State of California
Health and Human Services Agency
Office of Systems Integrator

Case Management, Information and Payrolling System (CMIPS)
Electronic Visit Verification (EVV)

December 13, 2017 3:00PM PST

RFI#: 32236
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Original – Electronic Version
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December 11, 2017

Mr. Albert De Leon  
Acquisition and Contracting Services Division  
California Health and Human Services Agency  
Office of Systems Integration  
2495 Natomas Park Drive, Suite 515  
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RE: RFI #32236 CMIPS Electronic Visit Verification (EVV) Response

Dear Mr. De Leon:

Public Consulting Group, Inc. (PCG) is pleased to submit our attached response to RFI #32236 for Case Management, Information and Payrolling System (CMIPS) Electronic Visit Verification (EVV). As the State of California seeks to understand the alternatives, options and risks it faces in implementing EVV, we hope that the Health and Human Services Agency considers PCG as a partner for this venture. We believe the features, operability and flexibility of our EVV system combined with our experience in HCBS program and integrity and participant directed services are the perfect complement for your needs.

As you read our response, several themes will emerge as evidence of why PCG can speak with authority on EVV. These themes are as follows:

**PCG is a nationwide leader in the management of Home and Community Based Services (HCBS).** PCG has a comprehensive understanding of all aspects of HCBS services and is actively engaged in dozens of large scale projects, requiring engagement with many stakeholders. Our subsidiary, Public Partnerships, LLC (PPL), is the most experienced provider of financial management services in the country, providing financial management and related supports for participant directed programs in 23 states, including California.

**PCG technology experts have the knowledge and skill necessary to successfully implement EVV.** PPL is a leading national vendor for developing provider time capture systems, managing wide-scale program and technology implementations and overseeing the administration of HCBS programs. Furthermore, PCG has developed and implemented data mining and analysis capabilities, case tracking systems and incident management systems, all designed to prevent fraud and abuse in HCBS programs.

**PCG’s EVV solution applies advanced technology that is highly customizable.** PCG offers clients a cutting-edge, state-of-the-art EVV system tailored to the complex business needs of the Medicaid program. PCG understands that the State of California will have unique needs that an off-the-shelf solution cannot meet. Our system is a customizable, modular tool that was built specifically with the needs of the HCBS population in mind.

**PCG is a proven partner to the State of California.** With over 50 current contracts with the State of California, Counties, City, School Districts and Regional Centers, PCG is vested in the success of California’s health and human services, educational and information technology initiatives. Through our participant direction programs, health homes consulting, workforce development and independent verification and validation in the state, PCG has a unique appreciation of the State’s structure and HCBS landscape.
PCG has the skills and technology required to maintain clear oversight for programs that are as large and complex as California’s. No other vendor has developed their EVV system from a position of expertise as deep and wide-ranging in HCBS as PCG. Our user-friendly EVV system is vital to enhancing provider oversight, assuring timely and accurate payment, and guarding against fraud, waste and abuse.

PCG looks forward to your review of our approach and solution and welcomes the opportunity to provide a demonstration of our EVV system in person. Should you have questions pertaining to this response, please feel free to contact us. Our primary contact and vendor information is:

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Sincerely,

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Manager  
Public Consulting Group, Inc.

Dale McCourt  
Associate Manager  
Public Consulting Group, Inc.
Public Consulting Group Narrative

Founded in 1896 and headquartered in Boston, Massachusetts, Public Consulting Group, Inc. (PCG) is a management consulting firm that specializes in serving public sector health, human services, education, and other state, county, and municipal government clients. The firm employs over 1,800 professionals in more than 48 offices across the United States, Canada, and Europe, working across the company’s five practice areas: Public Partnerships (PPL), Health, Technology Consulting, Human Services, and Education. The figure below demonstrates our current footprint in the United States and Europe.

Fortified with 30 years of expertise in provider management techniques particularly in the Home and Community Based Services setting, PCG is committed to offering our clients outstanding customer service and industry-leading management and technology solutions that fit our clients growing and changing needs.

PCG Practice Areas

By offering clients a synchronized mix of subject matter experts among our five practice areas, PCG helps public administrators make better management decisions, improve their organizations’ efficiency using performance measurement techniques and strengthen business processes, all while complying with federal regulations. We believe our organizational structure is unique and of great value to state agencies tasked with interdisciplinary goals and objectives. Please find brief descriptions of PCG’s practice areas below.

PCG Public Partnerships LLC (PPL) provides financial management services to support participant-directed programs. Each program is designed to offer choice and control to participants while meeting the financial controls required by public agencies. Currently, PPL assists roughly more than 120,000 beneficiaries in 23 states. Its provider time capture systems, including the BetterOnline™ web based system and Time4Care™ electronic visit...
verification system, provide a superior solution to the complex business needs of Medicaid programs.

**PCG Health**

PCG Health has enabled health agencies to better achieve their organizational goals for nearly 30 years. PCG Health’s offerings include management consulting and operational improvement, program integrity, fraud, waste and abuse prevention tactics, and management of Medicaid providers. PCG Health has also provided strategic planning services, Medicaid rebalancing, quality management, pre-and post payment reviews, cost allocation plans, rate setting, and various other revenue maximization solutions. With our national experience dealing with the complexities of Medicaid, our team brings a comprehensive perspective and expertise to clients resulting in impactful solutions. The strong focus on improving performance in Medicaid has allowed PCG Health to bolster its expertise in that area, and positions the practice area to provide clients with industry best practices.

**PCG Technology Consulting**

PCG Technology Consulting (PCG TC) is a leading provider of IT consulting services to state and local government agencies. PCG TC finds cost-effective ways to help clients deliver successful IT systems. The practice area assists government agencies at every stage of the IT life cycle. Services include Independent Verification and Validation (IV&V) and Quality Assurance, enterprise and MITA architecture assessments, project management, procurement support, requirements definition, feasibility studies, application development, management consulting, disaster recovery and business continuity planning, security assessments, and infrastructure support services.

**PCG Human Services**

PCG Human Services helps state, county, and municipal human services agencies achieve their performance goals to better serve populations in need. The practice area’s seasoned professionals help agencies design programs, services, and systems; increase program revenue; cut costs; and improve compliance with state and federal regulations. PCG Human Services is a proven national leader in management consulting services for state Temporary Assistance for Needy Families (TANF) programs, state child welfare and juvenile justice programs, workforce investment boards, Social Security disability, early childhood programs, and state Supplemental Nutrition Assistance Programs (SNAP).

**PCG Education**

PCG Education offers over 25 years of management consulting experience with significant K-12 educational domain expertise. PCG Education helps schools, school districts, and state education agencies/ministries of education to promote student success, improve programs and processes, and optimize financial resources. Together with its state-of-the-art technology, PCG Education helps educators to make effective decisions by transforming data into meaningful results. PCG Education has current projects in 42 states and five Canadian provinces and serves 16 of the 25 largest U.S. school districts. Its special education management systems, including EasyIEP™, GoalView™, and iep.online™, serve more than 1.4 million special education students across the U.S. PCG Education has also recovered more than $3.2 billion in federal Medicaid funds for school district clients, more than any other vendor.

**PCG & EVV**

PCG has earned the trust of our public-sector clients because of our development of an extensive body of operational knowledge and best practices pertaining to all aspects of Medicaid and long-term care programs, particularly in the prevention of fraud, waste and abuse. While our initial focus many, many years ago focused solely on investigating suspected fraudulent providers - PCG has investigated thousands upon thousands of fraudulent providers – we’ve since developed more proactive approaches for reducing fraud, waste and abuse. Some of the provider oversight services PCG offers today center around preemptive deterrents such as provider site visits, annual reviews of Home and Community Based Services (HCBS)
providers, data analytics, and most recently, Electronic Visit Verification. PCG harnessed our vast knowledge of the HCBS arena to develop a configurable, modular EVV system unique to the needs of the Medicaid population.

PCG’s EVV system is applicable to any size program, captures clock-in and clock-out time submissions, and has the capability to record a provider’s current location and cross-reference it with the expected provider location at that time. Additionally, the system tracks time against service limits, processes provider timesheets, and notates the status of a timesheet, indicating if the time is approved for billing. This system can also interface with a state’s MMIS, aggregate third-party EVV data, and submit claims for payment.

Our firm has witnessed and been a part of the rapid changes that technology has had on the health care industry. We continue to innovate and lead as new technologies and requirements are developed. Through our work, particularly in the development of our customizable EVV system for HCBS populations, we have significantly enhanced the way state Medicaid departments manage their HCBS programs and maintain provider oversight. For example, we have evolved the ways providers can submit time, from mailing paper documents to heuristic EVV systems that can match GPS proximity to the assigned work places. Even more, we have developed extensive validation methods to verify payment of approved services, improved our clients’ capabilities to track service utilization, and enhanced our reporting capabilities.

Experience in California

PCG is vested in the success of California’s health and human services, educational and information technology initiatives, and our experience in California affords us a unique appreciation of the State’s structure and HCBS landscape. The below list demonstrates PCG’s diverse background working in the State of California:

<table>
<thead>
<tr>
<th>Current Projects by Practice Area in the State of California</th>
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<tr>
<td><strong>Technology Consulting</strong></td>
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<td><strong>Independent Verification and Validation</strong></td>
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<td>• CA EDD IV Services for BOCA Project</td>
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<td>• CA CDSS CWS-NS IV&amp;V</td>
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<td>• CA CPUC IV&amp;V for TCP Project</td>
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<td>• CA San Francisco IV&amp;V Project Manager</td>
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<td>• CA Department of Social Services Appeals Case Management System ACMS</td>
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<td><strong>Independent Assessment</strong></td>
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<td>• CA City of Stockton ERP Assessment</td>
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<td>• CA OSI Enterprise Technical Assessment Consulting Services</td>
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<td>• CA LA County First 5 IT Assessment &amp; Planning Consultant</td>
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<td>• CA SFDPH Role-based Access Assessment and Remediation</td>
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<td>• CA CCHCS IT Consulting Services Assessment for RIS/PACS</td>
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<td><strong>Management Engineering</strong></td>
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<td>• CA DHCS Health Home Project Manager</td>
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<td>• CA DHCS CCI Duals Demonstration Project</td>
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<tr>
<td>• CA DHCS Multipurpose Sr. Services Program Project Management Services</td>
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<td>• CA HBEX Business Process Management Support</td>
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These projects, in addition to our local office presence in the state, present us with an unmatched understanding of the State of California and the Medicaid population. This understanding by a vendor is
especially important to consider given the complex logistics that will be considered when implementing an EVV system in California.
ATTACHMENT A  
CMIPS RFI# 32236 QUESTIONS  
RFI GENERAL QUESTIONS

A.1 Describe how your company delivers this type of electronic verification solution in similar Medicare and Medicaid settings, or other similar health care settings for consumer directed personal care and/or home care service delivery.

Background and Experience
Across the nation, we are seeing an industry migration and increased eagerness to adopt EVV systems to increase program transparency and achieve higher levels of efficiency and effectiveness within the HCBS setting. Recent passage of the 21st Century Cures Act has brought EVV adoption to the forefront of Medicaid agency near-term planning. Our firm is committed to changing the way agencies consider incorporation of EVV systems. Therefore, we offer the statements in this section as proof of our authority on the subject.

- PCG has worked with state Medicaid agencies and Managed Care Organizations (MCOs), along with the diverse populations these entities serve. These experiences position our firm as an expert in the administration and management of Medicaid programs, particularly in functions related to provider oversight and monitoring. PCG also understands the challenges in-home populations may face when using technology and we have worked to design technology solutions with these end users in mind.

- PCG’s clients include Medicaid Agencies, state Departments of Developmental Disabilities, Elder Services, Children Services, Mental Health and Physical Disability Services.

- We have a team of more than 100 staff dedicated to HCBS provider oversight and compliance monitoring who deliver great insight to clients on changing HCBS policies.

- PCG is a leading national vendor of provider time capture systems and oversight programs that help manage the administration of HCBS.

- Our firm’s provider time capture web portal and mobile application currently supports a combined 51 consumer direction programs in 23 states, serving more than 120,000 individuals and over 131,000 providers with more than $1.6 billion in consumer-directed funds under management.

