Technical Proposal Response to

State of Nebraska, Departmant of Health & Human Services

Electronic Visit Verification Solution

RFP # 6113 Z1
October 7, 2019

ORIGINAL

Facilitating freedom, choice, and opportunity through innovative solutions.

Submitted By:
Acumen, LLC
5416 East Baseline
Suite 200
Mesa, AZ 85206

Technical Proposal Response to

State of Nebraska, Departmant of Health & Human Services

Electronic Visit Verification Solution

RFP # 6113 Z1
October 7, 2019

Facilitating freedom, choice, and opportunity through innovative solutions.

Submitted By:
Acumen, LLC
5416 East Baseline
Suite 200
Mesa, AZ 85206

Form A
Bidder Contact Sheet
Request for Proposal Number 6113 Z1

Form A should be completed and submitted with each response to this RFP. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	**Acumen. LLC**
Bidder Address:	**5416 East Baseline Road, Suite 200** **Mesa, AZ 85206**
Contact Person & Title:	**Josh Auer, CEO**
E-mail Address:	**jja@dcisoftware.com**
Telephone Number (Office):	**877-212-3738**
Telephone Number (Cellular):	**480-232-7453**
Fax Number:	**277-377-3049**

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	**Acumen. LLC**
Bidder Address:	**5416 East Baseline Road, Suite 200** **Mesa, AZ 85206**
Contact Person & Title:	**Josh Auer, CEO**
E-mail Address:	**jja@dcisoftware.com**
Telephone Number (Office):	**877-212-3738**
Telephone Number (Cellular):	**480-232-7453**
Fax Number:	**277-377-3049**

Executive Summary

Facilitating freedom, choice, and opportunity through innovative solutions.

Thinking Outside the Box – Innovation Reimagined

Historically inventions are created for one function, and subsequently, many times those inventions take hold in a completely different environment. A good example is the process of loading bananas into containers for shipping. Seventy-five years ago, Jim Curran, a structural engineer with Union Pacific in Omaha came up with the idea of adapting a system used to load bunches of bananas on to boats into one to move people up steep, snow-covered slopes. His design called for replacing hooks for bananas with chairs for skiers to sit on while wearing skis. The chairs would be suspended from a single cable running overhead.

Curran's idea was so out of the box for its day that his co-workers thought it was too dangerous and his boss tried to shelve it. Fortunately, Charlie Proctor, a consultant brought in by the railroad to help plan the Sun Valley Resort in Idaho, saw Curran's design, which he had slipped in with some approved designs, and thought otherwise.

Today, people all over the world ride ski lifts and the technology originally developed over 75 years ago to ship bananas is still in use. Thank you to the people of Nebraska for "thinking outside the box".

Today's Medicaid enterprises, governed by CMS's Medicaid Information Technology Architecture (MITA), are looking for innovative ways to improve efficiency and modernize the processes associated with the new managed care environment and to move away from monolithic fee-for-service technology. One of these modules, the Electronic Visit Verification (EVV), has been at the forefront of this effort.

Fortunately, Acumen, LLC has used EVV in their self-directed FMS, provider agency, and private managed care environments for years to verify the following data: Type of service performed; Individual receiving the service; Date of Service; Time the service begins and ends; Individual performing the service; and any other associated items. Repurposing the technology used in private settings for use in the State Medicaid Market is akin to the adaptation of the banana loading solution to transport people. It saves time, is more efficient, and proven to work.

The State of Nebraska's approach for a new EVV solution is sound; aligns with the modular CMS approach to build system and operational capabilities while at the same time, filed a waiver exception request to allow for implementation after January 1, 2020. Given the time frames outlined in the RFP, adaptation of a proven solution provides for the most economical and risk-free implementation of the EVV Module. Less development time, more time for configuration, and a reduction in GAPS between the As-Is and To-Be processes.

Our solution, and our proposal, will demonstrate how we will: help identify fraud, waste, and abuse; accommodate limited internet access in rural areas; is easily configurable; and is intuitive in allowing any authorized user to capture and submit visit data.

Acumen, LLC

Acumen was founded in 1995 on a simple premise: There must be a better, simpler, more personal and efficient way to provide self-direction services to individuals with disabilities and their families. Since then, Acumen Fiscal Agent has steadily grown by keeping that premise in mind and are now one of the largest providers of Fiscal Agent support and EVV services. We have found that our value to our customers comes primarily from our ability to fully implement and follow-through on real projects that have a positive, long lasting impact on people's lives.

Acumen has implemented the DCI EVV system across 23 states for their Medicaid, Department of Aging, and Veterans Association customers. In totality, we work with over 50 state agencies, which are similar to

Nebraska DHHS. Additionally, the DCI EVV solution is deployed to Medicaid provider agency customers across the country, both large and small, and in big cities and remote rural areas.
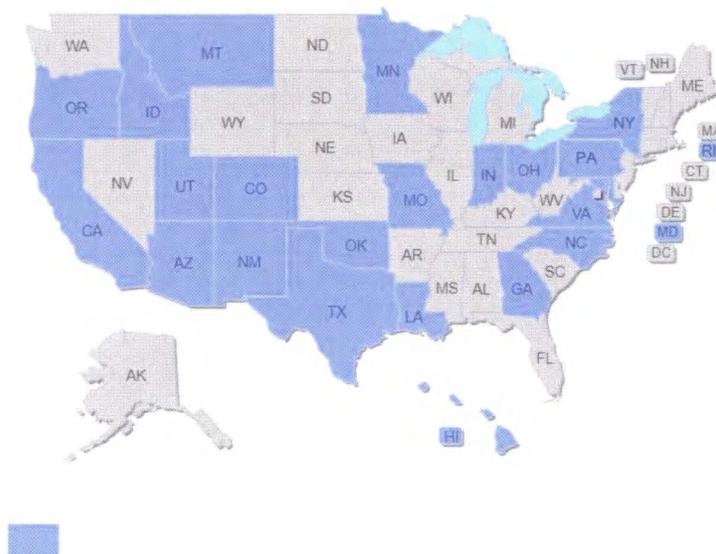
Acumen is currently not providing service to the State of Nebraska. We made the strategic decision not to market in Nebraska to avoid a conflict or the perception of a Conflict of Interest. We did not want to Department to feel compelled to award the EVV contract to a company doing business in the State or to pressure providers to use the DCI solution.

Direct Care Innovations EVV

Our Direct Care Innovations (DCI) EVV Platform was developed to meet the six required Cures Act field requirements. Unlike other solutions, DCI EVV offers multiple workflows that can be configured by service types to increase or decrease the scrutiny level of the EVV to meet your varying needs for a variety of service lines. The DCI EVV configuration options allow the Department, and providers the highest level of flexibility to navigate the ever-changing CMS rules around individual services and EVV. We have reviewed our competitors' solution and know what works and what doesn't work for an effective EVV Medicaid solution. That is the reason we developed our DCI EVV Solution.

The DCI EVV Modules for the Nebraska EVV include:

DCI Authorization Module is designed to serve as a real-time data management and reconciliation system for authorizations for service providers and State Medicaid agencies. The DCI Authorization Module can also integrate (via API or custom integration, or import/ export functionality) with other DHHS MMIS Modules such as current operational systems like N-FOCUS, or planned future systems like Central Provider Management (CPM) to import and export data directly.

DCI Scheduling Module is designed to integrate with the DCI Authorization Module to create schedules that maximize services to members without exceeding authorization. The DCI Scheduling Module allows providers, and members in any service model (Traditional, self-directed, agency of choice, etc.) to effectively manage employee hours, overtime, DCW rotations, shift trading, and more.

DCI Mobile App is the premier cutting-edge option for real-time, go anywhere EVV on the market today. The DCI Mobile App can be downloaded from app stores on IOS (Apple) and Android (Google) devices free to the end user.

The DCI Billing and Aggregation Module has a complete Electronic Data Interchange (EDI) engine and can generate 837 files for providers billing using data inputs from the DCI Authorization Module. The DCI Billing Module also serves as the aggregator for providers submitting from third party EVV systems. The DCI Billing Module incorporates all program rules and requirements defined by the Department to create a rules-based billing environment.

DCI Reporting Module provides a robust, flexible and user configurable (for all user types) reporting tool, offering reports in multiple formats in accordance with the technical requirements. DCI includes a current library of over 100 standard reports. DCI allows users to search using criteria including report names, report filters, and data elements included in the report in a library.

Alerts & Notifications is a powerful notification engine that facilitates notification and alerts to providers, direct care workers, and State agencies. Notifications can be delivered by internal portal notifications, HIPAA secure text message and e-mails and sent directly to the provider, direct care worker, and State agency personnel based upon configurations determined during implementation.

The DCI EVV Solution is hosted in the Microsoft Azure Cloud with the highest available redundant disaster recovery, security, and performance requirements inherited from US-based data centers; which comply with industry standards (such as FedRAMP, FIPS 140-2, ISO 27001, NIST, HIPAA, and HITRUST) for physical security, confidentially, and availability.

In order to be successful reaching your goals, Acumen must be successful delivering your goals. As you evaluate our Technical Proposal and Attachment A - RTM you will review how we are able to deliver each goal. Here are the highlights:

Goal #1: Obtain a solution that will aid in the identification and mitigation of fraud, waste, and abuse.

Unfortunately, private care and home health services have had numerous cases of fraud, waste and abuse. The 21st Century Cures Act now required every state to implement an EVV to identify and reduce fraud, waste and abuse with audit features and reports for Department and federal auditors to access near real time EVV data.

The DCI Portal can be configured to allow the Department to apply program rules. DCI also has a notification engine that can be configured to alert providers and State staff of potential issues that can be dealt with before a simple issue becomes a fraud, waste or abuse problem.

Our robust Report Module has numerous standard reports for the State, auditors and providers. Audit-type reports can drill down to specific providers, services, care givers and/or individuals. Most data is near real time, with the exception being hardcopy EVV data from frontier areas.

Goal #2: Obtain an EVV solution that will accommodate and overcome limited internet access in rural areas.

Utilizing DCI Modules together provides an EVV Solution that is flexible and can accommodate both high tech and low-tech EVV options to enable time entry and EVV for members and their direct care workers in any situation. Unlike our competitors who rely mainly on a hardware distribution approach for EVV (which is difficult to manage and creates security concerns), DCI provides a variety of EVV options.

Acumen's proposed DCI solution is a Software as a Service Solution (SaaS), where we focus on the Service. Numerous clients have required us to think out of the box to serve their providers and clientele who are in remote, or off the grid.

One example is the State of Arizona, which has tribal communities throughout the State including the Navajo nation. In fact, DCI is the only EVV solution currently being utilized via Rise Services Inc. on the Navajo nation and has been since 2015.

We took the time to really understand the identity and location of the providers in comparison to the people they served. Acumen was then able to make recommendation for the best access mode to DCI.

- In areas with high connectivity, provider caregivers use the DCI Mobile application. Caregivers can download the DCI application on their own cell phone from the App Store, attend user training and be ready to start using the DCI EVV modules.

- Provider aides who do not have smart phone access or have unreliable network connectivity use the DCI Portal on their cell phones, computers, or tablets.

- Rural providers who may have limited, unreliable or no internet access can use landline telephones to access the DCI EVV, attend user training and be ready to start using the DCI EVV modules.

- Even frontier users with zero connectivity also have options. DCI offers manual visit verification methods for capturing EVV in rural or frontier settings with low or no technology environments. DCI accommodates paper timesheets paired with a Fob device that is manually loaded into DCI for processing by the provider.

> Having a company like Acumen to work with that sought to understand the unique needs of our organization, and the diverse populations we support, was a breath of fresh air and very different from our experience with other software vendors.
>
> *Gerald Nebeker, Ph.D.*
> *President, RISE, Inc.*

Goal #3: Obtain a solution that is configurable to permit future expansion and functionality.

The DCI EVV Solution is configurable to meet the needs of multiple programs and services and has the flexibility to add services and programs throughout the life of the contract. DCI EVV has the ability to have different business rules, policies and procedures for each program and service.

Goal #4: Obtain a hardware/software solution that contains an intuitive user interface to capture and submit visit data.

Our people understand the unique needs of the members, families, state agencies and people they support. The DCI solution enables individuals who furnish personal care services, home health care services, or both under the State plan or under a waiver of the plan. The DCI system is minimally burdensome for providers, participants, state staff and their designees.

DCI EVV offers Bring Your Own Device options (BYOD) that can be deployed using Mobile Apps, web enabled devices, IP addresses, and phone lines without having to pay for, deploy, or manage hardware, as well as a FOB option.

Key Personnel

While it is true that some vendors are going to be stretched from a staff perspective because there are so many states that are targeting implementation within a 12-18-month period. Nebraska is one of only two States that Acumen is planning to target between now and the end of this year.

To assure the State of Acumen's commitment to meeting your defined goals, our key personnel are our senior staff. They are will attend the Oral Presentation, if we are invited, and will work on the contract starting Day One. We realize that no company, regardless of size can implement multiple State EVV contracts with senior staff or even experienced EVV staff. We are not trying to be everything to everyone.

Our proposed Team has worked together on numerous DCI implementation projects together. Their assigned roles and interaction make for a cohesive, no-nonsense implementation effort focused on your success. Acumen is dedicating our highest level of personnel for this project to ensure optimal quality and responsiveness to DHHS needs that will result in a long-lasting quality EVV Solution and partnership with DHHS.

Josh (J) Auer Acumen's CEO will serve as the **Account Manager.** Josh is a seasoned executive who understands the needs of states, providers and the people they serve because Josh started his career working with providers and members. His understanding of the EVV program and processes ensure Josh is decisive and responsive to the needs of the State of Nebraska.

Chelsea Glovis is your Nebraska **Project Manager**. Chelsea is just finishing a large DCI Solution implementation project for MediCal with Premier/Aveanna. Chelsea has a real knack for transforming complicated information and requirements into smaller, easier to manage requirements.

The testing discipline seems to have the most focus during a procurement and is the first-place contractors looks to reduce when projects are delayed. Jay Johnson, your Nebraska **Testing Lead** has been selected because of his outstanding experience leading and overseeing large testing efforts. Jay is the newest additional to our Team but has jumped in and is already having a positive effect on our previous testing processes.

Your Nebraska **Integration Lead** in Matthew (Matt) Dee. Matt was an original member of the DCI design and development effort. Matt's technical prowess keeps the DCI Solution up-to-date with CMS' ever changing requirements and will lead the Acumen Technology Team to transform the DCI EVV Solution into the Nebraska EVV,

Mindi Mitchell is your **Training Lead**. Mindi worked with the Rise Team to develop and deliver training for the State of Arizona, which includes the Navajo Nation. Her experience will be invaluable as we develop and deliver the training solution for State, Providers and users.

Implementation Phase

Acumen is aware that there is a limited pool of EVV vendors who have previously implemented at a state-wide level, and we appreciate the Department's openness to vendors who may not have completed a state-wide EVV implementation, but who have shown successful implementation practices with a comprehensive, quality solution.

Our Attachment G Draft Implementation Plan walks through the steps and checkpoints of our implementation. The transformation of the DCI EVV into the Nebraska EVV is planned for 9 months from the Contract start date.

Our Implementation Team will use the lessons learned from the Arizona Rise implementation to ensure that the Nebraska implementation will have the same successful outcome.

Certification

When we were developing our strategy for entering the state Medicaid market, we realized the importance of certification for states to receive the 90% matching federal funding. We looked at our options and decided to subcontract the certification functions and Certification Lead role to Electronic Health Resources, LLC.

Claire Bradt is your **Certification Lead**. Claire has already proven her certification expertise to the State on the MLTC Provider Screening and Enrollment (PS&E) Certification Project. Claire also led our Vendor Self-Assessment project to determine and document that DCI has a MITA 3 Maturity for the applicable MITA Business processes.

We have built a successful relationship with EHR and Claire in particular. Our oversight of the certification process is simplified by the use of ReadyCert. We are extending the use of our ReadyCert license to the State, the IV&V contractor and CMS. All approved ReadyCert users will be able to review the status of the certification effort on ReadyCert user friendly dashboards or reports.

Operations Phase

The Operation Phase will focus on the certification of the Nebraska EVV and the expansion and introduction of new or additional functionality. To ensure that the Implementation Phase transitions smoothly to the Operations Phase, we will to keep the Implementation Key Personal Team assigned to the Operations Phase along with adding additional operations resources. Acumen believes that building great partnership is equally as important as providing great products. This approach will allow DHHS to have dedicated partners working with them from the beginning of the project through the life of the engagement.

Turnover Phase

To date, Acumen has never had to perform a turnover to a client or another EVV vendor because we have never lost a client. We understand the importance of a well-planned and smooth transition to the State or to a future EVV contractor.

Our focus for turnover will be the transition of your history and current data. Working with the Department, we will to develop a Plan, which will include support services while the Department or EVV contractor implement the new EVV solution.

In summary, the Acumen approach to this critical effort ensures that the State of Nebraska can embark on the implementation of the EVV Module knowing that your goals become a reality. Our DCI EVV is the best in the industry, our knowledgeable EVV staff members are subject matter experts, and our professional and friendly staff will work well with our Nebraska partners. Our team looks forward to serving Nebraska staff and completing this project on time and within budget. We are confident of our abilities and our existing customers are proof that, what we promise, we deliver.

So, the next time you sit on a ski lift, think of the innovative people of Nebraska. The next time you think of EVV, think Acumen. Both adaptations are "out of the box", using a tried and true method for a brand-new business process.

Table of Contents

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

By signing this Request for Proposal for Contractual Services form, the bidder guarantees

BIDDER MUST COMPLETE THE FOLLOWING

compliance with the procedures stated in this Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

N

_____ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

___**N**___ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

___**N**___ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	**Acumen, LLC**
COMPLETE ADDRESS:	**5416 East Baseline Road, Suite 200 Mesa, AZ 85206**
TELEPHONE NUMBER:	**1-877-211-3738**
FAX NUMBER:	**277-377-3049**
DATE:	**October 7, 2019**
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	**Josh Auer, CEO**
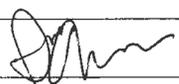
Terms and Conditions

Acumen has reviewed the Request for Proposal Terms and Conditions, and accept them as indicated by the original Signatures.

A.   GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

The contract resulting from this RFP shall incorporate the following documents:

1.   Request for Proposal and Attachments;
2.   Amendments to the RFP;
3.   Questions and Answers;
4.   Contractor's proposal (RFP and properly submitted documents);
5.   The executed Contract and Addendum One to Contract, if applicable; and,
6.   Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to RFP and any Questions and Answers, 4) the original RFP document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

C. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, State and Federal laws, ordinances, rules, orders, and regulations.

D. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

E. CHANGE ORDERS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the RFP. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

F. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

G. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

H. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

I. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

J. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

7.   GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

INTELLECTUAL PROPERTY

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort

(Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

K. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
✗			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if order by the court, including attorney's fees and costs, if the other Party prevails.

L. PERFORMANCE GUARANTEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
✗			

Performance Guarantees are detailed in Attachment B – Performance Guarantees.

Contractor must collaborate with DHHS on an ongoing basis to adjust service levels as programs and services mature within the scope of the contract. DHHS shall have the right to modify, add or delete Performance Standards throughout the term of the contract should DHHS determine it is in its best interest to do so. Any changes or additions to performance standards will be made in good faith following acceptable industry standards, and will include the input of the Contractor so as to establish standards that are reasonably achievable.

All changes to the Performance Standards and/or Guarantees shall become an official part of the contract and shall continue throughout the term of the contract.

Failure to meet the minimum Performance Standards as specified may result in the assessment of damages as per the then-current Performance Guarantees' defined damages. Contractor will be notified in writing when liquidated damages are applied. In the event a Performance Standard is not met, the Contractor will have the opportunity to defend or respond to the insufficiency. DHHS shall have the right to waive damages if it determines that there were extenuating factors beyond the control of the Contractor that hindered the performance of services. In these instances, DHHS shall have the final determination of performance acceptability.

Should any compensation be owed to DHHS due to the assessment of damages, Contractor shall follow the direction of DHHS regarding the required compensation process.

REMEDIES FOR UNACCEPTABLE PERFORMANCE: Compliance with all provisions, service criteria, and standards for acceptable performance in this contract shall be determined at sole discretion of DHHS. In addition to other remedies identified herein, one or more of the following remedies may be imposed for failure to comply with the service performance-based standards described herein:
1. Contractor shall be required to submit and implement a reasonably acceptable corrective action plan.
2. Payment may be withheld or reduced pending satisfactory implementation of the plan per section IV.E.
3. The Contract may be terminated per section II.S.

The remedies listed above are in addition to all others specifically set forth herein, or any other remedies available at law or equity.

M. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

N. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

O. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

P. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

Q.   OFFICE OF PUBLIC COUNSEL (Statutory)
If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

R.   LONG-TERM CARE OMBUDSMAN (Statutory)
Contractor must comply with the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

S. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rate basis, for products or services satisfactorily performed or provided.

The State may terminate the contract immediately for the following reasons:

    a. if directed to do so by statute;
    b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
    c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
    d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
    e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
    f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
    g. Contractor intentionally discloses confidential information;
    h. Contractor has or announces it will discontinue support of the deliverable; and,
    i. In the event funding is no longer available.

T. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

Contractor will provide, six (6) months prior to the end of the base contract period or any extension thereof, an Agency-approved Turnover Plan covering the possible turnover of contract requirements to DHHS, its designee, or a successor vendor. The Turnover Plan must be a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks. Bidder must describe their experience in transition activities of a similar EVV project.

DHHS reserves the right to have Contractor submit an additional updated Turnover Plan one (1) month prior to the end of the base contract or any extension thereof. The plan must describe Contractor's approach and schedule for transfer of activities and operational support information. The information must be supplied on media specified by and according to the schedule approved by DHHS. All items in this section must be covered and reflect appropriate timing. The timing and data requirements are illustrative only and do not limit or restrict DHHS's ability to require additional information from the selected Contractor or modify the turnover schedule as necessary.

Contractor must have a process for updating and managing the Turnover Plan, and delivering to DHHS, no later than three (3) working days before the expiration of the contract, copies of all relevant non-proprietary data, all documentation, including but not limited to the following:

1. Copies of working papers, including procedures, programs, and schedules;
2. Status of current projects;
3. Copies of correspondence (internal and external);
4. Listings of third-party software used by the contractor(s), including availability of the software for transfer or purchase by Medicaid or successor vendor(s);
5. Description of functional business process flows;
6. Operational and system information concerning sub-Contractors;
7. Documentation of ongoing outstanding issues;
8. Other documentation necessary to support contract operations; and
9. Other pertinent information necessary to take over and operate the project or to assume the operational activities successfully.
10. This information shall be provided to DHHS in paper form, or in electronic form via email, secure file transfer or electronic means as directed by DHHS.

Three (3) months prior to the end of the contract or any extension thereof, Contractor must begin training DHHS staff, or its designated agent, in the operation of non-proprietary systems and business processes. Such training must be completed at least two (2) months prior to the end of the contract or any extension thereof. DHHS may, at its discretion, modify this timing.

Two (2) months prior to the end of the contract or any extension thereof, Contractor must appoint, with DHHS approval, a manager to coordinate and supervise all turnover activities.

