Increasing the Capacity to Care
Improving the Process of Home Care

California Health and Human Services Agency

RFI #32236
Case Management, Information and Payrolling System (CMIPS) Electronic Visit Verification (EVV)

December 13, 2017
Prepared by:
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www.sandata.com
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December 13, 2017

Albert De Leon
Acquisitions & Contracting Services Division
Office of Systems Integration
solicitations@osi.ca.gov

RE: RFI#32236 Case Management Information, and Payrolling System (CMIPS)
Electronic Visit Verification (EVV)

On behalf of the California Health and Human Services Agency (HHSA), the Office of Systems Integration (OSI) has released this Request for Information (RFI) to explore solutions for a 21st Century Cures Act compliant Electronic Visit Verification™ (EVV™) solution.

Sandata Technologies, ("Sandata") is a national leader in delivering EVV solutions and we worked closely with the sponsors of the initial bill, the Congressional Budget Office, the National Association of Home Care Providers, and the Alzheimer's Foundation to provide input and expert testimony on Electronic Visit Verification. Our expertise is derived from nearly four decades of experience delivering EVV solutions to the home care Provider market, and over nine years of experience delivering EVV solutions to the Payer market. Over the years, we have had the opportunity to work with nine State Medicaid agencies, six Managed Care Organizations (MCOs), and over 3,500 homecare agencies.

In accordance with the requirements in the RFI, we have provided the following information:

   a. Vendor name, address, telephone number and fax number;

   Sandata Technologies, LLC
   26 Harbor Park Drive
   Port Washington, NY 11050
   516.484.4400 (o)
   516.484.6084 (f)
b. Contact information including the name, title, address, phone number, fax number and e-mail address of the vendor's primary contact person for this RFI.

Jamie Richardson  
Vice President, Payer Sales  
26 Harbor Park Drive  
Port Washington, NY 11050  
516.484.4400 x 4163 (o)  
516.484.6084 (f)  
jrichardson@sandata.com

Sandata has a proven track record of implementing and managing successful EVV programs for State and Managed Medicaid Home and Community Based programs across the country. We are very excited for the opportunity to share information regarding our 21st Century Cures Act Compliant Payer EVV solutions as you evaluate and ultimately select the delivery model option that is right for your constituents. We would welcome a meeting with the State to discuss our EVV experience, our recommended approach and to demonstrate our solutions as you prepare for the upcoming Request for Proposal.

Respectfully,

Jamie Richardson  
Vice President, Payer Sales
Vendor Narrative

A narrative describing the following:

a. The vendor’s primary business focus, areas of expertise, certifications and/or credentials relevant to the content of this RFI and experience with similar systems; and

**PRIMARY BUSINESS FOCUS**

Sandata is 100% focused on delivering solutions for the home care industry. Where many of our competitors focus only on single components of the home care and/or government markets, for nearly four decades we have been a company that truly serves ALL home care stakeholders – recipients, providers, state governments and MCOs who administer the programs.

**AREAS OF EXPERTISE**

Sandata has provided solutions for EVV programs in eight (8) states. Our solutions service State Medicaid Agencies as well as eight (8) Medicaid MCOs representing over 3,500+ providers and 1.8M recipients. Sandata has been providing payer EVV solutions for over nine years and EVV solutions for providers for over 23 years. Our payer experience includes the Medicaid EVV programs in the states of Illinois, Rhode Island, Connecticut, Ohio, Texas, Oklahoma, Florida, as well as several Managed Care Organizations including Humana, Inc., Molina Healthcare Inc., Centene – Enterprise, Amerigroup Tennessee, UnitedHealthcare Plan of the River Valley, Blue Care of Tennessee and Visiting Nurse Services of New York.

We believe it is critical to the success of the program for OSI to select a vendor who not only has a deep understanding of the services required, but one who has demonstrated experience and has delivered positive outcomes with similar programs. Unlike other EVV vendors in the market, Sandata has proven experience contracting and delivering systems to complex Medicaid programs aimed at providing services to persons with disabilities, seniors, and others who use home and community based services from both a Home Care Agency perspective as well as a Consumer-Directed view. Most importantly,

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**Our consumer directed time capture program today in Illinois serves:**

- **22,000 recipients**
- **40,000 providers**
- **200 state employees**

*Each year we verify over 7,000,000 visits. Each payroll cycle we generate timesheets for over 40,000 direct care providers representing $21 million dollars a month in payroll.*
Sandata has deployed a consumer directed EVV solution in Illinois that will be similar to what the In-Home Supportive Services (IHSS) program will require. The Illinois program delivers a time capture solution for 22,000 consumers statewide. Sandata fully understands the services required, and has the experience and technical capacity to implement and maintain the HHSA EVV program.

**Certifications/Credentials**

Sandata has been acknowledged in the industry for our expertise and innovation. In February 2017, Sandata was recognized by CIOReview Magazine as illustrated in the text box.

Our commitment to information security has been recognized through independent certification. Sandata’s solutions are built, delivered and managed based on industry best practices and standards including NIST, W3C, Sarbanes Oxley (SOX), ISO 17799, FFIEC, HIPAA and HITRUST. Our **systems are SSAE 16 SOC 1 Type 2 certified** underscoring our commitment to proper procedures relating to information security.

Sandata is currently supporting a state in its Centers for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) Certification as part of a statewide, payer contract and we expect to have Phase 1 completed by spring of 2018. Sandata will be the first EVV vendor in the country to achieve CMS MITA certification.

**Experience**

Sandata has been nationally recognized for our experience and outcomes delivering EVV programs. In 2011 Sandata’s EVV program was cited by the Medicaid Strike Force for our savings impacts in our Florida EVV program. Since that initial study, Sandata has been recognized by several additional states as well as by the Congressional Budget Office for our ability to drive savings and reduce fraud, waste and abuse.

In our consumer direct care program in Illinois, DHS has used the EVV data to support more accurate payment for employees as well investigations into inaccurate timekeeping.

Using Sandata’s EVV solution set the State of Florida saved over $22 million in Miami-Dade County alone and cut home care expenditures by nearly 50% in the first year of the program.

Florida Medicaid Strike Force Reports (2011 and 2012)
allegations. Illinois DHS has also been able to reduce the number of payroll cycles each month from four (4) to two (2) due to increased efficiencies from electronic visit verification.

Please refer to Attachment 1, Sandata Experience and Outcomes for additional details.

b. The vendor’s experience doing business with the State of California.

Sandata has spent time with California Medicaid officials, managed care plans and multiple stakeholders to support the evaluation and policy associated with EVV over the past four years. We have a strong relationship with the current CMIPS vendor and a clear understanding of the technology integrations and challenges facing a statewide EVV program. The size and scale of the California program requires your selected EVV vendor to be tightly integrated with the CMIPS system.

Additional Recommendations

*Any additional recommendations that the vendor determines are relevant to EVV.*

As OSI evaluates the RFI responses, we would encourage you to focus on the following aspects of an EVV program as you shape your RFP. Key requirements should include:

- **State Medicaid EVV Experience:** Since the 21st Century Cures Act passed in 2016 there have been many new EVV vendors entering the market. These vendors are light on experience launching state Medicaid programs, and many are unfamiliar with common Medicaid requirements including the APD process, legislative support, and the political realities involved in launching a large complex program. We would encourage OSI to set a minimum of three years of state EVV Medicaid payer experience required for bidders.