- PCG has developed and implemented several technology systems used to track investigations and reviews of HCBS providers. This functionality includes review tools, workflow management, document management, and reporting dashboards.

Through our project experiences, our firm knows that establishing and maintaining a compliant provider network is key to ensuring the integrity of a state’s Medicaid program and protecting the wellbeing of its Medicaid beneficiaries. As such, designing and employing the appropriate processes and technologies, like EVV, to alert agencies of potential abusive or fraudulent activity and billing is vital to creating such an environment.
Experience with Home and Community Based Service Populations

Each year, hundreds of millions of federal and state dollars go to personal care services, home health, community behavioral health, hospice, non-emergency transportation, and other in-home care services. Managing these services and their providers requires a unique and innovative approach that combines technological savviness and programmatic expertise. The recent passage of the 21st Century Cures Act requiring all states to implement EVV systems makes such a multi-faceted approach even more imperative.

PCG knows that an extensive understanding of the HCBS population is a vital attribute of an EVV vendor because the technical architecture is merely a fraction of the expertise required for the successful implementation and ongoing management of an EVV system. As California evaluates the competencies of vendors, this mix of aptitudes speaks volumes of a firm’s ability to adequately configure, implement and manage a statewide EVV system that is seamlessly integrated within the in-home care delivery and claims submission processes.

PCG’s division, Public Partnerships works exclusively with the consumer directed populations. On the page to follow, you will find a list of Public Partnerships’ active programs, their funding type, the number of participants served, and the year that we started providing services.
PCG has successfully implemented our time capture mobile application across 22 programs in 13 states. Tennessee and Missouri, described in detail below, represent two of the programs that utilize a combination of our electronic time capture and visit verification tools, including PCG’s BetterOnline™ web portal. This deployment provides a convenient means for HCBS providers in these states to submit and track time for services delivered in a participant’s home, offering agencies insight into the activities of in-home care providers.

**Missouri Self-Directed Services (SDS)**

PPL has been contracted with the State of Missouri, Department of Mental Health, Developmental Disabilities since 2015 to provide Fiscal/Employer Agent (F/EA) services for individuals receiving services under the following waivers: HOPE Partnership, Comprehensive, Community, Autism and MO kid, who choose to self-direct their services. Upon initiation of the contract in January 2016, we began utilizing Time4Care™ and its associated web portal as a means of tracking provider time.
use of the mobile application has proven to be invaluable, contributing to a total of 96% of electronically submitted consumer timesheets. Users have been extremely satisfied with Time4Care™, citing its convenience and ease-of-use even in rural areas where internet is sparse, but cell service is still stable.

**Tennessee TennCare CHOICES Consumer Direction Program**
PPL has been contracted with the State of Tennessee, Bureau of TennCare since 2010 to provide F/EA and Support Brokerage (SB) services for individuals on the CHOICES waiver who choose to self-direct their services. TennCare’s long-term services and supports are provided under managed care; this means that program design, monitoring, and evaluation are TennCare’s responsibility, but the operations for long term services and supports are managed by three MCOs.

TennCare initially directed the MCOs to use a third-party-provided telephonic EVV system to capture time worked by all service providers, including consumer-directed service providers. In August of 2015, PPL replaced the existing EVV system with our Time4Care™ mobile application and the EVV system’s associated web portal. In less than a year following this transition, member satisfaction with payroll services increased by more than 25%. Through this transition we learned how imperative it is to implement an EVV system that incorporates both time capture and claiming functionalities. The State of California Health and Human Services Agency should consider the importance of these intermingling systems when securing an EVV vendor.

**Additional Program Integrity Solutions**
PCG’s experience and understanding of the HCBS service delivery landscape is unparalleled. As a result, a background in developing and applying program policies and rules for compliance monitoring accompanies PCG’s state-of-the-art EVV system. Through the deployment of technology, in-person interventions and data analytics, we’ve helped our clients ensure:

- Quality and timely service delivery;
- Accurate provider timesheet submissions and subsequent billing; and
- Adherence with state and federal compliance standards.

Below, we describe just one example of how we deal with provider monitoring and oversight in the Medicaid space.

**North Carolina Department of Health and Human Services, Division of Medical Assistance (DMA)**
PCG has consulted with North Carolina DMA since 2008 to advance and improve the organization’s approach to Program Integrity. In close collaboration with DMA, PCG has thoroughly examined current operations and developed and maintained processes including provider training, pre- and post-enrollment screening, assessment for Institution for Mental Disease classification, oversight assessment appeals, ongoing, routine reviews, investigations, and both pre- and post-payment claim audits. Our work has resulted in a significant reduction in fraud and cost savings for the State of North Carolina, including $165 million in cost avoidance from audited providers.

Expertise in EVV systems, and the necessity for them to be implemented state-wide, comes from an extensive understanding of the HCBS population and the intricate mechanics of provider oversight. We encourage the State of California’s Health and Human Service Agency to weigh the experiences of prospective vendors to determine the most suitable solution and vendor to implement an EVV system.
A.2a Describe functionality of the system including the devices, methods of data collection, technology and infrastructure requirements for both individuals receiving services (recipients) and service providers (providers), (e.g., land line, cell phone, in-home fixed device, tablet, internet, GPS).

**Technology Recommendations**

For a growing number of people, communicating and performing business functions using a mobile device is popularly becoming the preferred and most common method. Even more, we see a growing trend of people who utilize mobile applications to conduct routine tasks and exchange information. As PCG developed our EVV system, we leveraged this existing technical familiarity and common hardware to build a user-friendly system – primarily offered as a mobile application, Time4Care™. Utilization of a mobile application is PCG’s recommended point-of-entry for data collection as it offers users an intuitive, real-time pathway to record clock-in/clock-out times, document services provided and approve or deny timesheets using a GPS-enabled smart phone or tablet and a ready Wi-Fi or cellular internet connection. Registered providers and/or individuals receiving services need only to download the mobile app from their device’s app store, and they can instantly begin recording time and services.

A majority of adult populations own a smart phone or tablet and have access to internet in their homes. If the State of California were to capitalize on this existing, familiar infrastructure, it would significantly lessen the impact of new processes and devices on providers and individuals and dramatically reduce initial and ongoing hardware costs often associated with the implementation of historical EVV systems, using land-line systems or fixed-in-home devices.

However, for a state as wide and diverse as California, any successful EVV implementation will likely require a coordinated mix of data collection methods that satisfy the unique needs of various populations. These methods could include the following:

**Mobile Application Off-Line Mode**

Even with a loss of internet, providers can continue to record their time using the clock-in/clock-out function embedded within our mobile application’s off-line mode. While time entries are automatically uploaded to the backend system once connectivity has been restored to the mobile device, this data is flagged to help agencies identify trends that may lead to non-compliant behavior. This feature eliminates the need for common backup processes that rely on the submission of paper timesheets and allows the state to leverage a single device in a variety of ways. This flexibility is especially critical to consider as California identifies the EVV solutions that will meet the needs of its vast population, whether it’s the consumer directed population or the general HCBS population.

**Beacon**

A beacon device, which sits separate from the mobile application in a recipient's home (e.g. attached to a door or in a doorway), captures clock-in and clock-out times using a Bluetooth connection via an active smart phone or tablet. If configured appropriately, the clock-in and clock-out time can be tagged with a geo-location. This solution presents an alternative to antiquated, fixed-in-home devices that characterized the EVV marketplace many years ago. Bluetooth operates without a Wi-Fi connection, thus satisfying the need for a tool that operates in rural areas where internet connectivity or cellular services may be an issue. This beacon could be an add-on to the mobile application discussed above.

We are exploring the possibility of incorporating Beacon technology within EVV systems for the broader Medicaid market – excluding consumer direction -particularly because of the Beacon’s ability to monitor proximity and warn against fraudulent activity. This feature provides greater transparency into in-home care delivery, particularly, the level of care which may occur outside of an individual’s residence in the
As opposed to affixing the beacon device to a doorway in an individual’s home, for example, the individual or provider could carry the beacon in their pocket.

**Web Portal**

PCG recommends and utilizes a web portal interface as a supplement to the mobile application. Our web portal is available as part of a comprehensive EVV solution. It allows providers to submit time worked and services provided and allows members to review and approve time. Using this method, we cannot determine the provider’s service location; however, the web portal is often the most convenient method for agency administrator or member time approval. **Our EVV web portal (BetterOnline™) and mobile application solution are integrated** so that the information recorded in one platform can be accessed, edited, viewed, recorded, or approved in the other.

**System Alternatives**

PCG is aware of the popularity of telephonic and fixed-visit EVV solutions, but we strongly caution agencies against EVV solutions based on these methods due to their costs, cumbersome logistics, and inefficiencies. PCG thoughtfully architected a system that is not reliant on telephony-based EVV solutions because we recognize that many households have transitioned away from having a landline in their home. The costs of maintaining open telephone lines for providers to use is costly. Additionally, entering detailed service information, such as notes about each visit, may be laborious when using a number keypad on a traditional phone, thus increasing the time a provider spends on administrative processes. As states become interested in **capturing a greater range of information at each visit**, such as specific tasks/activities and detailed service notes, **telephonic points-of-entry are becoming increasingly burdensome and outdated**. Even for relatively limited hardship situations in which a smart device must be purchased for the beneficiary or provider, the aggregate cost is much less than providing fixed visit hardware for the entire population.

Please note, an in-home device should not be misconstrued with beacon technology.

**A.2b Describe how your EVV solution could meet challenges inherent to California. Include challenges specific to large volume of recipients and providers and how to address the fact that approximately half of IHSS and WPCS Providers are family members and/or live in the household with the recipient.**

PCG understands that California’s size is a major challenge to a statewide implementation of any major system. Through our current work with the Golden Gate Regional Center in San Francisco, we have seen firsthand that Californians are a very diverse group with many different regional and cultural identities. This diversity, while an integral part of California’s identity, can lead to an extensive list of competing priorities from stakeholders. We understand that any EVV solution needs to be comprehensive to cover its end users’ needs and lifestyles while simultaneously offering a straightforward, easy to use solution.

PCG works extensively with state Medicaid agencies and MCOs, along with the diverse populations these entities serve. To that end, we have designed our EVV system to be easily scalable. Our EVV solution leverages our firm’s provider time capture web portal (BetterOnline™) and mobile application (Time4Care™). PCG has successfully implemented our EVV time capture mobile application across 22 programs in 13 states.

Arguments against 100% electronic submission include the notion that not all users are comfortable or have access to technology. Beyond that, extensive user guides and instructions may not be enough to bridge language barriers for many users. However, we see a unifying trend emerging in HCBS, IHSS and WPCS across the country. For a growing number of people, mobile devices are becoming the preferred and most common method of communicating and performing business functions. Each year, more adults own a smart
phone or tablet, and have access to internet in their homes or on-the-go via their cellular providers. Because of this popularity, this technology is familiar and comfortable to the masses. As PCG developed Time4Care™, we leveraged this existing technical familiarity and common hardware to build an EVV system that would pose minimal resistance, and respond to the financial constraints states have faced.

Time4Care™ is easily adaptable to a variety of care settings. In the home, only one family member, recipient, or provider needs to have a device to use Time4Care™. Both the provider and the recipient can verify timesheet submission with their own credentials on the singular device. Providers can clock in and out, or modify in/out times through an easy to navigate mobile interface. In this way, living in the home with the recipient is a benefit to this solution, not a challenge.

A.2c Describe Security Features of the system that confirms the identity of both the Providers and Recipients and how the data is kept secure.

For anyone to access the EVV mobile application, each individual must first be registered with account in the backend system. Account activation should always be handled by the deploying EVV firm, thus ensuring that each person has the appropriate permissions and access to data. As part of this account creation, the providers and individuals – or the individual’s designee - must verify defined validation elements to confirm their identity.

The Individual Providing the Service
PCG’s EVV system was designed with multiple safeguards to verify that the individual providing the service and recording time is who they say they are. The system functions using a secure, role-based access permission system that requires secure login/authentication via user account creation and management and allows each role to only view appropriate data for their designated access levels. To log in to the mobile application, a provider must be registered with a valid user account. Logging into the mobile app requires the application of the providers' uniquely generated username and password.

