Response to
Request For Information (RFI) # 32236
State of California Health and Human Services Agency (HHSA)
& Office of Systems Integration (OSI)

Disclaimer:
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Below is the contact information including the name, title, address, phone number, fax number and email address of the primary and secondary contact persons for this RFI at DataLogic Software, Inc.

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<tr>
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<tr>
<td>ALW</td>
<td>Assisted Living Waiver</td>
<td>A California State program that waives institutional setting requirements of federally funded care for individuals who are at risk of being institutionalized or can be safely transferred from an institution to a community setting.</td>
</tr>
<tr>
<td>ADLs</td>
<td>Activities of Daily Living</td>
<td>Basic self-care tasks, such as feeding, bathing, grooming, walking, dressing, meal preparation, laundry, etc.</td>
</tr>
<tr>
<td>CDSS</td>
<td>California Department of Social Services</td>
<td>The State agency that manages IHSS Services in the Individual Provider Model.</td>
</tr>
<tr>
<td>CMIPS</td>
<td>Case Management Information and Payrolling System</td>
<td>The automated system administered through IHSS and WPCS which supports case management, and payroll.</td>
</tr>
<tr>
<td>DDS</td>
<td>(California) Department of Developmental Services</td>
<td>The State agency that manages RCs for Supported Living Services, In-Home Respite, and Personal Assistance Services as part of the HCBS program.</td>
</tr>
<tr>
<td>DHCS</td>
<td>(California) Department of Health Care Services</td>
<td>The State agency that manages HCBS services in the Agency Provider Model.</td>
</tr>
<tr>
<td>ETS</td>
<td>Electronic Timesheet System</td>
<td>Electronic time tracking system that collects data for hours worked.</td>
</tr>
<tr>
<td>EVV</td>
<td>Electronic Visit Verification</td>
<td>An electronic system to validate Medicaid service delivery according to the 21st Century Cures Act.</td>
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<tr>
<td>FI</td>
<td>Fiscal Intermediary</td>
<td>The organization that manages claims payments to Provider agencies for the California Department of Health Care Services.</td>
</tr>
<tr>
<td>HCBA</td>
<td>Home and Community-Based Alternatives Waiver Program</td>
<td>A California State program that waives institutional setting requirements of federally funded care for individuals who prefer to receive long term services and supports in their home and community. Part of the WPCS.</td>
</tr>
<tr>
<td>HCBS</td>
<td>Home and Community-Based Services</td>
<td>A program administered by DHCS.</td>
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<tr>
<td>HHSA</td>
<td>California Health and Human Services Agency</td>
<td>The State agency that consists of the CDSS, DHCS and DDS.</td>
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<tr>
<td>HHSC</td>
<td>Texas Health and Human Services Commission</td>
<td>The agency that oversees all Medicaid programs in the State of Texas.</td>
</tr>
<tr>
<td>IHO</td>
<td>In Home Operations Waiver Program</td>
<td>A California State program that waives institutional setting requirements of federally funded care for individuals who prefer to receive long term services and supports in their home. Part of the WPCS.</td>
</tr>
<tr>
<td>IHSS</td>
<td>In-Home Supportive Services</td>
<td>One of four Medicaid programs managed by CDSS consisting of Personal Care Services Program(PCSP). IHSS is 58 counties across California and serves 550,000 individuals.</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<td>MFCU</td>
<td>Medicaid Fraud Control Unit &lt;br&gt;An entity of the state government, separate from the Medicaid agency, mandated to statewide programs for investigating Medicaid fraud.</td>
<td></td>
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<tr>
<td>MSSP</td>
<td>Multipurpose Senior Services Program &lt;br&gt;The MSSP Waiver provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals.</td>
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<tr>
<td>OSI</td>
<td>(California) Office of Systems Integration &lt;br&gt;The Office of Systems Integration is a department of HSSA that was established to manage large, complex health and human services information technology projects.</td>
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<tr>
<td>PPCW</td>
<td>Pediatric Palliative Care Waiver &lt;br&gt;A pediatric palliative care program made possible through a 1915(c) (home and community based services or HCBS) waiver approved by the Centers for Medicare and Medicaid Services for use in California.</td>
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<tr>
<td>RCs</td>
<td>Regional Centers &lt;br&gt;California Regional Centers are non-profit organizations that contract with Individual Providers and Agency Providers to provide supported living services, In-Home Respite and Personal Assistance Services to individuals with developmental disabilities.</td>
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<tr>
<td>TDHS</td>
<td>Texas Department of Human Services &lt;br&gt;Prior name of department that oversees Medicaid programs, now called Texas Health and Human Services Commission (HHSC).</td>
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<td>TPF</td>
<td>Timesheet Processing Facility &lt;br&gt;Centralized facility where timesheets are mailed.</td>
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<tr>
<td>TTS</td>
<td>Telephone Timesheet System &lt;br&gt;A system for blind and visually impaired recipients to call a phone number and verbally approve the number of hours worked by an employee for the recipient.</td>
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<tr>
<td>WPCS</td>
<td>Waiver Personal Care Services &lt;br&gt;Services authorized by the DHCS, designed to assist in gaining independence for activities of daily living and preventing social isolation.</td>
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<td>1</td>
<td>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.</td>
<td>2</td>
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<td>2</td>
<td>Provide a detailed description of the EVV system.</td>
<td>2</td>
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<tr>
<td>2a</td>
<td>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).</td>
<td>2</td>
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<tr>
<td>2b</td>
<td>Describe how your EVV. WPCS Providers are family members and/or live in the household with the Recipient. WPCS Providers are family members and/or live in the household with the Recipient.</td>
<td>2.2</td>
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<tr>
<td>2c</td>
<td>Security features of the system that confirms the identity of both the Providers and Recipients and how that data is kept secure.</td>
<td>2.4.3</td>
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<td>2d</td>
<td>Data collection, including information identified in this RFI Section 5 Proposed Environment.</td>
<td>2.3.14</td>
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<td>2e</td>
<td>Features that address the requirement that allows Providers to modify or “fix” information (i.e., if they forget to check in/out).</td>
<td>2.4.4</td>
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<tr>
<td>2f</td>
<td>Features that conform to the concept of being minimally burdensome.</td>
<td>2.5.2</td>
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<tr>
<td>2g</td>
<td>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.</td>
<td>2.7</td>
</tr>
<tr>
<td>2h</td>
<td>Features of the system that address the needs of special populations that cannot be near electronic devices.</td>
<td>2.5.3</td>
</tr>
<tr>
<td>2i</td>
<td>Features of the system that address the provision of EVV in rural areas where technology infrastructure may be limited or unavailable.</td>
<td>2.3.1</td>
</tr>
<tr>
<td>2j</td>
<td>Additional features the system offers outside of EVV.</td>
<td>2.3.8, 2.3.9, 2.3.10</td>
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<td>2k</td>
<td>Service level metrics including system availability and system capacity.</td>
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<td>2l</td>
<td>Contingency plans for system outages or unavailability.</td>
<td>2.5.4</td>
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<td>2m</td>
<td>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.</td>
<td>2.4.2  2.5</td>
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<td>2n</td>
<td>Types of analytics and reporting provided.</td>
<td>2.4.3</td>
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<td>2o</td>
<td>Typical account set up time and check in/out time for Providers and Recipients.</td>
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<td>3</td>
<td>Describe if/how the system groups or categorizes tasks to simplify system operation, tracking, Provider and Recipient use, etc.</td>
<td>2.5.7</td>
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<td>Describe the system’s capability to interface with other systems, for eligibility, timekeeping, payroll or data collection purposes.</td>
<td>2.3.11</td>
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<td>5</td>
<td>Describe your experience with implementing EVV systems including high-level timelines for implementation and training for all user populations.</td>
<td>2.1  2.7.9</td>
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<td>5</td>
<td>Describe implementation challenges and lessons-learned. Describe how to overcome implementation challenges.</td>
<td>2.7.7</td>
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<td>5</td>
<td>Distinguish implementation(s) for government entities versus private entities.</td>
<td>1.1 Paragraph 5,6</td>
</tr>
<tr>
<td>5</td>
<td>If implemented for state entities, please identify which states and provide contact information.</td>
<td>3.1</td>
</tr>
<tr>
<td>6</td>
<td>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.</td>
<td>2.8</td>
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<td>7</td>
<td>Discuss strategies you have employed to garner customer satisfaction and include any satisfaction survey data, if available.</td>
<td>2.5</td>
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<td>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.</td>
<td>2.5</td>
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<td>9</td>
<td>Discuss ongoing maintenance of EVV systems.</td>
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<td>Describe if/how the EVV Portal with the ETS feature and the pros and cons of doing so.</td>
<td>2.7.7</td>
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<td>11</td>
<td>Describe how an EVV solution can be effectively implemented for both the Individual Provider and Agency Provider employment models.</td>
<td>2.7.1, 2.7.3</td>
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<tr>
<td>12</td>
<td>Describe your business model (e.g., Software as a Service, Commercial off-the-Shelf, Modified off-the-Shelf, custom built, transactional).</td>
<td>2.1</td>
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<tr>
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<td>Describe the costs and fee structure of EVV, 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. 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. 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. 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. 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.</td>
<td>2.7</td>
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<tr>
<td>14</td>
<td>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.</td>
<td>2.7.5</td>
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<td>15</td>
<td>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.</td>
<td>2.5.3</td>
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<td>16</td>
<td>Describe how your system is kept current and how it keeps up with technology changes.</td>
<td>2.5.8</td>
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<tr>
<td>1</td>
<td><strong>Option 1.</strong> Leverage IHSS 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 could 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.</td>
<td>2.7.1</td>
</tr>
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<td>2</td>
<td><strong>Option 2.</strong> 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 the 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</td>
<td>2.7.2</td>
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<tr>
<td>3</td>
<td>the ETS functionality form the IHSS Portal as paper and electronic timesheets are phased out. The IHSS Portal would remain available for the other self-help functions for Providers and Recipients.</td>
<td>2.7.3</td>
</tr>
<tr>
<td>4</td>
<td>Option 3. <strong>Agency Provider Model.</strong> 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. be required to use the EVV system(s) chosen by the State.</td>
<td>2.7.4</td>
</tr>
<tr>
<td>5</td>
<td>Option 5. <strong>Leverage solution for home health care.</strong> The EVV solution or service could be leveraged for home health care services by 2023.</td>
<td>2.7.5</td>
</tr>
<tr>
<td>Page 10, paragraph 2</td>
<td>Electronic verification would serve two purposes: (1) document the provision of personal care services for the Recipient; and (2) capture the time a Provider begins and ends their shift for payroll purposes.</td>
<td>2.1</td>
</tr>
<tr>
<td>Page 10, paragraph 2</td>
<td>Any proposed EVV solution must include the ability to time stamp for every visit and allow a Recipient to confirm the Provider’s hours.</td>
<td>2.4.4</td>
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1. Introduction

