alignment Assessment



3.2.1.3 Analysis of Information and Use of the Alignment Assessment



3.2.1.4 Reporting Results



3.2.2 Medicaid Certification Activities



Navigating CMS guidance is difficult for any state without an experienced partner such as NTT DATA. We bring more than 36 years of experience working with federal agencies such as CMS in support of Medicaid systems.

A key piece of federal guidance concerns system certification. The latest CMS certification guidance is for Medicaid programs to transition the systems certification process from the Medicaid Enterprise Certification Toolkit (MECT) to an outcomes-based process known as Streamlined Modular Certification (SMC). SMC is designed to make sure systems that receive federal financial participation (FFP) funding also meet states' business and IT needs and satisfy federal statutory requirements.

CMS is promoting SMC by requiring states to develop outcome statements and evaluation criteria, identify test cases for system demonstrations, and collect and assess operational data as metrics. CMS guidance is released as new SMC processes are refined. SMC is designed to ensure IT projects achieve outcomes and improve Medicaid programs across the SDLC, from implementation through retirement. NTT DATA offers significant experience supporting certification for DHS and for other states. (See Section 2.4 and Section 2.7 for examples.)

Our certification and compliance experts work in parallel with DHS and vendors, guiding and completing all certification activities to drive compliance. These activities help reduce costs, collect evidence that supports certification, and comply with federal regulations to maximize federal funding. In subsequent sections, we discuss in detail how we will work with DHS vendors to help DHS achieve certification.

3.2.2.1 Certification Management Approach

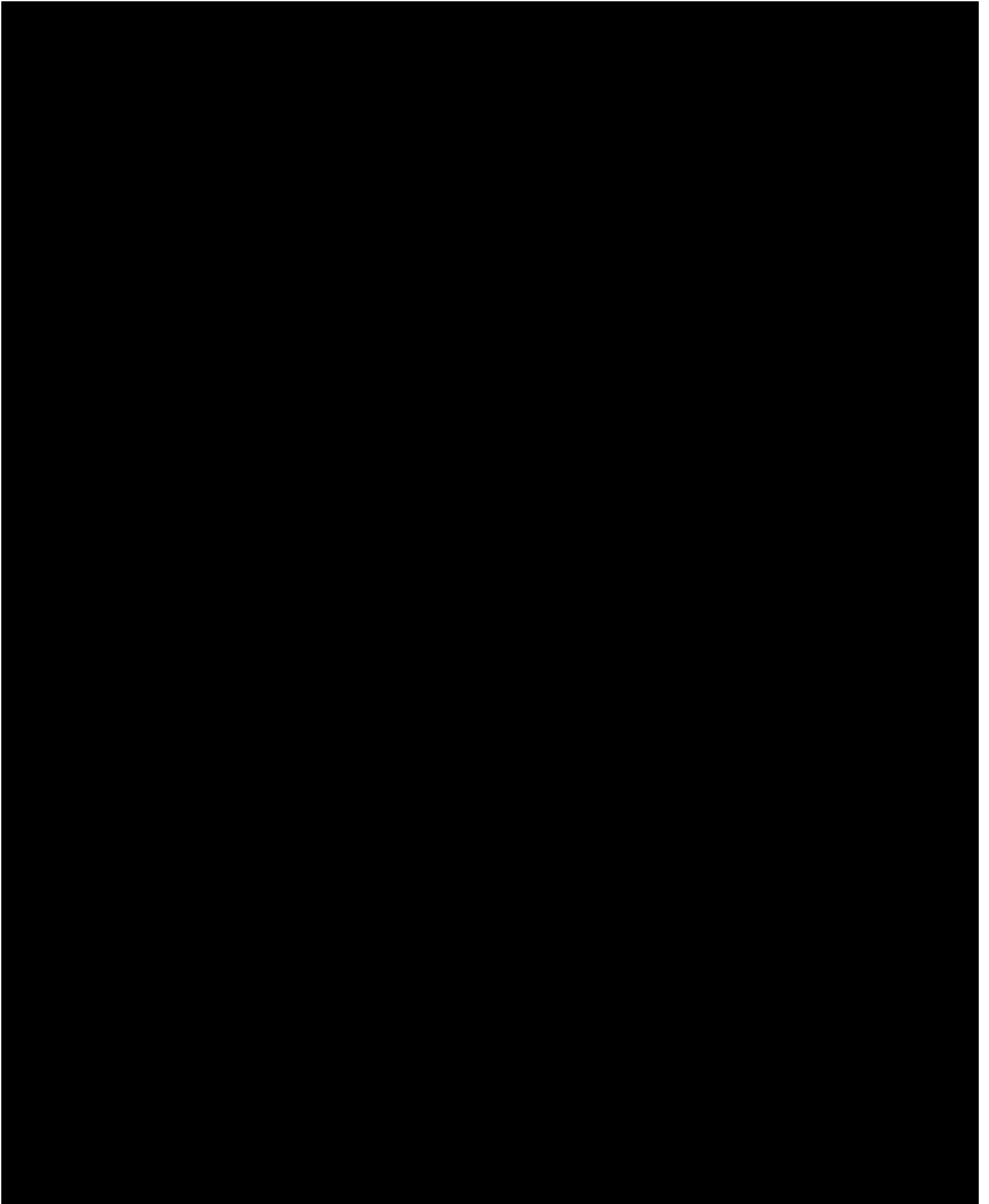
NTT DATA is well positioned to provide DHS with the knowledge and expertise needed to secure compliance by MES vendors with SMC processes through the entire build out, from planning and procurement through implementation and operations. In this section we define our approach, including activities, artifacts, and procedures we have used in multiple Medicaid management information system (MMIS) implementations to guide states and selected vendors through certification, from planning through operations.

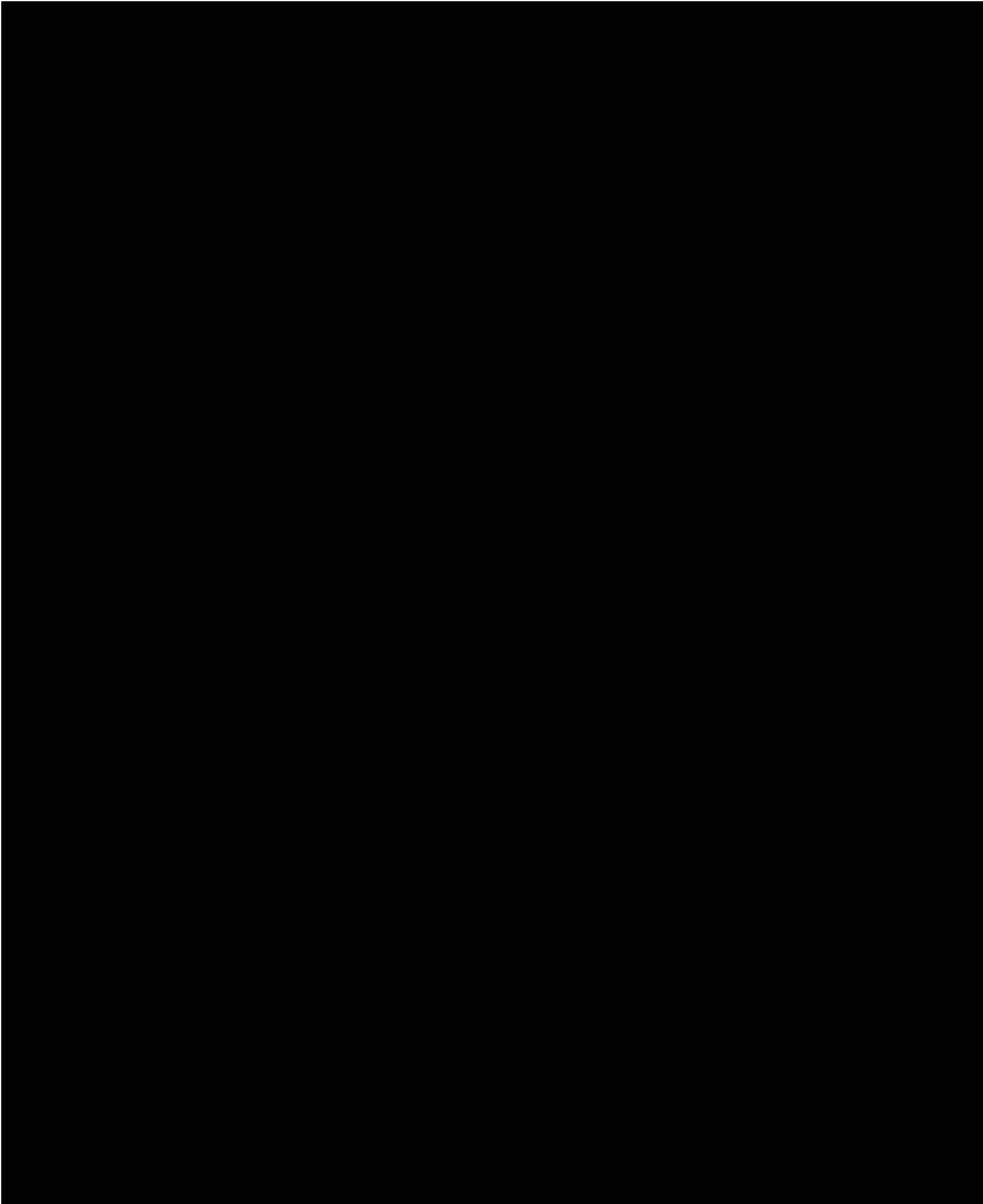
The NTT DATA PMO Approach

For DHS, NTT DATA will:

- Focus on certification requirements early and often.
- Proactively communicate with CMS.
- Plan and schedule for success.

Project Management Certification Activities (Planning and Procurement)





3.2.3 Defect Management, Including Prioritization and Resolution of Defects

A defect is an error, flaw, mistake, or fault in a computer program or system that produces an incorrect or unexpected result. Defects can occur in any phase of testing (including unit testing, system integration testing, end-to-end testing, or user acceptance testing) or in a production environment. Defects may be identified by testers, business users, or any other user of the system.

When a defect is identified during any phase of testing or in production, the defect is entered in a test management tool.

The NTT DATA PMO Approach

For DHS, NTT DATA will:

- Focus on consistent prioritization.
- Proactively communicate with DHS and solution vendors.
- Plan and schedule for success.

In our work with DHS, NTT DATA has continually refined our testing approach to confirm software implementations meet requirements and provide efficient, effective working solutions. We provide significant coverage during our testing, including the types of testing in **Figure 26**.

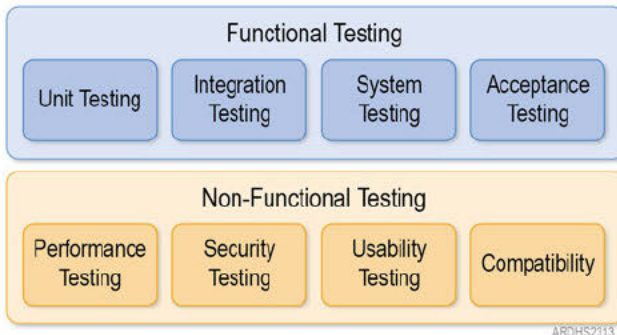


Figure 26. Types of Functional and Non-Functional Testing.

Entry of a defect into the test management tool allows the defect to be tracked, updated, and reported on through resolution. Once a defect is added to the testing tool, the solution vendor reviews the defect to determine if it is a duplicate of an existing defect.

As defects are submitted to the test management tool during testing or from the production environment, each defect is assigned a severity rating and a priority rating based on the impact the defect has

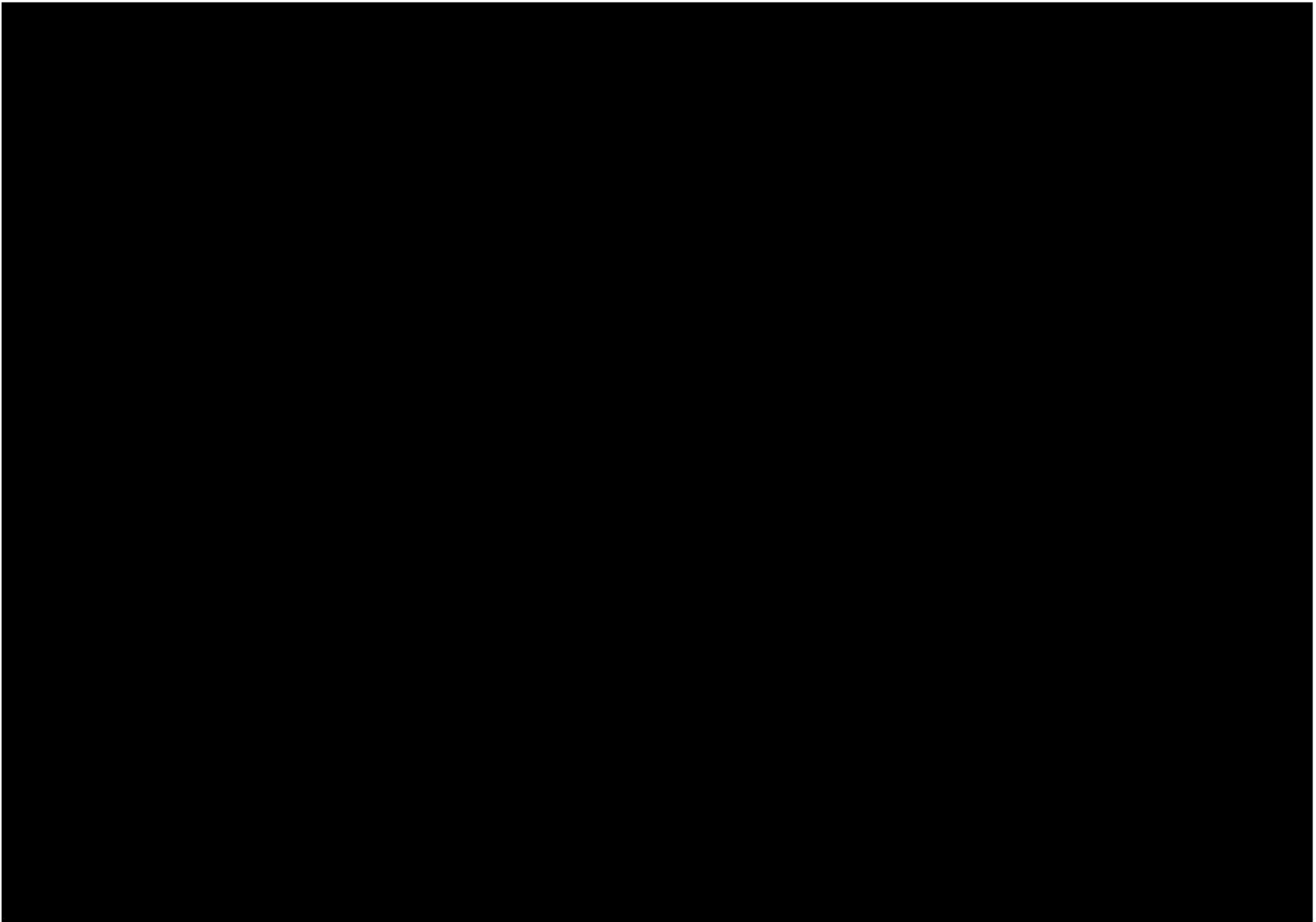
on the project or on program operations. The initial severity and priority are set by the team member entering the defect. The severity and priority are then reviewed during defect management meetings and can be adjusted pending management approval. At these meetings, we review defects to confirm that each contains the required information and is assigned to a stakeholder for resolution. We subsequently review the status of remediation.

In our process, severity and priority are considered when determining the order in which defects are addressed. The severity of the defect can change as more is understood about the defect and its impacts to the entire system. Because defect severity levels are a factor in prioritizing defect resolution, it is necessary for business owners to be aware of current defect statuses.

Throughout this process, vendors use the testing tool for changing the status of the defect as appropriate. The tool is the system of record for defect activities. The tool supports exporting of

data; if a vendor desires to use its own defect management or test management software, it may do so, but it is required to keep the DHS test tool status updated appropriately.

We worked with DHS to create the defect management process displayed in **Figure 27**.



3.2.3.1 Defect Severities and Prioritization

In our process, defects are assigned a severity level based on the impact a defect has on an application or system via the process shown in **Figure 28**. The severity of a defect may change as more is understood about the defect and its impacts on the system. Because defect severity levels are considered in prioritizing defect resolution, DHS business owners need to be aware of current defect statuses.

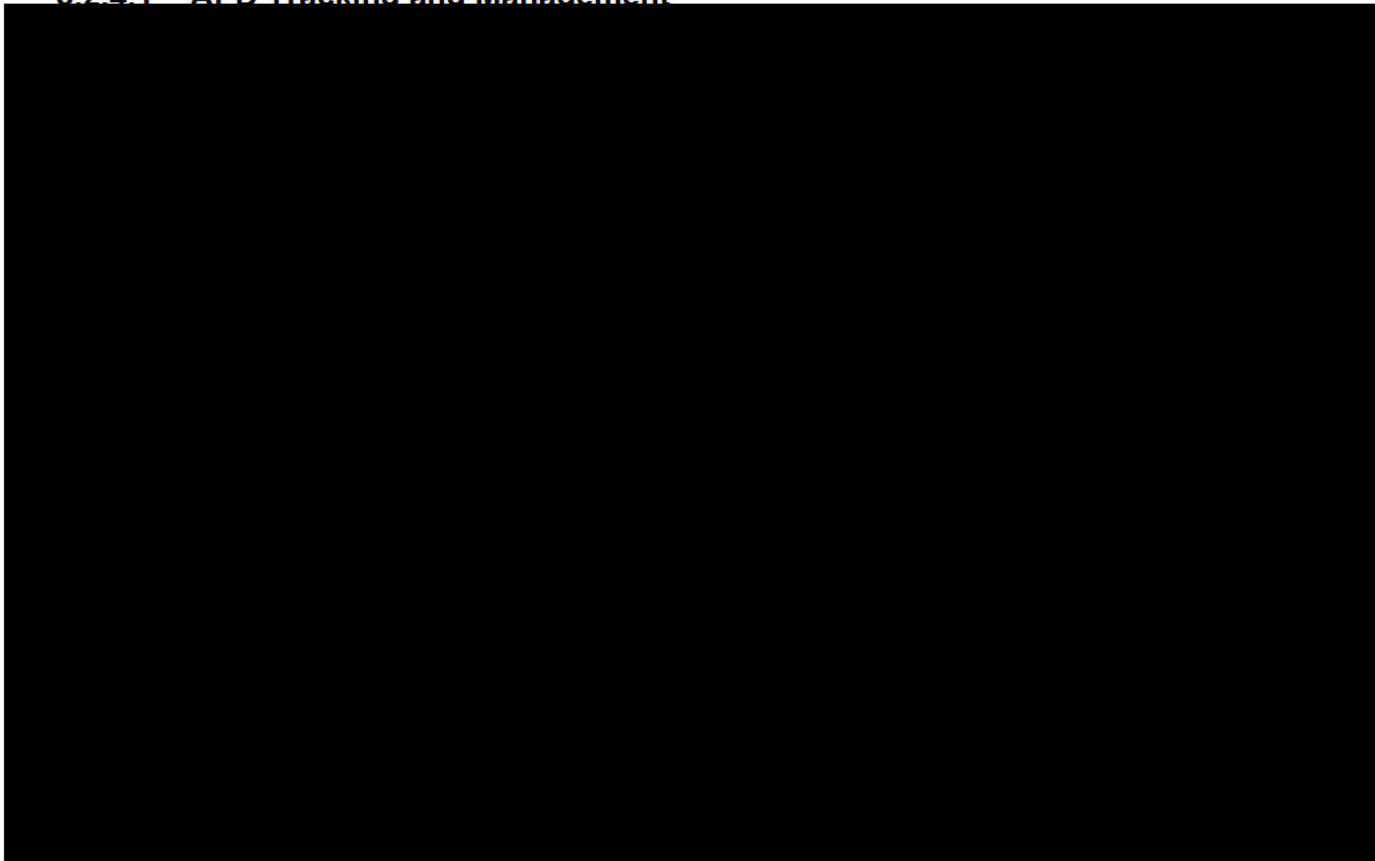
Figure 28. Defect Severity and Priorities

Category	Severity and Priority Definitions
1 - Critical	The defect causes a complete system failure or the loss or corruption of a massive amount of data. Testing is blocked.
2 - High	The defect causes a major loss of system functionality, making the system unusable for performing required business functions. No workaround is available or approved by the business owners. Testing is severely hampered or blocked
3 - Medium	The defect causes a loss of system functionality that makes the system unusable for performing required business functions. A workaround exists and must be approved by the business owners prior to moving to the next phase.

Category	Severity and Priority Definitions
4 - Low	The defect causes a negative impact on minor business functions, does not adhere to the agreed upon business design, or is related to the visual appearance of the system, a page, or a panel. Workarounds may or may not be available.

3.2.4 APD Tracking and Financial Management

3.2.4.1 APD Tracking and Management



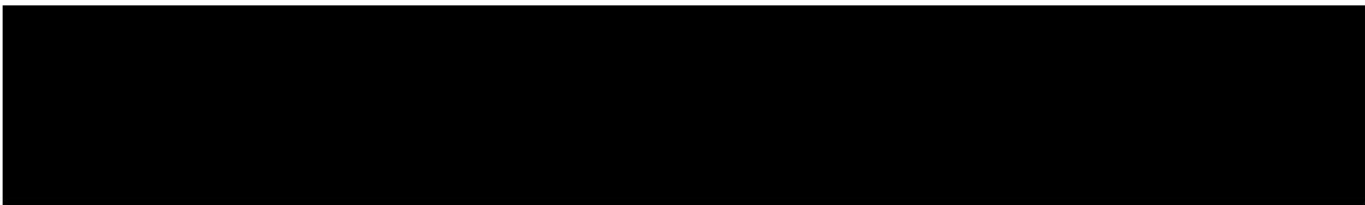
3.2.4.2 Financial Management

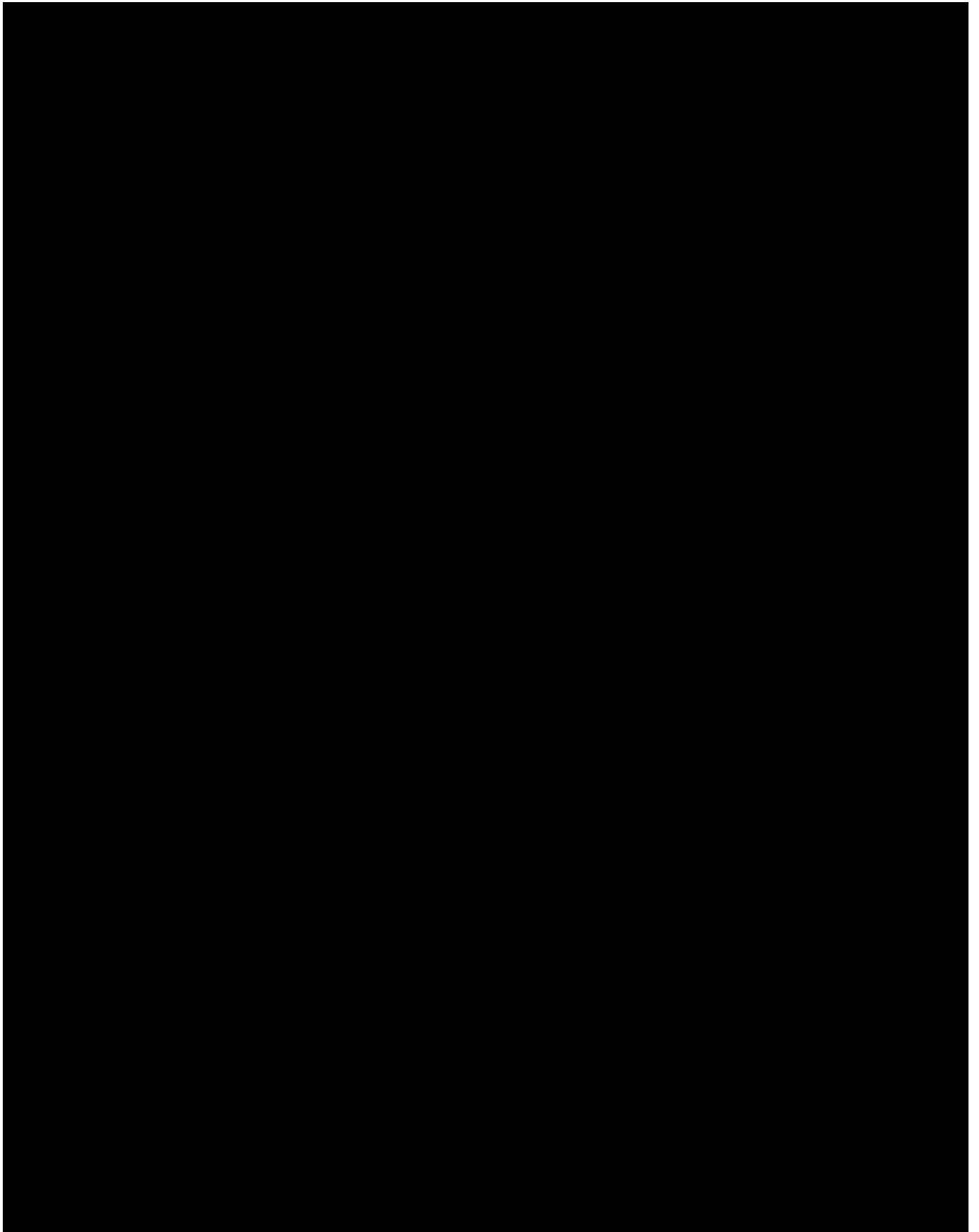
As we help DHS achieve its modernization objectives, we will provide financial management activities that meet DHS's expectations and align to the stages and phasing of the MES roadmap through construction of a financial management plan. This plan will document the methodology, processes, approach, standards, templates, and tools used by our team and by vendors to manage the contracts, amendments, budgets, and costs associated with effectively purchasing, building, implementing, and operating a modernized IT system.

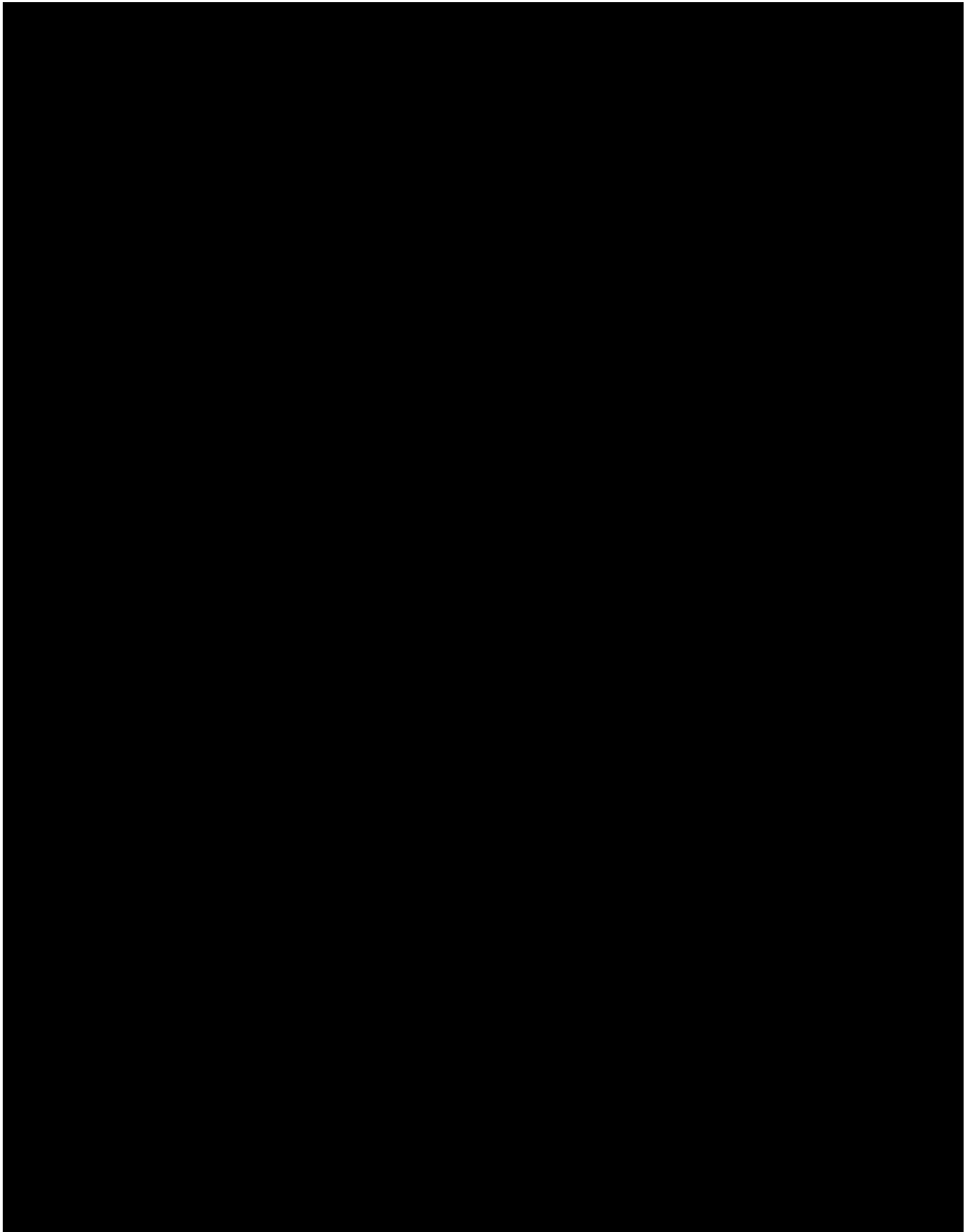
The NTT DATA PMO Approach

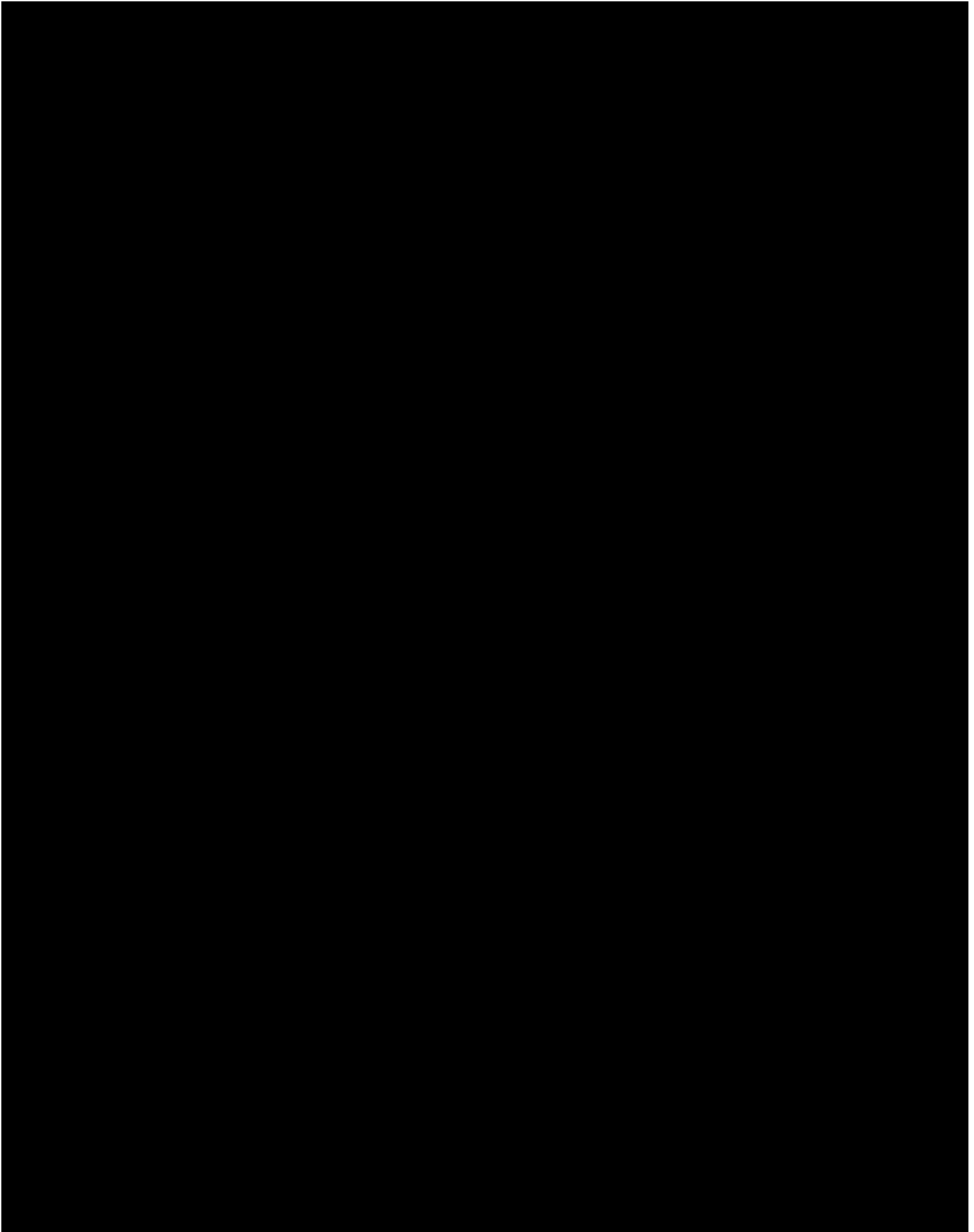
For DHS, NTT DATA will:

- Improve visibility and transparency.
- Identify the best mix and sequencing of projects to speed up business process optimization.
- Support quicker executive decision-making.









4 E.4 - RFP Section 2.5 – PMO Reporting Requirements and Milestones

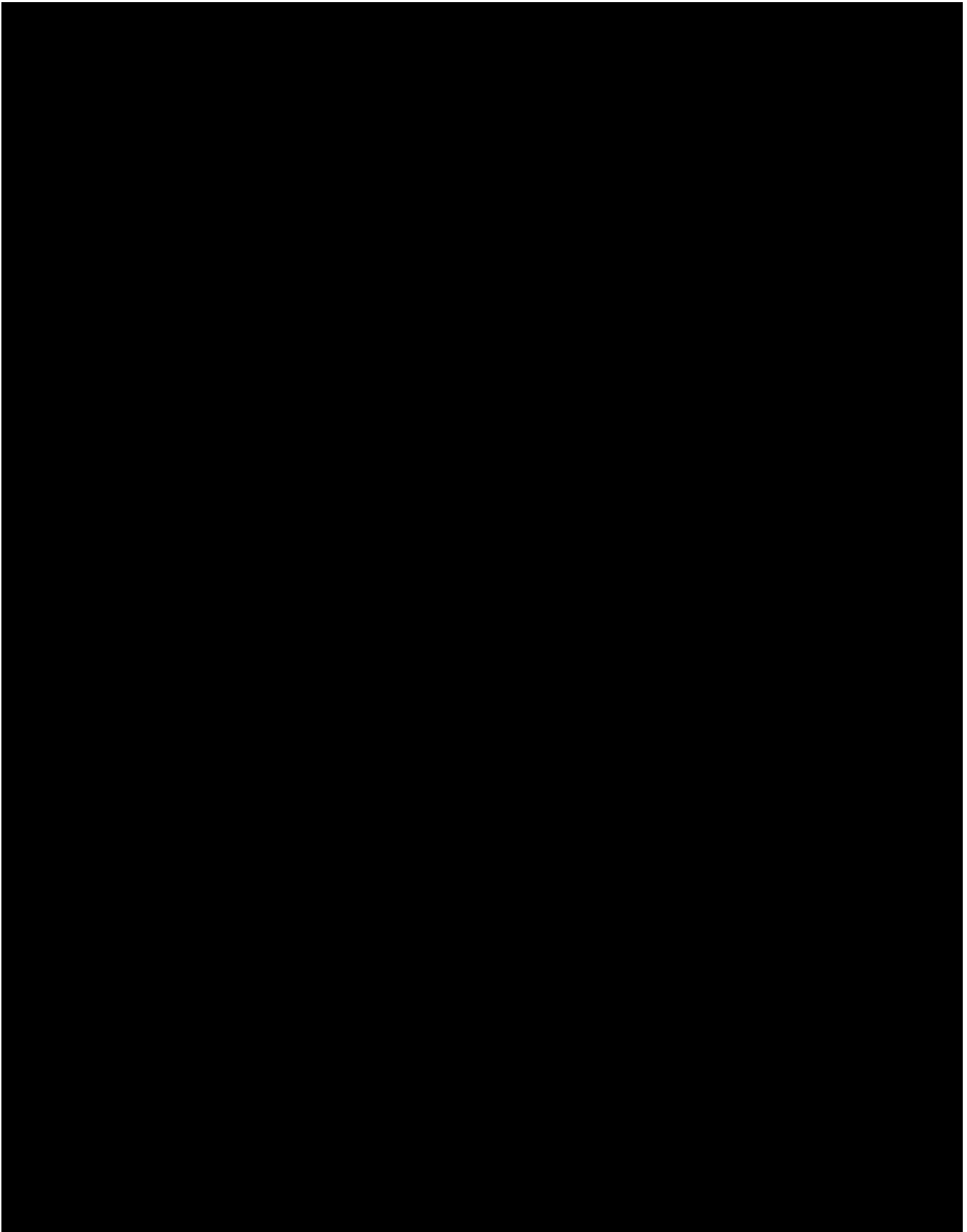
4.1 Detailed Approach and Methodology for each PMO Report and Deliverable

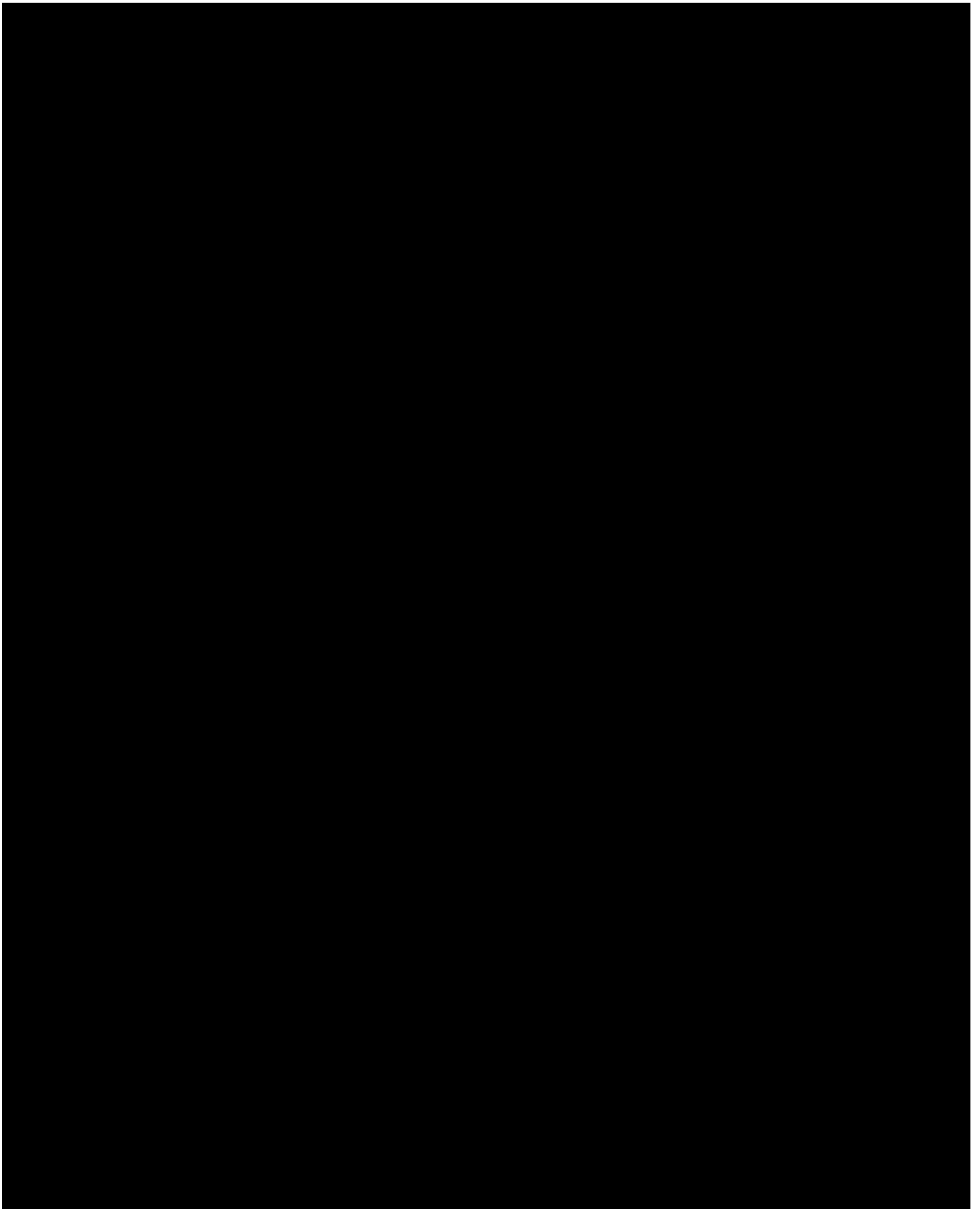
DHS has partnered with NTT DATA since 2009. Over this time, we have adapted and enhanced our proven, results-driven methodologies, tools, and reports to better serve the State of Arkansas by delivering successful project management. We have also provided (and will continue to provide) quality reports based on proven methodologies tailored to the needs of DHS's four program areas. We are excited and thankful for the opportunity to continue this partnership while building upon the work that has already been done.