As an additional level of verification, PCG is developing enhanced verification techniques, including biometric verification. While it can be risky for organizations to store sensitive biometric data, PCG has found that TouchID fingerprint recognition is becoming a common and accepted practice. With the growing concern around fraud and protection of sensitive data, PCG recommends that biometric verification at login or timesheet validation be a requirement that EVV vendors must fulfill.

The Individual Receiving the Service
Just as a provider's identity is validated upon login, so is the individual's. To log in to the mobile application, an individual – or their representative - must be registered with a valid user account. Logging into the mobile app requires the application of the recipient’s unique username and password.

Our team’s EVV system gives service recipients the ability to approve or deny provider hours and attest to care delivered immediately following the conclusion of a visit, with validations built in to help verify the identity of the individual receiving the service.

The recipients identify can be verified in the following ways:

- Application of an e-Signature on file;
- Application of recipient’s unique PIN.

While there is no foolproof model that rids against the actions of certain fraudulent providers or recipients, the methods presented above, mixed with geo-coding and Bluetooth verifications of location (Beacon technology), present a far clearer picture than any traditional paper timesheet method widely used by states today.
Keeping Data Secure

PCG has long been a part of the rapid changes that technology has brought to the healthcare industry. We continue to innovate and lead as new technologies and requirements are developed and identified. Particularly, through our engagements we have become an industry leader in comprehensive technology solutions and innovative services to manage and oversee the delivery of HCBS and securely store sensitive health information. This work has earned the trust of our public-sector clients across numerous states.

PCG supports and recommends an automated electronic data interchange between its enterprise business partners and our EVV System. PCG’s Data Exchange Subsystem (DES) serves as an integral component of our comprehensive solution, used for all integration with external systems, including configuration of automated file uploads and downloads. The PCG DES can automatically import provider demographics, service recipient demographics, authorizations, eligibility data, service information, time capture data, and other data files using Secure FTP, business-to-business network, EDI, Web services, and/or other means agreed upon with the exchange partner. These exchanges are scheduled within the DES to automatically run at specified times. The mobile application is a client-facing application, where information is only displayed through the app rather than stored there. All secure data is stored in our backend database, rather than any one mobile device. As such, providers nor members are at risk of a HIPAA violation.

PCG’s Document Management System is another component of our comprehensive, integrated EVV solution. Through this system, PCG maintains all in-home care data in a secure and confidential manner that is fully HIPAA compliant. Files are maintained electronically in the Document Management System, and hosted on a secure server to help ensure the safety of protected health information. Relevant documents received via e-fax or mail can be scanned and stored on this secure server. The server is mapped to PCG’s BetterOnline™ web portal to make documents and records viewable to authorized users. PCG’s system automatically backs up file information to help ensure continuity of service and protect against loss of information due to unforeseen natural events.

A.2d Describe Data Collection, including information identified in this RFI Section 5 Proposed Environment.

Reducing error rates in billing, guarding against fraud, waste and abuse, and streamlining administrative processes are among the most vital issues facing the growing Home and Community Based Services population, including members, providers and agencies. While the medical wellbeing and cost benefits of HCBS services are undeniable, the success of such programs is greatly enhanced by the implementation of mobile-based provider oversight approaches, like Electronic Visit Verification systems, that offer increased transparency into in-home care activities. We know firsthand that implementing a statewide EVV system that offers checks and balances and real-time alerts will help guard against fraud, waste, and abuse in the provider community, thereby protecting the health and safety of elderly individuals and persons with disabilities who are dependent on home-based care.

PCG’s work with state Medicaid agencies has fostered a rich sense of the complexities of provider management and the tactics required to maintain clear, uniform oversight of in-home care programs. Through these engagements, we have worked closely with a variety of member populations, including elderly and disabled persons, which has informed our sophisticated, yet user-friendly mobile-based EVV technology. While our system tracks time and services performed, maintains service documentation and records, processes payments, and provides reports for administrative personnel, the system is minimally invasive or burdensome to learn or use. In this way, the system decreases administrative activities and enhances care delivery. As a leading authority on program integrity efforts in the HCBS setting, we believe incorporation of an EVV system within a state’s existing program integrity efforts is critical to enhancing provider oversight and ensuring the timely and authorized delivery of services to Medicaid recipients.
Find below a series of small descriptions of our EVV solution.

The Date of the Service & Retroactive Edits to Timesheets
The core clock in/clock out functionality of the PCG EVV system automatically captures the date of service associated with a provider’s real-time clock-in/out action. As such, the date of service is an attribute of each provider visit/shift.

We believe it is important to allow providers to make retroactive edits to clock-in/clock-out times. Failure to do so will result in additional administrative duties. PCG’s EVV system can be configured to allow for retroactive edits to provider time submissions. We urge the state to consider flagging such entries to enhance program integrity.

The Start and End Time of the Service in Hours and Minutes.
Our EVV system’s clock in/clock out functionality is designed around an “in/out” framework. The action of clocking in captures the exact time that a service begins, recorded as the “time in” for that visit, and the action of clocking out captures the exact time that a service ends, recorded as “time out” for that visit. Time is captured as hours and minutes.

A related feature we suggest the state consider is capturing units used with respect to an individual’s service authorization limits. Unit type can be configured based upon the state’s requirements. The most typical unit type includes hours based on 15-minute increments, but this can vary based on the type of service offering. One of the core functions of an EVV system is to capture the time entered by the provider for a specific date of service, which is then converted to number of units used. Available units should be verified against service authorizations maintained in the system immediately upon data entry.

Services and Program Management
Providers should be required to select the type of service(s) performed throughout the visit. Before clocking in at the start of a visit using PCG’s EVV system, a provider is required to select the type of service to be delivered. Built-in controls ensure that a provider is only able to select from a list of services that he or she is authorized to deliver. Our EVV system deploys a rules engine that manages the relationship between providers, recipients, and programs. The rules engine is especially important when dealing with paid time off, sick leave, and other unique payroll codes. The provider would simply select the appropriate service code, and enter in their time for approval. The rules engine would validate that the time and code are appropriate. Additionally, more detailed service delivery information can be captured per procedure code in the form of activities/tasks. This added level of detail is tied to each procedure code and can be captured during or at the conclusion of a visit.

The Individual Receiving Service and the Individual Providing Service
Once authentication has been established during the registration process, providers’ and recipients’ identities are validated during the login process. Identity can be verified through application of the username or password, but we recommend the use of biometric verification during login as an added layer of verification. During the timesheet approval process, the recipient provides verification and consent through application of an e-signature, or PIN, as previously described in section 2b. of this response.

The Location of Service Delivery
Using geo-location technology, the PCG system captures a provider’s clock-in/clock-out location and verifies it against the expected location based on the member’s address on file. This technology offers the precise location of a provider, thus providing another layer of verification of services provided. The geo-location feature can be configured to be made mandatory or optional as one of the visit verification criteria. If mandatory, the provider will not be able to clock-in if location services are not enabled on their device. Our solution can also be configured to allow for a radius threshold for provider clock-ins/clock-outs to
account for providers who may need to meet a member at a doctor’s appointment, park, or grocery store at the start or end of their visit.

States, like California, may also consider capturing the location of service delivery at various intervals throughout a visit, rather than only during clock-in and clock-out. Though some are opposed to these additional measures, more frequent monitoring of a provider’s location during service delivery is another guard against fraud and abuse, thus helping to ensure appropriate care of the recipient.

The Travel Time Between Clients
PCG recognizes that capturing the time it takes a provider to travel between two client sites is a requirement under the Fair Labor Standards Act (FLSA) Home Care Final Rule. PCG has already begun working with our existing clients to explore functionality in support of this requirement. Our proposed “travel time” feature enables a provider to select their starting location (Client 1) and their destination (Client 2), and the clock in/out function is being used to record the actual elapsed travel time. We designed this feature to perform the following functions:

- Validate the travel time recorded against submitted time entries to ensure that recorded time worked for each visit is a prerequisite to receiving compensation for the travel time between visits.
- Compare the travel time claimed by the provider against estimated travel time between the two client locations.

Be Accessible to Individuals with Disabilities and User friendly with Basic Literacy Levels
PCG is a leading national vendor for the oversight and management of HCBS programs. Our experience with provider and elderly and disabled populations is unparalleled and has allowed us to develop an intimate understanding of the unique needs of this community – from the services they require to the technology that best supports the delivery of their care. For example, we understand that for many elderly individuals, technology can be frustrating and difficult at times because of their comfort level with delicate devices, such as smartphones or tablets. Additionally, persons with disabilities may not be able to interact with technology in the same way as others may. To this end, we design our systems to be adaptive to populations, user friendly and easy to learn, using simple language, colors and icons to guide users of all skill levels. Having this level of insight and experience with members provides any potential EVV vendor with the necessary aptitudes to work comfortably with elderly and disabled populations as well as the providers who deliver services to them.

Allow for Review and Signature Approval of both the Provider and Recipient
Once a provider has submitted their hours and services performed, the individual can use the provider’s mobile phone or tablet – or their own if they have one - to approve the information submitted while the provider is onsite. Member verification of timesheets and care is completed through an eSignature process where the member signs and submits a unique PIN as a form of consent of the timesheet. The eSignature feature can also be configured to require other identifiers unique to the member, as deemed most appropriate by the agency. Again, this process can be completed on a visit-by-visit basis, rather than relying on the member, or their authorized designee, to remember and approve multiple visits after a pay period. This timely approval option is convenient, but also leads to improved accuracy of time submissions. If the member or member designee determines that hours are inaccurate, s/he may reject the entry and will be given the option to provide a rejection reason(s).

In addition to the onsite eSignature process, PCG’s EVV system allows for other methods of member time approval, recognizing that a member may not feel comfortable approving time while the provider is onsite or simply may not be available at the conclusion of the visit. In these cases, a member can log in to mobile app or the associated web portal later to review and approve their providers’ time entries. Also, the system has flexible exception processes in the event an agency employee must approve a provider’s hours. Regardless of the way the approval occurs, agency administrators can monitor and approve or reject hours through configurable roles in the PCG system.
Allow for submission of Daily Hours for payment ("timesheet"):
Following the conclusion of a visit, identified by the provider’s clock-out, time and services delivered can be reviewed and approved immediately. This model is highly encouraged as it eliminates the burden of asking the provider or the recipient to review and approve two-weeks’ worth of visits at one time, for example.

Provide multiple devices/methods for provider check-in/out
Using PCG’s EVV system, data collection occurs via the mobile application or the associated web portal. The two systems are configured such that data can be captured, stored and edited regardless of which input method is utilized. As previously mentioned, a provider need only to open the mobile application to clock-in/clock-out, or log on to the web portal to record time.

Real-Time Prompts and Alerts
Transparency into in-home care is best captured through real- time escalating alerts of late and missed visits, unauthorized service delivery, service overages, and/or a member’s rejection of provider timesheets, just to name a few. PCG has established a list of best practice alerts that can be refined and customized within our notification framework according to each state’s needs.

Each event requiring an alert will be configured based on trigger criteria and attributes, which classify the alert type and notification recipient. Time4Care™ can be configured down to the minute at which the alert should be triggered. The system will be able to deliver notifications in a variety of electronic formats, and the notifications can serve as alerts themselves. For example, notifications alert the individual, the individual’s designee, support coordination agency, or other entity that an event has occurred. These could include, but are not limited to, addition of a new shift, changes to a shift, deletion of a shift, or a missed shift.

