Electronic

Therap®

Request for Information
Response to RFI #32236 CMIPS
Electronic Visit Verification (EVV)

Submitted to:
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Acquisitions & Contracting Services Division
Office of Systems Integration
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Submission Date: December 06, 2017

www.TherapServices.net
Retention of Rights in Confidential Information

Therap Services, LLC (hereinafter “Therap”), through the expenditure of great effort and financial resources over a period of many years, has developed and continues to expand and improve its unique services and expertise in the field of maintenance of electronic health records for individuals with developmental disabilities. Therap hereby gives notice that it retains its exclusive rights and ownership over all of its proprietary know-how and information, whether patentable or unpatentable and whether already developed or only proposed, and in any other trade secrets or nonpublic technological or business information (whether or not reduced to writing or other tangible form). More particularly, by way of example and not by way of limitation, Therap retains its proprietary rights in all of its know-how, computer programs, source code, object code, models, research and development, and other information of a similar nature, and confidential commercial information including, but not limited to, business plans, concepts, ideas and proposals, business names, lists of proposed or existing clients or customers, advertising, data, documentation, diagrams, flow charts, processes, procedures, new products, new services, prototypes, marketing techniques, research materials, timetables and strategies, suppliers, and other information related to clients, customers, suppliers or personnel, pricing and pricing policies and financial information.

Therap holds the following United States Patents for managing secure sharing of private information:

<table>
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<th>Patent Title</th>
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<tbody>
<tr>
<td>8,281,370</td>
<td>Managing secure sharing of private information across security domains</td>
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<td>8,528,056</td>
<td>Managing secure sharing of private information across security domains via wireless and mobile devices</td>
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<td>8,613,054</td>
<td>Managing secure sharing of private information across security domains using an access profile</td>
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<td>8,615,790</td>
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<td>9,794,257</td>
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Albert De León  
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November 27, 2017

Dear Mr. De León,

Therap Services LLC is pleased to respond to the State of California Health and Human Services Agency, Office of Systems Integration’s Request for Information to explore solutions to meet requirements for use of an Electronic Visit Verification system by personal care service and home health care workers.

Therap has produced electronic documentation solutions for organizations providing long term services and supports since 2003.

Therap Services LLC main office is located at:  
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The primary contacts for this RFI are:  
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And

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Please feel free to contact us if you have any questions.

Sincerely,

James M. Kelly  
Vice Chairman

Therap Services, LLC.
562 Watertown Avenue, Suite 3, Waterbury, CT 06708-2240,  
Phone: (203) 596-7553, www.TherapServices.net
2. 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

Therap Services LLC was founded in 2003 as the developer of a web-based Commercial off the Shelf (COTS), Software as a Service (SaaS) solution specifically designed for organizations providing services and supports for people with intellectual/developmental disabilities and other special needs. Since that time Therap has become an industry leader in providing web-based electronic health records, billing, case management, and communication solutions tailored to this population.

This solution is the company’s only product and the company history has been one of ongoing development of the product. The design of the system has grown to include mobile applications, and business analytics. Refinements increase the power of the system to provide seamless coordination between state oversight agencies and provider organizations. Reporting capabilities have been extended and enhanced.

Over time Therap has developed a highly effective system of training and support, recruiting staff with hands-on experience, developing an array of on-line tools, and sponsoring local, regional, and national conferences, user groups, and targeted trainings for various kinds of users, including self advocates.

Throughout its history Therap has taken necessary precautions to ensure availability and data security by using state-of-the-art hardware and software. Applications are developed to comply with the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and other security/privacy requirements. Integration of privacy and security features, especially for protection of PHI and HIPAA are given the highest priority during our design process.

The Therap system functions across all levels of an organization, offering tools that facilitate billing and payment, eligibility and intake, compliance reviews, and communication between various levels of the organization, multiple sites and program types. Therap is a driving force in streamlining business processes while enhancing accuracy, efficiency, and accountability. Therap securely connects field based staff with administrative staff in real time.

Therap’s SaaS model integrates an intuitive and flexible application with a high-performance infrastructure to provide a solution that is reliable, scalable and secure. New enhancements to the Therap system are developed on an ongoing basis to better meet user needs. New versions of the system are released as required. The system is designed to be usable “out of the box,” but also configurable to meet unique local regulations, requirements, and workflows.

Therap is a comprehensive and web based Electronic Health Record (EHR) system, offering a mobile application equipped with Electronic Visit Verification technology. Therap's mobile apps address the growing mobility of direct support staff and offer intuitive data entry to prevent errors, provide data in near real-time, and offer ease of access for all levels of a providing agency. Therap’s Mobile application which is currently being used by more than 600 providers
across US and internationally, serves as an effective Electronic Visit Verification (EVV) tool by providing multi-level data authentication and GPS location tracking. Support professionals directly record service data, including date, duration of contact, scores and location, from their handheld devices. When providing Home and Community-Based Services (HCBS), staff can take photos of various activities and supports. Photos are date and time stamped and can be attached to the recorded data. For HIPAA security, photos are not saved on the device but directly uploaded to Therap. Each action taken by the user is marked with an electronic signature. Agency administrators and supervisors thus have available to them the necessary information, received as EVV data, to help them verify service delivery. The ISP Data tool on the mobile applications includes GPS location tracking, electronic signatures and date and time stamps, all recorded at the point of service delivery.

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

Therap has been actively supporting vendors regional Centers and DDS with electronic documentation solutions for over 11 years Therap currently supports DDS directly with documentation to and from the Developmental Centers. Therap supports Far Northern Regional Center directly with a real time SIR solution, other Regional Centers indirectly by gathering and organizing the reporting requirements of their vendors 400 Vendors in California use our comprehensive documentation and service tracking solution.

Therap currently hosts the service, medical, and person centered information of over 40,000 citizens of California with disabilities. This was accomplished by over 37,000 trained California users who logged into the Therap system successfully to do their work. These users are direct support professionals, health professionals, administrators, guardians, family members, and individuals with developmental disabilities logging in themselves.

Therap receives tens of thousands of notes each month in California from smartphones and mobile devices. Achieving this scale and scope of this RFI in California is something we have already achieved, and when you factor in our work in the other 49 states, it is something we have already exceeded.

Therap has on the ground staff in California, and provides direct one to one training for all organizations using Therap, much of which is conducted on the ground in person. In addition, Therap provides remote, one to one support, through scheduled training and implementation meetings. Therap also provides monthly User Groups and multiple 2 day conferences across the State. Therap also provides Live Help chat support, and automated, interactive Training Academy courses hosted on our website, designed specifically for the frontline workforce.

The Therap system and Therap support are also available in Spanish and other languages.

Therap has been effective in meeting the diverse needs of California from urban Los Angeles to rural Northern California.
3. **Any additional recommendations that the vendor determines are relevant to EVV.**

Therap is uniquely positioned to deliver the EVV solution to California. We know California well, and Therap focuses only on one thing, providing electronic documentation solutions for service providers and service systems that are focused on people with disabilities. Our electronic documentation system is used across the country. New requirements, new trends, and best practices do not slip by us. In fact, more often than not, Therap is way out in front.

For example, Therap rolled out our EVV solution well before the term EVV was widely used. We recognized that vendors and providers needed to be able to track and monitor a mobile workforce who they often saw face to face once a week or less. The challenges of rolling this out so early were that many agencies we not ready to deal with smartphone, tablet and other mobile technology. We recognized that this issue was going to solve itself for the most part as the general public bought more smartphones, and fewer desktops. This trend was obvious to us from our unique perspective.

Agencies and families find the EVV solution to be very efficient and accurate. Users recognize the advantages of EVV quickly, when they compare the process to whatever paper based or desktop based solution they used previously. They also consistently say they never want to go back to paper. We find the frontline staff typically adapts to this technology more quickly than the managers and administrators, one of many reasons why we direct different type of training and support to different type of users.

The reality that our users in California make tens of thousands of visit notes each month on their smartphones and mobile devices shows that we have successfully navigated the real world challenges of implementing these tools with this workforce. Not everyone achieves the same comfort level or uses the technology the same way, but Therap’s tools are flexible and allow for workarounds that meet the unique personalities, needs, styles, and preferences of individual users. The stereotype type that older workers struggle with this technology has not been true in our experience. More typical barriers requiring workaround solutions are individual concerns about privacy, unlawful monitoring, or aversion to technology in general. We are used to supporting the unique people that make up the service system for people with disabilities.

4. **The vendor’s response to Attachment A, CMIPS RFI Questions.**

Attachment A is addressed in the following pages of the response.
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.