Contractor must provide to DHHS one (1) month prior to the scheduled end of the contract, a Turnover Results Report documenting the completion and results of each part of the Turnover Plan. The outline and format of the Turnover Results Report must be approved in advance by DHHS. Turnover will not be considered complete until this document is approved by DHHS. Contractor must not reduce operational staffing levels during the turnover without the prior written approval of DHHS.

All EVV data gathered from this contract and EVV contracts with DHHS-contracted entities is considered property of DHHS. Proprietary software programs will not be required to be delivered to DHHS pursuant to these Turnover Requirements. Contractor's solution must retain all data, documentation and associated media related to this contract to meet DHHS retention requirements throughout the life of the Contract and return all data to DHHS upon termination for any reason.

All provider and stakeholder training materials developed for this project become the property of Nebraska DHHS and will be transitioned per the Turnover Plan.

Upon contract closeout for any reason the Contractor shall within thirty (30) days, unless stated otherwise herein:
1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to DHHS;
3. Return to DHHS all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contactor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any State owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.
Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which DHHS has no legal claim.

U. RECORDS RETENTION
2.   Contractor must maintain all pertinent financial and accounting records and evidence pertaining to the contract in accordance with generally accepted principles of accounting and as specified by the State of Nebraska Law. Upon request, access shall be granted to these records to any State or Federal Government entities or any of their duly authorized representatives.
Upon request, financial and accounting records shall be made available to the State of Nebraska's designee(s) at any time during the contract period and any extension thereof, and for ten (10) years from expiration date and final payment on the contract or extension thereof.
Other sections of this bid solicitation may contain additional requirements regarding record retention.

III.   CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by State law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with State and Federal law and submitting any reports on such insurance to the extent required by governing law; and
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees).

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

3.   The Contractor must complete the United States *Citizenship Attestation Form*, available on the Department of Administrative Services website at http://das.nebraska.gov/materiel/purchasing.html

The completed United States Attestation Form should be submitted with the RFP response.

If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C.   COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, State, and Federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all subcontracts for services to be covered by any contract resulting from this RFP.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(signature)			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(signature)			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

G. INSURANCE REQUIREMENTS

Accept (Initial)		Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(signature)				

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the contract the Contractor must, throughout the term of the contract, either:

Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any subcontractor to commence work until the subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within six (6) years of termination or expiration of the contract, the Contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and six (6) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this contract, the State may recover up to the liability limits of the insurance policies required herein.

4. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter**. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$10,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

If the mandatory COI subrogation waiver language or mandatory COI liability waiver language on the COI states that the waiver is subject to, condition upon, or otherwise limit by the insurance policy, a copy of the relevant sections of the policy must be submitted with the COI so the State can review the limitations imposed by the insurance policy.

3. EVIDENCE OF COVERAGE
The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services
Division of Medicaid and Long-Term Care
Attn: Delivery Services
301 Centennial Mall, South
P.O. Box 95026
Lincoln, NE. 68509-5026

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.
Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS
The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

I. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

By submitting a proposal, bidder certifies that there does not now exist a relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this RFP or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or an appearance of conflict of interest.

The bidder certifies that it will not knowingly employ any individual known by bidder to have a conflict of interest.

The Parties shall not knowingly, for a period of two years after execution of the contract, recruit or employ any employee or agent of the other Party who has worked on the RFP or project, or who had any influence on decisions affecting the RFP or project.

J. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

K. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational

hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

L. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

M.   NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at http://nitc.nebraska.gov/standards/2-201.html and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

N. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster. Also, please see the Business Continuity and Disaster Recovery Requirements as noted in Attachment A – RTM.

O. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
[initialed]			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

IV. PAYMENT
A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a State-owned facility is the responsibility of the Contractor.

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with a full report of the number of all participants who received services during the month and full calculations for invoiced amount, to support payment. Invoices should be submitted to: DHHS EVV Vendor Management, 301 Centennial Mall, NSOB5, Lincoln, NE, 68509. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(initialed)			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. (Neb. Rev. Stat. Section 73-506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F.   LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
✓			

The State's obligation to pay amounts due on the contract for any fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
✓			

The State shall have the right to audit the Contractor's performance of this contract upon a 30 days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half (0.5%) of one percent of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

Glossary

Acceptance Test Procedure: Benchmarks and other performance criteria, developed by the State of Nebraska or other sources of testing standards, for measuring the effectiveness of products or services and the means used for testing such performance.

Active Client: An 'active client' is defined as any client who has services which have utilized the EVV check in and check out process in the state EVV system during that month, and they would be considered an 'active client' for that month for billing purposes.

Acumen: Acumen Fiscal Agent is the bidder for this proposal. Any reference to "Acumen" throughout this proposal includes any and all Acumen Fiscal Agent owned and controlled entities including subsidiaries, brands, and doing business as (DBA) affiliates, along with all of the resources, teams, and technologies owned and managed by those entities and Acumen Inc. These entities include but are not limited to Acumen, Acumen Fiscal Agent, Acumen Financial Management Services, and Direct Care Innovations (DCI).

Addendum: Something to be added or deleted to an existing document; a supplement.

After Receipt of Order (ARO): After Receipt of Order

Agency: Any state agency, board, or commission other than the University of Nebraska, the Nebraska State colleges, the courts, the Legislature, or any other office or agency established by the Constitution of Nebraska.

Agent/Representative: A person authorized to act on behalf of another.

Aggregated Client: A client who is defined in the EVV system as having been served by an approved EVV solution, not the state EVV Solution, but whose service visit data has been transferred to the state EVV Solution as part of the 'aggregator' function for billing and reporting purposes.

Aggregator: A service process that accepts visit data from approved provider agency EVV solutions and consolidates those visit records with other captured data in the EVV Solution for purposes of consolidated billing, reporting, auditing and oversight.

Amend: To alter or change by adding, subtracting, or substituting.

Amendment: A written correction or alteration to a document.

Appropriation: Legislative authorization to expend public funds for a specific purpose. Money set apart for a specific use.

Award: All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the RFP. The State reserves the right to reject any or all proposals, wholly or in part, or to award to multiple bidders in whole or in part. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State.

Azure- Refers to the Microsoft Azure Cloud

Best and Final Offer (BAFO): In a competitive bid, the final offer submitted which contains the bidder's (vendor's) most favorable terms for price.

Bid/Proposal: The offer submitted by a vendor in a response to a written solicitation.

Bid Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the vendor will not withdraw the bid.

Bidder: A vendor who submits an offer bid in response to a written solicitation.

Business: Any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity.

Business Day: Any weekday, except State-recognized holidays.

Calendar Day: Every day shown on the calendar including Saturdays, Sundays, and State/Federal holidays.

Cancellation: To call off or revoke a purchase order without expectation of conducting or performing it at a later time.

Change Order: Document that requests changes to the EVV Solution in some way that may affect functions, costs or timeline. May be submitted by either DHHS or Contractor. May require an amendment or addendum if approved.

Check-in: An activity to capture the beginning of service delivery – to include the service(s) to be delivered, caregiver delivering services, the participant receiving the services, the date and time of check-in, and location of service delivery.

Check-out: An activity to capture the completion of service delivery – to include the service(s) delivered, location of service delivery, caregiver delivering services, the participant receiving the services, the date and time of check-out, and the activities included in the services.

Collusion: An agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful, or unlawful purpose.

Commodities Description: Detailed descriptions of the items to be purchased; may include information necessary to obtain the desired quality, type, color, size, shape, or special characteristics necessary to perform the work intended to produce the desired results.

Competition: The effort or action of two or more commercial interests to obtain the same business from third parties.

Confidential Information: Unless otherwise defined below, "Confidential Information" shall also mean proprietary trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Nebraska Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive.

Contract: An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law; the writing that sets forth such an agreement.

Contract Administration: The management of the contract which includes and is not limited to; contract signing, contract amendments and any necessary legal actions.

Contract Award: Occurs upon execution of the State document titled "Service Contract Award" by the proper authority.

Contract Management: The management of day to day activities at the agency which includes and is not limited to ensuring deliverables are received, specifications are met, handling meetings and making payments to the Contractor.

Contract Period: The duration of the contract.

Contractor: Any individual or entity having a contract to furnish commodities or services.

Copyright: A property right in an original work of authorship fixed in any tangible medium of expression, giving the holder the exclusive right to reproduce, adapt and distribute the work.

Critical Program Error: Any Program Error, whether or not known to the State, which prohibits or significantly impairs use of the Licensed Software as set forth in the documentation and intended in the contract.

Customer Service: The process of ensuring customer satisfaction by providing assistance and advice on those products or services provided by the Contractor. Also includes telephone center and email support for all providers, participants and solution users.

Customer Information Control System (CICS): – a general-purpose transaction processing subsystem for the z/OS operating system.

Default: The omission or failure to perform a contractual duty.

Deviation: Any proposed change(s) or alteration(s) to either the terms and conditions or deliverables within the scope of the written solicitation or contract.

Direct Care Innovations LLC: A subsidiary LLC wholly owned and operated by Acumen Fiscal Agent.

DCI EVV/DCI Solution/DCI Platform/DCI System: refers to Acumen's proprietary Electronic Visit Verification (EVV) platform including all technologies, tools, and resources used to provide EVV services.

Electronic Health Resource, LLC: The subcontractor proposed by Acumen to act as the Certification Lead and resource for the CMS certification processes and procedures.

Electronic Visit Verification: A technology used to capture data when a caregiver arrives at the participant's home or begins to deliver services, and again when the caregiver leaves the participant's residence or finishes delivering services. The solution tracks, processes and reports on authorized services delivered to authorized participants which were captured by the EVV solution. The solution would also include any associated services supporting the system, DHHS, participants and providers.

Evaluation: The process of examining an offer after opening to determine the vendor's responsibility, responsiveness to requirements, and to ascertain other characteristics of the offer that relate to determination of the successful award.

Evaluation Committee: Committee(s) appointed by the requesting agency that advises and assists the procuring office in the evaluation of bids/proposals (offers made in response to written solicitations).

Extension: Continuance of a contract for a specified duration upon the agreement of the parties beyond the original Contract Period. Not to be confused with "Renewal Period".

Federal Medical Assistance Percentage for Medicaid (FMAP): CMS has declared that since the EVV solution implementation is mandated by federal law that FMAP assistance can be used to fund the project if the solution meets all selected certification requirements.

Free on Board (F.O.B.) Destination: The delivery charges are included in the quoted price and prepaid

by the vendor. Vendor is responsible for all claims associated with damages during delivery of product.

Free on Board (F.O.B.) Point of Origin: The delivery charges are not included in the quoted price and are the responsibility of the agency. Agency is responsible for all claims associated with damages during delivery of product.

Foreign Corporation: A foreign corporation that was organized and chartered under the laws of another state, government, or country.

Go Live Date: First day of production operation on which the providers start using the EVV solution for check-in and check-out when delivering required services.

Installation Date: The date when the procedures described in "Installation by Contractor", and "Installation by State", as found in the RFP, or contract, are completed.

Interested Party: A person, acting in their personal capacity, or an entity entering into a contract or other agreement creating a legal interest therein.

Late Bid/Proposal: An offer received after the Opening Date and Time.

Licensed Software Documentation: The user manuals and any other materials in any form or medium customarily provided by the Contractor to the users of the Licensed Software which will provide the State with sufficient information to operate, diagnose, and maintain the Licensed Software properly, safely, and efficiently.

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

Member: A person receiving Medicaid Services

Modified Adjusted Gross Income (MAGI): The figure used to determine eligibility for premium tax credits and other savings for Marketplace health insurance plans and for Medicaid and the Children's Health Insurance Program (CHIP). MAGI is adjusted gross income (AGI) plus these if any: untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest.

Module (see System): A collection of routines and data structures that perform a specific function of software.

Must: See Mandatory/ Must and Shall/Will/Must.

Nebraska EVV: The configured DCI EVV Solution for the State of Nebraska, provider and client users.

Non-MAGI: Relates to an individual who does not qualify for Modified Adjusted Gross Income category (MAGI) Medicaid.

Open Market Purchase: Authorization may be given to an agency to purchase items above direct purchase authority due to the unique nature, price, quantity, location of the using agency, or time limitations by the AS Materiel Division, State Purchasing Bureau.

Opening Date and Time: Specified date and time for the public opening of received, labeled, and sealed formal proposals.

Operating System: The control program in a computer that provides the interface to the computer hardware and peripheral devices, and the usage and allocation of memory resources, processor resources, input/output resources, and security resources.

Outsourcing: The contracting out of a business process which an organization may have previously performed internally or has a new need for, to an independent organization from which the process is purchased back.

Participant: A person receiving Medicaid Services

Performance Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the Contractor fulfills any and all obligations under the contract.

Personal Care Services: "Personal care" is defined for purposes of this Request for Proposal as any Medicaid-funded service that includes assistance with Activities of Daily Living and Instrumental Activities of Daily Living.

Platform: A specific hardware and Operating System combination that is different from other hardware and Operating System combinations to the extent that a different version of the Licensed Software product is required to execute properly in the environment established by such hardware and Operating System combination.

Point of Contact (POC): The person designated to receive communications and to communicate.

Pre-Bid/Pre-Proposal Conference: A meeting scheduled for the purpose of clarifying a written solicitation and related expectations.

Product: Something that is distributed commercially for use or consumption and that is usually (1) tangible personal property, (2) the result of fabrication or processing, and (3) an item that has passed through a chain of commercial distribution before ultimate use or consumption.

Program Error: Code in Licensed Software which produces unintended results or actions, or which produces results or actions other than those described in the specifications. A program error includes, without limitation, any Critical Program Error.

Program Set: The group of programs and products, including the Licensed Software specified in the RFP, plus any additional programs and products licensed by the State under the contract for use by the State.

Project: The total scheme, program, or method worked out for the accomplishment of an objective, including all documentation, commodities, and services to be provided under the contract.

Proposal: See Bid/Proposal.

Proprietary Information: Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serves no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific named competitor(s) advantaged by release of the information and the demonstrated advantage the named competitor(s) would gain by the release of information.

Protest/Grievance: A complaint about a governmental action or decision related to a RFP or resultant contract, brought by a vendor who has timely submitted a bid response in connection with the award in question, to AS Materiel Division or another designated agency with the intention of achieving a remedial result.

Public Proposal Opening: The process of opening correctly submitted offers at the time and place specified in the written solicitation and in the presence of anyone who wished to attend.

Recommended Hardware Configuration: The data processing hardware (including all terminals, auxiliary storage, communication, and other peripheral devices) to the extent utilized by the State as recommended by the Contractor.

Release Date: The date of public release of the written solicitation to seek offers.

Renewal Period: Optional contract periods subsequent to the original Contract Period for a specified duration with previously agreed to terms and conditions. Not to be confused with Extension.

Request for Proposal (RFP): A written solicitation utilized for obtaining competitive offers.

Responsible Bidder: A bidder who has the capability in all respects to perform fully and lawfully all requirements with integrity and reliability to assure good faith performance.

Responsive Bidder: A bidder who has submitted a bid which conforms to all requirements of the solicitation document.

Shall/Will/Must: An order/command; mandatory.

Should: Expected; suggested, but not necessarily mandatory.

Software License: Legal instrument with or without printed material that governs the use or redistribution of licensed software.

Sole Source – Services: A service of such a unique nature that the vendor selected is clearly and justifiably the only practical source to provide the service. Determination that the vendor selected is justifiably the sole source is based on either the uniqueness of the service or sole availability at the location required.

Solution: The solution relative to this Electronic Visit Verification request for proposal and associated attachments refer to the full deliverables for Electronic Visit Verification, including the technology solution, services delivered to support the technology, customer support, documentation, training, account management and all other requirements included in the request for proposal, attachments, and any other contract documents finalized in the acquisition of the solution. Some references may be EVV services, EVV system, EVV solution and in all cases will be considered the encompassing solution.

Specifications: The detailed statement, especially of the measurements, quality, materials, and functional characteristics, or other items to be provided under a contract.

Statutory: These clauses are controlled by state law and are not subject to negotiation.

Subcontractor: Individual or entity with whom the contractor enters a contract to perform a portion of the work awarded to the contractor.

System (see Module): Any collection or aggregation of two (2) or more modules that is designed to function, or is represented by the Contractor as functioning or being capable of functioning, as an entity.

Termination: Occurs when either Party, pursuant to a power created by agreement or law, puts an end to the contract prior to the stated expiration date. All obligations which are still executory on both sides are discharged but any right based on prior breach or performance survives.

The State- refers to the collective group of State Level Government stakeholders in Nebraska including but not limited to, DAS, SPB, DDD, DHHS

Third Party: Any person or entity, including but not limited to fiduciaries, shareholders, owners, officers,

managers, employees, legally disinterested persons, and sub-contractors or agents, and their employees. It shall not include any entity or person who is an interested Party to the contract or agreement.

Trade Secret: Information, including, but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy (see Neb. Rev. Stat. §87-502(4)).

Trademark: A word, phrase, logo, or other graphic symbol used by a manufacturer or vendor to distinguish its product from those of others, registered with the U.S. Patent and Trademark Office.

Upgrade: Any change that improves or alters the basic function of a product or service.

Vendor: An individual or entity lawfully conducting business in the State of Nebraska, or licensed to do so, who seeks to provide goods or services under the terms of a written solicitation.

Vendor Performance Report: A report issued to the Contractor by State Purchasing Bureau when products or services delivered or performed fail to meet the terms of the purchase order, contract, and/or specifications, as reported to State Purchasing Bureau by the agency. The State Purchasing Bureau shall contact the Contractor regarding any such report. The vendor performance report will become a part of the permanent record for the Contractor. The State may require vendor to cure. Two such reports may be cause for immediate termination.

Will: See Shall/Will/Must.

Work Day: See Business Day.

Acronyms

ACH:	Automated Clearing House
API:	Application Program Interface
AWC:	Agency with Choice
BCP:	Business Continuity Plan
BI:	Business Intelligence
BSDC:	Beatrice State Developmental Center
CHIP:	Children's Health Insurance Program
CICS:	Customer Information Control System
CMS:	Centers for Medicare and Medicaid Services
COBOL:	Common Business-Oriented Language
COTS:	Commercial off the shelf
DAS:	Department of Administrative Services
DD:	Division of Developmental Disabilities
DDI:	Design, Development, and Implementation
DHHS:	Nebraska Department of Health and Human Services
DCI:	Direct Care Innovation EVV platform
DMA:	Data Management and Analytics
DR:	Disaster Recovery
DSS:	Decision Support Services
ECI:	External Call Interface
EDI:	Electronic Data Interchange
EES:	Eligibility and Enrollment Systems
EHR:	Electronic Health Resources, LLC
EOL:	End of Life
EOS:	End of Support
ETL:	Exchange Transfer Load
ePHI:	Electronic Protected Health Information

EVV:	Electronic Visit Verification
FEA:	Fiscal Employer Agent
FIPS:	Federal Information Processing Standards
FMAP:	Federal Medical Assistance Percentage
FMS:	Financial Management Services
FTI:	Federal Tax Information
HCBS:	Home and Community-Based Services
HHS:	U.S. Department of Health and Human Services
HITECH:	Health Information Technology for Economic and Clinical Health
HIPAA:	Health Insurance Portability and Accountability Act
ICD:	Interface Control Document
IDD:	Intellectual and Developmental Disabilities
IS&T:	Information Systems and Technology
IV&V:	Independent Verification and Validation
LDM:	Logical Data Model
LTSS:	Long-Term Services and Support
MAGI:	Modified Adjusted Gross Income category.
MCI:	Master Client Index
MCO:	Managed Care Organization
MDM:	Master Data Management
MECT:	Medicaid Enterprise Certification Toolkit
MITA:	Medicaid Information Technology Architecture
MLTC:	Medicaid and Long-Term Care
MMIS:	Medicaid Management Information Systems
MPI:	Master Provider Index
N-FOCUS:	Nebraska Family Online Client User System
NPI:	National Provider Identifier
NTRAC:	Nebraska, Timely, Responsive, Accurate, Customer Service

OCIO:	Office of the Chief Information Officer
PAS	Personal Assistance Services
PCCM:	Primary Care Case Manager
PHI:	Protected Health Information
PII:	Personally Identifiable Information
PMBOK:	Project Management Body of Knowledge
PMI:	Project Management Institute
PMP:	Project Management Plan
PMPM:	Per Member Per Month
PS&E:	Provider Screening and Enrollment
RPO:	Recovery Point Objective
RTO:	Return to Operation
SaaS:	Software as a Service
SMA:	State Medicaid Agency
SSA:	Social Security Administration
UPS:	Uninterruptible Power Supply
WSRR:	WebSphere Service Registry and Repository

1 Technical Proposal
RFP 6113 Z1

Acumen, LLC (Acumen) has thoroughly reviewed the State of Nebraska solicitation to award a qualified bidder to provide an Electronic Visit Verification (EVV) solution, RFP 6113 Z1; submitted and reviewed bidder questions and Amendments 1-3. Based on our review, we believe we are uniquely qualified to deliver EVV services and solution for the State of Nebraska.

Our Technical Approach contains our responses to Request for Proposal (RFP) Sections V. Project Description and Scope of Work and work plan that demonstrates our understanding of the services and deliverables of our planned 9-month implementation. Our Attachment A – RTM Responses provide an in-depth understanding of the Direct Care Innovations (DCI) EVV solution and our on-going operations and turnover phase capabilities. We are confident that our Approach and Methodologies using our DCI EVV meet or exceed each requirement defined in the RFP.

Acumen appreciates that the Nebraska Department of Health and Human Services (DHHS) is seeking a qualified, experienced EVV Solution provider and partner who has demonstrated experience with EVV implementations in other jurisdictions. There is a limited pool of EVV vendors with state-wide level implementations while at the same time states are bound by the 21st Century Cures Act to implement an EVV module by 2020. The DHHS is wise to remain open to vendors who may not have completed a state-wide EVV implementation, but who have shown successful implementation practices with a comprehensive, quality solution.

Our decision to enter the State Medicaid EVV market was not taken lightly. We had a vision to offer our successful DCI EVV to states because of the immediate need caused by the 21st Cures Act. Having 50+ new state EVV contracts available was enticing but we knew we could not be everything for everyone.

We knew we needed at strategy. We looked at our current client based, evaluated the competition and assessed our business model to arrive at the following strategies:

1. Wait for CMS to develop stable EVV requirements.

   Our DCI EVV is 21st Century Cures compliant and easily configured to meeting state-specific requirements. The DCI EVV is flexible and can meet the continued changing federal and CMS requirements.

2. Identify States where our forte for service is a differentiator.

   Our client base is urban, rural and frontier providers and clients. Our experience serving providers and clients who are off the grid with no internet access is not an issue since we have options for every provider and client regardless of their access.

3. Have the right staff ready to serve.

   Our Key Personnel and in-house staff have the experience, knowledge and desire to please that are the hallmark of Acumen service. Each have committed to the success of our clients.

Current EVV vendors are bidding and trying to implement multiple state EVVs and are falling short of their state clients' expectations. We have learned from our own experience and that of our competitors what works and what does not work for EVV in Medicaid. That is the exact reason the DCI solution was developed.

We designed DCI specifically for the needs of the people we support so that our solution works for people with disabilities, people who self-direct their care, people who receive services in the community and at home, and especially for people who receive supports in rural and frontier areas.