The table below demonstrates an example of a best-practice alert escalation process related to one event trigger – a provider’s failure to clock in - that can be configured in our EVV system.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event Criteria</th>
<th>Tolerance Threshold</th>
<th>Recipient(s)</th>
<th>Delivery Channel(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Visit 1</td>
<td>Provider’s failure to clock in.</td>
<td>Within 15 minutes of shift.</td>
<td>a) The member or the member’s designee b) Provider</td>
<td>a) Text</td>
</tr>
<tr>
<td>Late Visit 2</td>
<td>Provider’s failure to clock in.</td>
<td>Within 30 minutes of shift.</td>
<td>a) The member or the member’s designee b) Provider c) Support coordination agency</td>
<td>a) Text and Email</td>
</tr>
<tr>
<td>No Show 1</td>
<td>Provider’s failure to clock in.</td>
<td>Within 45 minutes of shift.</td>
<td>a) The member or the member’s designee</td>
<td>a) Text and Email</td>
</tr>
<tr>
<td>No Show 2</td>
<td>Provider’s failure to clock in.</td>
<td>Within 60 minutes of shift.</td>
<td>a) Support coordination agency b) Agency program staff</td>
<td>a) Email</td>
</tr>
</tbody>
</table>
In addition to alerts, the mobile application is powered by a sophisticated rules engine that will prompt providers for many instances including, but not limited to:

- Provider has selected a date of service in the past
- Provider has selected a clock-in/clock-out time in the future (if a manual clock-in/clock-out is being performed)
- Provider is submitting a visit that overlaps with an existing timesheet
- Provider clock-in or clock-out location does not match expected location(s) on file
- Provider has exceeded the threshold radius, meriting a successful clock-in (radius is configurable by program/agency)

Activity prompts are not always intended to stop the provider from taking further action, but they often help remediate issues that may cause downstream issues when approving timesheets or paying providers.

**Payment Processing**

Providers will be able to view within the EVV application whether their time has been approved or not. If not, they will be given the opportunity to edit and re-submit. Once time has been approved, the data is collated and can be delivered to PCG’s back-end payroll processing. Providers and recipients can view the status of their timesheets through our portal, BetterOnline™.

**Produce Reports of all Information Captured**

An additional subsystem of PCG’s EVV solution is our Unified Reporting Server (URS). The URS system pulls data from PCG’s financial management database and presents it to authorized users in predefined formats or allows users to build their own reports with available data elements. PCG offers a set of standard reports related to service delivery and time capture, which include key visit verification elements related to monitoring and oversight, such as the type of service performed, units used, individual receiving the service, date of service, location of service, individual providing the service, and the time the service begins and ends. Using the URS system, authorized users can access these standard reports and generate them on-demand in a self-service environment. Additionally, using the Report Builder feature, users can create their own reports by selecting specific data elements of interest. Users can define their own report criteria and filters, produce an output file in various formats, and save the report for future use.

**Flexible System that Easily Accommodates Policy Change**

PCG’s EVV system is designed to adhere to program requirements and can be configured to meet the unique requirements of the program. Our system is based on flexible and open architecture and is made up of object-oriented modules. The modules access the rules engine, which contains rules that have object characteristics. Each procedure code is assigned a unique object; therefore, each can have its own associated set of customizable rules, including, but not limited to, floors and ceilings to payable and billable rates, allowable sets of service modifiers, associated tasks or activities, and provider credentialing requirements (e.g., Nursing License, CPR Training, PICA Training, etc.).

Since program requirements and business rules change from time to time, PCG maintains a rule object library in which object behavior can be modified based on changes to the business rules. The adjustment in behavior sometimes is easily accomplished by a simple configuration. Alternatively, an object refinement implementation approach is taken, or a new object is introduced. This plug-in model facilitates an integration platform that enables customization and localization. These characteristics minimize the risk of changes propagating to other unrelated functions. The PCG integration platform and its message oriented interface enable systems to easily interface with additional, different, or replacement systems now and in the future.
A.2e Describe features that address the requirement that allows Providers to modify or "fix" information (i.e. if they forget to check in/out)

PCG recognizes the need to allow manual overrides or modifications by defined user roles for the following reasons:

- Edit the individual and worker profiles
- Edit an individual’s service plan and authorization
- Enter a worker’s time capture/member service utilization
- An individual’s needs may have changed due to a change in health status or living arrangements, and they may now need additional service hours and increased budget allocation to cover the additional hours
- Provider may forget to clock-in/clock-out during a visit

PCG’s EVV system was thoughtfully designed with a configurable, agile framework that allows for a degree of controlled flexibility not found in telephony or fixed-location solutions. We understand that a system that is too rigid will not only be challenging for providers and members to use, but will also create unnecessary administrative burden, which often falls back to the agency. We have designed our EVV system to allow for retroactive edits/entries of time submissions. Any retroactive change or entry is tracked in the system and can be reported on for additional monitoring and insight. This functionality can be configured per user role, but we recommend that a provider be granted this access. This significantly reduces the need for manual intervention and escalations and, with tracking and visibility, enhances program integrity. While manual entries can decrease efficiency, interrupt the electronic flow of information, allowing human error to enter the equation, manual entries are necessary at times. Even more, systems that incorporate a manual override process help states ensure continuity of care as they allow the individual to receive the necessary services without interruption.

A.2f Describe features that conform to the concept of being minimally burdensome.

While the 21st Century Cures Act does not explicitly prescribe the tenants of a “minimally burdensome” system, our work with the HCBS population – members, providers and agencies alike – informs us of the sophisticated, yet familiar, technology and processes that must accompany an EVV system.

To follow is a list of attributes describing the infrastructure and processes that make implementing, maintaining, and utilizing an EVV system minimally invasive.

- **Captures provider clock-in/clock-out time submissions** through multiple, convenient avenues – featuring a mobile application for real-time time capture. The system generates provider timesheets from these submissions.
- **Off-line mode** of the mobile app allows providers to enter time worked when there is a loss of internet. Once connectivity is restored, this information is immediately uploaded.
- **Automatically records a provider's clock-in/clock-out location using geo-location technology.** This information can be cross-referenced with the expected provider location, which is based on the member’s address on file. Inconsistencies in clock-in/clock-out locations are flagged, or if desired, the system can be configured to prevent a provider from clocking in if the location is different from the expected location.
- **Establishes a geo-location radius threshold for provider clock-ins/clock-outs** to account for providers who may need to travel to a doctor’s appointment, park, or grocery store as part of their services.
- Tracks provider time submissions against member service authorization limits, which are securely stored within our system, eliminating the need for providers to manually keep track of units delivered.
- Prevents a provider from recording time against a service they are unauthorized to perform, thus eliminating these types of billing errors.
- Captures additional service-related detail in the form of pre-defined tasks/activities, eliminating the needs for some additional paperwork.
- Can be configured to allow for retroactive edits to provider time submissions with tracking and reporting to lessen the administrative burden and associated overhead cost while maintaining program integrity.
- Can process provider timesheets for payment by running claim submissions through validation checks prior to processing them, thus alerting of suspicious or fraudulent billing.
- Can integrate with PCG’s scheduling module to guard against missed visits. The scheduling module allows members to schedule care at their convenience. The module can also interface with external systems to load pre-existing provider schedules.
- Allows members or agency administrators, as appropriate, to approve or deny provider timesheets at the time of service or afterwards. This makes time and service approval quick and lessons the chances of a recipient forgetting their time with the provider.
- Can generate real-time alerts which offer transparency into in-home care, providing early warnings of suspicious behavior, including missed or late visits.

A.2g Describe features of the system that conform to the Americans with Disabilities Act (ADA) and address needs of special populations of Providers and Recipients, such as developmental disabilities and visual/hearing disabled.

In full support of individuals with adaptive technology needs, our EVV product development roadmap includes system development that is fully compatible and compliant with Section 508 and Web Content Accessibility Guidelines.

A.2h Describe features of the system that address the needs of special populations that cannot be near electronic devices.

PCG’s Public Partnerships practice area, which focuses on participant direction, and Health division have worked extensively with a variety of HCBS populations. These programs span many demographics with members ranging in ages and needs. The chart below provides an overview of populations served.
PCG’s EVV system offers multiple input methods for submitting and/or approving time, allowing both the member and service provider to select the channel that suits their specific needs. Our EVV system is compatible with standard accessibility features available via computer systems or telephony platforms to address the needs of special populations. As an added resource, we provide training and call center support on all our EVV solutions, making sure that all populations feel comfortable using our devices.

PCG has customer service support available that is responsive and sensitive to the needs of the individual as well as multi-lingual assistance to meet population needs. A hallmark of PCG customer service is the extensive training provided to all customer service staff upon employment. Training includes but is not limited to principles of cultural competence, principles of customer service, education surrounding programmatic specific rules and processes, as well as tools and technologies utilized by individuals in the program.

PCG’s Phoenix Call Center has many employees who are natural Spanish speakers as well as staff fluent in the two most prevalent Chinese dialects, Mandarin and Cantonese. Our Sea-Tac Call Center gives us the ability to answer calls live in 10 Pacific Rim languages. Language lines and TTY services are also available to meet the individual’s specific needs. PCG has the capabilities to respond to individual/provider inquires via telephonic systems and email. Customer service staff routes and tracks emails in the same manner as we track phone communication. PCG is committed to providing information in alternative formats and languages as individuals needs dictate. This includes, but it not limited to, training for hearing or visually-impaired providers or members.

A.2i Describe features of the system that address the provision of EVV in rural areas where technology infrastructure may be limited or unavailable.

PCG understands that Wi-Fi or cellular connectivity may not be available at every provider location or that Internet services may be less reliable in rural areas for on-line access to the EVV System. Using the off-line mode of our mobile application, providers can continue to seamlessly record their time and visit information using the clock-in/clock-out function even with the loss of Internet connection. Off-line entries are automatically uploaded once connectivity has been restored to the device. This functionality is embedded in the standard mobile application that is downloaded on the providers’ phone or tablet. This is a seamless backup to the on-line clock in/clock out functionality, allowing providers to continue documenting their visit in real-time and eliminating the need for a paper or other backup process.
Internet not be available. Utilization of beacon technology, in place of a tradition fixed-visit device also provides a medium for timesheet submission when internet connectivity is unavailable.

Once again, because of the cost of landlines mixed with the anticipated expenses associated with implementing this fading technology in homes, we strongly advise against the use of a telephony-enabled device to accommodate needs in rural areas. The solutions presented above are more convenient, cost-effective, streamlined mediums.

A.2j Describe additional features the system offers outside of EVV.

PCG’s EVV system is more than an automated timesheet for providers to submit and members to approve. We offer a robust program, a suite of services, which culminate in a more effective, efficient, sophisticated provider oversight approach.

Tracking Data
Access to the EVV system, including the reporting database, is restricted to authorized users only. Only select individuals are configured with the appropriate permissions to modify EVV system data, such as adjusting clock in and clock out times. This is essential to track what data has been changed and by whom.

Each of PCG’s registered users are assigned a name stamp that appears on all activity within the system. Alongside the name stamp, a date stamp identifies when the change occurred. These data are stored in secure backend databases accessed by authorized staff only. The user who makes changes, creates, or updates any given record is identified and electronically logged.

Because of our work in the Medicaid space, particularly in HCBS, we understand the importance of restricted access. We also understand the necessity of providing for appropriate flexible channels to perform services and respond to issues that arise.

Scheduler Module
As part of PCG’s EVV system, we have developed a standard scheduler module that has the capability to identify a late or missed visit and notifies affected parties, including agency officials and members, in real-time. This scheduler module also allows providers to specify their availability, thus generating a list of available agency providers when a scheduled appointment has been flagged as missed or late. This check-and-balance process helps to reduce gaps in care.

A scheduled visit is an appointment on both the provider and the participant’s “calendar”. A clock-in event triggers the system to record the time on both calendars. A monitor system constantly scans all the calendar appointments that are due and look for clock-in/out attributes in real time. Based on the configurable threshold, an appointment will be deemed "missed" if the clock-in attribute is not present. A missed visit triggers the escalated alerts. The shift information in the scheduler integrates with PCG’s event based notification system.

Real Time Service Authorization Validation
Our EVV system’s logic validates that providers submit timesheets only for services that they have been authorized to provide for the individual. The system also checks the time submission against service authorization parameters in accordance with program rules. For instance, many Medicaid programs prevent one provider from working for two recipients at the same time or bars two providers from working for one individual at the same time. With each time submission, the system verifies that it does not violate any program-specific rules. When a provider submits a timesheet, these validations occur in real-time and the provider receives a confirmation of timesheet acceptance or notification of any errors preventing submission.
Third-Party EVV Data Aggregation and Data Transfers

The 21st Century Cures Act does not mandate the use of a single EVV system across all programs and agencies – a provider- and agency-friendly approach to which many states are drawn. As a result, there is a need for a third-party data aggregator in states where a statewide EVV solution is not in place. The aggregator would collect, consolidate, and validate in-home care data from multiple 3rd party EVV vendors in a state based on available data. The aggregator would run analysis to check for common timesheet errors, but it could also perform more sophisticated analysis on providers’ timesheets who are employed by multiple agencies.