Therap provides Electronic Visit Verification services for use by Home and Community Based Provider Agencies, Self-directed caregivers, and their clients. Therap’s Electronic Visit Verification technology solution is integrated into the Therap suite of applications. Therap’s applications provide the capability to verify visits, contributing to improved quality of care, and streamlining back-office processes.

Therap validates data in real-time and stores it in the secure cloud with 24/7 accessibility. Service providers enter information at the point-of-care including begin and end times of service, location of service delivery, and other relevant information.

**Therap Mobile applications for iOS and Android:** Mobile applications to collect key visit information including time, tasks, location, and caregiver and client IDs.

**Individual Support Modules:** Documentation of support coordination and service tracking on unique person centered life goals and approaches.

**Billing Support Modules:** Attendance and Billing of service units that directly bill to Medicaid for 837P and 837I claims and related management and administrative reports.

**Standard and Custom Report Library:** Management Section 508 compliant web portal for self-directed individuals to review/correct/approve caregiver timesheets.

Therap implements EVV technology across the system to collect detailed information about the specific types of services being provided including the person providing services, and where and when the services are provided. The system uses a standard web browser as the foundation for data collection. Users access Therap by logging into the secure system from their devices and authenticating themselves using their unique login credentials. From this point on, the system, as part of the documentation process, collects and records necessary information based on the specific actions that the user performs in the system, including the type of action performed and the date and time of that action. The system also has the ability to collect the user’s IP address, thus documenting the staff-person’s location when working in the home or community settings. Additionally, once a user logs into the system, the system creates an electronic signature with the user’s name and title which appears on all consequent Therap forms that the user utilizes for documenting services.

Once services are recorded on Therap, the monitoring functions in the Therap system allow agency administrators or supervisors to verify the delivery of services in home and community settings. Supervisors and clinicians have real time access to current reports and related
Therap’s Activity Tracking application keeps a record of operations performed by everyone who uses the Therap system. Supervisors can see who has been using the system, when they were using it and for what purposes, including the specific actions performed on any Therap form. All forms in Therap carry the user's electronic signatures along with electronic time and date stamps, allowing any sort of error or fraud to be easily traced back to the originator.

**Therap for Android and Apple Devices**

Therap offers a mobile application for use in the home and community settings to record services and verify service delivery. This mobile app comes with tools that allow for GPS location tracking, electronic signatures, date and time stamps, and photo uploading options. The notification, reporting and tracking features work together to help administrators authenticate service delivery. The Therap mobile app is fully integrated into the Therap System, so EVV data collected via the mobile app transfers seamlessly and integrates with Therap modules to facilitate service delivery authentication processes, billing and more.

Therap modules include various features that can be implemented for fostering and optimizing accountability, detecting anomalies and preventing gaps in service provisions and deterring fraudulent or abusive billing. Activity tracking features record all actions performed in the system. Therap’s notification and reporting features assist with quality assurance and compliance measures. Therap has a table-driven notification management system customizable for users. The user can choose to select events appropriate for his/her responsibilities and the methods of notification from a table of all possible events. In this way users receive real time notifications and alerts when they have a report or communication that requires their attention. They can login to a Therap account from anywhere they have an internet connection to view the relevant document.

Therap reports are available to users as custom or ad-hoc reports. Users are able to generate ad-hoc reports choosing required output columns and other parameters. These reports can be exported to Excel and/or PDF for further analysis. Therap tailors reports according to user specified requirements so users can authenticate services or detect and analyze gaps or anomalies in documentation.

Therap has a Billing system in place for creating service authorizations and generating electronic claims for Medicaid billing. Therap’s billing solution is currently used by more than 2500 providers in California. Providers track their quarterly Service Authorizations (SAs), balances and expirations dates, receiving notification alerts based on their preferences. SAs are linked to Attendance logs and ISP Programs, which replicate Implementation Goal Data Forms. Group services such as ADT/Life Skills Development 3, Residential Habilitation and Transportation are entered daily in the Attendance module. All other services that are individually based such as Personal Supports, Behavior Analysis, Life Skills Development 1 & 2, Respite and others collect service log and billable unit data on an ISP Data form. This assures that all billable activity is properly documented at the time services were provided and are verifiable. Billable records are attached to a service record providing quality assurance at both the provider and funding oversight level. Providers can then generate weekly billing reports and claims to submit electronically. They can upload the EOB 835 and complete reconciliation in Therap.
also have the ability to generate Utilization Management Reports to track the utilization of services provided to any individual.

Therap Services is the industry leader in providing web-based electronic health records, billing, and communication solutions for States and Providers. Currently Therap is providing service to more than 4,000 provider agencies, statewide systems and other state facilities & municipalities across the United States. Therap is used to enter information on over 500,000 individuals in thousands of facilities, programs and community based locations.

Therap has worked closely with states, counties and providers to implement systems that measure the delivery of services and quality standards for the people receiving services under Medicaid Home and Community Based Services Waivers, ICF-I/DD and other local & federal funding programs in numerous states.

2. Provide a detailed description of the EVV System:
   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).

The Therap system is a COTS SAAS application suite. It can be accessed from the secure URL using devices that have a standard web browser and an active internet connection. Therap can be securely accessed using a connection speed that supports basic web browsing.

Therap is not required to be downloaded or installed by the user. Agency staff, providers, families, individuals, and other users are given access to the system via user accounts. To log into Therap’s web-based system, a user needs to have a login name, unique password and the provider code for the state or agency to which the user is associated.

Hardware Requirements
The hardware requirement for using Therap Applications depends on the Operating System used. Please follow the hardware specifications recommended by the Operating System vendor.

The table below lists third-party software Therap recommends.

<table>
<thead>
<tr>
<th>Component</th>
<th>Recommended Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Browser</td>
<td>Mozilla Firefox, Google Chrome, Microsoft Internet Explorer 11 onwards</td>
</tr>
<tr>
<td>Java</td>
<td>1.6.7 or above</td>
</tr>
<tr>
<td>Adobe Reader</td>
<td>5.0 or above</td>
</tr>
<tr>
<td>Microsoft Office Excel</td>
<td>File type 97 - 2003 (for import), format .xls any version (for export)</td>
</tr>
</tbody>
</table>
Therap’s COTS SAAS application suite can be accessed from the secure URL using mobile devices such as laptops, netbooks, Chromebooks, smartphones, etc. that have a standard web browser and an active internet connection. Minimum requirements for the Therap mobile apps are:

- For Apple devices: minimum operating system requirement is iOS 9.0 and above.
- For Android devices: minimum operating system requirement is Android 4.0 or above.

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.

Therap meets these challenges in California on large scale with high volume.

Therap has been actively supporting vendors regional Centers and DDS with electronic documentation solutions for over 11 years. Therap currently supports DDS directly with documentation to and from the Developmental Centers. Therap supports Far Northern Regional Center directly with a real time SIR solution, and other Regional Centers indirectly by gathering and organizing the reporting requirements of their vendors. More than 400 Vendors in California use our comprehensive documentation and service tracking solution.

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The Therap system and Therap support are also available in Spanish and other languages.

Therap has been effective in meeting the diverse needs of California from urban Los Angeles to rural Northern California.
c. **Security features of the system that confirms the identity of both the Providers and Recipients and how that data is kept secure.**

Logging into Therap requires a username, provider code and password. This combination is unique to every user. Upon authentication, the user is granted access to available modules and data in the application, in accordance with the roles and rights granted by their administrator.

Each action is recorded in Therap with a time and date stamp and the electronic signature of the person performing the action. Once a form is approved, any changes or updates made to forms within the system are archived and saved permanently. Users with appropriate privileges can access archived data. In the background, the system also saves the IP address, browser and operating system information of each activity within the system.

Administrators or users with appropriate privileges can track the activities of each user account in the system using the Activity Tracking module. As the data is stored securely no user can access the data without proper privileges. The Activity Tracking application keeps record of all operations performed by people using Therap. This security option lets users find out who has been using the system, when they were using it and for what purposes, ensuring an audit trail.

d. **Data collection, including information identified in this RFI Section 5 Proposed Environment.**

The Therap system’s versatility allows for various types of data collection whether it is service documentation, assessments, meeting minutes or tracking activities. The applications suite offers a large variety of modules that can be used to effectively track information. The system is designed to be compatible for use by users with various educational and professional backgrounds. Our system is regularly used by direct care professionals, health professionals, managers, analysts, executive officers, and state directors.