- **Consumer Directed Support Experience:** The California IHSS program is the largest consumer directed care program in the country. It is well established, and supported by complex integrations with the CMIPS solution. As a vendor who has experience delivering EVV solutions for both provider agency and consumer directed care, OSI can benefit from Sandata’s experience in understanding there are very important and significant differences in the technology, support, implementation, and ongoing support requirements. It will be important for OSI to ensure the selected EVV vendor from the RFP brings a minimum of three years Consumer Directed EVV experience in order to help ensure program success.
**Size and Scale:** The size of the California program will challenge every EVV vendor in the industry today. Sandata is the single largest EVV vendor, and we know that in order to support California we will need to make investments to increase our size and capacity. OSI should include detailed questions on the capacity and infrastructure of the EVV vendor in your RFP.

## Response to Attachment A

1. **Describe how your company delivers this type of electronic verification solution or service in similar Medicare and Medicaid settings, or other similar health care settings for consumer directed personal care and/or home care service delivery. Include a description of the population characteristics of individuals currently served by your system(s) and include the number of members.**

Sandata’s approach to EVV includes a highly configurable solution that is tailored for each of our payer clients to ensure our program matches and supports your current policies. Our approach combines unmatched industry and Medicaid expertise with state of the art solutions.

Key elements of our Santrax EVV solution deployed across our contracts today include:

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Santrax Electronic Visit Verification</strong></td>
<td>Multiple visit verification capabilities, including mobile application, telephonic, and fixed device verification.</td>
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<tr>
<td><strong>Santrax Provider Agency EVV Portal</strong></td>
<td>Web based provider portal for provider agencies to review and make corrections to visit data.</td>
</tr>
<tr>
<td><strong>Santrax Provider Portal – Billing</strong></td>
<td>EVV Billing module—claims validation and 837 creation-- results in the greatest reduction in fraud, waste and abuse, ensuring only claims that have been properly verified are submitted for payment.</td>
</tr>
<tr>
<td><strong>Santrax Provider Portal – Scheduling</strong></td>
<td>Scheduling module allows for quality monitoring of care delivery, alerts for late/missed visits, etc.</td>
</tr>
<tr>
<td><strong>Santrax Consumer Directed EVV solution</strong></td>
<td>Specific for Consumer directed programs and includes EVV portals for consumers, caregivers, and the fiscal agent.</td>
</tr>
<tr>
<td><strong>Santrax Jurisdictional View (JV) Portal</strong></td>
<td>Read only portal for the state or additional stakeholders to review and report on EVV program information.</td>
</tr>
</tbody>
</table>
### Module Description

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santrax Aggregator</td>
<td>Allows provider agencies to use and pay for their own third party EVV systems, while integrating all third party EVV data for view and reporting by the payer. Data in the Aggregator is normalized across all EVV vendors to provide an accurate view of visit verification, regardless of source system.</td>
</tr>
</tbody>
</table>

Table 1 provides a short summary of our EVV experience, including the total number of providers/recipients served.

**Table 1: Sandata’s unmatched EVV experience ensures HHSA will have a successful program launch.**

<table>
<thead>
<tr>
<th>Client</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Department of Health and Human Services</td>
<td>EVV program serves 22,600 self-directed recipients and 23,250 caregivers and the state acts as the co-employer responsible for payroll services.</td>
</tr>
<tr>
<td>State of Ohio Department of Medicaid</td>
<td>Will launch in January of 2018. Program will serve 51,000 recipients and 7,100 providers including an independent provider model where the provider directly bills the state without a direct association with a provider agency. They are currently expanding program to additional members and will include their consumer direct lives.</td>
</tr>
<tr>
<td>State of Rhode Island Executive Office of Health and Human Services</td>
<td>EVV program covers 10,800 recipients and 50 providers including unskilled services and self-directed recipients.</td>
</tr>
<tr>
<td>State of Connecticut Department of Social Services</td>
<td>Over 27,000 recipients and nearly 300 agencies served including skilled, unskilled and self-directed recipients.</td>
</tr>
<tr>
<td>Florida Agency for Health Care Administration</td>
<td>EVV services used by nearly 800 individual provider agencies servicing nearly 35,000 recipients.</td>
</tr>
<tr>
<td>Oklahoma Department of Human Services</td>
<td>EVV program served approximately 90 HCBS provider agencies and 23,000+ Medicaid recipients.</td>
</tr>
<tr>
<td>State of Texas Department of Aging and Disability Services</td>
<td>Statewide program serves 900 providers and over 77,000 recipients.</td>
</tr>
<tr>
<td>Sunshine State Health Plan</td>
<td>Managed Long-Term Care and Managed Medical Assistance home and community based programs - combined, these programs serve 4,300 recipients receiving home based services) and 240+ provider agencies. Sandata also holds an enterprise level contract with Sunshine Health’s parent company Centene.</td>
</tr>
<tr>
<td>Amerigroup Florida</td>
<td>Managed Medical Assistance program served an estimated 50,000 members and 120 providers.</td>
</tr>
<tr>
<td>Humana, Inc.</td>
<td>Pilot launched Summer, 2016; Full launch expected to be completed Summer 2017 serving 5,000 Care Managers, 1,500 Home Health Aides and 1,000 Registered Nurses.</td>
</tr>
</tbody>
</table>
2. Provide a detailed description of the EVV System.

Based on our understanding of the structure as provided in this RFI, California Department of Social Services (CDSS) is responsible for oversight of the IHSS program. IHSS uses the CMIPS technology to manage all of the major functions of program delivery (case management, payroll, etc.). Within IHSS there are two major models of care delivery 1) Individual Provider Model and 2) Agency Provider Model. See Figure 1.

![Figure 1: A view of the CDSS management of the IHSS Program.](image)

The Department of Health Care Services (DHCS) is responsible for oversight of the Waiver Personal Care Services (WPCS) and other HCBS Waiver programs. The WPCS Waivers use the CMIPS technology to manage all of the major functions of program delivery (case management, payroll, etc.). The other HCBS Waivers are not connected to CMIPS at this time. Within WPCS there are two major models of care delivery 1) Individual Provider Model and 2) Agency Provider Model. Within the other HCBS Waivers the primary model of care delivery is the Agency Provider Model. See Figure 2.
As we reviewed the requirements of this RFI, Sandata has approached our solution design for EVV with the intent to support the following types of users as defined:

- **Individual Providers** – providers employed directly by the Recipient; CMIPS processes the payroll for these providers;
- **Agency Providers** – Agency Provider back office staff and caregivers employed by commercial agencies who manage their work, process payroll and issue paychecks; and
- **Jurisdictional View Users** – Users who require access to EVV data for oversight over an individual program or the entire EVV landscape. These users may include HHSA, CDSS, county case managers, program integrity, and any impacted fiscal intermediary.

**NOTE:** Where individual providers access to the CMIPS IHSS portal, we have assumed those users will continue to have access to and use the CMIPS IHSS portal as they do today (i.e. Option 1 in the RFI). In order to support EVV, CMIPS will need to be enhanced to accommodate the new EVV data requirements and the CMIPS IHSS portal will need to be enhanced as well.

**INDIVIDUAL PROVIDER MODEL OVERVIEW**

Our Individual Provider Model is aligned with Option 1, Leverage IHSS Portal for Individual Provider Model as described on page 11 of the RFI. Please refer to Figure 3, below.

**Option 1. Leverage IHSS Portal for Individual Provider Model.** For the Individual Provider model, the EVV solution or service could leverage existing IHSS Portal components for the ETS or TTS. When the Provider works for the Recipient, the EVV...
would automatically collect data for hours worked and record services provided; the Provider would no longer have to submit a timesheet to CMIPS. Instead, the EVV could automatically send time reporting information to CMIPS through a data interface. The Individual Provider could review and correct hours worked through existing IHSS Portal using a slightly modified version of the ETS which many Providers are accustomed to using. The Recipient could approve the time worked using the existing ETS or TTS, which many Recipients are also already using. The Recipient and Provider could then use the IHSS Portal anytime to check the number of hours automatically collected by EVV. The IHSS Portal could be further modified to automatically notify the Provider when they are close to claiming the full authorized service hours and approved overtime hours to help avoid payroll exceptions and overtime violations. CMIPS could process the payroll and report Medi-Cal claims as it does today. The State would decommission the existing TPF as paper timesheets would no longer be needed and would be phased out.