Through our multi-tenant system, PCG could capture third-party EVV data from the disparate EVV systems in use throughout the state in an agreed-upon standard format, preferably an XML file, which would then be transferred from the third-party EVV system into our secure FTP server on a routine schedule. Typically, we would collect provider clock-in/clock-out times and activities performed. The data would then be transferred into our central repository database that houses visit data collected by Time4Care™. From there, the third-party data would be validated against the same general business logic and rules as the data our system collects first-hand. These routine validations are meant to check for duplicate visit information, overlapping services, and overages in weekly hours, for example. Our system would then create the claim to send to the MMIS using HIPAA established industry standards for transferring claims and payment data that are based on the Accredited Standards Committee X12 (ASC X12) 837 and 835 standards. Additionally, our EVV solution could be setup to deliver information to the current CMIPS system and other California systems for downstream payroll and other administrative activities.

Ongoing Product Support

PCG operates state-of-the art call centers in support of many of its contracts. We operate out of three locations across the country and have a sophisticated business continuity and disaster preparedness plan. Our call center near Seattle, Washington, is our designated multi-cultural call center. From that call center we provide live support in 12 languages.

Our call centers are equipped with flexible workflow tools to ensure agents have accurate contract specific information at hand during every call. Agents undergo rigorous training and competency testing to ensure service levels are consistently excellent. In addition to telephonic customer support, we utilize email and are working on implementing SMS text support. Online chat capability is in our future plans. These capabilities can be utilized extensively in support of our EVV product in accordance with contract specifications. Operating hours are flexible and will be tailored to meet client requirements. In addition to call center telephonic and electronic services, PCG provides detailed online tools to offer support to users who can self-serve.

Provider Training

Requiring that providers complete training is a critical step in ensuring compliance with EVV requirements. Through the development of state-specific courses, providers learn the intricacies of their roles and responsibilities and how their utilization of an EVV system is a vital part of ensuring the safety of the individuals they serve. Knowledgeable providers are the greatest defense against abusive or negligent practices. For example, we have trained more than 30,000 providers enrolling in North Carolina Medicaid through creative design of provider outreach and education programs. We find that most user errors can be eliminated through proactive education at the initiation of their enrollment. So, by requiring providers to pass EVV training to render services, a level of accountability will be instilled in the provider to correctly utilize the system. Training should be refreshed regularly, and providers should be required to attend the training at least annually.
A.2k Describe service level metrics including system availability and system capacity.

Our EVV application is available 24/7 to providers and members. We have an in-house, technical support team that monitors and performs quality assurance testing on the front and back-end of the system. An example of standard service level metrics that are monitored are number of transactions/Sec; Average transaction time (Sec); Pages/Sec; Average response time; Number of timesheets submitted/saved; Number of concurrent users.

Our production monitoring has shown that at peak times, where users are creating timesheets and performing other complex transactions, we have maintained a >99% success rate.

A.2l Contingency plans for system outages or unavailability.

Over the last 30 years, PCG has established ourselves as an industry leader in provider time capture systems and as a HCBS workforce management provider. During this time, PCG has developed robust disaster recovery and continuity of operations plans to mitigate operational gaps and data loss for all events, ranging from a minor malfunction to a major disaster. PCG performs annual risk assessments to identify, eliminate, minimize and/or mitigate risks that are associated with business use of multiple technologies. Appropriate planning for a disaster is a significant part of our risk management model. As a result, our Disaster Recovery Plan is constantly re-evaluated and improved. Our Disaster Recovery Plan is designed to provide immediate response and subsequent recovery from any unplanned computing services interruption, such as loss of utility services, building evacuation, or a catastrophic event at the PCG Data Centers in Austin, Texas, and Watertown, Massachusetts.

PCG strives to maintain a high-performing IT infrastructure through constant monitoring and routine updates. In doing so, we thwart many issues that may arise. In many instances, an incident may be resolved quickly using standard policies and procedures. When this is not the case, the problem is escalated within the departments impacted, an Incident Management Lead is identified, an Incident Management Team is formed, and the Incident Management Process is initiated. In recent years, PCG has implemented the Disaster Recovery and Continuity of Operations Plan (COOP) on several occasions. Most recently, when Hurricane Harvey hit Texas, PCG ensured that all data housed in our Austin data center were backed up to our datacenter in Watertown, Massachusetts prior to Harvey making landfall. In 2012, following Hurricane Sandy, PCG extended payroll hours and operations to facilitate timely and accurate payment of providers despite widespread power outages across New Jersey. In 2013, following the Boston Marathon bombing, we shifted production to our western states to maintain continuity of operations while Boston was completely shut down. In both cases, PCG continued operations as normal with no interruption in service to participants, providers, or our state clients and MCOs. PCG strives to prevent the opportunity for service failure. In the event of service failure, however, we will activate our established Disaster Recovery program to minimize any impact to operational services.

PCG utilizes a backup methodology along with multi-site redundant infrastructure to protect critical systems from failure. This process is centrally managed and covers all PCG North American locations. Key business processes and the agreed backup strategy for PCG applications have been established to support our contractual obligations in other states. California should ensure that any EVV vendor would have established backup methodology to ensure data integrity and stability.

PCG has offices and data servers that are located across the continental United States; if one office becomes unavailable, we can easily engage another so that business continues unabated. This protects operations and data from minor to major disaster recovery events. Our primary EVV server farm uses a hosting provider that is certified to be ISO 27001 compliant, as well as Cloud Security Alliance guidelines.
certified. If management information systems are disabled, we can restore software, master files, and hardware backup to allow systems to remain intact. In this manner, PCG can withstand both major and minor events without bringing critical systems and applications offline.

PCG Disaster Recovery plan addresses restoring software, master and electronic files, hard copy files, and hardware backup if the management information systems are disabled, to abate any interruptions. PCG’s Disaster Recovery plan has established formal procedures and supporting technical solutions for mitigating and reacting to an emergency. PCG is committed to keeping all information secure and backed up for the use of the various business solutions we provide.

PCG understands that new and different threats are continually emerging. In addition to preventative measures that we have in place to minimize the known effects of disasters, we also know that we need to monitor for new threats that may uncover unknown and unwanted events. To this end, the Disaster Recovery plan is a document that continues to evolve.

A.2m Flexibility of the system to implement changes and how quickly changes can be made. Describe how the system has built in flexibility such as the ability to meet business needs or make changes through simple configuration set up and/or configuration changes.

Because of the intricate processes involved with in-home care – visit verification, member approval, claims submission- PCG has done extensive research into addressing the needs of HCBS providers with our EVV solution from implementation, only needing changes if industry best-practices or laws indicate that there should be a change.

If changes to the PCG EVV solution are needed or desired by HHSA, PCG would identify known changes prior to implementation to have a complete as possible solution for recipients and providers from initiation. After implementation changes will be incorporated depending on the circumstances the changes are necessary. If the changes are based on industry best-practices or changes in the law, PCG will schedule these prior to the required deadline, if any, and our developers will incorporate these changes into our base EVV solution. If the changes are requested by or exclusive to HHSA, a change request process will be followed by detailing the adjustment, implementation timeline, and applicable costs, if any, and both parties approving all aspects of the change process.

A.2n Describe typical analytics and reporting provided.

Through our expansive work in the Medicaid community, we have an excellent understanding of the essential data and monitoring capabilities Medicaid agencies, support coordinators, providers, Managed Care Organizations, and other program stakeholders need to improve efficiencies and make informed decisions. The best way to provide this data is to utilize a real-time EVV system that captures data autonomously, while also allowing providers, members, and in some cases, agency staff to perform manual entries. This information can seamlessly enter a reporting system, initiating the creation of ad hoc or customer reports and real-time service delivery alerts. As we describe how the real-time data is collected and monitored using our EVV system, including data storage and record retention, we strongly recommend that HHSA consider choosing one vendor to implement an EVV system. Selecting a single vendor confirms that data collection and monitoring happens in a consistent, streamlined fashion, thereby reducing the possibility of miscommunication that occurs if the data transfers between two or more vendors.

Reporting

Our firm’s extensive HCBS and Medicaid experience has also allowed us to develop a set of best practices regarding providing and building reports. PCG will also use another cutting-edge feature of our EVV
platform, called the Unified Reporting System (URS), to capture critical information essential to provider management. Ultimately, PCG’s URS captures data fields that allow for tracking of member-provider relationships and the aggregating of hours, among many other program metrics. This agile and modular tool was built based on years of experience working with a broad spectrum of clients and populations, most specifically with HCBS recipients, providers, social workers, program administrators, and other program stakeholders. The URS generates reports using the real-time data elements contained in the EVV system as well as data received from a State’s database or claims systems.

PCG understands the necessary reports that provide a holistic view into a state agency’s HCBS program. Some of the most common reports PCG makes readily available to our current clients are listed in the table below.

<table>
<thead>
<tr>
<th>Report</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timesheet Status Report</td>
<td>Shows timesheets and current claims status</td>
</tr>
<tr>
<td>Time In/Out Report</td>
<td>Report that documents work begin/end time for providers</td>
</tr>
<tr>
<td>Active Provider Report</td>
<td>Providers paid/active over a time period</td>
</tr>
<tr>
<td>Recipient Detail Report</td>
<td>Demographic information related to member</td>
</tr>
</tbody>
</table>

PCG can provide ad hoc summaries and design custom reports and make those available to HHSA and other authorized users through our URS. PCG can configure the URS for HHSA approved users to be able to view these canned reports and detailed information related to service delivery, timesheets, and other direct service provider information directly on the EVV system.

**A.2o Describe typical account set up time and check in/out time for Providers and Recipients.**

PCG has developed an EVV system with hardware that is effortless to use and simple to navigate. Even more, we have developed Time4Care™ to capture the mobile application’s off-line clock in and clock out feature when internet connectivity is not available. This is particularly beneficial in cases when services may be delivered outside of the home, such as at a park or school.
To clock in or clock out, the recipient or provider first signs in with their User Name and Password. Once logged in to the mobile app, providers can clock-in or clock-out by simply clocking in, in real-time or entering the clock-in time manually. When the provider needs to conclude the visit, they will then clock out in real time or enter the clock-out time manually.

The below screenshots demonstrate our easy viewing EVV screens for clocking in and out:

A3. Describe if/how the system groups or categorizes tasks to simplify system operation, tracking, Provider and Recipient use, etc.

A suitable EVV solution should have built-in controls to ensure that a provider may only select from a list of services that he or she is authorized to deliver. A procedure code can be tied to the type of service selected for tracking purposes. Additionally, due to documentation requirements, and an increased desire for transparency within in-home care, more detailed service delivery information can be captured per procedure code in the form of activities/tasks. Because services and tasks may vary throughout the visit, it is important that providers can modify the service delivery information during the visit. Also, this on-demand documentation is critical to consider as states explore how best to track an individual’s care, for instance their progress toward Person Centered Services Plans.
A.4 Describe the system’s capability to interface with other systems, for eligibility, timekeeping, payroll or data collection purposes.

PCG recommends and utilizes a web portal interface called BetterOnline™ as a supplement to our EVV mobile application. It is available as part of PCG’s comprehensive EVV solution. BetterOnline™ is a web-based tool that allows providers to submit time worked and services provided and allows recipients to review and approve time. This method does not capture the provider’s service location; however, it is often the most convenient method for agency administrator or recipient time approval. Our BetterOnline™ web portal and EVV solution are integrated so that the information such as eligibility, timekeeping, and payroll items recorded in one platform can be accessed, edited, viewed, or recorded in the other.

PCG also offers claiming integrated with our EVV, timekeeping and payroll services. In fact, we verify more than $1.6 billion of services funds annually, using a proprietary Medicaid Billing System (MBS). PCG’s MBS interfaces with state Medicaid claiming systems to streamline the process of submitting and reconciling claims electronically, in accordance with the standard 837/835 Health Care Claim Payment/Advice file formats. This significantly reduces the administrative burden of claims adjudication and resubmission of denied claims.