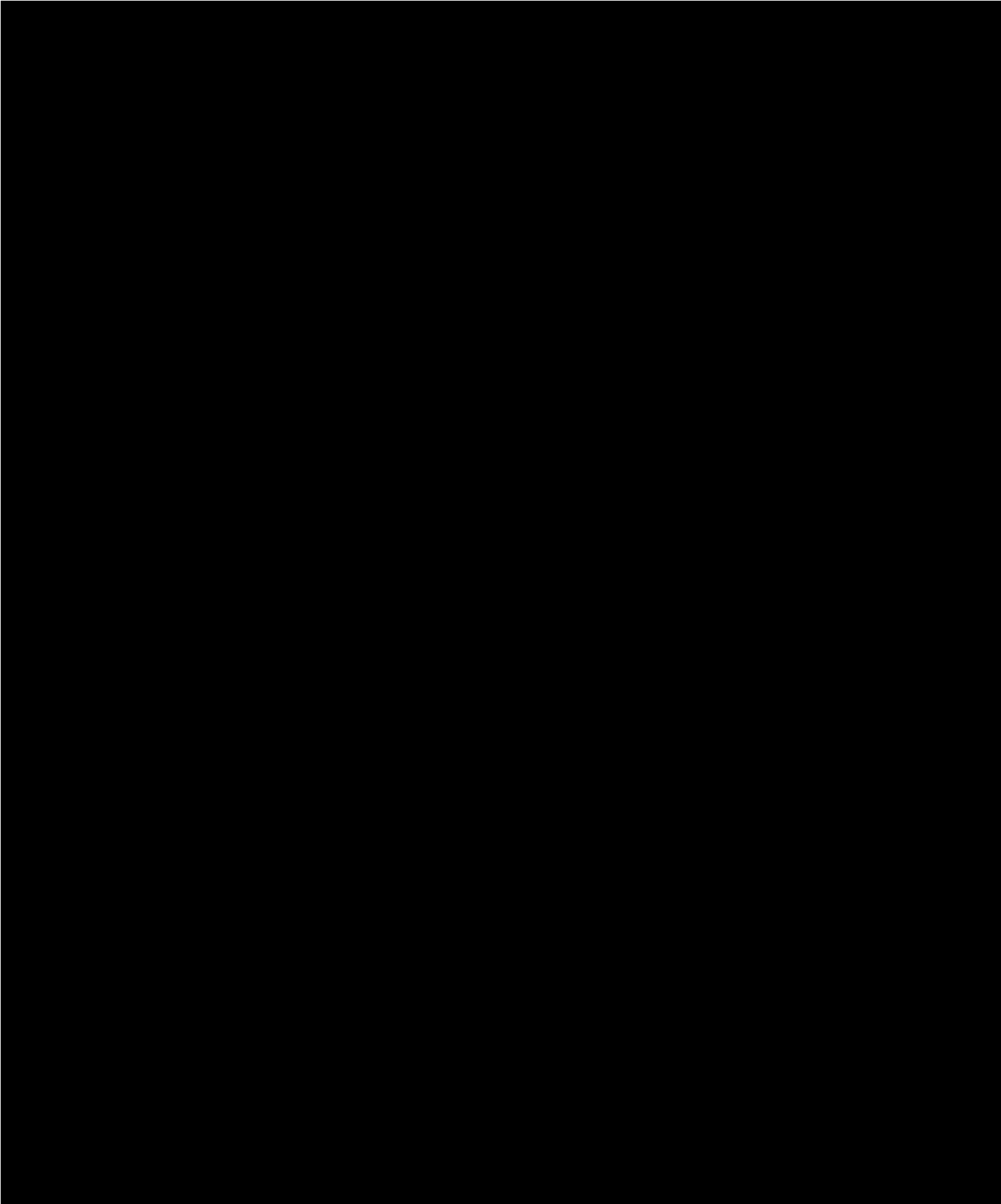
Figure 30. High-Level Reporting Methodology

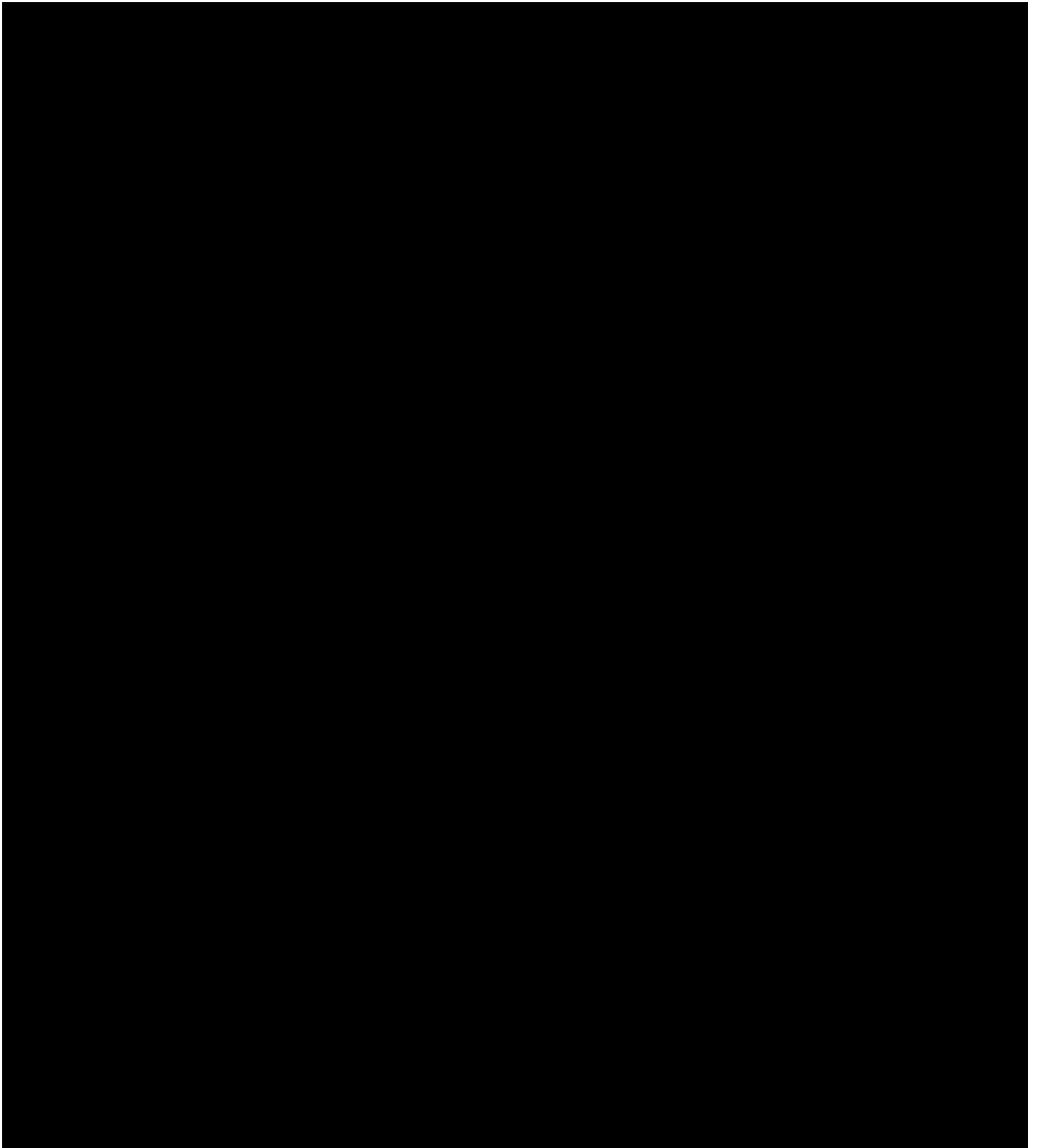
Our DHS team will track project progress and report on project statuses using multiple approaches and reports. We will maintain a disciplined process for monitoring deliverables and schedule milestones; creating performance measurement baselines for scope, schedule, and cost; and producing and updating project status reports. Specifically, we will provide three levels of reporting, for: (1) individual projects, (2) individual programs, and (3) the overall DHS enterprise level. We will continue to use existing project report templates, but where appropriate for integration purposes, we will provide a recommendation to any report component requiring changes to the DHS Project Manager for input and approval. Our reporting will include:

- **Monthly Staffing Management Plan** – The PMO will provide monthly updates to the staffing management plan that reflect any changes needed to support a PMO-specific project. These monthly updates will be reviewed and approved by DHS.
- **Status Meetings and Project Monitoring** – The PMO will coordinate project status meetings with project sponsors, appropriate DHS division representatives, NTT DATA project directors, DHS project managers, and appropriate key personnel from project teams. These meetings will involve regular discussion of project statuses, risks, issues, budgets, and recommendations. These activities will drive the creation of weekly status reports.
- **Risk and Issue Report** – The PMO will provide a risk and issue report weekly and monthly as part of a project status report to the DHS IT Project Manager and to project sponsors.
- **Performance Review Reports** – The PMO monthly project status reports will include enterprise-metrics regarding the state of delivery and value of selected projects.
- **Advisory Support Report** – The PMO will provide either quarterly or on-demand status reports for the portfolio of projects that receive PMO advisory support services.
- **Executive Summary Reports** – The PMO will submit monthly executive summary reports to project sponsors and to the DHS leadership team.
- **Project Plan Update** – The PMO will submit weekly updates as stages are completed or planned in detail. Additionally, we will update the project plan to reflect the latest understanding of project(s).





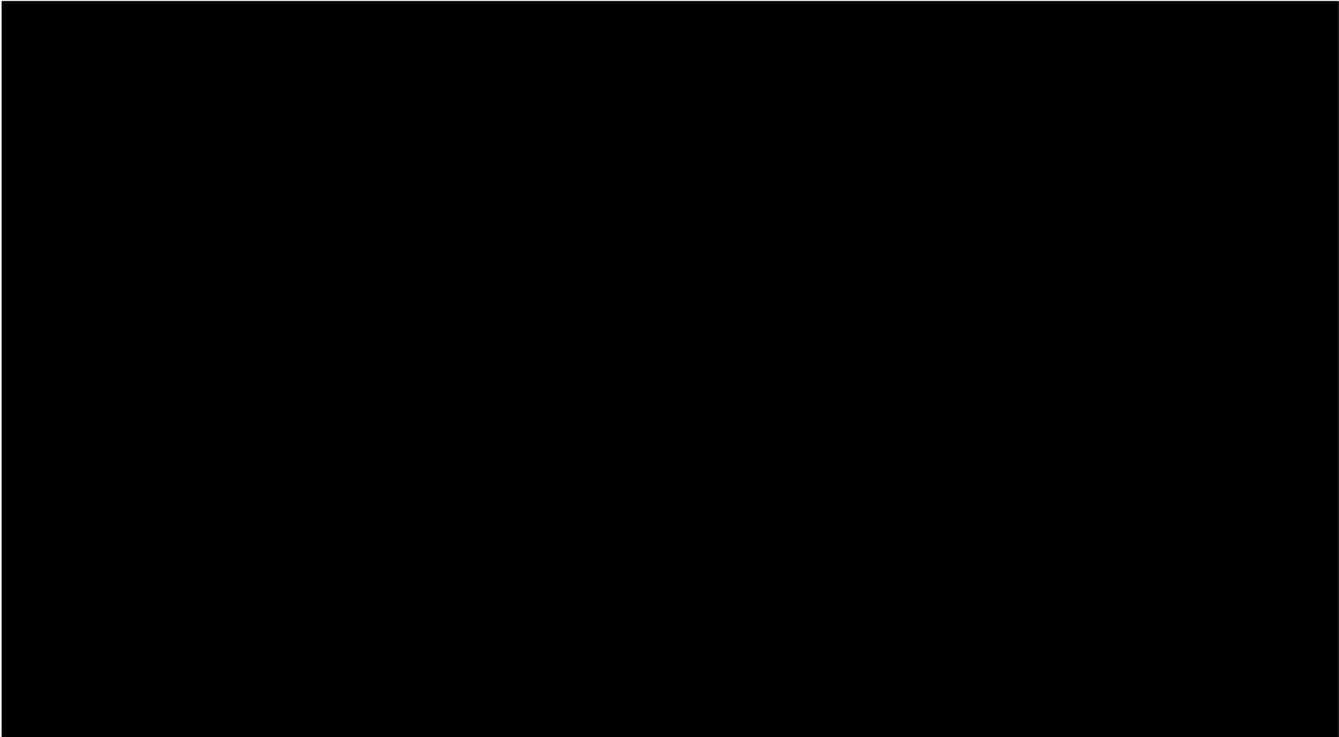




4.1.2 Weekly Project Status Report (B)

A sample template of a weekly project status report is in **Exhibit H** (Weekly Project Status Report Template for E.4.B).

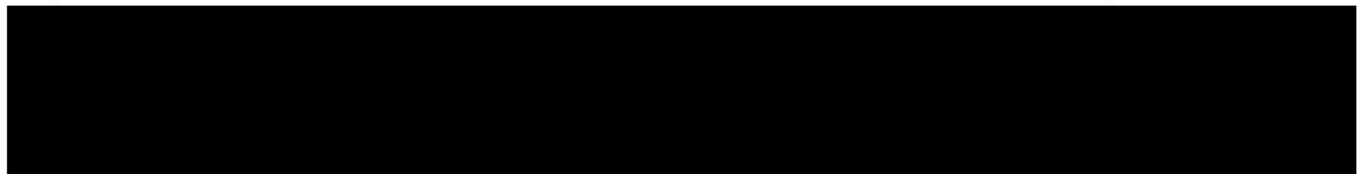
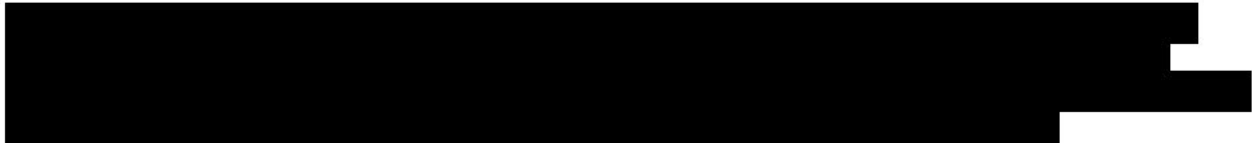
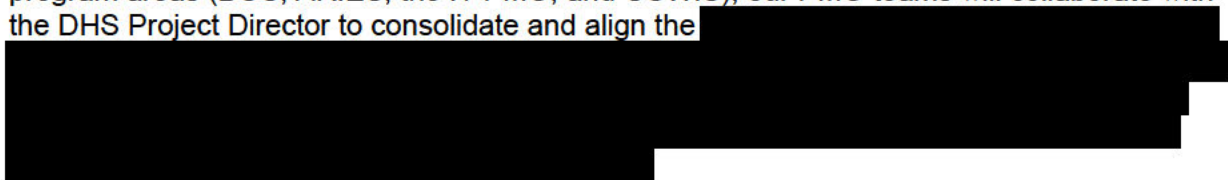
DHS will continue to benefit from our transparent, “no-surprises” approach to day-to-day activities. As part of this approach, the PMO team will meet with management and other stakeholders daily, weekly, and monthly to promote full alignment with DHS needs and objectives. Our team is committed to continuing to partner with DHS and accomplish successful project outcomes in a hands-on fashion. We have been (and will continue to be) staffed with professionals who reliably develop and execute meeting agendas and minutes while also facilitating meetings based on DHS requirements and timelines.

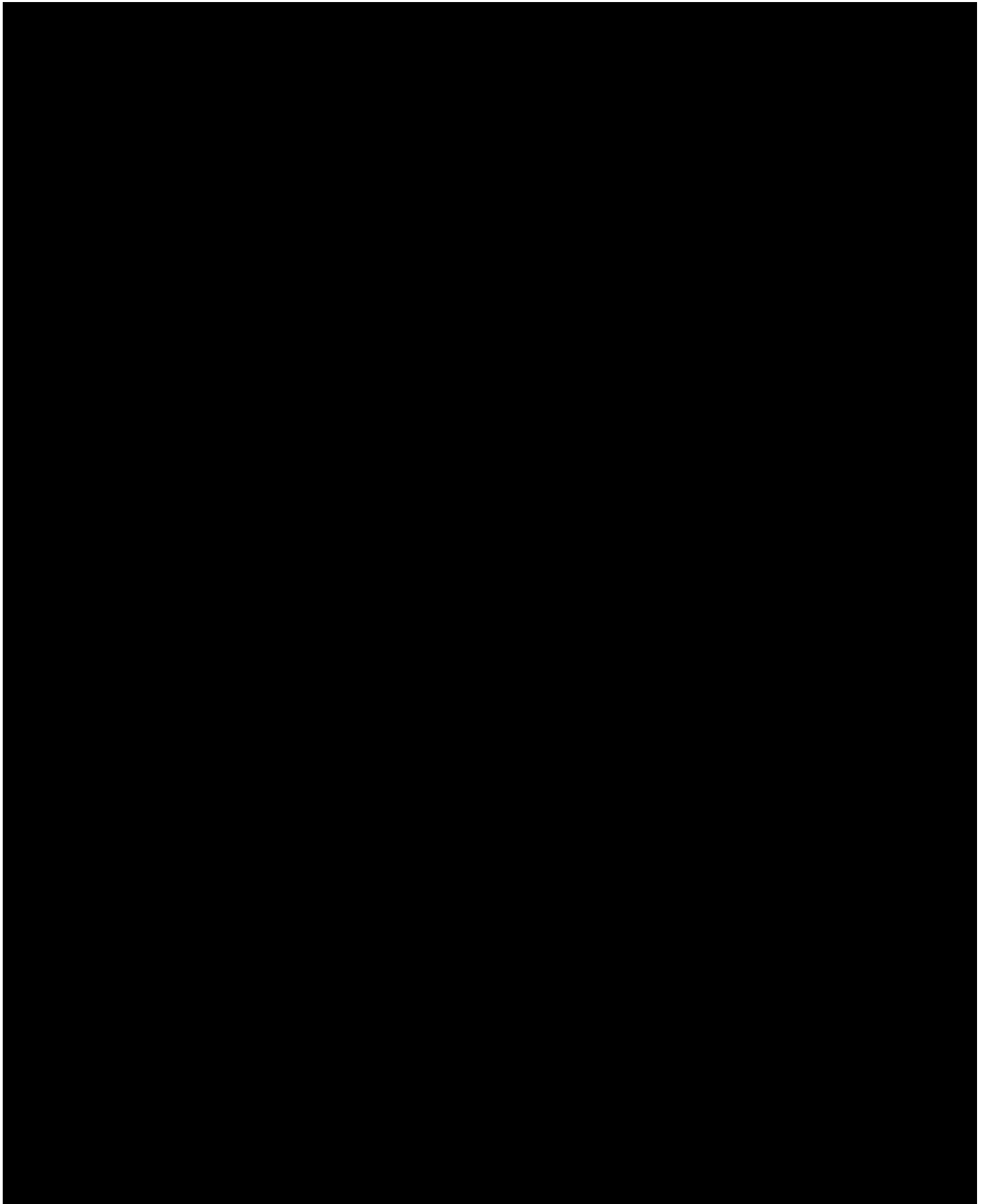


4.1.3 Weekly Risks and Issues Report (C)

A sample template is provided in **Exhibit I** (Weekly Risks and Issues Report Template for E.4.C).

Building upon the established risk and issue management process now used for the four DHS program areas (BOS, ARIES, the IT PMO, and CCWIS), our PMO teams will collaborate with the DHS Project Director to consolidate and align the





4.1.5 Quarterly/On Demand Advisory Support Report (E)

A sample template is provided in **Exhibit K** (Quarterly/On Demand Advisory Support Report Template for E.4.E).

Working collaboratively with DHS leaders and project teams, we have established a solid foundation for delivering the best solutions and project outcomes for Arkansans. Over this time frame, our teams have been called upon to evaluate existing systems, collect requirements for new systems, help create process maps, support business process improvement projects, and perform quality assurance assessment. Our approach to these efforts follows the same proven methodologies that have helped shape the framework for all that we do. Currently, our DHS team uses the same project methodology to drive the work effort and reports needed to complete quarterly/on demand advisory support reports.

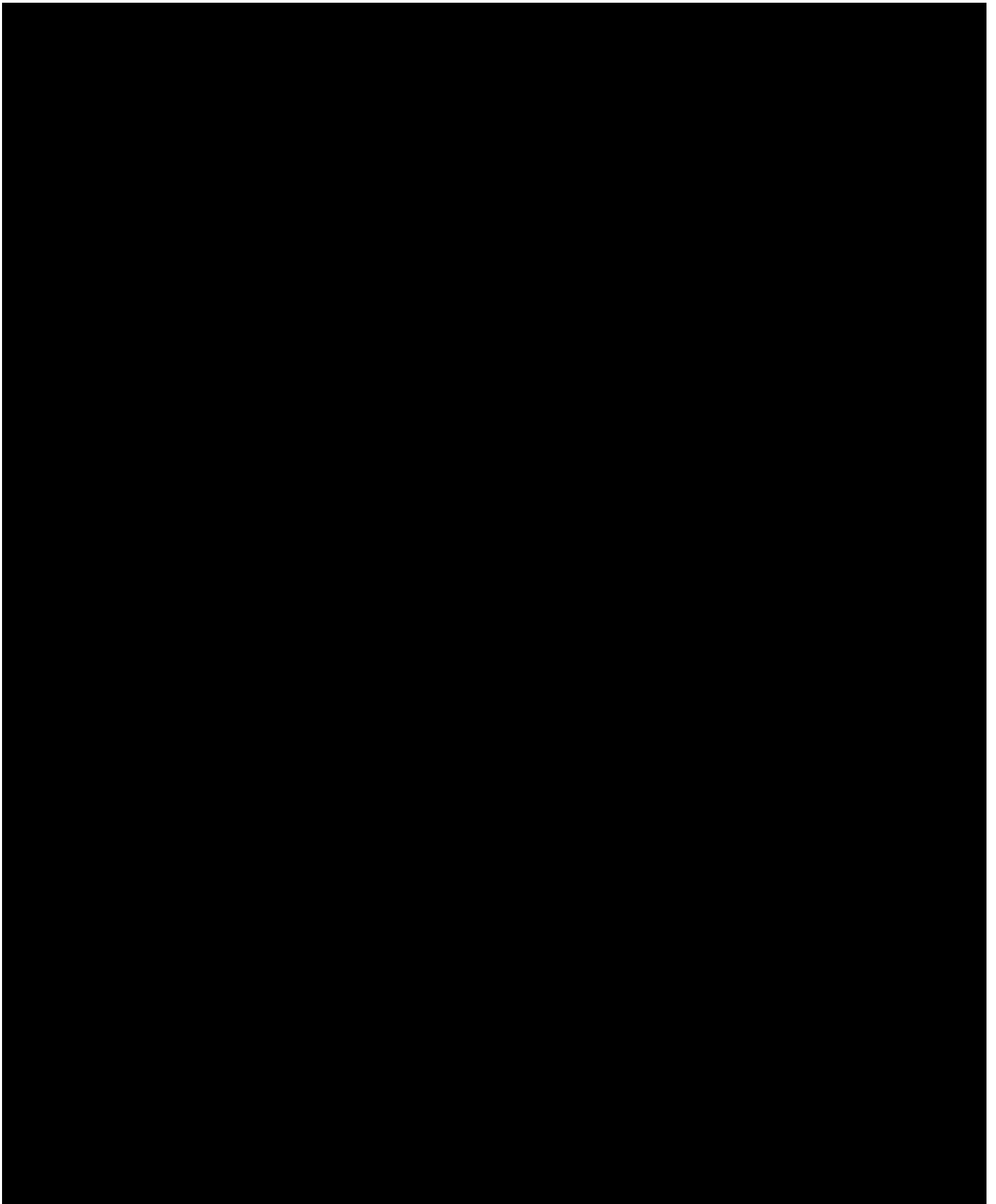
4.1.6 Monthly Executive Summary Report (F)

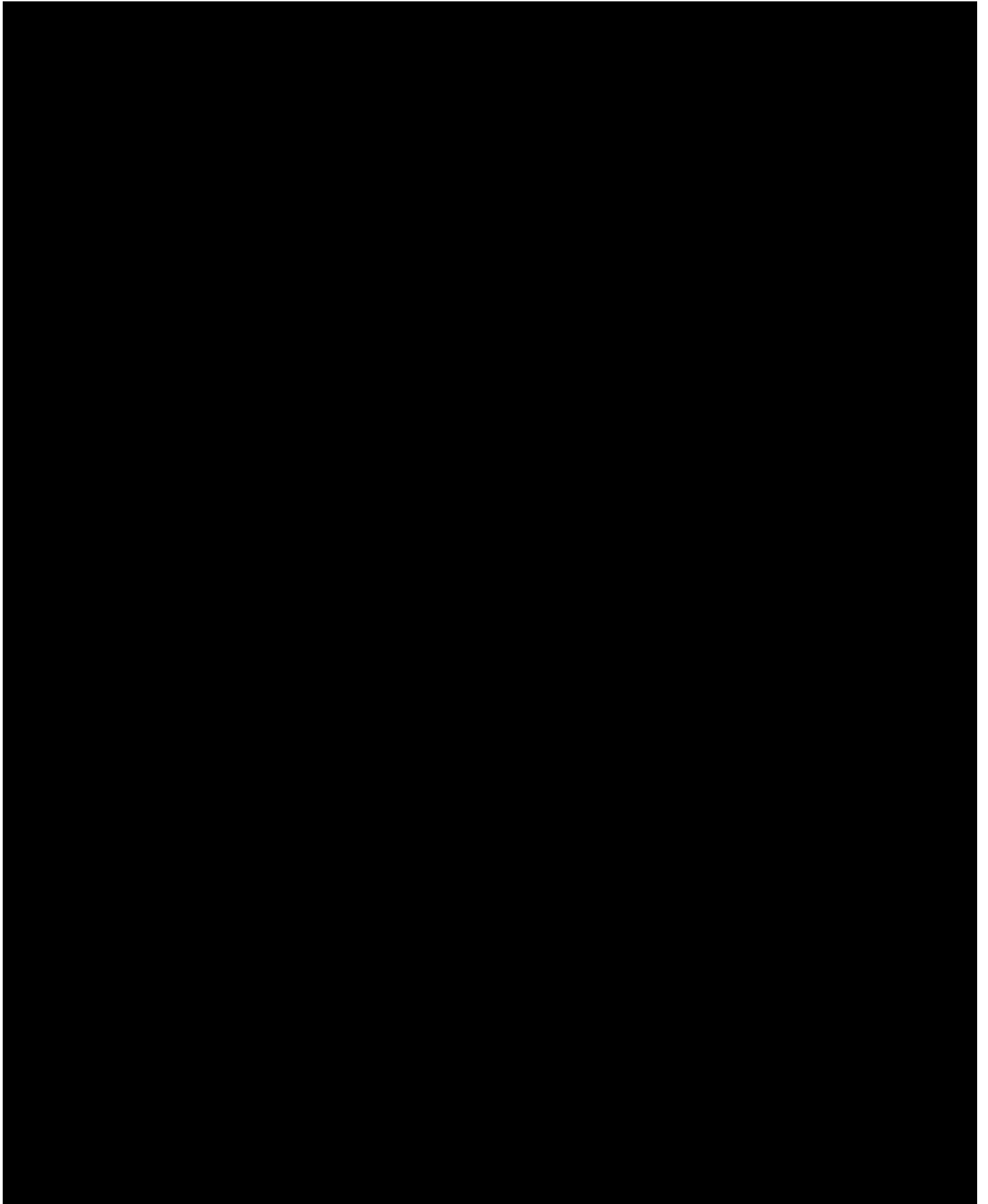
A sample report is provided in **Exhibit L** (Monthly Executive Summary Report for E.4.F).

By working with our existing NTT DATA team, DHS staff, and existing DHS solution vendors daily, we collect the elements and insights required to create the monthly executive summary report. Our experienced DHS team understands the rigors and stress that DHS leaders and solution vendors sometimes endure. Our goal is always to be fair and consistent as we hold ourselves and other project participants accountable for achieving agreed upon project outcomes. While the executive summary report is a monthly deliverable, it is the result of our team's total day-to-day work effort.

Without efficient, effective methodologies and staff who understand the intricate details of how to manage DHS contracts, the reports will be nothing more than paper or data points on a dashboard. Our team has been (and is) working with DHS to continually evolve the reporting process and procedures, all while breaking down silos that can form in agencies with complex systems projects.

Our objective is to assist with transparent reporting at all levels across multiple stakeholder groups. We will continue to partner closely with DHS to identify opportunities to improve maturity, clarity, and reach, while also verifying that we retain what is working in terms of reporting for various audiences.





5 Additional Items Submitted

5.1 Copy of Contractor's Equal Opportunity Policy (See Equal Opportunity Policy (A))

Please refer to content under the "Equal Opportunity Policy" tab.

5.2 Signed addenda to this RFP, if applicable (See Requirement of Addendum (B))

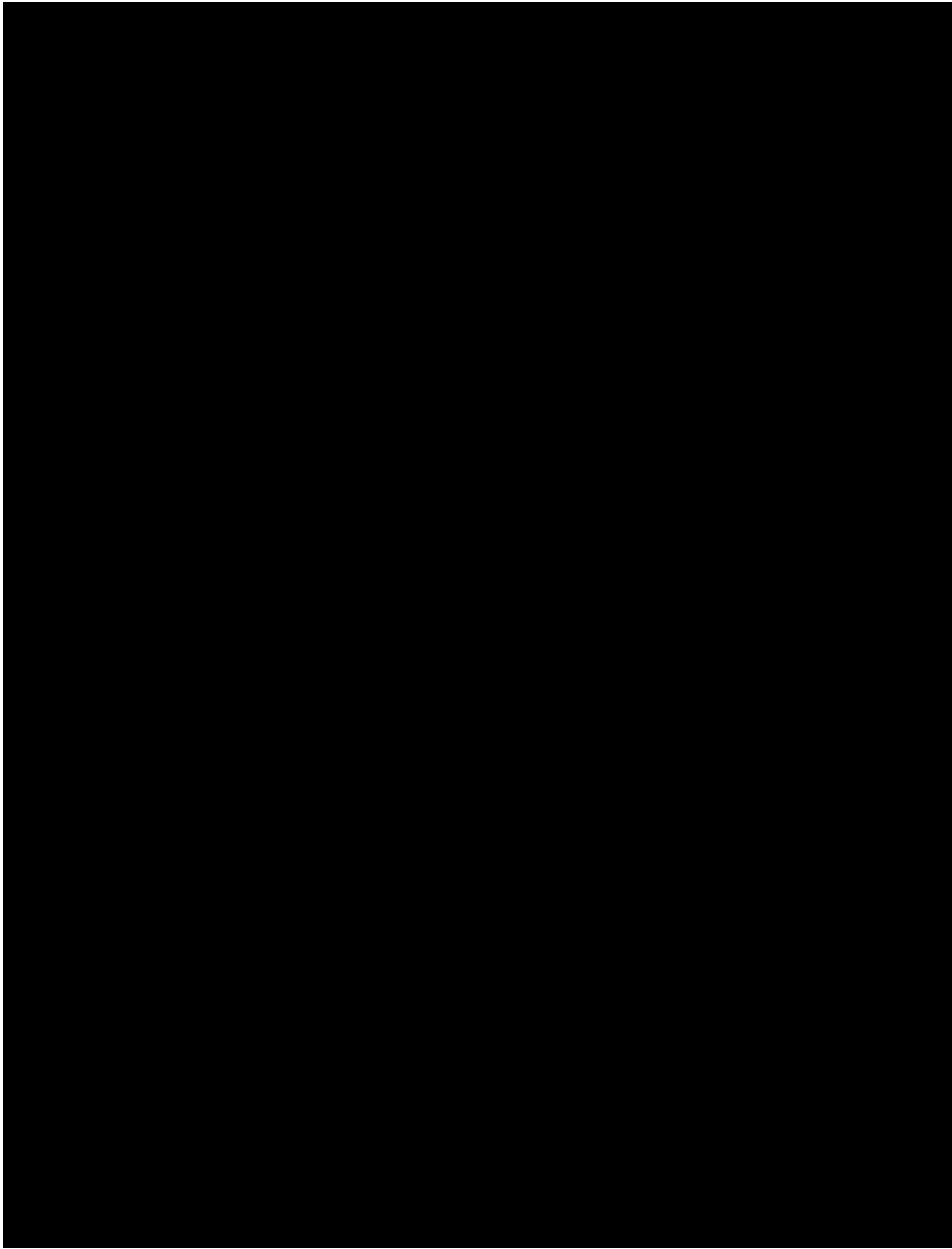
Please refer to content under the "Signed Addenda/Addendums" tab.

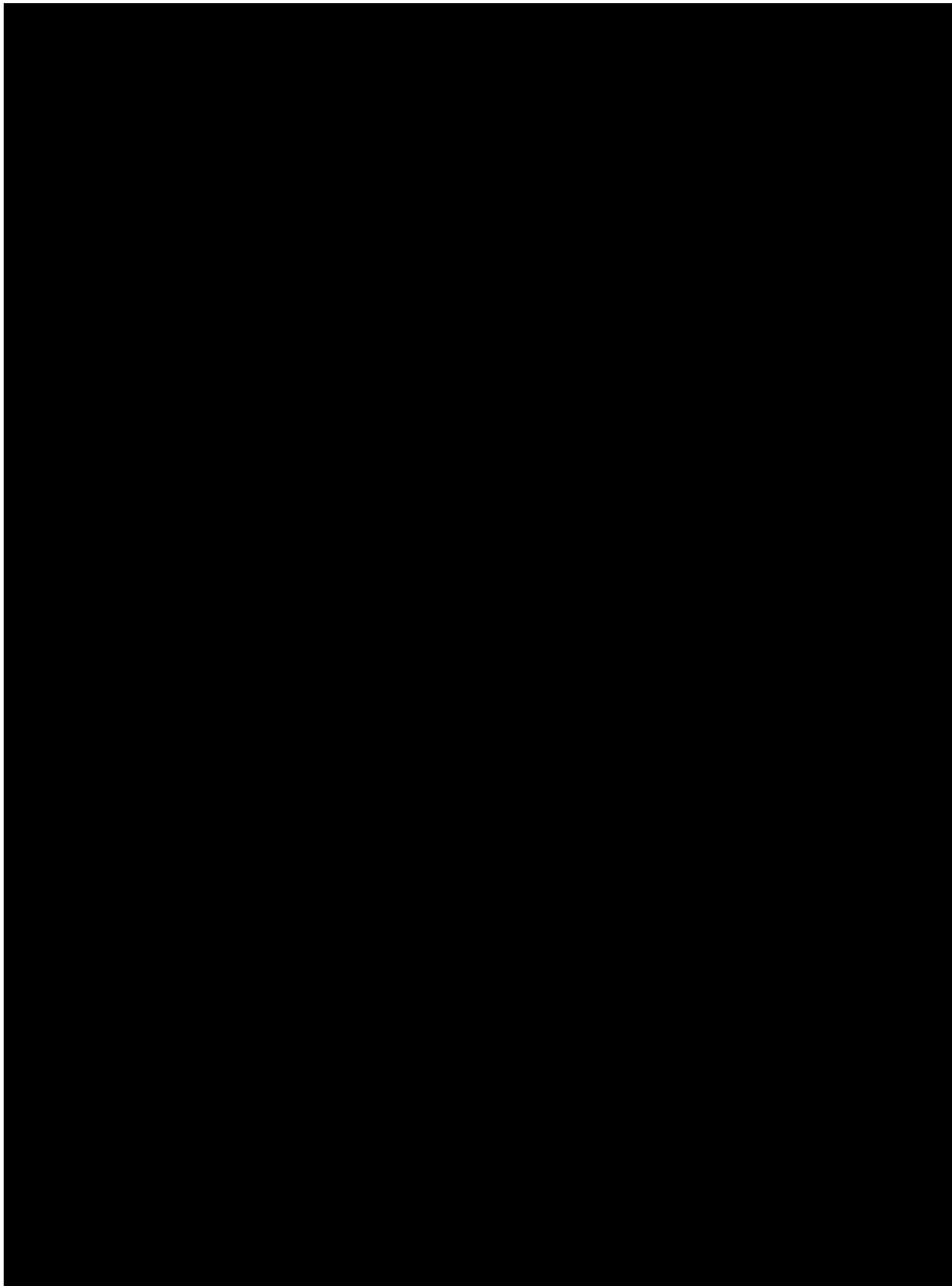
5.3 Voluntary Product Accessibility Template (VPAT), if applicable (C)

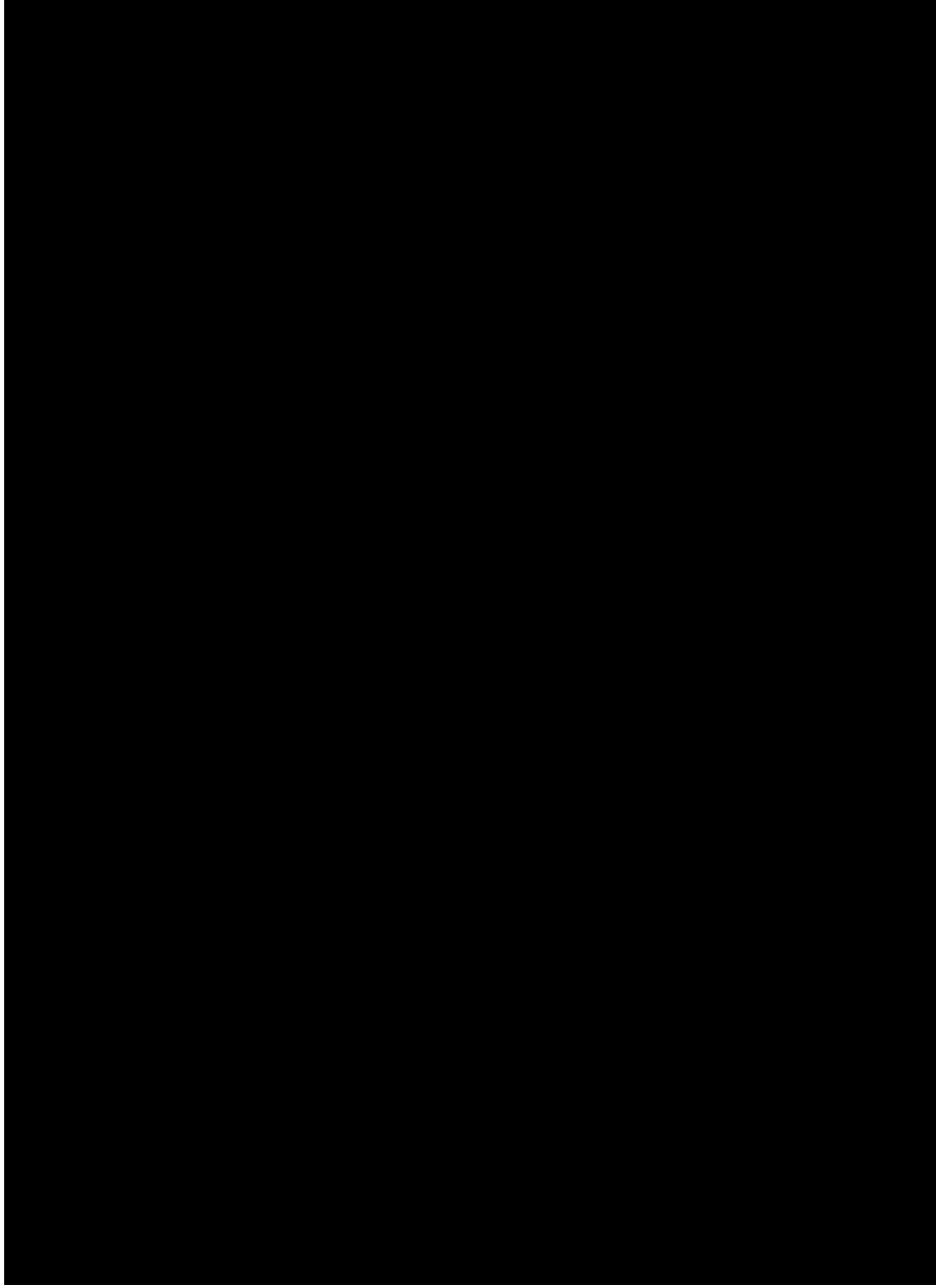
Not applicable.