2   Corporate Overview
RFP VI.A.2 Corporate Overview

Acumen, LLC (Acumen) is experienced in multiple types of large-scale implementations of our Direct Care Innovation (DCI) EVV solution. DCI EVV is being used by 23 states for our Fiscal Management Solution (FMS) programs and by large-scale statewide provider agencies. While it is true that some vendors are going to be stretched from a staffing perspective because there are so many states that are targeting implementation within a 12-18-month period, Acumen made the strategic decision to target a limited number of states in order to focus on a high quality, service-oriented implementation.

Nebraska is one of only two state that Acumen is planning to target between now and the end of the year. Acumen has specifically targeted Nebraska because we believe it is a good fit due to the rural nature of services needed and DHHS's vision and roadmap of products for a Medicaid Enterprise system in which we feel we are a perfect fit. DHHS's belief that a solid solution, a committed partner, and qualified, experienced staff dedicated to the Nebraska project is key to success is 100% accurate.

As a smaller boutique firm with a product specifically designed for this population, Acumen is the best-suited bidder to provide the experience for which DHHS is looking. With Acumen, the State of Nebraska project will be a top priority, not one of many, as it would be with our competitors. You will see this reflected in the Key Personnel Team we have put together for the Nebraska EVV Project. DHHS will be served under this contract by Acumen's "A team" including several C-Level officers. It is unlikely that our competitors can provide the same top-level attention. Acumen is committed to developing a long-term partnership with the State of Nebraska that we can continue to grow for years to come.

Additionally, to lead the certification process Acumen has sought out Electronic Health Resources, LCC (EHR) and Claire Bradt, who worked with the Nebraska MLTC to certify the Provider Screening and Enrollment (PS&E) certification to lead the DCI EVV certification effort. Claire and EHR were chosen specifically for this project because of their level of local Nebraska experience and MITA, MECT, MECL, and overall MMIS expertise.

2.1   Acumen, LLC
RFP VI.A.2.a Bidder Identification and Information

Acumen, Inc. is a Limited Liability Corporation, incorporated in the State of Utah and has been doing business as Acumen Inc. and Acumen Fiscal Agent since 1995. Acumen Inc. is the owner of Direct Care Innovations LLC (DCI) and the DCI EVV Solution proposed for this contract.

Our corporate structure is streamlined to reduce the need for multiple management levels and red-tape. Figure 1 presents the placement of the State of Nebraska EVV contract in our corporate structure that demonstrates our commitment to the success of the project and level of importance we place on this contract. Acumen is growing and therefore increasing our number of employees, which as of the proposal submission date stands at 150.

ACUMEN, LLC
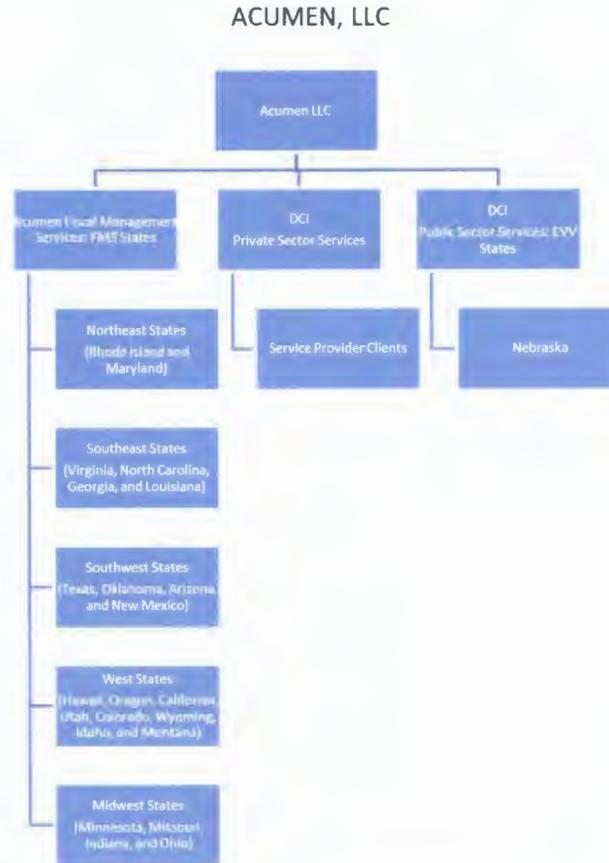
Figure 1: Acumen Corporate Structure

Acumen is privately owned, figure 2 provides the information of 5% or greater owners. We have indicated that the ownership is confidential. Please see our enclosed proprietary request letter.

Name	Affiliation	City, State	Ownership %
	Proprietary Information		

Figure 2: Acumen Ownership Information

2.2 Financial Statements
RFP VI.A.2.b Financial Statements

We have provided 2018 Audited Financial Statement to demonstrate our financial stability immediately following this page. We have identified this report is proprietary. Please see our enclosed proprietary request letter.

2.3   Change of Ownership
RFP VI.A.2.c Change of Ownership

Acumen does not anticipate a change of ownership or control for the twelve (12) months following the proposal due date. Acumen will notify the State if there is a change of ownership or control occurs.

2.4   Office Location
RFP VI.A 2.d Office Location

Acumen's corporate headquarters located at 5416 E. Baseline Road, Suite 200, Mesa, AZ 85206 and will be responsible for performance pursuant to award of contract.

2.5   Relationship with the State
RFP VI.A.2.e

Acumen does not have current contracts with the State or had previous dealing with the State over the previous ten (10) years.

Electronic Health Resources, Inc. (EHR) has experience successfully working on previous projects with the State of Nebraska, MLTC. EHR provided a senior consultant for three MLTC projects through the JS3 Staff Augmentation contract. The assignments were not contracted directly with the State or MLTC.

The projects assignments were to draft the MLTC Independent Verification and Validation (IV&V) Services RFP, draft and preform Evaluation Liaison services for the MLTC Eligibility and Enrollment Solution (EES) solicitation and perform Project Management services for the Provider Screening and Enrollment (PS&E) Certification project. In addition, the MLTC licensed ReadyCert from EHR and currently holds the license through 2023.

2.6   Acumen Employee Relations to the State of Nebraska
RFP VI.A.2.f

No party named in our response is or was an employee of the State in the past two months.

2.7   Contract Performance
RFP VI.A.2.g

In our 24-year history, Acumen has never had a contract terminated by any customer for any reason. Neither Acumen nor EHR have been terminated from a federal, State, government or Managed Care Organization (MCO) contract for cause, convenience or loss of funding.

In addition, neither company has been audited by any federal or State entity that led to a corrective action plan, penalties, or sanctions. Neither company is currently or in the past five years experienced disputed or unresolved audits, corrective actions, penalties, sanctions or federal or State investigations.

2.8   Acumen Corporate Experience
RFP VI.A.2.h

Acumen is the oldest provider financial management services organization in the nation, and a leader in our industry. We started in 1995 with a mission to facilitate freedom, choice an opportunity through innovative fiscal solutions. We began by working with the Utah Division of Services for People with Disabilities Medicaid program, supporting adults and children with physical and developmental disabilities, and brain injuries.

Over the course of the last 24 years, we have provided Fiscal/Employer Agency (F/EA) supports in 23 states for hundreds of thousands of participants and their employees. All of these services are covered

by the EVV mandate in the 21st Century Cures Act. Acumen provides the DCI EVV Solution to all users across those 23 states in urban, rural and frontier locations.

Figure 3 presents a graphic display of the 23 state we currently service.
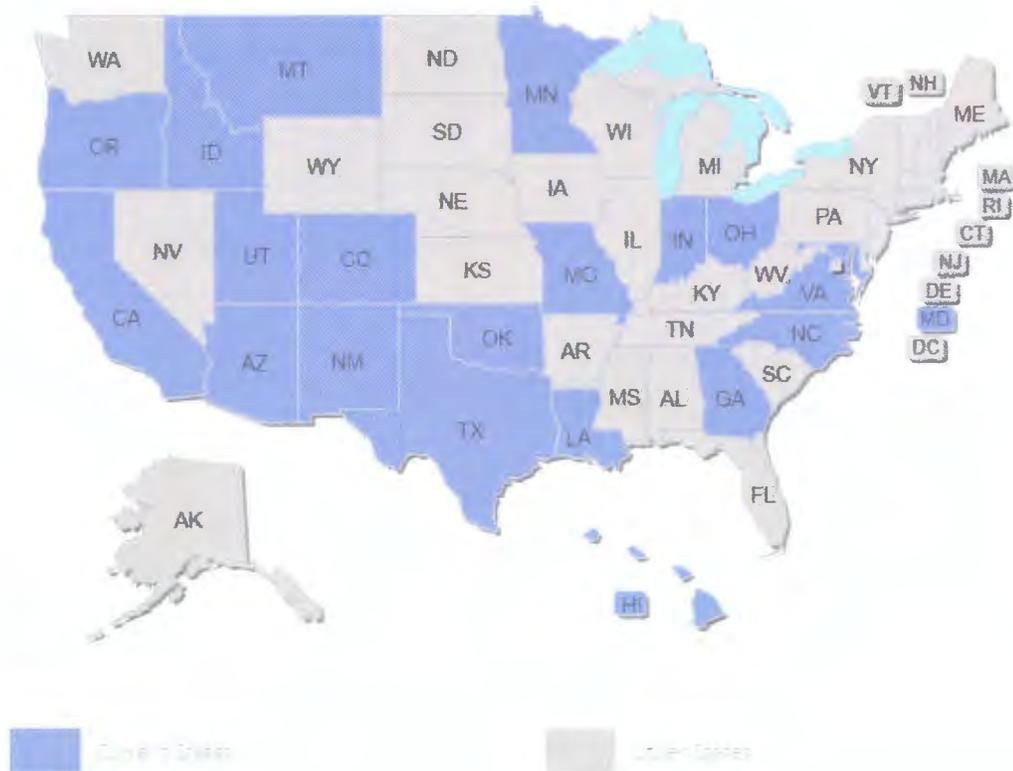
Figure 3: Acumen States of Service

Through our experience, we have worked with a variety of Medicaid and other funding streams, including:

- State Departments of Health, Disabilities, and Aging;
- Veterans Associations;
- Managed Care Organizations;
- Provider Agencies; and
- Private funds.

We have been part of hundreds of creative and innovative programs designed to empower thousands of participants across the nation. Today, we are proud to support programs designed for those with intellectual and developmental disabilities, traumatic brain injuries, autism, physical disabilities, behavioral health needs, the aging population, and Medicaid recipients of all types.

Our vast experience with people utilizing Medicaid waiver services, and supporting the people that will ultimately use EVV, led us to build and implement EVV solutions that are designed specifically for people on waiver services, and work for people with disabilities, provider agencies, and the aging population at home and in the community.

2.8.1   Acumen Experience Similar to RFP
RFP VI.A.2.h.i

Acumen brings unparalleled experience in the Medicaid industry, uniquely specializing in EVV. EVV is our ONLY business. Figure 4 provides a summary matrix listing our clients. All projects are ongoing at this time, as Acumen has never had a contract utilizing the DCI system (or any other contract in our 24-year history) terminated or not renewed. Acumen was responsible for the following tasks on each contract.

- System design, configuration, and set up;

- Hosting and maintenance of the DCI EVV platform;

- DCI EVV Systems Implementation services from initial set up and data loading through go-live and ongoing support;

- Customer Training for super users, administrators, trainers, participants, guardians, employees, caregivers, and other stakeholders using the system;

- Ongoing development of feature requests, system improvements, and update to the system; and

- Ongoing customer support including facilitation of customer feedback, quality assurance, product improvement and technical support.

Customer	Customer Type	Location	Approximate DCI EVV Users	Implementation start date	Scheduled go live/start date	Actual go live/start date
Acumen Inc.	Provider Fiscal Management Services, Fiscal Agent, Fiscal Intermediary	23 States	40,000	10/1/2018	1/1/2018	1/1/2018
Rise Services Inc	Medicaid Service Provider	AZ OR TX UT Navajo Nation	15,000	11/1/2014	1/5/2015	1/5/2015
Premier Healthcare	Medicaid Service Provider	CA	15,000	6/13/2019	10/1/2019	10/1/2019
Georgia DHS	Medicaid State Agency	GA	7,500	10/1/2018	1/1/2018	1/1/2018
Louisiana DHS	Medicaid State Agency	LA	4,500	10/1/2018	1/1/2018	1/1/2018
Utah	Medicaid State Agency	UT	3,000	10/1/2018	1/1/2018	1/1/2018
Hawaii	Medicaid State Agency	HI	2,500	6/1/2016	1/1/2017	1/1/2017
Shared Support	Medicaid Service Provider	PA	500	5/29/2018	3/15/2018	3/15/2018

Figure 4 Acumen EVV Client List

DCI EVV is incredibly flexible in that it can easily work with legacy systems at a federal, State or County level. Acumen has provided references that can vouch for the usability of the solution at all levels. Acumen has also included a reference for our Certification subcontractor EHR.

Acumen is very proud of our company's history. We understand and welcome the State to review and contact our three references. We are also confident that if the State considers obtaining additional information about our team, they will receive the same positive report about our performance. The State may contact any source they feel is warranted to verify our past performance.

Custom Name	Contact Person	Telephone #	Fax #	Email
RISE Services Inc.	Gerald Nebeker, President	801-472-0999	801-788-4172	geraldn@riseservicesinc.org
Premier Health Care Services	Victor Lira, CEO	626-221-4963	310-988-1106	vlira@dcisoftware.com
Louisiana LDH	Brian Bennett, Medicaid Waiver Section Chief	225-342-9846	225-342-9168	Brian.bennett@la.gov
Hawaii HSDH/DDD	Mary Brogan	808-586-5842	808-586-5844	Mary.brogan@doh.hawaii.gov

2.8.2 Acumen Subcontractor
RFP VI.A.2.h.ii

Acumen has selected Electronic Health Resources, LLC (EHR) to serve as our teaming partner. The EHR consulting firm specializes in the Medicaid and Human Services markets. They bring decades of experience in the business, information and technology of Medicaid to the table.

2.8.3 Acumen Subcontractor Responsibilities
RFP VI.A.2.h.iii

EHR will provide a Senior Consultant for the Certification Lead position and will be responsible for the successful certification of the Nebraska EVV. EHR designed, developed, and released ReadyCert, the first commercial off-the-shelf (COTS) Certification Tracking Tool that will serve as the foundation for the development and delivery of the certification requirements.

EHR will also provide staff augmentation services as required.

2.8.4 Acumen Qualifications
RFP VI.A.2.h.iv

Acumen deploys and utilizes the DCI EVV platform to all types of providers (utilizing all types of services). Unlike our competitors, our DCI EVV Solution was designed specifically for Medicaid service. DCI provides service specific options and customized user interfaces for the following service types;

- Home and Community Based Services (HCBS);
- Supported Living (SL);
- Day Treatment Adult (DTA)services;
- Early Intervention (EI);
- Residential Service;
- ICFMR;
- Employment service including but not limited to customized employment, group supported employment (GSE), and vocational rehabilitation (VR) services of all types;
- Children and Family Services; and

7

- Group services including therapies, sibling services, and group child and adult services.

2.9   Acumen Personnel and Management Approach
RFP VI.A.2.I

Requirements pertaining to the gathering, validating and managing an EVV implementation project can be a complex. Our Management Approach simplifies the process and focuses on the important tasks at hand. Our approach focuses on truly understanding the Nebraska requirements and user needs. Our approach is to focus on the DCI EVV Solution to the "To be" Nebraska EVV.

We start by collaborating with the Department to review and refine the requirements defined in the RFP. Our Project Management Plans lay the ground work for how the project will be managed and how we communicate. Open and honest project communication is a hallmark of our service.

Working together we can develop a consistent process for the requirements validation, which drive the configuration of the DCI EVV. At the end of each major configuration stage, we test and walk-through the configuration outcomes. We have found that clients make a configuration decision and then when its configured and they can see the outcome

Figure 5: Acumen Management Approach

it's not what they really wanted or the configuration outcome is different from what they expected. We take the time to make sure the DCI EVV, when configured becomes the Nebraska EVV and is ready for testing.

Meanwhile our Key Personnel will be working within their own disciplines. Meeting will be scheduled to collaborate with the Department's counterparts to finalize the approach for training, certification and testing. Acumen employs automation wherever possible to expedite project tasks and deliverables. Our approach also includes demonstrations and training on the tools we employ.

Our approach is not rigid as demonstrated in Figure 5. We recognize that decisions reached early in the project may need to be modified or changed. With our approach, we just start again with collaboration to define the new consistency.

2.9.1   Acumen Implementation Key Personnel
RFP VI.A.2.I.i

Acumen provides the very best personnel in the business with over 24 years of experience serving Medicaid programs across the country. What sets Acumen apart from our competitors is our experience with people who depend on Medicaid services. Our people understand the unique needs of the members, families, state agencies and people we support.

Acumen comes from inside the Medicaid space and our DCI EVV Solution is designed to meet Medicaid's specific needs unlike most of our competitors who come from the credit card, digital transaction, or cell phone industries. Acumen is highly selective of the opportunities we choose to pursue and we provide an all hands-on deck approach to each and every engagement.   We believe in a quality above quantity approach to our partnership which why we have chosen Nebraska as one of only two EVV opportunities we are choosing to bid at this time.

This approach allows for the full resources of the organization to be available to ensure the success of the Nebraska EVV project. Figure 6 is our Implementation Phase organization chart and identifies the key personnel that will lead the effort on this project.

Acumen Implementation Organization
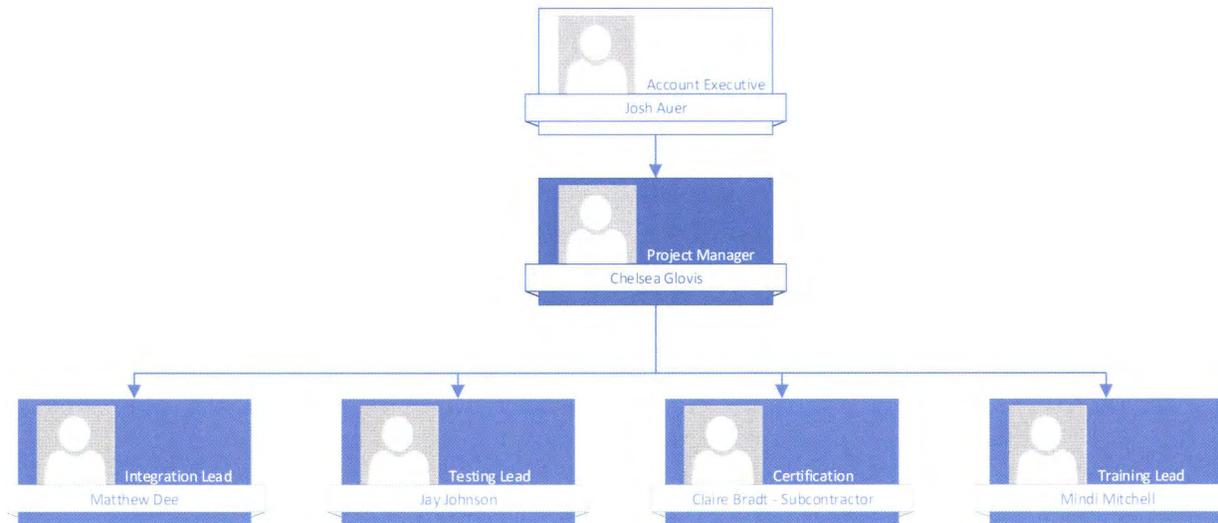
Figure 6: Acumen Implementation Phase Organizational Chart

Key Lead Personnel for the Nebraska project:

Josh (J) Auer, MBA, - Nebraska Account Executive.
Josh will provide team leadership to the Acumen team, coordinate, and assign resources to ensure the success of the project at all stages including, go-live, MECT certification, and throughout the life of the contract. Josh will serve as the single point of contact for matters concerning Acumen's performance under the contract. Josh will make decisions that are binding to the contract and is responsible for timely completion of the project and contractual obligations.

Josh will dedicate 15% of his time to the Nebraska EVV project with an onsite presence of approximately 10% or as requested.

Chelsea Glovis, PMP - Nebraska Project Manager. Chelsea is responsible for the initial Project Management Plan and schedule. During the Project Kick-off, Chelsea will submit the Project Management Plan and schedule. She will coordinate meetings with the DHHS PM to review, modify and finalize them. Once approved by the Department, Chelsea will manage and oversee the day-to-day implementation of the DCI EVV through the certification process of the Nebraska EVV. She will deliver Project deliverables from the submission of DEDs to final DHHS approval of the deliverables.

Chelsea will also be the focal point for status reporting and available to the Department as the primary point of contact for matters relating to the project.

Chelsea will be 100% dedicated to the Nebraska EVV project with an onsite presence of 75% or more as needed.

Jay Johnson – Nebraska Testing Lead. Jay will coordinate the internal and User Acceptance Testing (UAT) with the Department. Test scripts and scenarios will be reviewed with the Department before execution. He will also review testing outcomes and work with Matt Dee to resolve testing discrepancies.

Jay will present the testing approach during the kick-off meeting and follow-up with the DHHS PM and Testing Lead to finalize the approach, review the planned testing scenarios, and review the testing schedule defined in the approved Project work schedule.

Jay will dedicate 25% of his time to the Nebraska EVV project with an onsite presence of 10% or more as needed.

Matthew (Matt) Dee - Nebraska Integration Lead. Matt was an original member of the DCI EVV design and development effort. He will manage the design, configuration/build, integration, defect management, and technical implementation of the Nebraska EVV. Matt will be available to meet with the Department and IT&S specifically, to ensure the Nebraska EVV meets the technical requirements.

Matt will dedicate 25% of his time to the Nebraska EVV project with an onsite presence of 10% or more as needed.

Claire Bradt (Subcontractor) – Nebraska Certification Lead. Claire is responsible for the Nebraska EVV certification success. Claire will work side-by-side the Acumen team to collect the required documentation and artifacts required for certification and support the DHHS PM prepare and conduct the CMS Certification meetings. Claire will also work with the Nebraska IV&V to ensure that they have the information required for their Progress Reports and other CMS requirements.

Claire will dedicate 50% of her time to the project for the Implementation Phase and through the final CMS certification meetings, which at a minimum is 6 months after Day 1 of Operations. Claire is projected to be onsite for one week each month during Implementation and Operations leading up to the CMS certification meetings. Claire will be onsite for CMS Meeting preparation and as requested by the DHHS PM for certification.

Mindi Mitchell, MBA, COO of DCI – Nebraska Training Lead. Mindi will work with the DHHS PM and Training Lead to establish the training needs for the urban, rural and frontier providers and their staff. She needs to review and understand where the providers are located and the clients they serve. Acumen has developed courseware that Mindi will have modified to meet Nebraska specific needs.

Mindi will dedicate 65% of her time to the Nebraska EVV project with an onsite presence of 50%.

JOSHUA J. AUER, MBA

PROFILE: CEO

More than 22 years of comprehensive Medicaid experience analyzing business systems to ensure best operational effectiveness through people, systems, and processes. Currently functions as CEO for Acumen Inc. and DCI. Well-versed in recognizing and launching systems that meet desired goals and objectives. Adept at business administration and collaboration with executives and staff to achieve targeted results. Develops and executes strategic plans; committed to adding value and exceeding expectations through collaborative problem solving and disciplined decision-making.