*From RFI Section 5 Proposed Environment:*

At a minimum, an EVV solution shall:

- **Capture all data elements necessary to verify a visit:**
  - 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

The EVV features provided by Therap allow for the entry of information required to verify service delivery. Users are able to identify the individual receiving services, start and end times, the date, the type of service being provided, and GPS location tracking. The name of the user entering data auto-populates on the form during creation. Photos staff take of activities and supports are date and time stamped and can be attached to the recorded data. For HIPAA security, photos are not saved on the device but directly uploaded to Therap. Whenever actions such as submission, alteration, or approval occur, the form is automatically time and date stamped with the name of the user.
**Track time in hours and minutes**

The majority of Therap’s forms used to document services being provided for a certain duration such as T-Logs (text heavy note), ISP Data (Individualized data and text), Scheduling/EVV (service time and staff work time) are equipped with the functionality to track time. Tracking of time in hours and minutes can be carried out using module based reporting tools.
Check in/Check out time in Scheduling Module
Entering location using GPS in Scheduling module
• **Track other types of information such as paid time off, sick leave, and travel time between Recipients**

Therap’s Time Tracking option is used to record the hours a user spends at a work site. This includes paid working hours and any additional hours that are not paid. The EVV Modules can also be configured to document information such as paid time off, sick leave and travel time.

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

The Therap applications suite can be accessed using mobile devices such as laptops, netbooks, Chromebooks, smartphones, etc. that have a standard web browser and an active internet connection which are already available in most agencies. Therap is not required to be downloaded or installed by the user. Agency staff, providers, families, individuals, and other users are given access to the system via user accounts. The application does not require any additional infrastructure other than what is already available in most agencies or in the pockets and purses of most people. Intuitive design of the application enables ease of access and allows users to record data with little effort.

• **Be user friendly with basic literacy levels**

Therap understands the diversity of its user base. The system is currently being used by people with varying roles and responsibilities from direct support provider to the director of a state department of human services. The software’s user interfaces, documentation, and training materials are designed to be consistent across the system and as user-friendly as possible, keeping in mind use expectations, literacy levels, and comfort with technology.

• **Be accessible to individuals with disabilities**

Therap is currently running a Self-Advocate Program where individuals with disabilities are actively participating in utilizing the application. They utilize a number of modules, such as service notes, goal progress notes, and Medication Administration Records (MAR), to carry out documentation about themselves. They use the Secure Communications (SComm) module to correspond with their caregivers and support team. Many of these users are outspoken advocates for the benefits their access to the system has added to their lives. In addition, Therap has worked with a number of users with disabilities using a variety of assistive software and devices including JAWS and Windows Eyes.

• **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**

Therap offers the functionality to create multiple sites and programs. Multiple programs can be created based on the types of services provided. Agencies can also create programs based on criteria specifically suited to their needs. Both recipients and providers can be linked to multiple programs allowing recipients to be linked with multiple providers and vice versa. Recipients from the same program or group home can be put under one single caseload which can then be assigned to a provider. Caseload based access mechanism allows providers to maintain multiple recipients in different programs receiving different services.
• **Allow for review and signature/approval of both the Provider and Recipient**
  All data entered through into the Therap system automatically includes the timestamp, geolocation stamp, electronic signature of the provider, the touch screen signature of the recipient, and any documentation about the service activities of that encounter. Therap records all activities within the system and ties them to the staff / user performing the action. Multiple configurable reporting options allow for review of this data in a secure environment. These processes ensure that necessary information, received as EVV data, is available to agency administrators and recipients for review and approval.

• **Allow for submission of daily hours for payment ("timesheet")**
  Therap offers ISP Data, Attendance and Direct Billing for submission of daily hours for payment. The ISP Data module provides the means to collect and record data pertaining to goals set in the Service/Program Plan including the time of service, which can be submitted for billing. The Attendance module serves the purpose of recording program attendance data with a user friendly interface. Data collected through this module can be used to generate billing data. Therap also offers submission of daily hours through direct billing when no ISP Data or Attendance Data is linked to the Service Authorization. Users can submit bills for measurable units of service provided as long as proper Service Authorizations are in place. Billing data collected via the mobile app, including daily hours, are seamlessly integrated with appropriate modules in the system to facilitate the service delivery authentication processes, billing and other documentation requirements.

• **Provide multiple devices/methods for Provider check in/out**
  The Therap system uses a standard web browser as the foundation for data collection. Users access Therap by logging into the secure system from their devices, authenticating themselves using their unique login credentials. A user needs to have a login name, unique password and a provider code to access Therap. The system can be accessed using mobile devices such as laptops, netbooks, Chromebooks, smartphones, etc. that have a standard web browser and an active internet connection. The application has an agency configurable session timeout feature which logs out users after a specified period of inactivity. The application flashes a warning message prior to logging out inactive users from the system.

• **Allow Providers to modify or “fix” information (e.g., if they forget to check in/out.**
  The system provides staff with necessary roles and privileges to update information documented in Therap forms and keeps an audit trail of all changes.

• **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)**
  Therap system has a variety of real-time form validation prompts that require users to rectify data entry errors if conditions are not satisfied. Administrators can define further validations if they desire. As a standards-based system, Therap currently supports English, Spanish and Romanian. Other languages can be implemented, if required.
• **Provide alerts (e.g., when a Recipient hasn’t received services for specified time periods)**

Therap’s notification and reporting features assist with quality assurance and compliance measures. Therap has a table-driven notification management system customizable for users. The user can choose to select events appropriate for his/her responsibilities and the methods of notification from a table of possible events. In this way, a user receives real time notifications and alerts when they have a report or communication that requires their attention. Therap also offers a dashboard where various actions on different forms are listed for users to review or acknowledge. These features, help administrators authenticate service delivery.

• **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**

Therap has extensive experience in interfacing with external systems. Therap can implement necessary interfaces to maintain smooth functionality between components of the organization and to ensure interoperability among systems.

• **Track status of timesheet payment processing**

Therap can provide the capability to track status of timesheet payment processing.

• **Produce reports of all information captured**

Therap provides a library of configurable reports that allow the agency to efficiently aggregate/summarize data across programs, and accurately assess their position across multiple indicators and focus on needed improvements with the confidence that data supports the decisions they make.

• **Flexible system that easily accommodates policy change**

Therap is a flexible and configurable system that accommodates approved policy changes by allowing administrators or users with appropriate privileges the ability to set agency-wide preferences.

  e. **Features that address the requirement that allows Providers to modify or “fix” information (i.e., if they forget to check in/out).**

The system provides staff with necessary roles and privileges to update information in Therap forms and keeps an audit trail for the changes incorporated. In order to maintain data integrity, access to the 'Update' feature to modify saved documentation is restricted by assigned user privileges and each action is recorded in the system with a time and date stamp and the electronic signature of the person who performed the action.

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

Therap is a web-based application that can be accessed using readily available mobile devices such as laptops, netbooks, Chromebooks, and smartphones that have a standard web browser and an active internet connection. Therap is designed to be accessed using most popular operating systems capable of running a web browser. The applications comfortably run on Google
Chrome, Mozilla Firefox, Opera, Safari, Microsoft Internet Explorer and other popular browsers running on operating systems such as Microsoft Windows, Linux, Android and Mac OS. Understanding the diversity of its user base, Therap system's user interfaces, documentation, and training materials are designed to be consistent across the system and as user-friendly as possible, keeping in mind the expectations of different users. Processes for improving the usability and the overall quality of the system have been integrated into Therap’s core management and operational activities.

g. 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.

Therap has procedures in place to examine and establish system compliance with ADA requirements. The system will meet ADA compliance to ensure that the system is accessible for persons with disabilities, including those with visual impairments or total blindness. Therap has worked with a number of users with disabilities using a variety of assistive software and devices including JAWS and Windows Eyes.