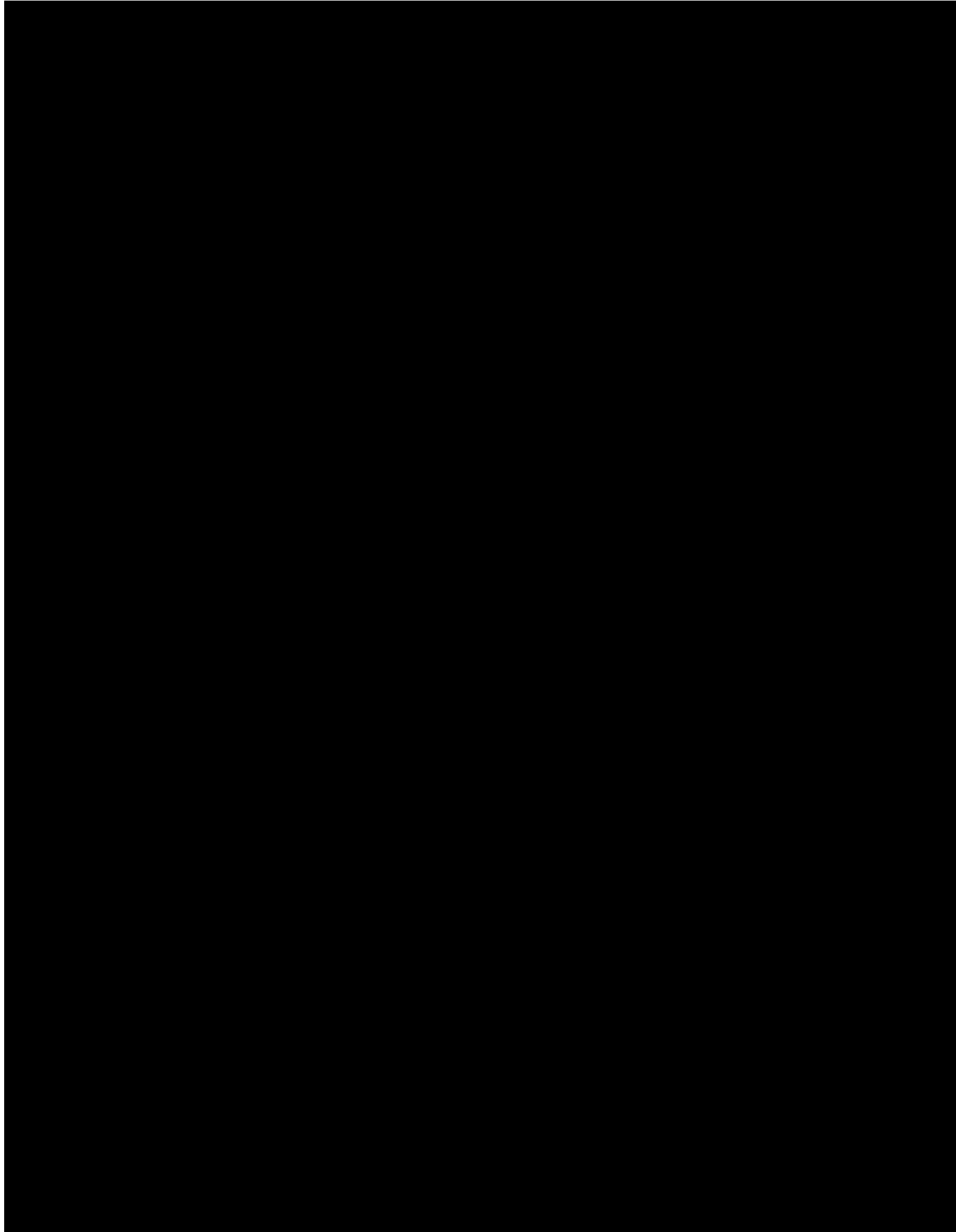
EXHIBITS

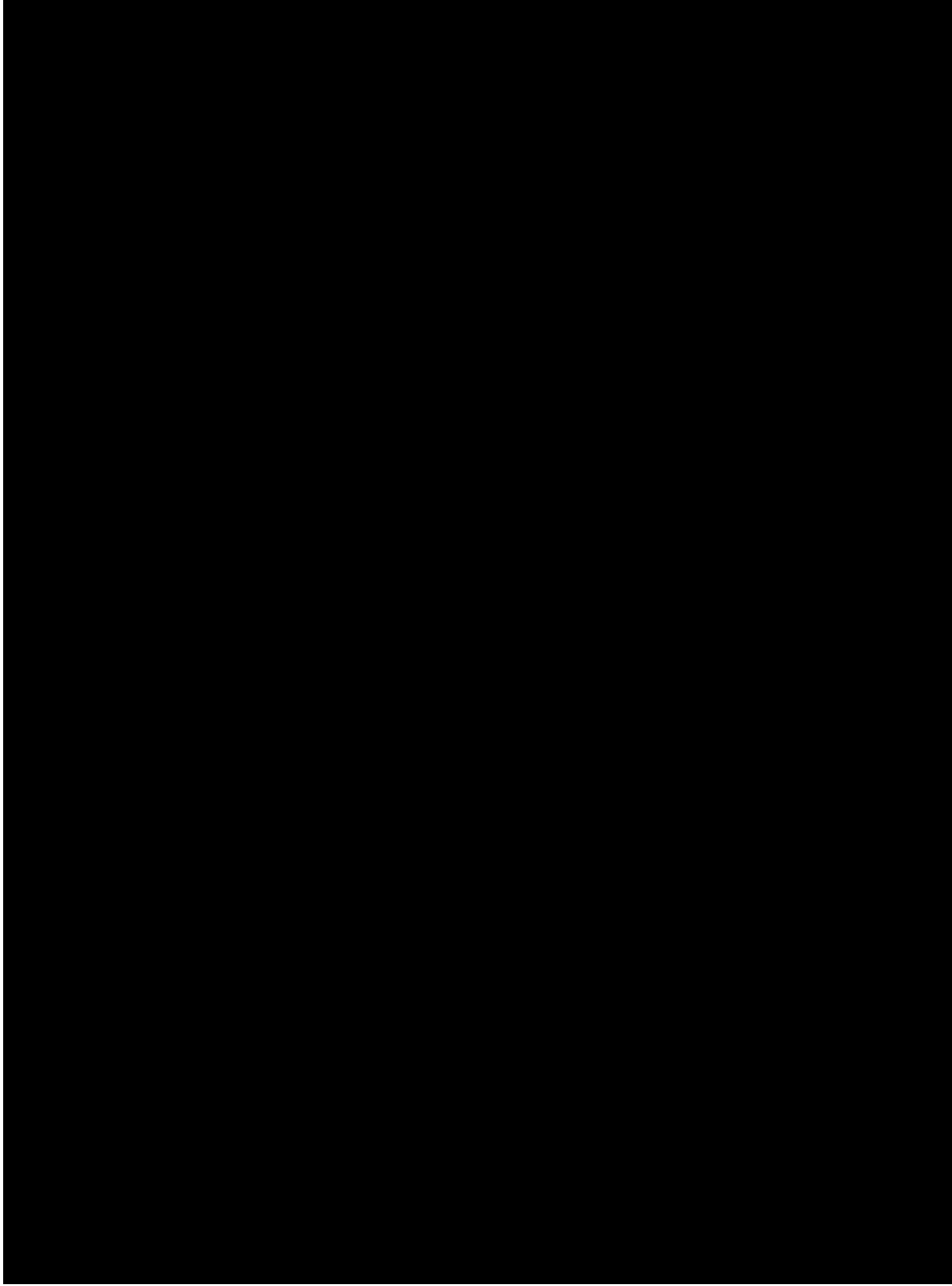
Exhibit A Resumes of Key Personnel

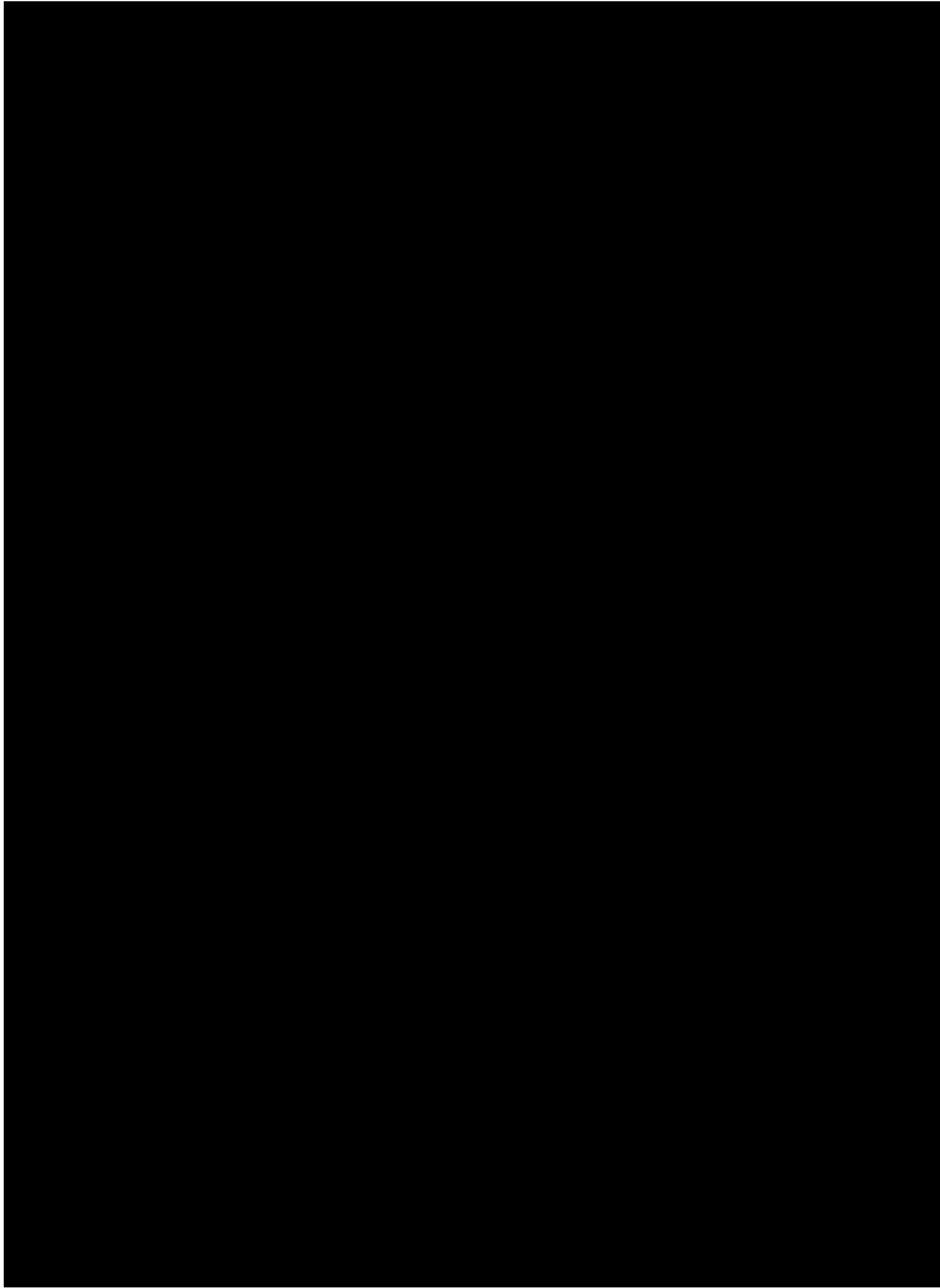












the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has become a major employer in the UK, and its growth has been a key factor in the overall growth of the economy.

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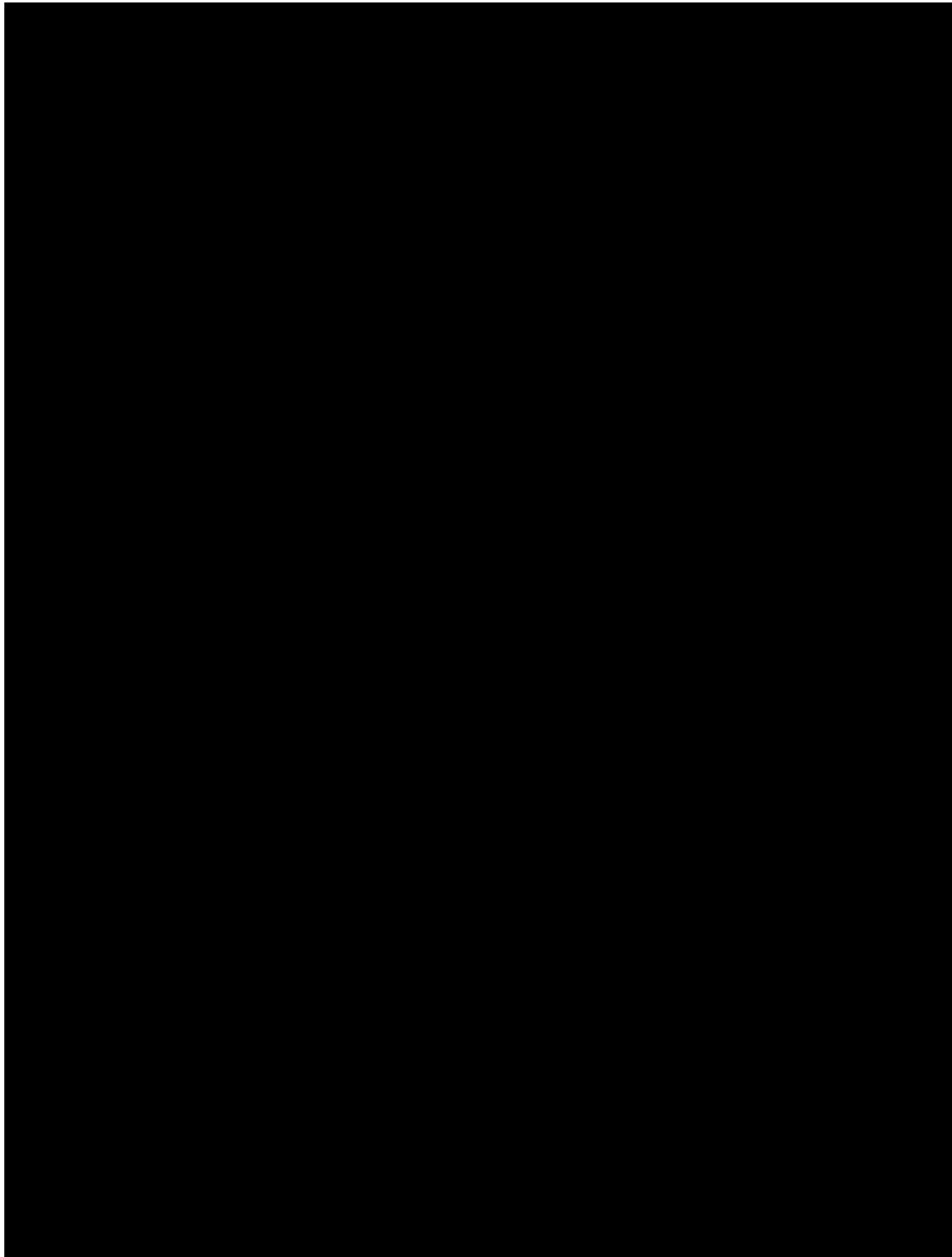
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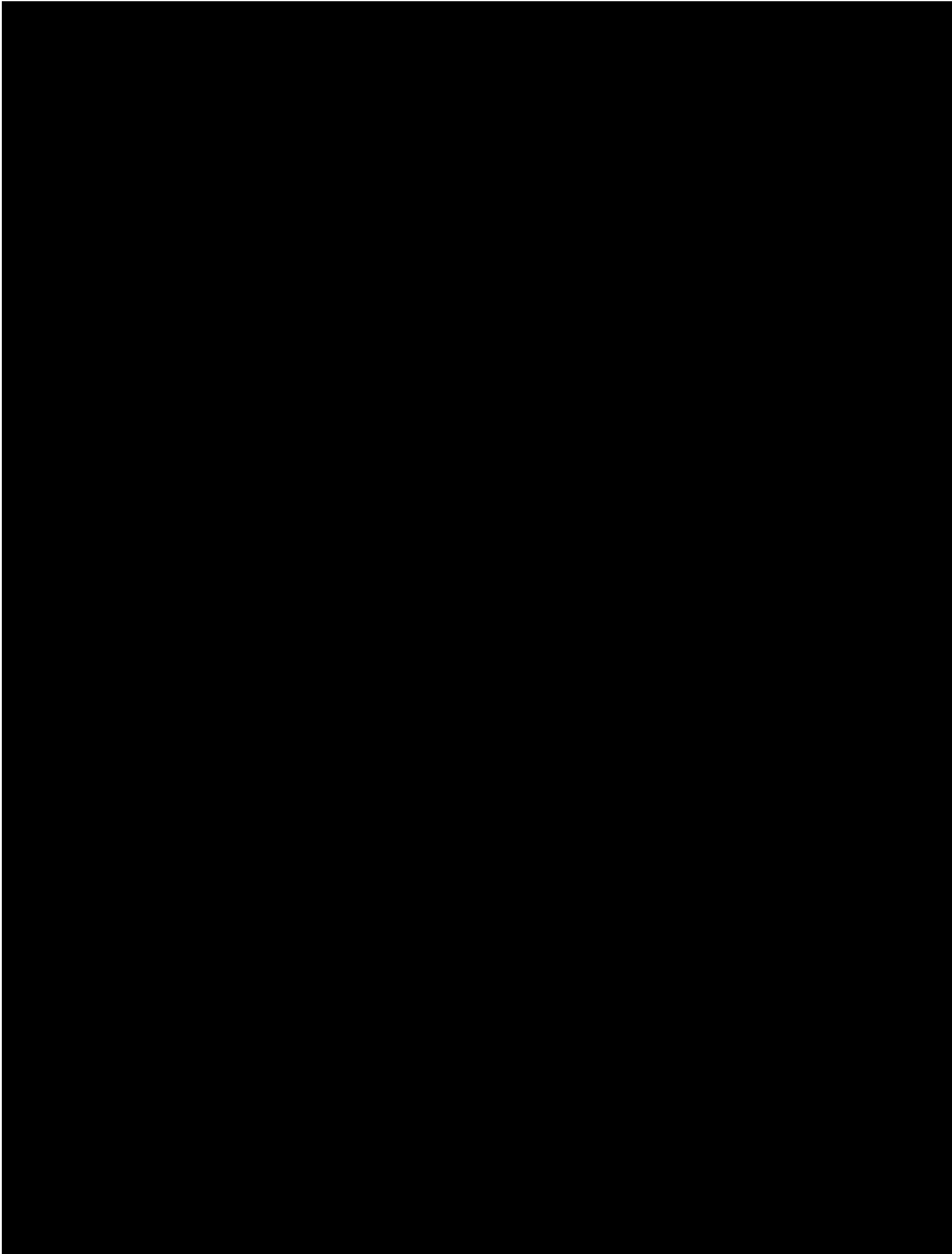
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The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants, and the results were analyzed using statistical methods. The findings of the study indicate that there is a significant relationship between the variables being studied.

The results of the study suggest that the research has important implications for the field. Further research is needed to explore the relationship between the variables in more detail.

In conclusion, the study has provided valuable insights into the topic and has contributed to the existing body of knowledge. The findings have important implications for the field and suggest that further research is needed.

The first of these is the *Journal of the American Medical Association* (JAMA), which has been a leading voice in the medical profession for over a century. It is a weekly publication that covers a wide range of topics, from clinical medicine to public health. The second is the *New England Journal of Medicine* (NEJM), which is a leading journal in the field of internal medicine. The third is the *Lancet*, which is a leading journal in the field of general practice. The fourth is the *British Medical Journal* (BMJ), which is a leading journal in the field of general practice. The fifth is the *Medical Record*, which is a leading journal in the field of general practice. The sixth is the *Medical News*, which is a leading journal in the field of general practice. The seventh is the *Medical Record*, which is a leading journal in the field of general practice. The eighth is the *Medical News*, which is a leading journal in the field of general practice. The ninth is the *Medical Record*, which is a leading journal in the field of general practice. The tenth is the *Medical News*, which is a leading journal in the field of general practice.



the first of these is the fact that the majority of the population is now living in urban areas. This has led to a concentration of people in a few large cities, which has in turn led to a number of problems. One of the most serious is the problem of housing. In many of the large cities, there is a severe shortage of housing, and this has led to a number of people living in slums. Another problem is the problem of pollution. The concentration of people in a few large cities has led to a concentration of factories and other sources of pollution, which has in turn led to a number of health problems. Finally, there is the problem of unemployment. In many of the large cities, there is a high level of unemployment, and this has led to a number of social problems.

The second of the main trends is the process of industrialization. This has led to a number of changes in the way that people live and work. One of the most important changes is the fact that people are now working in factories and other industrial settings. This has led to a number of changes in the way that people live. For example, people are now working longer hours, and this has led to a number of health problems. Another change is the fact that people are now living in a more urban environment. This has led to a number of changes in the way that people live. For example, people are now living in a more crowded environment, and this has led to a number of health problems.

The third of the main trends is the process of modernization. This has led to a number of changes in the way that people live and work. One of the most important changes is the fact that people are now using modern technology. This has led to a number of changes in the way that people live. For example, people are now using modern transportation, and this has led to a number of changes in the way that people live. Another change is the fact that people are now living in a more modern environment. This has led to a number of changes in the way that people live. For example, people are now living in a more modern environment, and this has led to a number of health problems.

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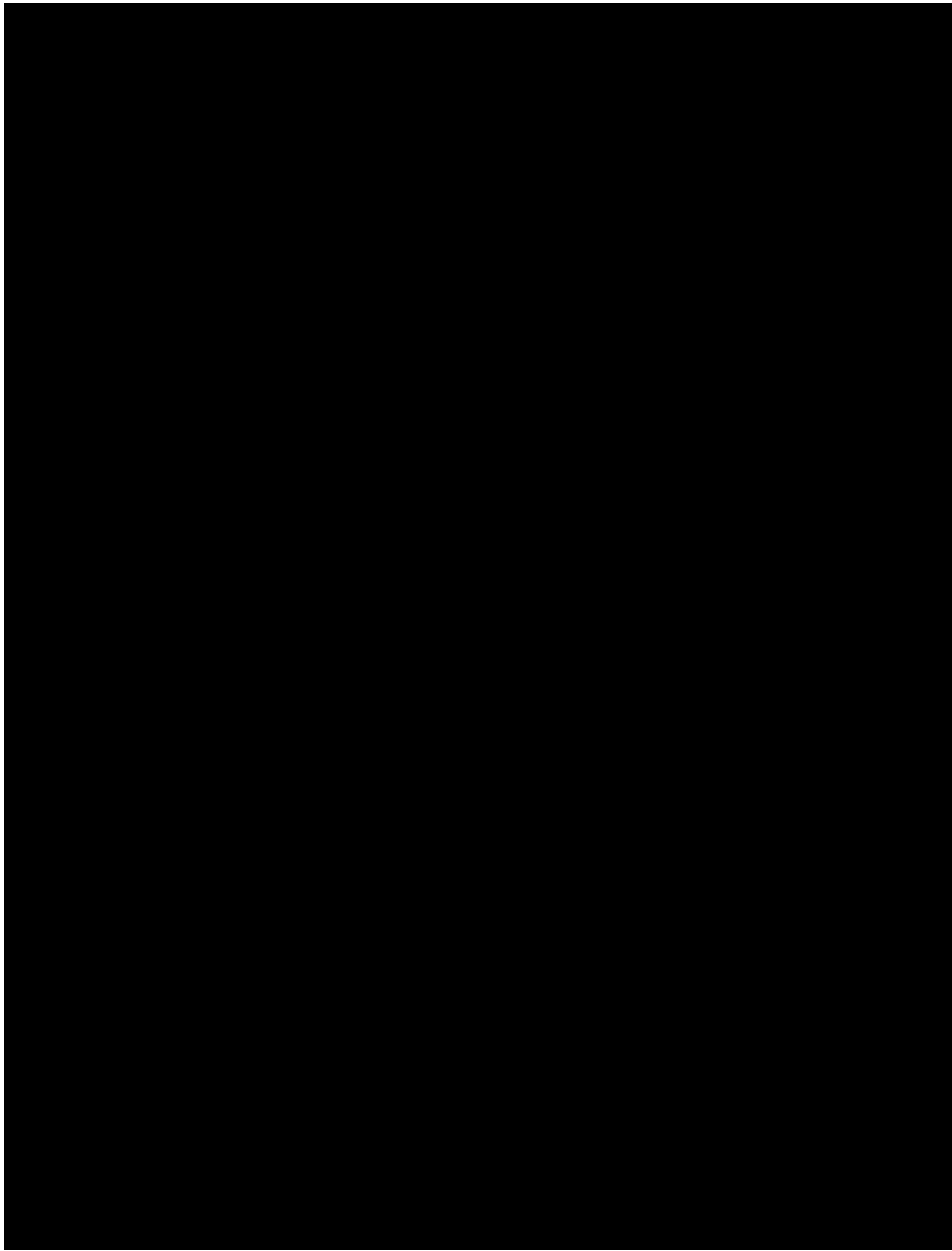
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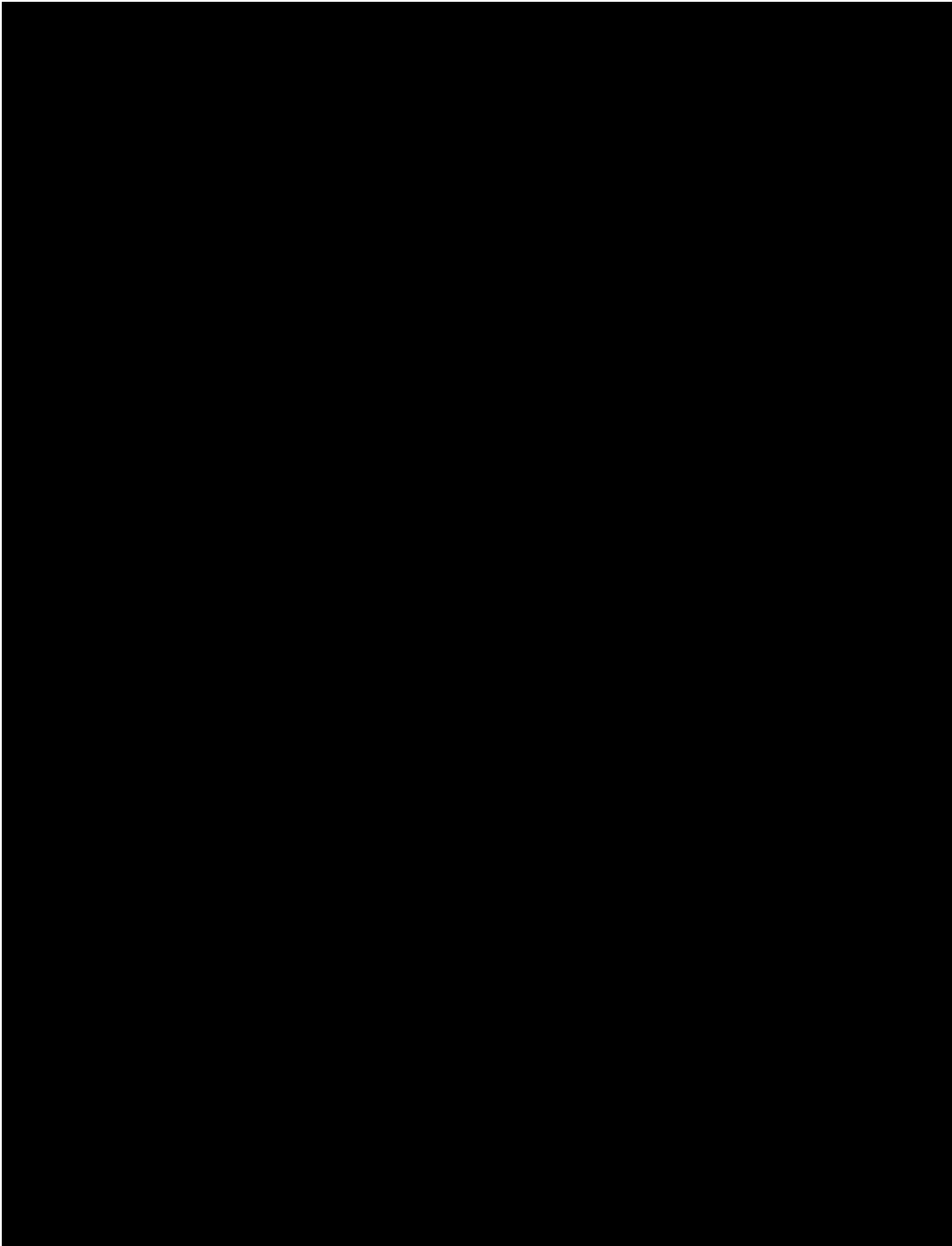


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The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants. The data was then analyzed using statistical software. The results of the analysis are presented in the following table:

Variable	Mean	Standard Deviation
Variable 1	1.2	0.5
Variable 2	2.5	0.8
Variable 3	3.1	1.2
Variable 4	4.5	1.5
Variable 5	5.2	1.8

The results of the study indicate that there is a significant relationship between the variables. The findings suggest that the research has important implications for the field. Further research is needed to explore the relationship between the variables in more detail.



the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1999) and the number of people in the private sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1999) (Department of Social Security 2000).

There is a growing emphasis on the need to improve the quality of care and services provided by the public sector. This has led to a number of initiatives, including the introduction of the Health Service Act 1990, the Health Care Act 2001, and the Health Service Act 2004. These initiatives have led to a number of changes in the way that the public sector is organized and managed, and have led to a number of improvements in the quality of care and services provided.

One of the key challenges facing the public sector is the need to improve the quality of care and services provided. This is a complex task, as it involves a number of factors, including the quality of the staff, the quality of the facilities, and the quality of the services provided. There are a number of ways in which the quality of care and services can be improved, and these are discussed in the following sections.

One of the key ways in which the quality of care and services can be improved is by improving the quality of the staff. This can be done in a number of ways, including by providing training and development opportunities, by improving the working conditions, and by improving the pay and benefits. Improving the quality of the staff is a key priority for the public sector, and it is essential that this is done in a way that is sustainable and effective.

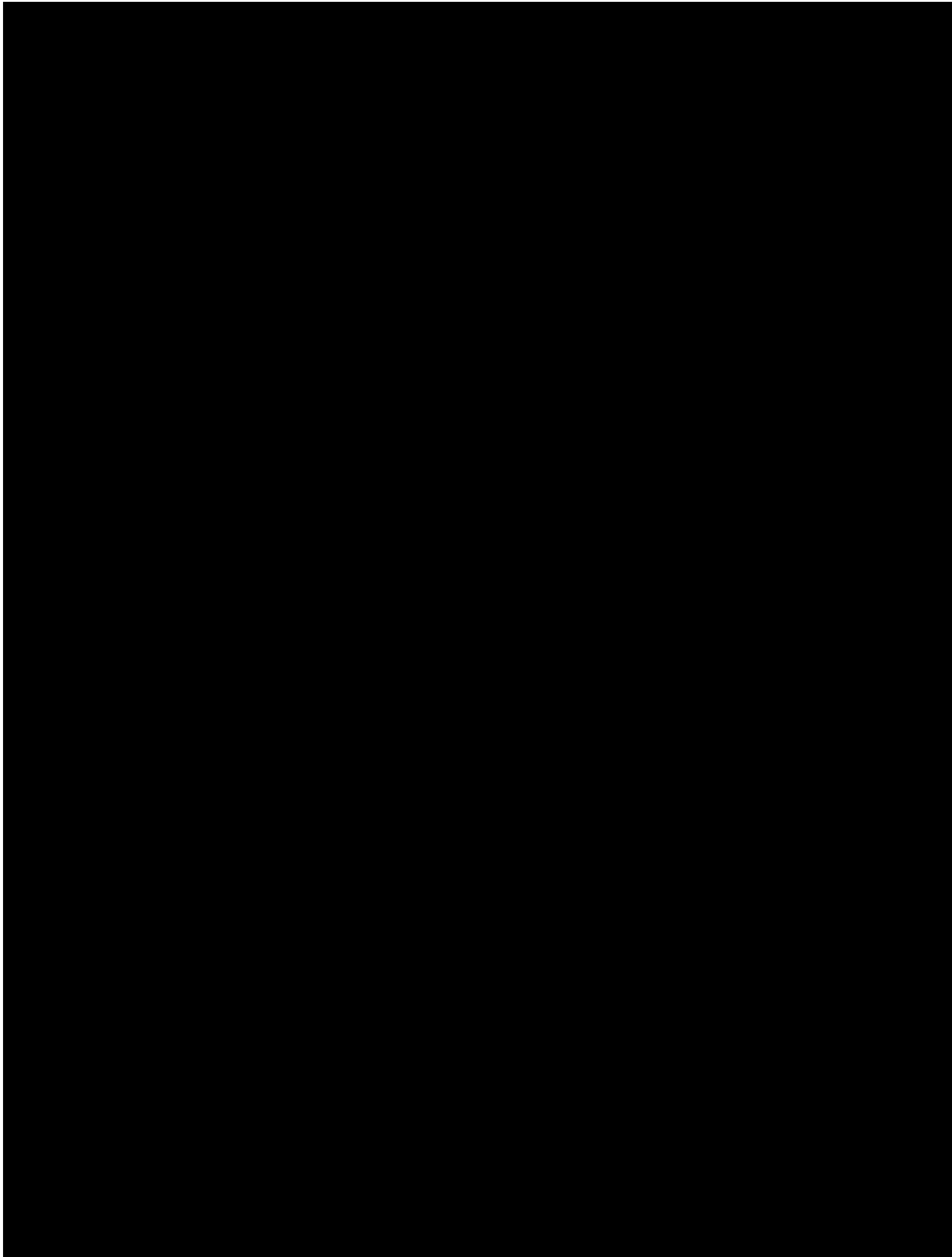
Another key way in which the quality of care and services can be improved is by improving the quality of the facilities. This can be done in a number of ways, including by investing in new equipment and facilities, by improving the maintenance of existing facilities, and by improving the safety of the facilities. Improving the quality of the facilities is a key priority for the public sector, and it is essential that this is done in a way that is sustainable and effective.

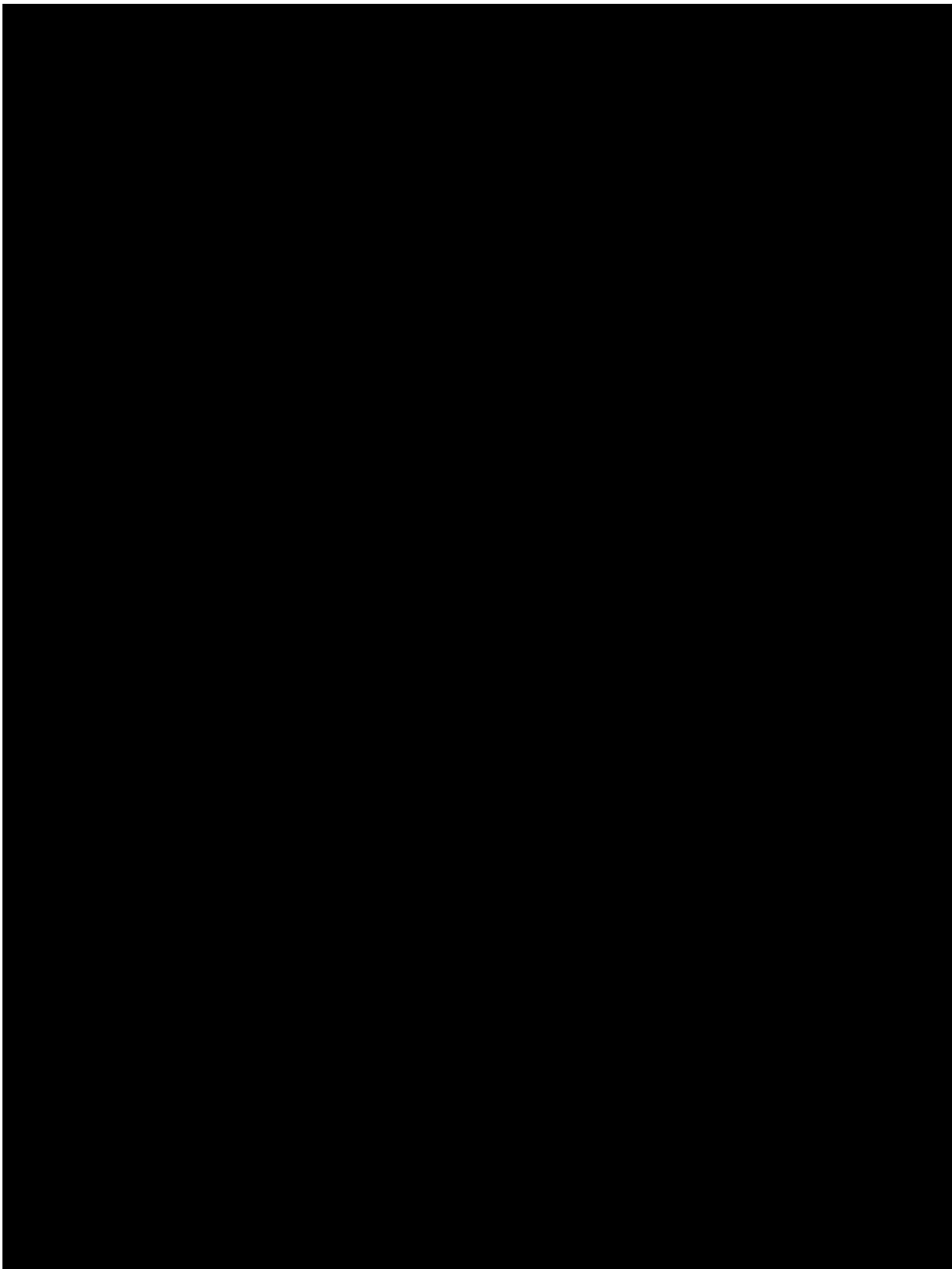
Finally, another key way in which the quality of care and services can be improved is by improving the quality of the services provided. This can be done in a number of ways, including by improving the efficiency of the services, by improving the accessibility of the services, and by improving the quality of the care provided. Improving the quality of the services provided is a key priority for the public sector, and it is essential that this is done in a way that is sustainable and effective.

There are a number of other factors that can affect the quality of care and services provided by the public sector, and these are discussed in the following sections. It is clear that improving the quality of care and services provided by the public sector is a complex task, and it is essential that this is done in a way that is sustainable and effective.

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The research was conducted using a quantitative approach, with data collected from a large sample of participants. The results show a significant positive correlation between the variables studied, indicating that the hypothesis was supported. The findings have important implications for the field, suggesting that the proposed model is valid and can be used to predict outcomes.

In conclusion, the study has provided valuable insights into the relationship between the variables and has contributed to the understanding of the phenomenon. Further research is needed to explore the underlying mechanisms and to test the model in different contexts.

the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported to be the most common serotype of *S. flexneri* isolated from children with acute colitis [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1970s, *S. flexneri* was the most commonly isolated serotype of *S. flexneri* from patients with acute colitis in the United Kingdom [12]. In the 1980s, *S. flexneri* was the most commonly isolated serotype of *S. flexneri* from patients with acute colitis in the United Kingdom [13].

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The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants using a survey questionnaire. The data was then analyzed using statistical software to identify patterns and trends. The results of the study show that there is a significant relationship between the variables being studied.

The findings of the study have several implications for practice and policy. First, the results suggest that there is a need for further research in this area. Second, the findings indicate that certain interventions may be effective in addressing the issues being studied. Finally, the study highlights the importance of ongoing monitoring and evaluation of the impact of any interventions implemented.

