



California Health and Human Services Agency
Office of Systems Integration
2495 Natomas Park Drive, Suite 515
Sacramento, California 95833



Edmund G. Brown Jr.
Governor

Request for Information (RFI)

TO: All Interested Vendors
FROM: The Office of Systems Integration
SUBJECT: RFI # 32236 Case Management, Information and Payrolling System (CMIPS) Electronic Visit Verification (EVV)

1 Purpose of the RFI

On behalf of the State of California (State) Health and Human Services Agency (HHS), the Office of Systems Integration (OSI) is releasing this Request for Information (RFI) to explore solutions that may be used to meet the requirements as defined in the 21st Century Cures Act for use of an Electronic Visit Verification (EVV) system by personal care service and home health care workers beginning January 2019 and January 2023, respectively.

The RFI responses will also be utilized to assist the State in identifying and understanding potential issues and risks related to EVV solutions and implementation.

Questions that are submitted for clarification under Section 2, Item C of this RFI, will be considered and, if needed, a Question and Answer (Q&A) document or addendum to the RFI will be released by the OSI.

Please read this RFI document thoroughly and adhere to the response submission guidelines.

RFI Disclaimer

This RFI is issued for information and planning purposes only and does not constitute a solicitation. A response to this RFI is not an offer and cannot be accepted by the State to form a binding contract. Responders are solely responsible for all expenses associated with responding to this RFI.

Responders must be aware that responses to this RFI are the property of the State and may be subject to the California Public Records Act (Government Code Section 6250 et seq.). Please do not include any proprietary information or any specific solutions in your response to this RFI.

2 RFI Key Action Dates and Times

Actions should be taken or completed by the dates and times listed below in Table 1, RFI Key Action Dates and Times. If the OSI finds it necessary to change any of these dates, an addendum or an updated RFI will be posted on the State's eProcurement website:

<http://www.dgs.ca.gov/pd/Home.aspx>

TABLE 1, RFI KEY ACTION DATES AND TIMES

Item	Event	Date and Time
A	Release the RFI.	November 2, 2017
B	Last day to submit questions for clarification purposes.	November 13, 2017, by 5:00 p.m. Pacific Standard Time
C	Questions that are submitted for clarification will be considered and if needed, a Q&A document or addendum to the RFI will be released by the OSI.	
D	RFI response due date.	December 6, 2017, by 3:00 p.m. Pacific Standard Time

3 Background

Personal Care Services

In California, personal care services are delivered to eligible aged, blind, and disabled individuals, as an alternative to out-of-home care such as nursing or assisted living facilities, through multiple programs managed by the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS). Most publicly-funded personal care services are managed by the CDSS through the following four programs collectively called the In-Home Supportive Services (IHSS) program:

- Personal Care Services Program (PCSP)
- IHSS Plus Option (IPO)
- Community First Choice Option (CFCO)
- IHSS Residual (IHSS-R)

While IHSS is managed by the CDSS, it is administered by 58 counties and currently serves over 550,000 Recipients. Most personal care services are provided by 460,000 Providers who are hired, scheduled, and directed by their Recipients. County social workers complete a needs assessment during an in-home visit to determine the type and level of IHSS services a Recipient requires.

The IHSS program includes the 25 services listed below:

- Domestic Service
- Preparation of Meals
- Meal Clean-up
- Laundry
- Shopping for Food
- Other Shopping and Errands
- Respiration
- Bowel and Bladder Care
- Feeding
- Routine Bed Bath
- Dressing
- Menstrual Care
- Ambulation
- Transfer
- Bathing, Oral Hygiene Grooming
- Rubbing Skin, Repositioning
- Care and Assistance with Prosthesis
- Accompaniment to Medical Appointments
- Accompaniment to Alternative Resources
- Protection Supervision
- Paramedical Services
- Heavy Cleaning
- Yard Hazard Abatement
- Removal of Snow, Ice
- Teaching and Demonstration

Waiver Personal Care Services (WPCS) are services authorized by the DHCS for Recipients enrolled in the Home and Community-Based Alternatives (HCBA) Waiver and In-Home Operations (IHO) Waiver. WPCS are designed to assist waiver Recipients in gaining independence in their activities of daily living and preventing social isolation. These services assist waiver Recipients in remaining in their residences and continuing to be part of their communities. WPCS duties include:

- Assisting the Recipient in reaching a self-care goal, the WPCS Provider promotes the Recipient's ability in obtaining and reinforcing his/her highest level of independence in Activities of Daily Living (ADLs). Currently, over 3,000 WPCS Providers provide aid and feedback to 1,700 Recipients to help them reach specific self-care goals. The number of WPCS Providers and Recipients will continue to grow with enrollment in the HCBA Waiver which received approval in 2017 to add 5,000 additional slots over the next five years. Services provided include verbal cueing, monitoring for safety and completeness, reinforcement of a Recipient's attempt to complete self-directed activities, advising the primary caregiver of any problems that have occurred, providing information for updating the Recipient's Plan of Treatment, and addressing any self-care activities.