Our proposed solution for Individual Provider Model includes the following capabilities:

**Santrax Electronic Visit Verification:** Individual Providers will use the Santrax EVV solution, which includes telephonic, mobile, and fixed visit verification, to capture Cures compliant visit data, including Recipient, individual provider, service, call in, call out, and location. Sandata recommends a “Bring your Own Device and Data Plan” model where individual providers are responsible for providing their own mobile devices.

**Santrax Rules Engine:** Sandata will leverage our extensive EVV business rules and expertise to confirm that all the visit data that is required for cures compliance and the CDSS program is completed for each visit. Business rules will also identify if there needs to be updates or revision to the visit data. All
updated visit data is then passed to the CMIPS solution and viewable via the IHSS portal.

- **Data Integration:** We recommend that all EVV data be fully integrated into the CMIPS system to support EVV program reporting by impacted payer stakeholders, including HHSA, CDSS, county case managers, program integrity, and CMIPS Vendor. Through the IHSS portal, Recipients and Individual Providers can access the EVV data stored in CMIPS to manage the program.

With this configuration, HHSA achieves the goal of connecting EVV to the CMIPS IHSS portal, while minimizing the changes needed to the established workflows familiar to the Individual Providers and Recipients today. In order for this model to be successful, it will be important for Sandata and the CMIPS vendor to have a strong working relationship, and Sandata has relationships with all the vendors that are involved in the CMIPS system.

**AGENCY PROVIDER MODEL OVERVIEW**

Agency Providers provide support to all of the programs offered in California today, and we are proposing Option 3 as described in the RFI. See Figure 4.

**Option 3. Agency Provider Model.** The Agency Provider is managed by a commercial agency that hires the employee and arranges for the Provider to work for the Recipient. When the Provider works for the Recipient, the EVV solution or service could automatically collect hours worked and perform payroll processing on behalf of the commercial agency. The EVV could provide invoice/claim information to the DHCS’s FI or the county. All commercial agencies could be required to use the EVV system(s) chosen by the State.

**Figure 4. Sandata’s Agency Provider offering gives providers the tools they need to document visits and make any necessary corrections via an ADA Section 508 compliant portal.**
For all of the programs using Agency Providers, the Agency Providers will use the following Sandata solution modules:

- **Santrax EVV**: Caregivers, employed by an Agency Provider, will use our Santrax EVV solution, which includes telephonic and mobile visit verification. Sandata recommends a “Bring your Own Device and Data Plan” model where the individual caregivers are responsible for using their own devices and data plans for use with Mobile Visit Verification application.

- **Santrax Provider Portal**: Agency Providers will access our Software as a Service (SaaS) web based provider portal to review and make corrections to visit data collected at the point of care. The Santrax Provider portal receives all EVV data in real time and flags any visits with missing data so the provider can quickly and easily make corrections.

- **Data Integration**: All data captured at the point of care will be sent to the local county or the fiscal intermediary depending on the individual program requirements. Sandata will work together with the appropriate parties to develop the data integrations.

**Optional Santrax EVV Aggregator**

The Open EVV Environment™ is Sandata's latest EVV solution offering that allows providers to continue to use their third party EVV systems if preferred, and integrates both Sandata and third party EVV data into our EVV Aggregator module. As OSI refines your requirements for EVV, Sandata encourages you to consider allowing Agency Providers who already have an EVV system to be able to continue using that system, rather than having to switch to another system.

The benefit of this model is that providers have the option to use their existing EVV solutions without disruption. This model offers extensive processes to support the integration of EVV data from third parties as well as integration back to provider AR systems. As an option, the Open EVV Environment can also accommodate third-party scheduling and billing systems by importing schedules from third parties into Sandata EVV and exporting completed visits back to the agency management system to complete the claims submission loop. See Figure 5.
Figure 5. Sandata’s EVV Aggregator allows the most flexibility for providers and the least amount of disruption for agencies and caregivers.

Our solution creates the Open EVV Environment™, offering the greatest flexibility for all stakeholders. By aggregating data into a common system, common challenges to EVV programs are eliminated by offering provider choice in how they implement EVV. Providers have the option to use the payer selected EVV solution at no cost, or providers can continue using their own EVV solution. Our EVV platform integrates data across all vendors into a powerful, holistic system. This concept is currently being implemented in Ohio, with an expected go live of early 2018.

With third party EVV data aggregation:
- Payers have control over program rules, maximum visibility and oversight;
- Providers have maximum flexibility to use systems that meet their business needs; and
- Recipients are engaged and care is optimized.

The Agency Provider EVV solution is most commonly used in current Sandata state EVV programs and with over 3,500 providers using our solution today.

With Sandata’s approach, HHSA achieves the goal of connecting EVV to the CMIPS solution and or the county/fiscal intermediary, and it offers the providers a quick and easy solution to support all of the EVV requirements. In order for
this model to be successful, it will be important for Sandata, the CMIPS vendor, the counties and the fiscal intermediary to work together to ensure the new EVV data is captured and delivered to all of the appropriate stakeholders.

**JURISDICTIONAL VIEW**

As EVV data is collected across of the different programs, Sandata offers our Santrax Jurisdictional View to support oversight and monitoring. The Jurisdictional View is designed to allow each stakeholder to access only the data they are allowed to see in accordance with HIPAA requirements. User views would be available for all of the following:

- HHSA:
- DHCS;
- CDSS;
- Waiver Programs;
- Fiscal Intermediary;
- County Users; and
- Program Integrity team, etc.

**Summary**

In summary, the proposed EVV solution includes multiple methods of visit verification at the point of care for all caregivers. Depending on the model, visit data will be viewed and corrected either through IHSS Portal or the Santrax Provider Portal, and data integration will ensure CMIPS and the fiscal intermediary have all required data. This approach leverages the existing processes, and adds the required EVV elements in a way that does not diminish the rights of individuals to live independently in their own homes and community.

*a. 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 telephones, cell phones, in-home fixed device, tablet, internet, GPS).*

**DEVICES**

This proposal assumes a Bring Your Own Device Model, where the Individual Providers and Agency Providers are responsible for devices and data plan costs. Sandata also offers the option of device and data plan procurement and provisioning and has that experience in certain state EVV programs. Additional information and pricing is available upon request.
**METHODS OF DATA COLLECTION**

As described in our solution review above, there are two major components of the Santrax solution that will be implemented:

- Santrax Electronic Visit Verification; and
- Santrax Provider Portal.

**Electronic Visit Verification - Assured Coverage™**

Sandata’s Assured Coverage leverages multiple technologies to ensure visit verification is occurring at the point of care. All Assured Coverage methods record 21st Century Cures Act required data.

- **Mobile Visit Verification™** ("MVV") – a mobile application available for iOS or Android.

- **Telephonic Visit Verification™** ("TVV™") – Automatic Number Identification ("ANI") technology is used to validate telephone calls from the Recipient’s identified phone number(s) to record visit data.

- **Fixed Visit Verification™** ("FVV™") – patented technology to verify visits when no telephonic or mobile visit verification is available.

We cannot emphasize enough the importance of selecting an EVV vendor that offers multiple visit verification methods. In our experience, this is important, not only for overall visit scenarios, such as no Recipient landline or rural geography, but within a single visit itself. Caregivers prefer the flexibility of interchangeable input options during a single visit, for example, the ability to check in using telephonic visit verification and checking out using the mobile application.