In conclusion, the study provides valuable insights into the relationship between the variables being studied. The findings have important implications for practice and policy, and further research is needed to explore these issues in more depth.

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The results of the study indicate that there is a significant positive relationship between the variables. This finding is consistent with the previous research in the field. The study also identified some limitations and suggested areas for further research.

In conclusion, the study has provided valuable insights into the relationship between the variables. The findings have important implications for practice and policy. Further research is needed to explore the topic in more depth.

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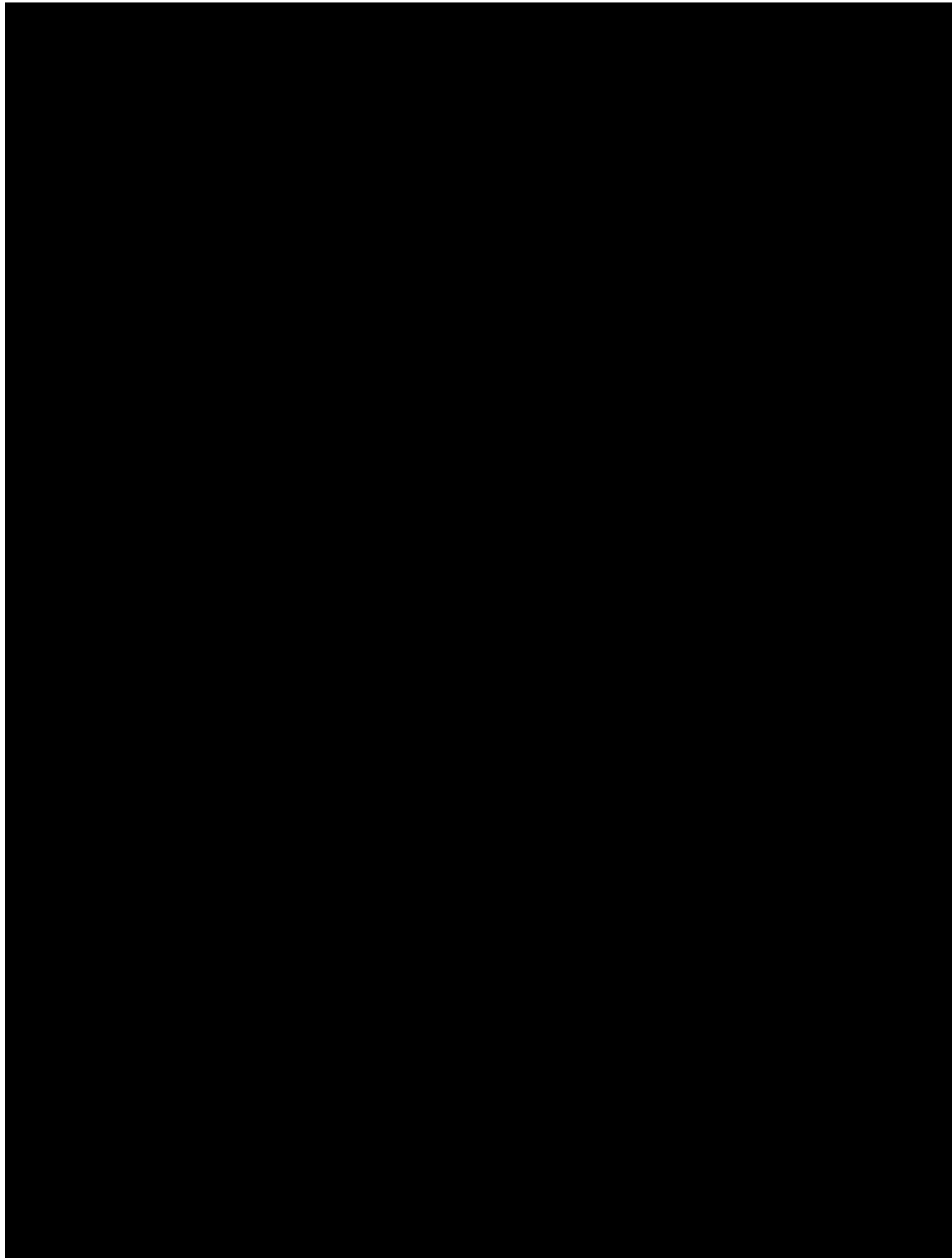
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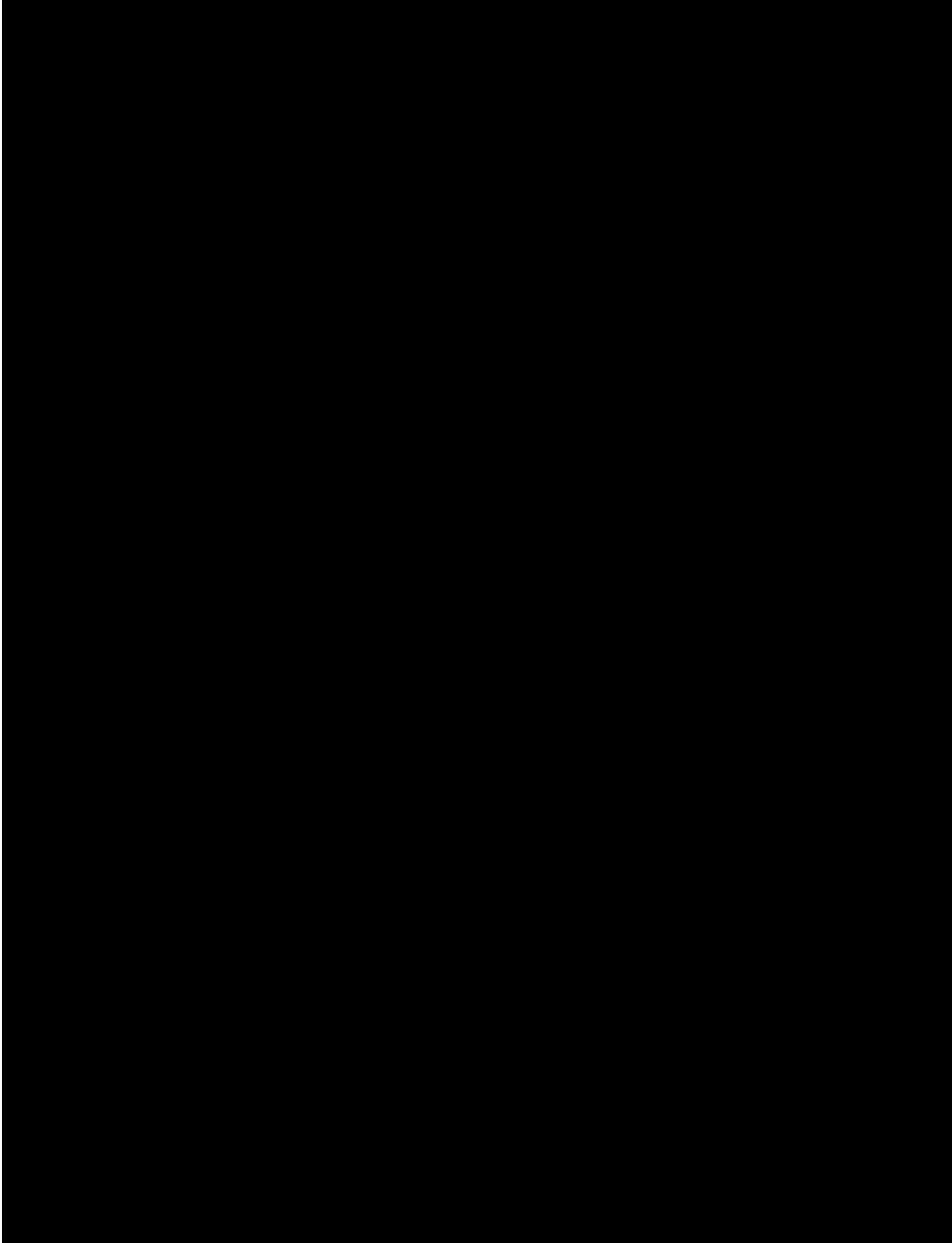
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the 1990s, the number of people in the United States who are obese has increased by 50% (Flegal et al. 2002). In the United Kingdom, the prevalence of obesity has increased from 10% in 1980 to 15% in 1997 (Health Survey for England 1997). In the United States, the prevalence of obesity has increased from 15% in 1980 to 23% in 1994 (Flegal et al. 2002).

Obesity is a risk factor for a number of chronic diseases, including type 2 diabetes, coronary heart disease, stroke, and certain types of cancer (Flegal et al. 2002). In the United States, obesity is the leading risk factor for death and disability (Flegal et al. 2002). In the United Kingdom, obesity is the leading risk factor for death and disability (Health Survey for England 1997).

Obesity is a complex condition, and its causes are not fully understood. It is thought to be caused by a combination of genetic, environmental, and behavioral factors. Genetic factors may include a predisposition to obesity, which can be passed on from parents to children. Environmental factors may include a diet high in calories and fat, and a lack of physical activity. Behavioral factors may include a tendency to eat large portions of food, and a tendency to be sedentary.

Obesity is a public health problem, and it is important to understand its causes and risk factors in order to develop effective prevention and treatment strategies. In this paper, we will review the current evidence on the causes and risk factors of obesity, and we will discuss the implications for public health practice.

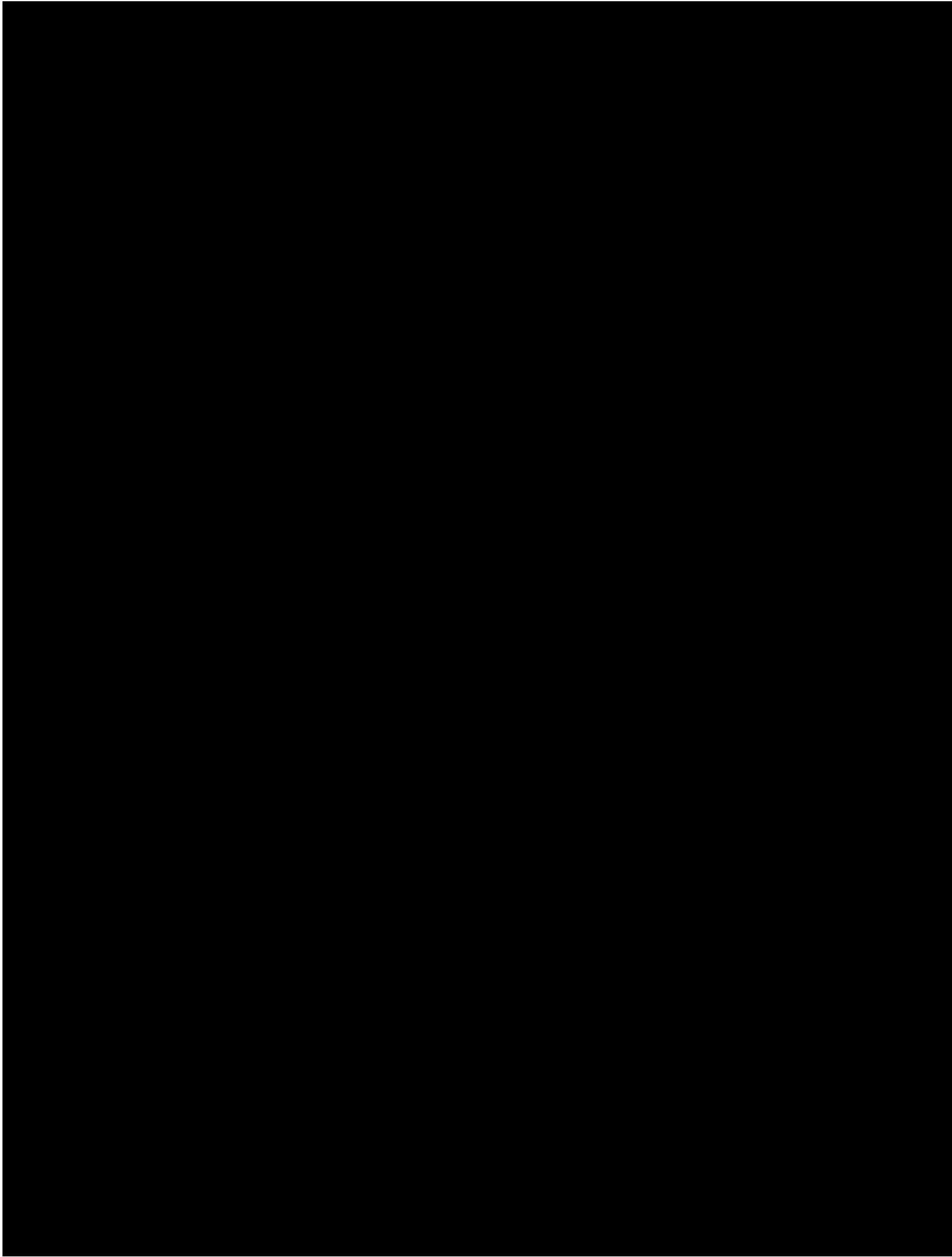
The first section of the paper will discuss the prevalence of obesity in the United States and the United Kingdom. The second section will discuss the causes of obesity, including genetic, environmental, and behavioral factors. The third section will discuss the risk factors for obesity, including family history, diet, and physical activity. The fourth section will discuss the implications for public health practice.

The prevalence of obesity in the United States and the United Kingdom is shown in Table 1. In the United States, the prevalence of obesity has increased from 15% in 1980 to 23% in 1994 (Flegal et al. 2002). In the United Kingdom, the prevalence of obesity has increased from 10% in 1980 to 15% in 1997 (Health Survey for England 1997).

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) and the number of people in the public sector who are employed in the health sector has increased by 1.2 million (from 1.3 million in 1980 to 2.5 million in 1998) (Department of Health 1999).

There is a growing emphasis on the need to improve the quality of care in the public sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which sets out the framework for the regulation of health care. The Act requires health care providers to ensure that they meet certain standards of quality and safety. It also requires them to have in place a system of monitoring and evaluation to ensure that they are meeting these standards.

In addition to the Health Care Act 1999, there are a number of other initiatives that are aimed at improving the quality of care in the public sector. These include the introduction of the Clinical Governance Framework, which sets out the framework for the monitoring and evaluation of clinical performance. It also requires health care providers to have in place a system of monitoring and evaluation to ensure that they are meeting these standards.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office of National Statistics 2000).

There is a growing awareness of the need to address the health care needs of the ageing population. The Department of Health (1999) has set out a strategy for the future of health care for the ageing population. The strategy is based on the following principles: (1) to ensure that the health care system is able to meet the needs of the ageing population; (2) to ensure that the health care system is able to provide a high quality of care; (3) to ensure that the health care system is able to provide a range of services; (4) to ensure that the health care system is able to provide a range of services; (5) to ensure that the health care system is able to provide a range of services.

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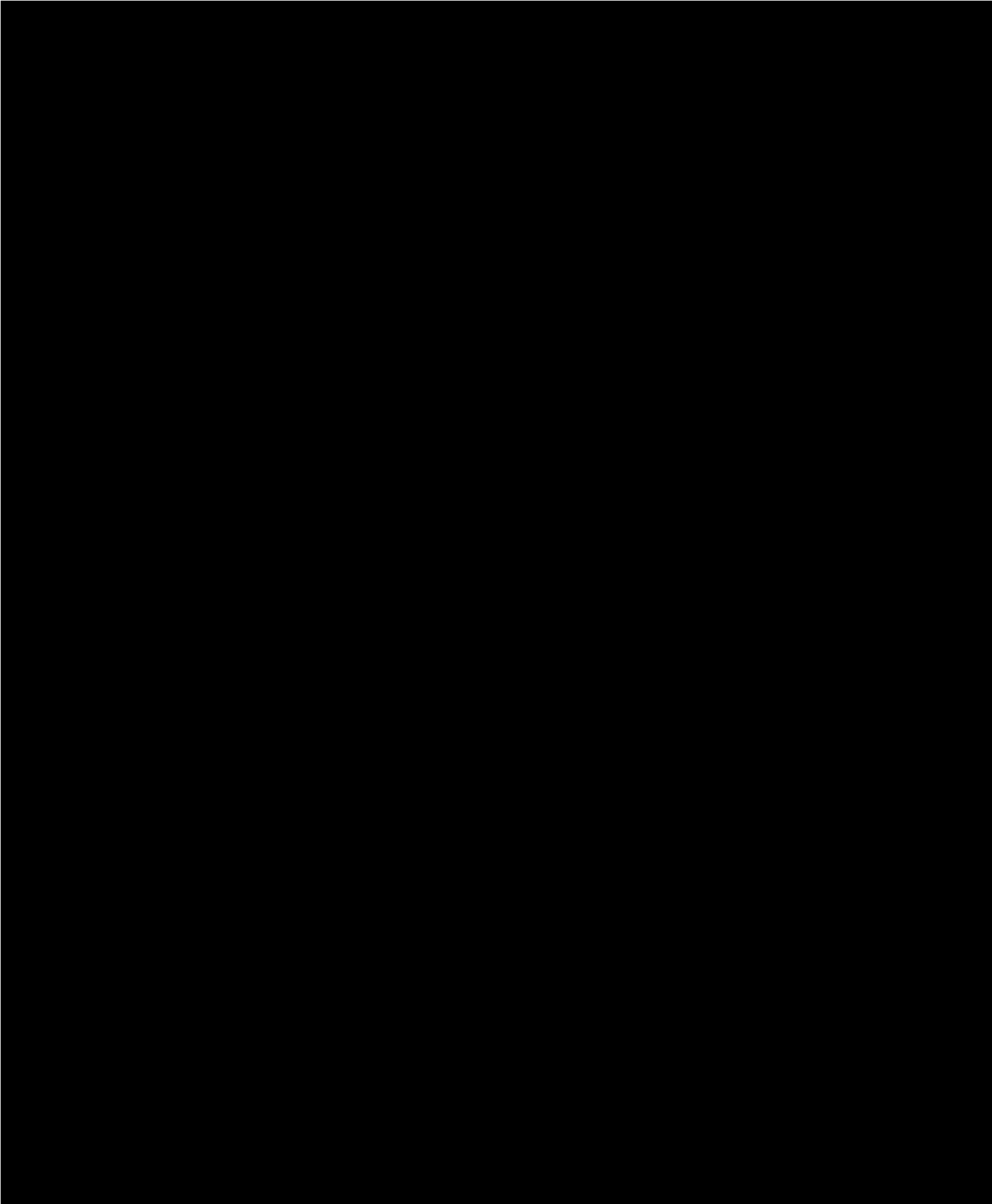
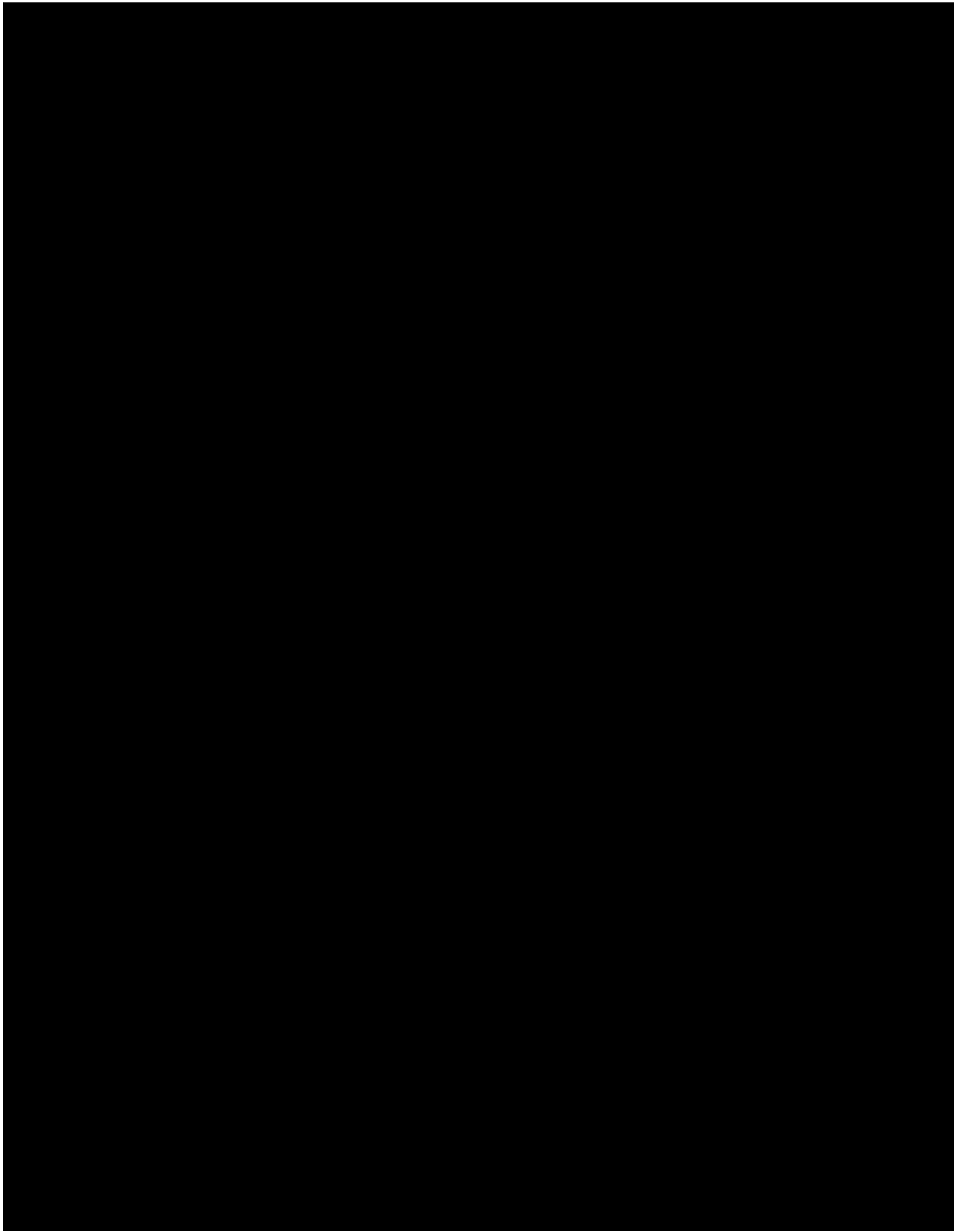


Exhibit B Sample Staffing Management Plan for Similar Size / Scope



The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques. The third part of the paper presents the results of the study, and the fourth part discusses the conclusions and implications of the findings.

The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants using a survey questionnaire. The data was then analyzed using statistical software to determine the relationships between the variables of interest.

The results of the study indicate that there is a significant positive relationship between the variables of interest. This finding is consistent with the previous research in the field. The implications of these findings suggest that the research has practical applications in the field of study.

In conclusion, the study has provided valuable insights into the topic and has contributed to the existing body of knowledge. Further research is needed to explore the topic in more depth and to validate the findings of this study.

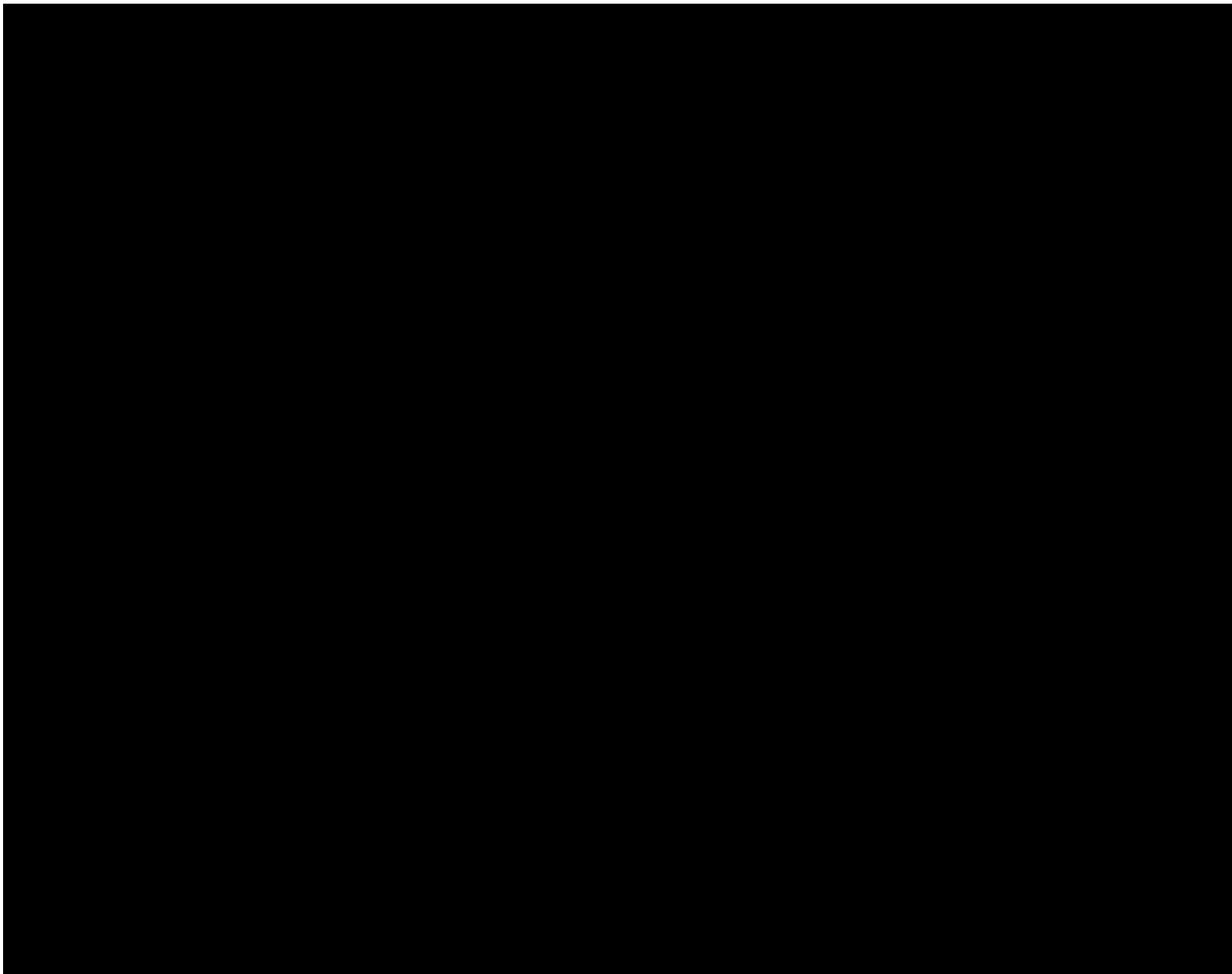
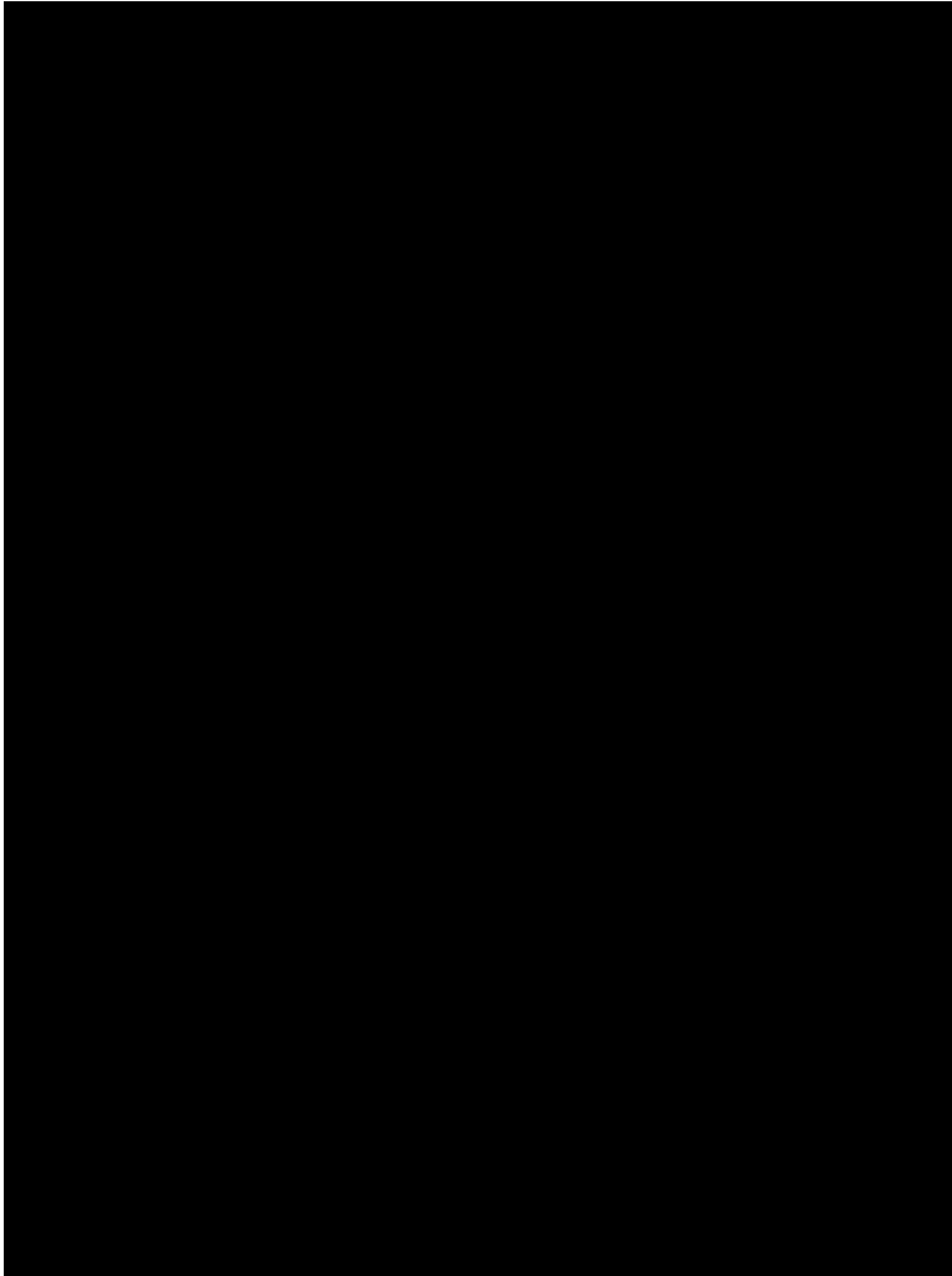
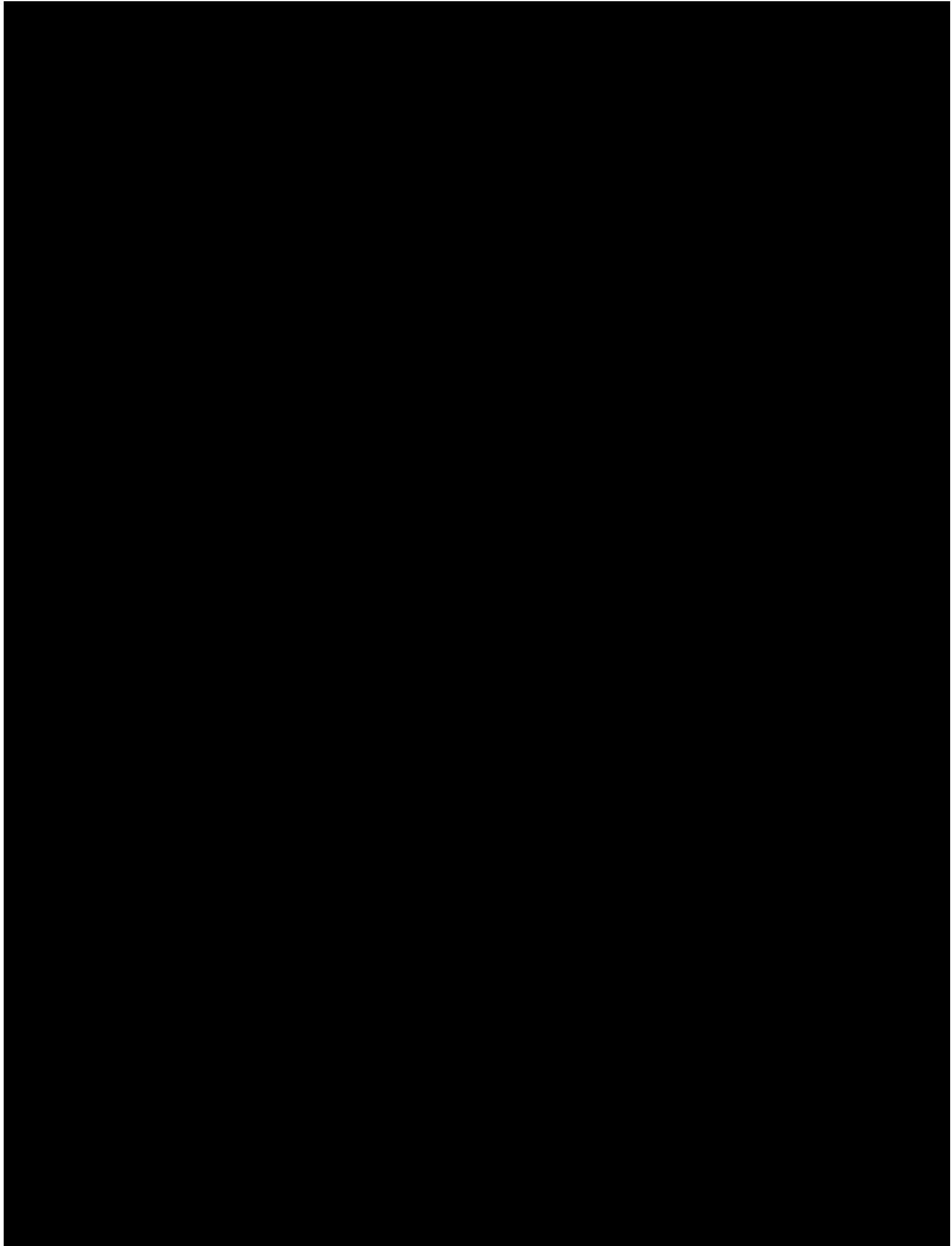
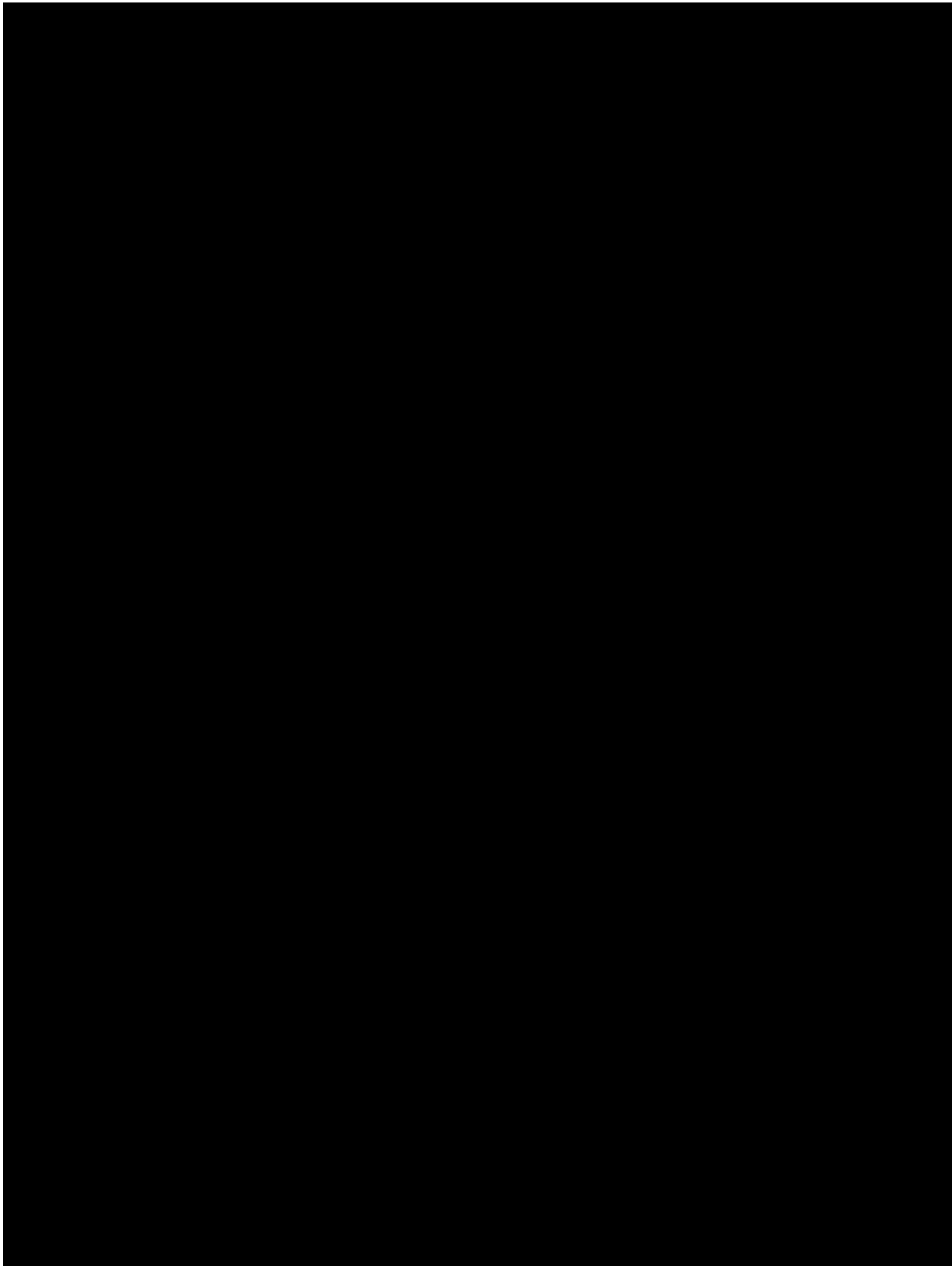
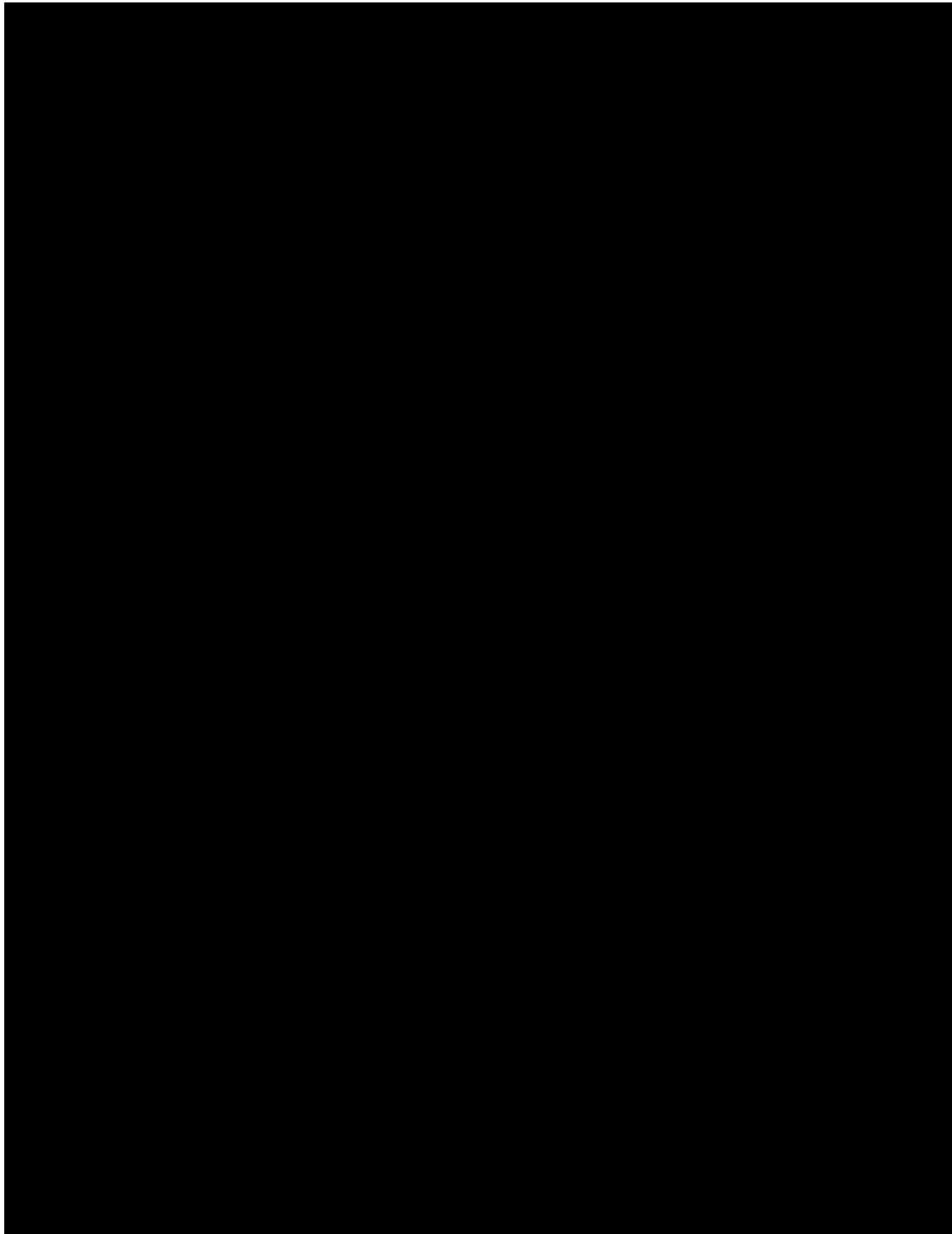


Exhibit C Sample PMP (Portfolio and Program/Project Plan)









The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of education, where cultural differences can significantly impact learning outcomes.