- Adult Companionship is provided to waiver Recipients over 18 years of age who are isolated and/or may be homebound due to his/her medical condition. Adult Companion services include non-medical care, supervision, and socialization provided to a waiver Recipient. To help maintain waiver Recipient's psychological well-being, adult companions may assist waiver Recipients in accessing self-interest activities or accessing activities in the local community for socialization and recreational purposes, and/or providing or supporting an environment conducive to interpersonal interactions.

Personal care services can also be obtained through other Home and Community Based Services (HCBS) programs administered by the DHCS and/or its designee. Personal care services available through these waivers include, but are not limited to:

- Assistance with ambulation
- Bathing, oral hygiene, and grooming
- Dressing
- Care and assistance with prosthetic devices
- Bowel, bladder, and menstrual care
- Skin care
- Repositioning, range of motion exercises, and transfers
- Feeding and assurance of adequate fluid intake
- Respiration
- Paramedical services
- Assistance with self-administration of medications

The DHCS and its designees are responsible for providing oversight of personal care services provided under HCBS programs. Today, the following HCBS waivers provide personal care services to approximately 142,300 Recipients in California, in addition to the Personal Care Services provided through these various IHSS programs:

- Home and Community-Based Alternatives (HCBA) Waiver CA.0139.R05.00
- In-Home Operation (IHO) CA.0457.R02.00
- Assisted Living Waiver (ALW) CA.0431.R02.00
- Pediatric Palliative Care Waiver (PPCW) CA.0486.R01.01
- HIV/AIDS Waiver CA.0183.R05.00
- HCBS Waiver for Californians with Developmental Disabilities CA.0336.R03.00
- 1915(i) State Plan Amendment for Californians with Developmental Disabilities 16-0016
- Multipurpose Senior Services Program (MSSP) CA.0141.R05.01

Home Health Care Services

Home Health Care services can be provided at any location and include nursing services, home health aide services (ambulation, bathing, catheter site care, feeding assistance, grooming, medical assistance, prescribed exercises assistance, range of motion exercises, skin care, transfers out of bed, and certain household services), medical supplies and equipment, appliances to support normal life activities, and physical, occupational and speech therapies. Services are ordered by a physician as part of a written plan of care that the physician reviews every 60 days. The DHCS is responsible for managing and providing oversight of services provided under the Medicaid State Plan. Today, 316 home health

agencies provide services to approximately 16,000 Recipients in California under the Medicaid program.

Supported Living Services, In-Home Respite and Personal Assistance Services

These services, described further below, are among the broad array of HCBS available to individuals with developmental disabilities, coordinated statewide through 21 Regional Centers (RCs). RCs contract with Providers/agencies (through a process known as vendorization) to provide these services. RCs are non-profit organizations funded through contracts with the Department of Developmental Services (DDS). HCBS are funded through a variety of sources, including the HCBS Waiver and the 1915(i) State Plan Amendment for Californians with developmental disabilities. Individuals receiving these services may also be eligible for and receiving other services (e.g. Personal Care Services) described previously.

- **Supported Living Services**

Supported Living Services (SLS) consist of a broad range of services for adults with developmental disabilities who, through the Individual Program Plan (IPP) process, choose to live in homes they themselves own or lease in the community. SLS may include:

- Assistance with selecting and moving into a home;
- Choosing personal attendants and housemates; and
- Managing personal financial affairs, as well as other supports.

- **In-Home Respite**

In-Home Respite services for individuals with developmental disabilities typically include:

- Providing appropriate care and supervision to protect that person's safety in the absence of a family member(s); and
- Attending to basic self-help needs and other activities that would ordinarily be performed by the family member.

- **Personal Assistance Services**

Personal Assistance Services provide support and personal assistance for individuals with developmental disabilities.

Additional information about the IHSS program can be found at:

<http://www.cdss.ca.gov/inforesources/IHSS>

Additional information about the WPCS program can be found at:

<http://www.dhcs.ca.gov/services/ltc/Pages/In-Home%20Operations.aspx>

Additional information about HCBS programs can be found at:

<http://www.dhcs.ca.gov/services/ltc/Pages/default.aspx>

Additional information about DDS can be found at:

<http://www.dds.ca.gov/>

4 Current Solution

For personal care services administered through the IHSS and WPCS programs, California has a single, automated system known as the Case Management, Information and Payrolling System (CMIPS), which supports case management, payroll, and reporting for the IHSS program and payroll for the WPCS program.