Core Skills include:

Strategic Planning ♦ Business Systems Analysis ♦ Operational Streamlining ♦ Budget Management
Risk Mitigation ♦ Problem Resolution

Achievements & Experience

CEO ACUMEN INC. 2016– PRESENT
FOUNDER & CEO DIRECT CARE INNOVATION (DCI) 2013-PRESENT
CEO– OPPORTUNITY MANAGEMENT GROUP. ♦ 2014–2016
Charged with directing a portfolio of Medicaid Health and Human Services organizations, which encompasses the management of DCI and Acumen.

Serve as operating partner of ACUMEN and DCI in charge of business development, operations, strategic planning, and growth.

Assume full accountability in managing $65M in business operations for the Opportunity Management group network of companies.

RISE INC. CHIEF OPERATING OFFICER ♦ 2011 – 2014
Led all aspects of organizational operations and oversaw operations of eight RISE divisions across 3 states for over 4,000 staff and ~ 4,000 participants.

RISE INC. CHIEF FINANCIAL OFFICER ♦ 2007 – 2011
Managed the fiscal operations of the entire organization, including development and allocation of corporate and programmatic budgets exceeding $50 million.

Conducted comprehensive financial analysis and presented findings to the Chief Executive Officer and Board of Directors.

RISE INC. PROGRAM ADMINISTRATOR ♦ 2005 – 2007
Orchestrated the delivery of residential and HCBS services throughout the State of Arizona.

Steered efforts in driving the seamless implementation of 35 Medicaid programs across 5 Regional Districts and 5 Regional Offices.

Developed service designs, support systems, and program structures based on identified business and client needs based on analysis of legacy systems.

RISE INC. DIRECTOR OF BEHAVIOR SUPPORT ♦ 2005
Focused on providing first-rate services by creating and reviewing behavioral support plans and training. Supplied guidance and supervision to Behavioral Support teams.

RISE Inc. State Training Director ♦ 2004 – 2005
Carried out design and presentation of curriculum for persons with disabilities, their families, staff, and administrative support personnel.

Accomplished wide-ranging results as Head of Legislative Advocacy and Trainer for Person-Centered Planning and essential Lifestyle Planning.

RISE INC. DIRECT SUPPORT PROFESSIONAL ♦ 1998 – 2004

Provided direct care services to participants with Intellectual and Developmental Disabilities.
RISE INC. EXECUTIVE ASSISTANT TO THE VICE PRESIDENT ♦ 2003 – 2004
Worked directly for the Vice President of operations to provide necessary administrative assistance.

Education

M.B.A., Business Administration, University of Phoenix, Phoenix, AZ
B. A., Communications, Arizona State University

Personal References

Gerald Nebeker
President and founder Rise Services Inc.
4554 E Inverness Ave. Mesa. AZ. 85206
geraldn@riseservicesinc.org
801-472-0999

Paul DiCosmo
CEO State Serve Medical
1201 S. Alma School Rd.
Mesa, AZ, 85210
pdicosmo@stateserv.com
480-797-7947

Mary Brogan Administrator
Hawaii Department of Developmental Disabilities Department of Health
1250 Punchbowl Street, Honolulu, Hawaii, 96813
Mary.brogan@doh.hawaii.gov
808-586-5842

CHELSEA D. GLOVIS

PROFILE: PROJECT MANAGER

Highly motivated, innovative and results driven professional. Trusted advisor committed to delivering projects on budget and schedule. Focused on exceeding quality standards, achieving the organization's overarching strategy, project objectives and KPI's. Experienced in startup organizations and wearing multiple hats. Tactical experience includes bridging gaps between sales, marketing, delivery, and IT while building trust and focusing on the bottom line.

Core Skills include:

Business Process Re-engineering ♦ Blueprinting "As Is" and "To Be" ♦ Strategic Project Management ♦

Agile, Waterfall & Scrum Framework ♦ System Implementation

ACUMEN, LLC, PROJECT MANAGER/IMPLEMENTATION LEAD ♦ JUNE 2017 – PRESENT
Conduct interactive sessions with clients to establish project scope, schedule and budgets.
Directed all phases of EVV project implementations for DCI from inception to completion.
Experience implementing EVV software for organizations with 15,000+ users.
Achieve project deliverables, schedules and KPI's making proactive adjustments.
Manage the change control process to ensure milestones are met, scope, cost and schedule are optimized and strategic objectives are achieved.
Ensure the delivery teams provide outstanding client service resulting in adoption of best practices, a spirit of trust and establishment of a long-term relationship with our clients.
Establish a learning organization environment for all system users.
Assist in all phases of the system development life cycle from planning to maintenance.

SYSTEM CONCEPTS, INC., PROJECT MANAGER/OPERATIONAL SUPPORT ♦ July 2016 – June 2017
Proposed technical solutions were adopted for new functional designs and workflows to improve performance, enhance customer experience, usability and increase client loyalty. This resulted in a 17% improvement in client retention.

Streamlined, managed and implemented new processes that increased core business efficiencies by over 40%.

Developed and executed targeted customer analysis to direct corporate strategy in this $72 billion market.

Facilitated innovation and process improvements throughout the organization. New developments and projects owned included an enhanced CRM platform, sophisticated analytics reporting, workflow and dashboard automation.

Supported composition of advanced interface documentation including fundamental and essential processes, procedures and comparisons.

Quality assurance of software to ensure bug free user experience utilizing cutting-edge tactics and technology platforms.

SALESTALK TECHNOLOGIES, PROJECT MANAGER/DIRECT OF CLIENT SUCCESS ♦ October 2013 – August 2016
Conducted onsite discovery workshops with client super users for the replacement of legacy systems.

Documented business processes and needs while performing root cause analysis and proposing process improvements.

Sales support activities resulting in the acquisition of over $1 Million in new business. Managed pilots to ensure customer satisfaction, proper training and universal endorsement of our products.
Bridged the gap between clients and the development team to establish trust, improve the product and enhance acceptance.

Prepared and presented to "C" Level executives project status and the recommended direction.

Directed all phases of project implementations from inception to completion for large clients with 5,000+ users.

Wrote technical training guides, templates and documentation for new and existing features.
Managed quality assurance to ensure suitability for defined objectives and error free implementations.

Education
Arizona State University, Tempe, AZ
B.S. in Business Management, Certificate in International Business Studies

Certifications
Project Management Professional (PMP), Certified through Project Management Institute (PMI), 2018

Personal References

Richard Brock
CEO SalesTalk Technologies
49000 N. Scottsdale Rd. #4500
Scottsdale. AZ. 85251
404-374-0004
richard.brock@getsalestalk.com

Stephanie Swartz
VP, Sales
System Concepts, Inc.
15900 N. 78th Street
Scottsdale, AZ 85260
602-799-4963
stephanie03311@gmail.com

Elizabeth DeVett
CEO Shared Support
218 Bridge Avenue
Sunbury, PA, 17801
570-760-5018
ldevett@sharedsupport.org

JAY A. JOHNSON
PROFILE: CIO

More than 25 years of comprehensive experience in all facets of information technology including requirement analysis, design, development (coding), testing, implementation/deployment, integration and support/maintenance. Currently serving as the CIO for Direct Care Innovations, LLC and Acumen, LLC. Career experience includes extensive duty in all phases of the software testing discipline - for multiple Fortune 500 companies in the Health Care and Government sectors. Seasoned executive with demonstrable technical and executive leadership skills to achieve the goals and objectives of our clients.

Core Skills include:

Business Analysis/Re-Engineering ♦ System Analysis ♦ System Architecture/Design ♦ System Implementation ♦ Project Management ♦ System Integration ♦ Quality Acceptance Analysis ♦ All forms of testing, including: Unit, Integration, System, Interface, Regression, Benchmark, Performance and Acceptance Testing

---

ACUMEN, LLC, MESA, AZ ♦ 2019 – PRESENT
CHIEF INFORMATION OFFICER –

Accountable for defining and delivering IT strategy and capabilities across the enterprise. This includes development and support, infrastructure, enterprise testing and technical services. Responsible for giving oversight and strategic input to IT and business leaders on strategy, standards, and opportunities for shared services and economies of scale. Part of the CEO leadership team. Contribute to the company's strategy and planning process and responsible both for IT operations and technology and digital innovation.

TRIWEST HEALTHCARE ALLIANCE ♦ 2016 – 2018
CHIEF INFORMATION OFFICER

Accountable for all aspects of the Software Development Lifecycle. Specialized in new system contract initiatives. Managed all elements of infrastructure management, software development, and IT operations. Owned the overall responsibility testing success. Was accountable for development and full testing of all transaction processing, office automation, Knowledge Work, Management Information, Decision Support and Executive Support systems.

CVS HEALTH ♦ 2009 – 2016
CHIEF INFORMATION OFFICER, ENTERPRISE TESTING AND INFRASTRUCTURE

Owned the overall responsibility testing success at the enterprise level. The role involved quality and test ownership, resource planning and management, and resolution of issues that impeded the test effort. Ensured the appropriate planning and management of test resources. Responsible for the implementation and operations of all technology infrastructure which includes data center, network and server services, telephony, service monitoring, user support/help desk, workstation management, servers, storage and related software.

DHL EXPRESS ♦ 2002 – 2009
VP and Domain Leader – Application Development

Sprint ♦ 1990 – 2002
Chief Information Officer – E|Solutions Division

United States Marine Corps
1981-1985 – Platoon Sergeant, 2nd Tank Battalion – Two Combat Tours
1985-1987 – Infantry Officer and Company Commander (Captain), 2nd Battalion, 2nd Marines

Education
George Mason University, Fairfax, VA
B.S. in Computer Science

Virginia Polytechnic Institute and University, Blacksburg, VA
Master of Business Administration (MBA)

Personal References

Adam Miller
Chief Executive Officer
Centauri Health Solutions, Inc.
6263 North Scottsdale Road, Suite 142
Scottsdale, AZ 85250
480-418-3443 office
813-500-0379 mobile
Adam.Miller@CentauriHS.com
adamtmiller@hotmail.com

Barbara Cooper, CIO
Chief Information Officer (ret)
Toyota North America
Paradise Valley, AZ
480-998-6086
bcooper770@gmail.com

Gordon Tredgold, President
CEO and President of Gordon Tredgold LLC
Distinguished Speaker for Vistage (Exec Leadership)
11452 El Camino Real Suite 400
San Diego, CA 92130
561-808-9833
gtredgold@hotmail.com

MATTHEW D. DEE

PROFILE: CTO

More than 15 years of comprehensive experience in all facets of information technology including system design, development, testing, implementation, integration and support. Currently function as CTO for Direct Care Innovations, LLC and Acumen, LLC. Have also functioned as Lead System Architect in DCI since 2013. Adept at managing highly technical projects and resources to achieve company goals and objectives

Core Skills include:

System Analysis ♦ Business Process Analysis ♦ Project and People Management ♦

System Integration ♦ System Implementation Achievements & Experience:

ACUMEN, LLC, MESA, AZ ♦ 2016 – PRESENT
CHIEF TECHNOLOGY OFFICER/SECURITY OFFICER –
Responsible for conception, implementation and management of technology road map.
Oversee all technology departments including help desk, infrastructure development and application support
Executive sponsor and project manager for implementation of the DCI platform and its integration with legacy systems and processes.
Executive sponsor and project manager for large integration projects.

DIRECT CARE INNOVATIONS, LLC. CHIEF TECHNOLOGY OFFICER/SYSTEM ARCHITECT♦ 2013 – Present
Co-architect of the DCI platform responsible for design, documentation, testing and delivery.
Oversee all development resources including analysts, developers and testing.
Executive sponsor and project manager for integration projects and all DCI implementations.

OPPORTUNITY MANAGEMENT GROUP CHIEF TECHNOLOGY OFFICER/SECURITY OFFICER ♦ 2012 – 2014
Responsible for establishment of technology department across a portfolio of Medicaid Health and Human Services organizations including Acumen and DCI.
Executive sponsor and project manager for implementation and integration of new HRIS system including integration with external insurance carriers.
Implemented HIPAA compliance program
Designed and delivered disaster recovery and business continuation program

IBM CONSULTANT ♦ 2004 – 2011
Worked with fortune 500 companies, State and federal government agencies and institutions of higher education on data and content management initiatives. Successfully demonstrated and merged technical knowledge with customer facing skills as both a sole practitioner and in team environments on numerous customer engagements.

IBM SOFTWARE ENGINEER ♦ 2002 – 2004
Responsible for the design, development and support of the FileNet (formerly IBM Content Manager) installers.

Education
Arizona State University, Tempe, AZ
B.S. in Computer Information Systems, Suma cum Laude

Member, Golden Key National Honor Society
Member, Beta Gamma Sigma International Honor Society

Personal References

Shawna Burkhart
Honest Edge Consulting
4700 S. Mill Ave, Tempe, AZ 85282
shawna@thehonestedge.com
630-336-7090

Kirsten Walker
VP of Organizational Development and Family Services
Rise Services Inc.
4554 E. Inverness Ave. Mesa, AZ 85206
kirstenw@riseservicesinc.org
602-692-2932

Chris Roode
CTO State Serve Medical
1201 S. Alma School Rd.
Mesa, AZ. 85210
croode@stateserv.com
480-797-8061

Claire L. Bradt

Summary

Thirty-seven years' experience in the Medicaid and public health care industry, with an emphasis on business process outsourcing, project management, and business development. Medicaid experience gained at the largest MMIS operation in the country, first running provider relations then the entire BPO operation. Leveraged Medicaid operations experience to help companies win and succeed in Medicaid, public health and large-scale BPO operations. An effective leader and consulting resource in both virtual and physical environments able to undertake a broad range of assignments when gaps or deficiencies are identified.

Competencies

Project and Engagement Management with high level and detailed planning and execution, Request for Proposal and proposal management, Medicaid MITA and CMS Certification performance, compliance matrices, performance standards and reporting best practices, continuous process improvement, benchmarks and metrics, contract administration and managing transaction processing and BPO operations

Experience

Assignments in Medicaid Enterprise Services

Project Engagement/Manager for the State of Ohio Medicaid Department (ODM). EHR was contracted to provide a customized automated tracking system for the management of ODM's Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A) results including the agency's five-year planning Roadmap and Concept of Operations. EHR installed and maintained ReadyCert (RCX, version 4.0) to assist ODM with the Centers for Medicare and Medicaid Services' (CMS) Medicaid Enterprise Life Cycle (MELC) certification checklists as required for CMS certification of all new and enhanced Medicaid Management Information System (MMIS) modules, which is included in the overall Ohio Medicaid Enterprise (OME).

Project Manager for the State of Nebraska's first Medicaid Enterprise Certification Lifecycle (MECL) certification of their Provider Enrollment and Screening (PS&E) module. After design, development, and testing, the PS&E system was placed into production in December 2015. The Department submitted Implementation Advance Planning Document Update (IAPD-U) to request 90% enhanced federal financial participation (FFP) and approval for the certification of the PS&E module.

Consulting and managing with Medicaid vendors to apply MITA principles to their offerings for state clients. These projects include MITA assessments of vendor solutions and how best to position themselves for future Medicaid Enterprise procurements. Managing new consulting services performing HITECH, NIST SP 800-53 Security Assessments, National Human Services Interoperability Architecture (NHSIA) and Substance Abuse and Mental Health Services Administration (SAMHSA) assessments. Led the State of Alaska ReadyCert Installation Project. Continues as Engagement/Project Manager for multiple-year ReadyCert Vendor Self-Assessment Projects and multiple state certification projects.

Designed, coordinated and wrote three Requests for Proposals (RFP) for the State of Nebraska Division of Medicaid and Long-Term Care (MLTC). Collected RFP requirements and detailed specifications of the procurements to soliciting bidders for competitive procurements. Developed and coordinated the evaluation documents and managed the process through contractor selection.

Worked with senior healthcare management team of four top Systems Integration company to evaluate and prepare a technical response for four MMIS opportunities. The role included the development of

response materials; color reviews modifications and finalizing proposal sections. Worked with junior staff to ensure quality response materials were produced.

EHR Projects	Role	Date
Acumen, Inc.	VSA Project/Engagement Manager	Current
State of Ohio Department of Medicaid	SS-A Project/Engagement Manager	Jan 2018 to June 2019
Magellan Health	Project/Engagement Manager	2016-Present
Softheon, Inc	VSA Project/Engagement Manager	2017-Present
General Dynamics	Certification Proposal Writer	Apr 2016-Sept 2016
State of Alaska	ReadyCert Engagement Manager	Jan 2016-Apr 2018
State of Nebraska, MLTC (subcontractor)	PS&E Project Manager	Nov 2016-Nov 2017
State of Nebraska, MLTC (subcontractor)	MLTC IV&V RFP Writer	Oct 2015-Apr 2016
Delta Dental of California	VSA Project/Engagement Manager	May 2014-Aug 2014
State of Nebraska, MLTC	ReadyCert Engagement Manager	2013-Present
State of Nebraska, MLTC (subcontractor)	EIS RFP Writer/Evaluation Liaison	Mar 2013-Apr 2014
BCBS of South Carolina	MMIS Proposal Manager	Dec 2011-Aug 2012
Accenture	Arkansas Procurement RTM Lead	June 2011-Aug 2011
Accenture	Iowa Procurement RTM Lead	Aug 2011-Sept 2011

Positions in **Health and Human Services Business Development**

Designed and led the implementation of sales strategies and customer plans to achieve sales objectives for Health and Human Services clients. Directed the planning, organization and management activities necessary to respond to RFPs with compliant and competitive proposals. Tracked and reported on the status of the proposal activities. Established and maintained positive relationships with new and existing clients.

Business Development positions held with CGI Technologies and Solutions, Inc., EDS (currently DXC), Documentation Strategies, Inc. and Computer Sciences Corporation (CSC). While at CSC, performed capture and proposal management and proposal writing and review in addition to regular MMIS fiscal agent responsibilities.

Company	Role	Date
CGI Technologies & Solutions	NYS Account Executive	2008-2011
EDS	NYS Account Executive	2007-2008
Documentation Strategies, Inc	VP of Operations	2002-2007

Positions in **Medicaid and Public Health Operations**

On the NYS-MMIS, managed the BPO operation, covering claims and prior approval receipt, imaging, data entry, OCR and pend resolution, document storage and retrieval, provider relations, training and outreach, and technical writing. Managed to stringent contractual performance standards and achieved a long and distinguished record of success, satisfying the customer and company.

For CSC's Managed Health Care Division, established the Business Solution Center (BSC) for managed care organizations. The BSC configured applications per the customer's specifications, loaded benefit plans, processed claims using a combination of offshore and onshore resources, adjudicated claims and produced EOBs and checks.

For McAuto Systems Group, Inc, managed provider relations for NYS-MMIS. Responsible for the move of the operation from NYC to Albany. Coordinated with a cross functional team to seamlessly transfer physical assets, human resources and systems, and staff and train new resources in Albany. Performed statewide provider outreach to help providers implement changes in their operation required by the migration from NYC to Albany.

Company	Role	Date
Computer Sciences Corporation Healthcare Division	BPO Director	1994-2001
Computer Science Corporation CSC Consulting	Training Documentation Manager (Key)	1990-1993
Computer Sciences Corporation Health & Admin Services Div.	Data Management Director (Key)	1986-1990
McDonnell Douglas McAuto Systems Group	Data Management Director (Key) Provider Relations Director (Key)	1982-1986

Personal References

Melissa Haecker, Medicaid Provider Fraud & Abuse Investigator
Department of Health and Human Services
Medicaid and Long-term Care (MLTC)
melissa.haecker@nebraska.gov
Phone: (402) 471-9394

Kelly Micka, J.D., PMP, PMI-ACP
Senior Manager– Program Modernization Consulting
Maximus
515-868-1538
KellyMicka@maximus.com

Khrista King
MITA 3.0 Project Manager
The Ohio Department of Medicaid
Phone: 614-752-4103
Khrista.King@medicaid.ohio.gov

MINDI MITCHELL
PROFILE: COO

More than 20 years of comprehensive experience in the Medicaid and human services industry, with an emphasis on intellectual and developmental disability service provision, business development, training, technology adoption, and implementation. Deep knowledge of all aspects of I/DD service delivery. Experienced in leading change initiatives to achieve long-term objectives. Currently function as COO for progressive Medicaid software company. Adept at managing multiple projects and resources to achieve company goals and objectives

Core Skills include:

♦ Change Management ♦ Project & People Management ♦ Implementation & Training

♦ Communication ♦ Stakeholder Relationships ♦ Risk & Conflict Management

DIRECT CARE INNOVATIONS, LLC, MESA, AZ ♦ 2017 – PRESENT
CHIEF OPERATING OFFICER –
Responsible for marketing/sales, implementation, training, and customer management
Maintain product knowledge to ensure best in class service to clients
Recruit, hire, train, and manage team members
Oversee and monitor project management activity
Design, develop, and deploy client-facing communication and training plans
Oversee all implementations to drive end user adoption and satisfaction
Responsible for successful software deployment for tens of thousands of end users
Use customer feedback to provide input and decision making on system design and product development road map
Communicate with and manage stakeholder involvement to drive project success

OPPORTUNITY MANAGEMENT GROUP/RISE SERVICES, INC. VP OF IMPLEMENTATION ♦ 2015 – 2017
Responsible for implementation of new initiatives across a multi-state service provider, in multiple geographical areas with thousands of end users
Executive sponsor and project manager for implementation of new software modules across the company
Designed communication plans across agency stakeholders, including people supported and family members
Designed and delivered training and logistical support to all levels of the organization
Implemented Project Management tools and processes across the organization
Responsible for multiple types of pilot projects and system rollouts across a variety of lines of service
Ensured company was a learning organization at all levels

OPPORTUNITY MANAGEMENT GROUP/RISE SERVICES, INC. VP OF OPERATIONS ♦ 2009 – 2015
Responsible for day to day operations of I/DD service provider
Established communication and partnership with RISE customers and stakeholders
Responsible for multi-million-dollar budget
Guide and coach State management team
Provide safe and supportive services to persons with disabilities in a manner consistent with company mission, vision, and values
Ensure compliance with corporate and State policies and procedures and other legal and regulatory requirement
Sought out opportunities for new business
Promoted the development of new and innovative supports for people
Trained and mentored future leaders

RISE SERVICES, INC. ♦ DSP, Coordinator, and Director for Residential/Hourly/Day/Host Programs ♦ 1999 - 2009
Responsible for all aspects of provision of services to people with I/DD in accordance with company mission, vision, values, and policies

Education
University of Oregon, Eugene, OR
Master's in Business Administration

Eastern Oregon University, La Grande, OR
B.A. in Sociology/Anthropology
EOU AAUW Outstanding Senior Woman Award
EOU Outstanding Sociology/Anthropology Student

Personal References

Elizabeth DeVett, CEO
Shared Support, Inc.
ldevett@sharedsupport.org
(570) 286-4982

Krista Smith, Executive Director
RISE Services, Inc.
kristab@riseservicesinc.org
(503) 720-3596

Lois Gibson
Executive Director
Oregon Resource Association
lgibson@oregonresource.org
(503) 585-3337

2.9.2 Acumen Operations Key Personnel
RFP VI.A.2.I.ii

Our approach for the Operations Phase is to continue the level of service and performance the State received during the Implementation Phase. To ensure a smooth, transparent transition the Implementation Key Personnel will retain their roles for the Operations Phase. Figure 7 presents our Operations Phase organization chart.