The second part of the paper focuses on the methodology used in the study. It describes the process of selecting participants, collecting data, and analyzing the results. The authors emphasize the importance of using a mixed-methods approach to capture both quantitative and qualitative data.

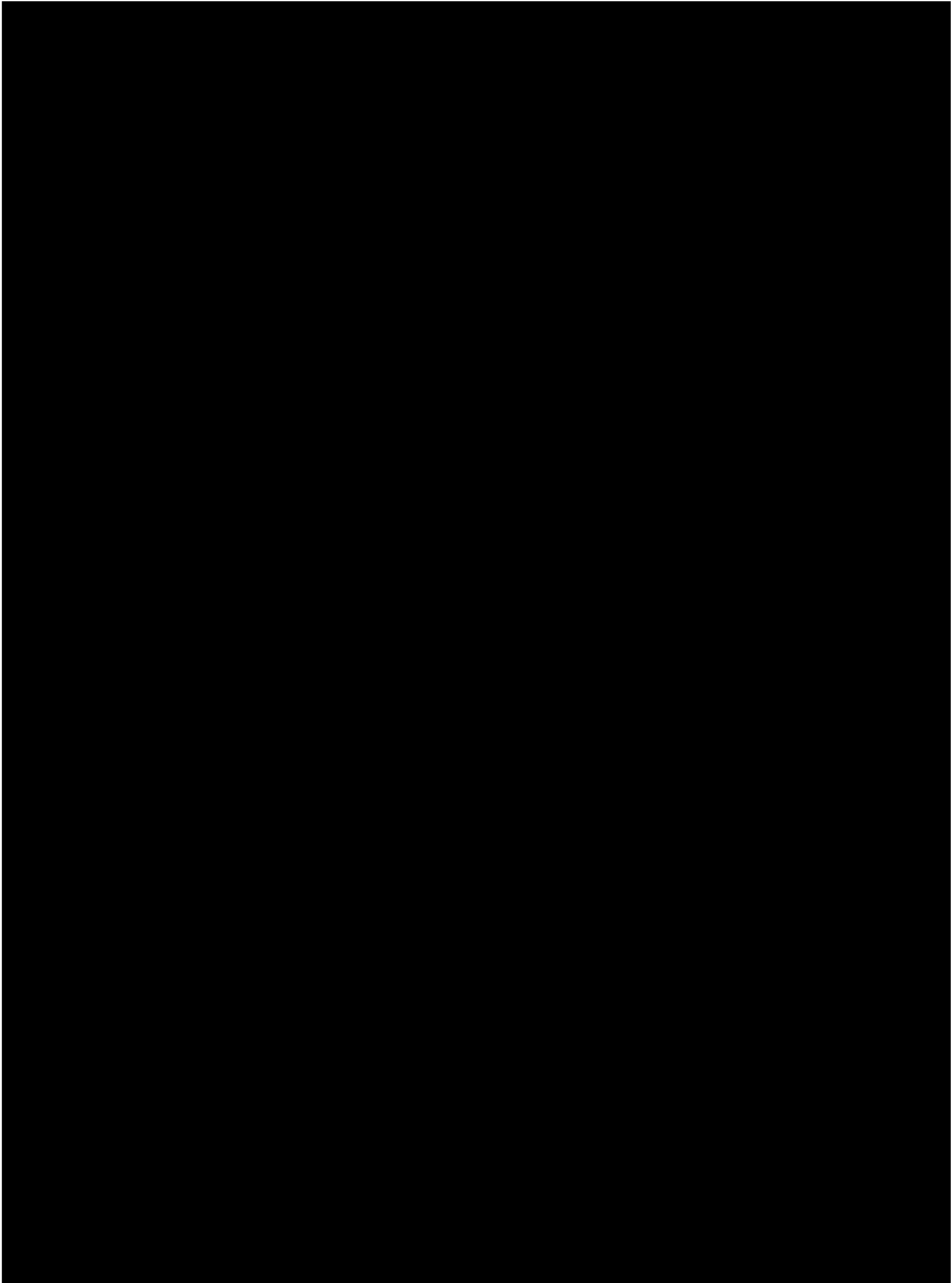
The third part of the paper presents the findings of the study. It discusses the results of the quantitative analysis, which showed a significant positive correlation between cultural awareness and academic achievement. The authors also present the results of the qualitative analysis, which revealed that students from diverse backgrounds often face unique challenges in the classroom.

The final part of the paper discusses the implications of the findings for future research and practice. The authors suggest that educators should strive to create a more inclusive and culturally responsive learning environment. They also recommend that future research should continue to explore the relationship between culture and education.

The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The next section describes the methodology used in the study, including the data sources and the statistical techniques employed. The results of the study are then presented, followed by a discussion of the findings and their implications. The paper concludes with a summary of the main points and suggestions for further research.

The research was conducted using a quantitative approach, with data collected from a large sample of participants. The results show a significant positive correlation between the variables studied, indicating that the hypothesis was supported. The findings have important implications for the field and suggest that further research is needed to explore the underlying mechanisms.

In conclusion, the study provides valuable insights into the relationship between the variables and highlights the need for continued research in this area. The results are consistent with previous findings and offer new perspectives on the topic.



the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has also become an important employer of women, with 5.5 million women employed in the public sector in 1995, compared with 4.5 million in 1980.

There is a growing emphasis on the importance of the public sector in providing services to the community, and in particular in providing services to the elderly. The public sector is also becoming an important employer of people with disabilities, and in particular of people with mental health problems.

The public sector is also becoming an important employer of people who are at risk of homelessness, and in particular of people who are at risk of becoming homeless because of mental health problems. The public sector is also becoming an important employer of people who are at risk of becoming homeless because of physical health problems.

The public sector is also becoming an important employer of people who are at risk of becoming homeless because of social problems, and in particular of people who are at risk of becoming homeless because of poverty. The public sector is also becoming an important employer of people who are at risk of becoming homeless because of family problems.

The public sector is also becoming an important employer of people who are at risk of becoming homeless because of drug and alcohol problems, and in particular of people who are at risk of becoming homeless because of drug and alcohol addiction. The public sector is also becoming an important employer of people who are at risk of becoming homeless because of mental health problems.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.1 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 10.5 million by 2026, and the number of people aged 75 and over to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on the following assumptions: (1) that older people are a valuable resource; (2) that older people have the right to live independently and actively; (3) that older people have the right to access the services and support they need; and (4) that older people should be treated with respect and dignity. The strategy sets out a number of key objectives, including: (1) to improve the health and well-being of older people; (2) to improve the social and economic participation of older people; (3) to improve the housing and living conditions of older people; and (4) to improve the access of older people to services and support.

The strategy also sets out a number of key actions, including: (1) to improve the health and well-being of older people; (2) to improve the social and economic participation of older people; (3) to improve the housing and living conditions of older people; and (4) to improve the access of older people to services and support. The strategy is a key document in the development of policies and services for older people in the UK.

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There is a growing emphasis on the need to improve the quality of care provided in the public sector. This has led to a number of initiatives, including the introduction of the National Patient Safety Agency (NPSA) in 1999, the establishment of the National Institute for Clinical Excellence (NICE) in 1999, and the introduction of the Health Care Act 2001.

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There is a growing emphasis on the need to improve the efficiency of the public sector. The Department of Health (2000) has set out a number of targets for the public sector, including a 10% reduction in the number of people employed in the public sector by 2005. This has led to a number of initiatives to improve the efficiency of the public sector, including the introduction of the 'New Deal' for the public sector (Department of Health 2000).

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There is a growing awareness of the need to address the health care needs of the ageing population. The Department of Health (2000) has identified the need to develop a new approach to health care for the ageing population, one that is based on a partnership between the NHS, local authorities and the voluntary sector. The Department of Health (2000) has also identified the need to develop a new approach to health care for the ageing population, one that is based on a partnership between the NHS, local authorities and the voluntary sector.

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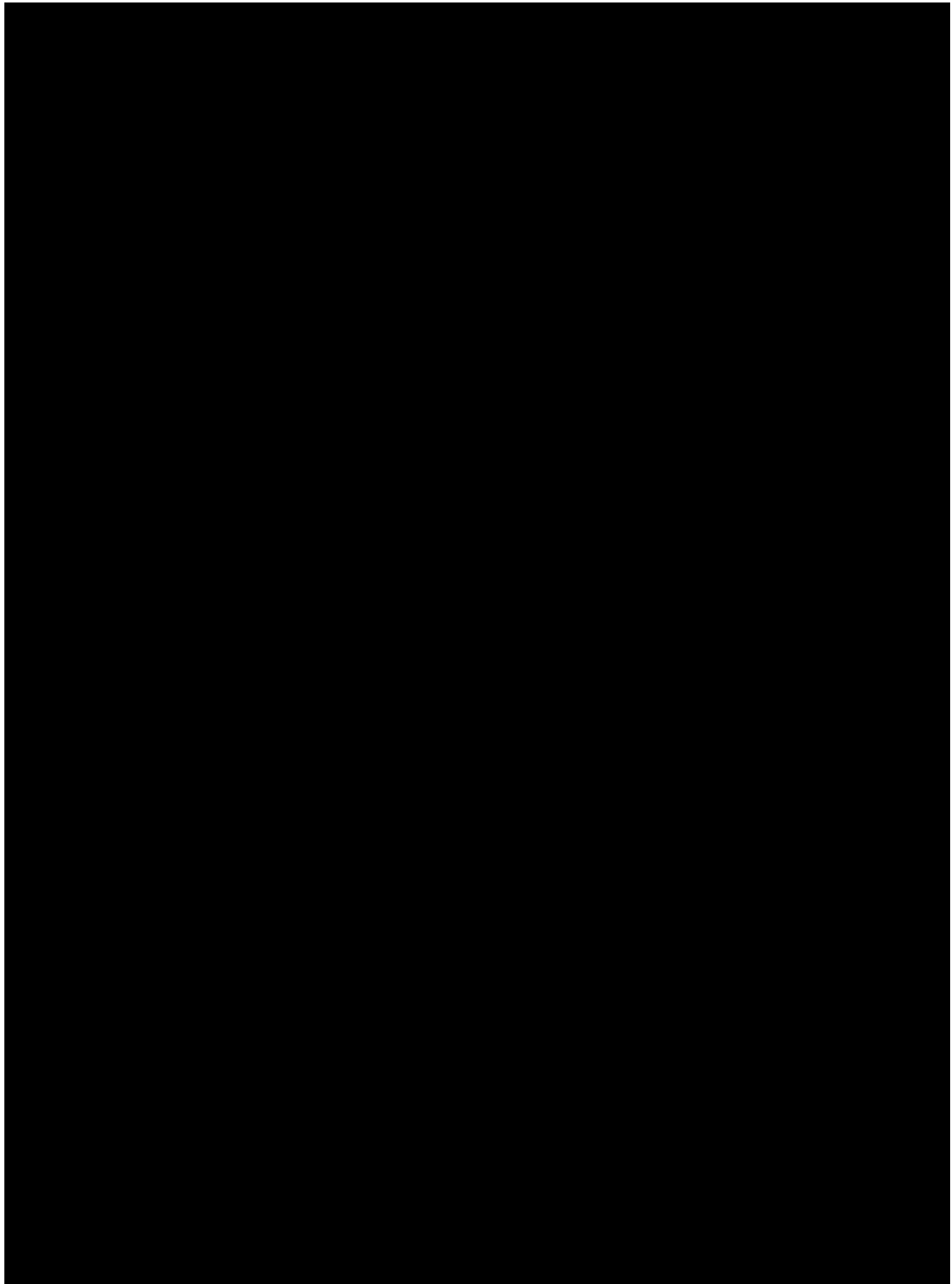
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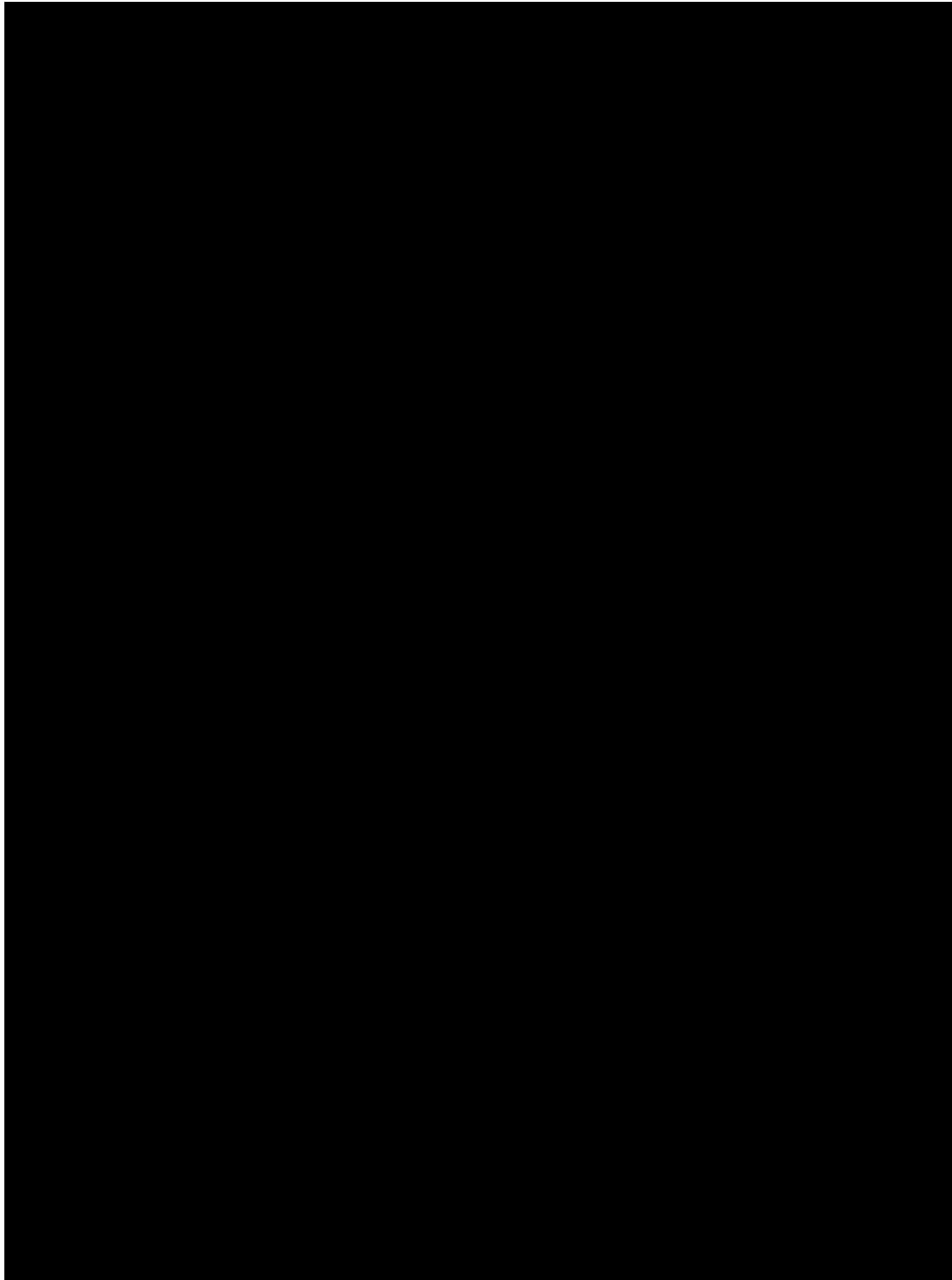
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The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The next section describes the methodology used in the study, including the data sources and the statistical techniques employed. The results of the study are then presented, followed by a discussion of the findings and their implications. Finally, the paper concludes with a summary of the main points and suggestions for future research.

The research was conducted using a quantitative approach, with data collected from a large sample of participants. The results show a significant positive correlation between the variables studied, indicating that the hypothesis was supported. The findings have important implications for the field and suggest that further research is needed to explore the underlying mechanisms.

In conclusion, the study provides valuable insights into the relationship between the variables and highlights the need for continued research in this area. The results are consistent with previous findings and offer new perspectives on the topic.

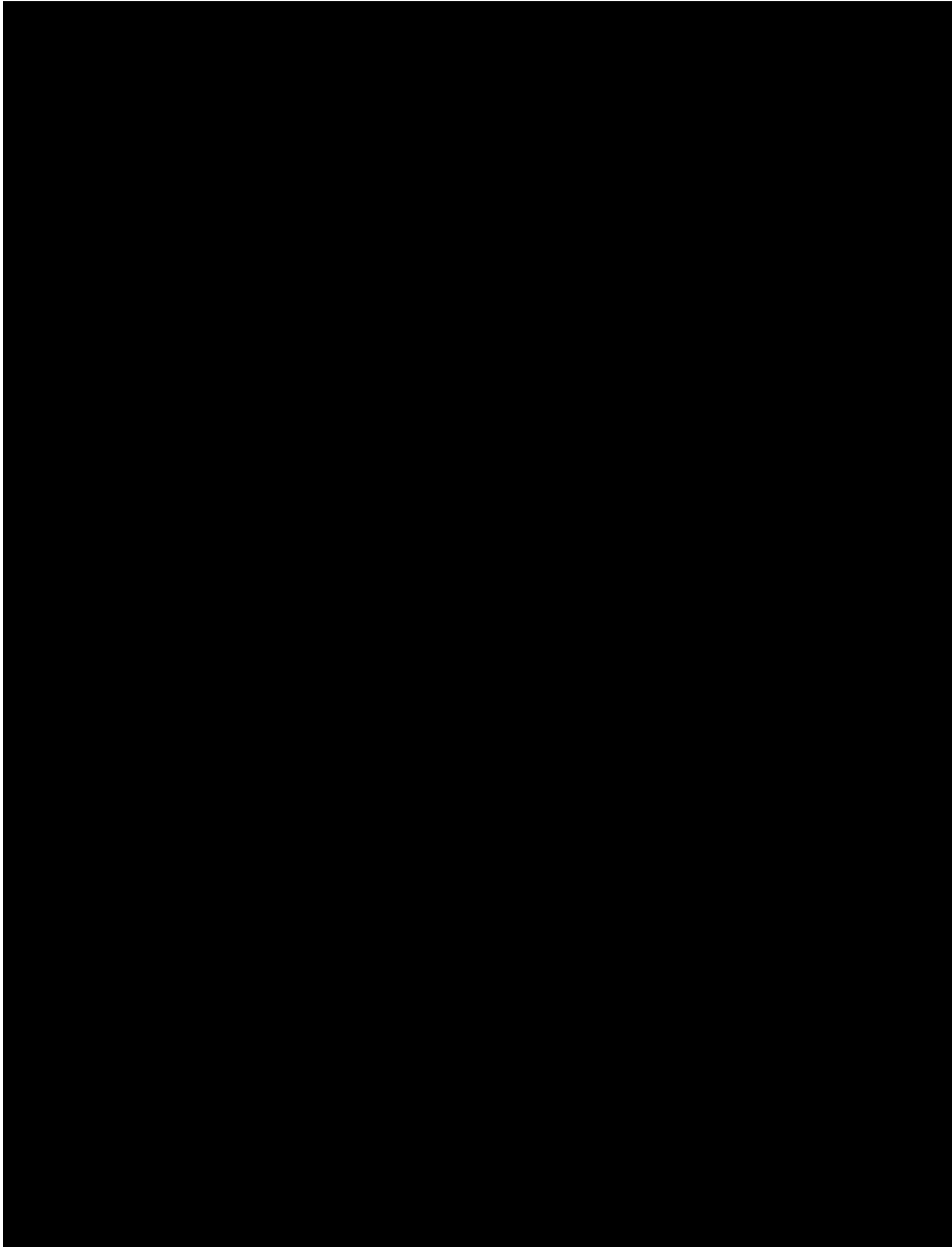


The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of education, where cultural differences can significantly impact learning outcomes.

The second part of the paper focuses on the methodology used in the study. It describes the process of selecting participants, collecting data, and analyzing the results. The authors emphasize the importance of using a mixed-methods approach to gain a comprehensive understanding of the research topic.

The third part of the paper presents the findings of the study. It discusses the results of the quantitative data analysis and the insights gained from the qualitative interviews. The authors conclude that there are significant cultural differences in the way that students learn and that these differences should be taken into account when designing educational programs.

The final part of the paper discusses the implications of the findings for future research and practice. It suggests that further studies should be conducted to explore the cultural factors that influence learning outcomes. Additionally, it recommends that educators should be trained to recognize and respond to the cultural needs of their students.



the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 3.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to develop services to meet the needs of older people, and a number of initiatives have been developed to address this need. The Department of Health (1999) has published a strategy for older people, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

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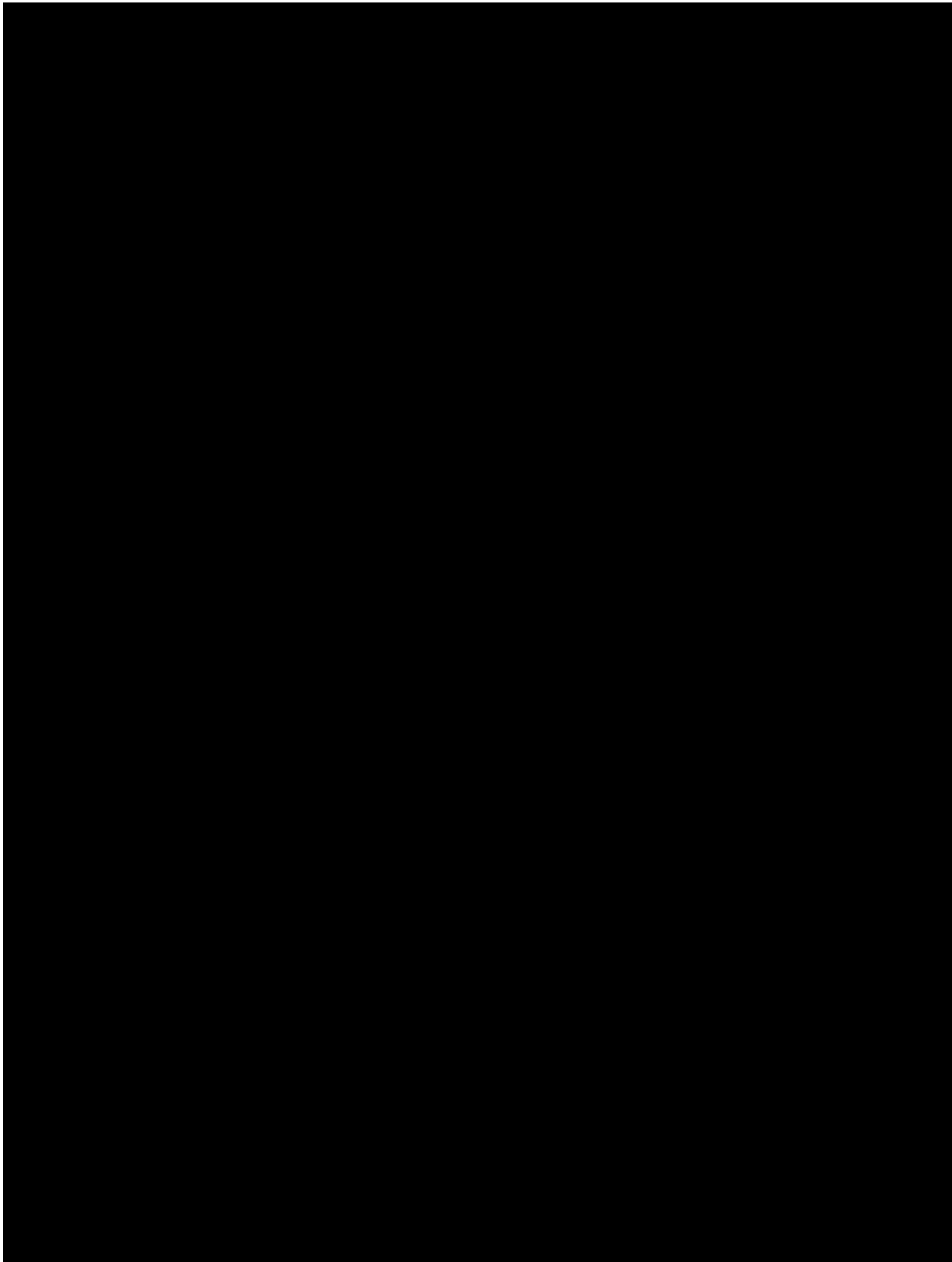
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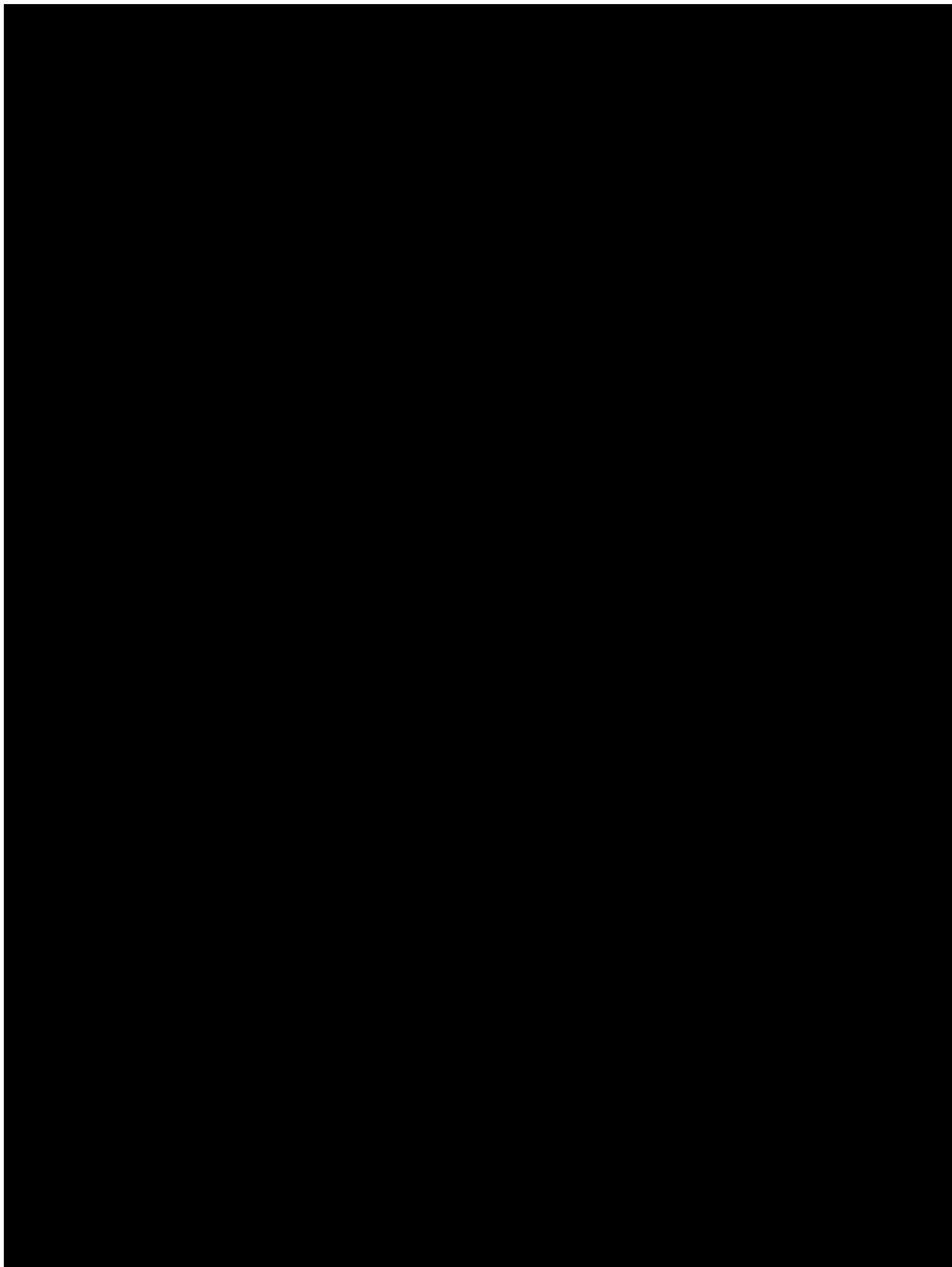
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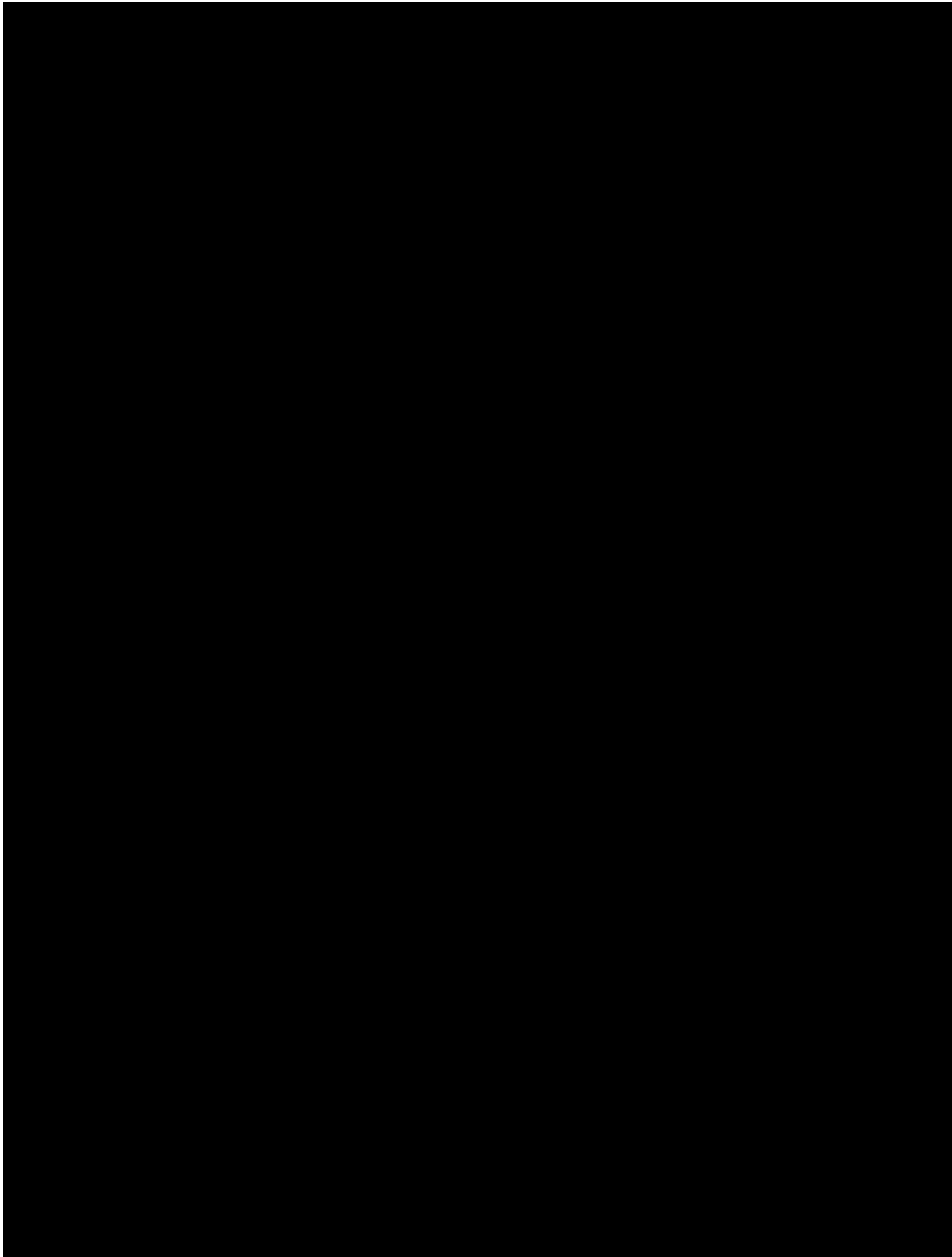
The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants. The data was then analyzed using statistical software. The results of the study show that there is a significant relationship between the variables being studied.

The findings of the study have several implications. First, they suggest that the relationship between the variables is not just a statistical artifact, but a real phenomenon. Second, they suggest that the relationship is stronger than previously thought. Third, they suggest that the relationship is more complex than previously thought.

The study has several limitations. First, the sample size was relatively small. Second, the study was cross-sectional, so it cannot establish causality. Third, the study was conducted in a specific context, so the findings may not be generalizable.

Despite these limitations, the study makes a contribution to the field. It provides new evidence on the relationship between the variables being studied. It also suggests new directions for future research.





the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There are a number of reasons why the world population is ageing. First, the number of people who are under 15 years of age has decreased from 1.1 billion in 1990 to 0.9 billion in 2000. This is due to a decline in the birth rate, which has been caused by a number of factors, including a decline in the number of children born to women, a decline in the number of children born to women who are under 15 years of age, and a decline in the number of children born to women who are over 35 years of age.

Second, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who die from infectious diseases, a decline in the number of people who die from non-infectious diseases, and a decline in the number of people who die from accidents.

Third, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who die from infectious diseases, a decline in the number of people who die from non-infectious diseases, and a decline in the number of people who die from accidents.

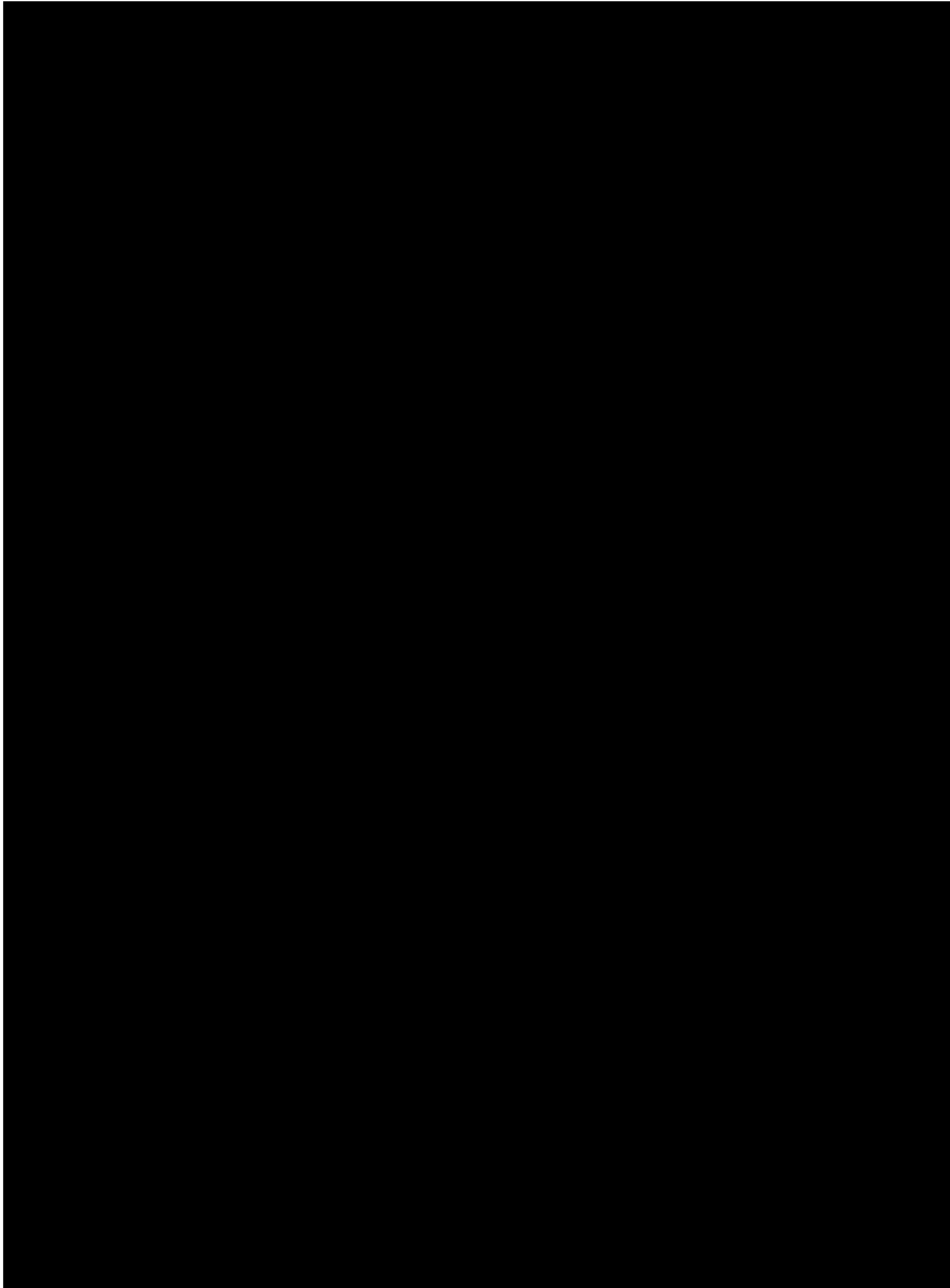
Fourth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who die from infectious diseases, a decline in the number of people who die from non-infectious diseases, and a decline in the number of people who die from accidents.

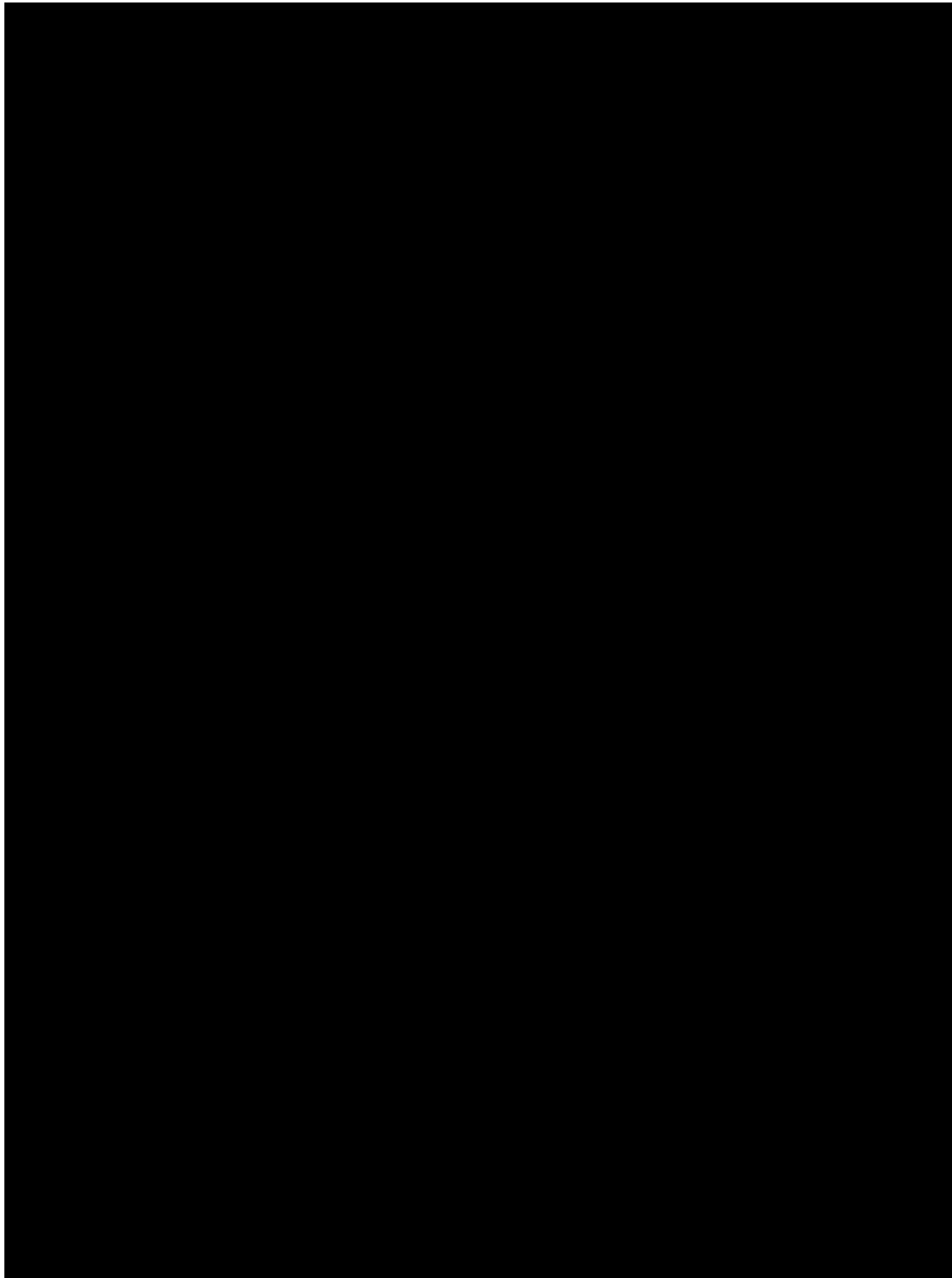
Fifth, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who die from infectious diseases, a decline in the number of people who die from non-infectious diseases, and a decline in the number of people who die from accidents.