CMIPS is a large and complex IT system due to the number of Recipients, Providers, and system end users involved in IHSS. The case management function keeps track of over 550,000 active Recipients, as well as pending applicants, terminated Recipients, and pending, eligible and terminated Providers. The Provider management and payroll functions support 460,000 active Providers to ensure timely and accurate payroll payments of over \$5 billion per year. Around 5,000 workers across the 58 California counties and various State agencies use CMIPS, which exchanges information with over 60 interface partners.

The two models for the provision of personal care services are Individual Provider and Agency Provider. Individual Providers are employed directly by the Recipients and/or waiver Recipient, who hire and direct them, while the State processes the payroll on behalf of Recipients and waiver Recipients. It is most common to have a one-to-one (one Recipient with one Provider) relationship. However, some Recipients have multiple Providers and some Providers work for multiple Recipients. In these situations the IHSS and/or WPCS Recipient is the employer and the IHSS and/or WPCS Provider is the employee. The Agency Providers are employed by commercial agencies who manage their work, process payroll and issue their paychecks. These agencies can either have contracts with counties or enroll through DHCS as a Medi-Cal Provider.

Individual Providers are paid through the CMIPS system. CMIPS supports the following functions:

- Referral/Application for services
- Financial Eligibility
- Needs Assessments
- Authorizing services
- Provider enrollment
- Processing payroll for Individual Providers:
 - Processing Provider timesheets
 - Calculating payroll based on how many hours a Provider works
 - Deducting and reporting applicable payroll taxes and deductions
 - Requesting warrant to pay individual Provider
- Processing payment to commercial agencies for Agency Providers (also known as Contract Mode):
 - Processing commercial agency claim (SOC 432)
 - Validating authorized work
 - Requesting warrant to pay commercial agency

- Reporting the following information to assist with the overall management of the IHSS program:
 - Provider and Recipient demographics
 - Case information
 - Payroll information

The CMIPS Business Architecture Diagram (Figure 1, below) illustrates the various components of CMIPS and how they interact with one another for the Individual Provider model. As the “employer,” the personal care services Recipient manages the work hours and must review and approve the Individual Provider’s timesheet.