1.1 Executive Summary

As the creator of the most widely used Electronic Visit Verification (EVV) system in Texas Medicaid, DataLogic Software, Inc. (DataLogic) is providing this Response to the Request For Information (RFI) #32236 for the California Health and Human Services Agency (HHSA).

The California HHSA, through the Office of System Integration (OSI) issued RFI #32236 on September 30, 2017 to explore solutions related to Electronic Visit Verification (EVV) services for programs covered by the 21st Century Cures Act (the Cures Act).

California HHSA services covered by the Cures Act include In-Home Supportive Services (IHSS) administered by the HHSA Department of Social Services (CDSS) as well as Home and Community Based Services (HCBS) and Home Health services administered by the HHSA Department of Health Care Services (DHCS) and Department of Developmental Services (DDS).

DataLogic has over 21 years of experience in developing, deploying and operating Medicaid software and over 15 years of experience with EVV systems. With this extensive background and experience in both large-state EVV and other Medicaid software systems, DataLogic can leverage its background in large-state EVV implementation projects to assist the HHSA to achieve the goals for its EVV implementation.

It is important for any state agency or payer to consider the difference between a time-clock service and an EVV service that focuses on state agency and payer oversight of Medicaid service delivery for programs covered by the Cures Act.

The goals of an EVV implementation go beyond the goals of a time-clock, and include the following:

- Ensure the integrity, security and accuracy of data elements for EVV transactions which constitute legal documents
- Assist the state agency or payer in ensuring that authorized and billed service hours are appropriately delivered to recipients
- Increase the state agency and payers’ ability to accurately verify delivery of billed services
- Reduce the capacity for service delivery documentation errors and fraud
- Increase the accuracy of service delivery documentation in terms of type of service, location of service delivery, the person delivering services, the person receiving services, the start and end time of service delivery and the total hours of service delivery
- Reduce duplication of services
- Provide state agencies and payers with a robust repository of EVV records appropriately validated with correct codes and identifiers for data mining to investigate fraud, waste and abuse
- Provide support for state OIG investigations of fraud, waste and abuse
Personnel, Staffing & Subcontractors

DataLogic is a trusted state business partner bringing decades of combined experience in the field of EVV, and is led by the following key executive directors:

- Rick Ledesma, M.B.A. In his capacity as Chief Executive Officer at DataLogic Software, Inc., Mr. Ledesma has worked with the Medicaid arena since 1996 and has worked in the development and implementation of EVV systems since 2002.

- Gloria Garza, Ph.D. In her capacity as Director of Business Operations, Dr. Garza has worked in Medicaid since 1999, overseeing statewide training programs for change mandates. Dr. Garza has been involved with EVV in Texas since 2010.

- Hernan Solorzano, M.A. In his capacity as Director of Technology for DataLogic, Mr. Solorzano is focused on application and systems development, data services and information systems management directly related to EVV.

DataLogic partners with established companies with specialized expertise in areas that are vital to a robust EVV system:

- PlumVoice, an international Interactive Voice Response (IVR) company that has current and past clients that include AT&T, Blue Cross Blue Shield, General Electric, and Bank of America.

- OnRamp, DataLogic’s Data Center Operations subcontractor that manages data centers in Austin, Texas and Raleigh, North Carolina, providing 24/7 support and is HIPAA and SSAE compliant.

Vesta® EVV is a complex modular system consisting of several applications and services that work together to deliver comprehensive electronic visit verification for state agencies and managed care organizations. Vesta® EVV applications include Vesta® EVV Management, Vesta® EVV Web Application, Vesta® Biller, Vesta® Payroll, third Party Web Services, and more. The modular character of the system allows it to be modified to meet specific state requirements while ensuring that it meets the required mandates of the Cures Act.

Implementation of Vesta® EVV on a large scale requires detailed project, training and communication planning with set deadlines and milestones. DataLogic’s experience in implementing EVV in a geographically large and diverse state provides a strong foundation for logistical planning in California. The Optional Implementation Models described in the RFI may each be implemented using Vesta® EVV modules, with minor adjustments to the processes and roles played by EVV stakeholders. The cost of Vesta® EVV would vary according to the specific model decided upon and other information that would be critical to an appropriate estimation of costs.

As a company currently operating a full-production EVV system in a large state, DataLogic has the experience and knowledge necessary to implement a comprehensive and cost-effective EVV system for
IHSS, HCBS and Home Health programs identified by HHSA in RFI # 32236, as mandated by the 21st Century Cures Act for the State of California.

1.1 Company Background

DataLogic Software, Inc. is a Texas corporation based in Harlingen, Texas. Founded in 1992 as a software development firm, DataLogic entered the Medicaid market after receiving multiple requests from home health and waiver provider agencies seeking software that would help maintain operational compliance with regulations for scheduling, visit management and claims processing. After close examination of the industry, DataLogic began development of a commercial application for the Medicaid Provider market. The project was called Vesta Software for Homecare.