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Seventh, the number of people who are aged 65 and over has increased from 0.2 billion in 1990 to 0.4 billion in 2000. This is due to a decline in the death rate, which has been caused by a number of factors, including a decline in the number of people who die from infectious diseases, a decline in the number of people who die from non-infectious diseases, and a decline in the number of people who die from accidents.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over in the UK is projected to increase from 10.5 million in 1999 to 12.5 million in 2010, with the number of people aged 75 and over increasing from 4.5 million to 5.5 million in the same period (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (2000) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

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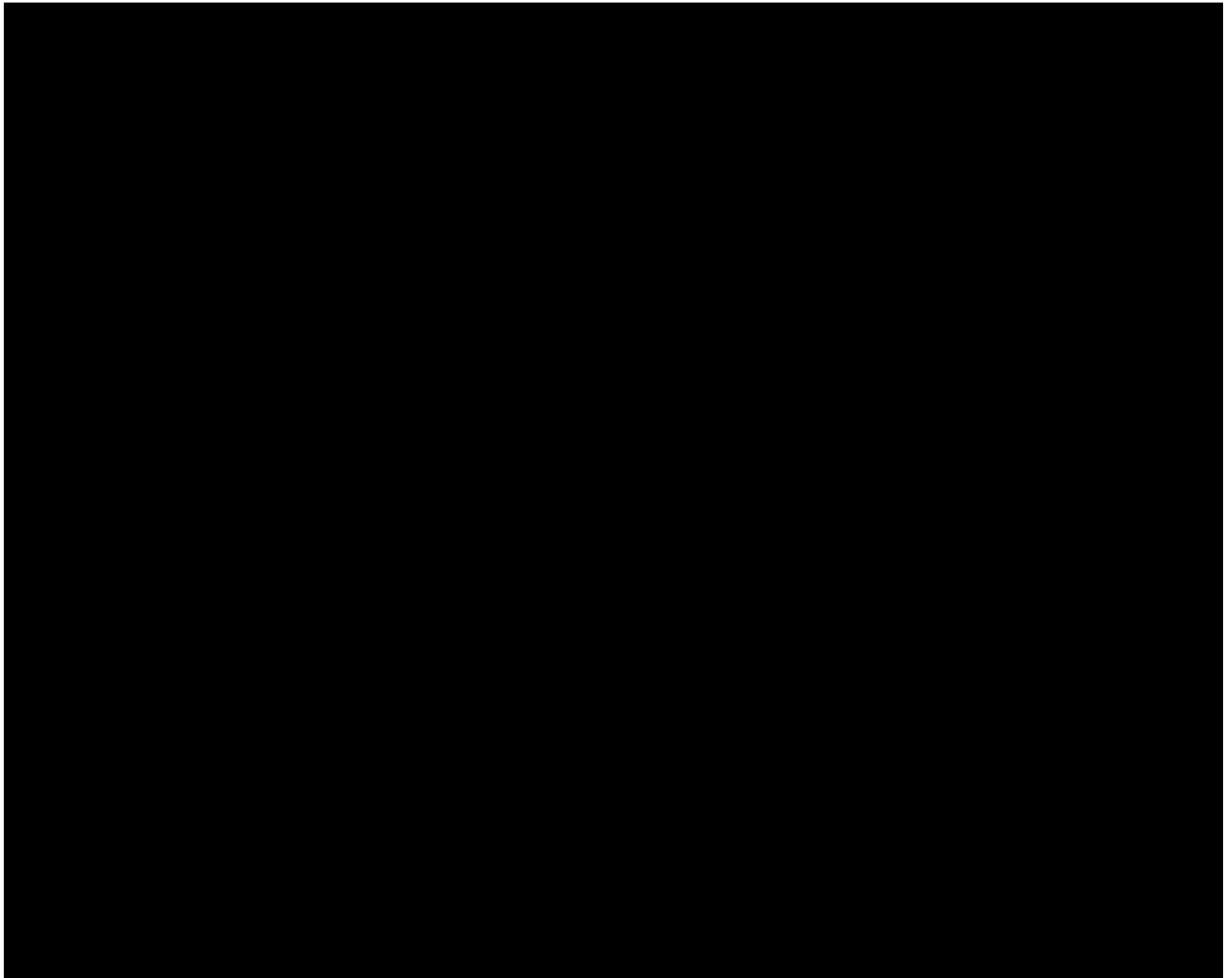
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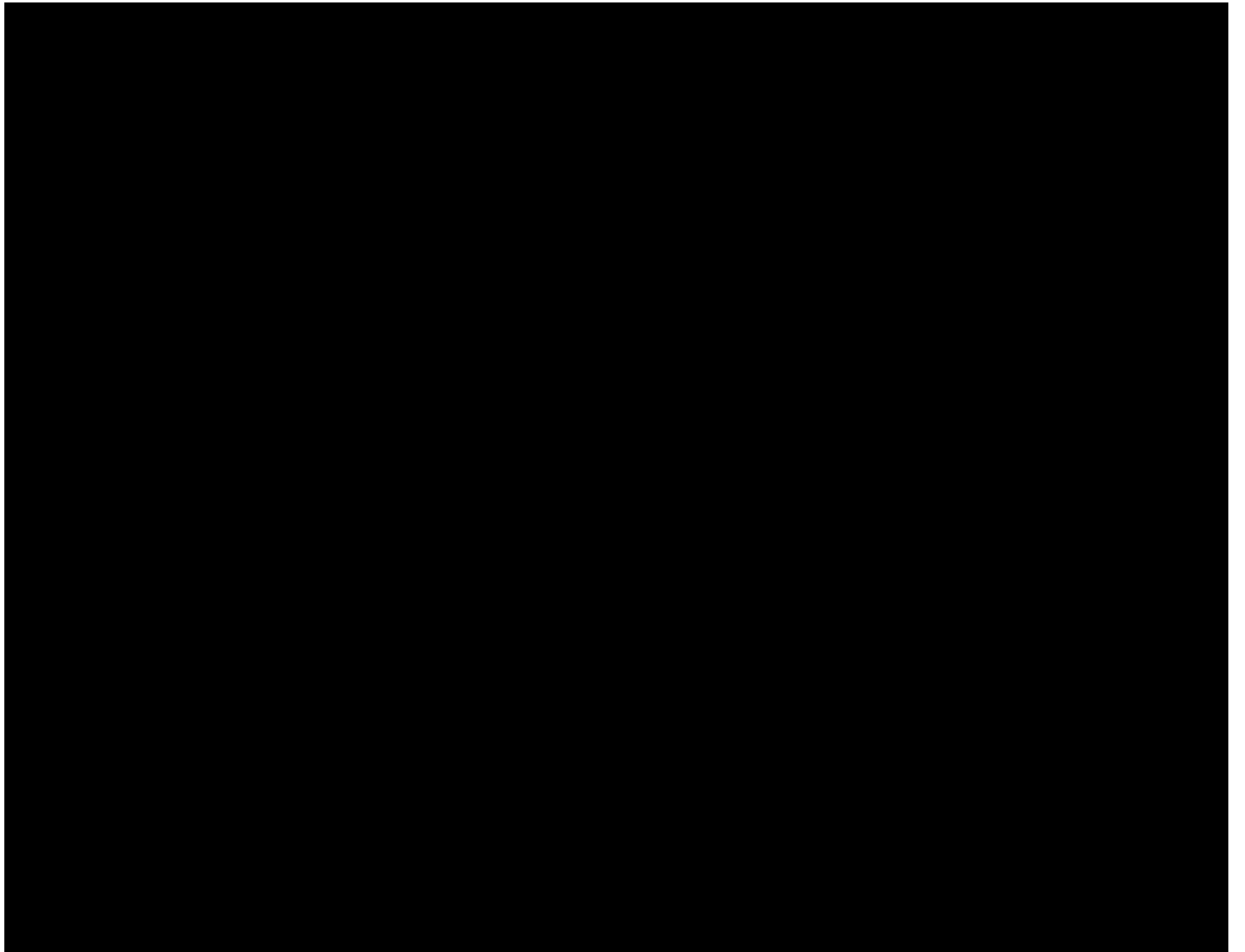
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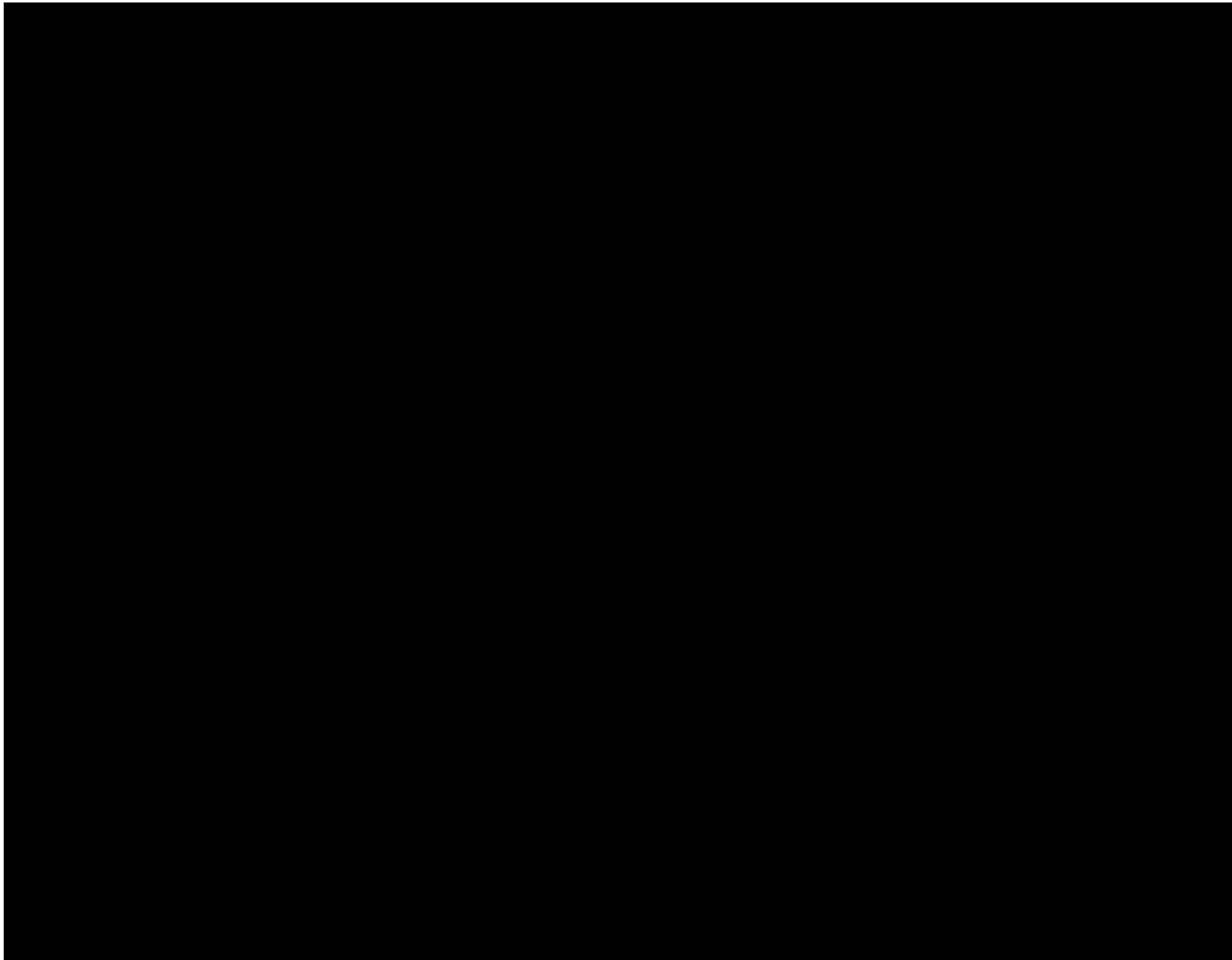
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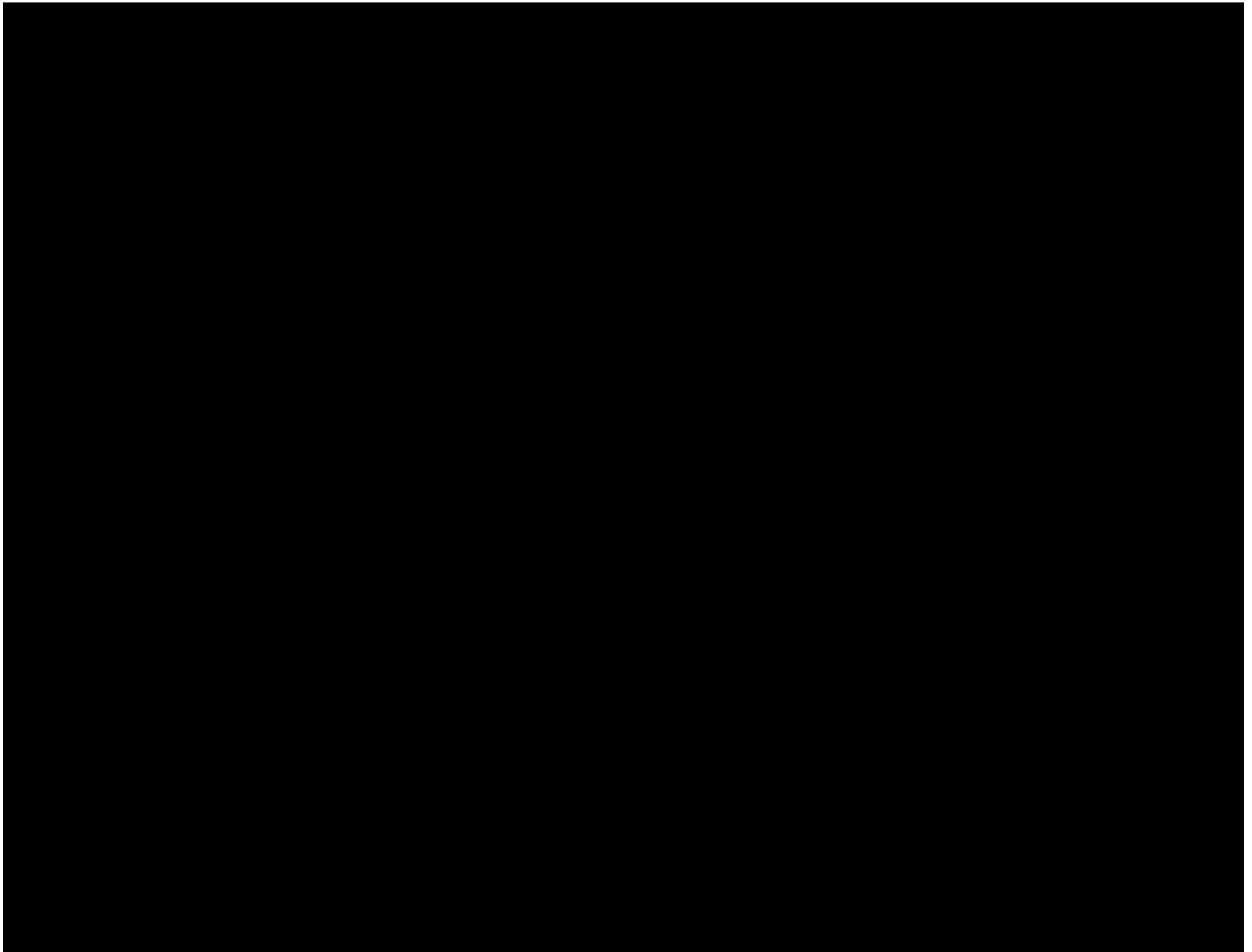
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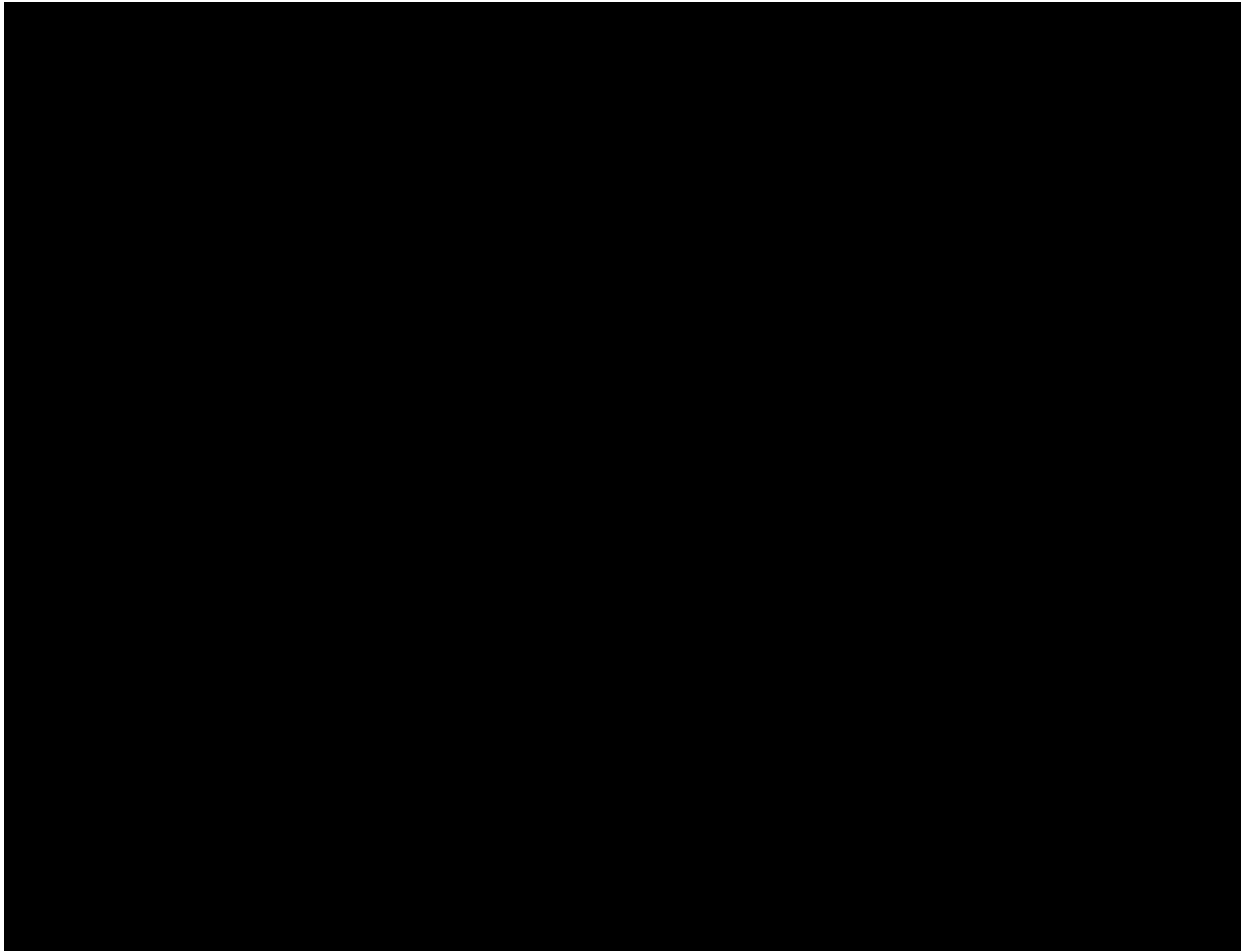
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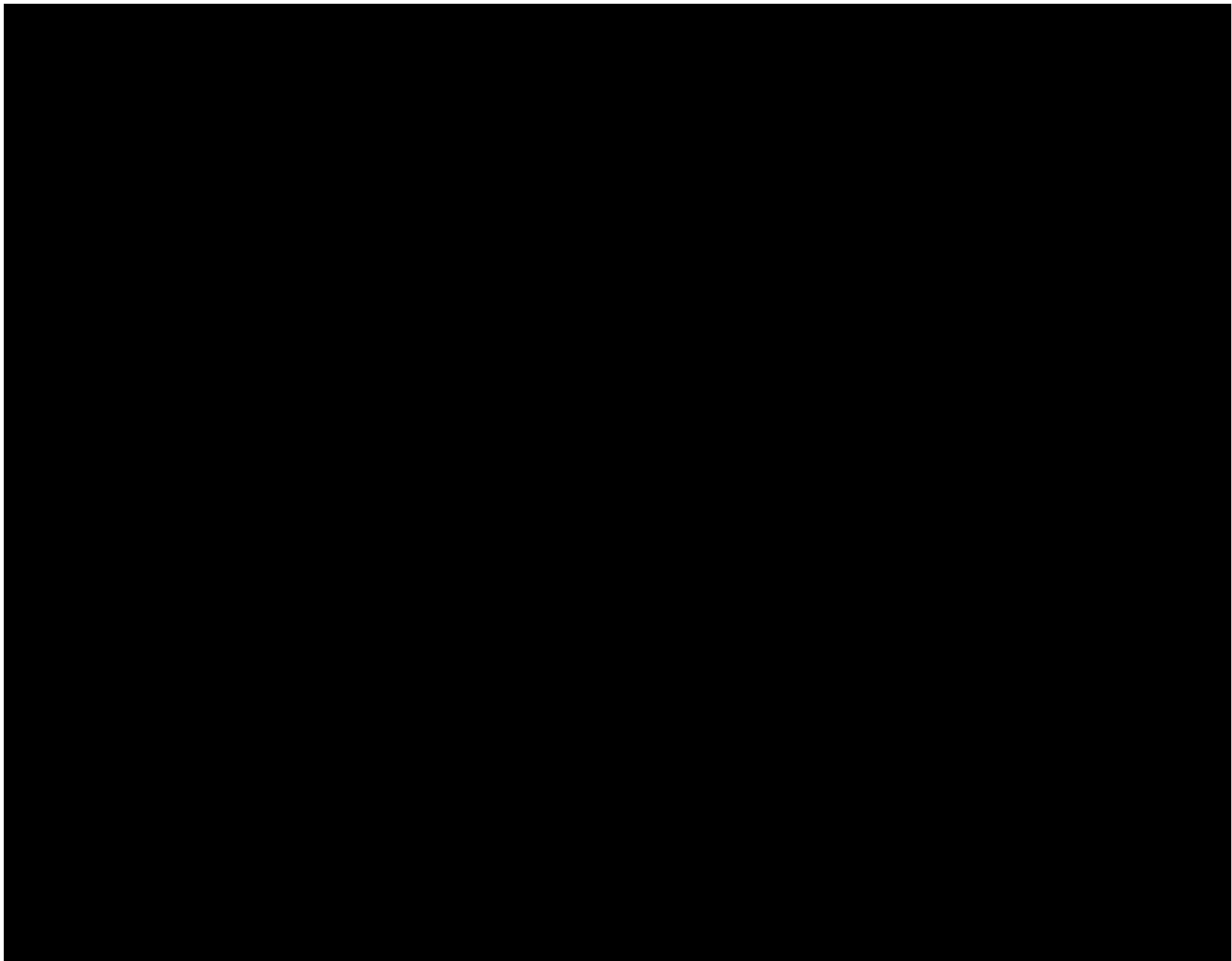


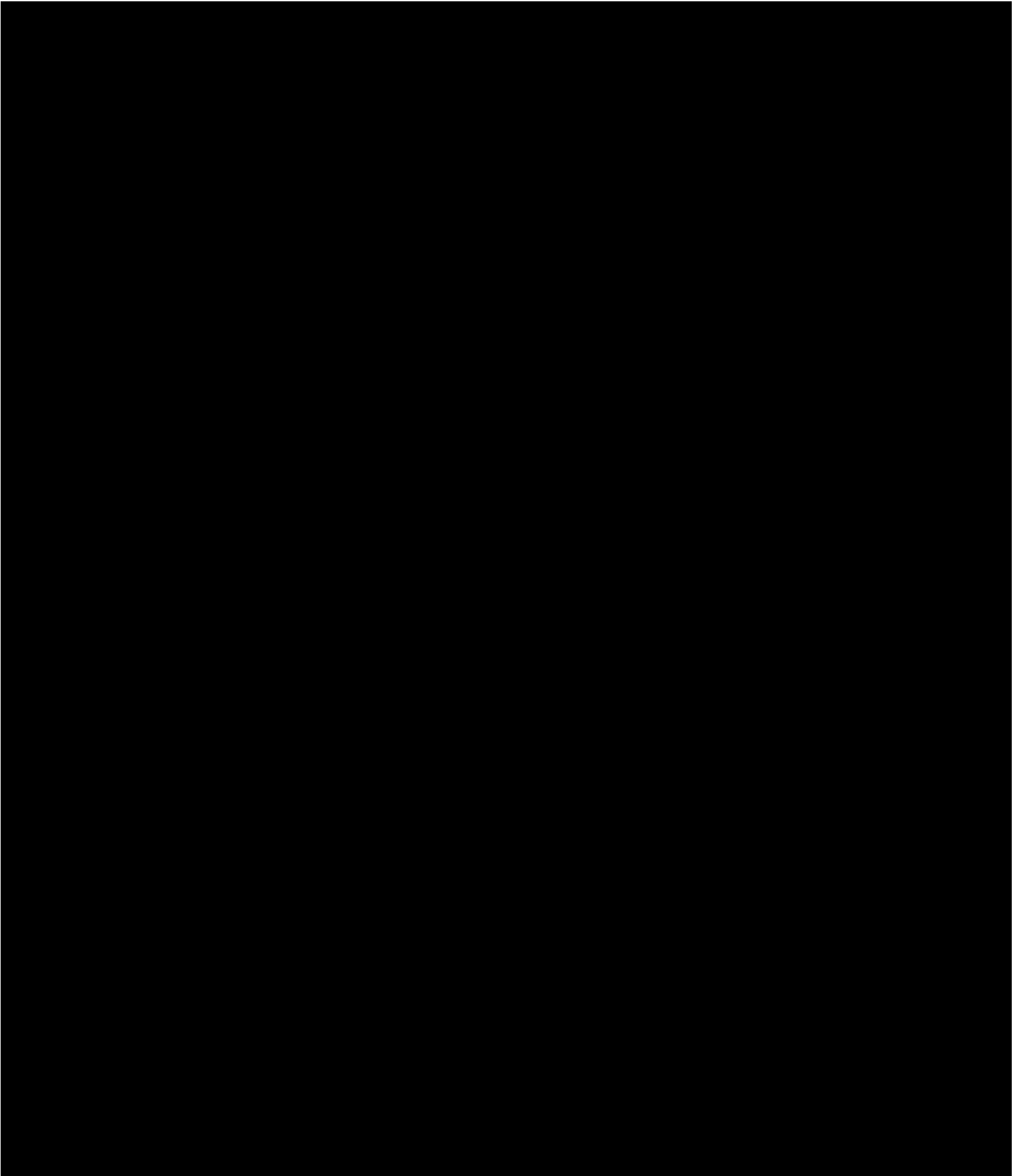


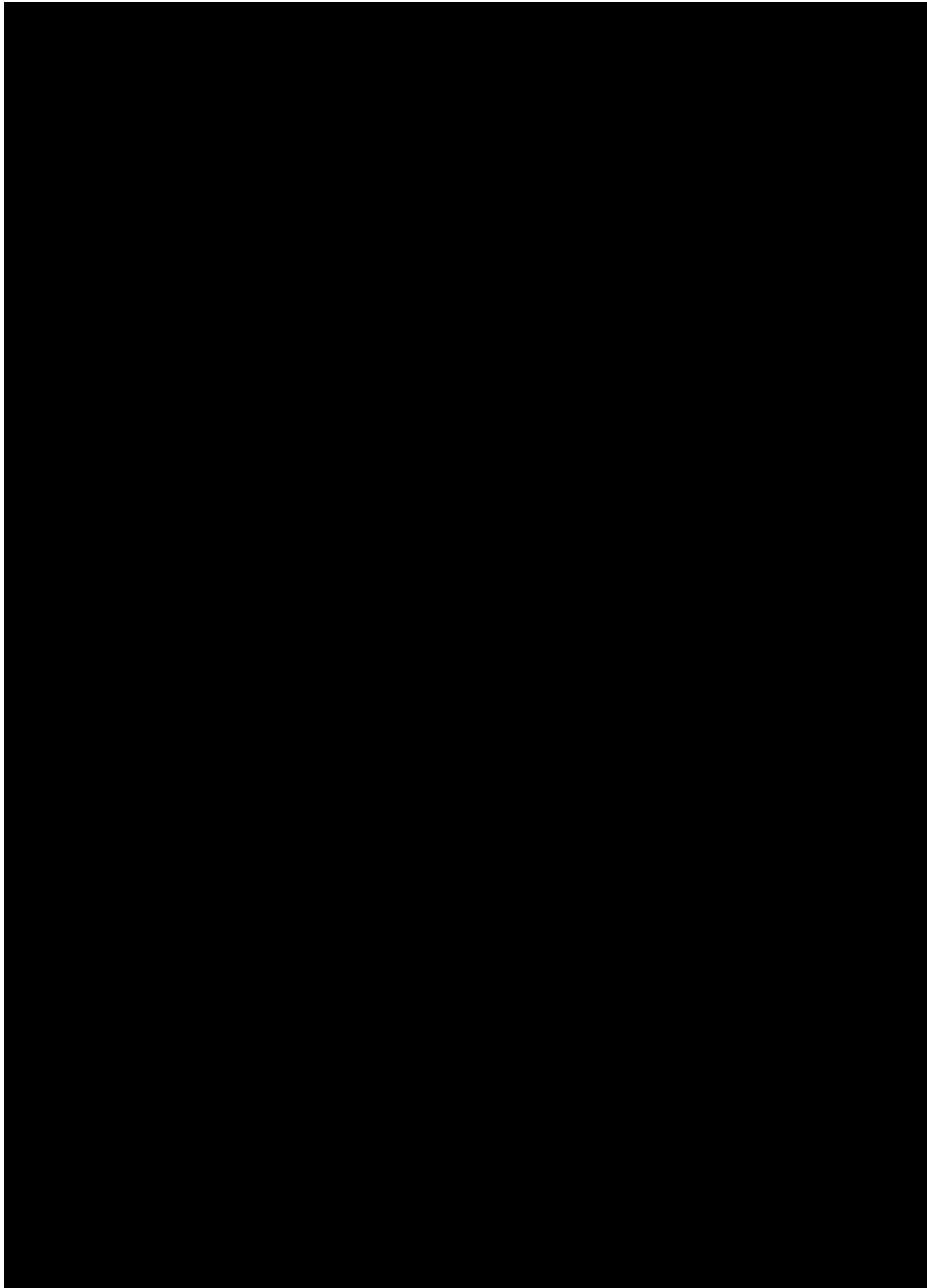


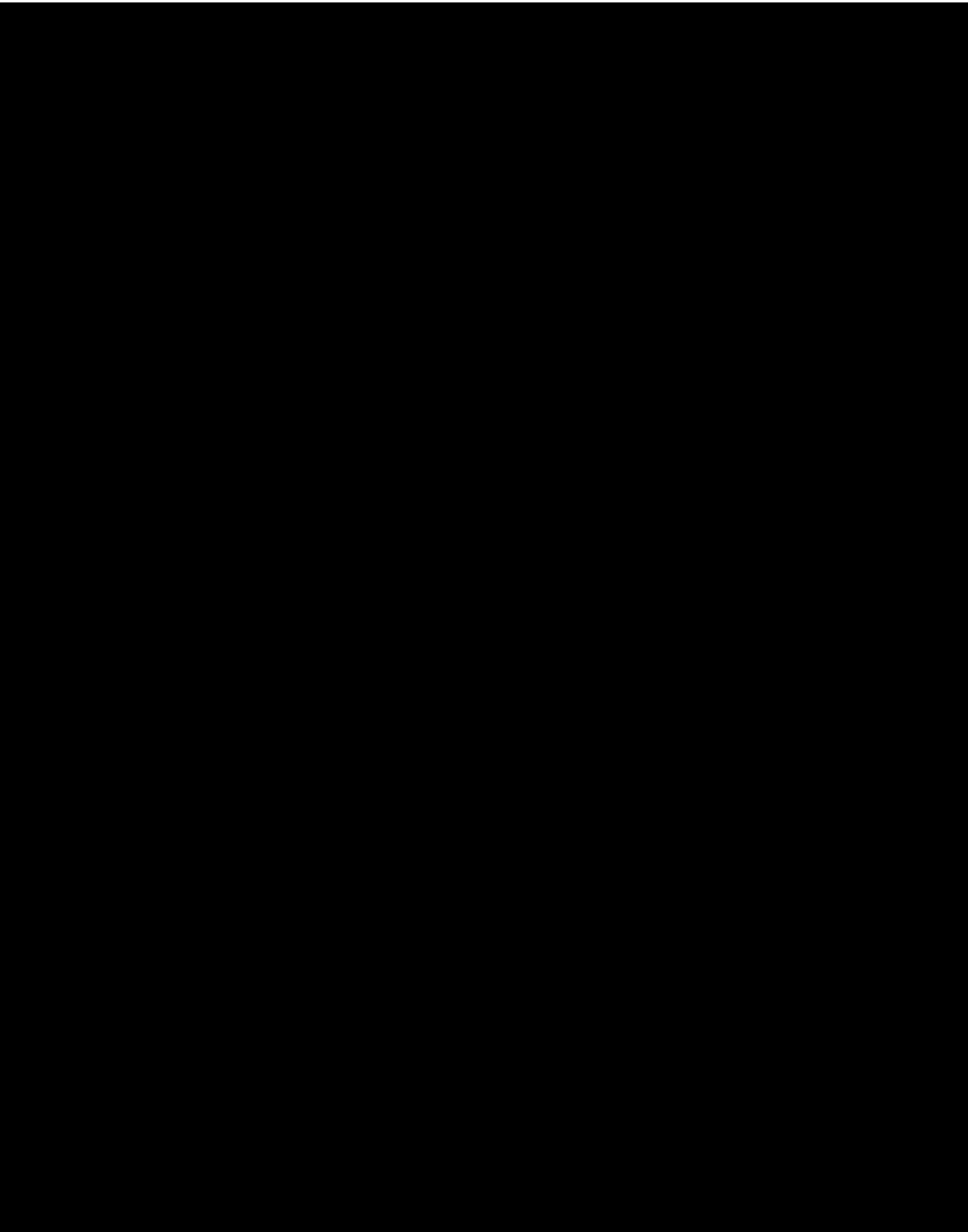












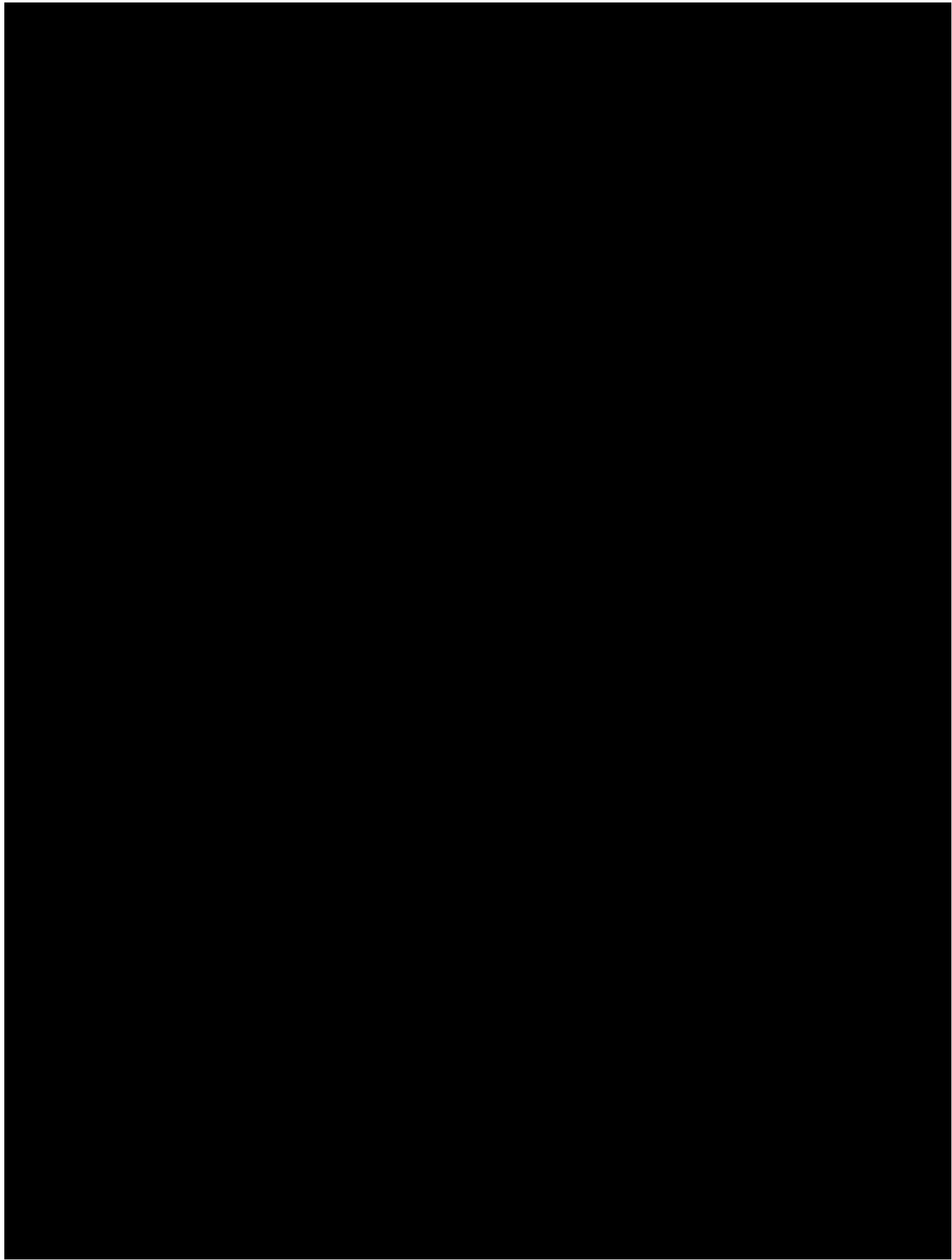
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The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants using a survey questionnaire. The data was then analyzed using statistical software to determine the relationships between the variables of interest.

The results of the study indicate that there is a significant positive relationship between the variables of interest. This finding is consistent with the hypotheses of the study and contributes to the understanding of the phenomenon being investigated.

The implications of the findings suggest that there are practical applications for the research. These implications can be used to inform policy and practice in the field of study.

In conclusion, the study has provided valuable insights into the relationship between the variables of interest. Further research is needed to explore the topic in more depth and to validate the findings of this study.



The first part of the paper discusses the importance of the research and the objectives of the study. It then moves on to a literature review, which provides a background on the topic and identifies the gaps in the existing research. The methodology section describes the research design, data collection, and analysis. The results section presents the findings of the study, and the conclusion summarizes the main points and offers suggestions for future research.

The research was conducted in a systematic and rigorous manner, following the principles of good research practice. The data was collected from a representative sample of the population, and the analysis was carried out using appropriate statistical methods. The results of the study are presented in a clear and concise manner, and the conclusions are based on the evidence gathered.

The study has several strengths, including a large sample size, a well-defined research design, and the use of appropriate statistical methods. However, there are also some limitations, such as the cross-sectional nature of the data and the potential for self-report bias. Despite these limitations, the study provides valuable insights into the topic and contributes to the existing knowledge in the field.