Acumen Operations Organization
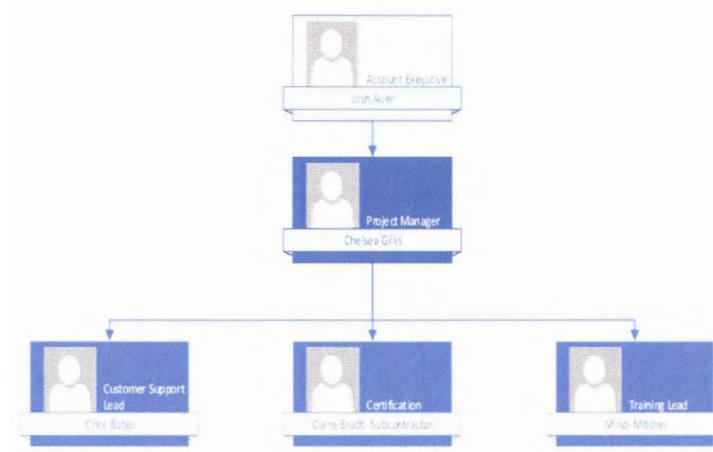
Figure 7. Acumen Operations Organization

The following individuals will retain their roles from the Implementation Phase through Operations (resumes provided above):

Josh (J) Auer, MBA, Acumen Chief Executive Officer- Nebraska Account Executive.
Josh will provide team leadership to the Acumen team, coordinate, and assign resources to ensure the success of the project at all stages including, go-live, MECT certification, and throughout the life of the contract. Josh will serve as the single point of contact for matters concerning Acumen's performance under the contract. Josh will make decisions that are binding to the contract and is responsible for timely completion of the project, and contractual obligations throughout the life of the contract.

Mindi Mitchell, DCI COO – Nebraska Training Lead. Mindi will work with the DHHS PM and Training Lead to establish the training needs for the urban, rural and frontier providers and their staff. Mindi will ensure new participant training processes, and training updates are maintained throughout the life of the contract.

Claire Bradt (Subcontractor) – Nebraska Certification Lead. Claire is responsible for the Nebraska EVV certification success. Claire will work side-by-side the Acumen team to collect the required documentation and artifacts required for certification and support the DHHS PM prepare and conduct the CMS Certification meetings. Claire will also work with the Nebraska IV&V to ensure they have the information required for their Progress Reports and other CMS requirements. Claire's Nebraska EVV assignment will end with the certification of the Nebraska EVV by CMS.

Chris Bates, MBA, COO Acumen- Nebraska Customer Support Lead. Chris is the head of operations for Acumen and oversees customer support for all State contracts. Chris will ensure the highest level of satisfaction and customer service for the ongoing operations of this project. Chris's resume and references can be seen below.

CHRISTOPHER BATES

PROFILE: CHIEF OPERATIONS OFFICER

Extensive experience directing business operations and management through effective business systems analysis and project management to enhance operations. More than 10 years of expertise identifying business needs, working with end-users to gather requirements, and communicating technical information in a clear manner to technical and non-technical staff. Currently serve as VP of Fiscal Agent Operations for Acumen Fiscal Agent since 2010. Proficient in determining, meeting, and surpassing specific client needs. Practiced in clarifying business requirements and performing gap analysis.

Develop process and system improvements to increase productivity and reduce costs.
Capable of managing IT operations through effective management of staff and budgets.
Identify operational performance indicators to escalate efficiency and productivity, and maximize organizations' resources.

Adept at establishing policies, procedures, standards, and benchmarks in compliance with all federal, state, and local legal requirements within all contracts.
Recognized for ability to leverage strong project management skills, consistently exceed client expectations, deliver complex, large-scale projects, and meet all project deadlines, budgets, and specifications.

Core Skills include:

Strategic & Tactical Planning ♦ Business Systems Analysis ♦ Operational Streamlining
Regulatory Compliance Continuous Process Improvement ♦ Cost Reduction
♦ Budget Optimization
Project Development & Implementation ♦ Change Management

Achievements & Experience

ACUMEN, INC., MESA, AZ – CHIEF OPERATIONS OFFICER ♦ 2010 – PRESENT

Charged with directing development and implementation of all operational specific policies and procedures in compliance with all federal, state, and local legal requirements for all contracts. Ensure effective performance of staff essential functions, while achieving and/or surpassing all customer and contractual expectations and requirements for more than 40 self-directed programs.

Monitor establishment of standards to ensure measurement and effectiveness of all processes within the operational area.

Facilitate training of all staff on the specifics of legal, Medicaid, and contractual obligations.

Produce all required deliverables by ensuring the implementation of adequate internal controls.

In charge of preparing and presenting complete reports on the operating condition of the company.

Accountable for overseeing establishment and implementation of Acumen's current and future Information Technology strategy and vision.

Provide direction and support to all units and departments within Acumen in attaining all requirements related to technology, including application development and support, communications and network infrastructure, and business continuity and disaster recovery.

STRATEGY EXECUTION PARTNERS, LLC, CHICAGO, IL – VICE PRESIDENT/ CHIEF OPERATING OFFICER ♦ 2007 – 2009

Accountable for directing software development team, as well as finance, accounting, payroll operations, tax management, and treasury management.

Formulated and executed a reseller strategy that drove company to scalable revenue growth; designed a scalable operational platform for high-volume payroll and payroll tax processing, as well as converted operating costs from a variable to a fixed-cost structure.

Orchestrated the design, development, testing, and product launch of a fully integrated, full employee life-cycle human resources and payroll system.

OASIS LEGAL FINANCE, LLC, NORTHBROOK, IL – DIRECTOR OF OPERATIONS ♦ 2004 – 2007
Instrumental in structuring financial and operating requirements for Oasis' investor agreement.

Directed the recruitment and training of 30 operations personnel in company operations and standards.

Developed financial tracking of key indicators that was utilized for weekly and monthly reporting to the Board of Directors.

Spearheaded design and execution of IT infrastructure which included network, phone, fax and document management solutions.

Monitored loan process status and provided real time performance measurements on Oasis' key business processes by designing a scalable operating platform.

Achieved revenue growth from a national television campaign by integrating an outside call center with internal operations.

Career Note: Early career success includes:
MORNINGSTAR, INC., CHICAGO, IL – DIRECTOR, OPERATION/FINANCE
MOORE NORTH AMERICA, BANNOCKBURN, IL – STAFF COORDINATOR, QUALITY ASSURANCE MANAGER, OPERATIONS MANAGER, SENIOR CORPORATE PROJECT MANAGER

Education

M.S., Accountancy, DePaul University
M.B.A., Finance, Marquette University
B.S., Mathematics & Statistics, Utah State University

Personal References

Stephen Fedor, Senior Director, Global Implementation
Market Logic Software
223 W Jackson Blvd
Chicago, IL 60606
sfe@marketlogicsoftware.com
312-404-9616

Lindsey Beagley, Director of Social Embeddedness
Office of University Initiatives
Arizona State University
300 E University Dr. Suite 245
Tempe, AZ 85281
lindsey.beagley@asu.edu
480-965-0380

Cullen Knights, CFO, Team RMS
3131 Camino Del Rio N., Suite 650,
San Diego, CA 92108
Cullen@teamsvc.com
617-784-8893

2.9.3   Acumen Subcontractor Detail
RFP VI.A.2.j

EHR is a Tallahassee, Florida-based consulting firm specializing in the Medicaid and Human Services markets. EHR focuses in the strategic application of MITA principles in State Medicaid Enterprises and the solutions that support Medicaid.

EHR's mission is to make MITA easy to understand, deploy and use, and encourage standardization and commercialization of Medicaid solutions. EHR engages with the Medicaid market to develop strategies for advancing the alignment of solutions with the MITA framework, the CMS Standards and Conditions for enhanced federal funding and CMS Certification.

As a private family-owned company they do not disclose financial statements. EHR will provide a statement of sound financial position upon request. EHR's company information is:

Electronic Health Resources, LLC
11 South Monroe Street, 1st Floor
Tallahassee, FL 32301
www.ehr-llc.com

We estimate approximately 1500 hours, which accounts for 20% of the project hours and/or cost, required for the current CMS MECL process. Once CMS provides the new Outcome Based Certification guidelines, we will meet with the State to discuss how the new certification process may affect our proposal estimate.

Examples of recent EHR client projects and services includes:

Duration	Client & Project
10/2012 – 4/2013	Senior Medicaid SME for State of Nebraska State of Nebraska Medicaid & Long-Term Care through JS3
11/2013 - Present	State of Nebraska State of Nebraska Medicaid & Long-Term Care ReadyCert License with Technical Support
10/2014 - Present	Magellan Health 2014 VS-A and 2017 Vendor Self-Assessment Update Magellan Health Certification Support for the States of Colorado and Tennessee, and Washington DC
1/2016 – 4/2018	State of Alaska Department of Health and Social Services ReadyCert MITA Tracking Tool License and Implementation (Competitive Procurement).
11/2016 - 11/2017	State of Nebraska State of Nebraska Medicaid & Long-Term Care Provider Screening and Enrollment Certification Project (Subcontractor)
7/2017 - Present	Softheon ReadyCert Implementation and Vendor Self-Assessment Consulting Services
1/2/2018 – 6/2019	State of Ohio Department of Medicaid MITA 3.0 Tracking Tool with consulting services (Competitive Procurement).
8/1/2019 - Present	Acumen, Inc. completed a MITA 3.0 Vendor Self-assessment.

Figure 8: EHR Client List

The best example of EHR's certification experience and the use of ReadyCert is the Nebraska Provider Screening and Enrollment (PS&E) certification project. Please see the EHR Nebraska reference with Melissa Haeker, the MLTC PS&E Certification Lead. Ms. Haeker can provide information about EHR's working relationship during the PS&E certification project and the use of ReadyCert for the certification project.

Ms. Haeker worked with Claire Bradt, our proposed Certification Lead, and Maximus to identify and gather existing documentation and artifacts that needed to be modified or developed. Once in

ReadyCert, the Certification Team, could review the documents or artifacts and see where they were attached to specific MECT items, which was then reported to the IV&V for their review and comment.

EHR vendor clients are also using ReadyCert for their module certification projects, based on their Vendor Self-Assessment projects, which included basic responses for CMS Certification MECT checklist items. Project Teams use the basic response as their starting point for modification to include state specific requirements.

EHR is providing the MLTC reference.

a. Customer Contact Information (name, address, phone, website)	**State of Nebraska Department of Health and Human Services** Medicaid and Long-term Care (MLTC) 301 Centennial Mall South Lincoln, Nebraska 68509 Phone: (402) 471-3121 www.dhhs.ne.gov
b. Role	Subcontractor to JS3
c. Description of Work Performed	The State of Nebraska, Department of Health and Human Service, Medicaid and Long-term Care (MLTC) was our first client for ReadyCert, signing their ReadyCert license in 2013. MLTC completed their MITA 3.0 SS-A using ReadyCert and are using the ReadyCert Roadmap feature to track their Medicaid Enterprise projects and to update the Business Areas/Business Processes as their MITA maturity levels improve. EHR has supported other MLTC projects with a senior consultant contracted through JS3 an MLTC Staff Augmentation contractor. Most recently EHR supplied a senior consultant/Project Manager for the Provider Screening and Enrollment Certification project using ReadyCert. The consultant had responsibilities for the APD-U drafting, project schedule, and certification preparation, working with MLTC oversight. The consultant completed the assignment in November of 2017 and the PS&E received CMS certification May 2018.
d. Description of Relationship	MLTC has been a valuable member of our ReadyCert Team. MLTC staff have made recommendations for improvements and provided comment on our design and development of ReadyCert 4.0.
e. Reference Contact Information (name, phone, email)	State of Nebraska MLTC Reference Contact: Melissa Haecker, Medicaid Provider Fraud & Abuse Investigator Department of Health and Human Services Medicaid and Long-term Care (MLTC) melissa.haecker@nebraska.gov Phone: (402) 471-9394
f. Dates of Performance	November 2013 to Present

Figure 9: EHR Reference

As shown above EHR has recent relevant and local experience that cannot be matched by our competitors. This will provide the State a distinct advantage in completing all certification processes as timely and efficiently as possible.

3 Technical Approach
RFP VI.A.3

Acumen has experience supporting populations like those in Nebraska and has designed this proposal to demonstrate that experience and our performance. Acumen supports the goal to obtain an open vendor technology solution with the technology components to handle urban, rural, and frontier areas.

Acumen respects the stakeholder feedback on concerns about the frontier nature of most the State. We acknowledge in both cases that Nebraska requires the EVV solution to verify and allow personal care service providers to check in and out electronically through software applications or devices, and record:

- the type of service performed;
- the individual receiving the service;
- date of the service;
- location of service delivery;
- individual providing the service; and,
- the time the service begins and ends.

The DCI EVV Solution was designed specifically with Medicaid services in rural and frontier areas in mind, and as such it offers multiple hi-tech, and low-tech options to gather the six 21st Century Cures Act required EVV elements defined above.

Acumen understands that the EVV elements will be required regardless of whether delivered through self-directed care or an agency care delivery model. Acumen's DCI EVV Solution is uniquely positioned in the industry to meet these requirements since Acumen has been utilizing it for self-direct care across 23 states since January of 2018. Acumen has customers across the country utilizing it in agency models since 2015. The DCI EVV Solution is deployed across the country for thousands of users in the most rural of areas such as the Sovereign Navajo Nation, and all five Hawaiian Islands just to name a few.

The DCI EVV Solution allows for individuals who furnish personal care services, home health care services, or both under the State plan (or under a waiver of the plan) to be provided the opportunity for training on the use of the system. The DCI EVV Solution is minimally burdensome for providers, participants, state staff and their designees. Acumen's DCI EVV Solution is designed specifically for Medicaid programs including HCBS, Medicaid LTC, and personal care services.

> Hawaii presents unique challenges for EVV in that there are many rural areas of Hawaii. The DCI system can provide us with high tech options like the Mobile App, but also allows us to serve the rural area of the state where we do not have cell coverage or use of high-tech EVV options.
>
> *Mary Brogan, Administrator*
> *State of Hawaii*
> *Development Disabilities*
> *Division*

The DCI EVV Solution is configurable to meet the needs of multiple programs and services and has the flexibility to add services and programs throughout the life of the contract. DCI EVV has the ability to have different business rules, policies, and procedures for each program and service.

Acumen understands that today Nebraska's personal care services are fee-for-service, and is anticipated that during the contract term many services may be moved to managed care. As home health services are added, Acumen will integrate with each contracted Managed Care Organization (MCO). Acumen has integrated the DCI EVV Solution with State Department of Health Agencies and MCO's across the country.

Unlike competing EVV companies, DCI EVV was designed by Medicaid service experts from within the Medicaid service space and is capable of handling all Medicaid program nuances. DCI EVV is a flexible system that provides multiple business management modules for the provider, their caregivers, and State

Medicaid agencies. DCI EVV can run stand-alone modules or as a fully integrated Medicaid and workforce management solution.

Acumen is the only vendor in the market that currently offers an integrated seamless solution across authorization, billing, payroll, training, scheduling, EVV, care quality rating, caregiver registry, and time & attendance. While Acumen does not propose utilizing all modules for this engagement, we want to highlight the additional value we can potentially bring to DHHS and the Medicaid provider network in the future that is not available with other EVV options.

3.1 Understanding the Project
RFP VI.A.3.a

Acumen is aware that since 2002 some states have been using EVV to ensure delivery of home and community based-services to Medicaid recipients. The DCI EVV Solution has been providing EVV services to similar home and community based-services for Medicaid recipients since 2015.

We are also aware that the Office of Inspector General has been advocating for several years to require states that have not yet implemented EVV to add it as part of their programs to ensure delivery of services and reduce fraud, waste and abuse, and track service delivery to authorized care. As part of the 21st Century Cures Act signed on Dec. 13, 2016, state Medicaid programs have been mandated to include EVV as part of their oversight for Medicaid delivery of personal care services in the home, or face reductions in matching funds starting after January 1, 2020. Home health services must be included by January 1, 2023 or states will face additional reductions in matching funds for these services not utilizing EVV.

Acumen realizes that DHHS is dedicated to creating more efficient, effective, and customer-driven services delivery and support including unification of enterprise systems, modernizing technology in phases, and leveraging common technology. Acumen's DCI EVV Solution absolutely adheres to your strategy. Acumen will provide DHHS with the perfect partner to achieve your goals.

Goal #1: A solution that will aid in the identification and mitigation of fraud, waste, and abuse.

The DCI EVV Solution provides a comprehensive audit trail that allows the tracking of all changes to business rules, manual entries, changes of electronically captured services, and other system or data changes all the way to the page view level. The solution has the ability to hold a minimum of six years of system activity data, with the ability for reporting with a minimum of 10 years of data and beyond. This includes the ability to archive long-term data as requested by the State.

The DCI EVV Solution implementation is an undertaking that will enable Medicaid LTC and Developmental Disabilities (DD) to meet their compliance requirements and operational needs, increase efficiencies and operational effectiveness, improve service delivery oversight, and provide improved outcomes for participants. Upon full implementation, the new system will support DHHS to improve their reporting to all stakeholders, including State and federal entities.

Goal #2: An EVV solution that will accommodate and overcome limited internet access in rural areas.

Acumen has a special appreciation for DHHS' mission of "Helping people live better lives." The work of DHHS touches the lives of Nebraskans every day, and the team will work diligently to be responsive in serving Nebraska's most vulnerable citizens. Unlike our competitors who are from the credit card, data processing, or cell phone industry, Acumen comes from the Human Services field and we have the right kind of experience and dedication to people we support to help DHHS serve its mission.

Acumen is accustomed to serving a very diverse population in varied geographical settings: urban, rural and frontier, and has supported rural populations more so than any competitor on the market today. The proposed DCI EVV Solution has primary and alternate methods for verification that provide options for the

caregivers in any area of the State. Since each participant may have multiple services, provided by different caregivers, the DCI EVV Solution supports each service and allows different service providers to deliver services as authorized in approved locations.

The DCI EVV solution provides capabilities to support caregivers, participants, State staff, agency providers and others as designated and approved. The DCI solution is configurable and flexible enough to handle services from multiple agencies, programs and follow diverse program policies.

Acumen understands that It is critical to the project's success that stakeholders, including providers, participants and their representatives, and advocacy groups be engaged throughout the planning and implementation phases. To support this need, this topic has been included in the Long-Term Care Redesign (LTCR) stakeholder meetings to ensure early and ongoing communication. Acumen will participate in the LTCR stakeholder meetings as well as design and develop a formal LTCR Communication Plan with the State as part of the EVV project implementation. Acumen will facilitate regular ongoing communication forums with stakeholders as part of post go-live customer support, feedback solicitation, and quality assurance.

Goal #3: A solution that is configurable to permit future expansion and functionality.

The DCI EVV Solution is a SaaS solution that meets and exceeds all of these needs and requirements DHHS is looking for. Acumen will continue to enhance the DCI EVV with federal mandated changed at no charge to the State.

Acumen brings industry best practices to streamline implementation and utilization of the DCI EVV Solution and experience with Medicaid populations that cannot be matched by our competitors. Acumen is proposing a phased implementation with recommendations for best practices and how our phased plan has been created throughout the proposal.

DCI EVV provides the flexibility and architecture required to provide capacity and scalability for future expansion and can support additional populations, program changes, State and federal regulatory changes or other policy changes. DCI EVV is a patent-pending, comprehensive cloud-based technology platform that is revolutionizing the Medicaid experience for all: participants, providers, caregivers, and State Medicaid agencies. DCI EVV is a platform designed to be scalable, regardless of the size of a project. Whether a project consists of five users, or 50,000 users, the technology is the same.

Acumen understands the importance of this expectation and we are aligned with DHHS' vision of efficient and effective service delivery.

Goal #4: Hardware/software solutions that contain intuitive user interfaces to capture and submit visit data.

Acumen understands that DHHS has embraced a modular and services-based approach and has undertaken a strategic journey for transforming its Medicaid operations through a series of roadmap projects. These projects address the shift in business model from Fee for Service to Managed Care, which reduces the business need for a new claims processing system and at the same time helps to introduce new technologies and ways of conducting business (e.g. advanced data analytics through the Data Management and Analytics (DMA) module). The EVV project is one of the roadmap projects that is designed to bring business process improvements in the personal care services delivery.

Acumen is offering our DCI EVV Solution to meet and exceed DHHS objects in these areas. DCI EVV is designed specifically to integrate easily into this type of technical environment as is evidenced in our technical proposal. The Acumen DCI EVV Solution along with the other roadmap projects, once implemented and operationalized, will help the Nebraska Medicaid Enterprise and DHHS shift the current Concept of Operations from siloed processes and systems requiring manual steps to one that enables a layered environment that supports centralized, real-time access to clinical data, claims data, and financial

data. These improvements will enhance service delivery while making the process more cost effective. In addition, these improvements will reduce administrative activities and emphasize Nebraska's Medicaid enterprise's core business and services.

Service integration and the promotion of simplified and cohesive processes is a key priority for DHHS and for Acumen. Integrated systems and processes provide an opportunity to create greater value for the State's taxpayers and deliver better outcomes to those served by the network of State human services programs.

As a Fiscal Agent (FA) providing service in 23 states, Acumen has a unique understating of the integration necessary for FA's and EVV. Acumen's DCI EVV Solution is the only solution currently available that can handle dollar and unit-based authorizations. Capability and experience in this area should receive special consideration in a State like Nebraska where populations will potentially become a large percentage of care recipients due to the rural nature of the State and providers ability to serve rural populations locally through self-direction in a cost-effective model.

Acumen understands these needs and as one of the largest providers of self-directed service in the country we are uniquely positioned amongst our competitors to provide EVV services to this populations. No competitor offering EVV today has the level of experience Acumen can provide with HCBS populations in self-directed services.

3.1.1   DCI EVV Solution Description
RFP V.H.1

DCI EVV is a solution that is comprehensive, configurable and supports consumer preferences for communication and training options. Acumen brings unmatched industry experience and best practices to the Nebraska EVV implementation and operation to improve efficiencies and simplify operations. The DCI EVV solution is easily accessible, minimally burdensome, and is system and browser agnostic.

Acumen proposes utilizing the following DCI modules to meet DHHS' EVV requirements, increase compliance, eliminate waste and abuse, streamline processes, and increase State, member, and provider satisfaction.

DCI Modules to be used for this engagement include:

- Authorization Module;
- DCI Scheduling Module;
- DCI EVV Mobile App;
    - With Care Giver Rating Activated (Optional)
    - With Transportation Tracking Activate for applicable service codes if needed (Optional)
- DCI EVV Portal;
- EVV Phone;
- EVV FOB;
- Billing and Aggregation Module;
- Training Module;
- Reporting Module; and
- Alerts and Notifications Module.

By utilizing these DCI Modules together, DCI EVV provides a solution that is flexible and can accommodate both high tech and low-tech EVV options to enable time entry and EVV for participants and their direct care workers in any situation.