**Santrax Mobile Visit Verification**

Santrax® Mobile Visit Verification uses GPS technology, verifying caregiver location and visits via GPS enabled devices (smart phones). See Figure 6. As an innovator for the homecare industry, Sandata’s MVV solution was first introduced to the general market over four years ago, and we are now
delivering our 3rd generation mobile solution. MVV features and functionality that are available include:

- Mobile visit verification;
- Check in / check out;
- GPS based location verification against multiple Recipient addresses;
- Provider notes;
- Recipient validation of service and visit (optional).

Our MVV application supports ADA compliance in a variety of ways including, but not limited to, a zoomed feature and large text when the accessibility feature is enabled in the Settings menu, and support for a number of off-the-shelf headphones and speaker devices to support the visually impaired, etc.

It is important to note that Sandata’s MVV application will record visits even when cellular and satellite connections are not available, i.e. rural areas of the state. As the caregiver starts the visit, the device captures the date, time and GPS coordinates of the visit. The device does not need to be connected to obtain this data. Once a cellular connection is available, the visit information, including GPS coordinates, is transmitted to the appropriate end point (CMIPS or the Santrax Provider Portal). Service providers can also safely use readily available free Wi-Fi systems to transmit EVV data as all data is securely encrypted.

**Santrax Telephonic Visit Verification**

Santrax Telephonic Visit Verification offers a 24/7 telephony solution, as a back up to MVV. The caregiver dials a United States based toll free number to verify the visit data.

**Santrax Fixed Visit Verification**

For use when TVV and MVV are not available, Providers can request an FVV device for a Recipient. Sandata will apply our standard registration process which uniquely assigns the device which will then be installed in the home or service location by the provider.
A description of how each input method confirms the identity of Providers and Recipients can be found in our response to 1.c.

**Santrax Provider Portal**

Agency Providers will have access to the Santrax EVV Provider Portal. The EVV Provider Portal is a web based administrative tool for Provider Agencies to monitor and manage all EVV activity. Each Provider is set up with a portal that is configured based on individual program rules. EVV portal users are established in the system with a distinct set of privileges limited through role-based access. Authorized users can view visits, address exceptions, edit information and ensure each visit has been properly verified.

The Santrax Provider Portal include a comprehensive suite of standard EVV reports based on the role based security and the program requirements. Standard reporting can be generated daily as well as for a specific date range. All Provider Agency reporting is available on-demand and reports can be printed or downloaded electronically in .PDF, Excel, and .CSV formats.

**OPTIONAL COMPONENTS FOR PROVIDER AGENCY MODEL**

For Agency Providers who do not have an electronic Agency Management system, Sandata can offer additional capabilities such as scheduling and billing.

**Scheduling Module**

Santrax Scheduling helps Agency Providers schedule and route staff to deliver care as needed. Features include matching schedules to authorizations (if available) to ensure care is delivered in accordance with the care plan. Scheduling also includes no show alert capabilities, to help ensure Recipients are receiving care in a timely fashion.

**Billing Module**

Santrax Billing helps Agency Providers submit claims; ensuring only claims that have been properly verified are submitted for payment. For California, claims can be configured to transmit to the local county agency or fiscal intermediary as appropriate.
# Technology/Infrastructure Requirements

The following table summarizes the technology requirements for each component of our proposed solutions by user.

<table>
<thead>
<tr>
<th>Santrax Solution Component</th>
<th>Technology Requirements</th>
<th>User</th>
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</thead>
<tbody>
<tr>
<td><strong>Santrax MVV</strong></td>
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<tr>
<td></td>
<td>Caregiver Smart Phone (iOS or Android)</td>
<td>Caregivers</td>
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<td></td>
<td>Caregiver Data Plan</td>
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<td></td>
<td><strong>Hardware Requirements</strong></td>
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<td></td>
<td><strong>Mobile Devices Requirements:</strong></td>
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<tr>
<td></td>
<td>• Android Smart Phone (4.4 or higher) (Recommended); or</td>
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<td></td>
<td>• iOS (9 or higher) (Recommended).</td>
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<td></td>
<td><strong>Mobile Hardware Requirements:</strong></td>
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<tr>
<td></td>
<td>• Processor: 1GHz or higher;</td>
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<td></td>
<td>• Disk Space: ~200Mb;</td>
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<td></td>
<td>• Display: Smartphone: 480 x 800;</td>
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<td></td>
<td>• Built in GPS; and</td>
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<td></td>
<td>• Internet Connection: Required for syncing or for running in connected mode. 3G, 4G preferred or WI-FI or higher is sufficient.</td>
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<tr>
<td><strong>Santrax TVV</strong></td>
<td>Recipient landline; and/or Cell phones, based on program rules.</td>
<td>Caregivers</td>
</tr>
<tr>
<td><strong>Santrax FVV</strong></td>
<td>Device (provided by Sandata) Telephone (does not need to be Recipient telephone)</td>
<td>Caregivers</td>
</tr>
<tr>
<td><strong>Santrax Provider Portal</strong></td>
<td>Hardware / Software Requirements</td>
<td>Agency Provider Office Staff</td>
</tr>
<tr>
<td></td>
<td>• Browser: Latest two versions of Internet Explorer (IE), FireFox;</td>
<td></td>
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<tr>
<td></td>
<td>• RAM: 2GB Windows</td>
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<tr>
<td>Santrax Solution Component</td>
<td>Technology Requirements</td>
<td>User</td>
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<td>7/8/10;</td>
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<td>• Hard Disk: 1GB free</td>
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<td>hard disk space</td>
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<td>(minimum);</td>
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<td>• Video Card: Supports</td>
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<td>higher;</td>
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<td></td>
<td>• Processor: Pentium 4</td>
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<td></td>
<td>(2GHz) or better;</td>
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<td>• Internet</td>
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<td>Connection: High</td>
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<td>Reporting</td>
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<td>− JAWS version 18</td>
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<td>accessibility</td>
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Sandata hosts the Santrax Provider Portal on our private cloud.

b. **Describe how your EVV solution could meet challenges inherent to California. Include challenges specific to the 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.**

Any technology vendor providing solutions for California must face several common challenges including size, scale, and the consumer-directed care program model. Sandata approaches the challenges of size and scale by following many of the best practices established under the Medicaid program today. For example, California has had a positive experience introducing new technology by starting with a pilot program and then rolling out new solutions on a county by county basis. This is our preferred approach as it will allow all of the stakeholders time to become familiar with EVV, and it will allow time to incorporate stakeholder feedback into the overall approach prior to a statewide deployment. A phased roll out will help with scaling the program, leveraging training staff on a county by county basis to ensure program success. From an infrastructure perspective, Sandata is very experienced in rolling out large programs that materially increase the size of
our installed base. For example, when we deployed our solution statewide in Texas we used a regional roll out approach and we measured utilization closely so that we could expand server arrays, etc. when we reached 70% capacity on any given system.

Sandata is working closely with CMS as regulatory guidance is being developed for consumer-directed programs where the provider is a family member and/or lives in the household with the Recipient. We currently serve one of the largest self-directed programs in the country with our contract with the state of Illinois where we also gained experience in working with the Service Employees International Union (SEIU) for a successful program deployment. During that implementation, we worked very closely with state personnel, the SEIU, and stakeholder representatives from the Recipient and caregiver community to ensure the EVV technology aligned with all policy requirements and regulatory guidance.

c. **Security features of the system that confirms the identity of both the Providers and Recipients and how that data is kept secure.**

Sandata’s EVV solution is a secure, HIPAA-compliant offering that confirms the identity of the Providers and Recipients via our multiple, point-of-care EVV input options.