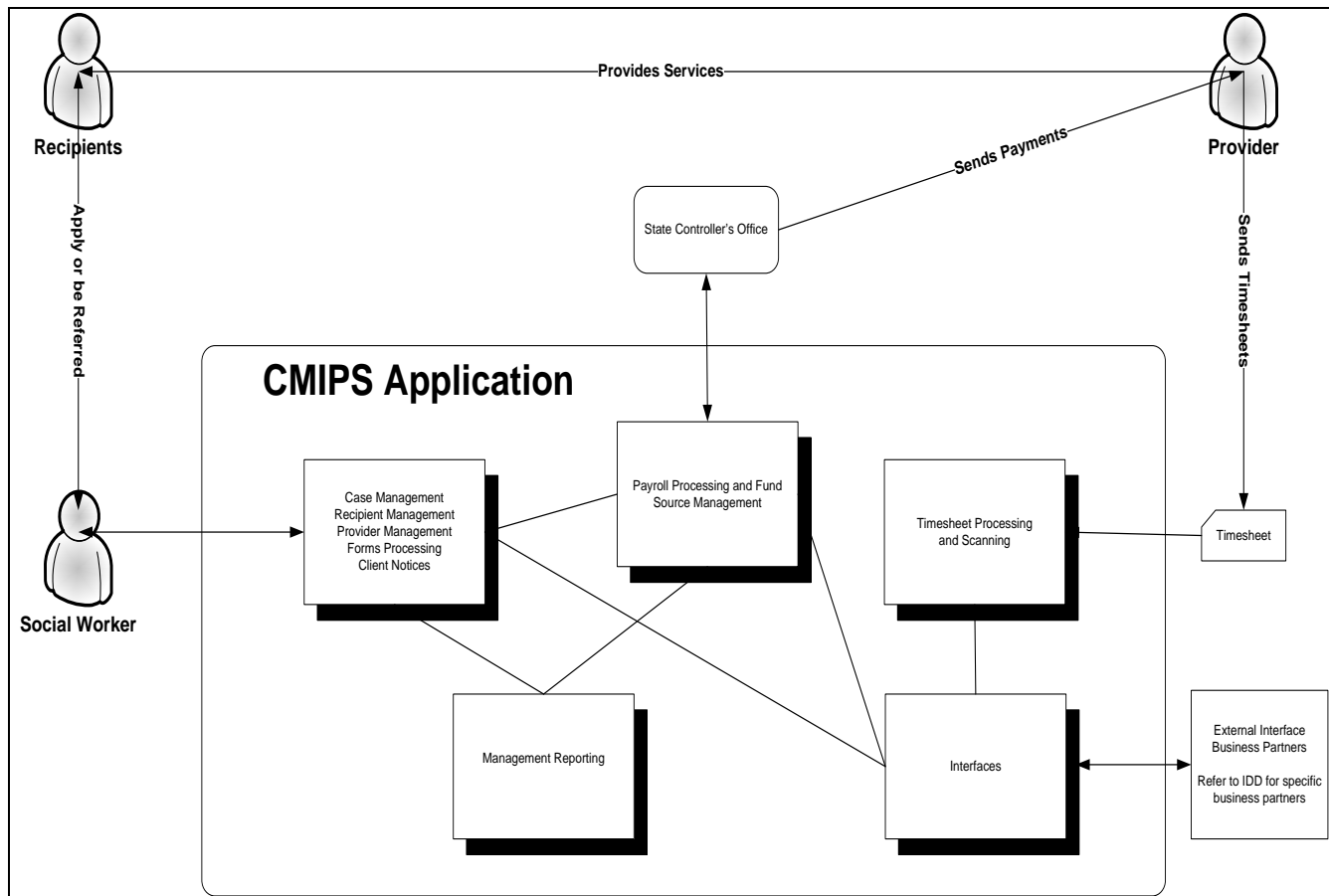


FIGURE 1, CMIPS BUSINESS ARCHITECTURE DIAGRAM

The current solution addresses challenges for the personal care services Recipients associated with age and a wide variety of disabilities to include the visual disability, hearing disability, mental health issues, and developmental disabilities. Specifically for time reporting, the Recipient can approve the time worked by signing a paper timesheet or by providing confirmation for an electronic timesheet through the IHSS Portal or the Telephone Timesheet System (TTS). The TTS was originally developed to support blind and visually disabled Recipients. Now it is also used by any Recipient who has a Provider who wants to submit timesheets electronically but the Recipient prefers not to use the web application for any

reason including health issues that preclude them from using electronic devices, lack of internet connectivity, or personal preference.

For both the Recipient and their Providers, the current solution also addresses challenges for geographic location, income, and languages. Specifically for time reporting, the current solution supports four threshold languages for the Recipient (English, Spanish, Chinese, and Armenian) and two languages for the Provider (English and Spanish). In addition, correspondence related to payroll is available in formats for the visually disabled to include large-font print, braille, or audio CD's. All written communications and system generated prompts use basic literacy levels.

4.1 Timesheet Processing for Individual Providers

IHSS and WPCS Providers submit standard timesheets twice a month either through the mail to a centralized Timesheet Processing Facility (TPF) or through an online Electronic Timesheet System (ETS) available through the IHSS Portal. Providers receive two timesheets each month. The first pay period is defined as the period from the 1st through the 15th of the month. The second pay period is defined as the period from the 16th through the last day of the month. Providers are required to claim the hours and minutes they work on a daily basis and all entries must be approved by the Recipient as the employer. Both the Recipient and Provider are required to sign the timesheet before it can be processed. Providers can submit their timesheet to the TPF at any time. A timesheet will not be processed for payment until the end of each pay period unless the Provider is in terminated status from the associated Recipient case.

The time reporting data captured through the TPF or ETS are automatically sent to CMIPS via interfaces described in Attachment B, Timesheet Data Elements. CMIPS calculates payroll and sends "Requests for Warrants" to the State Controller's Office (SCO) for Provider payments. CMIPS also automatically sends paid claims data to the DHCS for federal claiming of the Medi-Cal services.

4.1.1 Paper Timesheet Processing

Paper timesheets are processed at the TPF located in Chico, California. Once a timesheet is received at the TPF, it is scanned and the data and image are sent to CMIPS via an interface. CMIPS validates the data included on the timesheet using pre-defined business rules. Any errors are sent to the appropriate county for resolution as an exception through the case management component of CMIPS. CMIPS allows users to manually correct Provider timesheet information.