Vesta® features a comprehensive toolbox of compliance-related processes, such as client authorization, assessment, documentation, diagnosis coding, bill coding, forms processing, reporting, scheduling, visit management, visit verification, payroll processing and claims processing. Vesta® is used by more Medicaid Provider agencies than any other compliance management system in Texas.

The Vesta® interface is user-friendly, containing the power and speed required for efficient inputting and managing large amounts of critical data. When combined with the security, mobility and powerful data-management capabilities of cloud services, Vesta® provides a robust and powerful solution for Medicaid Providers.

Vesta® incorporates accessibility tools of the underlying operating system that make it easier for the user to see, hear and use the computer, including a screen magnifier, an on-screen keyboard that may be operated with a mouse or joystick and narration and speech recognition tools. In addition, Vesta® is compatible with a large variety of add-on software and hardware systems available in the open market to further enhance accessibility, such as alternative input devices, refreshable Braille displays and talking word processors.

1.3 History with Medicaid

Vesta® was launched in November 1996 and within one year was installed in more than fifty provider agency offices throughout the State of Texas. By 2000, Vesta® was used by hundreds of provider agencies and became the largest software platform for Texas Medicaid home health providers.

Vesta® is used by Texas provider agencies and individuals using the consumer-directed services option in the following Texas HHSC programs:

- 1915(c) waiver programs, including:
  - Community Living Assistance and Support Services (CLASS)
  - Medically Dependent Children Program (MDCP)
- Medicaid state plan attendant care services programs, including:
  - Primary Home Care (PHC)
  - Community Attendant Services (CAS)
  - Personal Care Services (PCS)
  - Community First Choice (CFC)
Between 1996 and the present day, DataLogic has been involved in numerous statewide change implementations, as outlined in Table 1. Each of these implementations required:

- Technological process changes within the Vesta® system
- Administrative changes in provider procedures and protocols
- Statewide communications and training for a large number of Vesta® users

<table>
<thead>
<tr>
<th>Year</th>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>Star+PLUS Managed Care Pilot in Harris County</td>
</tr>
<tr>
<td>2000</td>
<td>EDC-NHIC Medicaid Management Information System Implementation</td>
</tr>
<tr>
<td>2003</td>
<td>HIPAA MANDATE</td>
</tr>
<tr>
<td>2004</td>
<td>Texas Medicaid Health Partnership Implementation</td>
</tr>
<tr>
<td>2007</td>
<td>Star+PLUS Managed Care Expansion 1</td>
</tr>
<tr>
<td>2010</td>
<td>MN/LOC Implementation</td>
</tr>
<tr>
<td>2011</td>
<td>DADS EVV Pilot</td>
</tr>
<tr>
<td>2012</td>
<td>Star+PLUS Managed Care Expansion 2</td>
</tr>
<tr>
<td>2014</td>
<td>HHSC Electronic Visit Verification Implementation</td>
</tr>
</tbody>
</table>

DataLogic ensured a smooth transition for each of the above statewide implementations from an existing standard to new technological and administrative protocols, DataLogic attributes the success of these change implementations to the following four factors:

**Responsive Customer Service**
DataLogic provides a live person toll-free ticket-based support call center with multi-level technical support from 7am to 7pm.

**Timely Information Dispersal**
DataLogic maintains an ongoing communications plan in its relationship with Vesta® users through online information letters, conference calls and updated documentation which is designed to inform readers of feature updates in Vesta®.

**Specialist-led Training**
DataLogic holds regular regional workshops conducted by Vesta® technical support staff designed to teach users how to efficiently use the components within the software. All Vesta® regional workshops are led by staff with years of experience with both Vesta® EVV and Medicaid. Vesta® also hosts weekly live-online webinar sessions, to accommodate alternative scheduling requirements for providers.
Comprehensive testing with intelligent test data
With the large Vesta® user community and experience in Medicaid, DataLogic has the resources to generate intelligent test data that mimics real-world production data, which greatly enhances the testing of new feature implementations.
1.4 Management Team

DataLogic is composed of three major branches: Administration, Business Operations and Technology Operations. Administration includes all Executive and Administrative functions, such as Policy-setting, Accounting, Human Resources and Supports. Business Operations entails customer support & training, market development, customer relations, and strategic planning. Technology Operations involves all technological processes such as software and services development, information systems management, data center management, and database administration.

Figure 1. DataLogic Software Inc., Organizational Chart
<table>
<thead>
<tr>
<th>Rick Ledesma - Chief Executive Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>• M.B.A., University of Notre Dame</td>
</tr>
<tr>
<td>• B.A. Psychology, University of California at Berkeley</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gloria Garza, Ph.D. - Director of Business Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>• Ph.D. Psychology, Texas Tech University</td>
</tr>
<tr>
<td>• M.A. Psychology, Texas Tech University</td>
</tr>
<tr>
<td>• B.A. Psychology, Pan American University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hernan Solorzano - Director of Technology Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>• M.A. E-Commerce Business and Information Technologies, Universidad Carlos III de Madrid</td>
</tr>
<tr>
<td>• B.A. Information Systems Engineering, Universidad Católica Redemptoris Mater</td>
</tr>
</tbody>
</table>
2. Vesta® EVV

2.1 Overview
DataLogic originally released Vesta® in 1996 as a compliance management software-as-a-service system to help provider agencies manage client scheduling, claims processing, payroll, forms, and record keeping. As the most widely used home care system in Texas, Vesta® evolved through major changes in Medicaid, including the implementation of HIPAA, multiple managed care implementations, and implementation of Affordable Care Act mandates. In 2014, the State of Texas issued an RFP for EVV services and Vesta® was selected as one of five vendors. Of the five original vendors selected, Vesta® is one of two systems still in operation and holds the largest market share.

Table B: Vesta® EVV Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Vesta EVV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payers (State and MCO’s)</td>
<td>Texas HHSC, Blue Cross Blue Shield, Superior Health Plans, Molina, Aetna, Cigna, Anthem</td>
</tr>
<tr>
<td>Active Provider IDs</td>
<td>1216</td>
</tr>
<tr>
<td>Active Individual Medicaid Recipients</td>
<td>152,137</td>
</tr>
<tr>
<td>Active Attendants Providing Services</td>
<td>236,545</td>
</tr>
<tr>
<td>Average Scheduled Visits Per Week</td>
<td>906,000</td>
</tr>
<tr>
<td>Average Scheduled EVV Calls Per Week</td>
<td>1,812,000</td>
</tr>
<tr>
<td>Average EVV Time Calls Per Week Day</td>
<td>314,000</td>
</tr>
<tr>
<td>EVV Annual Visits</td>
<td>68,820,664</td>
</tr>
<tr>
<td>Total number of EVV Transactions</td>
<td>212,918,599</td>
</tr>
<tr>
<td>Total Dollar Amount of Billed Claims</td>
<td>$1,106,643,924</td>
</tr>
<tr>
<td>Active EVV Token Devices Installed</td>
<td>179,181</td>
</tr>
</tbody>
</table>

The purpose of Electronic Visit Verification is to ensure that individuals receive the services authorized for their support and for which the State is billed. This process is achieved by electronically validating the start and end times of service delivery, the type of service delivered, the location of service delivery, the identity of the person receiving, the person delivering services and the total hours of services delivered.