**IDENTIFY CONFIRMATION**

**Mobile Visit Verification**

With MVV, caregivers access Sandata’s mobile application on their own device via a unique user ID and password. Once the caregiver logs in, they select the Recipient using search criteria or by manually entering required Recipient information (First/Last Name, Unique ID, etc.). In a connected mode, once the visit is started, the member data, caregiver data, and GPS coordinates are transmitted to the Santrax EVV system. If the device is operating in a disconnected mode, this information is stored in a local encrypted database and transmitted as soon as the device is connected. The Santrax EVV system automatically checks each data element recorded at the point of care against Recipient and caregiver data files. This process validates the identity of the Recipient and caregiver, and it flags any exceptions for further review. At the end of the visit, the process repeats for the caregiver to clock out. For Agency Providers, all of the validation checks are displayed in the Santrax EVV Portal. For the Individual Provider Model,
Sandata anticipates validation checks would be displayed in the CMIPS system.

**Telephonic Visit Verification**

TVV follows a similar process at the point of care. The caregiver dials a toll free number and enters their unique ID. The system uses Automatic Number Identification (ANI) technology to validate the location where the call originates. ANI is similar to caller-ID but cannot be blocked by the user. The number called from, the call time, and the Recipient and caregiver IDs are captured on each call. If the number called from does not match to a pre-loaded and acceptable phone number for the Recipient, it is automatically flagged as a visit exception. At the end of the visit the caregiver repeats the process. The EVV system can store multiple phone numbers and locations for the member. This allows visit verification to occur should a member receive services at multiple locations.

**Fixed Visit Verification**

Upon arrival at the Recipient’s location, the Provider will push the FVV button once to generate a random number on the FVV screen. At the conclusion of the visit, the direct service worker will push the FVV button again, generating a second random code. The Provider can use any phone (landline or cell phone) at a later time to call in the visit, using the two codes to represent time in and time out any time up to seven days from the original date of service. The caregiver uses their unique identifier to record their identity, and they enter a different unique identifier to record the Recipient identity. Since the device is intended to remain at the Recipient’s approved service location, only services delivered from that location can be verified.

**Optional Santrax ID**

Santrax ID is our next generation solution for identity validation. Santrax ID uses facial recognition technologies provided by Idemia to record and validate the identity of the caregiver and the Recipient. In order to check in or out for a visit, a caregiver takes a self-photograph and Santrax ID conducts a real-time facial biometric analysis in real-time. The process is repeated for the Recipient. Visits where the identity validation did not pass are flagged as exceptions for further review. Additional information on Santrax ID is available upon request.
**DATA SECURITY**

We securely handle and store sensitive Recipient and provider information in accordance with Sandata’s internal Security and Privacy Policies in compliance with HIPAA requirements, including the relevant HITECH amendments. Sandata’s risk assessment process helps identify and manage risks that could affect the ability to provide reliable services to our customers. This process includes the completion of an annual third party risk assessment. We contract with an independent third party to conduct a thorough and fair assessment to evaluate the suitability of the design and operating effectiveness of Sandata’s security controls. Sandata has successfully completed a Type 2 SSAE 16 security assessment from a third-party evaluator annually – most recently in 2017. Through this external review process, a thorough, complete and successful evaluation of Sandata’s application security, infrastructure security, physical and data center security and data protection policies serve as evidence of our ability to maintain security, privacy and confidentiality of data from the customers we serve.

d. **Data collection, including information identified in this RFI paragraph 5, Proposed Solution.**

Our solution is 100% compliant with 21st Century Cures Act and meets all data collection requirements outlined in paragraph 5, Proposed Solution. We have provided responses to each item on page 11 and 12 below.

1. **Capture all data elements necessary to verify a visit**

   Our proposed solution captures all data elements necessary to verify a visit including:
   
   - The date of service
   - The start and end times of the service
   - The type of service performed
   - The individual receiving the service
   - The individual providing the services
   - Location of the service delivery.

   Visit verification is available via mobile, telephonic or fixed device, providing assured coverage at every visit.

2. **Track time in hours and minutes**

   Our proposed EVV system tracks time in hour and minute increments.
3. **Track other types of information such as paid time off, sick leave, and travel time between Recipients**

All of our visit verification options also allow providers to document travel time between Recipients. We are currently evaluating the California requirements to track paid time off and sick time as incremental features on our visit verification technologies and will be able to support the final travel time requirements specified in the eventual EVV RFP.

4. **Be minimally burdensome per section 12006 of Public Law 114-255**

Sandata worked with congressional legislators as they crafted section 12006. Sandata was asked to consult with the sponsors of the 21st Century Cures Act (focusing on the EVV mandate component), the Congressional Budget Office, the Energy and Commerce Committee, and congressional representatives to provide input and expert testimony on EVV. Our solution is completely aligned with the federal requirements to be minimally burdensome.

5. **Be user friendly with basic literacy levels**

Sandata’s EVV solutions (particularly at the point of care) are designed with basic literacy levels as part of our overall user interface standards.

6. **Be accessible to individuals with disabilities**

Sandata aligns and incorporates industry standards, including accessibility standards established under section 508C of the Rehabilitation Act. For accessibility we perform testing specific to ADA Section 508 and are familiar with submission of the VPAT as part of other state contracts.

7. **Accommodate multiple programs with varying lists of services**

- Permit Recipients to be linked to multiple programs and Providers
- Permit Providers to be linked to multiple programs and Recipients

All of these scenarios are very common in Medicaid HCBS programs and our solution accommodates all of the scenarios today.
8. **Allow for review and signature/approval of both the Provider and Recipient**

Sandata’s mobile and telephonic visit verification allows for review and signature/approval of every visit at the point of care. We would recommend that any approvals gathered at the point of care for Individual Provider be automatically updated as approved for consumer direct programs and that approval be sent to the CMIPS solution such that the IHSS portal would display the visit as approved.

Recipients who receive services via an Agency Provider can use multiple tools to approve visit information including a signature via the mobile app or a voice recording using TVV. Our Santrax Provider Portal automatically updates the visit status to “approved” once the point of care approval is received.

9. **Provide multiple devices/methods for Provider check in/out**

Sandata offers multiple methods for Provider check in/out including mobile visit verification, telephonic visit verification and fixed visit verification methodologies.

10. **Allow Providers to modify or “fix” information (e.g., if they forget to check in/out)**

As described above, Sandata is recommending Option 1 (Leverage data in CMIPS) for individual providers and Recipients to fix information and review visit data using the IHSS portal.

The Santrax Provider Agency Portal allows provider office staff to review and make any needed corrections.

11. **Provide real time prompts in multiple languages (e.g., a Provider enters time worked that exceeds the weekly maximum time allowed and the system prompts them with a notification that the entry they are making exceeds the weekly maximum)**

Sandata has highly configurable alert capabilities that support these types of scenarios. Our point-of-care solutions are available in multiple languages to support end users. It is important to note that in all instances in order for an alert to be created, there is a requirement for data to support the alert process. For example, in order to provide an alert that the provider has worked in excess of a
weekly maximum, each program would need to provide Sandata with a data feed of the allowable maximum time by Recipient.

12. Provide alerts (e.g., when a Recipient hasn’t received services for specified time periods)

Sandata has alerts and reporting to measure how Recipient care delivery is aligned with authorized services. In order to support these types of alerts and reports, each California program would need to provide data to support the comparison of expected services within the time frame.

13. Create a file and interface with the current CMIPS system and Regional Center Provider system, including payroll and IHSS Portal or offer another solution in lieu of interfacing with the CMIPS

Sandata is experienced in creating and supporting file interfaces in a variety of formats, frequencies, etc. to support program needs. As part of the RFP process, we recommend creating a list of the required interfaces and if possible including standard data specifications for vendor review.