PCG has extensive experience with establishing interfaces with third-party systems, whether it be for a one-time upload/download of data or an ongoing file exchange. PCG also has the capability to convert data from legacy systems and incorporate data into our EVV solution prior to initial launch of a program. Working with multiple legacy systems can be challenging and the selected vendor must have the capability to enhance, develop or modify existing systems to promote an efficient file exchange between systems. We have successfully interfaced our EVV system with legacy systems in multiple states and across multiple vendors. Our most recent success interfacing with legacy systems was in the state of Washington where we were required to interface with approximately 50 legacy systems.

A core subsystem of PCG’s EVV solution is our ETL (Extract Transform Load) framework. Our ETL service is used to pull data from one database and load into another; an important tool used for all integration with external systems, including configuration of automated file uploads and downloads. Once the interfaces are established between systems, this service is used to allow periodic uploads of data as needed to support program operations.

We have found early discussions between contractors, vendors and the Medicaid agency are imperative to identify preferred file formats, exchange parameters and reporting requirements. Additionally, test files need to be exchanged to determine systems capabilities prior to go live. PCG believes the preferred method for file exchange is an automated file sharing with an upload to a secure FTP site. At a minimum, an EVV system should be equipped to receive:

- Inbound file to time capture system;
- Outbound file updating the payroll system;
- Inbound file updating service plans and authorizations; and
- Inbound file updating individual and provider data.

Additionally, the system should be capable of sending files in multiple formats and styles and generating needed reports. As a best practice, all data exchanged should be time stamped and dated at the time of file upload. To confirm receipt of data, PCG recommends email notification upon receipt of data file. Any issues with data upload should elicit a follow up call to the vendor to determine the cause of faulty upload
and steps to remediate the issues. Configuration should allow for real time 24/7 access to information within a secure environment.

While we do have the ability to share data and integrate with other systems, we strongly recommend a single EVV vendor be used across all plans and waivers. Distributing EVV functionality to multiple entities may not provide a consistent level of integrity, fairness, fraud/abuse prevention and cost avoidance to the state. We find the lack of uniformity across different vendor platforms degrades the use of data, decreases the usefulness of data to the state and fails to promote the efficiencies and cost savings desired. We believe a successful contractor will utilize a modern technology solution with a seamless interface between the time capture and payroll systems thereby promoting efficiencies, decreasing the manual uploads as often required with legacy systems, fostering scalability as program grows, and enhancing the quality of reporting and service monitoring.

On the page to follow we have provided a brief graphical depiction of our ability to ingest and aggregate third-party EVV data.
A.5 Describe your experience with implementing EVV systems including high-level timelines for implementation and training for all user populations. Describe implementation challenges and lessons-learned. Describe how to overcome implementation challenges. Distinguish implementation(s) for government entities versus private entities. If implemented for state entities, please identify which states and provide contact information.

Implementing an EVV System
PCG’s team of experts has first-hand knowledge of the needs of in-home providers, service agencies, and the recipient of HCBS services due to our tenure in the Medicaid industry. A vendor with this type of knowledge can offer the most efficient and effective implementation and ongoing operation because their expertise extends beyond the system architecture into the populations impacted by the transition.
For large-scale implementation projects, PCG employs a special program management team that guides the project working team – and the client – through five critical project phases. Please find below a chart outlining these five phases of implementation and operations, including the tasks required in each phase and the associated staff required to complete the deliverables. This is just an example of what we would propose offering should the state decide to issue an RFP concerning this scope of work.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Tasks/Deliverables</th>
<th>Staff Required</th>
</tr>
</thead>
</table>
| Initiation & Design          | • Hold Project Kickoff with Department  
  • Develop Project Management Plan  
  • Develop Project Schedule  
  • Establish reporting requirements | Project Management Team  
  Technical Advisors  
  Department Staff |
| Requirements & Design        | • Hold EVV sessions with Department  
  • Develop functional design documents/crosswalks  
  • Develop data conversion and system integration plans | Project Management Team  
  Department Staff |
| Development & Testing        | • Configure and/or develop system components  
  • Develop Test Strategy, Test Cases, and Test Summary Reports  
  • Develop Test Environments  
  • Support of User Acceptance Testing (UAT)  
  • Implement Defect Management | Project Management Team |
| Implementation               | • Conduct Readiness  
  • Implement Production  
  • Implementation Support | Project Management Team |
| Operations Support and      | • Customer Service  
  Maintenance                | • Training, Education, and Outreach  
                              | • System Changes/Enhancements  
                              | • Change Management  
                              | • Satisfy reporting deliverables | Project Management Team |

**Experience and Capabilities**

PCG’s experience and understanding of the HCBS service delivery landscape is unparalleled. A deep background in applying program policies and rules in monitoring compliance accompanies PCG’s state-of-the-art EVV technology. Our firm has a team of more than 100 staff dedicated to HCBS provider oversight and compliance monitoring, who routinely engages with diverse stakeholder groups to gain consensus on major administrative changes to HCBS programs. This level of intel is especially beneficial to our clients because it positions PCG as a leader on policies surrounding the delivery of in-home care.

PCG has gained a comprehensive understanding of all aspects of HCBS services from dozens of large-scale projects requiring deep engagement with stakeholders, including HCBS participants, providers and advocates, along with state, federal and local administrators and oversight agencies. Below is a list of some of the large-scale projects currently in contract with PCG.
PCG’s clients include state Medicaid Agencies, state Departments of Developmental Disabilities, Elder Services, Children Services, Mental Health, and Physical Disability Services. PCG also works with Veterans Administration programs in six states and many Managed Care Organizations serving Medicaid and dual eligible (Medicaid/Medicare) clients. The experience and capabilities we exude help our clients develop comprehensive approaches to monitoring compliance and governing Medicaid-funded and non-Medicaid funded programs.

Our firm has well-established systems and processes for capturing time submissions and processing claims in support of our clients’ CMS funded programs as described through our extensive level of project work, some of which has been described in the proceeding sections. Our ability to leverage our cutting-edge technology system to support the quality, monitoring, costs, and transparency in Long Term Care programs is unparalleled.

**EVV Challenges During Implementation and Ongoing Management**

When implementing a new technology like an EVV system, the biggest challenges are user training support and adoption. We believe this to be true regardless of whether the implementing client is a state or private entity. The best-practice approach is to anticipate and address these problems before implementation and have a process in place to address issues as they occur. The most common issues we find when implementing new technology systems – and our solutions to these matters - are described below.

**Users Encountering a New System**

We understand that the success of an EVV system is largely dependent on users’ willingness to adopt new technology and processes. In our experience, we have learned that while some providers and members
are eager for change, others are hesitant to integrate new technology into their daily routines. To address this potential issue, we have designed our systems to be intuitive and easy to use. We also provide supplementary documentation on how to use the system.

We start training early adopters to the technology, followed by groups of providers over time, which spreads out the implementation and allows us to focus energies on a smaller subset of the population as the technology goes live. This phase-in or tiered approach allows us to monitor issues that may stem from user adoption and address them before the next group, so that the implementation can be as smooth for as many people as possible.

User Adoption
One of the core issues with implementation of an EVV system is the impact of human behavior. Users may forget to clock in/clock out, or they may refuse to adopt the new technology altogether. California should expect instances like this. The administrative costs of retroactive changes, meaning a provider does not clock-in and/or out and must call an administrator to amend their timesheet time is costly to agencies. A quality EVV solution is one that addresses this common propensity to forget a new process and can offer alternative time entry submissions - EVV off-line mode - and intuitive administrative override features that don’t interfere with a positive implementation.

Expected Downtime for Maintenance
All websites and mobile applications experience some downtime for routine maintenance. While this downtime is unavoidable, PCG does its best to make users aware and minimize impact. PCG has planned maintenance windows to perform necessary system updates. To be as least disruptive as possible, this maintenance is scheduled for non-peak usage times, usually in the middle of the night. Additionally, because these maintenance periods are planned and scheduled, we can provide advanced notification to system users. Prior to a planned system update, a message is posted on the system login screen, alerting users of upcoming maintenance and associated system downtime. This advanced communication allows providers and members to plan accordingly.

Possibility of Errors on User Devices
When creating a mobile application, developers design the application for the most common cell phone operating systems and devices. Occasionally, a user might use a less common device, for example using an outdated operating system or a particularly unique device. This is an expected issue for an EVV mobile app since it is impossible to program for every iteration of every device. Our recommended solutions for this are having an information gathering process in place before implementation and offering a web based EVV system as a backup. Instilling a process to gather information on the issue while using the app on a device, an experienced team can help identify the updates the device’s owner (provider or member) will need to address to utilize the system. Knowing that this type of issue is inevitable allows the team to prepare solutions and recommendations to individuals this may affect.

Addressing Unexpected Issues
Unexpected problems in implementing a new technology are inevitable. The EVV organization needs to have a documented process in place to address these issues as they occur. The details on how they will collect the information regarding an issue, to whom will the information be given after it’s collected and how will they address the issue are needed to effectively address surprise occurrences.
A.6 Describe how to overcome implementation challenges inherent to California such as the change management for a large and vulnerable population. Describe mitigation strategies that could be used to address challenges.

As described in section A.2b, PCG works extensively with state Medicaid agencies and Managed Care Organizations (MCOs), along with the diverse populations these entities serve. While we customize the EVV solution to meet the needs of each new client, our experience has allowed us to anticipate the diverse needs of many care populations. For example, our EVV solution can come into compliance with the revised Fair Labor Standards Act (FLSA). It can be configured to allow or disallow travel time between recipients, validate the travel time with real time GPS, and calculate overtime across multiple employers.

PCG’s team of experts has first-hand knowledge of the needs of in-home providers, service agencies, and the recipient of HCBS services due to our tenure in the Medicaid industry. A vendor with this type of knowledge can offer the most efficient and effective implementation and ongoing operation because their expertise extends beyond the system architecture into the populations impacted by the transition.

Additionally, because of the intricate processes involved with in-home care – visit verification, member approval, claims submission - PCG suggests the agency use a single vendor to simplify and standardize data sharing protocols and reporting. PCG suggests a phased approach for the implementation of the EVV solution. This method allows several tasks to take place while maintaining the schedule of the larger goal implementation date and encourages prioritization of implementation by user groups based on skill level, workload, or propensity of change.

PCG has a dedicated Launch Team that supports the Project Management team during the Design, Development, and Implementation phase of each new and/or transitioning program. The Launch Team has years of experience starting new or transitioning programs and is responsible for ensuring consistency with the application of PCG and national best practices, as well as applying lessons learned from previous start-ups.

A.7 Discuss strategies you have employed to garner customer satisfaction and include any satisfaction survey data, if available.

PCG knows that new technologies can be disruptive and initially frustrating for users, and that managing this change and the impact on users is critical to a successful implementation. We value robust stakeholder and change management plans, incorporation of customer service call centers, and development of training programs to counteract any frustration with the system. Nevertheless, vital to the continuous improvement of an EVV solution is an avenue for providers and recipients to voice concerns, recommendations or questions. PCG endeavors to create systems that are reflective of the needs of the populations we serve. As such, we advise any potential EVV vendor to have a full-scale plan to assess customer satisfaction before, during, and long after implementation.

Evaluating customer satisfaction is a routine procedure for our projects. We take a more holistic approach to collecting feedback on customer satisfaction. For example, in Pennsylvania, we developed a stakeholder advisory group to solicit and respond to questions, concerns and issues. We shared feedback with the state and suggested ways to enhance stakeholder satisfaction. To this day, the group is still active, meeting as the program changes or new technology features are available. Such involvement gives program recipients a voice in the design and execution of the program and increases satisfaction dramatically.
We also administer ongoing recipient satisfaction surveys in many of our F/EA programs to gather direct feedback from the individuals we serve, which we use to continuously improve service delivery. Positive views of the services and the programs are typically in the 90% to 98% range. To help increase the response rate, we mail paper surveys to recipients with a pre-stamped return envelope in addition to an electronic version available online through SurveyMonkey.com. Recipients can respond to the survey in the way that is most convenient for them.