4.1.2 Electronic Timesheets

In addition to mailing timesheets, Providers and Recipients also have the option to submit timesheets online through the IHSS Portal ETS application, which is a cloud-based application that is accessible from any personal computer, tablet or smartphone. Providers enter daily time, in hours and minutes, for each Recipient for whom they work. The ETS validates the entries using the same pre-defined business rules used for processing paper timesheets. In addition to submitting timesheets, Providers are also able to correct errors and view payment status and payment history through the ETS. Recipients can review, reject or approve Provider

submitted timesheets via the ETS application. To assist Providers in correctly completing timesheets, the ETS application also provides real time prompts such as violations of overtime caps or claiming more than 24 hours in a day. The ETS, currently being implemented in a phased rollout that began in June 2017, is expected to be available statewide in November 2017. Although unknown at this time, the State expects the initial adoption rate of electronic timesheets to be between 20 percent and 30 percent after the statewide rollout is complete.

Additional information about ETS can be found at:

<http://www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information>

4.1.3 Telephone Timesheet System

CMIPS includes functionality that allows a timesheet to be approved via a TTS for Recipients who are blind or visually disabled, or who do not have access to a personal computer, tablet or smartphone. The TTS automatically calls a Recipient who has opted to use the TTS whenever their Provider submits a timesheet for approval. The TTS reads the entries on the timesheet and allows a Recipient to approve their Provider's IHSS timesheets by telephone.

4.2 Payments for Agency Providers

Agencies that have a contract with a local county for IHSS services are paid directly by that county. The agency manages and tracks the Providers' time and submits an invoice and data file to the county for payment. The county uploads the data file with a list of Providers and time into CMIPS. CMIPS validates the hours worked and does appropriate reporting to CDSS accounting.

Agencies enrolled as Medi-Cal Providers through DHCS are paid through DHCS' fiscal intermediary (FI). The agency manages and tracks the Providers' time and submits a claim to the DHCS' FI for payment. The claim specifies procedure code, date of service, number of units of service, rate per unit, and claim total. The FI validates/pays the claim and does appropriate reporting to the DHCS data warehouse. The Home Health Agency (HHA) category of services type 052, are reimbursements based on assigned procedure codes and frequency limitations established for HHA services.

5 Proposed Environment

Signed into law on December 13, 2016, the 21st Century Cures Act includes a provision requiring EVV for personal care and home health care services provided under state Medicaid programs. Each state must institute EVV for Medicaid personal care service programs, including IHSS, WPCS, and other HCBS programs in California, by January 1, 2019 and for Medicaid home health care services by January 1, 2023, or incur a penalty of reduced federal government payments.

A central part of the proposed environment to implement the new federal law is that it will not diminish the rights of individuals to live independently in their own homes, and community, and the philosophy that California has long held in those rights as fundamental.

The CDSS is interested in an EVV service that will improve Recipient care and enhance Provider payment efficiencies. The EVV service may eventually phase out and replace paper and/or online timesheets and paper claim submissions for travel and sick leave.

The IHSS, WPCS and other impacted HCBS Waiver personal care services Providers would be required to access an EVV system, via telephone, mobile phone or other device to capture when they begin and end providing a service. Recipients direct and determine the times that Providers will work which can be any day of the week and include multiple work periods per day. 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. Any proposed EVV solution must include the ability to time stamp for every visit and allow a Recipient to confirm the Provider's hours.

The EVV system would exchange information with CMIPS or the Agency Provider through an interface. CMIPS or the Agency Provider would provide the EVV system with information about Recipients, Providers, and authorized services. The EVV system would send CMIPS or the Agency Provider information about the number of hours worked and services provided. CMIPS or the Agency Provider would then update case information and process payroll.

The State recognizes the federal EVV requirements pose a unique challenge for California given the size of the IHSS program, that half of all Providers live in Los Angeles, and that very few counties use the Contractor Mode of service.

At a minimum, an EVV solution shall:

1. 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
2. Track time in hours and minutes
3. Track other types of information such as paid time off, sick leave, and travel time between Recipients
4. Be minimally burdensome per section 12006 of Public Law 114-255
5. Be user friendly with basic literacy levels
6. Be accessible to individuals with disabilities
7. Accommodate multiple programs with varying lists of services
 - Permit Recipients to be linked to multiple programs and Providers
 - Permit Providers to be linked to multiple programs and Recipients
8. Allow for review and signature/approval of both the Provider and Recipient
9. Allow for submission of daily hours for payment ("timesheet")
10. Provide multiple devices/methods for Provider check in/out
11. Allow Providers to modify or "fix" information (e.g., if they forget to check in/out)

12. 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)
13. Provide alerts (e.g., when a Recipient hasn't received services for specified time periods)
14. 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
15. Track status of timesheet payment processing
16. Produce reports of all information captured
17. Flexible system that easily accommodates policy change

The 21st Century Cures Act does not specify how states must implement the EVV requirement beyond providing basic standards for compliance. California would like to explore a variety of EVV solutions or services to determine which one may be the most effective, efficient and economical for both the Individual Provider and Agency Provider employment models. Vendors are encouraged to share solutions that exceed the minimum requirements stated above. For example, the State could envision one or more of the following possibilities, but is not limiting vendor responses to these options:

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.