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

Some of the real world need for workarounds was identified and discussed earlier, this is a perfect example. Although medical research casts doubt on this condition (see, for example, Rubin GJ, Nieto-Hernandez R, Wessely S. *Idiopathic environmental intolerance attributed to electromagnetic fields (formerly ‘electromagnetic hypersensitivity’): An updated systematic review of provocation studies*, in Bioelectromagnetics. 2010 Jan;31(1):1-11.), Therap has workaround options. Users can manually submit paperwork, and this information can be keyed into the system by another user. Therap also can generate a paper or PDF Service Verification Summary for signature.
# ServiceVerificationSummary

## Service Verification Form

### Individual Name: Isabella Johnson

**Date of Birth:** 11/01/2000

### ADL Services

- **Form ID:** ISP-TICT-FDB4RVOY5MSPRO
- **Status:** Approved (Dynamic)
- **Time Zone:** US/Central
- **ISP Program:** ADL Services

### Criteria for Completion

<table>
<thead>
<tr>
<th>Date</th>
<th>Begin Time</th>
<th>End Time</th>
<th>Duration (hrs:mins)</th>
<th>Location</th>
<th>Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2017</td>
<td>02:00 PM</td>
<td>05:00 PM</td>
<td>03:00</td>
<td></td>
<td>Ronald Butler</td>
</tr>
<tr>
<td>10/02/2017</td>
<td>02:00 PM</td>
<td>05:00 PM</td>
<td>03:00</td>
<td></td>
<td>Ronald Butler</td>
</tr>
<tr>
<td>10/03/2017</td>
<td>01:00 PM</td>
<td>04:00 PM</td>
<td>03:00</td>
<td></td>
<td>Ronald Butler</td>
</tr>
<tr>
<td>10/05/2017</td>
<td>03:00 PM</td>
<td>04:00 PM</td>
<td>01:00</td>
<td></td>
<td>Ronald Butler</td>
</tr>
<tr>
<td>10/09/2017</td>
<td>01:00 PM</td>
<td>04:00 PM</td>
<td>03:00</td>
<td></td>
<td>Ronald Butler</td>
</tr>
<tr>
<td>10/09/2017</td>
<td>04:00 PM</td>
<td>07:00 PM</td>
<td>03:00</td>
<td></td>
<td>Ronald Butler</td>
</tr>
</tbody>
</table>

**Total:** 16:00

### Piano Lesson

- **Form ID:** ISP-TICT-FBD1CNFXX22PGWD
- **Status:** Approved (Dynamic)
- **Time Zone:** US/Central
- **ISP Program:** Piano Lesson

### Criteria for Completion

<table>
<thead>
<tr>
<th>Date</th>
<th>Begin Time</th>
<th>End Time</th>
<th>Duration (hrs:mins)</th>
<th>Location</th>
<th>Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/10/2017</td>
<td>12:30 PM</td>
<td>01:30 PM</td>
<td>01:00</td>
<td>Group Home</td>
<td>Jacob Anderson</td>
</tr>
</tbody>
</table>

**Total:** 01:00

### Progress Towards Outcome

**Individual Name:** Isabella Johnson

**Date of Birth:** 11/01/2000

By signing this document, I certify that the above indicated hours were provided in accordance with contractual agreements.

1. [ ] Participant  [ ] Guardian  [ ] Representative: ____________________________

   Signature  ____________________________  Date  ____________________________

2. **Agency:** ____________________________

   Signature  ____________________________  Date  ____________________________

---

*Generated from Therap ‘Service Verification Form’ by Ronald Butler, Therap Demonstration Provider on 10/05/2017 08:11 AM.*
i. **Features of the system that address the provision of EVV in rural areas where technology infrastructure may be limited or unavailable.**

Where technology infrastructure is limited or unavailable, our users have found ways to submit documentation when they can get to a location with internet. Public libraries, coffee shops, and other community resources are often available. Therap can generate a time stamped paper or pdf Service Verification Summary for signature, for a later entry into the system.

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

Therap has a wide array of modules for recording and tracking service data for individuals. Users with appropriate privileges can create, track, print, and generate reports for individual services data. The following are some of the commonly used modules:

**Individual Data Form**

Therap’s Individual Data form contains an individual’s basic information, including demographics, medical information, diagnoses with relevant dates, behaviors, dietary guidelines, allergies, communication preferences, height, weight, and anthropometric measurements, name, title, and types of service providers, program information, and insurance information. Users can upload an individual’s photos and documents into the Individual Data form.
**Individual Data**

Isabella Johnson (Admitted)
Form ID: IDF-DEM01NY-9664RQQYKGD8F
Entered By: Mia Cole, Therap Admin
Last Updated By: Mia Cole, Therap Admin on 04/04/2017 10:27 PM
Last Updated By: Mia Cole, Therap Admin on 04/25/2017 03:16 AM

### Identification Data

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Isabella</td>
</tr>
<tr>
<td>Last Name</td>
<td>Johnson</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>SSN</td>
<td>000-45-7890</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Medicaid Number</td>
<td>020045S86100</td>
</tr>
<tr>
<td>ID Type</td>
<td>NY, Central NY DDSO, OPWDD</td>
</tr>
<tr>
<td>Admission Date</td>
<td>03/01/2017</td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
</tr>
<tr>
<td>Ethnicity/Hispanic Origin</td>
<td>Central American</td>
</tr>
<tr>
<td>Height</td>
<td>5 Feet 0 Inch</td>
</tr>
<tr>
<td>Weight Range</td>
<td>From 120 lbs To 130 lbs</td>
</tr>
<tr>
<td>BMI</td>
<td>24.41</td>
</tr>
<tr>
<td>Hair Color</td>
<td>Brown-dark</td>
</tr>
<tr>
<td>Eye Color</td>
<td>Blue</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Very friendly in nature with everybody. Has enlarged joints in legs.</td>
</tr>
<tr>
<td>Primary Oral Language</td>
<td>English</td>
</tr>
<tr>
<td>Primary Written Language</td>
<td>English</td>
</tr>
<tr>
<td>Goes By</td>
<td>Bella</td>
</tr>
<tr>
<td>ID Number</td>
<td></td>
</tr>
<tr>
<td>Additional ID Type</td>
<td></td>
</tr>
<tr>
<td>Additional ID Number</td>
<td></td>
</tr>
</tbody>
</table>

**Photo 1**: 04/25/2017

**Photo 2**: None

Photo 2 Date:
Health Tracking

Therap’s Health Tracking module allows users to efficiently track different types of health data and create detailed and monthly reports. It provides a flexible way to record and follow up on medical issues and statuses, such as blood glucose, height and weight, immunizations, infection tracking, intake and elimination, lab tests and results, medication history, menses, respiratory treatment, seizures, skin and wound injuries, vital signs, and more.

<table>
<thead>
<tr>
<th>Module</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments</td>
<td>New</td>
</tr>
<tr>
<td>Blood Glucose</td>
<td>New</td>
</tr>
<tr>
<td>Height/Weight</td>
<td>New</td>
</tr>
<tr>
<td>Immunization</td>
<td>New</td>
</tr>
<tr>
<td>Infection Tracking</td>
<td>New</td>
</tr>
<tr>
<td>Intake/Elimination</td>
<td>New</td>
</tr>
<tr>
<td>Lab Test</td>
<td>New</td>
</tr>
<tr>
<td>Lab Test Result</td>
<td>New</td>
</tr>
<tr>
<td>Medication History</td>
<td>New</td>
</tr>
<tr>
<td>Medication Review</td>
<td>New</td>
</tr>
<tr>
<td>Menses</td>
<td>New</td>
</tr>
<tr>
<td>Resp. Treatment</td>
<td>New</td>
</tr>
<tr>
<td>Seizures</td>
<td>New</td>
</tr>
<tr>
<td>Skin/Wound</td>
<td>New</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>New</td>
</tr>
</tbody>
</table>

Health Care Report

Users can generate Health Care reports to view summarized data submitted from Health Tracking forms within a designated date range. These reports provide a concise review of an
individual’s health status. Issues can easily be monitored for further attention. The reports each include a narrative comment and recommendations section, with a monthly summary or nursing note. The report can be saved and viewed at any future date.

Comprehensive Health Assessment Tool (eCHAT)

The electronic Comprehensive Health Assessment Tool (eCHAT) is used to collect and store information about an individual's medical and physiological conditions, safety issues, functional level for activities of daily living and behavioral health issues. It can be utilized as an in-depth health evaluation and as an assessment of an individual's health symptoms and history. It also
calculates the overall acuity level and publishes a summary with recommendations when care plans may be required.
Medication Administration Record (MAR)

Therap’s Medication Administration Record (MAR) module is a versatile tool for tracking an individual’s medication administration and any medical treatments. The form contains a comprehensive list of medications to be administered to an individual in a given month. Scheduled medications or treatments appear with a grid, where slots are highlighted in green to mark the days when the medications are scheduled to be administered. The MAR module is color coded and a legend is provided at the top of the form to help users identify what each color represents.

Medication Administration Record Data - April, 2017

Administration of medications can be recorded in either Quick Mode or Detail mode. Quick Mode requires a single click on the green ‘Due’ slots and a click of the Save button. In Detail Mode, users can enter Record Types such as Missed, Refused, Leave of Absence, On Hold, select an administered date and time, and add comments as required. PRN medication or treatment administrations require users to record in Detail Mode.
For each medication, the following information is provided:
- Name of the medication
- Dose form
- Route
- Administration details (Amount/Quantity, Begin Date, End Date, Schedule)
- Instructions/Comments
- Indication/Purpose

The Drug Details link is available with the strength and prescriber information on the MAR form. This option can be used to view general information, indications, precautions, drug disease contraindications, side effects associated with the medication from the First Databank (FDB) database to help reduce medication errors.