Acumen is proud to offer comprehensive EVV options that will work for DHHS, programs participants, guardians, direct care workers, and all other stakeholders. Unlike our competitors who rely mainly on a hardware distribution approach for EVV, which is difficult to manage and creates security concerns. DCI EVV provides a variety of EVV options. In an industry that regularly has a national average turnover rate above 50% for caregivers, having PHI data stored on any local device is excessively risky and unnecessary. Our competitors do not seem to understand this and continue to push options that require hardware management and stored PHI on devices. This is because they are not from the Medicaid industry and do not understand the Medicaid industry, your providers and clients, or the best way to support Medicaid programs.

Acumen provides a safer, more convenient, cost effective, and person-centered approach. DCI EVV offers Bring Your Own Device options (BYOD) that can be deployed using Mobile Apps, web enabled devices, IP addresses, and phone lines without having to pay for, deploy, and manage hardware, as well as a FOB option that can employ a distributed fixed device.

DCI stores all information in the Microsoft Azure cloud and never on any local device providing for maximum data security. DCI uses the following tools for time entry and EVV:

- DCI Mobile App available on IOS and Android with real time mobile EVV;
- DCI EVV Portal with online browser agnostic anytime EVV;
- Phone EVV;
- Static IP EVV for use with a fixed device and static IP address; and
- Fixed device FOB EVV Options for extremely rural and off grid EVV.

All of the DCI EVV Solution options capture the six data elements required by the 21st Century Cures Act. However, unlike other solutions, DCI EVV offers multiple configurations and EVV workflows that can be configured by service types to increase or decrease the scrutiny level of the EVV to meet varying DHHS needs for a variety of service lines. The multiple DCI EVV options and configuration allow DHS and participants the highest level of flexibility to navigate the ever-changing CMS rules around individual services and EVV. This approach also allows for a person-centered approach to EVV by service type and at an individual member needs level.

- Type of service performed;
- Individual receiving the service;
- Date of the service;
- Location of the service;
- Individual providing the service; and
- Time the service begins and ends.

3.1.2 Verification Options
RFP V.H.2

DCI EVV offer numerous options and workflows. For example:

Double verification: EVV workflows identify location and verify the member's presence is confirmed through one of multiple client verification options including;

- Facial recognition done through the DCI Mobile APP;

- Member sign off via PIN or Password on the DCI Mobile APP;

- Member signature on the DCI Mobile APP;

- Member sign off through the DCI EVV Portal; or

- FOB EVV.

EVV options that identify location and do not require client confirmation including;

- GPS Confirmation;

- Phone Verification;

- Static IP Address Verification; and

- DCI EVV Portal entry without client sign off.

  - Real time EVV at the beginning and end of a service

  - Real time EVV only at the beginning of a service

  - Real time EVV only at the end of a service

  - Real time entries at home and in the community

  - Anytime entry through the DCI EVV Portal with member sign off

3.1.3 DCI Authorization Module

The DCI Authorization Module is designed to serve as a real-time data management and reconciliation system for authorizations for service providers and State Medicaid agencies. The DCI Authorization Module can also integrate (via API or custom integration, or import/ export functionality) with other DHHS MMIS Modules such as current operational systems like N-FOCUS, or planned future systems like Central Provider Management (CPM) to import and export data directly.

The DCI Authorization Module provides role-based portals to effectively manage service authorizations or plans of care. The key functionalities of the DCI Authorization Module include:

> ...I can say that I have been very pleased with the impact DCI has had on our authorizations and payment. The information we receive is clear, organized and accurate. This has dramatically shortened the time it takes my staff and I to process claims ...
>
> *Roseann Brady, Fiscal CA*
> *Linn County Developmental*
> *Disabilities Program*

- Serving as the system of record for all stakeholders to access and maintain service authorizations for EVV;

- Acting as a database that is effective tracking and responding to occurrences of business rules violations; such as:

  - Time entry over authorization

  - EVV that cannot be completed due to missing or erroneous information

  - Overlap of work hours by caregivers for a given client

  - Tracking real-time declining balances of authorizations so all are aware at all times of the amount of approved service that remains on the authorization

- Ensuring billing compliance by enforcing business rules defined at the service code level by DHHS;

- Facilitating the creation of new service authorizations;

- Editing current service authorizations;

- Auditing and reporting on service authorizations;

- Increasing or decreasing service units or dollars on current authorizations in real-time;
- Ensuring compliance of all claims billed; and
- Ensure compliance with approved service plans and prior authorizations and monitor the receipt, timeliness and completeness of authorized Medicaid home-based services.

Once all authorization information is in DCI EVV, providers are given access to a secure portal where they can manage, and view information based on the role security and business rules defined with DHHS during implementation. The DCI Authorization Module allows providers to view the following information in real-time:

- Service codes authorized for services;
- Original authorized unit or dollar amount;
- Real-time authorization units or dollars remaining balance;
- Daily, weekly, monthly, quarterly, or annual authorization limits set by the program;
- Original start date of authorization;
- Expiration date of authorization; and
- Bill rate for authorization.

DCI EVV will be configured to accommodate each individual DHHS program's authorization rules and program limits. DCI EVV is fully capable of handling each program authorization nuances, ensuring utilization and billing compliance. The DCI Authorization Module is integrated with all DCI EVV Solution options to make sure time entries and EVV are always checked against the authorization.

3.1.4   DCI Scheduling Module

The DCI Scheduling Module is designed to integrate with the DCI Authorization Module to create schedules that maximize services to member without exceeding authorization. The DCI Scheduling Module allows providers, and members in any service model (Traditional, self-directed, agency of choice, etc.) to effectively manage employee hours, overtime, Direct Care Worker (DCW) rotations, shift trading, and more.

The DCI Scheduling Module enables a provider to create DCW schedules that maximize services to each member. The Scheduling Module also accommodates online shift trading between qualified DCW's.

The DCI Scheduling Module can be configured to notify direct care workers, members, guardians, or other parties identified by the program if there are scheduling variance or service gaps. Notifications can be transmitted via the DCI Mobile App, time entry portal, the member portal, e-mail, or secure text message.

The DCI Scheduling Module provides weekly and monthly reporting capability that can be accessed by DHHS at any time. Notification times on Gap Reports can be configured to program preferences and rules. For example, for a self-directed program where shifts are very fluid and there is no health of safety concern if a shift is not exact scheduling might be configured with scheduling turned on but alerts turned off. Conversely, for a home health situation alerts can be tied directly to a schedule for immediate gaps alert for safety concerns. The solution allows DHHS to define scheduling and gap reporting rules during implementation.

3.1.5   DC EVV Mobile Application

The DCI Mobile App is the premier cutting-edge option for real-time, go anywhere EVV on the market today. The DCI Mobile App provides:

- EVV and time-tracking;

- Transportation tracking and mileage calculation through Google Maps (Optional);
- Task tracking for all plan of care goals and required Medicaid notes; and
- Quality of Care rating system for participants to independently rate the care they receive (Optional).

The DCI Mobile App can be downloaded from app stores on IOS (Apple) and Android (Google) devices free to the end user. Figure 10 below provides a screenshot of the Mobile App. The DCI Mobile App provides multiple options for EVV.

Every DCI EVV option includes a double verification process that requires both the direct care worker and member verification to ensure services are being provided appropriately, thereby reducing fraud and waste. Most competitive EVV products only match location. DCI's double verification process guarantees location of the caregiver, and the member being present during services. The process is very simple:

- The direct care worker clocks in on the DCI Mobile App using a real-time running shift clock
- The direct care worker completes and EVV verifying that they are with the participant

Member verification can be performed via any of the following methods:

- Entering a unique member-chosen PIN or Password;
- Direct care worker taking a photograph of the member that is time-stamped, geo-located, and matched to a photograph on file using facial recognition;
- E-signature taken on the mobile device; or
- Integration with DCI FOB technology (described in detail later in this section).
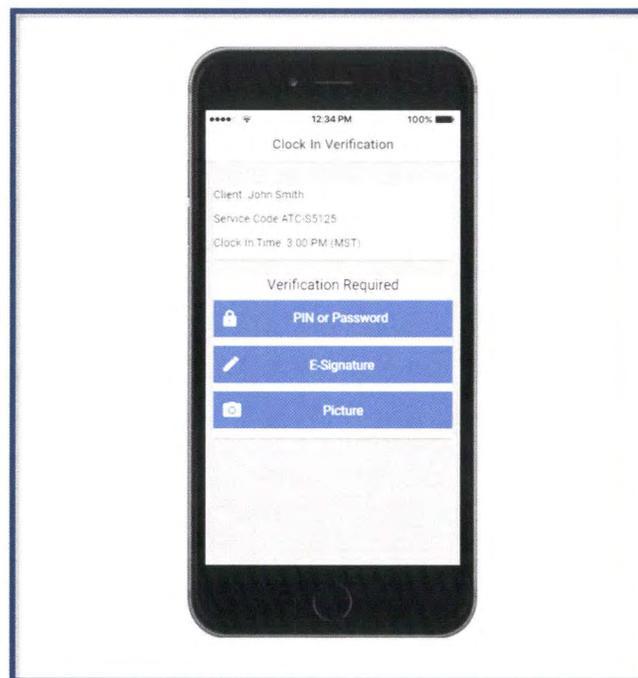
Figure 10. DCI Mobile App Screenshot

The DCI Mobile App can be configured to prompt for additional verifications as often as needed. For example, if DHHS would like the direct care worker to re-verify that they are physically with the member every 45 minutes, the DCI Mobile App can be configured to perform this request. All verification options are configurable and up to the discretion of DHHS.

- GPS enabled location tracking; or
  - The DCI Mobile App confirms physical location through geo-location functionality, a critical component of the EVV process.
  - The DCI Mobile App has the ability to provide GEO Fencing that can limit an EVV to a pre-determined distance to a designated location;
- Tracking of travel time and mileage (Optional).

The DCI Mobile App is integrated with Google Maps and provides optional functionality. This can be set up or turned off at time of configuration based on DHHS preferences for tracking transportation time and mileage incurred during a transportation service.

Once a direct care worker is clocked into the DCI Mobile App and has completed visit verification, the direct care worker can select a function called "Member Transport". This function initiates the tracking of total trip time/duration and mileage traveled during a shift. When the direct care worker completes their transportation to/from the member, they can then select to end "Member Transport" tracking and continue with their shift.

The DCI Mobile App also has an option to enable tracking of direct care worker (or other employees) drive time between member shifts when traveling from one member/shift to another using the same Google Maps integrated functionality. This function in the DCI Mobile App is called "Drive". Drive is useful for any programs that pay for time driven between shifts or multiple member.

> The Mobile App is exceptionally user friendly. There are multiple options for EVV use and although we provide service in rural area, these options have satisfied all of our EVV needs.
>
> *Elizabeth Devett, CEO*
> *Shared Services*

Beyond direct care worker use, Drive can also be used by the State or provider admin staff, training personnel, or support coordinators to log time traveling to and from participants. The Drive function allows the user to choose from personal or company vehicle type to track and pay mileage at different rates. The transportation and drive functions allow the State and providers to drastically reduce fraud and abuse associated with transportation and mileage.

The DCI Mobile App can be configured to complete an EVV at the beginning of a shift, the end of shift, or both based on DHHS requirements. Typically, the caregiver will log into the Mobile App at the beginning of the shift, clock in, and complete an EVV. The DCI Mobile App has a real-time running clock to track the duration of each direct care worker's shift. When a direct care worker's shift ends, the direct care worker will clock out and complete another EVV before they end the shift.

The DCI Mobile App features voice activated notes capability, free text notes, and configurable "canned notes" check box functions for tracking required standardized Medicaid notes and other service-related notes. Notes can be configured to be required with every shift or only for certain service codes; including the specific list of tasks performed and/or the individual plan of care goals being worked on during the visit.

The DCI Mobile App has a notification engine that allows providers and/or the State to configure notifications on expiring authorization balances, overtime alerts, and other tracking functions within the system. Notifications are flexible and can be configured to meet specific agency needs and workflows.

User friendly dashboard widgets for visually displaying hours, entries, notifications, messages, schedules, and other system functionality are available. The DCI Mobile App provides access to the current authorization/plan of care balances for both the direct care worker and the member in real-time and real time declining balances. This is also configurable by user role if DHHS would prefer to not show these to a particular user group.

3.1.6   DCI EVV Portal

Time entry and EVV can also be performed through any internet-connected device including computers, tablets, and smartphones through the DCI EVV Portal. Acumen realizes that many participants and direct care workers may not have access to or the ability to use smartphone apps at all times but may still want to use a regular desktop or other internet-connected devices.

DCI EVV Portal is mobile-enabled with a browser agnostic user-friendly interface allowing for easy site navigation as shown below in figure 11. The DCI EVV Portal can allow time entries in real time and allow EVV to occur any time after services are provided. This functionality allows time entry and visit verification at the end of pay periods and for previous pay periods which is essential for FMS and self-directed programs, and for participants that cannot complete real time EVV due to physical or logistical barriers. Additionally, it also serves as a fail-over option for the DCI Mobile App in case the direct care worker or member experiences a disruption in cell phone service during a shift when they are using the DCI Mobile App.

To begin a time entry and EVV through the DCI EVV Portal a direct care worker can go to any internet-enabled device and log into the DCI EVV Portal using any internet browser. Login requires username and password standards that exceed current NIST standards.

Once users are logged in the DCI EVV Portal, they verify all EVV time entries against the authorization, approved service locations, and the defined program rules before presenting time entries to the member for final approval. This process creates a simple direct care worker EVV and time entry experience. This process also ensures the funding source is never billed for any time entry that is not authorized or EVV compliant. Business rules can be configured based on waiver types and funding source standards.

Figure 11: DCI EVV Portal Screenshot

As discussed above, the employer portal can be accessed through any internet connected device and is mobile-enabled. The mobile entry interface is shown in the figure 12.

Lastly, the DCI EVV Portal allows providers to view all direct care worker and member information within all integrated DCI modules based on assigned role-based security access. The DCI EVV Portal provides configurable dashboards that enable providers to easily track member-relevant KPIs. A screenshot of the dashboard is shown in figure 13.
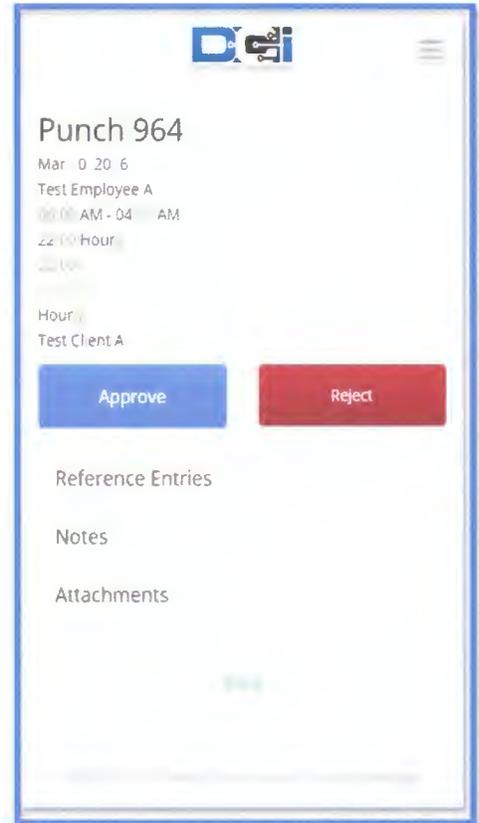
Figure 12: DCI EVV Mobil Screen

Figure 13: DCI EVV Portal Screen

Through the Mobile App and the DCI EVV Portal, the DCI EVV Solution provides valuable tools and functions for both DHHS and the provider agencies utilizing DCI EVV.

- Electronic Visit Verification that meets all 21st Century Cures Act Requirements;
- Configurable business rules for different waiver programs, service types, and direct care worker ratios;
- An auditor portal that allows internal and external auditors (e.g. state stakeholders) to access program-related data for audits and quality assurance;
- Auditability for every action taken in the system down to a page view level;
- Task Tracking for all plan of care goals and required Medicaid notes; and
- Authorization management through authorization business rules.

For Service Providers the DCI Solution provides:

- Management of multiple pay rates for direct care workers, participants, and services;
- Employer portal for providers to view their private information, verify service delivery, monitor direct care worker activities, and approve or reject direct care worker time entries and requests;
- Direct care worker portal for direct care workers to manage time entries, mileage and transportation, and sick and vacation requests;
- Overtime management tools for providers (e.g. ensuring no direct care worker can work more than 40 hours per-member), if a provider desires;
- Affordable Care Act Management reporting; and
- Configurable dashboards for direct care workers and participants, to customize the user experience.

These features are all included in the solution offering and are at zero additional cost to DHHS or the Providers.

DCI can be integrated with a provider's payroll and accounting systems. The DCI EVV Portal is used for time tracking of work performed and is integrated with the other DCI modules for many uses, including, but not limited to: compliance, authorization management, billing, scheduling, reporting, and overall business management functions. The DCI EVV Portal provides powerful time-management functions, such as the following:

- The DCI EVV Portal provides configurable settings that will allow DHHS to apply flexible program rules.
- The DCI EVV Portal has a notification engine that allows DHHS provider and/or the State to configure notifications on expiring authorization balances, overtime alerts, and other tracking functions within the system.
- Notifications are flexible and can be configured to meet specific DHHS or provider needs and work flows.

A screenshot of the direct care worker portal interface is displayed in figure 14.

Figure 14: DCI EVV Direct Care Worker Portal

The Employee Portal is also mobile-enabled with a user-friendly interface for smart phones or other mobile devices.

Figure 15 provides a screenshot of the HCBS/Hourly one to one service tracking options. The DCI EVV Portal offers multiple user interfaces for EVV and time tracking functionality specifically based on the multiple program types related to the following Medicaid program types:

- Residential Settings;
  - Time entry can be set as site-specific with real-time clock in and clock out process;
  - EVV can be tracked through static IP address on a desktop computer for maximum cost containment;
  - Phone EVV options available;
  - Geo fencing can be turned on and configured for specified distance from the home;
  - Re-verification process for confirming clients are still in attendance during the day; or
  - DCI Mobile App options.
- Day Treatment;
  - Time entry is used to clock in and out participants and to help providers stay compliant with staffing ratios and contain costs;
  - Transportation can be tracked for multiple participants at a time;

Figure 15 DCI EVV HCBS/Hourly screenshot

  - Re-verification process for confirming clients are still in attendance during the day;
  - EVV can be tracked through a static IP address on a desktop computer for maximum cost containment;
  - Phone EVV option; and/or
  - DCI Mobile App options.
- Employment (one to one and group service relationships).

Lastly, the Employee Portal provides configurable dashboards for direct care workers to track hours, overtime, and services provided. The Employee Portal dashboard is provided in figure 16.
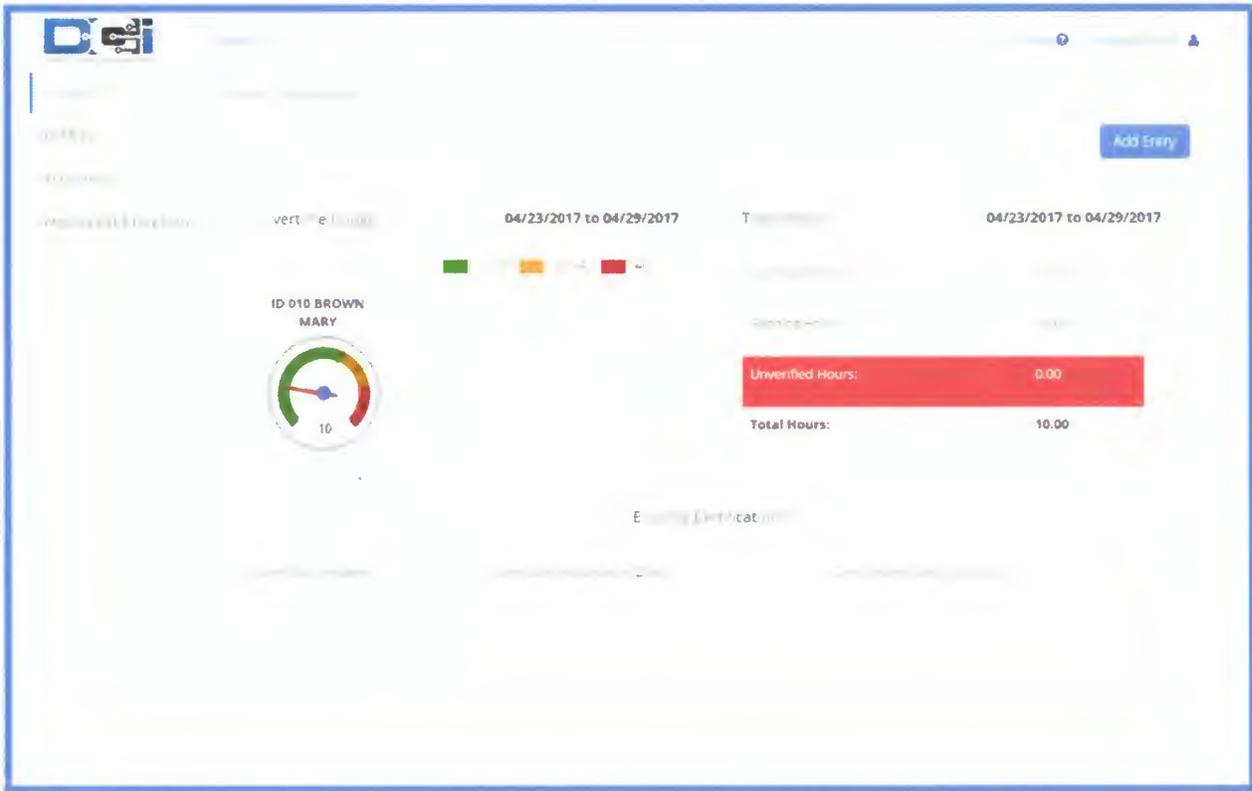
Figure 16: DCI EVV Employee Dashboard

3.1.7   EVV Phone

DCI provides a telephone based EVV option as well. The phone option can be utilized from any approved phone including traditional hard line phones and cell phones. Phone EVV is completed as described in the following figure 17 workflow illustration.

Employee calls 800-number

Phone Guidance : "Please Enter Your SSN/PIN"

Employee Enters last 4-digits SSN/PIN

Check for Profile Matching SSN/PIN

1. Found Employee?
2. Recognizes Client Phone Number?

Retrieve Employee's Entry With Status = OPEN?

Retrieve appropriate Servie Codes for Combination of Employee & Client

—No—

—Yes—

No

Yes

Employee Selects Service Code

Prompt : Employee Wishes to Clock Out?

—No—

Call Ends

Yes

Employee Creates OPEN Entry

Employee Closes Entry

Call Ends

Call Ends

Capture Clock In Time

Capture Clock Out Time

Figure 17: DCI Telephone Method Workflow

3.1.8   EVV FOB

DCI offers manual visit verification methods for capturing EVV in rural or low-technology environments. The low-tech options will work for providers and direct care workers across user preferences, technology proficiency, and potential physical or geographic barriers.

DCI EVV accepts paper timesheets paired with a FOB device, which can be loaded into DCI EVV, for processing by the provider. This entry of data into DCI EVV ensures compliance and remains the single source of record across a specific program. All records and documents are retained in direct care worker or member files as appropriate.