We find these surveys are beneficial to the individuals we serve because they allow our program recipients to provide open and confidential feedback about the program in a way they may not feel comfortable doing in direct interaction. Another advantage to satisfaction surveys is that they seek recipient feedback, ensuring they are at the center of decisions which relate to their life and the services they receive. For example, our yearly Tennessee TennCare satisfaction surveys show that, without question, this program is valued and beneficial. Seeing results like the ones below make us feel proud to be involved in such a life-changing experience.

The surveys are also beneficial to our state clients because it gives them an overview of the status of the program from the perspective of the recipients and they use that feedback to make changes in the program. For example, for many years our Tennessee satisfaction survey showed a level of dissatisfaction with the third-party EVV system. Having seen these results and knowing that they were so uncharacteristic for Consumer Direction, TennCare took a significant risk and transitioned from the third-party EVV to PPL’s system in for 2016. The results below speak for themselves – a 25% increase in satisfaction in just one year.
The examples cited here help describe PCG’s experience with a wide variety of channels used to collect information on customer satisfaction, as well as our experience with measuring stakeholder satisfaction through data analytics. We routinely share this data with our clients to maintain transparency on program happenings. Assessment of satisfaction, regardless of administration format is a scientific way to:

- Understand if our products and services are performing as intended,
- Determine if we are meeting the needs of the population we serve; and
- Provide our stakeholders with solid data that addresses the benefits, issues, recommendations and viability of programs.

When developing a tool or implementing a measure to gauge customer satisfaction with a new EVV system, we recommend HSSA consider:

- Reason for the change -- was change proposed to increase efficiencies in processes or decrease expenditures, versus being driven by inadequacies of a system with resultant frustrations by the end user
- Individual’s knowledge and perception of why change is being made, and how change will affect them
- Populations affected including the special needs of the population
- Outreach and training needed to facilitate adoption of the proposed change to new EVV system including methods for delivering information and promoting mastery with use of the new system
- Impact of the change on supports and services being provided to the individual – does the system change make time recording more transparent to the recipient and provider, therefore create less frustration and greater ownership
- Avenues available to assist the recipient and their provider to address questions and concerns
- Vendor’s ability to assess the array of stakeholders involved in a matter which meets the needs of both HSSA and the recipients accessed
- Vendor’s proven experience with analyzing data and making recommendations based on data received
A.8 Describe the response to your EVV from a wide range of Recipients and Providers with a wide range of disabilities including blind and deaf and/or low literacy levels.

PCG offers multiple input methods for submitting and/or approving time, allowing the recipient, provider, and agency administrator to select the channel that suits their specific needs. Our EVV system is compatible with standard accessibility features available via computer systems or telephony platforms to address the needs of special populations. An optimal vendor is one who possesses the experience working with and providing technology that supports individuals with varying abilities. This expertise ensures that the EVV system is accessible by all who need to interact with it.

PCG makes every effort to develop our systems and communication materials that are simple to understand. Our standard instructions are written at the 6th grade level, and are suitable for use with the various populations within the Home and Community-Based Service Programs including the elderly and the disabled.

A.9 Discuss ongoing maintenance of EVV systems.

Maintenance of PCG’s EVV solution is split between end-user software updates and internal hardware and software upkeep. From an end-user perspective, updates are presented in the form of mobile application updates through the respective user’s device. We are constantly working to enhance the features of our application and bundle these enhancements into releases throughout a calendar year. This is a similar process to other mobile applications users interact with daily. PCG employs technical staff dedicated to the maintenance and improvement of the back-end technology supporting our EVV solution and this team is continuously monitoring for potential fixes and opportunities to upgrade.

Our EVV solution does require an internet connection, but even in the case of a loss of internet, providers can continue to record their time using the clock-in/clock-out function. These entries are automatically uploaded once connectivity has been restored to the device. This functionality is embedded in the standard Time4Care™ app that is downloaded on the providers’ phone or tablet.

A.10 Describe if/how the EVV solution can leverage the current IHSS Portal with the ETS feature and the pros and cons of doing so.

The 21st Century Cures Act aims to “help modernize and personalize health care, encourage greater innovation, support research and streamline the system”. Electing to utilize an EVV solution that leverages the current IHSS portal will not fully meet the intended goals of the Cures Act. For this reason, it is our recommendation that California elect to select an EVV solution that can either replace all timesheet processes for the Individual Provider Model, or replace both timesheet processes and major components of payroll processing.

While PCG understands that IHSS has long been the system of time entry, attempting to utilize an EVV system with the IHSS portal through file exchanges, aggregating databases, or other methods will cause additional complexities for not only the state, but for the providers and the individuals they serve. Our EVV solution and our timesheet web portal incorporates our decades of experience in to a highly configurable, user friendly application.

It is our recommendation that California elect to replace all timesheet processes with a solution that can bring timesheet collection in to compliance with EVV and the goals of the Cures Act. PCG’s state-of-the-
art. FLSA-compliant EVV system captures real-time, location tracked clock-in/clock-out time entries of in-home care providers through an easy-to-use mobile application.

For a growing number of adults, communicating and performing business functions using a mobile device is popularly becoming the preferred and most common method. Even more, we see a growing trend of people who utilize mobile applications to conduct routine tasks and exchange information. As PCG looked to develop our EVV system, we leveraged this existing technical familiarity and common hardware to build a user-friendly EVV system—primarily offered as a mobile application. Time4Care™ offers users an intuitive, real-time pathway to record clock-in and clock-out times, document services provided, and approve or deny timesheets using a GPS-enabled smart phone or tablet and a ready internet connection. A majority of adult populations own a smart phone or tablet and have access to internet in their homes. If California were to capitalize on this existing infrastructure, they would significantly lessen the impact of new processes on providers and members and dramatically reduce initial and ongoing hardware costs often associated with implementing an EVV system.

As California looks for a vendor to implement and EVV system and replace the current timesheet process, we strongly suggest they consider a firm who places a mobile application at the forefront of the offered solution. While there must be alternatives to the mobile app, particularly in rural settings where internet connectivity is sparse, we suggest utilizing a system with an off-line mode or web portal like ours, instead of incurring an additional, costly solution like telephony. Using mobile devices (phones and tablets) with cutting-edge geo-tracking capabilities provides a complete package for members and providers and significantly enhances the transparency of programs through sophisticated algorithms, alerts and reporting capabilities.

PCG further recommends the alternative that California replaces both timesheet processes and major components of payroll processing with a system that can manage to the requirements of EVV, as well as the task of processing timesheets and processing payroll. This option will require a vendor who has the unique ability to implement a comprehensive EVV solution and timesheet capture system as well as understand the complexities of payroll, taxes and claiming. PCG’s experience as a national program integrity and provider management vendor has guided the development of our comprehensive approach to developing and complying with applicable Medicaid billing rules and billing restrictions in the HCBS setting. As such, our team has developed a proprietary Medicaid Billing System (MBS) to interface directly with state Medicaid claiming systems and MCOs to streamline the process of submitting and reconciling claims electronically. This reduces the administrative burden of claims adjudication and resubmission of denied claims. The state should require that any solution to this option have the technology to interface with California’s Case Management, Information and Payrolling System (CMIPS). In addition to validating information collected by providers and individuals during in home visits using the stand-alone EVV tool, clients can integrate this system with PCG’s comprehensive payroll and claims processing platform— or a billing system of the state’s choosing – to streamline the claims adjudication process.

A.11 Describe how an EVV Solution can be effectively implemented for both the Individual Provider and the Agency Provider employment models.

In general, PCG does not see an immediate need to identify multiple EVV systems for these two provider types. Even more, we don’t foresee a drastic difference in the way the system will be implemented. What the state may consider is how features of the EVV system may differ based on whether the provider is an individual provider (consumer directed model) verses an agency provider. It has been PCG’s experience that the provision of agency-based services is different than participant-directed services and the EVV system needs to offer some flexibility. For example, while providers working for an agency are accustomed to adhering to a set daily schedule, participant directed providers often work a less structured schedule since they are often living in the same home as the recipient. An EVV system that is linked to an expected
in and out time can work well for agency providers but is unreasonable for participant directed providers who do not always stop and start at predictable times.

Any Electronic Visit Verification solution should be intentionally intuitive and self-explanatory, and therefore, should not require extensive (or expensive) user training on functionality. However, PCG has demonstrated that the successful implementation and operation of an EVV system is dependent on effective and comprehensive training, education and outreach program. Our team has had the pleasure of conducting many successful large-scale training and outreach programs on behalf of our state clients, including, but not limited to, the Massachusetts Health Connector, the North Carolina Division of Medical Assistance, and the Ohio Department of Medicaid. Through our work, we have developed a deep understanding of the HCBS population, both agency and individual providers models and the critical impact a detailed outreach program has on the successful implementation of new technology.

Delivery of a comprehensive training and outreach program will ensure minimal disruption to service delivery upon the launch of the EVV system. PCG understands that managing change and the impact on users is critical to the success of implementation. Training and outreach programs must be comprehensive, measurable, transparent, agile, and scalable to meet the unique needs of both Individual and Agency Provider employment models. Managing changes and the impact on users is critical to the success of potential implementation. Any perceived disruption to a provider’s ability to submit and be paid for hours worked can have significant consequences on provider satisfaction. PCG would recommend customizable training programs tailored to the unique needs of both Individual and Agency Provider employment models.

PCG has come to understand that successful transitions or changes to existing programs or technology requires buy in and understanding from the populations impacted by the change. We highly recommend that California require the EVV solution require that providers complete training prior to using the EVV solution. This is a critical step in ensuring compliance and understanding of EVV requirements. Through the development of state-specific courses, both individual and agency providers learn the intricacies of their roles and responsibilities and how their utilization of an EVV system is a vital part of ensuring the safety of the individuals they serve. Knowledgeable providers are the greatest defense against abusive or negligent practices. For example, we have trained more than 30,000 providers enrolling in North Carolina Medicaid through creative design of provider outreach and education programs. We find that most user errors can be eliminated through proactive education at the initiation of their enrollment. So, by requiring both provider models to pass EVV training to render services, a level of accountability will be instilled in the provider to correctly utilize the system. Training should be refreshed regularly, and providers should be required to attend the training at least annually.

Any EVV solution provider should be able to tailor the EVV training plan to account for initial training, refresher training, and ongoing system training, though in-person, online and provide written materials. A successful EVV solution should also provide a secure web portal, accessible only by providers and approved parties with proper credentials, where short training videos, annual training verifications, reference guides, FAQs, and message boards can be accessed. This website should also be used to ensure customer service be able to answer questions posed on the website are responded to promptly. PCG has established and maintained these secure websites for many other HCBS programs with great success. As both Individual and Agency Providers do not often work a 9-5 work day, this portal should be an all access guide into the EVV system, assuring providers that EVV assistance is available whenever an issue arises.

Training and outreach during and after the successful implementation of the EVV system will require agile training and outreach methodologies through a multitude of communication methods, including written, in-person, and web-based outreach and training materials to satisfy client requirements and adapt to changing needs throughout implementation of our EVV solution. PCG has deep experience creating compelling and
comprehensive written communication ranging from simple “heads up” notices advising of upcoming changes, comprehensive, detailed, and well-illustrated user manuals for stakeholders, and web based and in-person instructional simulations. Any EVV solution should have a robust and configurable training platform that can be tailored to best fit both agency and individual provider models, without adding significant cost to that development. PCG has decades of experience working with both agency and individual provider models and believe that both our EVV solution can satisfy the needs of implementation for both employment models.

A.12 Describe your business model (e.g., Software as a Service, Commercial Off-the-Shelf, Modified Off-the-Shelf, custom built, transactional).

Time4Care™ is offered as a web-based Software as a Service (SaaS) product. It has been designed, built, and now operates using a multi-tenant, multi-tier architecture, single platform system that offers the greatest amount of flexibility and configuration to our clients. The role-based system requires secure login/authentication via user account creation and management and allows each role to only view appropriate data for their designated access levels. Authenticated users are granted real-time access to their individually authorized program information 24 hours a day, 7 days a week. PCG’s EVV system is hosted by PCG through cloud services and will be made available to the HHSA and authorized users through our front-end user applications - a mobile app or the associated EVV web portal, BetterOnline™. Using these application options, we can drive down the total cost of ownership and improve the accuracy of data and user experience in ways landline telephony or fixed-visit EVV systems cannot.