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.

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.

Option 4. Replace both timesheet processes and major components of payroll processing. The EVV solution or service could provide comprehensive tracking and payroll processing for both Individual Providers and Agency Providers. The timesheet functions and major components of payroll processing within CMIPS could be replaced.

Option 5. Leverage solution for home health care. The EVV solution or service could be leveraged for home health care services by 2023.

6 Vendor Questions

Vendors must submit questions regarding this RFI via e-mail by the specified date and time in Section 2, RFI Key Action Dates and Times. Questions should be submitted via email to the contact person listed in Section 9, Contact Information.

The following **must be included** in the e-mail inquiry:

- On the subject line of the e-mail, include RFI #32236, CMIPS EVV- Vendor Questions;
- Vendor name, contact person, telephone number, fax number and e-mail address, as part of the sender's contact information;
- A description of the subject or issue in question, or discrepancy found in the RFI;
- RFI section, page number and/or other information useful in identifying the specific problem or issue in question; and
- The vendor's question(s).

At its discretion, the State may contact vendors to seek clarification of any inquiry received. The State may respond to questions directly to the vendor or if deemed necessary, release an addendum or updated RFI.

7 RFI Resource Library

The RFI Resource Library is a document repository that contains information about the CMIPS to assist vendors in providing responses to this RFI. The RFI Resource Library can be found at the following link:

<https://osicagov.sharepoint.com/sites/projects/CMIPSII/EVV/BL/SitePages/Home.aspx>

To access the documents in this link, participating vendors must request a "user id" and "password" from the State contact person listed in Section 9, Contact Information.

8 RFI Format and Submission

Responses to this RFI are due by the date and time stated in Section 2, RFI Key Action Dates and Times.

Responses must be submitted via e-mail to the State's contact identified in Section 9, Contact Information, and must include the following information in the e-mail subject line:

RFI #32236 CMIPS Electronic Visit Verification (EVV) Response.

A vendor's response shall contain the following:

1. A signed cover letter that includes the following elements:
 - a. Vendor name, address, telephone number and fax number; and
 - b. Contact information including the name, title, address, phone number, fax number and e-mail address of the vendor's primary contact person for this RFI.
 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; and
 - b. The vendor's experience doing business with the State of California.
 3. Any additional recommendations that the vendor determines are relevant to EVV.
 4. The vendor's response to Attachment A, CMIPS RFI Questions. Please ensure that the format and numbering of the response correlates to that within Attachment A.
- While not required, vendors are encouraged to answer all questions. If a vendor elects not to respond to a question, please provide feedback on why.
5. The total response should not exceed 50 pages.

The State may ask vendors to demonstrate the functionality of their solution as it relates to the requirements and options described in this RFI. The State will notify a vendor if a demonstration is desired and make appropriate arrangements that is convenient for all parties.

9 Contact Information

The RFI responses and all correspondence and/or questions related to this RFI shall be directed to the State contact person:

Albert De León
Acquisitions & Contracting Services Division
Office of Systems Integration
Phone: (916) 263-4285
E-mail Address: solicitations@osi.ca.gov

Attachment A

CMIPS RFI #32236 Questions

RFI General Questions

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.
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).
 - 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.
 - c. Security features of the system that confirms the identity of both the Providers and Recipients and how that data is kept secure.
 - d. Data collection, including information identified in this RFI Section 5 Proposed Environment.
 - e. Features that address the requirement that allows Providers to modify or “fix” information (i.e., if they forget to check in/out).
 - f. Features that conform to the concept of being minimally burdensome.
 - 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.
 - h. Features of the system that address the needs of special populations that cannot be near electronic devices.
 - i. Features of the system that address the provision of EVV in rural areas where technology infrastructure may be limited or unavailable.
 - j. Additional features the system offers outside of EVV.
 - k. Service level metrics including system availability and system capacity.

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- l. Contingency plans for system outages or unavailability.
 - 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.
 - n. Types of analytics and reporting provided.
 - o. Typical account set up time and check in/out time for Providers and Recipients.
 3. Describe if/how the system groups or categorizes tasks to simplify system operation, tracking, Provider and Recipient use, etc.
 4. Describe the system's capability to interface with other systems, for eligibility, timekeeping, payroll or data collection purposes.
 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.
 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.
 7. Discuss strategies you have employed to garner customer satisfaction and include any satisfaction survey data, if available.
 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.
 9. Discuss ongoing maintenance of EVV systems.
 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.
 11. Describe how an EVV solution can be effectively implemented for both the Individual Provider and Agency Provider employment models.
 12. Describe your business model (e.g., Software as a Service, Commercial Off-the-Shelf, Modified Off-the-Shelf, custom built, transactional).