FOB devices are an essential tool for rural and frontier areas with low connectivity like those described in the RFP. Acumen has utilized these devices with great success in extremely rural areas such as the Navajo Nation and all of the Hawaiian Islands. These devices can be carried by the member in the community or fixed to a service location, as seen in figure 18:
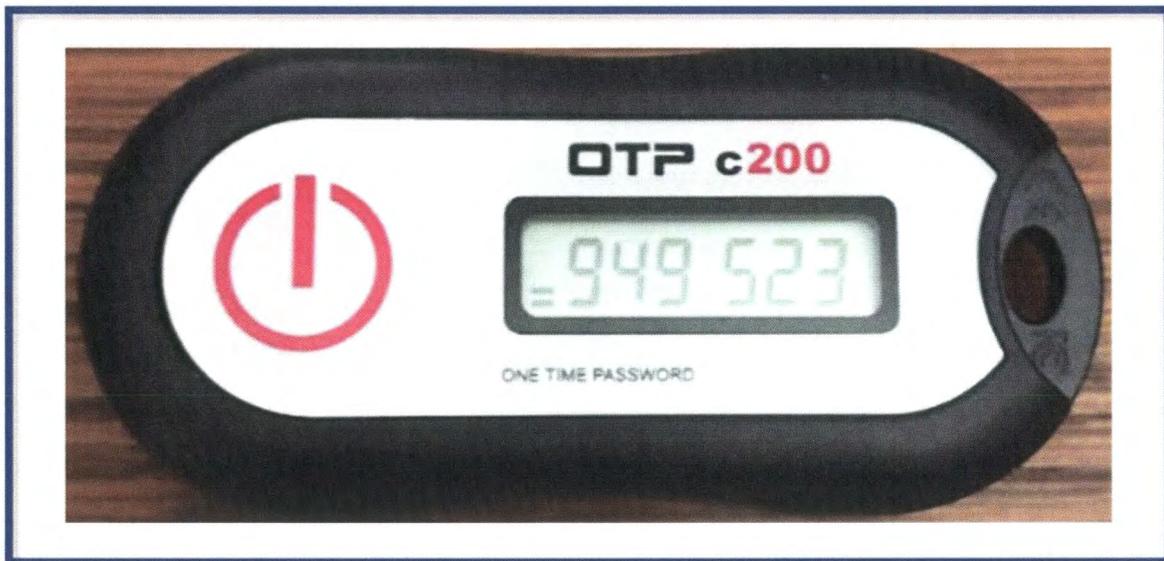
Figure 18 DCI EVV Fob Option

The FOB is used to confirm that the direct care worker was physically located with a member at designated times and places. The FOB device is the size of a key chain and powered by a watch battery. The FOB device has an average life cycle of three years, which keeps it extremely affordable, and replacements can be easily activated and distributed via local location pick up, or overnight delivery.

Each FOB device generates a unique identification number associated with each minute of every day. For example, at 10:58am the FOB device could display "278 091" and will change to a new randomly generated number at 10:59am, such as "156 992". All numbers generated on the FOB are random and unique to that device. These randomly generated numbers can be tracked by the provider for verification purposes.

When a direct care worker is ready to begin a shift, the direct care worker simply pushes the red power-on button on the FOB, which will then display a 6-digit number. The direct care worker writes the number along with the time and service code for the service rendered on their time card. The process is then repeated upon completion of the direct care worker's visit or upon clocking-out. The direct care worker will replicate this easy process for each member's visit.

The gave giver's time card is then sent to the provider so the time and EVV information can be loaded into the DCI EVV Solution where EVV information is confirmed and processed. Additionally, the DCI EVV system has extensive attachment capabilities that can be utilized to attach time cards and more.

3.1.9   Alerts & Notifications

The DCI Alerts and Notifications Module is a powerful notification engine that facilitates notification and alerts to providers, direct care workers, and State agencies. Notifications can be delivered by internal portal notifications, HIPAA secure text message and e-mails sent directly to the provider, direct care worker, and for State agency personnel based upon configurations determined during implementation.

Frequency of notifications can also be configured by user type. Notifications can be initiated for events such as time entry that exceeds authorization or overtime, expiring training, over-scheduled hours, low authorization balance, or any other data stored within the system.

The DCI Notification Module is configurable and highly flexible for all user perspectives (e.g. provider, direct care worker, and DHHS). The high level of customization allows the DCI Notification Module to fulfill specific program and stakeholder needs. Figure 19 provides a screenshot of the way notifications appear to a DCI user utilizing the internal messaging system. The user's 'inbox' aggregates notifications, alerts, data updates, and required actions from modules across the DCI EVV Solution in one place.

Figure 19: DCI Notification Screenshot

3.1.10 Additional Features & Functions

At the end of each visit, immediately following the final visit verification, the DCI Mobile App provides a Five Star caregiver rating system for the member. This rating system allows the member to rate the care they received from the direct care worker privately from their own phone (similar to Uber) or on their caregiver's phone if they do not have a smart phone as provided in figure 20.

Figure 20: DCI Care Giver Rating Screen

Cumulative rating information is typically only reported to the provider and the State unless the member chooses to share this information with other stakeholders. Sharing caregiver ratings is a configurable setting that can be determined during implementation.

Acumen understands this is not a requirement of this RFP but Acumen has decided to include this service free of charge to the State and all providers as part of this proposal.

As an organization based in serving Medicaid populations, we care deeply about the quality of care participants receive. Acumen feels that by providing this feature we can help support this community to ensure a higher-level quality of support for all.

3.1.11 Aggregator Description
RFP V.H.3

In order to ensure comprehensive EVV data management and reporting, all data captured by the DCI EVV Solution will be combined with data consolidated from any provider agency alternative or third party EVV solutions. In this open vendor model, the DCI EVV Solution will provide aggregator functions to ensure the appropriate consolidation, processing and tracking of EVV services covered within the DHHS programs.

Acumen understands and will facilitate the State requirement for EVV system use, providers must either (1) use the state-contracted EVV solution resulting from this RFP or (2) at the provider's own expense and sole responsibility, use an alternative EVV system that meets the requirements defined by DHHS. Any such certified alternative EVV system must transmit all EVV data to the Nebraska EVV on a secure, seamless, real-time basis consistent with DHHS-approved specifications.

DCI EVV uses data inputs from the DCI Authorization Module, the DCI EVV Portal and/or the DCI Mobile App, to create billing files that can be used by DHHS or the individual provides to create billing files. DCI provides an Extract Transfer Load (ETL) Engine as the aggregator for EVV entries that are submitted by providers from third party EVV systems.

Providers utilizing third party EVV systems can provide the required EVV data elements to the Nebraska EVV for aggregation utilizing one of the following methods:

- Through an Application Programming Interface (API) directly to the DCI ETL Engine. Acumen will provide API design specifications to providers that they can use to design and develop API's direct to the ETL;

- Submit pre-formatted flat files to the ETL Engine that will be provided specifically for third party EVV submission; or

- Submit through Secure FTP site in designated file formats.

The following diagrams below show a visual representation of the aggregation process. Figure 21 is a high-level representation of the workflow for EVV data from providers using DCI EVV and providers using alternate third-party systems to the Nebraska EVV Instance and billing and reporting outputs from that instance.
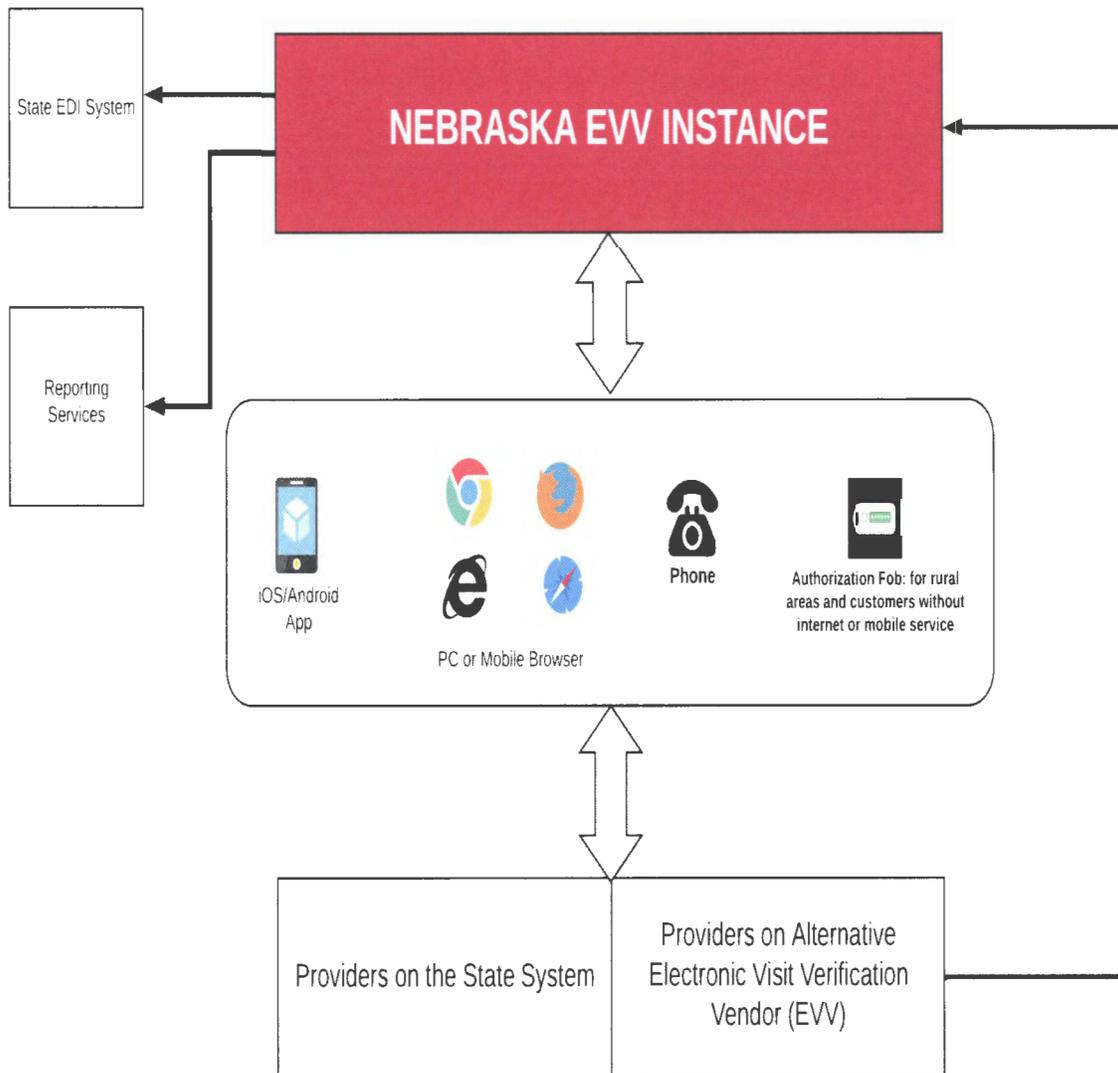
Figure 21 DCI EVV Aggregator Workflow

Figure 22 shows a more detailed workflow that incorporates EVV data staging, the ETL, and reporting, analytics, and dashboard creation.
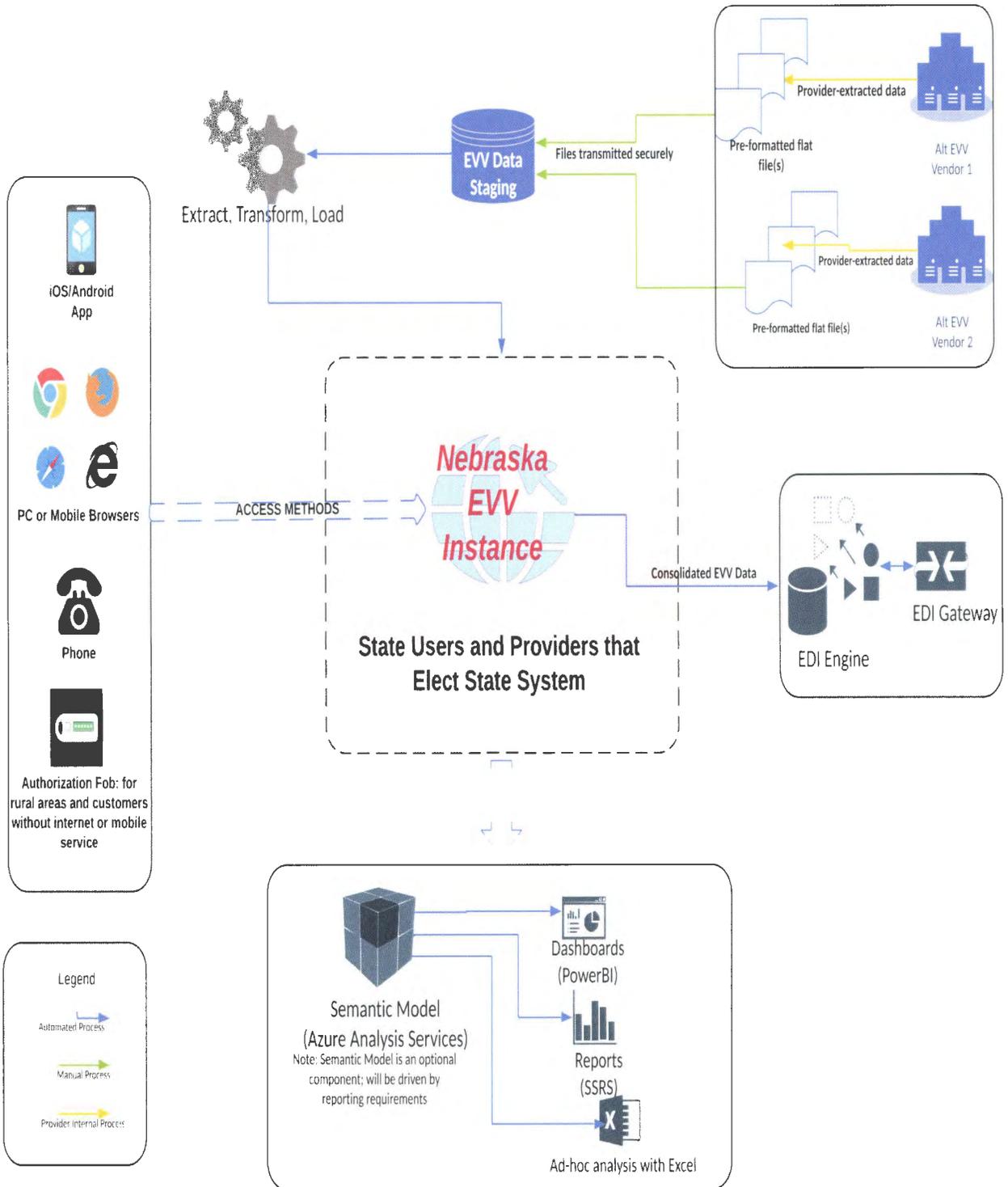
Figure 22. DCI EVV Detailed Aggregator workflow

DCI incorporates all program rules and requirements defined by DHHS to create a rules-based billing environment. This ensures that all rules related to the receipt of Medicaid funds are followed. DCI EVV runs data reconciliation against all data entries to ensure 100% compliance. DCI EVV ensures items including but not limited to:

- Claims are billed in accordance with program and/or Medicaid rates, rules, and regulations;
- Claims are submitted within contractual timelines to the funding source;
- No service can be billed for the wrong or an unapproved service;
- No service can be billed for amounts that exceed available authorized units or dollars;
- No service can be billed for the wrong client;
- No service can exceed hourly, daily, monthly, or annual limits;
- No service can be billed when two caregivers attempt to enter service for the same time for the same client(s), unless authorized;
- No service can be billed without approval and/or visit verification if EVV is required; and
- No service requiring visit verification can be billed without a confirmed visit verification.

Once program-rule compliant billing files are generated, they can be submitted electronically to DHHS or the providers to process billing. The DCI Billing Module has a complete Electronic Data Interchange (EDI) engine and can generate 837 files as needed for DHHS or the providers for billing. The DCI Billing Module is flexible and capable of integrating with any system for billing and claims reimbursement.

Providers can use their DCI EVV generated billing files to process payroll, and reconcile payments made for services provided as well. This streamlined process, from billing to payroll processing, is driven by the DCI EVV ecosystem. Thus, each provider can tailor their service, including all billing requirements, to the needs of DHHS.

Acumen will provide the payroll files back to the providers which is a value-added service our competitors do not offer to network providers. This allows DHHS's provider network to save money and decrease administrative burden.

3.1.12 Privacy and Security
RFP V.H.4

The most important aspect of privacy and data security is that DCI EVV never requires any information to be stored locally on any device. The DCI EVV approach is a major differentiator from our competitors who issue hardware and store critical PHI and PII data locally on vulnerable devices. With care giver turnover that exceeds 50% year after year, the logistics of managing hardware and storing data locally on that hardware for over 10,000 clients is inefficient, costly, and a tremendous security risk. Instead DCI utilizes a 100% cloud-based solution in the most secure cloud environment on the planet.

Because the Nebraska EVV will contain sensitive information such as PII and PHI, privacy and security are critical. DCI EVV utilizes role-based security so that each Nebraska EVV user will be given individual access credentials and be allowed access to only the data and functions required to do that user's specific task responsibilities. The environment and the sensitive data is secured in transit and storage from a logical and physical basis. The DCI EVV Solution requires a unique username and password for each user with complexity that exceeds NIST standards.

The DCI EVV Solution complies with all applicable laws and regulations regarding privacy, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA), and the provisions contained in the Business Associate Agreement Provisions – Attachment C.

In the provision of any service under this contract, Acumen will comply with all applicable laws, including but not limited to federal and state statutes, rules and regulations, and guidance documents. Compliance includes, but is not limited to: The Health Information Protection and Portability Act (HIPAA), as set forth in Attachment D and the Medicaid-specific, above-and-beyond-HIPAA privacy protections found at 42 CFR Part 431, Subpart F.

The DCI EVV platform has been built from the ground up to be a secure cloud-based application utilizing industry accepted technologies and patterns. The DCI EVV Solution has multiple layers of external and internal security that provide administrative, physical, and technical mechanisms to protect sensitive or confidential information used in performing the responsibilities and duties defined for the project scope of work.

This section describes in detail how Acumen and the DCI EVV solution meet security control standards defined by NIST Special Publication 800-53, revision 4 Security and Privacy Controls for federal Information Systems and Organizations. The DCI EVV solution provides security for data both in-transit and at rest that meets or exceeds NITPS/FIPS Standards through the use of the following technologies:

- HTTPS (HTTP over SSL);
- Microsoft Azure Storage with Encryption Extensions;
- Microsoft Azure SQL Database with Always On security; and
- The DCI solution is hosted in Microsoft Azure cloud datacenters, which comply with industry standards (such as ISO 27001) for physical security and availability.

In addition to the technologies listed above, the application employs the following security patterns and best practices to protect all user and government data and sensitive information from loss or unauthorized disclosure:

Established security and privacy standards and standard operating procedures - These safeguards protect the privacy of PHI. Our standards are HIPAA, FISMA, and FTI compliant and meet federal and state policies for every state we do business in including Nebraska. These standards include technical protocols to ensure the transmission and storage of information is always secure. Security policies and procedures can be provided upon request.

Role Based Securities - The DCI EVV Solution provides roles-based security to restrict both access and functionality as well as grant authorization (create, modify, and view) access to user interfaces, reports, data elements/fields level, and menu items based on appropriate security assignment. DCI EVV user roles include but are not limited to:

- Super users/System Administrators;
- Providers/Employers;
- Supervisors;
- Employees/Direct Care Workers;
- Guardians/Family Members;
- Auditors/State Agencies/MCO's; and
- Case managers/state employees.

DCI EVV allows role changes to be made in real time with appropriate security authorization. DCI provides easy-to-use, user friendly interfaces that allow authorized users to edit, create, view, modify, deactivate and implement role-based and group-based security at the page level based upon individual

characteristics or functional security groups. Additionally, DCI EVV provides role-based access to reporting functionality which can be easily configured by authorized users.

Password Protections - DCI requires a unique sign-on password requiring authentication of the receiving entity prior to a system-initiated session, such as transmitting responses to eligibility inquiries. DCI Password complexity requirements are as follows:

- Must be at least ten (10) characters;
- Must contain one (1) English uppercase letter;
- Must contain one (1) English lowercase letter;
- Must contain one (1) number/Base 10 digits (0-9);
- Must contain one (1) special/Non-alphabetic character;
- Must not contain more than (2) repeated characters in a row;
- Cannot reuse a password for 24 password changes, user cannot reset password again for 24 hours;
- 60-day expiration time frame; and
- Account lock out after 3 failed attempts with a configurable lock out time (e.g.15 minutes).

DCI EVV enforces lock out of a potential user after three failed attempts. Supervisor or users with appropriate role-based security can be authorized to unlock users.

DCI EVV provides security features that support increasing the complexity of the authentications and authorization as the sensitivity of the data or functionality increases. If a caregiver forgets their password, they can reset it using a "Forgot Password Feature" by:

- Clicking "Forgot Your Password?" on the sign in page
- Entering their email address and click "Send Reset Email"
- An email will be sent with instructions to reset their password. They must know the answer to a designated security question in order to reset their password.

Date Encryption - The DCI EVV Solution utilizes HTTPS protocol (HTTP over SSL) employing SHA-2 and 2048-bit encryption for in-transit security and 256-bit AES encryption for at-rest security. These protocols ensure data being transmitted or transported either physically of electronically, and for data both in transit and at rest regardless of location.

Our data encryption standards exceed Federal Information Processing Standard (FIPS) 140-2 for using a minimum of AES 128 encryption. These encryption protocols apply to the entire DCI EVV Solution including the DCI EVV Portal and the Mobile Apps. No PHI or PII data is ever stored on any device and all data is encrypted in the Microsoft Azure Cloud to ensure that it is only accessible through the Secure Mobile App or the DCI secure portal. Additional security features include but are not limited to:

- The DCI EVV solution hash protects all passwords;
- For masking of particularly sensitive information, such as SSN, in the application itself Acumen has implemented a salt on top of hash algorithm stored in the DCI EVV database, and these fields are masked in the application itself;
- The DCI EVV solution never includes any code of unknown origin;
- The DCI EVV solution does not and will never run from a system level account with unlimited privileges such as "root" or "administrator";

- The DCI EVV solution accesses the database from the application through a standard Object Relational Mapping (ORM) database abstraction layer to protect the database from SQL injection attacks;

- End-point protections such as multiple redundant firewalls and host-based intrusion detection systems;

- Identification and prevention of the use of prohibited functions, ports, protocols, and services;

- Network, firewall, server and other security-related configurations and changes;

- Intrusion detection and prevention;

- Network scanning tools;

- Host hardening;

- Internet filtering;

- Allowable internal and external communication protocols; and

- Anti-Virus and malware detection and email gateways.

The DCI EVV Solution is hosted in the Microsoft Azure Cloud, which is the most secure data environment on the planet today. Additional details on the security standards provided by Azure can be found in the Hosting and Environments in Proposal Section 2.1.15 below.

A rated annual Independent third-party HIPAA RISK Analysis - DCI EVV undergoes an annual third-party HIPAA risk analysis done by ECfirst. The most recent DCI EVV analysis rated an A level in every HIPAA security category. The full HIPAA Risk Analysis can be provided upon request.

Semi Annual Penetration Testing - The DCI EVV undergoes semiannual third-party penetration testing. Any vulnerabilities identified by penetration testing are immediately remediated. Our most recent penetration test results can be provided upon request.