The following components make up the Vesta® EVV system:

- Remote EVV Devices
- Vesta® Complete Management Application for Provider Agencies
- Vesta® EVV Only Management System for Provider Agencies
- Vesta® EVV Web Application for Self-Directed Individuals
- Vesta® Mobile Application
- Vesta® Visit Monitor for State Agencies & Managed Care Organizations
- Vesta® Biller
- Vesta® Payroll
• Vesta® 3rd Party Interface Web Service
• Vesta® Eligibility Validation Service
• Vesta® Authorization Validation Service
• Vesta® EVV Data Distribution Service
• SOC Type III Certified Data Center Management
• HiTrust Certified Data Center Management
• Vesta® Token Management System

In addition to the above components, the Vesta® EVV system is supported by initiatives to ensure successful EVV implementation, including:

• Vesta® Live In-Person Regional Training Tours
• On-Line Training
• Ticket-Based Support Lines 7am – 7pm CST Monday through Friday
• Multi-Language IVR & Support Systems

Each of the above system components will be discussed in further detail below.

Vesta® EVV currently operates with four device options:

• Landline telephones
• Electronic Time-Based One-Time Password (TOTP) Tokens
• Smart Phones
• Tablets

2.3 Vesta® EVV Components

2.3.1 Vesta® EVV Devices

Landline Telephones

Used for individuals who receive services in the home and who have a landline home phone that must be wired to the home phone system to operate. Landline telephones work with the Vesta® Interactive Voice Response (IVR) System discussed in 2.5.2.

Electronic Tokens

Used for individuals who do not have a landline phone and do not utilize a smart phone. These small electronic devices are provided by DataLogic and assigned to clients and used to validate the location, start and end time of an EVV visit.

Smart Phones

Used for individuals when a smart phone is available which conforms to EVV requirements (e.g., GPS capability) and can be registered and have the Vesta Mobile App installed.

GPS-enabled Tablets

Used for individuals when a tablet is available with GPS capability, which conforms to EVV requirements to validate a visit clock-in and clock-out. The tablet device must be validated for use in EVV and must have the Vesta® Mobile App or Vesta® Web Application installed.
2.3.2 Vesta® Interactive Voice Recognition Application
The Vesta® Interactive Voice Recognition Application is used with landline phone devices to request validation codes from field employees. Vesta® VisitClock IVR is designed to work with multiple languages and currently operates in English, Spanish, Mandarin, Chinese, Korean, Vietnamese, Napoli, Arabic and has the capacity to add other languages.

2.3.3 Vesta® Mobile Application
The Vesta® Mobile Application is available for iOS and Android smart phones or other mobile devices. The Vesta® Mobile Application is designed to conform to all EVV requirements.

2.3.4 Vesta® Token Manager
The Vesta® Token Manager is a management system for Electronic Authentication of the Token inventory. The Vesta® Token Manager is used to assign devices to individuals, track shipment of the devices, and reassign the device as needed.

2.3.5 Vesta® EVV Complete Management System
The Vesta® Complete Management System is used by Provider agencies for complete management of multiple Medicaid clients and attendants, including management of client records, employee records, forms, authorizations, schedules, claims, payroll, and electronic visit verification. The system ensures that claims and payroll match the hours of EVV verified visits before they are paid.

2.3.6 Vesta® EVV Only Management System
The Vesta® EVV Only Management System is an open-loop system that provides EVV-Only management, without authorization, forms, claims and payroll validation and processing.

2.3.7 Vesta® EVV Web Application for Self-Directed Individuals
The Vesta® EVV Web Application for Self-Directed Individuals is a web-based application for individuals receiving services through a self-directed program, which can be used to validate and sign off on visits. The system is designed to be easy-to-learn and easy-to-operate.

2.3.8 Vesta® Visit Monitor for State Agencies & Managed Care Organizations
The Vesta® Visit Monitor is used by State agencies and managed care organizations to oversee use of EVV and to ensure that Providers are complying with EVV requirements. The system provides real-time view of EVV data as well as reporting capabilities.

2.3.9 Vesta® Biller
Vesta® Biller is a Medicaid electronic claims processing application system that submits claims to State and MCO entities for payment using the 5010 ANSI X-12 835/837 format. Vesta® Biller works together with Vesta® EVV to ensure that claims contain only EVV validated visits.
2.3.10 Vesta® Payroll
Vesta® Payroll is a payroll application used to process payroll for attendants providing services to clients. Vesta® Payroll works with Vesta® EVV to ensure only validated visits are included in payroll processing.

2.3.11 Vesta® Third-Party Web Service
Vesta® Third-Party web service is an automated system that accepts scheduled visits from third-party software scheduling systems or third-party EVV systems. In cases where a provider chooses and pays for third-party systems, the Vesta® third-party web service may be used to transport data between Vesta® EVV and third-party systems.

2.3.12 Vesta® Eligibility Validation System
The Vesta® Eligibility Validation System interfaces with Medicaid Management Information Systems (MMIS) to retrieve eligibility data for recipients. The system will alert Agency Providers of eligibility issues.

2.3.13 Vesta® Authorization Validation System
The Vesta® Authorization Validation system interfaces with state agencies and payers to retrieve authorization information for recipients in order to ensure the type of service is appropriately identified in EVV data.

2.3.14 Vesta® EVV Data Distribution Service
The Vesta® EVV data distribution service distributes validated EVV visits to state agencies and managed care organization EVV data repositories that can be used for OIG and MFCU Medicaid inspections or investigations.

2.3.15 Vesta® Secure EVV Storage Data Center
The Vesta® EVV HiTrust Certified Data Center securely houses all Vesta® EVV data.
2.4 Vesta® Additional Features

2.4.1 Vesta® EVV Value-Added Features
Vesta® EVV Value-Added Features can be added as state agency and payer policies regarding EVV evolve. These value-added features may be discussed during a Vesta® EVV presentation to the state agency and payers.

2.4.2 Vesta® Data Security Features
The Vesta® System is designed to protect Personal Health Information (PHI). All data collected on devices pertaining to both the individual receiving services and the employee providing services is encrypted during transport and no PHI is stored on any devices used for clocking in and out of the system. This ensures a fully secure process of transmitting data without leaving data on remote devices that may be lost or stolen.

In addition, all EVV data is warehoused in data centers with multiple layers of security controls in place 24/7/365.

2.4.3 Reporting & Analytics
Vesta® EVV may be supplemented with reports specific to a state agency or payer policies for tracking EVV compliance. The following customer reporting and analytics are possible:

Vesta® Visit Log – a detailed record of each Vesta® EVV Visit that can be filtered by Medicaid ID, provider contract number, or other parameters designated by the state agency or payers.

Vesta® Compliance Score Report – a report that provides a compliance score for each individual provider or agency provider dependent on parameters agreed upon by the state agency and/or payers.

Vesta® Performance Rank – a report that provides a performance rank of individual providers or agency providers based on parameters agreed upon by the state agency and/or payers.

Vesta® Reason Use Report – a report that lists the reason use by individual providers or agency providers as compared to the reason use of the universe of providers for a given state.

Vesta® Device Report – a listing of Vesta® electronic devices that are in use in the field.

Vesta® Attendant Report – a listing of Individual Providers or Agency Provider employee attendants who are providing services to recipients.

Vesta® Utilization Report – a listing providing the utilization rate for each recipient in the Vesta® EVV system.
2.4.4 Vesta® EVV Visit Maintenance

Visit Maintenance is the process of managing EVV visit data. When an Agency Provider employee fails to clock-in or clock-out or both, an Agency Provider must conduct visit maintenance to verify the visit. The process of manual visit maintenance depends on specific policies of the state agency or payers. For example, if the state agency or payers require a valid reason to manually verify a visit that has missing transaction time values, Vesta® EVV will contain state agency or payer-approved reason codes that an Agency Provider would be required to use to manually verify a visit after contacting the recipient to determine the reason for missing EVV transactions. In an Individual Provider setting, the state agency or payer may choose to allow recipients to approve hours with a single reason code even when a clock-in, a clock-out or both are missing, reducing the time required for visit maintenance. Alternatively, the state agency or payer may choose to require county or state administrators who oversee Individual Providers to conduct visit maintenance when EVV visits have missing transactions.
2.5 Vesta® EVV Additional Considerations

2.5.1 Customer Satisfaction
DataLogic is committed to providing excellent customer service for all stakeholders involved with the Vesta® EVV system.