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

Attachment B Timesheet Data Elements

1.1 Timesheet Processing Facility (TPF)

1.1.1 PRNR998A – TPF to CMIPS II Timesheet Data Receive

CI	Document Name
71,094	IDD_EINTF_TPF_to_CMIPS_II_Timesheet_Data_Receive_PRNR998A.doc

In CMIPS, once the data and image has been captured and validated by the processing facility, an XML file is generated and transferred to the interface component for Case Management verification and authorization of timesheet. This interface uses an SFTP server to transfer the timesheet XML files in set intervals throughout the day.

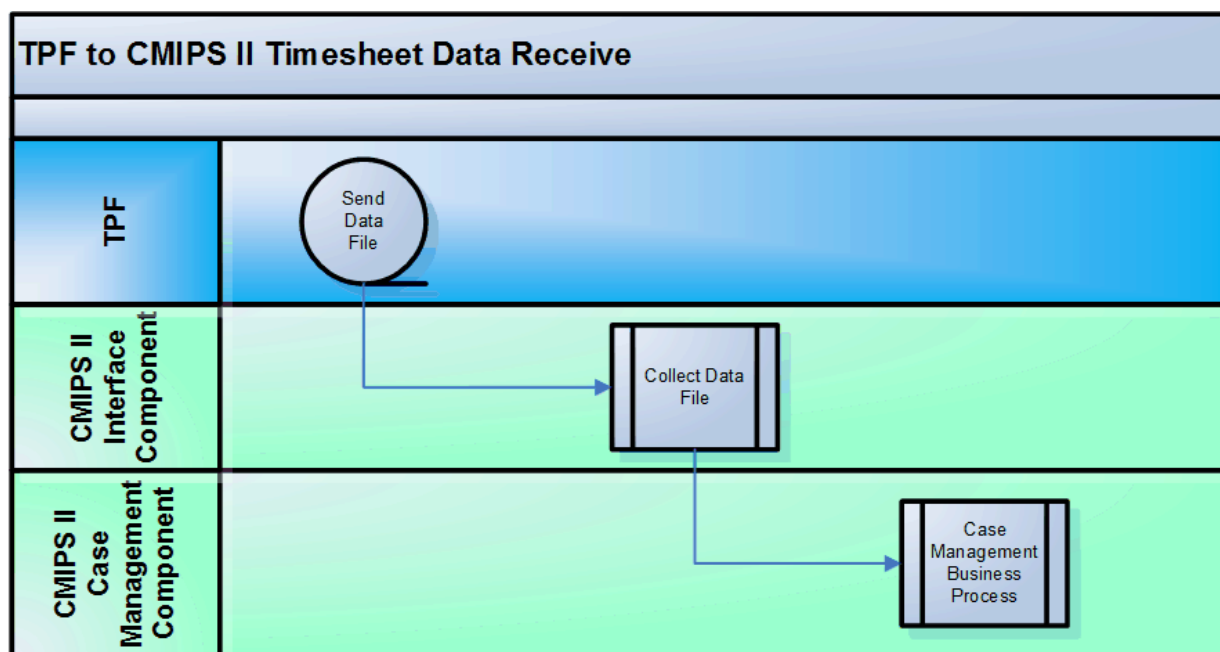


Figure 1– TPF to CMIPS II Timesheet Data Receive

1.1.1.1 Technical Name of Interface – PRNR998A

1.1.1.1.1 File Name

Partner	File Name
TPF	TPF_TPFR_XXXXXXXXXXXX_CCYYMMDD_HHMMSS.xml NOTE: 'XXXXXXXXXXXX' represents an internal to TPF generated batch number.

1.1.1.2 Characteristics of Interface

- Type - Batch
- Format – XML

- Priority – Critical
- Frequency – As Needed
- Timing – Sequencing – Operations Procedure Manual – Batch Scheduling
- Security & Privacy Classification – Refer to 4.4.5 System Security Plan
- Source(s) (System) – Timesheet Processing Facility FTPS Server
- Target(s) (System) – CMIPS – Case Management
- Data Transformation – None
- Media – Electronic File
- Interface Method – Pull from partner SFTP server

1.1.1.3 Data Elements of Interface

The TPF Timesheet Data XML can contain up to 100 timesheets per file. The XML transfer file will be specific to the timesheet batch format. The three batch formats are CMIPS bi-monthly (Arrears, WPCS), CMIPS bi-monthly (Advanced), and CMIPS BVI. Each timesheet in the XML file will be identified by a unique internal control number (ICN). This is the number printed on the timesheet form during the scanning process, which includes the Julian date the timesheet was scanned. The TPF processing system will generate an XML file from the tables of collected timesheet data in set batch cycles.