**ISP Program**

The ISP Program module serves as a structured template for documentation of services and supports relating to outcomes and objectives identified in an individual’s plan. From April 2005 to March 2017, a total number of 2,877,424 ISP Programs were created by Therap users. This module outlines the overall objective of a goal along associated services and identifies expectations for data collection. ISP Programs also include detailed information on teaching strategies and required staff supports. Multiple ISP Programs can be created to track multiple types of services and supports provided by more than one program and by varied staff. The module provides scoring methods which are used as rating scales to measure the level of outcome related to goals, and the quality of the services provided. Users can choose system provided rating scales or define agency specific rating scale. Treatment or intervention for each long and/or short term goal can be recorded. Users can record when a goal is achieved, discontinued, or postponed.
## Communication (ISP Program)

**Task(s)**

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non verbal</td>
<td>Use appropriate nonverbal communication (eye gaze, facial expression, conventional gestures, volume, rate of speech).</td>
</tr>
<tr>
<td>Control</td>
<td>Be able to begin, maintain, and end a conversation.</td>
</tr>
<tr>
<td>Check</td>
<td>Check with peer/adult.</td>
</tr>
<tr>
<td>Learn</td>
<td>Learn and generalize the rules of social interaction (turn-taking, reciprocity).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baseline Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Declined</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Full Physical</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Prompt</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Partial Physical</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Prompt</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Demonstration</td>
<td>0.00 %</td>
</tr>
<tr>
<td>0.00 %</td>
<td></td>
</tr>
<tr>
<td>Verbal Cue</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Independence</td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

ISP Program
ISP Program Templates

Templates can be created for ISP Programs to design and implement to track progress of individuals receiving services. Therap has a large ISP Program Templates Library, which users can access to import necessary templates or to view how the other providers are designing general and specialized person-centered service plans. Imported templates can be customized to document individual-specific problems, goals, valued outcomes, and interventions/services.

ISP Program Template

ISP Data

The ISP Data module enables staff to document supports and services provided to individuals based on the ISP Programs. The tool can be used to develop a baseline score and then track an individual’s progress over a specific period of time in a structured and consistent manner. This data can be used to determine if changes are needed in an individual’s plan. ISP data can be used
to bill for services provided by linking to the appropriate Service Authorizations. From April 2005 to March 2017, a total number of 337,732,850 ISP Data records were collected by providers using Therap.

ISP Data

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

Availability of Therap application is over 99.9% during normal working hours. With Therap’s experience of working with the I/DD industry over the years and knowing the importance of
Therap analyzes usage data and plans for downtime during windows of least usage.

Therap uses industry proven technologies, used around the world, for handling extremely large amounts of data. Currently Therap has over 300,000 active system users documenting information on more than 500,000 individuals and can support more than 10,000 concurrent users. Therap’s scalable platform is capable of supporting more than double the number of concurrent users while still sustaining a response time of less than three seconds. Therap has designed its system architecture using a modular and extensible approach, since both the user load and data capacity increase over time. Therap can grow in orders of magnitude, buying new equipments as required to handle increasing network and system load.

1. Contingency plans for system outages or unavailability.

The system applications and supporting infrastructure are designed with multiple points of redundancy. The system has an alternate site, and both sites can fully support application functionalities at full workload. While the system is operating at a live site, data and key system-level activity is replicated to the alternate site. Data backups are performed at all Therap production facilities. The tapes and tape storage containers reside in the secure infrastructure facility at each production site. Therap has developed and maintained a demonstrable Disaster Recovery and Business Continuity Plan that addresses various aspects of environmental, hardware and software failures.

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.

Therap is currently being used by over 4000 provider entities across 50 states. Therap provides means for these providers to create and configure forms for data collection. Users with appropriate roles and privileges can create templates that conform to agency requirements. For example, for goal oriented services, users can create ISP Programs that include information such as long term objectives, frequency of documentation, criteria for completion and the type of data to be collected and apply it to an individual. Similarly, users are able to create ISP Program Templates, integrated with EVV features, which can be applied to a number of individuals for data collection.

Therap is always happy and interested in discussing further improvements with the State, including creating a change management process.

n. Types of analytics and reporting provided.

Therap offers both standard and module specific reports to meet reporting needs. Module specific reports can be generated using different parameters including individual names, date ranges, form status, and output columns. Module specific reports are specifically tailored to collect and display information pertaining to that module in a way that maximizes user’s ability.
to track progress and analyze the efficiency of services provided. Also module specific search function allows users to specify a number of search parameters that defines the scope of the search and the search results provide a compact set of information by listing a wide range of output columns which can be exported to Excel for further analysis.

Therap offers a Report Library containing a large array of reports developed over the years based on user feedback and agency requirements for maintaining smooth functionality. The roles and privileges assigned to users determine their reporting capabilities within the system. For more specific reporting requirements, Therap provides additional reports, if requested by a Provider Administrator. Therap’s Report Library provides the ability to export each report to Excel for further analysis. The system reports and custom reports can be run daily and as many times as an agency desires.
Therap also provides a Business Intelligence (BI) module that expands the system’s reporting capability. Our BI module provides a means to work with metadata at the enterprise level. Using BI, users can view customizable dashboards on enrollee demographics and service documentation. Agency-wide data is aggregated, providing real time reports. BI enables providers to create meaningful aggregated data reports for identification of trends, execution of quality assurance activities, and assessment of overall agency performance in supporting enrollees.

The Data Driven Outcomes (DDO) Dashboard provides graphs and trends based on the information entered in ISP Data. The Data Driven Outcomes (DDO) Dashboard allows providers to aggregate outcomes data for individuals they support to track progress towards outcomes, levels of strength and weaknesses in achieving various parts of their support plans, and percentages of participations in the plans and goals designed for the individuals.
o. Typical account set up time and check in/out time for Providers and Recipients.

Account set up time varies according to the size of the agency. Depending on the number of users, Therap will be able to provide an implementation plan in discussion with the agency for the roll out of the system. Once accounts are set up, Providers and Recipients will be able to access their account and check in or out according to their needs.

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

Therap is a module based application where each module comes with a specific set of actions that can be performed by users depending on their level of access privileges. The intuitive application dashboard is specifically designed to provide the highest level of accessibility based on multiple user groups and the different sets of actions performed by them. Related modules are grouped together and displayed under different sections of the user interface. For example, health related information of individuals such as Health Tracking, Health Assessment, and Medication Administration etc. are grouped together under the Health tab, whereas administrative tasks such as Activity Tracking, user account and access privilege management appear under the Admin tab. This grouping was developed based on years of experience in the industry analyzing different levels of agency infrastructure and hierarchy based on different job responsibilities currently in practice in the I/DD industry. User’s access to different tabs and dashboards can be specified using Therap’s multilevel access control mechanism.
4. Describe the system’s capability to interface with other systems, for eligibility, timekeeping, payroll or data collection purposes.

Therap’s application suite currently integrates with a number of external systems including Medicaid Management Information System (MMIS), PeopleSoft/Mosaic, and QS1. Therap has extensive experience working with and interfacing with several states and large providers legacy systems.

The application suite also interfaces with external enterprise systems (e.g. state billing systems and demographic data management systems). Therap uses Simple Object Access Protocol (SOAP)-based service integration with the North Dakota Master Client Index for sending and receiving demographic data of the individuals. With Nebraska’s NFOCUS system, Therap’s system employs an FTP-based file transfer and a batch-data processing approach for updating individuals’ demographic data and caseload assignment of the support coordinators.

Therap interfaces with HP Enterprise Services/DXC Technology, which is responsible for processing claims related to the Medicaid services in Connecticut, Georgia, Kansas, Florida, Oklahoma, and Delaware. Therap complies with ANSI ASC X-12 v5010, HIPAA-Compliant EDI format for transmission of both 837P & 837I claims, and the receipt of 835 EDI Transaction trade files from MMIS Vendors. Presently is a Trading Partner with the following MMIS Vendors: CSC/eMedNY, Molina, Xerox/Conduent, HP Enterprise/DXC Technology, Noridian (Medicare), and both Clearinghouses and various MCOs as Payers.

Therap Billing Support is interfaced with Change Healthcare for both Medicaid and Commercial Insurance Carriers, which assists with payer requirements, eligibility verification in real time, claim process monitoring, claim denials management, and recognizing trends in denials.

In New York, Therap has previously interfaced with the Incident Report and Management Application (IRMA) for incident reporting in the State of New York. Therap has also interfaced with Affiliated Computer Services (ACS) in Colorado and Wyoming and Computer Sciences Corporation (CSC) for agencies in New York.