Although Texas has not conducted customer satisfaction surveys, the growth in Vesta® EVV in the state of Texas is evidence of a preference for Vesta® EVV over other systems and services. Table C and Figures 2 and 3 below, illustrate the growth of Vesta® EVV in the Texas market, a clear sign of customer satisfaction.

### Table C: Vesta® EVV Growth in Texas

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2015</td>
<td>Number of Texas Medicaid Providers</td>
<td>314</td>
</tr>
<tr>
<td>6/2015</td>
<td>Number of Texas Medicaid Providers after EVV Implementation</td>
<td>1020</td>
</tr>
<tr>
<td>6/2016</td>
<td>Number of Providers one year after Implementation</td>
<td>1129</td>
</tr>
<tr>
<td>11/2017</td>
<td>Number of Texas Medicaid Providers Using Vesta® Today</td>
<td>1216</td>
</tr>
<tr>
<td></td>
<td>Average Growth in Provider Agencies using Vesta® in past 6 months</td>
<td>9.375 per month</td>
</tr>
</tbody>
</table>

**Figure 2. Number of Providers Choosing Vesta® EVV**

The number of providers who choose Vesta® EVV increase after the initial EVV implementation.
2.5.2 Vesta® EVV Administrative Burden Reduction
In order to ensure that the EVV process does not overly burden providers and individual recipients of services, Vesta® EVV incorporates options that may be used to decrease administrative burdens. For example, the time window for an auto verification of a call may be expanded to allow for visits that may start at any time in a given day. In addition, calls that register within 15 minutes of a scheduled start time, may be set up to automatically link. These adjustments may be fine-tuned to meet the specific needs of each program or policy as defined by a state agency or payer.

2.5.3 Individuals With Special Circumstances
The special circumstances of the population are highly considered in the implementation of devices used for EVV. The following special circumstances are examples of considerations that are taken during a Vesta® EVV implementation.

- Individuals with language requirements – The Vesta® EVV IVR computer-automated voice system may be set up to interact with users in different languages. For certain languages that may not be automated easily, voice recordings may be created.
- Individuals with hearing impairments – The Vesta® EVV system may be used with phone systems that use volume enhancers or Voice To Text devices. Additionally, the Vesta® Mobile App may be an option for individuals with hearing impairments.
• Individuals with problems being close to certain electronic devices – DataLogic will consider options on a case-by-case basis for individuals who have special circumstances in working with electronic devices and will present those options to the state agency or payer.

2.5.4 Contingency Plans for Network Outages
Network outages may cause issues for users accessing the Vesta® EVV system and conducting visit maintenance and may cause problems clocking in and clocking out. For those using landline telephones, when telephone service is down, the recommendation is to train those providing services to documenting their times on a piece of paper and for agency staff to conduct visit maintenance after the service is back up to document service delivery.

For those using token devices, the protocol is to document the token values and call them into the Vesta® EVV system after the network outage is resolved. Token values are valid for 7 days after the time of service delivery.

For those using the Vesta® Mobile app, all clock in data will be stored on the Mobile app until the network outage is resolved and will automatically be uploaded to the Vesta® EVV system once connectivity is restored.

2.5.5 Typical Implementation Process per Provider
The following tables illustrate a typical Provider setup process for Vesta® EVV:

+ Table D: Typical Provider Agency Setup

<table>
<thead>
<tr>
<th>Day</th>
<th>Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>User Setup</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Data entry or transfer of client / employee / schedule information</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>User Acceptance Testing (UAT)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Follow-up meeting with Provider Agency for Feedback</td>
<td></td>
</tr>
</tbody>
</table>

+ Table E: Typical Self-Directed Setup

<table>
<thead>
<tr>
<th>Day</th>
<th>Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>User Setup</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Data entry or transfer of client / employee / schedule information</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>User Acceptance Testing (UAT)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Follow-up meeting with Provider Agency for Feedback</td>
<td></td>
</tr>
</tbody>
</table>
2.5.7 Ease of Use
Vesta® EVV is designed to be easy to train, easy to learn and easy to use. DataLogic is a software development firm that focuses on the user as the center of success for any application implementation. User acceptance testing is used to determine the usability of processes and procedures within the Vesta® EVV system, and ongoing customer support and face-to-face regional training programs engender a relationship of open communication with users that helps to improve the user experience.

In addition, ease of use can be enhanced by state policies that determine the constraints for auto-verification and visit maintenance processes. DataLogic will provide state agencies and payers recommendations for structuring policies that promote ease of use.

2.5.8 Technology Updates
DataLogic Software, Inc. has been a software development company since 1996 and has always used the latest technologies for Vesta® EVV applications, services and processes. As new technologies emerge, DataLogic incorporates them into the Vesta® EVV system. In addition, DataLogic is actively researching and developing new technologies for use in Vesta® EVV.
### 2.6 Covered Programs and Population Characteristics

Programs covered by Vesta® EVV include the aged, blind, and disabled (ABD) population as well as individuals with intellectual and developmental disabilities (IDD). Many of the recipients in programs mandated to use EVV are low-income individuals who have family members caring for them, including individuals in consumer-directed service programs. Although consumer-directed individuals are included in the Vesta® EVV system in Texas, because EVV is optional for CDS, most are not currently using EVV.

Like California, Texas emphasizes the rights of the individual receiving services.

Table F, below, compares metrics for the states of Texas and California, illustrating the similarities of the two states.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Texas and California Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Size</td>
<td>Texas: 268,596 square miles California: 163,694 square miles</td>
</tr>
<tr>
<td>Population</td>
<td>Texas: 27,862,596 California: 39,250,017</td>
</tr>
<tr>
<td>Urban Centers</td>
<td>Dallas: 1,317,929 Houston: 2,303,482 San Antonio: 1,492,510 Los Angeles: 3,976,324 San Francisco: 870,887</td>
</tr>
<tr>
<td>Large Rural Regions</td>
<td>West Texas, North Texas California: Central California, East California, North California</td>
</tr>
<tr>
<td>Border Regions</td>
<td>Mexico, Tamaulipas California: Mexico, Baja California</td>
</tr>
<tr>
<td>Major Second Languages</td>
<td>Spanish, Chinese California: Spanish, Chinese</td>
</tr>
<tr>
<td>Medicaid Individuals</td>
<td>Texas: 275,000 California: 460,000</td>
</tr>
<tr>
<td>Programs with emphasis on Individual rights to receive services in the home and community</td>
<td>Yes Yes</td>
</tr>
</tbody>
</table>
2.7 Implementation Models

The RFI included optional models for consideration and asked questions about how these optional models might be implemented by DataLogic with the Vesta® EVV system. While more information would be needed for each option to fully understand the implications and impact of each model on the population, EVV data integrity, security and data transmission, the sections below provide an outline of how such implementation model might work and the role of each stakeholder in the process.

DataLogic Central Role in All Options

Regardless of the implementation model used, DataLogic will play the central role in pre-implementation, implementation, and operational phases of EVV.

During the pre-implementation phase, DataLogic will work closely with the California Department of Social Services (CDSS) and Office of Systems Integration (OIS) to either leverage or replace the existing CMIPS Electronic Time Sheet infrastructure in a well-planned and documented transition to Vesta® EVV, while ensuring that the integrity of the EVV system implementation is maintained and that the operational process of validating and documenting that all hours billed have been appropriately verified through the EVV system according to the terms of the 21st Century Cures Act.

DataLogic will provide a Project Work Plan, a Communications Plan, and a Training Plan for each stakeholder in the Vesta® EVV environment. DataLogic will train Individual Providers, Agency Providers, County Administration Staff, and State EVV Staff on Vesta® EVV systems and processes. After training, DataLogic will register and setup users, then provide the application user interface for users based on their roles.