14. Track status of timesheet payment processing

Today timesheet payment processing occurs either in CMIPS or at the Provider Agency payroll solution. We would recommend that timesheet status be tracked as it is currently done today rather than incorporating timesheet payment processing into the EVV solution.

15. Produce reports of all information captured

Our proposed solution offers standard reporting as well as full data extract of all visit verification data.

16. Flexible system that easily accommodates policy change.

As an experienced Medicaid EVV vendor, we have developed all of our solutions to be flexible and highly configurable. As policy changes are identified, we follow a standard change management process.

e. Features that address the requirement that allows Providers to modify or “fix” information (i.e., if they forget to check in/out).
All visit information is gathered at the point of care and automatically transmitted either to the Santrax Provider Portal or to the CMIPS system. Visits with missing or incorrect data are flagged for review and correction. The Santrax Provider Portal tracks all visit data modifications and provides a complete audit trail of any changes.

f. **Features that confirm to the concept of being minimally burdensome.**

All of our point-of-care solutions are designed to be minimally burdensome. The average check in time is less than 20 seconds. Visit check out times vary depending on the features implemented including whether Recipient signature is used but in general last less than a minute. It is a primary part of our mission statement as a company to ensure all of our solutions support the efficient and accurate delivery of care.

g. **Features 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.**

All the Santrax portals are ADA Section 508 compliant and include:

- Text equivalents for images, audio, and other forms of multimedia;
- Time-based media including audio, video and captioning for hard of hearing populations where applicable;
- Content that can be presented in different ways to accommodate meaningful sequence;
- Distinguishable content through use of color, context or markup, and audio control to make it easier for users to see and hear content;
- Keyboard accessible functionality;
- Enough/extended time for users to read and use content;
- Easy navigation to find content;
- Content that is readable and understandable;
- Predictability in how web pages appear and operate;
- Input assistance to help users avoid and correct mistakes; and
- Compatibility with assistive technologies such as Jaws Readers, etc.

h. **Features of the system that address the needs of special populations that cannot be near electronic devices.**

Sandata’s telephonic visit verification is commonly used for populations who cannot be near mobile devices. Today, California is deploying a mobile solution to allow providers and Recipients to review data in CMIPS. We
would anticipate following similar guidelines as established with the current program to support those special populations that cannot be near electronic devices.

i. **Features of the system that address the provision of EVV in rural areas where technology infrastructure may be limited or unavailable.**

It is important to note that Sandata’s MVV application will record visits even when cellular and satellite connections are not available, i.e. rural areas of the state. As the caregiver starts the visit, the device captures the date, time and GPS coordinates of the visit. The device does not need to be connected to obtain this data. Once a cellular connection is available, the visit information, including GPS coordinates, is transmitted to the provider’s EVV system. Service providers can also safely use readily available free Wi-Fi systems to transmit EVV data as all data is securely encrypted.

TVV and FVV is an alternate as well for those in rural areas where cellular infrastructure may be limited or unavailable.

j. **Additional features the system offers outside of EVV.**

In addition to the core capabilities addressed in this RFI, Sandata offers incremental features and functionality including non-clinical assessments, task and service prompting, and broadcast messaging to caregivers. Pricing and additional requirements for use of these features is available upon request.

k. **Service level metrics including system availability and system capacity.**

Sandata offers the following service level metrics:

- Uptime service level standard is 99.9%.

- Table 2 outlines our Customer Care Technical Help Desk Service Level Standards for the initial response time.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
<th>Service Level</th>
</tr>
</thead>
</table>
| 1 – Critical* | Issues (defined as client cannot operate a core piece of their business due to a deficiency/defect with no reasonable workaround). Example: System down. | • Response within 30 minutes  
• Progress reports every 4 hours then daily as the investigation |
<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
<th>Service Level</th>
</tr>
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</table>
| 2 – High/Major | Issues (defined as customer/Agency operations are impacted, slowed or hampered by deficiency/defect, but there is a viable workaround allowing client to continue using product). Example: Issue affecting day to day workflow and the workaround may be inconvenient or have a significant impact of time to the client. | • Response within 1 business day  
• Daily updates then weekly as the investigation continues. |
| 3 – Low/Minor | Issues (defined as deficiency/defect that impacts customer/Agency’s ability to use the product but there is a viable workaround allowing client to use product without material impact to efficiency or quality). Example: Investigation request. | • Response within 1 week.  
• Monthly updates |
| 4 –Enhancements | Product works as designed, enhancement would improve efficiency or quality | • Follow up monthly |

*During normal business hours, all issues/requests are assigned a ticket immediately.

Sandata is prepared to work with CMIPS and others to ensure a California specific strategy for our EVV help desk support to ensure that all EVV users have support to successfully use the system.

1. **Contingency plans for system outages or unavailability.**

Sandata has proven Disaster Recovery and Business Continuity plans and procedures. These processes were tested and proven in recent years via several natural disasters including Superstorm Sandy, and Hurricane Irene – both of which impacted our primary data center. In both instances we continued operation without disruption to any of our customers.

Sandata has proven backup and recovery process to ensure stakeholder access and a reliable platform for continuously collecting and transmitting data without disruption of service. Sandata’s systems employ high availability techniques to ensure that if a server or service fails, other servers or services take over to ensure we can resume services rapidly with minimal impact to production operations.
Sandata’s Disaster Recovery Plan addresses recovery activities that need to be conducted in support of any disaster recovery operation including:

- Emergency contact information;
- Recovery personnel information;
- Activation and notification procedures of overall technology recovery efforts;
- Recovery teams; and
- Recovery priorities.

This recovery plan allows Sandata to abide by industry best practices for protecting the confidentiality, integrity, and availability of critical systems and data.

m. 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.

Santrax EVV is offered as a Software as a Service. As such, it has been created using a rules-based design as well as significant configurability to enable and disable modules, features and functions. Our system is highly configurable, and we provide a team of experts during the implementation and ongoing as needed to support configuration changes. Our configuration engine is proprietary and it is not exposed to system users.

Sandata uses a change management process to identify system changes once the program is live. The timeline to deploy system changes is dependent on the size and scope of the change requested. In our experience with other state programs, configuration changes are often a result of policy or procedural changes, and they must be planned and deployed thoughtfully, with appropriate provider and worker communication so that the provider network understands both the system change and the related policy requirement.

n. Types of analytics and reporting provided.

Sandata offers the following reporting to assist California stakeholders in monitoring the EVV program:

**Standard EVV Reporting**
Sandata offers a comprehensive suite of standard EVV reports. Standard reporting can be generated daily as well as for a specific date range. All reporting is available on-demand and reports can be printed or downloaded electronically in .PDF, Excel, and .CSV formats. All Santrax Provider portal users have reporting within the portal system per program requirements.

**Jurisdictional Reporting**

A differentiator for Sandata is our ability to provide California and EVV stakeholders (HHSA, Fiscal, Waiver, DHCS or CDSS users) with a Jurisdictional View (“JV”) over the entire program. Our JV includes oversight capabilities that integrate powerful provider management tools, dashboards and reports providing near-real time insight into the delivery of all home care services across all programs as shown in Figure 7.

**EVV Data Export**

Sandata will provide a full data extract in our standard format, which can be imported into the appropriate data warehouse to support additional in-house analytics and ad hoc reporting needs. This extract supports the ability to measure the program as a whole as well as the ability to monitor quality and statistical performance of caregivers including benchmarking, provider score carding, etc.