Therap’s Medical Administration Records (MAR) and Medication History modules are interfaced with the drug database from First DataBank, providing users with quick access to the medication information during administration. The ‘Drug Lookup’ option, in both the MAR and Medication History modules, significantly enhances their efficiency by enabling users to connect to the knowledge base, get detailed information on a medication, and make quick data entry. Therap’s Pharmacy Interface module allows for direct information exchange between provider agencies and the pharmacies they work with to receive updated medication information. Therap currently has interfaces with QS1 PrimeCare and SpeedScript pharmacy systems.

We have also interfaced the learning management system of College of Direct Support (CDS) with the Therap System, helping professionals to quickly access their CDS lessons and their CDS learning page. The company has also built an interface with the internal IT system of MOSAIC, one of the largest service provider organizations in the country. Therap has
implemented APIs following the RESTful architecture, so other systems can readily interface with our system. APIs are currently being used from the Android and iOS phone-based applications for medication administration, daily notes, service tracking, etc.

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.**

Therap Services is the industry leader in providing web-based electronic health records, billing, and communication solutions for States and provider agencies.

Therap ensures users will receive a comprehensive introduction and hands-on training customized to their role and use of the system. Therap’s Training and Implementation Specialists have extensive experience working in the DD/ID, Mental Health and Special Education fields and also have experience as end users of Therap.

Based on our experience from successful completion of projects of similar scope, Therap has established processes and procedures for managing the project and required activities throughout the duration of the project contract term. Throughout the entire lifecycle of a project, we apply a project management methodology that adheres to industry standard best practices defined by the Project Management Institute (PMI). Therap will create the Project Management Plan and provide an experienced Project Manager to manage the provision of services and activities under the contract. Our project team includes PMI certified Project Management Professionals (PMP) who have in-depth knowledge and hands-on experience in applying standard project management practices in complex statewide projects for I/DD systems involving process automation, legacy system migration, interfacing and integration of multiple mission critical systems to meet the timeline set for implementation.

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.**

Therap has extensive experience in this area, both in California as well as across the country. Therap’s implementation process is built on 14 years of experience in implementing a COTS SaaS solution for people and systems that support individuals with developmental disabilities. As the only company based in this sector with this level of experience, Therap is confident in its ability to implement this system smoothly, with many features that will exceed the requirements of the RFI. Therap currently supports the records and documentation of over 300,000 individuals receiving supports and services from more than 400 agencies across California.

Our project management methodology follows the standard processes and guidelines defined by the PMBOK framework. In each release cycle the Therap system goes through a set of processes which encompass one or more projects. Larger projects are divided into phases and each phase is
incorporated into one release cycle. Project management processes are closely integrated with and overlap with the SDLC phases.

Therap is flexible in meeting changing requirements and coping with problems. We believe that continued communication with stakeholders helps us avoid or to mitigate project delays. Therap’s experience of completing projects with agencies successfully proves that sufficient resources and knowledgeable, experienced staff are available to meet the project schedule.

Therap trainers will present hands-on training sessions, applying the principles of adult learning theory, to new users based on professional roles and as determined by the approved Implementation Plan. Throughout training sessions, modules are covered in a step-by-step manner so the staff being trained are able to practice and obtain the skills and knowledge needed to become competent users of the system. Each training session is delivered in a consistent and reliable manner. This training will include developing training skills for designated personnel. Additionally, competency tests and course evaluations will be completed to ensure new users receive consistent quality of training.

Therap welcomes and encourages communication between the Therap team and agency staff. Various avenues of communication are available. Agency staff is encouraged to have regular telephone conversations with Therap team members. They can also reach out to the Training and Implementation team via Therap’s issue tracking mechanism or via live chat for support with issues and questions. In addition, Therap team members host frequent webinars, user group sessions and conferences where users can meet and discuss their experience of using Therap and direct their issues and questions to Therap team members.

Sound design and efficient management is required to achieve this level of success. A shared vision of the future of service provision for people with disabilities where the system can act as a tool to promote safety, inclusion, achievement and growth is also required. Therap has the vision and leadership to ensure this will be a successful project.

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

The Therap system is used by a wide variety of public entities including state agencies in 17 states. Currently Therap is used by over 4000 providers providing supports and services to over 500,000 individuals in 50 states, other US jurisdictions, and internationally. Therap’s Training and Implementation specialists provide training to users, assist with implementation during the implementation phase, provide continual support once the system is up and running, and facilitate regional and topical on-line user groups. Training and implementation specialists are assigned based on their location and area of operation in order to provide prompt support. Therap has managed to form close partnerships with customers by creating a community of enthusiastic users who understand the benefits of the system. Therap has approximately a 99% retention rate for customers. The high level of retention is an indication of the type of work and commitment both the providers and the company have to each other and to the industry. As part of Therap’s compliance initiatives, the company contracts with a third party to perform vulnerability
assessments, penetration tests and assessment of risk management strategies. These tests are performed on a scheduled basis, and can also be performed as an on-demand service in order to maintain the highest level of standards in the quality of services provided.

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.**

Therap strives to be an active partner in the process of supporting people needing long term services and supports. We work with provider associations, community groups, families, advocates, and self-advocates across the country. The hundreds of thousands of people who receive services from entities that provide supports and services to people with special needs include individuals comprising the full range of developmental disabilities, including blind and deaf, and low literacy levels. By definition this population is made up of people with widely varying (and changing) levels of need, and with varying levels of support and independence. Likewise our providers range from small, simple organizations supporting a handful of individuals to complex state systems and multi-state provider agencies with complex organizational structures serving tens of thousands of individuals. Our customers provide consistent feedback that Therap is ‘user-friendly’ software. We work in partnership with providers to understand how to achieve the greatest usefulness or our system components.

Therap currently has Self-Advocates who are active in Therap’s Self-Advocate Program. They utilize a number of modules, such as T-Logs and Medication Administration Records (MAR), to carry out documentation about themselves. They use the Secure Communications (SComm) module to correspond with their caregivers.

![Self-Advocates Jennifer Yost and Lori Schneider](image_url)
9. **Discuss ongoing maintenance of EVV systems.**

There are typically two to four major feature releases a year. The major releases are for extensive updates to the system. Point releases are carried out for bug fixes and for maintenance work. Release schedules are provided to the users well ahead of date and time of the release. Therap has carried out extensive requirement analysis to determine downtimes which would least affect the work of the users of Therap. Release or maintenance are usually planned during weekends and at times when the usage is at a minimum.

Therap has developed strict processes that acts as a control mechanism designed to establish a consistent and stable environment when making modifications to or monitoring the platform. Therap’s patch management policy ensures that each update is evaluated to determine the features and the urgency of the update. After completing the assessment, the update will be applied to the test environment, for inclusion in the next application software release. If the nature of the update indicates that it should be implemented on a more aggressive schedule (e.g., a critical security patch, a firmware patch that avoids a system outage, etc), the update would be applied at the site not currently designated as ‘live’.

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.**

**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.

Therap would work well in this option, however the clearest con to this approach would be supporting Individual Providers with access to two systems. A one way feed from Therap would ensure that both databases are in sync. It would increase costs to have this sync happen in real time. The cons of this approach are clear when looking at the kinds of problems that arise with the current paper reporting system: Individual Providers are frequently very independent, yet may need significant amount of administrative assistance to properly submit information and receive timely and accurate payments. This level of support would remain and a technical aspect
would be added. Therap would provide technical assistance in how to use the system, but administrative issues like wrong hours, changes in hours, or just failure to submit would fall onto IHSS workers.

**Option 2. Replace all timesheet processes for the Individual Provider Model**

For the Individual Provider model, the EVV solution or service could replace paper timesheets, ETS, and TTS by providing the functionality to collect hours worked, allowing the Provider to review time reported, allowing the Provider to correct hours worked, allowing the Recipient approval of hours worked, and assisting the Provider in avoiding payroll exception and overtime violations. The information about the hours worked and services provided would be sent to CMIPS through a data interface. CMIPS would process the payroll and report Medi-Cal claims as it does today. The State would then decommission the existing TPF and remove the ETS functionality from the IHSS Portal as paper and electronic timesheets are phased out. The IHSS Portal would remain available for other self-help functions for Providers and Recipients.

Therap would work even better in this option, as Therap would be the source of the most up to date information. It would be the best place for Individual Providers to review and correct the hours they submit. This kind of data interface is simple and cost effective and can be done in overnight batch. The cons of this approach are clear when looking at the kinds of problems that arise with the current paper reporting system: Individual Providers are frequently very independent, yet may need significant amount of administrative assistance to properly submit information and receive timely and accurate payments. This level of support would remain and a technical aspect would be added. Therap would provide technical assistance in how to use the system, but administrative issues like wrong hours, changes in hours, or just failure to submit would fall onto IHSS workers.