The findings of the study have several implications for practice and policy. They suggest that there is a need for further research in this area, and that the results can be used to inform the development of interventions and policies aimed at addressing the issues identified.

In conclusion, the study has provided a comprehensive overview of the topic and has identified the gaps in the existing research. The methodology was sound, and the results are reliable. The conclusions are based on the evidence gathered, and the study has several strengths and limitations. The findings have implications for practice and policy, and the study contributes to the existing knowledge in the field.

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase to 15.5 million by 2020, and the number of people aged 75 and over to 8.5 million (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of older people, and to ensure that they are able to live independently and actively in the community. This has led to a number of initiatives, including the development of age-friendly communities, and the establishment of age-friendly networks. These initiatives aim to improve the quality of life of older people, and to ensure that they are able to live independently and actively in the community.

One of the key challenges in developing age-friendly communities is to ensure that the needs of older people are taken into account in all planning and development. This requires a multi-sectoral approach, involving the public sector, the private sector, and the voluntary sector. It also requires a focus on the physical environment, as well as on social and cultural factors.

One of the key areas of focus in developing age-friendly communities is the physical environment. This includes the design of public spaces, the provision of accessible transport, and the availability of services and facilities. It also includes the design of housing, and the provision of support services for older people.

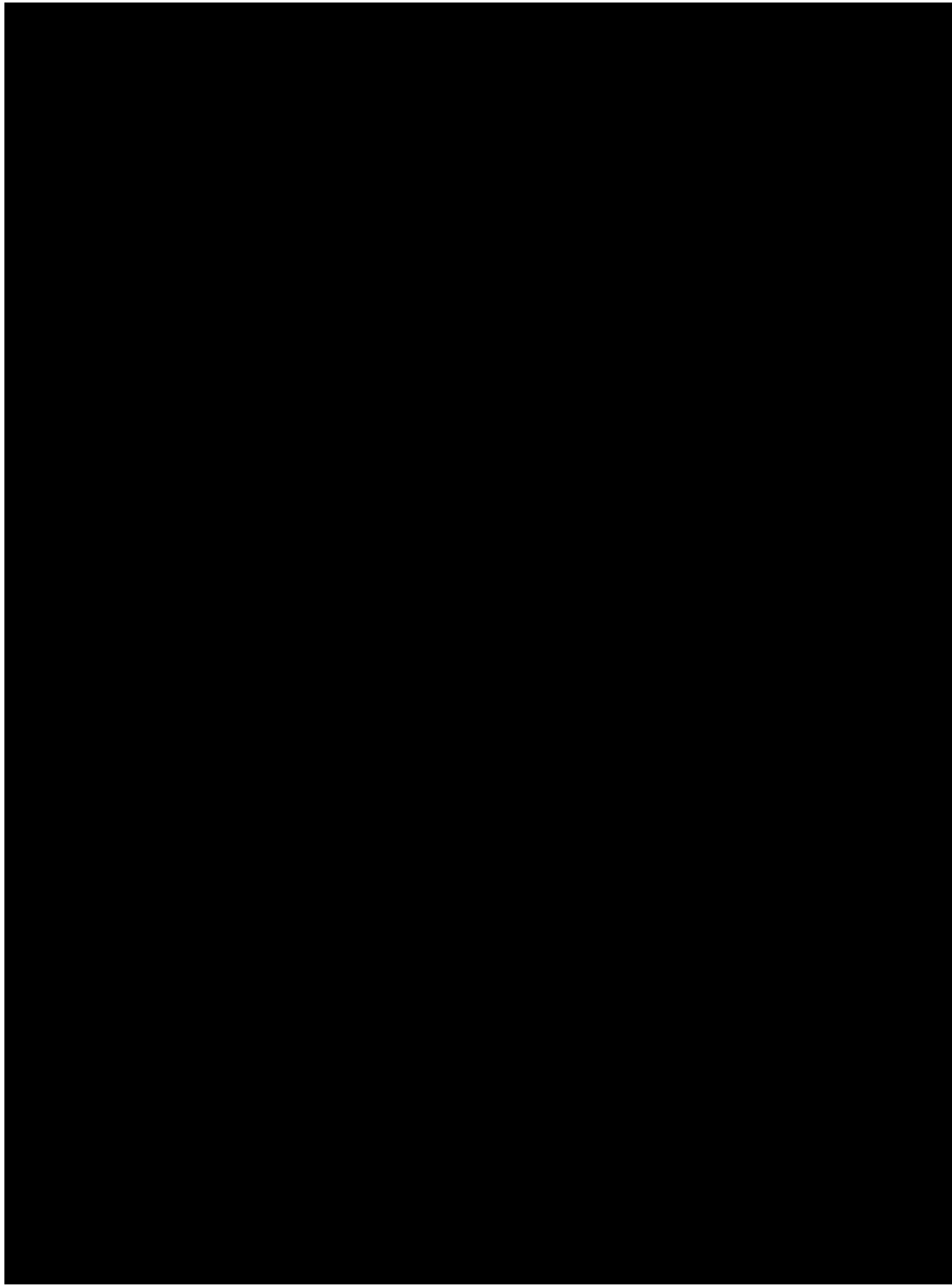
Another key area of focus is social and cultural factors. This includes the promotion of social inclusion, the provision of opportunities for older people to participate in community activities, and the promotion of inter-generational understanding and respect. It also includes the provision of support services for older people, and the promotion of the role of older people in the community.

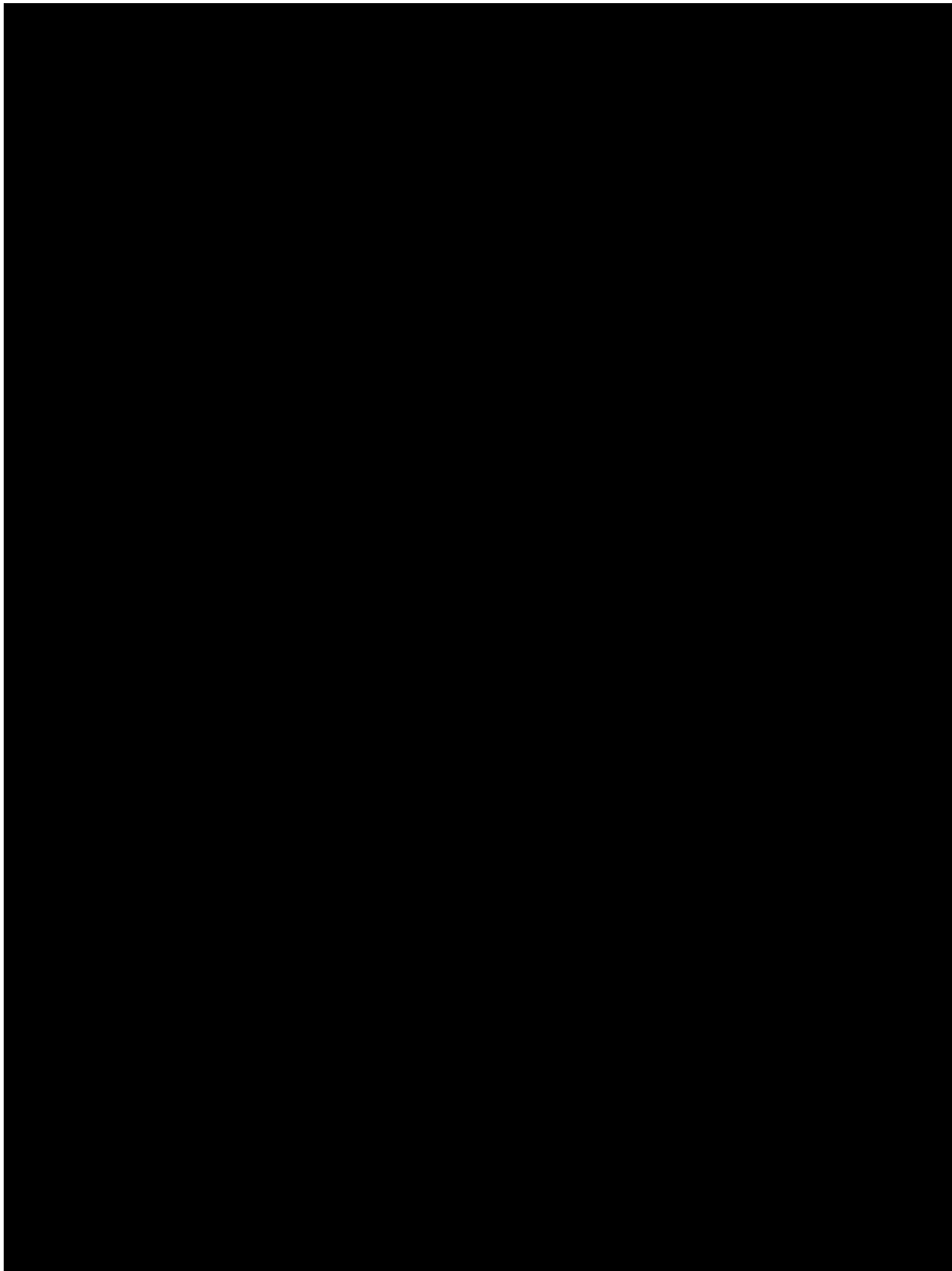
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Another key challenge is to ensure that older people are able to live independently and actively in the community. This requires the provision of support services, and the promotion of social inclusion. It also requires the promotion of the role of older people in the community, and the provision of opportunities for older people to participate in community activities.

There are a number of initiatives that are currently underway to develop age-friendly communities. These include the development of age-friendly networks, the establishment of age-friendly communities, and the provision of support services for older people. These initiatives aim to improve the quality of life of older people, and to ensure that they are able to live independently and actively in the community.

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the 'information' and 'communication' fields. The 'information' field is defined as:

...the study of the nature, sources, uses, and management of information, and the study of the communication of information. The field includes the study of the history, theory, and practice of information science, and the study of the social, cultural, and economic aspects of information and communication. (p. 10)

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the 1990s, the number of people in the world who are undernourished has increased from 600 million to 800 million (FAO 2001). The number of people who are obese has increased from 100 million in 1975 to 300 million in 2000 (WHO 2000). The prevalence of obesity in the United States has increased from 15% in 1976 to 30% in 1994 (Flegal et al. 1994). The prevalence of obesity in the United Kingdom has increased from 10% in 1980 to 22% in 1996 (Health Survey for England 1996).

Obesity is a complex condition, and the aetiology is multifactorial. The prevalence of obesity is increasing in many countries, and this is a public health problem. The prevalence of obesity is increasing in many countries, and this is a public health problem. The prevalence of obesity is increasing in many countries, and this is a public health problem.

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the 'information' and 'communication' fields. The 'information' field is defined as:

Information science is the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and technological contexts in which these processes take place. (p. 1)

The 'communication' field is defined as:

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the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion (United Nations 1999). The number of children in the world is projected to increase to 2.5 billion by the year 2025 (United Nations 1999). The United Nations (1999) also predicts that the number of children in the world will increase to 3.5 billion by the year 2050.

There are a number of factors that are likely to contribute to the increase in the number of children in the world. One of the main factors is the increase in the life expectancy of people. As people live longer, the number of children who survive to adulthood increases. Another factor is the increase in the number of children who are born to women who are younger than 20 years of age. This is because women who are younger than 20 years of age are more likely to have children than women who are older.

The increase in the number of children in the world is a major concern for many people. This is because children are the future of the world. If the number of children in the world continues to increase, the world will be a much different place in the future. There will be more people to support, more resources to be used, and more problems to be solved.

There are a number of things that can be done to help reduce the number of children in the world. One of the most important things is to provide education for all children. Education is a key to a better future. It helps children to learn about the world and to develop the skills they need to live and work. Education also helps children to become responsible citizens who can contribute to their communities.

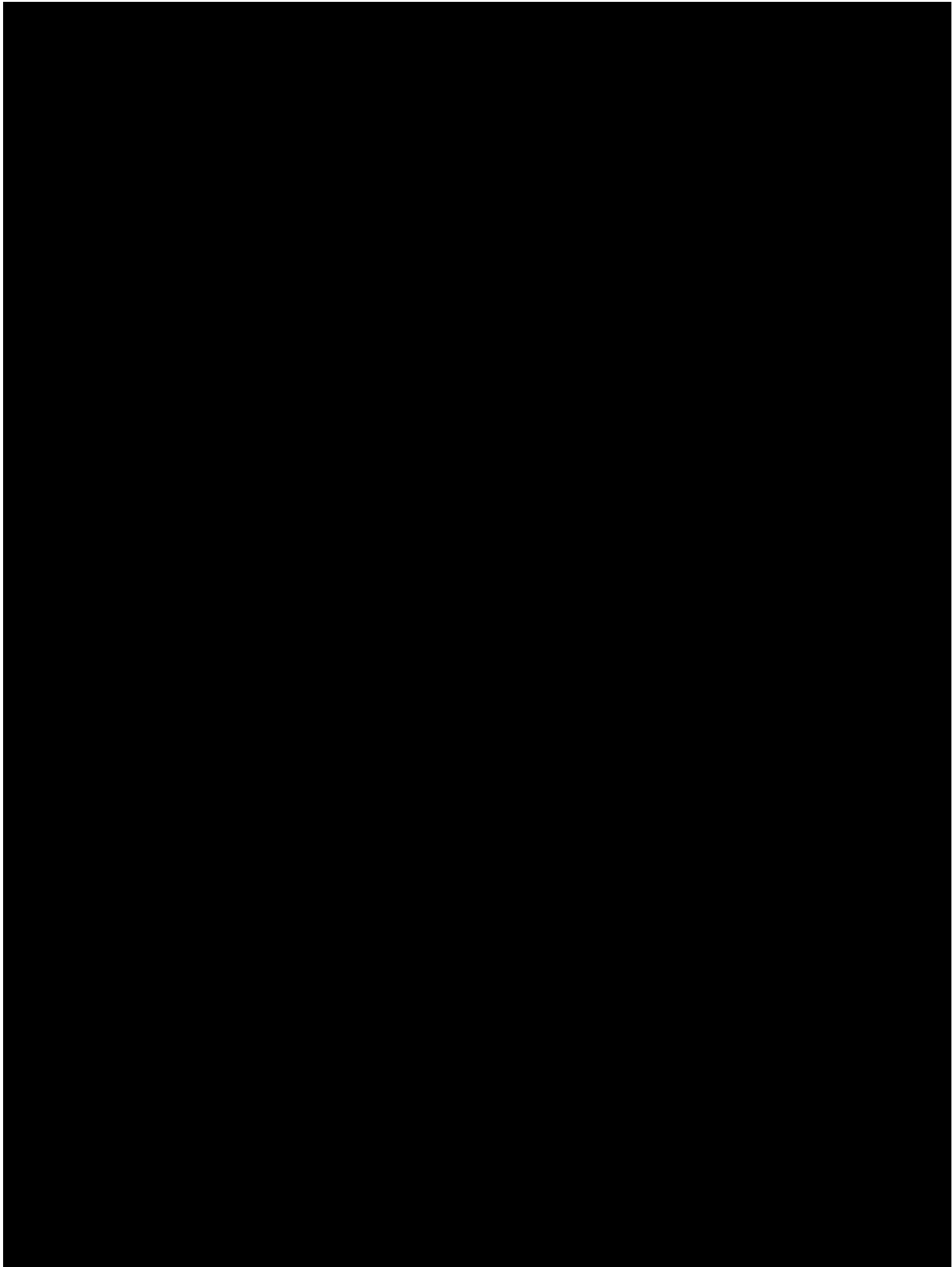
Another important thing that can be done is to provide health care for all children. Health care is essential for children to grow up healthy and strong. It helps children to prevent diseases and to treat illnesses. Health care also helps children to live longer and to have a better quality of life.

There are many other things that can be done to help reduce the number of children in the world. These include providing clean water, improving sanitation, and protecting the environment. All of these things are important for children to live and grow up in a healthy and safe environment.

The number of children in the world is a complex issue that involves many different factors. It is important to understand the factors that are contributing to the increase in the number of children in the world and to take action to help reduce the number of children in the world. This will help to create a better future for all children in the world.

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998). The number of people in the public sector who are employed in health care has increased by 1.2 million (from 1.3 million in 1980 to 2.5 million in 1998).

There is a growing emphasis on the need to improve the quality of health care. This has led to a number of initiatives, including the establishment of the National Patient Safety Agency (NPSA) in 1999, the introduction of the Clinical Governance Framework in 2000, and the establishment of the Health Foundation in 2001.

The NPSA was established to improve patient safety by identifying and preventing errors, and by promoting best practice. The Clinical Governance Framework was introduced to ensure that health care providers are accountable for the quality of their services. The Health Foundation was established to fund research and development in health care.

These initiatives have led to a number of improvements in the quality of health care. For example, the NPSA has identified a number of areas where errors are most likely to occur, and has developed a number of measures to prevent these errors. The Clinical Governance Framework has led to a number of improvements in the way that health care providers are monitored and evaluated. The Health Foundation has funded a number of research and development projects that have led to a number of improvements in health care.

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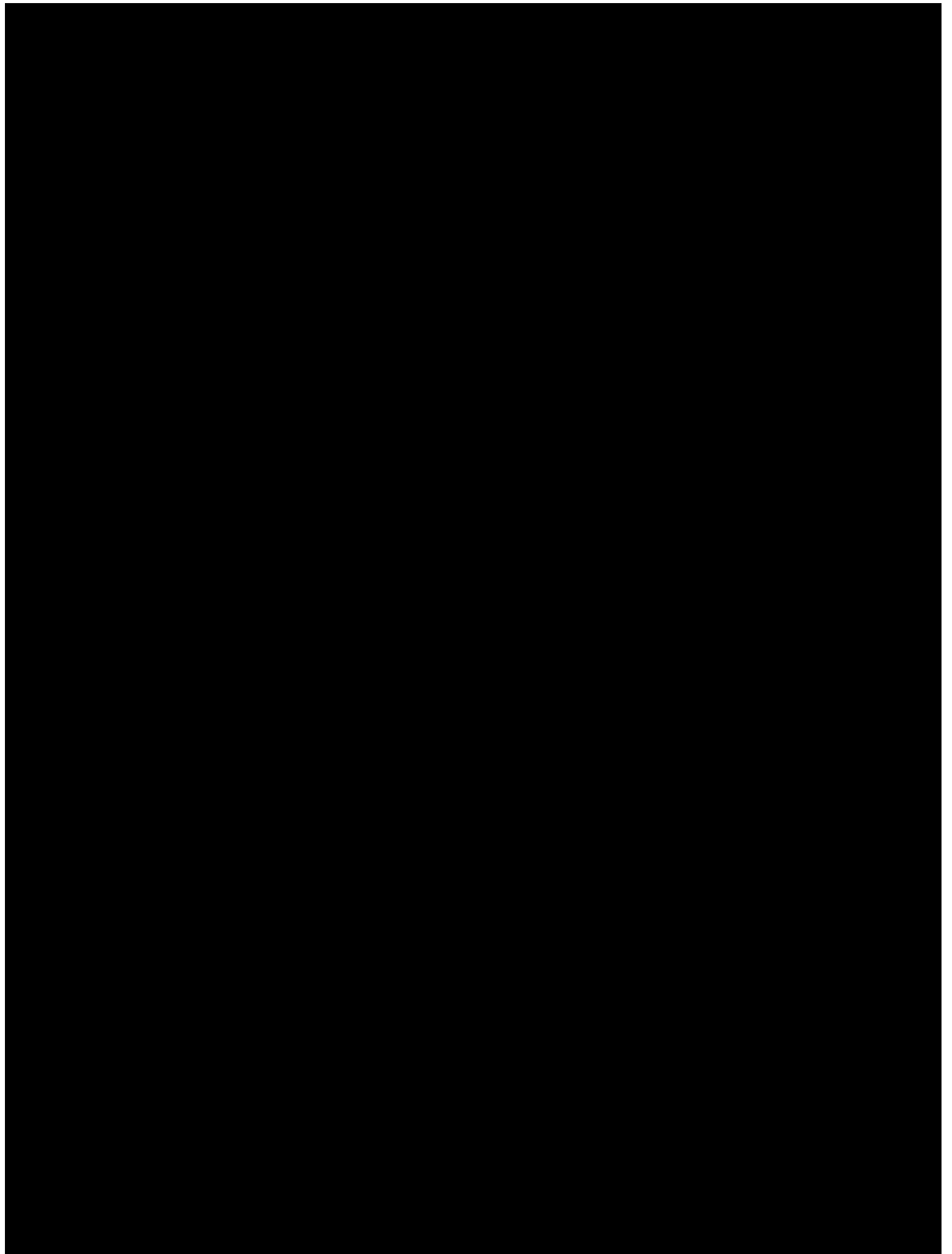
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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–2000) and is projected to increase by a further 1.5 million by 2020 (Office for National Statistics 2001). The number of people aged 65 and over in the UK is projected to increase from 10.5 million in 2000 to 13.5 million in 2020, with the number of people aged 75 and over increasing from 4.5 million to 6.5 million in the same period (Office for National Statistics 2001).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (2000) has identified the need to develop a 'new paradigm' for the care of the ageing population, one that is based on a 'continuum of care' rather than a 'dual system' of care. The 'new paradigm' is based on the principle that care should be provided in the community wherever possible, and that care should be tailored to the needs of the individual. The 'new paradigm' is based on the principle that care should be provided in the community wherever possible, and that care should be tailored to the needs of the individual.

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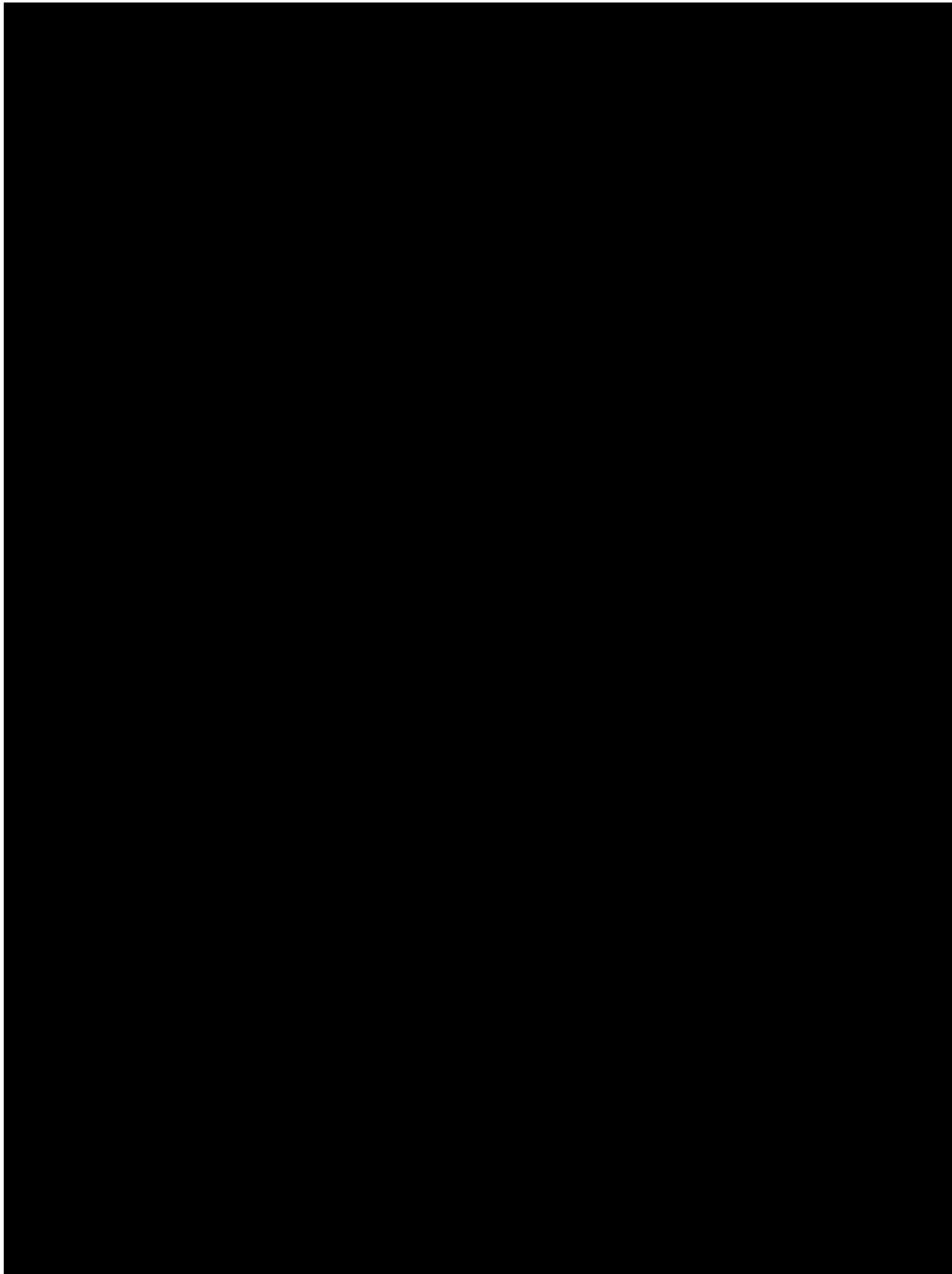


Exhibit D Enterprise Advantage Framework and Methodology

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Country	Year	Country	Year	Country	Year	Country	Year
Algeria	2000	Algeria	2001	Algeria	2002	Algeria	2003
Algeria	2004	Algeria	2005	Algeria	2006	Algeria	2007
Algeria	2008	Algeria	2009	Algeria	2010	Algeria	2011
Algeria	2012	Algeria	2013	Algeria	2014	Algeria	2015
Algeria	2016	Algeria	2017	Algeria	2018	Algeria	2019
Algeria	2020	Algeria	2021	Algeria	2022	Algeria	2023
Algeria	2024	Algeria	2025	Algeria	2026	Algeria	2027
Algeria	2028	Algeria	2029	Algeria	2030	Algeria	2031
Algeria	2032	Algeria	2033	Algeria	2034	Algeria	2035
Algeria	2036	Algeria	2037	Algeria	2038	Algeria	2039
Algeria	2040	Algeria	2041	Algeria	2042	Algeria	2043
Algeria	2044	Algeria	2045	Algeria	2046	Algeria	2047
Algeria	2048	Algeria	2049	Algeria	2050	Algeria	2051
Algeria	2052	Algeria	2053	Algeria	2054	Algeria	2055
Algeria	2056	Algeria	2057	Algeria	2058	Algeria	2059
Algeria	2060	Algeria	2061	Algeria	2062	Algeria	2063
Algeria	2064	Algeria	2065	Algeria	2066	Algeria	2067
Algeria	2068	Algeria	2069	Algeria	2070	Algeria	2071
Algeria	2072	Algeria	2073	Algeria	2074	Algeria	2075
Algeria	2076	Algeria	2077	Algeria	2078	Algeria	2079
Algeria	2080	Algeria	2081	Algeria	2082	Algeria	2083
Algeria	2084	Algeria	2085	Algeria	2086	Algeria	2087
Algeria	2088	Algeria	2089	Algeria	2090	Algeria	2091
Algeria	2092	Algeria	2093	Algeria	2094	Algeria	2095
Algeria	2096	Algeria	2097	Algeria	2098	Algeria	2099

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Category	Sub-category	Item	Value
Category 1	Sub-category 1.1	Item 1.1.1	Value 1.1.1
		Item 1.1.2	Value 1.1.2
		Item 1.1.3	Value 1.1.3
		Item 1.1.4	Value 1.1.4
		Item 1.1.5	Value 1.1.5
		Item 1.1.6	Value 1.1.6
		Item 1.1.7	Value 1.1.7
		Item 1.1.8	Value 1.1.8
		Item 1.1.9	Value 1.1.9
		Item 1.1.10	Value 1.1.10
Category 2	Sub-category 2.1	Item 2.1.1	Value 2.1.1
		Item 2.1.2	Value 2.1.2
		Item 2.1.3	Value 2.1.3
		Item 2.1.4	Value 2.1.4
		Item 2.1.5	Value 2.1.5
		Item 2.1.6	Value 2.1.6
		Item 2.1.7	Value 2.1.7
		Item 2.1.8	Value 2.1.8
		Item 2.1.9	Value 2.1.9
		Item 2.1.10	Value 2.1.10
Category 3	Sub-category 3.1	Item 3.1.1	Value 3.1.1
		Item 3.1.2	Value 3.1.2
		Item 3.1.3	Value 3.1.3
		Item 3.1.4	Value 3.1.4
		Item 3.1.5	Value 3.1.5
		Item 3.1.6	Value 3.1.6
		Item 3.1.7	Value 3.1.7
		Item 3.1.8	Value 3.1.8
		Item 3.1.9	Value 3.1.9
		Item 3.1.10	Value 3.1.10
Category 4	Sub-category 4.1	Item 4.1.1	Value 4.1.1
		Item 4.1.2	Value 4.1.2
		Item 4.1.3	Value 4.1.3
		Item 4.1.4	Value 4.1.4
		Item 4.1.5	Value 4.1.5
		Item 4.1.6	Value 4.1.6
		Item 4.1.7	Value 4.1.7
		Item 4.1.8	Value 4.1.8
		Item 4.1.9	Value 4.1.9
		Item 4.1.10	Value 4.1.10

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Category	Sub-category	Item	Value
Category 1	Sub-category 1.1	Item 1.1.1	10
		Item 1.1.2	5
	Sub-category 1.2	Item 1.2.1	15
		Item 1.2.2	3
		Item 1.2.3	12
		Item 1.2.4	8
		Item 1.2.5	14
		Item 1.2.6	9
		Item 1.2.7	11
		Item 1.2.8	6
		Item 1.2.9	13
		Item 1.2.10	7
		Item 1.2.11	16
		Item 1.2.12	4
		Item 1.2.13	10
		Item 1.2.14	2
		Item 1.2.15	17
		Item 1.2.16	1
		Item 1.2.17	18
		Item 1.2.18	0
Category 2	Sub-category 2.1	Item 2.1.1	20
		Item 2.1.2	15
		Item 2.1.3	10
		Item 2.1.4	5
		Item 2.1.5	0
	Sub-category 2.2	Item 2.2.1	25
		Item 2.2.2	20
		Item 2.2.3	15
		Item 2.2.4	10
		Item 2.2.5	5
Category 3	Sub-category 3.1	Item 3.1.1	30
		Item 3.1.2	25
		Item 3.1.3	20
		Item 3.1.4	15
		Item 3.1.5	10
	Sub-category 3.2	Item 3.2.1	35
		Item 3.2.2	30
		Item 3.2.3	25
		Item 3.2.4	20
		Item 3.2.5	15
Category 4	Sub-category 4.1	Item 4.1.1	40
		Item 4.1.2	35
		Item 4.1.3	30
		Item 4.1.4	25
		Item 4.1.5	20
	Sub-category 4.2	Item 4.2.1	45
		Item 4.2.2	40
		Item 4.2.3	35
		Item 4.2.4	30
		Item 4.2.5	25

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Category	Sub-category	Item	Value	
Category 1	Sub-category 1.1	Item 1.1.1	Value 1.1.1	
		Item 1.1.2	Value 1.1.2	
		Sub-category 1.2	Item 1.2.1	Value 1.2.1
			Item 1.2.2	Value 1.2.2
		Sub-category 1.3	Item 1.3.1	Value 1.3.1
			Item 1.3.2	Value 1.3.2
		Sub-category 1.4	Item 1.4.1	Value 1.4.1
			Item 1.4.2	Value 1.4.2
		Sub-category 1.5	Item 1.5.1	Value 1.5.1
			Item 1.5.2	Value 1.5.2
		Sub-category 1.6	Item 1.6.1	Value 1.6.1
			Item 1.6.2	Value 1.6.2
		Sub-category 1.7	Item 1.7.1	Value 1.7.1
			Item 1.7.2	Value 1.7.2
		Sub-category 1.8	Item 1.8.1	Value 1.8.1
			Item 1.8.2	Value 1.8.2
		Sub-category 1.9	Item 1.9.1	Value 1.9.1
			Item 1.9.2	Value 1.9.2
		Sub-category 1.10	Item 1.10.1	Value 1.10.1
			Item 1.10.2	Value 1.10.2
Category 2	Sub-category 2.1	Item 2.1.1	Value 2.1.1	
		Item 2.1.2	Value 2.1.2	
		Sub-category 2.2	Item 2.2.1	Value 2.2.1
			Item 2.2.2	Value 2.2.2
		Sub-category 2.3	Item 2.3.1	Value 2.3.1
			Item 2.3.2	Value 2.3.2
		Sub-category 2.4	Item 2.4.1	Value 2.4.1
			Item 2.4.2	Value 2.4.2
		Sub-category 2.5	Item 2.5.1	Value 2.5.1
			Item 2.5.2	Value 2.5.2
		Sub-category 2.6	Item 2.6.1	Value 2.6.1
			Item 2.6.2	Value 2.6.2
		Sub-category 2.7	Item 2.7.1	Value 2.7.1
			Item 2.7.2	Value 2.7.2
		Sub-category 2.8	Item 2.8.1	Value 2.8.1
			Item 2.8.2	Value 2.8.2
		Sub-category 2.9	Item 2.9.1	Value 2.9.1
			Item 2.9.2	Value 2.9.2
		Sub-category 2.10	Item 2.10.1	Value 2.10.1
			Item 2.10.2	Value 2.10.2
Category 3	Sub-category 3.1	Item 3.1.1	Value 3.1.1	
		Item 3.1.2	Value 3.1.2	
		Sub-category 3.2	Item 3.2.1	Value 3.2.1
			Item 3.2.2	Value 3.2.2
		Sub-category 3.3	Item 3.3.1	Value 3.3.1
			Item 3.3.2	Value 3.3.2
		Sub-category 3.4	Item 3.4.1	Value 3.4.1
			Item 3.4.2	Value 3.4.2
		Sub-category 3.5	Item 3.5.1	Value 3.5.1
			Item 3.5.2	Value 3.5.2
		Sub-category 3.6	Item 3.6.1	Value 3.6.1
			Item 3.6.2	Value 3.6.2
		Sub-category 3.7	Item 3.7.1	Value 3.7.1
			Item 3.7.2	Value 3.7.2
		Sub-category 3.8	Item 3.8.1	Value 3.8.1
			Item 3.8.2	Value 3.8.2
		Sub-category 3.9	Item 3.9.1	Value 3.9.1
			Item 3.9.2	Value 3.9.2
		Sub-category 3.10	Item 3.10.1	Value 3.10.1
			Item 3.10.2	Value 3.10.2
Category 4	Sub-category 4.1	Item 4.1.1	Value 4.1.1	
		Item 4.1.2	Value 4.1.2	
		Sub-category 4.2	Item 4.2.1	Value 4.2.1
			Item 4.2.2	Value 4.2.2
		Sub-category 4.3	Item 4.3.1	Value 4.3.1
			Item 4.3.2	Value 4.3.2
		Sub-category 4.4	Item 4.4.1	Value 4.4.1
			Item 4.4.2	Value 4.4.2
		Sub-category 4.5	Item 4.5.1	Value 4.5.1
			Item 4.5.2	Value 4.5.2
		Sub-category 4.6	Item 4.6.1	Value 4.6.1
			Item 4.6.2	Value 4.6.2
		Sub-category 4.7	Item 4.7.1	Value 4.7.1
			Item 4.7.2	Value 4.7.2
		Sub-category 4.8	Item 4.8.1	Value 4.8.1
			Item 4.8.2	Value 4.8.2
		Sub-category 4.9	Item 4.9.1	Value 4.9.1
			Item 4.9.2	Value 4.9.2
		Sub-category 4.10	Item 4.10.1	Value 4.10.1
			Item 4.10.2	Value 4.10.2

Exhibit E Sample Transition Project Work Plan used with Similar Engagement

The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The next section describes the methodology used in the study, including the data sources and the statistical techniques employed. The results of the study are then presented, followed by a discussion of the findings and their implications. The paper concludes with a summary of the main points and suggestions for future research.

The research was conducted using a quantitative approach, with data collected from a large sample of participants. The results show a significant positive correlation between the variables studied, indicating that the hypothesis was supported. The findings have important implications for the field and suggest that further research is needed to explore the underlying mechanisms.

In conclusion, the study provides valuable insights into the relationship between the variables and highlights the need for continued research in this area. The results are consistent with previous findings and offer new perspectives on the topic.

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office of National Statistics 2000).

There is a growing awareness of the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people. This has led to a number of initiatives, including the development of age-friendly communities, the development of age-friendly health care services, and the development of age-friendly housing.

Age-friendly communities are communities that are designed to be accessible and inclusive for older people. They include a range of services and facilities that are designed to meet the needs of older people, such as accessible public transport, accessible public buildings, and accessible housing.

Age-friendly health care services are health care services that are designed to be accessible and inclusive for older people. They include a range of services and facilities that are designed to meet the needs of older people, such as accessible public transport, accessible public buildings, and accessible housing.

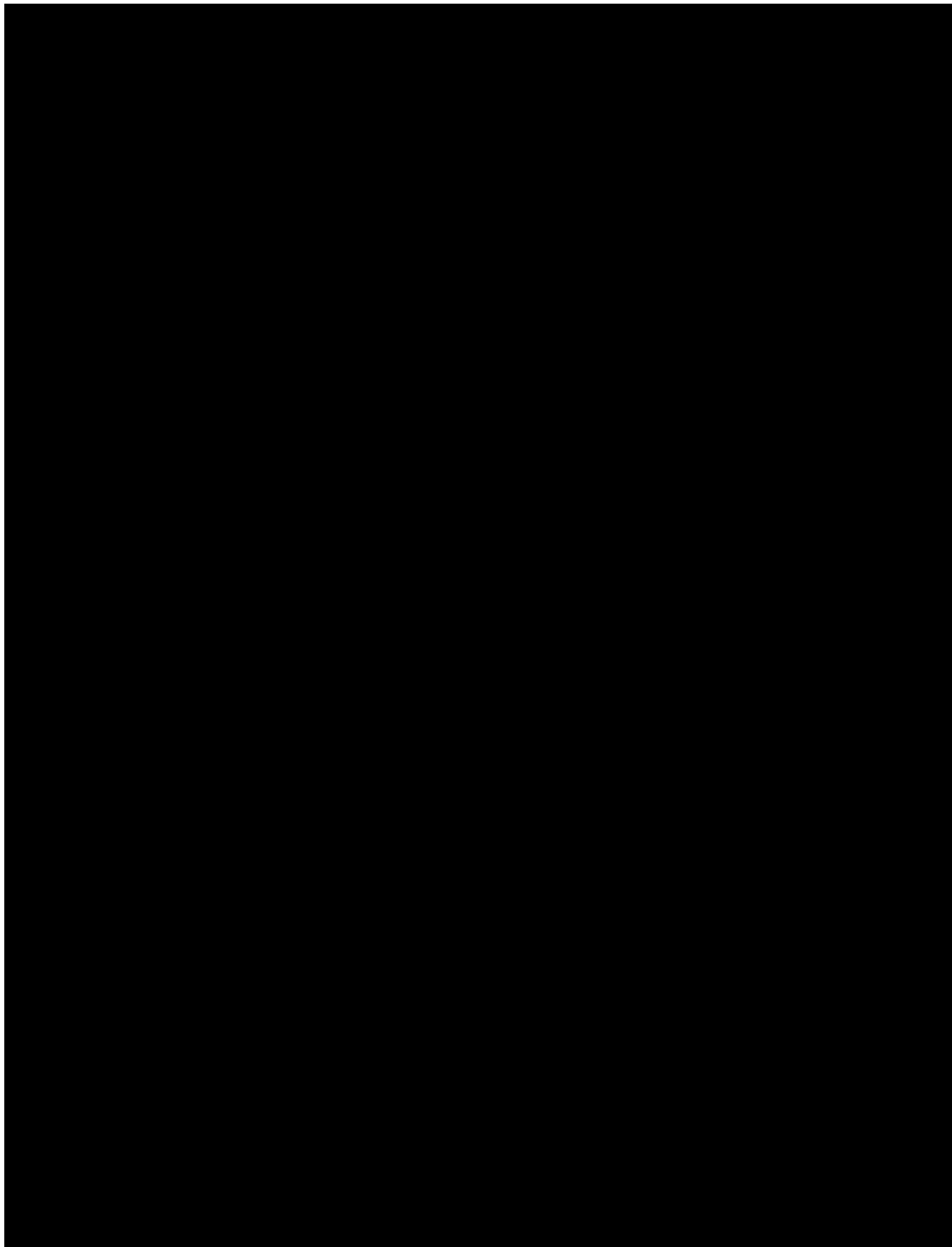
Age-friendly housing is housing that is designed to be accessible and inclusive for older people. It includes a range of services and facilities that are designed to meet the needs of older people, such as accessible public transport, accessible public buildings, and accessible housing.