As implementation proceeds, DataLogic will work with CMIPS and Fiscal Intermediary technology teams to test the transfer of data that helps to validate identifiers for the providers and recipients of services, as well as the type of service provided. DataLogic will also test the transfer of data to State systems for an EVV historical research by the Office of Inspector General.

Once the implementation phase transitions to the operational phase, DataLogic will continue to provide training and customer support. Automated processes will begin the nightly transfer to and from State systems based on the specific structure the State of California decides to implement.

In the following sections, each option proposed in the RFI is discussed in terms of the different roles stakeholders will play.
2.7.1 Option 1 – Individual Provider Model Leveraging Existing Infrastructure

DataLogic will work with CDSS and OIS to leverage as much of the existing infrastructure as possible, while ensuring that the integrity of the EVV system data is maintained and that all hours billed have been appropriately validated through the EVV system according to the terms of the 21st Century Cures Act. DataLogic will transfer data to the existing CMIPS system on a nightly basis. Individual Providers and Recipients will be notified that validated data will appear in the CMIPS system the day after visits are validated. The roles described here assume all stakeholders have been trained and setup as users with Vesta® EVV components.

**Recipient Role (460,000 count)**

- Assigned a unique Vesta® EVV ID
- Continue to receive IHSS services as before
- Continue to use CMIPS Electronic Timesheets via ETS or TTS to approve timesheet hours

**Individual Provider Role**

- Assigned a unique Vesta® EVV ID
- Use remote devices to document time in and time out for each visit
- Access Vesta® Web Application to review EVV data and maintain visits that did not auto-verify, make any needed updates with fully documented reasons for those changes within a required period of time
- Access CMIPS to review timesheet data that has been transferred overnight from the Vesta® EVV system to approve hours in the payroll period

**County Administration Role**

- Utilize Vesta® EVV to review Provider EVV activity
- Utilize Vesta® EVV for visit maintenance (optional)
- Utilize Vesta® EVV provider compliance with HHSA EVV policies
- Provide guidance to Individual Providers regarding HHSA policies on visit maintenance

**CDSS State EVV Oversight Staff Role**

- Operate Vesta® EVV Visit Monitor to oversee County Administrator Activity in Vesta® EVV
- Utilize Vesta® EVV Compliance Reports to evaluate county EVV compliance and to compare performance across counties
- Provide guidance to County Administration Staff regarding California HHSA policies on EVV documentation
- Investigate historical EVV data for patterns to identify fraud, waste, and abuse
2.7.2 Option 2 – Individual Provider Model Replacing Existing Infrastructure

DataLogic will work with the California Department of Social Services CDSS and OIS to carefully plan the transition away from the existing Electronic Timesheet process, while retaining the CMIPS payroll function and ensuring that the integrity of the EVV system data is maintained and that the process of validating and documenting that all hours billed for have been appropriately validated through the EVV system according to the terms of the 21st Century Cures Act. The roles described assume all stakeholders have been trained and setup as users with Vesta® EVV components.

Recipient Role (460,000 count)

- Assigned a unique Vesta® EVV ID
- Continue to receive IHSS services as before
- Access Vesta® EVV Web application to approve EVV hours

Individual Provider Role

- Assigned a unique Vesta® EVV ID
- Use remote devices to document time in and time out for each visit
- Access Vesta® Web Application to review electronic timesheets and maintain visits that did not auto-verify, make any needed updates with fully documented reasons for those changes within a required period of time

County Administration Role

- Utilize Vesta® EVV Provider activity
- Utilize Vesta® EVV to review
- Utilize Vesta® EVV to monitor compliance scores with EVV policies based on California HHSA policy with EVV policies
- Provide guidance to Individual Providers regarding HHSA policies on visit maintenance

CDSS State EVV Oversight Staff Role

- Operate Vesta® EVV Visit Monitor to oversee County Administrator Activity in Vesta® EVV
- Utilize Vesta® EVV Compliance Reports to evaluate county EVV compliance and to compare performance across counties
- Provide guidance to County Administration Staff regarding California HHSA policies on EVV documentation
- Investigate historical EVV data for patterns to identify fraud, waste, and abuse
2.7.3 Option 3 – Agency Provider Model

In the Agency Provider Model, the Agency Provider oversees the Agency Provider employees providing HCBS services to the Recipient and processes payroll to pay for work hours. The Agency Provider then submits claims to the Fiscal Intermediary for reimbursement. In this model, DHCS could leverage Vesta’s billing and payroll systems to create a closed-loop system that would ensure that all claims submitted for payment were based on Vesta® EVV verified data. The roles described here assume all stakeholders have been trained and setup as users with Vesta® EVV components.

Recipient Role (142,000 count)

- Assigned a unique Vesta® EVV
- Continue to receive HCBS services as before
- Utilize Vesta® EVV Web Application to approve EVV hours

Agency Provider Employee Role

- Assigned a unique EVV ID
- Use remote devices to document time in and time out for each visit

Agency Provider Role

- Utilize Vesta® EVV Management Module to manage recipient and employee records
- Utilize Vesta® EVV Agency Application to do visit maintenance when employees do not clock-in or clock-out correctly
- Utilize Vesta® EVV Agency Application to print reports and score employees on compliance

County Administration Role (If Agency Provider is administered by County)

- Utilize Vesta® EVV Management Module to manage recipient and individual provider EVV records
- Utilize Vesta® EVV Visit Monitor to oversee and review individual provider EVV activity
- Utilize Vesta® EVV on Vesta® compliance score

DHCS State EVV Oversight Staff Role

- Utilize Vesta® EVV Visit Monitor to oversee County Administrator Activity in Vesta® EVV
- Utilize Vesta® EVV Compliance Reports to evaluate county EVV compliance and to compare performance across counties
2.7.4 Option 4 – Replace Time Sheet processes and major components of payroll processing

This option would fully implement a front-door closed-loop EVV system, preventing billing submittal of payroll hours unless validated through Vesta® EVV and thereby maintaining full compliance with the 21st Century Cures Act. The roles described assume all stakeholders have been trained and setup as users in the Vesta® EVV components.

**Recipient Role (550,000+ count)**
- Assigned a unique Vesta® EVV ID
- Continue to receive IHSS or HCBS services as before
- Utilize Vesta® EVV Web Application to approve EVV hours

**Individual Provider and Agency Employee Role**
- Assigned a unique EVV ID
- Use remote devices to document time in and time out for each visit
- Access Vesta® Web Application to review electronic timesheets, conduct visit maintenance as needed and document reasons for any changes

**Agency Provider Role**
- Utilize Vesta® EVV, Vesta® EVV Payroll and Vesta® EVV Biller
- Utilize Vesta® EVV Management Module to manage recipient and employee records
- Utilize Vesta® EVV Agency Application to do visit maintenance when employees do not clock-in or clock-out correctly
- Utilize Vesta® EVV Agency Application to print reports
- Utilize Vesta® EVV Biller for all claims processing
- Utilize Vesta® EVV Payroll for all payroll processing

**County Administration Role (if Provider is administered by County)**
- Utilize Vesta® EVV
- Utilize Vesta® EVV Management Module to manage EVV records
- Utilize Vesta® EVV Visit Monitor to review individual provider EVV activity
- Utilize Vesta® EVV Compliance reports to determine individual provider compliance with EVV policies based on Vesta® compliance score

**DHCS/CDSS State EVV Oversight Staff Role**
- Utilize Vesta® EVV Visit Monitor to oversee County Administrator Activity in Vesta® EVV
- Utilize Vesta® EVV Compliance Reports to evaluate county EVV compliance and to compare performance across counties
2.7.5 Option 5 – Expand Solution To Home Health Agency Model

The roles described assume all stakeholders have been trained and setup as users in the Vesta® EVV system.