**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.

This solution is almost the perfect model. Agency providers would be incentivized to assist their employees to submit data properly and on time. They would have much closer relationship to the frontline service and anticipate many problems before they became a crisis to IHSS workers. However, the idea of a required EVV system is a con in our opinion. If the interface requirements are clear, then the EVV market becomes competitive and Agency Providers can flex and adapt to systems that not only meet the requirements of EVV, but also do so much more for their businesses.
Option 3.5. Agency Provider Model with Choice of EVV system based on Standard Reporting Requirements

This solution is ideal for the State of California. States have a tendency to overpay for solutions and because of the time it takes to put them online, they tend to be behind the curve on what technology can do. Considering the speed at which technology changes it is formula almost guaranteed to produce problems. In this solution, the State can reimburse providers up to a certain amount per customer for a solution that meets the requirement and remain compliant. Costs will stay lower, agencies will take ownership of the solution that works best for their business, and systems will be incentivized to deliver more for less and keep up with technology and best practices. Please refer to Attachment B “Tellus EVV & Claims Portal Integration DOC Type Policy” for a sample we believe to be a good model for California. It is the Florida Agency for Health Care Administration to implement the AHCA Electronic Visit Verification (EVV) program. See attached document for a sample we believe to be a good model for California. It is the Florida Agency for Health Care Administration to implement the AHCA Electronic Visit Verification (EVV) program.

Option 4. Replace both timesheet processes and major components of payroll processing

This model has some obvious cons. Payroll is going to be driven by many factors above and beyond just service delivery. Large agencies will have much more complexity and require more expensive solutions, smaller agencies will be overwhelmed by this complexity. EVV solution should be simple and focus just on capturing the verification of service. Payroll complexities should be left up to the companies to decide what works well for them. Picking one payroll company for all providers is likely going to be very difficult to implement.

Option 5: Leverage solution for home health care.

This seems like the inevitable outcome of a successful implementation of the IHSS solution. Therap proposes the Agency choice based on standard requirements will be the only solution that will remain flexible enough to meet the technology opportunities of 2023 that cannot even be imagined in 2017.

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

Therap has extensive experience in implementing the solution for Individual Provider and Agency Provider models and will be able to create implementation plans based on the requirements of each model.

For the Agency Provider model, Therap will actively participate in training directors, administrators and the Providers themselves in the use of the application, based on the roles and privileges assigned. Grouping employees together who have the same access rights to the
system, such as administrators, or direct care staff, will allow trainings to be focused within a trainee’s job expectations. Trainees will be required to login to the test mode training environment and Therap trainers will model and guide trainees step-by-step on successfully completing forms and documents in the new database.

For Individual Provider model, the training method would differ based on the requirements of the Provider. Therap will work with the Providers to create a training plan that would adhere to the requirements, but also streamline the training process for the users. Therap has experience in providing training and support for models such as Individual Providers and has implemented this model for Nebraska’s independent providers. Currently, more than 1500 independent providers in Nebraska use the applications suite to document services they are providing. Therap also has implemented a similar project in California with Far Northern Regional Center. Therap partnered with Far Northern Regional Center to electronically carry out the Special Incident Report (SIR) process from submission through our electronic system to tracking, management, and reporting, for vendors / providers. Therap provided both onsite and web trainings to more than 300 individual providers to ensure successful implementation, and Therap continues to provide ongoing support today. This includes large organizations with IT staff as well as small sole proprietors with little previous technology experience. Numerous support tools were developed and are available to ensure the success for providers; a dedicated web page was developed with various instructional videos and user guides to assist the individual in learning how to submit a SIR, a crosswalk and FAQ sheet was created to make the transition from paper to electronic seamless with familiar terminology, and live chat support.

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

Therap system is a Commercial Off-the-Shelf (COTS) Software as a Service (SAAS) solution. Therap's web-based applications suite is designed for the intellectual and developmental disability community. The SaaS model integrates an intuitive and flexible application with a high-performance infrastructure to provide a solution that is reliable, scalable and secure. The result is a system that is purpose-built to deliver flexibility and performance while remaining highly available. Therap’s SaaS model allows agencies to choose and use modules specific to their needs from our more than 70 modules. Role based access control allows provider administrators to control access to different modules and the actions they can perform within the modules. A certain set of roles can be assigned to a group of users depending on their responsibilities as seen fit by the administrators. For example, direct support professional are usually allowed only to submit documentation whereas the privilege for reviewing and approving the documentation is restricted to administrators.

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.
Therap’s current pricing for our EVV solution is a maximum of $5.00 per Customer (Service Recipient) per year, at large scale implementations our per Individual costs are typically lower. There are no setup costs for our solution from our end. The Agency or Individual Provider has only the added cost of a smartphone or tablet with GPS capability, and cost of data. For many providers this has already been rolled into cost of doing business. In Therap the costs of scaling up would cause the cost to the State per Customer per year to go down.

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.

Currently, the Therap mobile app integrates with the EHR to process EVV data and facilitate service delivery authentication processes and billing. The Service Note and Timesheet tool on the mobile applications include GPS location tracking, electronic signatures, and date and time stamps, recorded at the point of service delivery.

Therap’s Scheduling/EVV module provides agencies with more tools to coordinate the complexities of community based supports and self-directed services and provides multiple use functions including payroll/ timesheet, individual goal progress, coordination of service delivery, and internal quality assurance processes. This module improves the functionality of our Electronic Visit Verification technology. These tools are accessible with a standard web browser on an Internet connected device, as well as Therap mobile app that is available for Apple and Android platform.

With the trends shifting to the use of mobile devices and more efficient data collection methods, Therap aims to provide a more mobile friendly system which can be made accessible to the user base.

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.

Therap has a flexible notification mechanism that allows users to enable notifications for a specific set of actions. Users may choose to receive alerts for a specific level of notification (high, medium or low). Users can select the appropriate media (email, cell-phone, pager, etc.) by which they intend to receive these alerts in real time. Notifications do not include Protected Health Information. The email notification prompts the user to log into the secure Therap system, to retrieve the encrypted messages and attachments. Therap being a standards-based system supports English, Spanish and Romanian. Other languages can also be implemented.

Therap offers Secure Communications (SComm) module that allows correspondence between users of the software in a secure HIPAA compliant manner. SComm can be used as a method of communication regarding technical queries or issues. Self-advocates who are currently active in Therap’s Self-Advocate Program utilize a number of modules, such as T-Logs and Medication Administration Records (MAR), to carry out documentation about themselves. They use the
SComm module to correspond with their caregivers. To ensure that the system is accessible for persons with disabilities including those with visual impairments or total blindness, Therap has procedures in place to examine and establish system compliance with ADA requirements. Therap has worked with a number of users with disabilities using a variety of assistive software and devices including JAWS and Windows Eyes.

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

The Therap system employs state-of-the-art security and promotes active involvement by individuals receiving supports and services, self-advocates, and family members by providing them with direct, real time access to their data. Users of the Therap system report both a major improvement in the quality of their data and in the relationship between families and providers. Therap’s documentation system has a proven impact on the quality of supports and on the satisfaction of individuals receiving services. Therap promptly updates the system in order to incorporate federal and state regulatory changes to ensure compliance.

The Therap system undergoes continuous improvement to enhance communication among the various agencies that support an individual with a disability and the different entities that coordinate and oversee the individual’s supports and services. Therap’s patented processes allow for data to be shared between service providers, support coordinators, and state agency personnel while maintaining privacy, data integrity and HIPAA compliance. The oversight and monitoring functions in the Therap system will allow agency personnel to track data about progress towards outcomes, incidents, timeliness of support, service validation and implementation of support plans, as well as other areas of interest identified. Most importantly, the Therap system allows for genuine person centered service planning and delivery, thus helping the agency in its efforts to meet the Seven Conditions and Standards for enhanced funding for Medicaid IT projects.
Attachment B
Tellus EVV & Claims Portal Integration DOC Type Policy

BACKGROUND

The Florida Agency for Health Care Administration (Agency) has contracted with Centric Consulting, LLC (Vendor), to implement the AHCA Electronic Visit Verification (EVV) Program for home health providers furnishing services through the fee-for-service delivery system. The AHCA EVV Program is powered by Tellus, LLC technology and uses the Tellus EVV software to verify the utilization and delivery of home health services (home health visits, private duty nursing, and personal care services) using technology that is effective for identifying delivery of the service and deterring fraudulent or abusive billing for the service. Also, the AHCA EVV Program will provide an electronic billing interface and require the electronic submission of claims for home health services. Home health providers furnishing services through the Medicaid fee-for-service delivery system will need the Tellus EVV software to confirm delivery of home health services or use an integratable EVV System.