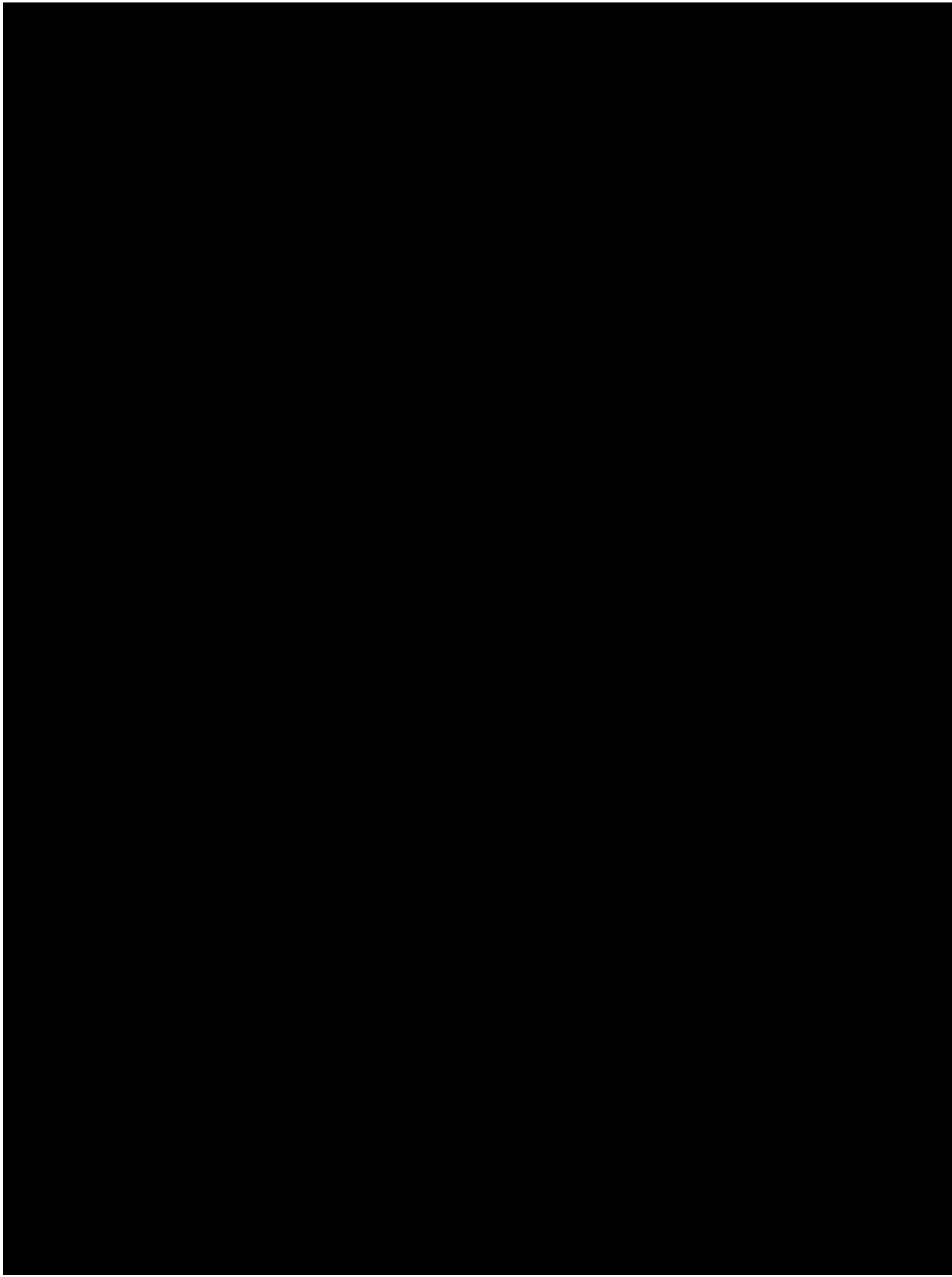
The development of age-friendly communities, age-friendly health care services, and age-friendly housing is a key priority for the UK government. It is a key priority for the UK government because it is a key priority for the UK government.

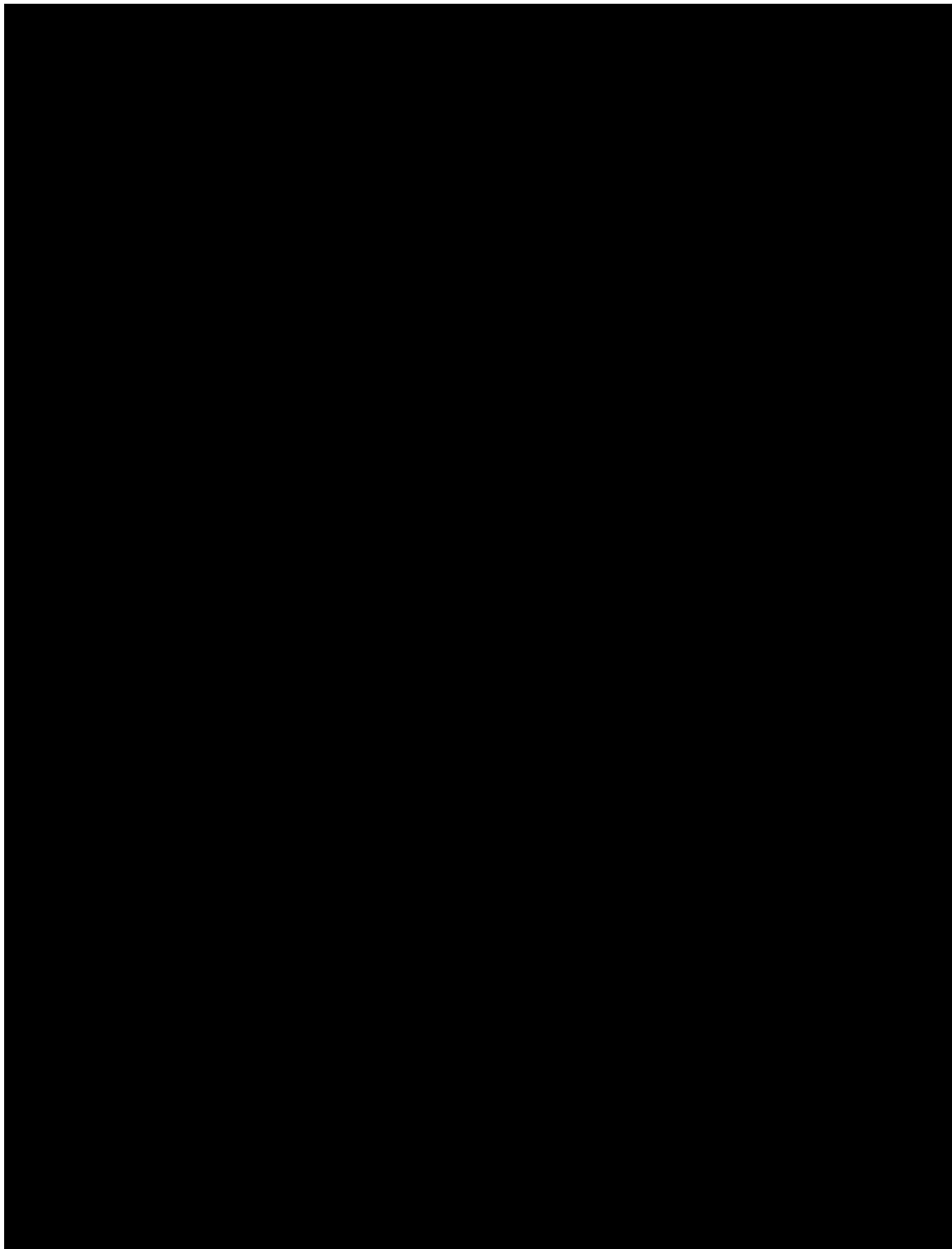
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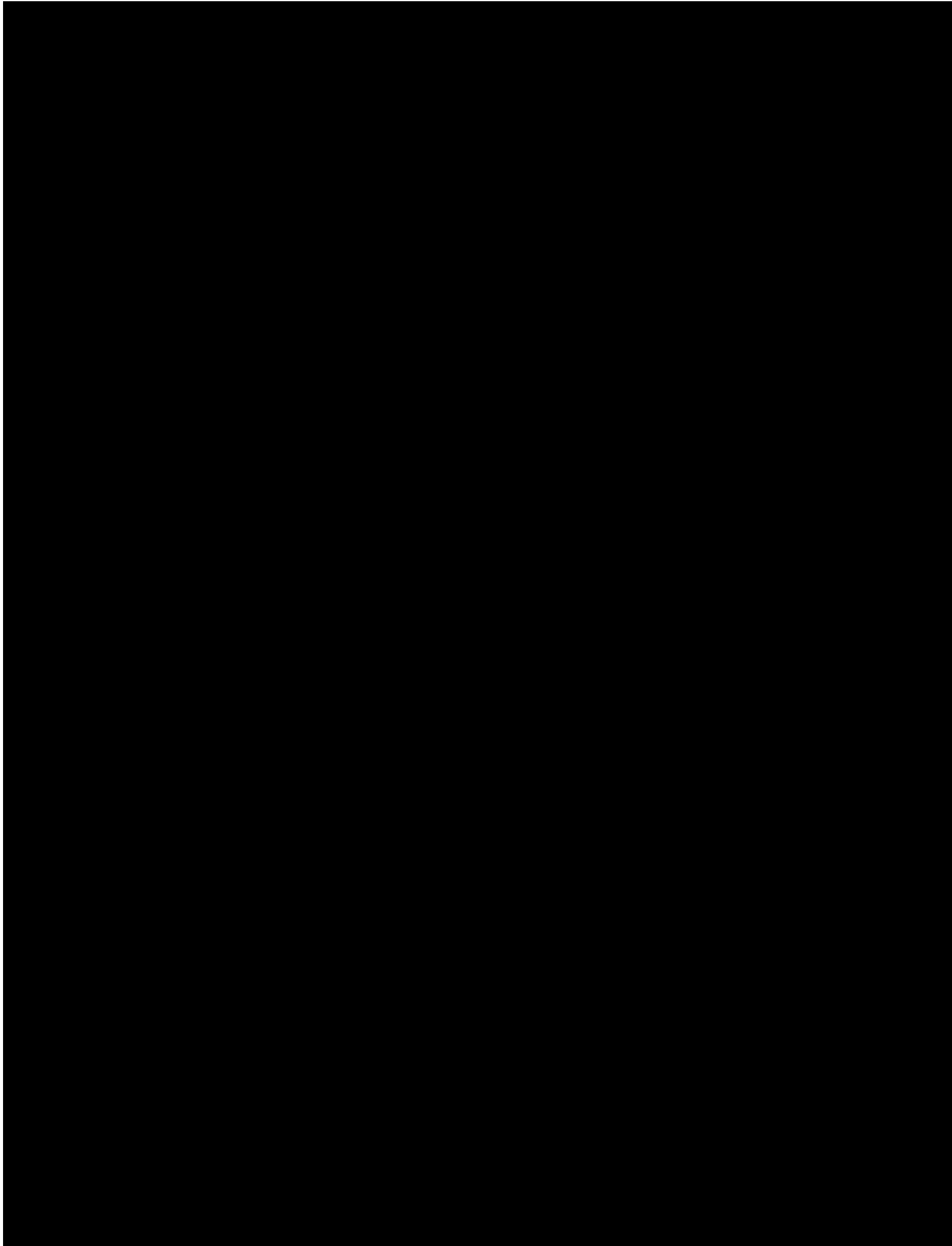
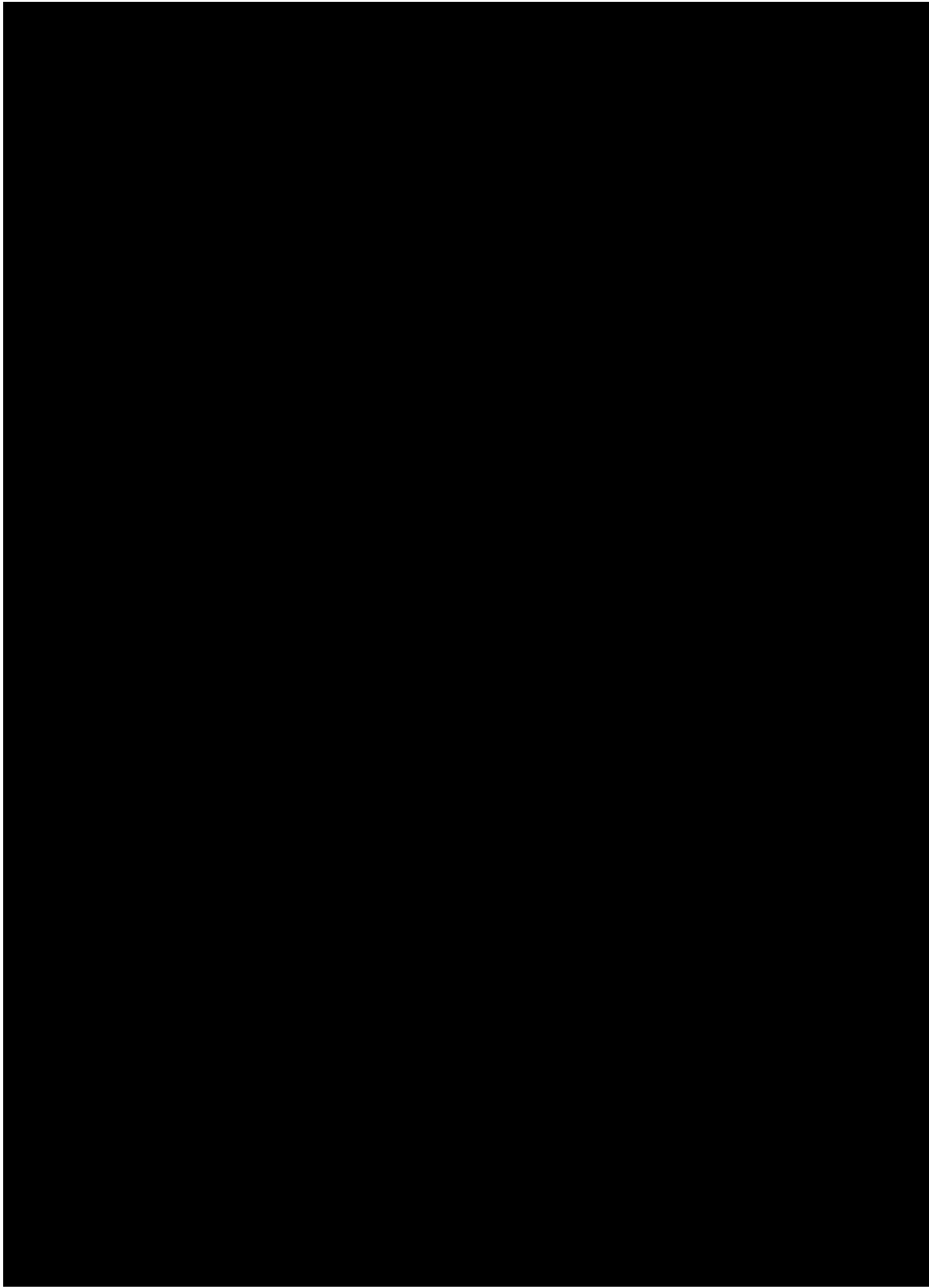


Exhibit F Sample Project Tailoring Template

Exhibit G Sample Staffing Management Plan Template (4.A)



the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 10.5 million by 2026, and the number of people aged 75 and over to 6.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on the following assumptions: (1) that older people are a diverse group with different needs and interests; (2) that older people should be able to live independently and actively; (3) that older people should have access to the services and support they need; and (4) that older people should be treated with respect and dignity. The strategy sets out a range of measures to be taken to improve the lives of older people, including: (1) to improve the physical environment; (2) to improve the social environment; (3) to improve the financial environment; and (4) to improve the health and social care environment.

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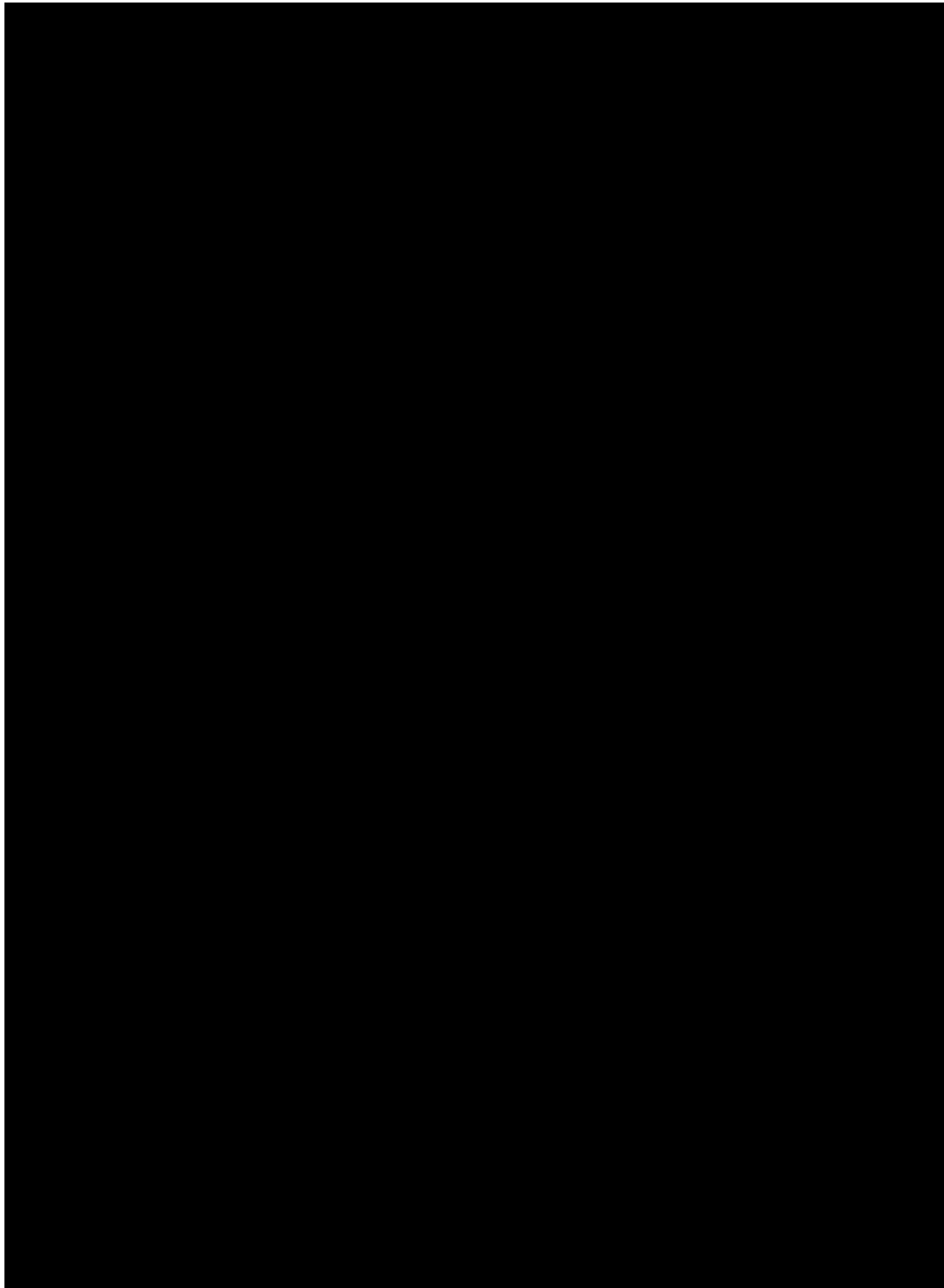
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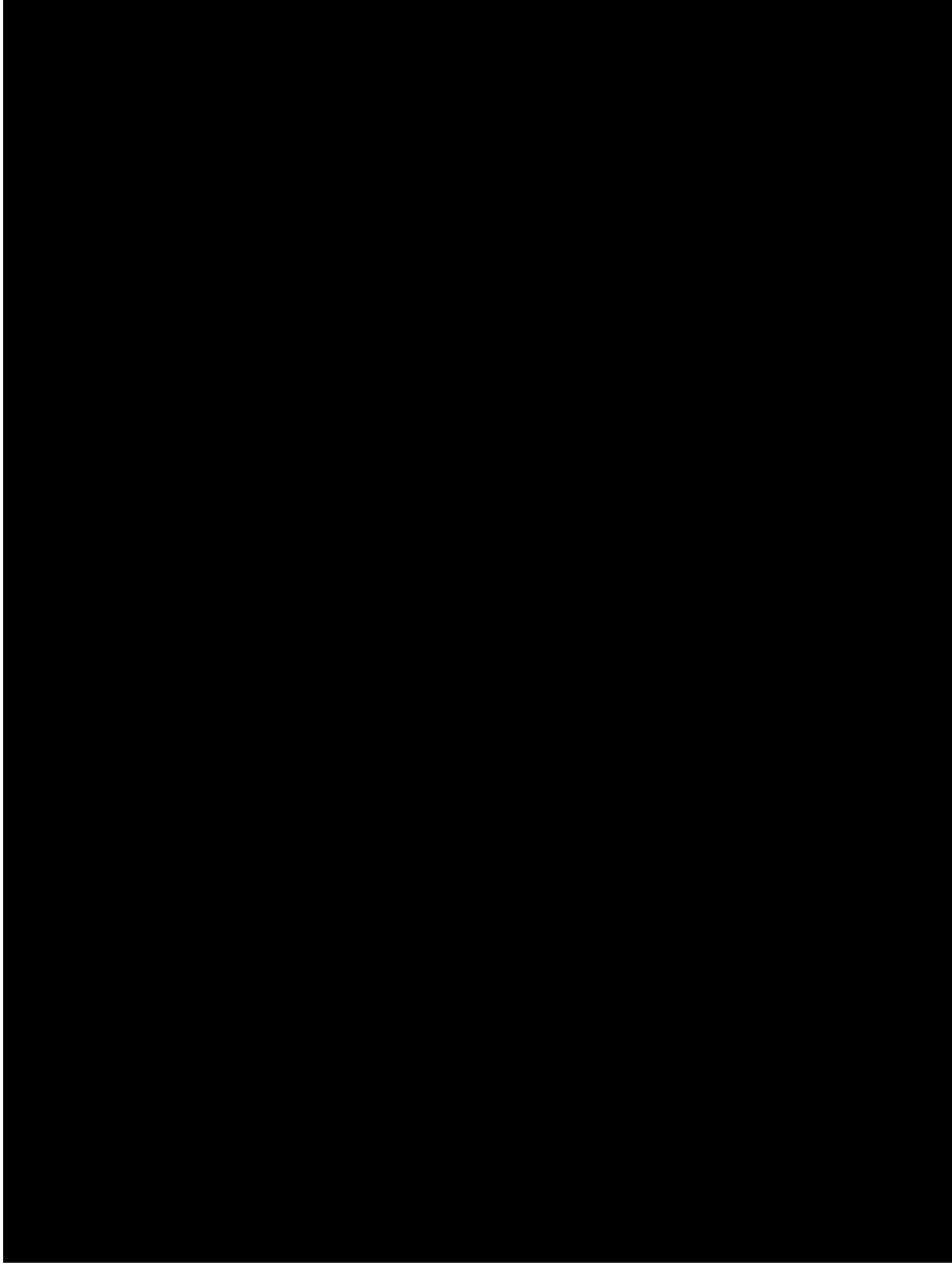
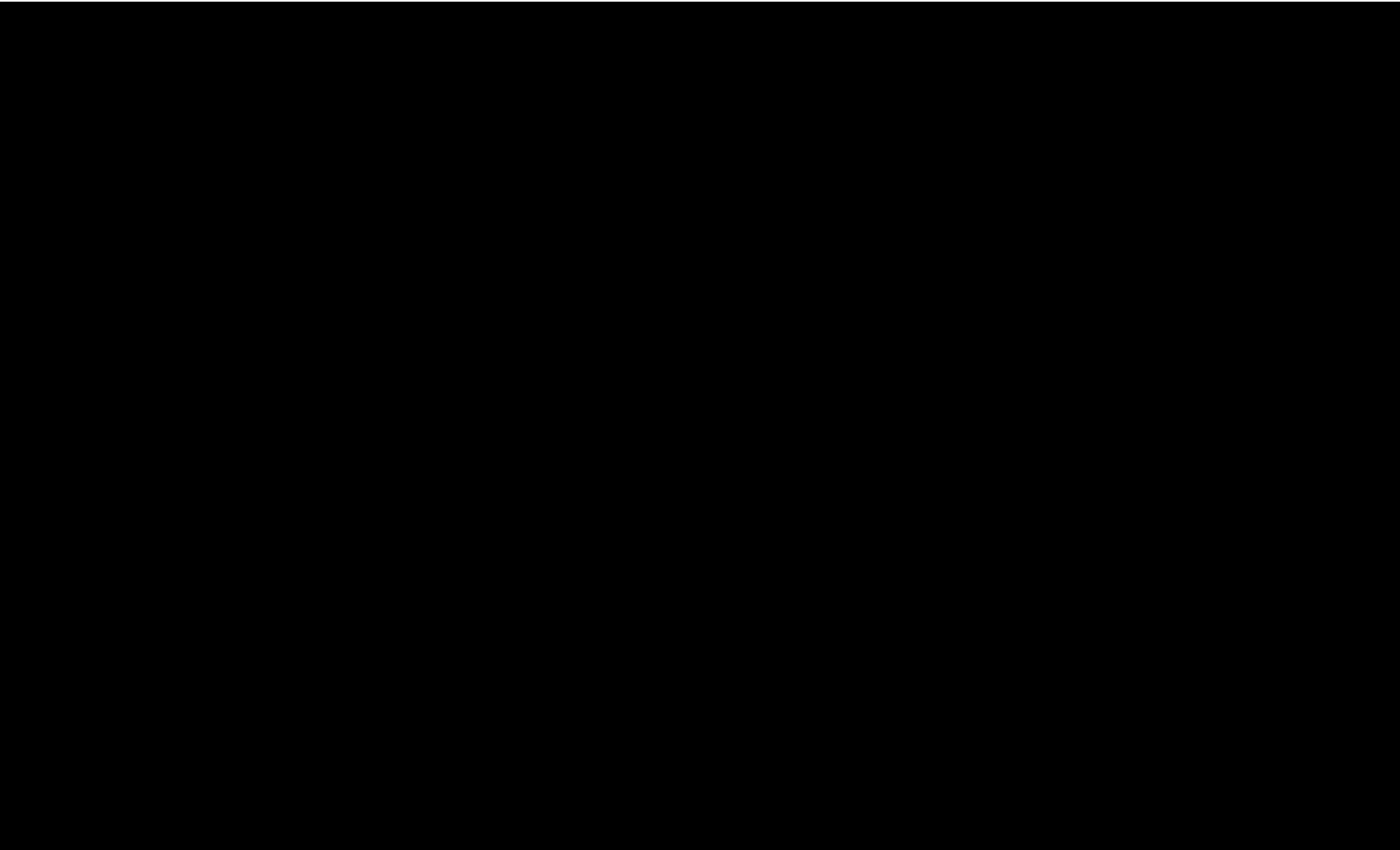


Exhibit H Sample Weekly Project Status Report Template (4.B)

[The following text is a dense, illegible block of characters and symbols, likely representing a corrupted or redacted document. It contains no discernible words or structure.]

Exhibit I Sample Weekly Risks and Issues Report Template (4.C)



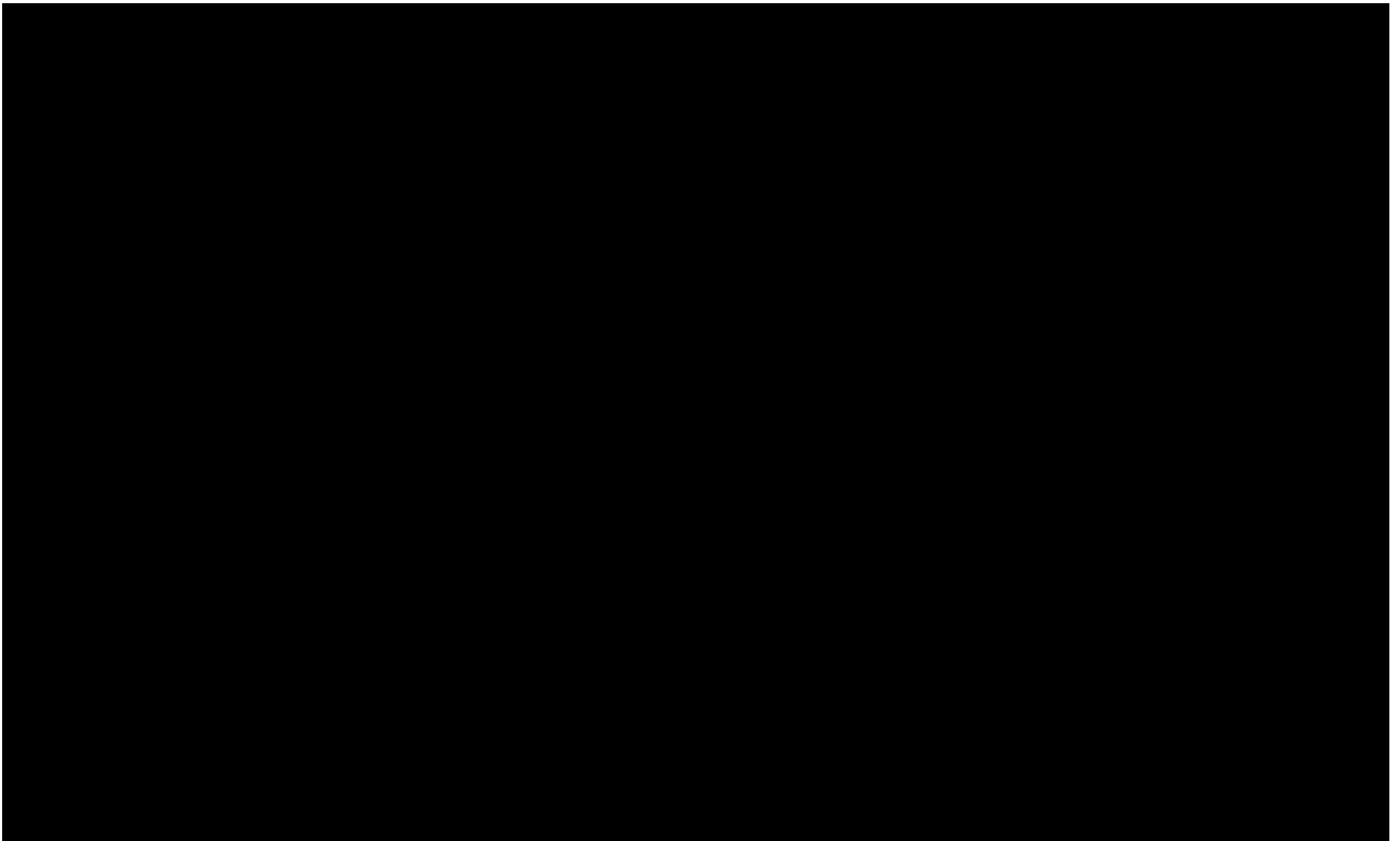
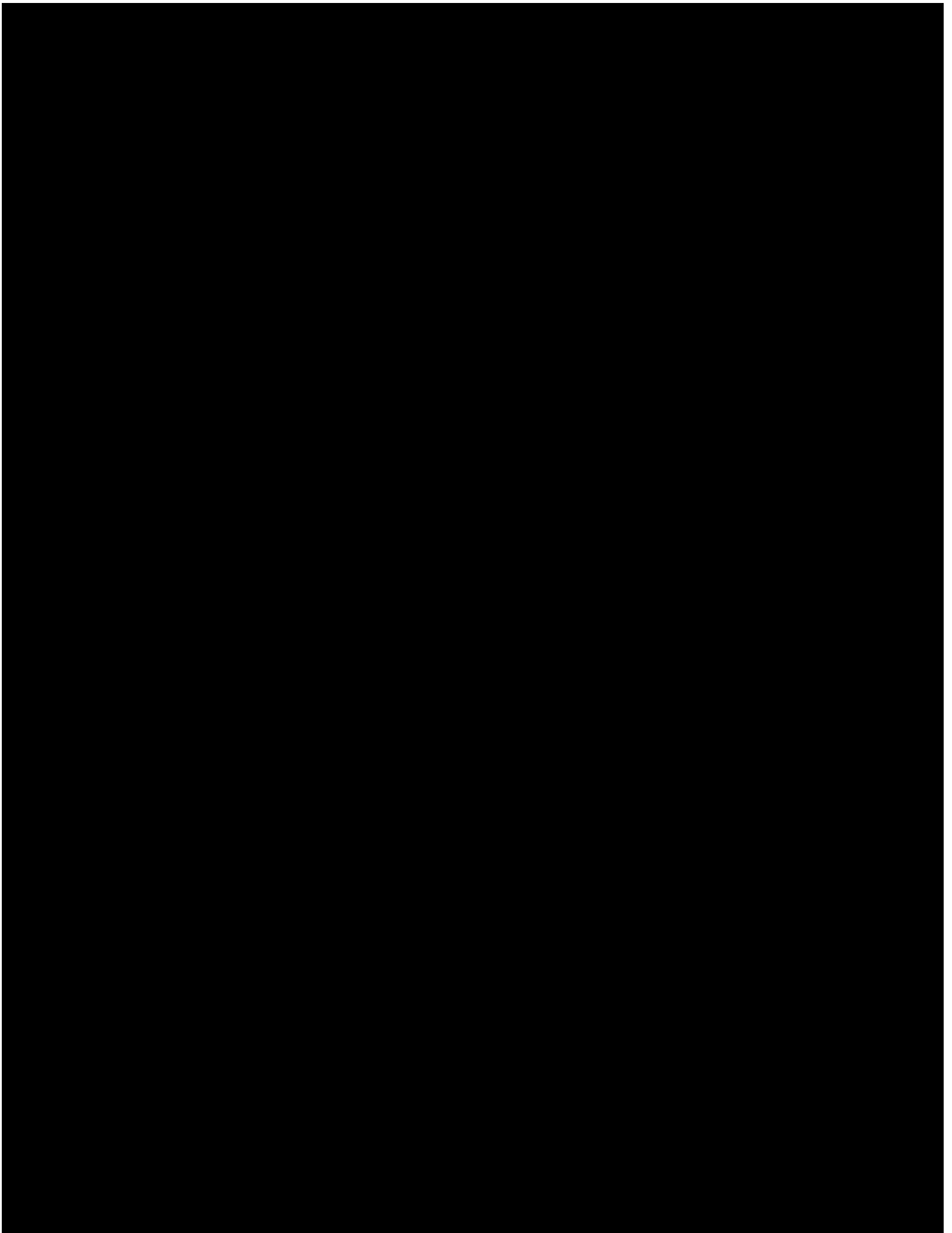
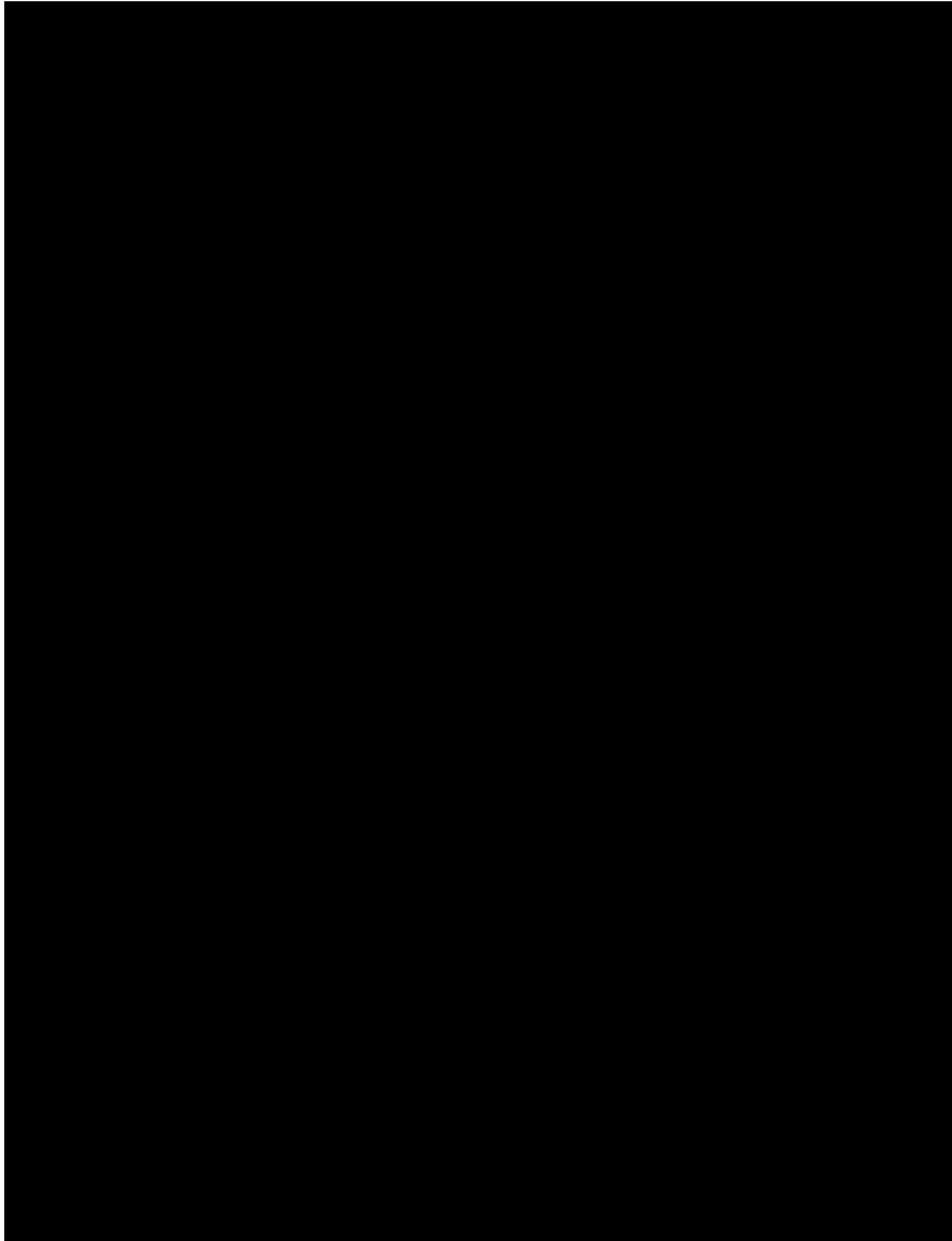


Exhibit J Sample Monthly Performance Report Dashboard (4.D)





The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques. The third part of the paper presents the results of the study, and the fourth part discusses the conclusions and implications of the findings.

The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants, and the results were analyzed using statistical software. The findings of the study indicate that there is a significant relationship between the variables being studied.

The results of the study suggest that the research has important implications for the field. Further research is needed to explore the relationship between the variables in more detail.

In conclusion, the study has provided valuable insights into the topic being researched. The findings have important implications for the field, and further research is needed to explore the relationship between the variables in more detail.

the 'information' and 'communication' fields. The 'information' field is defined as:

...the study of the nature, sources, uses, and management of information, and the study of the communication of information. The field includes the study of the history, theory, and practice of information science, and the study of the communication of information. (p. 11)

The 'communication' field is defined as:

...the study of the nature, sources, uses, and management of communication, and the study of the communication of information. The field includes the study of the history, theory, and practice of communication science, and the study of the communication of information. (p. 11)

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Exhibit K Sample Quarterly/On Demand Advisory Support Template (4.E)

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Exhibit L Sample Monthly Executive Summary Report (4.F)

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (1990–1999), and the number of people in the public sector who are employed in health care has increased by 1.2 million (1990–1999) (Department of Health 2000).

There is a growing emphasis on the need to improve the quality of care provided by the public sector, and this has led to a number of initiatives aimed at improving the quality of care provided by the public sector. These initiatives include the introduction of new standards for the quality of care provided by the public sector, the introduction of new mechanisms for monitoring the quality of care provided by the public sector, and the introduction of new mechanisms for improving the quality of care provided by the public sector.

The introduction of new standards for the quality of care provided by the public sector has led to a number of initiatives aimed at improving the quality of care provided by the public sector. These initiatives include the introduction of new mechanisms for monitoring the quality of care provided by the public sector, and the introduction of new mechanisms for improving the quality of care provided by the public sector.

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