**Recipient Role (16,000 count)**

- Assigned a unique EVV ID
- Utilize Vesta® Web Application to approve EVV timesheets with unique EVV ID

**Home Health Agency Skilled Employee Role**

- Assigned a unique EVV ID
- Use recipient landlines, affixed token device, smart phone or GPS-enabled tablets to document time in and time out for each visit

**Home Health Agency Provider Role (316 count)**

- Utilize Vesta® EVV Management Module to manage recipient and skilled nursing employee records
- Utilize Vesta® EVV Agency Application to do visit maintenance when skilled nursing employees do not clock-in or clock-out correctly
- Utilize Vesta® EVV Agency Application to print reports and score employees on compliance
- Utilize Vesta® EVV Biller to generate and submit claims based on EVV data, ensuring that only verified visits are billed (optional)
- Utilize Vesta® EVV Employees (optional)

**DHCS and HHSA Oversight Staff Role**

- Utilize Vesta® EVV reports
- Utilize Vesta® EVV data repository for investigating fraud waste and abuse
2.7.6 Pros & Cons of Leveraging Existing ETS System

DataLogic understands the request for information regarding the use of the existing ETS system in an overall EVV implementation. However, leveraging the full Vesta® EVV system in a closed-loop process would be a more secure way to validate that claims or payroll are paid only for services appropriately documented and verified through EVV, thereby ensuring full compliance with the Cures Act.

The Pros and Cons of leveraging the existing ETS system are as follows:

PROS

• Preservation of existing investment in ETS system
• Less training of Individual Providers and Agency Provider staff on new systems
• Fewer changes needed in state agency systems already set up to utilize ETS

CONS

• ETS was not designed to work with other systems and may need to be adjusted
• Users would have to view and maintain data in two systems
• As an open-loop system, cannot certify that payroll or claims will not be paid unless they have been verified by Vesta® EVV

2.7.7 Lessons Learned

As the largest EVV Vendor in Texas, DataLogic has a unique perspective of the pitfalls and challenges of a full-fledged EVV implementation in a large state. The lessons learned from DataLogic’s experience in Texas will prove invaluable as the State of California begins to plan for the implementation of EVV. As part of any implementation, DataLogic will serve as an advisor and share important lessons that will help alleviate costs and avoid missteps. Some of the key lessons learned include:

• Understanding closed-loop vs. open-loop systems and the impact
• The importance of accurate data validation in EVV
• Aligning the data in the service delivery spectrum
• Setting appropriate policies for auto visit verification
• Setting appropriate policies for visit maintenance
• Reduction of administrative burdens

2.7.8 EVV Models

Currently, EVV is set up under different models by certain state governments. The following is an overview of current EVV models and the pros and cons of each:
1) Provider Choice Model
   a. Process
      i. The state certifies EVV vendors who meet certain requirements
      ii. Providers choose from a list of certified EVV Vendors
      iii. Certified EVV Vendors transmit EVV data to state agencies and payers
   b. Pros
      i. Providers have a choice of EVV Vendors
      ii. State Agency does not pay for EVV Vendor prices
   c. Cons
      i. No control over integrity or accuracy of EVV records by state agency
      ii. Providers would have to pay for EVV Vendor service
      iii. State agency would not get reimbursed from Federal Government for implementation and operation costs of EVV
      iv. Management overhead in managing hundreds of EVV vendors
      v. Correction of data errors would be difficult across hundreds of data-intensive systems

2) MCO Choice Model
   a. Process
      i. In Managed Care states, payers would choose their own EVV Vendor
      ii. MCOs would pay for EVV services instead of state agencies
      iii. MCOs may request reimbursement for cost of EVV services
   b. Pros
      i. State agencies would have less management overhead for EVV services
      ii. State agencies would not have to pay for EVV services
   c. Cons
      i. Providers with multiple payer contracts would have to work with multiple EVV systems
      ii. County Administrators in states with multiple payer contracts would have to work with multiple EVV systems
      iii. State agencies may not receive reimbursement for costs of implementation and operation of EVV services

3) State Choice Model
   a. Process
      i. State chooses a single EVV vendor
      ii. State pays for EVV services
      iii. Providers and Payers are required to contract with the EVV Vendor
   b. Pros
      i. State has ultimate control over EVV data
      ii. EVV Data controlled for integrity, security and accuracy
      iii. State will have direct control and access over data process between recipients, providers, payers and the EVV system
iv. State will be reimbursed for 90% of implementation cost and 75% of operational cost of EVV by the federal government

c. Cons
   i. Providers do not have the choice of EVV vendor
   ii. Payers do not have the choice of EVV vendor

4) State Choice Vendor Pool Model (Original Texas Model in 2014)
   a. Process
      i. State selects a pool of EVV Vendors
      ii. Payers are required to contract with all approved EVV Vendors
      iii. Providers can choose from the pool of EVV Vendors
      iv. State and Payers share cost of EVV Services
   b. Pros
      i. Providers get to choose from a pool of EVV Vendors
      ii. State agencies and payers may be reimbursed for the cost of implementation and operation costs
      iii. State Agency and payers may control EVV Vendor Pool systems by requiring changes as needed
   c. Cons
      i. System differences between EVV Vendors cause a lack of consistency in reporting and processes for state agency and payers
      ii. Different levels of performance between EVV Vendors cause problems with receiving value
      iii. State agencies must manage transition of EVV Vendors when providers choose to switch vendors

5) Preferred Vendor/Open Choice Timeclock Model
   a. Process
      i. State agency chooses a single preferred vendor for EVV services
      ii. State agency pays for EVV services if providers use the preferred vendor
      iii. With the open choice option, providers may choose to use the preferred vendor at no cost or use their own third-party timeclock vendor and pay for timeclock service costs directly
      iv. Third-party timeclock vendors would be required to send timeclock data to preferred EVV vendor on a nightly basis, and the preferred vendor will validate the timeclock data before sending to the EVV data repository
      v. All visit maintenance and management of EVV data is confined to the preferred vendor system
   b. Pros
      i. Provides state agency control over integrity, security and accuracy of EVV data with option for a closed-loop system
      ii. Provides a single EVV Vendor for state agency and payers to work with and implement changes to EVV policies as needed
iii. Gives providers choice if they choose to pay for timeclock services or if they having existing timeclock services in place
iv. State agency will receive federal reimbursement for costs of implementation and operation of preferred EVV system

c. Cons
i. Providers will have to pay for EVV vendor if they choose not to use the preferred EVV Vendor
ii. Payers would have to work with the preferred EVV Vendor chosen by the state agency
iii. State agency would have to conduct periodic testing to ensure that third-party timeclock vendors are not committing fraud

Of the models described above, DataLogic recommends the Preferred Vendor / Open Choice Option Model, because it provides provider options without sacrificing the control over EVV processes that preserve the integrity, security and accuracy of the EVV data.

2.7.9 Vesta® EVV Implementation Process

Regardless of the implementation model, the implementation of Vesta® EVV on a statewide basis will require careful project planning and oversight. The following summary draft timeline provides an outline of what would be expected in an EVV implementation in California.