POLICY

Providers that do not currently use an EVV application must use the AHCA EVV System for Medicaid fee-for-service Home Health Services delivered on and after the AHCA EVV implementation date. Providers using other electronic visit verification software, referred to as third-party EVV systems, may continue to utilize their current application in place of AHCA EVV System; however, the Provider must use Tellus EVV Claims portal to submit claims to FMMIS. All EVV data is required to be captured and retained for claims processing; therefore, third-party EVV data must be submitted and integratable to the Tellus EVV Claims portal prior to claims submission.

Third-party EVV systems must be vetted by Tellus to ensure they are able to provide the data and service levels required by AHCA for valid claims submission. To support the evaluation and acceptance of a third-party EVV system, the third-party vendor must request authorization by providing the following information to Tellus in writing via email to ahcaevv@4tellus.com:

a. Name of EVV vendor
b. Type of EVV system (Global Positioning System (GPS), Interactive Voice Response (IVR), etc)
c. EVV vendor contact name
d. EVV vendor contact email address
e. Name of Provider agency requesting their services
f. FL Medicaid ID of Provider agency
g. Provider contact name
h. Provider contact email address

Within three business days of receipt of the request, Tellus will attempt to confirm, in writing with the Provider contact provided by the third-party EVV vendor, their desire to use the third-
party EVV vendor in place of Tellus EVV System. Upon confirmation by the Provider contact, Tellus will request the following information from the EVV vendor contact within two business days:

a. Reference from third-party system validating integration experience
b. Executed Tellus Business Associate Agreement
c. Comply with FMMIS guidelines
d. Adhere to data file transmission procedures
e. Name and contact information of technical resource(s)
f. Approved data export sample

A minimum of two weeks prior to the date AHCA requires data submission of EVV data to be included in the claims processing process, the third-party EVV vendor must demonstrate their ability to process and submit a file complying with the terms outlined in the file/system specifications via the data transmission method outlined in this policy. Failure to do so disqualifies the third-party EVV vendor as an acceptable alternative to Tellus EVV System. Tellus will provide a test harness for vendors to test data files prior to production. Submitted files will be tested for validity using event checking and logging tools after they are transmitted, or uploaded prior to acceptance to the EVV Aggregation database. If the file does not conform to the standards outlined, the submission will be rejected and the EVV vendor and/or Provider will be notified the file could not be processed. The EVV vendor or Provider is responsible for remediating and resubmitting the file for processing.

If a previously approved third-party vendor is unable to consistently deliver data files as required within this policy, they will be provided the opportunity to remediate the reported deficiency. Failure to do so may result in disqualification of the vendor as an approved alternative to Tellus EVV.

**SCOPE**

This policy applies to Providers electing to use custom EVV software or third-party EVV systems in place of the AHCA EVV System (powered by Tellus, LLC technology). Both, Providers and their EVV vendor must comply with the terms of this policy to submit claims to FMMIS for Florida Medicaid fee for service delivered services.

**PURPOSE**

The requirements outlined in this document are intended for credentialed State of Florida Providers already capturing home visits using a third-party EVV or IVR system.

**DATA TRANSMISSION METHOD**

Tellus will supply a secure web-based Claims Portal where Providers will manage claims processing. If the Provider uses Tellus EVV to verify delivery of services, EVV data will be appended to the claim to support claims processing.
If a Provider elects to use a third-party EVV vendor, either the Provider, or their third-party EVV vendor, must submit a data file to Tellus to generate and submit the claim to FMMIS. Third-party vendor data files can be submitted in one of two ways:
1. Submit file that complies with the file/system and file format details in this document via Secure File Transfer Protocol (SFTP) server
2. Upload file that complies with the file/system and file format details in this document via Tellus EVV Claims portal

If a data file is not delivered by the third-party EVV vendor, the EVV vendor must notify Providers electing to use that vendor and Tellus that a file was not delivered and the reason for the delivery failure.

The following diagram provides an overview of the data transmission process.
FILE/SYSTEM SPECIFICATIONS

Any file transmitted must be named in accordance to standard file naming conventions, including a valid three-character file extension.

Tellus allows uploads of xml and csv files, (field separator must be pipes, “|”). Any data file uploaded must contain a valid file extension.

The Tellus EVV Claims submission portal is designed to support the following Internet browsers:

• Internet Explorer Version 10 or later.
• Google Chrome Version 60.0.3112.101 or later.

Table 1 Data Elements Required For Claim Submission

<table>
<thead>
<tr>
<th>Name</th>
<th>Codes/Values</th>
<th>Notes &amp; Comments</th>
<th>EDI Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>RecipientID</td>
<td>Identification Code</td>
<td>Florida Recipient 10-digit Medicaid ID</td>
<td>2010BA - NM109</td>
</tr>
<tr>
<td>ProviderID</td>
<td>Identification Code</td>
<td>HIPAA National Provider Identifier (NPI)</td>
<td>2010AA - NM109</td>
</tr>
<tr>
<td>CaregiverName</td>
<td>Direct Caregiver Name</td>
<td>Name of the direct caregiver that performed the service</td>
<td></td>
</tr>
<tr>
<td>InsuranceCode</td>
<td>Use STATE OF FLORIDA MEDICAID</td>
<td>Payer Organization Name</td>
<td>1000B - NM103</td>
</tr>
<tr>
<td>serviceCode</td>
<td>Procedure Code, Modifier 1 and Modifier 2 if applicable</td>
<td>Enter the procedure code for this service. For Child Health Check up (CHCUP) claims, enter the screening procedure code on the first service line. Enter procedure code '99998' for Public Transportation Claims.</td>
<td>2400 - SV101-2</td>
</tr>
<tr>
<td>visitID</td>
<td>Internal Visit Identification Code</td>
<td>Provider-specific internal identification code for referring back to the service/visit.</td>
<td></td>
</tr>
<tr>
<td>SourceSystem</td>
<td>Source system identifier</td>
<td>Source system vendor identifier</td>
<td></td>
</tr>
<tr>
<td>Source</td>
<td>Use EVV, IVR or OTHER</td>
<td>Source of the system-type that captured the Visit information.</td>
<td></td>
</tr>
<tr>
<td>serviceScheduledStartDateTime</td>
<td>Use date-time format YYYYDDMMHHMMSS</td>
<td>Date and Time the Service was scheduled to start by the Provider.</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Codes/Values</td>
<td>Notes &amp; Comments</td>
<td>EDI Reference</td>
</tr>
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</tr>
<tr>
<td>serviceScheduledEndDateTime</td>
<td>Use date-time format YYYYDDMMHHMMSS</td>
<td>Date and Time the Service was scheduled to end by the Provider. Use Year, Month, Day, Hours, Minutes, Seconds.</td>
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<tr>
<td>serviceStartDateTime</td>
<td>Use date-time format YYYYDDMMHHMMSS</td>
<td>Date and Time the Service was started. Use Year, Month, Day, Hours, Minutes, Seconds.</td>
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<tr>
<td>serviceStartGPSLat</td>
<td>Use decimal degrees: 40.446° N 79.982° W</td>
<td>GPS Latitude recorded by EVV System or device.</td>
<td></td>
</tr>
<tr>
<td>serviceStartGPSLong</td>
<td>Use decimal degrees: 40.446° N 79.982° W</td>
<td>GPS Longitude recorded by EVV System or device.</td>
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</tr>
<tr>
<td>serviceEndDateTime</td>
<td>Use date-time format YYYYDDMMHHMMSS</td>
<td>Date and Time the Service ended. Use Year, Month, Day, Hours, Minutes, Seconds.</td>
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</tr>
<tr>
<td>serviceEndGPSLat</td>
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<td>GPS Latitude recorded by EVV System or device at the time the Service ended.</td>
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</tr>
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<td>serviceEndGPSLong</td>
<td>Use decimal degrees: 40.446° N 79.982° W</td>
<td>GPS Longitude recorded by EVV System or device at the time the Service ended.</td>
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<td>DiagnosisCodes</td>
<td>Use ICD-10 Codes</td>
<td>Diagnosis Code(s) assigned to Recipient.</td>
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<tr>
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</tr>
<tr>
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<td>Address Line 2</td>
<td>Recipient Address Line 1</td>
<td>2010 BA - N302</td>
</tr>
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<td>City</td>
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<tr>
<td>State</td>
<td>State</td>
<td>Recipient Address City Name</td>
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</tr>
<tr>
<td>Zip</td>
<td>Zip Code</td>
<td>Recipient Address Zip Code (Use 9 digits)</td>
<td>2010 BA - N403</td>
</tr>
<tr>
<td>PANo</td>
<td>Reference Identification</td>
<td>Prior Authorization Number if the services rendered required and received approved Prior Authorization from AHCA.</td>
<td>2300 - REF02</td>
</tr>
</tbody>
</table>