**Monthly Executive Summary Report**

Sandata will provide an Executive Summary each month that demonstrates the overall value of the EVV program. The Executive Summary focuses on key activities and trends such as percentage of visits auto-verified, average number of visits/Recipient, total visit volume, and other key program metrics. Prepared by the Account Manager, the Executive Summary provides detailed analysis of EVV program activity.
Optional Business Intelligence Tool

Santrax Business Intelligence ("Santrax BI") tool offers additional optional analytics using standard pre-configured visualizations (see Figure 8). With Santrax BI, designated users will have the ability to create custom visualizations of the EVV data.

Sandata’s powerful business intelligence tool takes the guesswork out of analyzing data by presenting it in easy-to-read visualizations such as maps, charts and graphs. Each ‘out of the box’ visualization can be drilled into for additional data, and all data can be exported to excel for further analysis. Sandata provides a standard set of visualizations with our solution.

Figure 8. Santrax BI provides modern graphics, rich reporting and self-guided ad hoc reporting capabilities.

- Typical account set up time and check in/out time for Providers and Recipients.

Account Set Up time: Accounts are set up during the implementation process. The process is highly automated for user password setup. The automated process will also be used when additional accounts are added during the life of the program.

Check in/out time: Check in/out time for Providers and Recipients depends on the program requirements. Based on our proposed model, we estimate the following times:

Using Mobile Visit Verification:
- Providers: 20 to 30 seconds for check in and the same for check out.
- Recipients: 20 for visit approval and voice recording post caregiver checkout
Using Telephonic Visit Verification:
- Providers: 20 seconds for check in, 40 to 60 for check out assuming task capture.
- Recipients: 20 for visit approval and voice recording post caregiver checkout

Using Fixed Visit Verification:
- Providers: up to 1 minute for check in and check out (both are accomplished on a single call)

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

Sandata’s workflow at the point of care focuses on being minimally intrusive. The caregiver arrives at the Recipient location, and quickly logs in to start the visit. Once care is completed, the workflow captures the end of the visit and member/Recipient signature of services received. This is a simple and easy to follow workflow, with interactions arranged logically to support the flow of care delivery. We can easily configure the EVV process for the California program(s) to consolidate lists or services and/or tasks to ensure a very simple data capture process for the EVV users.

4. Describe the system’s capability to interface with other systems, for eligibility, timekeeping, payroll or data collection purposes.

Automating the exchange of data helps to reduce the possibilities of human errors often associated with data entry. Sandata has the integration experience to ensure a smooth exchange of data between all stakeholders. We have recommended standard formats for all of the listed data exchanges.

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.

Sandata has implemented our EVV solution for eight state Medicaid programs. Our implementation approach is summarized in Figure 9. At each stage of the process, our experienced implementation team works with our clients and subject matter experts to ensure the program supports policy requirements.
All EVV projects have a different set of requirements, resources, timelines and challenges. Over the past decade, we have refined our approach based on lessons learned to institute a standardized implementation approach and strategy to help overcome individual project challenges by incorporating the following principles:

- We clearly communicate agreed upon outcomes for the project to all stakeholders (internal and external);
- We build on experience with other projects – not necessarily replicating the approach, but allowing for flexibility as needed;
- We collect and respond to feedback and make changes in plan, as needed;
- We adopt an implementation strategy that is sustainable in light of project risks; and
- We strive to anticipate user expectations, pitfalls and real life project challenges.

In addition, a few of our clients have recognized their own internal challenges and lessons learned. For example, one state who opted for a single, state-provided solution, offered provider incentives such as new functionality or improved processes (scheduling, claims submission, etc.) to help them transition from their current EVV system. The same client noted to expect that any EVV system will require some modification – expect this to happen. Another client
stated, “Layout goal of what system should do and stay true to the goal. Consider features that will ease administrative burden on providers.” One lesson appeared consistently, that is, continue to engage stakeholders throughout implementation. “Stakeholder meetings (ongoing) and strong community ties will help.”

Sandata ensures a successful implementation and launch of the program for all stakeholders through our organized and structured implementation process, outreach methodologies and training program. Our experienced teams of implementation and subject matter experts will provide a number of consulting and implementation services including project management, planning, design and configuration, integration, testing, and training to ensure the program’s design meets all requirements. A comprehensive implementation approach and risk mitigation processes, clarity of stakeholder awareness and a fully trained and prepared provider community are fundamental to a successful implementation, participation, and system understanding and usage.

Sandata does not provide client contacts as part of an RFI process. We would be pleased to provide client references upon request as part of a formal procurement.

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.

California has already a proven process for implementing technology solutions to your large and diverse population. Examples include piloting new technologies prior to launching state wide, and approaching any new launch in a phased roll out by county. We would strongly encourage California to include these best practices in your EVV launch.

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

Sandata is dedicated to ensuring customer satisfaction with our solutions. We provide help desk support and we measure satisfaction with our solutions through customer surveys. Sandata uses Survey Monkey to solicit information about the user experience with our Customer Care help desk. We survey callers on the following standards:

- Eagerness to assist;
- Listening skills;
• Professionalism;
• Product knowledge; and
• Ability to identify and resolve the issue.

Sandata also hosts user groups to garner feedback on our solutions. Our New York User Group is one of the longest running EVV user communities in the country.

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.

Sandata aligns and incorporates industry standards, including accessibility standards established under section 508C of the Rehabilitation Act. For accessibility we perform testing specific to ADA Section 508.

9. Discuss ongoing maintenance of EVV systems.

As a SaaS solution, Sandata maintains the system and provides periodic system updates. System maintenance support includes standard upgrades per our published release schedule. Maintenance also includes repair of any system defects identified through our defect reporting process.

Periodic maintenance releases for the system will be deployed, at Sandata’s discretion, to make sure that the system does not become obsolete. This will include correcting production defects and functionality enhancements. It also includes providing periodic updates to make sure system meets the latest standards and compliance guidelines.

On average, Sandata issues approximately four major releases a year for application upgrades. In addition to application upgrades, there are periodic off-cycle releases to address routine bugs and maintenance items. New and enhanced reports and exports are released as they are completed. As a SaaS solution, upgrades and patches are automatically applied across all customers.

System upgrades last from minutes to hours and are executed with minimal downtime and impact to our customers. Upgrades that include any level of downtime are typically scheduled for late evening to minimize impact to customer working hours. Notifications state the time of the update and impact to

An EVV provider agency recently told Sandata’s CEO:

“Sandata’s Customer Care team is “articulate, knowledgeable, responsive, and prompt”. She went on to say, “it has been the bright spot of the whole mandate in CT”.  

Betsy Rudden 
Caregivers Home Solutions Executive
system availability including duration. During these downtimes, the system will continue to collect EVV Call information from the field.

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.

In our proposal, we recommend leveraging the current IHSS Portal with the ETS feature as we have described in our solution approach. This will help minimize drastic changes in processes for both Recipients and Providers, simplify the administrative process and reduce the complexity of the overall program.

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

Sandata has made recommendations for Individual Providers and Agency Providers that leverage our solution capabilities as well as the CMIPS portal. The point of care visit verification technology is the same in both models, ensuring a common experience in using EVV for caregivers and Recipients. We understand the challenges in deploying EVV for consumer direct programs, and will bring our experience and lessons learned to the California program.

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

Sandata’s EVV solutions are offered as a hosted, Software-as-a-Service (SaaS) deployment model. The solution is highly configurable. For the California program, we anticipate there will be new data interfaces required, particularly for the CMIPS integration.

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 between Individual Provider and Agency Provider employment models. Identify both one-time and on-going costs. Describe how the cost model would scale up to accommodate the large number of IHSS and WPCS Providers.

Sandata has implemented more statewide EVV programs than any other vendor in the market today. At this time, we do not feel we can provide the requested EVV costs and fee structures given the limited data elements that CDSS has provided in order to determine an EVV pricing estimate. We are pleased to provide the following considerations that we recommend to support accurate EVV pricing for the upcoming EVV RFP. We welcome the opportunity to have more detailed discussions with OSI and HHSA as you plan for the EVV RFP.
We have provided our recommendations for one time fees and recurring fees below based on the two models included in our proposal.