Draft Implementation Timeline

Table G: Sample Project Work Plan

<table>
<thead>
<tr>
<th>Day</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 days</td>
<td>PRE-IMPLEMENTATION PHASE</td>
</tr>
<tr>
<td></td>
<td>Introductory Letters</td>
</tr>
<tr>
<td></td>
<td>Registration for online demonstrations and regional training sessions</td>
</tr>
<tr>
<td></td>
<td>Regular Weekly Online Demonstration and Training Sessions</td>
</tr>
<tr>
<td></td>
<td>Live In-Person Regional Training Sessions</td>
</tr>
<tr>
<td></td>
<td>Physical Server Setup at Data Center and System Testing</td>
</tr>
<tr>
<td></td>
<td>User Setup &amp; Testing</td>
</tr>
<tr>
<td>90 days</td>
<td>IMPLEMENTATION PHASE – NON-COMPLIANCE</td>
</tr>
<tr>
<td></td>
<td>User Acceptance Testing</td>
</tr>
<tr>
<td></td>
<td>Ongoing User Support</td>
</tr>
<tr>
<td></td>
<td>Regional Training Implementation Phase</td>
</tr>
<tr>
<td>60 days</td>
<td>OPERATIONAL PHASE – FULL COMPLIANCE</td>
</tr>
</tbody>
</table>
### Table H: Sample Communications Plan

<table>
<thead>
<tr>
<th>Day</th>
<th>Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introductory Letter to Agency Providers</td>
</tr>
<tr>
<td>1</td>
<td>Introductory Letter to Individual Providers</td>
</tr>
<tr>
<td>1</td>
<td>Introductory Letter to County Administration Staff</td>
</tr>
<tr>
<td>1</td>
<td>Training Notification</td>
</tr>
<tr>
<td>1</td>
<td>Training Guide Notice</td>
</tr>
<tr>
<td>Online</td>
<td>1-Page Training Guide for Clocking in with Remote Devices</td>
</tr>
<tr>
<td>Online</td>
<td>Training Guide for Vesta® Mobile App</td>
</tr>
<tr>
<td>Online</td>
<td>Training Guide for Vesta® Web Application</td>
</tr>
<tr>
<td>Online</td>
<td>Training Guide for Vesta® Biller</td>
</tr>
<tr>
<td>Online</td>
<td>Training Guide for Vesta® Payroll</td>
</tr>
<tr>
<td>Online</td>
<td>Training Guide for Vesta® Complete</td>
</tr>
</tbody>
</table>

### Table I: Sample Training Plan

<table>
<thead>
<tr>
<th>Day</th>
<th>Events</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regional Live Training</td>
<td>Los Angeles</td>
</tr>
<tr>
<td></td>
<td>Regional Live Training</td>
<td>Sacramento</td>
</tr>
<tr>
<td></td>
<td>Regional Live Training</td>
<td>Oakland</td>
</tr>
<tr>
<td></td>
<td>Regional Live Training</td>
<td>Redding</td>
</tr>
<tr>
<td></td>
<td>Regional Live Training</td>
<td>San Diego</td>
</tr>
<tr>
<td></td>
<td>Regional Live Training</td>
<td>Fresno</td>
</tr>
<tr>
<td></td>
<td>Regional Live Training</td>
<td>Moreno Valley</td>
</tr>
<tr>
<td></td>
<td>Video Training for Individual Providers</td>
<td>Online</td>
</tr>
</tbody>
</table>
2.8 Cost Structure

Vesta® EVV Cost Structure would entail an implementation fee payable prior to implementation and operational transaction fees. A transaction is defined as an electronic data record that is transmitted into the Vesta® EVV system to validate the start or end of a visit. There may be up to two transactions in an EVV visit. There would be no difference in the costs associated with an Agency Provider model or an Individual Provider model, since the transactions processed would be the same.

Both implementation and transaction fee amounts will be based on volume of transactions and specific requirements and policies that each state agency or payer would provide in a Request For Proposal. Additional fee categories may also be required based on any additional specified requirements of the Request For Proposals.
2.9 Summary

DataLogic Software, Inc. responded to the Request for Information to provide information about the Vesta® EVV solution, DataLogic’s experience as an EVV Vendor and our capabilities to meet the special needs of an EVV implementation for the State of California.

Vesta® EVV has been utilized by Medicaid providers for compliance management since 1996 and has provided EVV services since 2002. Today, Vesta® is the market leader in Texas for EVV services, maintaining over 180 million EVV records in our repository for over 152,000 Medicaid service recipients.

Vesta® EVV is a complex system of multiple components and processes that come together to electronically validate service delivery visits and delivers validated visit data to the appropriate entities for oversight purposes. Vesta® EVV can be successfully implemented to meet the EVV needs for the State of California.

DataLogic looks forward to continuing discussions with California HHSA regarding the implementation of EVV.
3. Appendix

3.1 HHSC Contact Information
Alesia Brown, M.Ed., CTCM
Electronic Visit Verification (EVV) Operations Manager
Medicaid & CHIP Services
alesia.brown@hhsc.state.tx.us | 512-438-4953

3.2 Documentation
Copy of Page 1 of DataLogic – HHSC Contract

STATE OF TEXAS
COUNTY OF TRAVIS

ELECTRONIC VISIT VERIFICATION SERVICES AGREEMENT
BETWEEN
THE HEALTH AND HUMAN SERVICES COMMISSION
AND
DATALOGIC SOFTWARE, INC.

Article 1. Introduction

THIS AGREEMENT (the “Agreement”) is entered into between the HEALTH AND
HUMAN SERVICES COMMISSION (“HHSC”), an administrative agency within the
executive department of the State of Texas and having its principal office at 4900 North
Lamar Boulevard, 4th Floor, Austin Texas 78751, and DataLogic Software, Inc.
(“CONTRACTOR”), a corporation organized under the laws of the State of Texas and
having its principal place of business at 1501 S. 77 Sunshine Strip, Harlingen, Texas 78550.
HHSC and the CONTRACTOR may be referred to in this Agreement individually as a
“Party” and collectively as the “Parties.” The Parties agree that the following terms and
conditions apply to the Services and Deliverables to be provided by the CONTRACTOR
under this Agreement.

Article 2. Background, Objectives, and Inducements

Section 2.01 Background.

This Agreement is entered into in connection with HHSC’s procurement to select a pool
of vendors to develop and provide products, solutions, tools, and other applicable services
for statewide implementation of electronic visit verification (“EVV”) through the use of
telephony in Managed Care and Facc-for-Service (“FTS”) programs in a consistent and
standardized manner (the “EVV Pool”).

On November 21, 2013, HHSC released Request for Proposal #529-14-0060 ("RFP").
After reviewing all vendor responses, HHSC determined that CONTRACTOR’s proposal
sufficiently met the criteria set forth in Section 5.1 of the RFP to warrant admission into the
EVV Pool. On the Effective Date of this Agreement, HHSC made its final award to
CONTRACTOR through its execution of this Agreement.

Section 2.02 Inducements.

(a) General Considerations

As a condition of the award of this Agreement, HHSC requested CONTRACTOR to
provide written assurances to HHSC with respect to a number of facts that HHSC deems
material to the subject matter of this Agreement or significant to HHSC.
Reference

4.1 Glossary

**EVV Shifts** - Electronic data records representing scheduled shifts of service delivery each containing a scheduled start time, a scheduled end time, the individual receiving services, the employee delivering services, the type of service provided and location of service.

**EVV Transactions** - Electronic data records retrieved from remote devices containing a time stamp representing a start time or end time of service delivery and values identifying the individual receiving services and the employee delivery services.

**EVV Visit Records** - Electronic data record consisting of 1 or 2 EVV Transactions containing values to identify the start and end time of service delivery, individual receiving services, the employee delivering services, the number of hours of service delivery, and the type of service received.

**EVV Visit Maintenance** - Reviews and updates EVV Visits using an application designed to make it easy to manage EVV Visits.

**Individual Provider** – An individual who provides services to a recipient and is employed directly by the state of California.

**Agency Provider** – A private organization that manages service delivery for recipients and hires attendants to deliver services directly to the recipient.

**Remote Employee** - Employees who work outside of the office.

4.2 Sources

RFI #32236 Case Management, Information, and Payrolling System (CMIPS) Electronic Visit Verification; California Health and Human Services Agency; September 30, 2017

[http://www.dhcs.ca.gov/Pages/default.aspx](http://www.dhcs.ca.gov/Pages/default.aspx)