A.13 Describe the costs and fee structure of EVV solution(s) for customers with requirements comparable to the IHSS, WPCS, and other HCBS Waiver programs. Differentiate one-time and ongoing costs. Describe how the cost model would scale up to accommodate the large number of IHSS and WPCS Providers.

While it is not possible to give the Department of Health and Human Agency specific cost estimates without any understanding of how many providers and members will be using the EVV system. PCG is providing the following costs numbers in hopes they will be helpful to California for estimating the contract value and/or budgeting purposes.

The State of Ohio recently awarded an EVV contract. The number of providers and members that were to use the EVV system were 7,100 providers and 51,000 members. The bids from three vendors were $68 million, $94 million and $117 million over 7 years.

In PCG’s experience, vendors submit a wide range of prices for EVV systems, based partly on the need for vendors to make assumptions. Varying assumptions make it challenging, if not impossible, for the state to obtain an accurate comparison of the vendors. Thus, it is in the Department of Human Services Aging Services Division's best interest to eliminate the need for vendors to make assumptions when deriving pricing.

PCG recommends consideration of the following descriptions and related pricing template. The template aims to identify the minimum data elements required for a vendor to derive pricing and will result in the state obtaining an accurate comparable view of pricing from various vendors.
The pricing template is divided into 4 sections:

**Section A – Implementation Fees and Deliverables**
PCG suggests this section consists of costs realized during the implementation phase of the EVV system, such as:
- Licensing fees;
- Development and delivery of required trainings (Providers and/or Agency);
- Design, Develop & Implement (DDI). The DDI of the EVV system is based on all of the functionality and integration requirements of the system.

**Section B – Fixed Operation Costs**
PCG suggests this section includes the cost for the ongoing management and support of the EVV system, which may include:
- Ongoing training needs beyond the implementation phase, which may include annual updates to the training curriculum based on changes to the EVV system;
- The cost of supporting and maintaining the EVV system.

**Section C – Variable Transaction Fees**
This is a key cost driver as it will most likely make-up the majority of the costs, yet exact transactional volume is never known. **It is essential that the state estimate volume, as accurately as possible, either for transactions or members.** This section can typically be left up to the vendor to make assumptions, leaving the Agency with a wide range of prices based on varying assumptions. In most cases, **it is in the best interest of the vendor to assume low volume because low volume generally equates to a low overall price.** Therefore, it is imperative for the Agency to either establish volume levels for the different transactional types or establish volume ranges allowing for tiered pricing.

The two major components for Section C include:
- Customer/Technical Support – Providers, agencies, and state workers will need contact center support from customer service personnel, the price of which is dependent on the number of monthly transactions. Support may come in the form of telephone support (the most expensive), email support and/or text messaging support;
- Number of Transactions or Per Member Per Month (PMPM) – Pricing for this section can be based on the number of transactions per month or based on the number of members/users per month. If pricing is based on the number of transactions, it’s important that the agency define what a transaction is. Typically, a transaction is defined as the exchange of or recording of data. For example, if a provider uses a mobile device and clocks in to an EVV application, this would count as one transaction. When the provider clocks back out of an EVV system this would count as a second transaction.

Per Member Per Month (PMPM) based pricing is often a good method to utilize as states usually understand the number of members that will use the EVV system but often are unable to estimate the number of transactions an EVV system will accumulate in a given month.

It is also important to distinguish between the types of EVV methods of verification. For example, the three major types of EVV methods are:
1. Mobile Device w/ GPS enabled – This method of verification utilizes a mobile device such as a smart phone or tablet. The mobile device has a EVV application loaded on it and that application is used to clock-in and clock-out when services are provided to the individual. At the time of clock-
in and clock-out the device also records the location of the device to ensure services are being provided at the authorized location.

2. Telephonic – Verifying ones visit by calling an 800 number and speaking with a customer service agent and/or using an Interactive Voice Response (IVR) system;

3. Fixed Visit Verification – This consists of a fixed electronic unit that is placed in the individual’s home that is receiving services. The fixed unit generates codes that the provider records to verify that they were at the individual’s home.

Section 4 – Evaluated Price
The section is simply a summary of Sections A – C, including a total price.
## EVV Pricing Template

### Pricing Section A
**Implementation Fees and Deliverables**

<table>
<thead>
<tr>
<th>Service</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing Fees</td>
<td>$ -</td>
</tr>
<tr>
<td>Training &amp; Education</td>
<td>$ -</td>
</tr>
<tr>
<td>Design, Develop &amp; Implement (DDI)</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ -</td>
</tr>
</tbody>
</table>

### Pricing Section B
**Fixed Operational Cost**

<table>
<thead>
<tr>
<th>Project Oversight &amp; Support</th>
<th>Monthly Fee</th>
<th>Months</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>YR1</td>
<td>$ -</td>
<td>12</td>
<td>$ -</td>
</tr>
<tr>
<td>YR2</td>
<td>$ -</td>
<td>12</td>
<td>$ -</td>
</tr>
<tr>
<td>YR3</td>
<td>$ -</td>
<td>12</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
</tbody>
</table>

### Pricing Section C
**Variable Transaction Fees**

<table>
<thead>
<tr>
<th>Task</th>
<th>Monthly Transactions</th>
<th>Transaction Fee</th>
<th>Monthly Members</th>
<th>PMPM Fee</th>
<th>Months</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer/Technical Support</td>
<td>YR1</td>
<td>10,000</td>
<td>$ -</td>
<td>5,000</td>
<td>$ -</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>YR2</td>
<td>8,000</td>
<td>$ -</td>
<td>4,000</td>
<td>$ -</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>YR3</td>
<td>5,000</td>
<td>$ -</td>
<td>2,500</td>
<td>$ -</td>
<td>12</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| EVV Verifications Via Mobile Device | YR1 | 20,000 | $ - | 5,000 | $ - | 12 | $ - |
| EVV Verifications Via Mobile Device | YR2 | 25,000 | $ - | 6,250 | $ - | 12 | $ - |
| EVV Verifications Via Mobile Device | YR3 | 30,000 | $ - | 7,500 | $ - | 12 | $ - |
| **Subtotal**                      |     |        |     |       |     |    | $ - |

| EVV Verifications Via Telephonic | YR1 | 20,000 | $ - | 5,000 | $ - | 12 | $ - |
| EVV Verifications Via Telephonic | YR2 | 25,000 | $ - | 6,250 | $ - | 12 | $ - |
| EVV Verifications Via Telephonic | YR3 | 30,000 | $ - | 7,500 | $ - | 12 | $ - |
| **Subtotal**                      |     |        |     |       |     |    | $ - |

| EVV Verifications Via Fixed Device | YR1 | 20,000 | $ - | 5,000 | $ - | 12 | $ - |
| EVV Verifications Via Fixed Device | YR2 | 25,000 | $ - | 6,250 | $ - | 12 | $ - |
| EVV Verifications Via Fixed Device | YR3 | 30,000 | $ - | 7,500 | $ - | 12 | $ - |
| **Subtotal**                      |     |        |     |       |     |    | $ - |

| **Total**                        |     |        |     |       |     |    | $ - |

### Pricing Section D
**Evaluated Price**

<table>
<thead>
<tr>
<th>Contract Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation Fees and Deliverables (Section A)</td>
<td>$ -</td>
</tr>
<tr>
<td>Fixed Operation Cost (Section B)</td>
<td>$ -</td>
</tr>
<tr>
<td>Variable Transaction Fees (Section C)</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Total Price</strong></td>
<td>$ -</td>
</tr>
</tbody>
</table>
A.14 Describe how EVV solution for personal care service that must be implemented in 2019 could be expanded to accommodate the 21st Century Cures Act home health care service EVV requirement by January 1, 2023.

The 21st Century Cures Act does not draw a distinction between a suitable EVV system for personal care service providers verses home health care providers. As such, implementation could occur for all impacted providers by the January 1, 2019 implementation date, unless CMS guidance – expected to be released in January of 2018 – prescribes a more finite distinction between suitable EVV systems for provider types. Moreover, while we understand that each state operates differently in terms of the organization of its HCBS program, it would be advantageous to begin implementing EVV for all affected providers starting in 2019, rather than waiting until the 2023 implementation date for home health care providers.

A.15 Describe the different means of communication (e.g. notifications) the system is capable of producing such as letters, email, text, and phone in multiple language formats for visually and hearing disabled including large font, braille, and audio text.

PCG designed our EVV system, based on our many years working together with providers, recipients and state clients. Based on this practical experience, we knew that our EVV system must be intuitive and easy to understand to meet the unique needs of these populations. Our in-house user experience engineering team closely observes and monitors usage patterns and user feedback to continually improve app features and accessibility.

The notification functionality of our EVV system is configurable and is designed to reduce the current workload for providers, support coordination agencies, and staff by automatically notifying appropriate entities of potential service gaps. With this type of mechanism, the California Health & Human Services Agency (HHSA) can be sure of provider activity.

Transparency into in-home care is best captured through real-time escalating notifications. These can take many forms: late and missed visit notifications, unauthorized service delivery notifications, service overage notifications, and/or a recipient's rejection of provider timesheets. PCG has established a list of best practice notifications that can be refined and customized within our notification framework according to each state's needs. The notification functionality of our EVV system is configurable and is designed to reduce the current workload on providers, support coordination agencies, and staff by automatically notifying appropriate entities of potential service gaps. Effective notifications come not just from missed provider visits, but also from provider-reported activity. PCG's EVV system can be configured to do both.

Each event is configured based on trigger criteria and attributes, which classify the notification type and notification recipient. Time4Care™ has the capability to configure the notification system down to the minute at which the notification should be triggered. The EVV system will be able to deliver notifications in a variety of electronic formats, and the notifications can serve as notifications themselves. For example, notifications alert the recipient, the recipient's designee, support coordination agency, or other entity that an event has occurred. These could include, but are not limited to, addition of a new shift, changes to a shift, deletion of a shift, or a missed shift. It can also include dates timesheets are due and if timesheets are submitted late.

Implementing an EVV system with real-time access to information regarding service deliveries helps case managers and providers verify that recipients are receiving the appropriate type and level of care. With notifications of missed or late visits and a scheduling module that tracks provider availability, providers or agencies can quickly respond to ensure service gaps are minimized. These functionalities significantly help
reduce the risk of harm or neglect that can arise when the proper oversight mechanisms are absent. Moreover, our intuitive mobile app easily facilitates recordkeeping and documentation of services, minimizing the time spent on paperwork and enhancing providers' time with the individuals they are serving. Other more intrusive EVV mechanisms, like telephony of fixed-location devices, cannot offer these same timesaving benefits, and in our experience, can often increase the administrative burden related to documenting service related activity. Additionally, fixed hardware can hinder the important flexibility that providers must sometimes have to serve recipients outside of their homes.

A.16 Describe how your system is kept current and how it keeps up with technology changes.

PCG continuously works to improve and evolve our solution. We pride ourselves on the continual evolution of our products. As a SaaS solution, all enhancements become available to existing users through routine software updates. These updates are communicated through a variety of communication channels to make the information available to stakeholders in the format that they are most comfortable with.

PCG has a set of planned maintenance windows to upkeep the EVV System environments and manage the release process for application upgrades. PCG has a monthly application release schedule and four quarterly infrastructure maintenance schedules. Through this process, PCG ensures that our systems are kept current with operating system updates, platform upgrades, and security patches. Most of these updates occur on the backend systems and are not noticeable to software end users accessing the EVV System via web browsers and the mobile application.

PCG routinely employs specific updates to the mobile application to address minor bug fixes, features enhancements, and security updates as needed. Depending on the changes, these updates are achieved by either an auto update or a forced update to ensure all users have the most up-to-date version of the application.

We have a designated team of developers tasked with routine updates, bug fixes, and enhancements as these devices evolve and security standards change.