**Agency Provider Model (Option 3 of the RFI)**

**One Time Fees**

- **Number of Providers that will require an EVV Portal:**
- **Open EVV considerations:** The RFP should provide guidance on whether they will allow Agency Providers who already have an EVV system to continue to use their own system (recommended). This will determine whether the EVV vendor will need to plan for data integrations with other EVV systems.
- **EVV modules and configuration rules:** The EVV system will need to be configured to the specific program rules required by current policy. The RFP should provide guidance on whether the business rules will be consistent for WPCS and the other Waivers, or if each Waiver will require a unique configuration.
- **Data Integration:** What data will be required to be exchanged to support the EVV program, i.e. Bi-directional data integration between the counties and/or the fiscal intermediary. In order for vendors to estimate this data integration the RFP should include estimates of the number of unique data exchanges required, as well as guidance on how the data should be exchanged (batch or real time, XML, etc.). The RFP should provide guidance on whether the EVV vendor will need to work with each data source separately, or whether there are any economies of scale (i.e. centralized state data experts or separate data experts for each county).
- **Implementation Requirements and Timeline:** The RFP should provide input on the expected timeline for implementation. The overall timeline will help define how long vendor implementation staff will need to be engaged. The RFP should also provide guidance on any requirements for local or onsite resources during the implementation period. Guidance should include whether the state would like a pilot first (recommended) followed by program roll out.
- **User Acceptance Testing:** The RFP should provide guidance on any specific requirements for user acceptance testing (i.e. is there a specified duration, any expectations that are program specific.)
- **Training Program:** The training program should be aligned with the implementation roll out plan. For example, if there is a pilot period, then the first group of providers trained would be those participating in the pilot. Then, if the rollout is on a county basis, the RFP should provide estimates of the number of providers to be trained by county. These estimates will help define the number of training staff and number of training sessions as well as the overall timeline for the training program.
- **Reporting/Business Intelligence:** The RFP should provide guidance on how many users will need access to reporting and business intelligence at
the state and county/FI level. This will help determine the number of staff who will require access as well as training on the system to access reports and data.

All of these factors will help shape the cost of one time fees for implementation of the program. It should be noted that the 21st Century Cures Act includes a 90% FMAP for EVV on one time fees.

**Recurring Fees**

- **Visit Verifications:** The RFP should provide guidance on how many Recipients in each of the programs as well as the average number of visits each type of Waiver program includes in their benefit structure. The number of total visits is a key data point for EVV vendors to estimate the volume of visit verifications required in the program.

- **Customer Support:** The RFP should provide guidance on whether the EVV vendor is responsible for providing customer support or whether an existing support center is available. For example, if there is an opportunity to leverage an existing support center the Provider Agencies contact today that can provide better economies of scale and remove cost from the overall proposal.

- **Ongoing Training:** The RFP should provide guidance on expectations of how ongoing training for the providers should occur (i.e. will county and/or the FI be responsible for providing ongoing training, or will the vendor be responsible for providing training throughout the life of the contract.

All of these factors will help shape the cost of recurring fees for the program. It should be noted that the 21st Century Cures Act includes a 75% FMAP for EVV recurring fees.

**Individual Provider Model (Option 1 of the RFI)**

In order to provide pricing on the Individual Provider Model the RFP will need to provide guidance on the split of responsibilities between the CMIPS vendor and the EVV vendor. Furthermore, the EVV vendor is only able to estimate their part of the fees, while the CMIPS vendor will also need to provide estimates for their areas of responsibility. The state must have both estimates in order to have a full understanding of the costs related to this program.

**One Time Fees**

- **Confirmed EVV Model:** The RFI outlined a number of EVV model options, and the State will be required to provide guidance on the final EVV model in the RFP to support the response and pricing.
• **EVV configuration rules:** Assuming Option 1, Sandata recommends that all existing CMIPS portals be modified to display the new EVV data captured at the point of care. The estimates for these modifications will need to be provided by the CMIPS vendor.

• **Data Integration:** One time fees will include data integration with the CMIPS system. In order for vendors to estimate this data integration the RFP should include guidance on how the data should be exchanged (batch or real time, XML, etc.). Integration requirements with the counties should also be included for those elements of the IHSS program served by Agency Providers.

• **Implementation Timeline:** The RFP should provide guidance on the estimated timeline for implementation. Sandata recommends implementing the Individual Provider EVV program at the county level. Guidance should include whether the state would like a pilot first (recommended) followed by an estimated timeline at the county level to launch the program. The overall timeline will help define how long vendor implementation staff will need to be engaged. The RFP should also provide guidance on any requirements for local or onsite resources during the implementation period.

• **User Acceptance Testing:** The RFP should provide guidance on any requirements for user acceptance testing (i.e. is there a specified duration, any expectations that are program specific.

• **Training Program:** The State needs to determine the training plan and staff that is best positioned to train EVV users for the Individual Provider EVV program. For example, Sandata recommends CDSS leverage staff that is already in place, such as county staff or SEIU staff, for both initial and ongoing training, with Sandata providing training support. The training program should also align with the implementation roll out plan. For example, if there is a pilot period, then the first group of Independent Providers and Recipients trained would be those participating in the pilot. Then, if the rollout is on a county basis, the RFP should provide estimates of the number of Independent Providers and Recipients to be trained by county.

• **Reporting/Business Intelligence:** The RFP should provide guidance on how many users will need access to reporting and business intelligence at the state and county level. This will help determine the number of staff who will require access as well as training on the system to access reports and data. Sandata recommends that the CMIPS vendor take responsibility for providing all program reporting via existing channels.

All of these factors will help shape the cost of one time fees for implementation of the program. It should be noted that the 21st Century Cures Act includes a 90% FMAP for EVV one time fees.
**Recurring Fees**

- **Visit Verifications:** The RFP should provide guidance on how many Recipients are in the IHSS program as well as the average number of visits includes in the benefit structure. The number of total visits is a key data point for EVV vendors to estimate the volume of visit verifications required in the program.

- **Customer Support:** Sandata recommends all Tier 1 support should be provided by the CMIPS vendor as Individual Providers and Recipients will continue using the CMIPS portals to view visit data and approve timesheets, and therefore the CMIPS vendor would need to provide those costs.

- **Ongoing Training:** Sandata recommends all ongoing training should be provided by the CMIPS vendor or designated training staff.

All of these factors will help shape the cost of recurring fees for the program. It should be noted that the 21st Century Cures Act includes a 75% FMAP for EVV recurring fees.

14. *Describe how the 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.*

Sandata is recommending a phased approach which would start with a pilot for personal care services, followed by a county by county rollout. We would encourage California to implement EVV for Home Health Services at a later phase.

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

All of Sandata’s visit verification solutions and portals are ADA Section 508 compliant to allow users with accessibility needs to use the solutions. Our Mobile and Telephonic Visit verification tools are available in a variety of languages. Our solutions do not produce letters; however we do provide non-electronic communication materials that are designed to be tailored to the populations served.

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

Sandata regularly reviews the system for areas where technology updates are viable. This encompasses both technologies and available features. Santrax EVV is currently on its 5th major platform update. We constantly strive to improve
our availability and reliability and improve our ability to quickly expand capacity throughout our various modules and components.

We focus heavily on national standards for systems security and Medicaid systems including CMS, MITA 3.0, NIST, W3C, Sarbanes Oxley (SOX), ISO 17799, FFIEC, HIPAA, ADA and HITRUST. These standards necessitate a constant review and upgrade of our technologies.