The XML generator batch cycle runs on five-minute intervals. The created files are placed in a system retrieval directory for transfer through the SFTP server to Case Management for authorization.

1.1.1.3.1 Logical Layout Name/Transaction: Specific Details – CMIPS II IHSS/WPCS Timesheet

The below table shows the data elements that are collected and transferred for the three XML batch formats:

Data Item Name	Format	Length	Comment
Document Count	Numeric	2	Used to track the number of timesheets received as part of this batch.
Exception Count	Numeric	2	Used to track the number of exceptions captured at TPF.
Generation Date	Timestamp	NA	
Generation Time	Timestamp	NA	Image Available Time
Form Type	Alpha	16	Used by TPF to differentiate the various Timesheet Types TPF – Arrears Timesheet ADVANCED – Advance Pay Timesheets LEGACY – Legacy Timesheets WPCS – WPCS Timesheets

Data Item Name	Format	Length	Comment
HVDOCID	Numeric	20	For linking with stored timesheet image
Scan Date	Numeric	8	The date when the timesheet was actually scanned at TPF.
Scan Time	Numeric	6	
Timesheet Number id	Numeric	16	Timesheet Number of the Timesheet Data.
Provider Number id	Numeric	9	CM Provider Number
Recipient Number id	Numeric	7	CM Case Number
Timesheet Type id	Alpha-numeric	6	
County Code id	Numeric	2	County Code of the Case
Pay Period Start	Numeric	8	
Pay Period End	Numeric	8	
Time Logging Remaining Hours	Numeric	6	Remaining Authorized Hours
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Daily Time Entry	Numeric	4	
Exception (Code)	Alpha-numeric	10	The exception code will be populated in this column if the timesheet is exceptioned at the scanning facility.
Signatures Recipient Provider	String	1	Identifies if the Recipient and Provider Signatures are present in the Timesheet.

1.1.1.3.2 Public Physical Layout Name/Transaction: Specific Details – CMIPS II
IHSS/WPCS Timesheet

There is no difference between the Logical Layout and the Public Layout as this interface is created in TPF in XML and passed through the interface component for delivery.

1.1.1.3.3 Internal Physical Layout Name/Transaction: Specific Details – CMIPS II
IHSS/WPCS Timesheet

There is no difference between the Public Physical Layout and the Internal Physical Layout as this interface is created in TPF in XML and passed through the interface component for delivery.

1.1.1.3.4 Logical Layout Name/Transaction: Specific Details – CMIPS II Advance Pay
Timesheet

Data Item Name	Format	Length	Comment
Document Count	Numeric	2	Used to track the number of timesheets received as part of this batch.
Exception Count	Numeric	2	Used to track the number of exceptions captured at TPF.
Generation Date	Timestamp	NA	
Generation Time	Timestamp	NA	Image Available Time
Form Type	Alpha	16	Used by TPF to differentiate the various Timesheet Types TPF – Arrears Timesheet ADVANCED – Advance Pay Timesheets LEGACY – Legacy Timesheets WPCS – WPCS Timesheets
HVDOCID	Numeric	8	For linking with stored timesheet image
Scan Date	Numeric	8	The date when the timesheet was actually scanned at TPF.
Scan Time	Numeric	6	
Timesheet Number id	numeric	16	Timesheet Number of the Timesheet Data.
Provider Number id	Numeric	9	CM Provider Number
Recipient Number id	Numeric	7	CM Case Number
Timesheet Type id	Alpha-numeric	6	
County Code id	Numeric	2	County Code of the Case
Pay Period Start	Numeric	8	
Pay Period End	Numeric	8	

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1.1.1.3.5 Public Physical Layout Name/Transaction: Specific Details – CMIPS II
Advance Pay Timesheet

There is no difference between the Logical Layout and the Public Layout as this interface is created in TPF in XML and passed through the interface component for delivery.

1.1.1.3.6 Internal Physical Layout Name/Transaction: Specific Details – CMIPS II
Advance Pay Timesheet

There is no difference between the Public Physical Layout and the Internal Physical Layout as this interface is created in TPF in XML and passed through the interface component for delivery.