Removal of unauthorized users- Since DCI is cloud based and no data is ever stored on a local device, terminated employees/caregivers or other users can be de-activated at any time by personnel with the appropriate user roles assignment for optimal security.

3.1.13 Training Module

Acumen has a unique value-add for DHHS and the Nebraska Provider community. The DCI Training Module can deliver online training presentations and track compliance through the DCI Training Module and LMS. New functionality training or training material updates can also be disseminated to users through the DCI training module, LMS, and news post and messaging functions.

The DCI EVV is the only EVV Solution that offers an online training LMS that has the ability to deliver online training videos, manuals, and tests with automated scoring and certification through the EVV solution (Mobile App and Portal). DCI EVV is also the only EVV solution that provides a training certification database for tracking and monitoring training compliance.

The DCI Training Module is designed to ensure 100% training compliance for caregivers and to proactively alert caregivers of any training deficiencies before they expire. The DCI Training Module ensures training compliance by focusing in three areas:

Compliance Profiling

- Configurable options for designing training profile for specific service codes, individual caregivers, client groups, or individual clients in service.

Monitoring and Reporting

- Monitoring renewal and expiration dates for training certifications;
- Configurable notifications for caregivers, employers, and supervisors;
- Integration with the DCI Scheduling Module assists providers with selecting adequately certified caregivers for different service lines;
- Integration with the DCI Mobile App and Time and Attendance Module prevents non-compliant caregivers from entering time.

Integrated Online Training Access through DCI Learning Management System (LMS)

- The LMS can host online trainings, conduct testing, create certificates, import certifications, and monitor training compliance;
- Provides integration links to external online training resources such as Relias Learning, College of Direct Support, or others;
- Proactively guides caregivers to training resources to keep them compliant at all times;
- Links to live training calendars for scheduling live in-person training classes.

Using the DCI Training Module, DHHS can create service code training profiles for every authorized service code during implementation. Since every service code provides a contracted service specification, service code training profiles can be configured to meet the contractual requirements for each individual service code.

For example, all clients assigned with service code "HAB" will have a set of required trainings in their training profile that their caregivers must complete. Once these caregivers satisfy their respective training requirement(s), they'll be eligible in the system to perform work. An example of what a HAB service code training profile could look like is the following:

- Background Check;
- CPR/First Aid Training;
- Mandatory Abuse & Neglect Reporting.

As an additional point of clarification, the DCI Authorization Module is linked with the DCI Training Module. Specifically, the client's training profile is automatically created when service codes are created and associated with the client in the DCI Authorization Module. To help illustrate, a hypothetical client's training profile is authorized for service codes, "HAB", "RSP", and "SL". For this hypothetical client, their training profile could look like the following:

The HAB service code training profile is:

- Background Check; and
- CPR/First Aid Training.

The RSP service code training profile is:

- CPR/First Aid Training.

The SL service code training profile is:

- Lifting and Transferring Training; and
- CPR/First Aid Training.

3.1.14 Report Module
RFP V.H.5

Acumen understands that DHHS must meet all federal reporting requirements, as well as those imposed by Nebraska regulations and policies. In addition, program integrity efforts will depend heavily on reporting capabilities from the EVV visit and claim data.

DCI EVV provides robust, flexible and user configurable reporting tool, offering reports in multiple formats in accordance with the technical requirements. DCI EVV includes a current library of over 100 standard reports. DCI EVV allows users to search using criteria including report names, report filters, data elements included in the report. DCI EVV Report Module allows users the ability to query data and generate ad hoc reports and/or develop standardized reports based on their informational needs and user role designation.

The reporting tool uses point and click technology to facilitate the development of ad hoc reports by users. All data elements contained in the DCI EVV are available for ad hoc reporting. The reporting tools provide the ability to design and execute queries using one or more wild cards and operators to provide data when searching or reporting. The solution has the capability to display data in a variety of formats (e.g., standard reports, graphs, charts, maps, dashboards) without the need to export data to another tool. Reports are available in hardcopy, PDF, Excel and CSV formats.

We will review the current DCI EVV reports with the Department to determine if new or expanded reports are required prior to the addition of MCOs.

Acumen utilizes Microsoft Azure Analysis services including SSRS and Power BI for additional advanced level reporting and analytics. This allows Acumen to mine DCI EVV at every level for analytical analysis and advanced reports.

3.1.15 Technical Requirements
RFP V.H.6

The DCI EVV Solution has the capacity, scalability and flexibility to meet current and future needs of the DHHS participant population and their associated services. Because DCI EVV is completely cloud hosted it has virtually unlimited growth potential from both a compute and storage perspective. The DCI EVV Solution has cadenced, controlled enhancement processes to maintain currency from an architectural and industry perspective. At present DCI EVV solution is on a quarterly release cycle with additional releases as needed. Appropriate levels of logging and audit controls are in place to support all audit and contingency requirements noted. The DCI event framework logs all user actions including view, create and update actions. The DCI EVV Solution is designed within and maintains current Medicaid Information Technology Architecture (MITA) guidelines.

3.1.16 Hosting and Environments
RFP V.H.7

Acumen hosts the DCI EVV Solution in the Microsoft Azure Cloud (Azure). The delivery of the DCI EVV Solution is seamless with the hosting solution and provides the flexibility to integrate other solutions for security and regulatory purposes in the future and be cost-effective and scalable.

The DCI EVV Solution was built specifically for Azure and utilizes Azure services to optimize performance. The Azure environment hosts all of the DCI EVV Solution components. The Azure cloud is the most secure hosting environment in the world today and has a Federal Risk and Authorization Management Program (FedRAMP) Certification, a FedRAMP Risk Assessment that indicates compliance, and has a documented NIST 800-53 rev 4 at a "moderate" system risk assessment designation. In addition, Azure is Statement on Standards for Attestation Engagements (SSAE-16) SOC 1 Type 2 and

SOC 2 Type 2 compliant, as well as HITRUST certified. Azure security information can be reviewed in Attachment C MS Azure Hosting.

The DCI EVV Solution is hosted in the Microsoft Azure Cloud and has the highest available redundant disaster recovery, security, and performance requirements inherited from Microsoft East and Microsoft West Data Centers; which comply with industry standards (such as ISO 27001, NIST, MECT, MITA, HIPAA, and HITRUST) for physical security and availability. This allows Acumen to maximize the efficient and effective utilization of Microsoft Azure Cloud technologies. By utilizing Microsoft Azure Cloud infrastructure to host the DCI EVV Solution, the Nebraska EVV inherits Microsoft's best in breed virtual and physical site-based security standards and certifications that can reviewed in Attachment C MS Azure Hosting and Security Compliance.

Acumen and DCI EVV limit access to off-site facilities including storage facilities based on security HIPAA protocols. The DCI EVV solution complies with OASIS Web Services Security - Simple Object Access Protocol (SOAP) Message Security Version 1.1 Specifications as required by CMS to build secure web services to implement message content integrity and confidentiality.

The DCI EVV Solution is a single tenant system to allow for maximum segregation of provider and user data. Acumen will provide an individual instance of DCI EVV to DHHS and completely segregate DHHS data from all other Acumen customers. The individual instance approach adds additional security for DHHS that many of our competitors who use a multitenant system cannot provide.

DCI EVV provides logical segregation of components, and network connections with other entities and prevents any unauthorized disclosure of the States', providers, or participants data through Microsoft Azure Storage with Encryption Extensions and redundant back-ups through Azure cloud at Microsoft East and Microsoft West Data Centers, and Microsoft Azure SQL Database with Always On security.

Acumen has described our approach to solutions and services that meets State and federal regulations, security and performance requirements detailed in Attachment A - RTM. Acumen has reviewed RFP Attachment D, System Security Plan and understand that prior to payment Milestone 2, and before 'go live' we must complete and the State must accept completed Attachment D, System Security Plan. Having reviewed the System Security Plan Acumen does not foresee security compliance issues.

3.1.17 Data Management
RFP V.H.8

The DCI EVV Solution accepts, manages and protects data in a manner that ensures accuracy, allows ease of use while meeting requirements for security, privacy and retention, and will integrate well with data from other DHHS systems. Data will be exported at cadenced schedules to the DHHS DMA for consolidated business intelligence and reporting.

3.1.18 Integration and Interoperability
RFP V.H.9

Knowing the importance of MITA, as part of our strategy to bid the Nebraska EVV, Acumen licensed ReadyCert and contracted with EHR to provide MITA training and to perform a Vendor Self-Assessment (VSA) of the DCI EVV. Our staff gained an appreciation for the requirements the DHHS has to improve the MITA Maturity Level over the next 5-years. We will share our VSA scores to assure the Department the DCI EVV can improve the applicable MITA Business Processes will result in a Level 3 MITA Maturity score. Once the Nebraska EVV is certified your current 'As Is' will become our Level 3 'To Be' scores.

Acumen understands MITA, MLTC, and the State's MMIS vision and concepts, and can provide the experience, expertise, and best in breed DCI EVV Solution to facilitate the State reaching the desired MMIS end state. The DCI EVV Solution fits within the overall DHHS Concept of Operations and can participate fully in Integration activities as the rest of the DHHS environment continues to evolve.

The DCI EVV solution will fit seamlessly into the DHHS integration approach utilizing our API, import/export, push pull, and file transfer functionalities to transmit data to other modules and provide the highest level of integration and interoperability. Utilization of the DCI solution will help Nebraska reach their MLTC goals and result in improvements to member's health and quality of life through streamlining business processes, taking effective program decisions via a data driven mindset and reducing the overall administrative cost of operations through a modular approach.

3.1.19 Business Continuity and Disaster Recovery
RFP V.H.10

Services delivered through the DHHS programs support Nebraska's most vulnerable citizens. To ensure that authorized services are delivered and tracked consistently, Acumen has an established Business Continuity and Disaster Recovery (BCDR) Plan for the DCI EVV Solution that is maintained, updated, and tested as enhancements or changes are made to the systems. The BCDR Plan includes contingency planning for business and staffing updates as programs evolve. The BCDR Plan can be reviewed in Appendix B.2.

Acumen will meet with DHHS to review the BCDR Plan for approval. Our Nebraska BCDR Plan will be submitted for DHHS approval and implemented prior to the start of operations. The approach will integrate with DHHS's overall Disaster Recovery Plan and describe in detail the procedures necessary to recover the operational system within 48 hours.

3.1.20 Project Management and Integration
RFP V.H.11

Industry standards for Project Management have been refined to the point that everyone's approach reads like a Project Management textbook. What makes our approach different is our Project Manager and Team. Chelsea Glovis is our Project Manager key person. Ms. Glovis is a certified Project Management Professional (PMP), certified through the Project Management Institute (PMI). In addition to knowing the nuts and bolts of Project Management, she is a strategic thinker with the ability to use her knowledge and experience to avoid common pitfalls managing a project. Ms. Glovis will provide the day-to-day management of the project, and is responsible for performance of the tasks and deliverables.

Our approach to Project Management is largely based on the Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK) methodology, and will be tuned to meet DHHS' specific needs and requirements. Our approach incorporates our expertise and best practices from experience implementing our DCI EVV projects. We have learned and bring a collaborative, transparent and iterative approach. Selecting Acumen will bring our trusted-partnership approach to the DHHS working hand-in-hand with the DHHS Team.

Our comprehensive project management framework is based on industry-best practices, established standards, and DCI EVV Solution implementation and integration experience. We reviewed the current DHHS standards and plans and we see a close alignment with our project management framework. For planning, managing and execution, we propose a tailored project management approach that meets the State's needs and standards. Our team's experience from past projects of similar scope and scale will leverage our approach without getting bogged down in methodology while losing sight out the project itself.

An effective Project Management methodology is the thread that brings together these components into a cohesive project that is able to not only achieve the project goals, but to monitor, control and improve upon regular processes and procedures. However, a good methodology alone is not enough. A good Project Management strategy is essential to successfully deliver a project. Thinking through the leadership and vision, execution of work plan steps, effective and efficient resource planning, and

addressing difficult issues as they arise requires a strategy above and beyond what a typical industry methodology can offer.

A key hallmark of Acumen's Team's approach is transparency and collaboration across the enterprise working with the State stakeholders. Our Project Management Plans cannot be developed in a vacuum. We recognize that our Project Plans have to consider the needs of DHHS and those of provider and most importantly the patients. The Project Master Plan will comprise of the following components:

Communication Plan: Our Communication Plan will define the approach, methodology, and standards for effective communication of information with stakeholders. Successful EVV project execution is critically dependent on timely and appropriate dissemination of information with stakeholders. Stakeholders include both internal and external entities. The goal of our Plan is to provide a framework for consistent, repeatable and effective communication. It establishes standard terminology, consistent definition of roles and responsibilities; and the templates and tools to be used for project communications.

This open and comprehensive project communications approach will enable the State Project Team to transmit information between the Project Team and multiple stakeholder groups, thus building awareness and realistic expectations. Our Team will attend meetings and will capture meeting notes for scheduled project meetings. Meeting agendas, minutes and documentation will be loaded into the ReadyCert repository enabling DHHS, IV&V and CMS staffs' access to review for the duration of the EVV project.

Staff Management Plan: Our Staff Management Plan will define our project's resource requirements and how our requirements will be addressed. The Staff Management Plan will include:

- Project Roles and Responsibilities – summarizes the responsibilities for each role required to conduct the project work;
- Project Staffing Estimates – identifies estimated staffing requirements;
- Staffing Strategy – describes when, how, and from what sources resources will be acquired;
- Training Plan – identifies skills gaps and details specific training requirements for each Project Team member;
- Organizational Chart – displays project reporting relationships.

Risk and Issue Management Plans: We know an effective way to manage issues and risks is through prevention. Open communication through productive planning sessions helps to tackle possible issues. Where issues or risks cannot be prevented, our Risk Management and Issue Management Plans will allow us to step-in to identify, mediate, and resolve issues and risks with the goal of minimum impact on the Project.

Our Risk and Issue Management Plan will define the risk and issue management approach, methodology, and tracking used to manage risks. Risk management includes identification, analysis, communication, and response to the risk(s) and issue(s). Our Plan will also define the standard templates and tool used in the risk and issue management process. Risks and issues are classified, categorized, documented and communicated in a consistent manner for effective enterprise-wide risk and issue management.

Quality Management Plan: Our Quality Management Plan will describe our approach to Quality Management for the EVV project. Quality Management monitors, controls and assures project quality to achieve a high level of customer satisfaction with delivered products and services. The Quality Management Plan will define the approach to verify that project methods, processes, templates and tools are being used by the project team properly and are effective; and define the approach to verify that deliverables are meeting project standards and quality expectations.

Testing Management Plan: The solution testing encompasses several distinct testing phases including unit testing, functional testing, integration testing, regression testing, performance and load testing and user acceptance testing. Our Plan will define the responsibilities for conducting testing on the Nebraska

EVV developed by our team and coordinate where integration or interaction with the Medicaid Enterprise is required.

Project Work Schedule: Our Project Work Schedule will encompass high-level project activities across DHHS showing dependencies and critical path. Our master schedule will help to understand interdependencies and will enable the Acumen Team to manage the project effectively, managing risks and issues in a proactive manner.

The State Kickoff Meeting will start the Nebraska EVV Project with DHHS staff to discuss our initial work plan, deliverables, and expectations. Chelsea Glovis will draft and submit an agenda and presentation deck for DHHS review and comment prior to the meeting.

One of the first activities we will commence after project start is to finalize the Project Work Plan for the project. Our Project Work Plan and Project Management Plan will be maintained in Monday.com, which is a cloud-based Project Management application and will contain a detailed Work Breakdown Structure with the resource assigned for the forward-looking rolling-window planning period.

Ms. Glovis will schedule Project Status Meetings, which will follow an agenda developed jointly with the DHHS Management Team. We recommend Monthly Program Status Meetings to support the Monthly Status Reports for the duration of the Project. We are able to conduct more frequent meetings, if needed.

Ms. Glovis will prepare and submit Monthly Status Reports in a format approved by DHHS. The Monthly Status Reports will summarize our progress and project status, document any risks encountered, and provide a snapshot-in-time project status that will allow all users to stay properly informed about the project progress. She will collaborate with the DHHS Project Manager on the format and level of detail for the Status Reports to meet reporting requirements, and we will document the format and content in our Project Management Plan. Monitoring the project comes down to consistent review of progress and upcoming milestones.

Our approach fosters a close working relationship with the DHHS, promoting transparent operations with open communications resulting in positive results. We take it a step further with one of the overarching tangibles results we deliver is unprecedented transparency. Plans and tools mean little if there is no commitment to transparency and openness in the first place. In order to perform those functions, we all need to communicate well, share information openly, and proactively support the diverse set of activities required to deliver the Nebraska EVV.

3.1.20.1   Project Governance
RFP V.H.11.a

Acumen will coordinate with DHHS Leadership to execute strategic and tactical instructions provided, including those that may be added during the contract while staying within the governance structure outlined by the DHHS Governance Structure. Ms. Glovis will be the primary contact for all communications on the project regardless of the Department's Governance contact. Our Governance structure very much parallels the Department's governance structure.

Ms. Glovis and Mr. Auer will be the primary lead contacts for the Nebraska Steering Committee. Issues that have been elevated to the Steering Committee level need their attention; first to ensure the Steering Committee understands the issue and associated risks, and to make recommendations for mitigation.

Ms. Glovis and Ms. Bradt, Certification Lead, will work with the IV&V will ensure CMS certification requirements are met or request elevation to the Steering committee if there are issues, which require Leadership decisions.

Ms. Glovis and the appropriate Acumen Key Person will work with the Project Board, Operating Committee, and Data Governance teams to review issues and risks and determine mitigation steps.

Ms. Glovis and the appropriate Acumen Key Person will work with the Project Coordination Committee and Business Information and Technology Integration Team (BIT). The transition from the Nebraska legacy system to the new modular Medicaid Enterprise will require coordination and cooperation from all Nebraska module contractors. During the transition, the Acumen team will work with other module contractors and the Department as requested.

Ms. Glovis will be the primary contact to work with the Enterprise Change Control Board. During the transition from the legacy MMIS to the Medicaid Enterprise one contractor's change order could have a ripple effect that affects other Nebraska contractors. Ms. Glovis will discuss any proposed Acumen change orders with other contractors and review other contractors' change order to ensure if there is an effect to the Nebraska EVV project that the DHHS PM and the Enterprise Change Control Board members are aware.

Ms. Glovis and the DHHS PM will have responsibilities for the day-to-day operations and will coordinate the EVV Team to meet project requirements.

3.1.21 Change Control
RFP V.H.12

Our Change Management Plan will define the processes for change management during project execution to changes to baselined project scope, schedule, cost, architecture and quality. Our Change Management Plan will be developed and maintained for Change Requests and enhancements. Our goal will be to identify, control, manage consistently and trace all changes throughout the project execution lifecycle.

3.1.22 Communications and Training
RFP V.H.13

User communications and training are an essential effort to the success of the Nebraska EVV project. Providers know the 21st Century Cures Act requires states to implement an EVV that they will be required to use. Our Communications and Training strategy is to demonstrate the features and benefits of the Nebraska EVV that will make providers want to use the Nebraska EVV.

Our communications and training efforts will start during the Implementation kick-off week. Our Training Lead Mindi Mitchell will reach out to the DHHS PM and Training Lead to schedule meetings to gather information about the Nebraska providers and their clients. We believe a successful communication and training effort cannot be a cookie cutter plan where just the name of the client is changed; we need to learn as much as possible about the Nebraska community to finalize our Communication and Training Plan, which can be reviewed in Attachment B.7.

3.1.22.1   Communications
RFP V.H.13.a

Acumen will use the knowledge gained from meetings with DHHS to start a campaign to introduce the Nebraska EVV project and engage the provider community as the DCI EVV evolves into the Nebraska EVV. We plan to reach out to provider associations and provider groups to not only deliver our message but to listen to their recommendations how best deliver the statewide training. We have found if the providers are involved in the planning training rollout statewide, they are more committed to attending and making their staff available to attend training.

3.1.22.2   Training
RFP V.H.13.b

Acumen understand the EVV Training for the Nebraska EVV implementation will take considerable planning, focus and commitment. Due to the large percentage of individual providers, a key Acumen

differentiator to implementation will be the ability to provide multiple types and levels of training, with multiple delivery modes to meet the needs of urban, rural and frontier areas.

Most participants and caregivers will not have the ability to travel to centralized training locations, so Acumen will provide appropriate options to keep communication and training available to all users. Acumen is aware that State staff and State contractors are located in multiple cities and towns across Nebraska, so we will provide training options to meet those logistical needs. Acumen has experience delivering DCI EVV Training for projects with similar logistical concerns and geography and we are looking forward to working with DHHS to deliver appropriate targeted information to each stakeholder group in ways that allow them to participate.

Acumen agrees with DHHS that user training involves more than delivery. Training includes required knowledge incorporated into its overall organizational environment, development and on-going support of innovative training materials. The results of early and ongoing staff education needs assessment via readiness assessments and stakeholder discussion allows training to be targeted to the user needs of the EVV solution.

In order to successfully accomplish training goals and specific objectives, Acumen's Training Lead will identify the different training audiences within DHHS, providers and participants, and their associated stakeholders. The identification of training audiences will be incorporated in the Training Plan. It will include each targeted audience's roles and responsibilities with regard to the operation and/or support of the DCI EVV Solution as well as each audience's unique training requirements.

Delivery of role-based education materials such as skill competency lists, job role descriptions, job evaluation criteria and ample time to practice using the Nebraska EVV solution will ensure that users will institutionalize the competencies necessary to perform their jobs. Acumen describes how it will address all of these training necessities in a robust and thorough Communication and Training Plan that can been reviewed in Attachment B.7 Communication and Training Plan. Like DHHS, Acumen views training and knowledge management as a vital means to assuring that users adopt and fully embrace the Nebraska EVV solution, thereby mitigating risk.

Acumen assumes that DHHS users are qualified and capable of performing their assigned duties; therefore, the training requirements are specific to the Nebraska EVV Solution, impacts, features and benefits for their programs and impacted business processes. The courseware and curriculum is competency-based and will assess the knowledge and skills learned.

Training needs identified in the staff and stakeholder Readiness Assessment will be included in the course curriculum and updated with each new assessment results. Acumen will continually assess the training materials, and the training delivery staff, to ensure a minimum of 95% competency rate for each course. Courseware, whether in the format of quick reference, user guides, training modules, or a combination of all services, will include a combination of training tools and types.

Nebraska EVV users will also be able to refresh their understand using the Acumen Learning Management System (LMS). As courseware is approved by DHHS it will be loaded into the LMS ready for users. Courseware resident in the LMS is will be current at all times.

3.1.23 Operations
RFP V.H.14

The Operations Phase begins immediately after implementation of the EVV solution. This occurs when production is underway and all daily business operations are operational. Acumen will provide full operational support from Go-Live through completion of the contract.

3.1.23.1 Operations, Maintenance, Configuration and System Enhancement
RFP V.H.14.a and V.H.14.b

Acumen will provide Operations support, maintenance, and ongoing configuration of the provided solution throughout the life of the Contract. Acumen will follow our project management and system development processes throughout the life of the contract.

Acumen agrees that proper operational planning is essential to achieving both high availability and reliability. Availability and reliability have been a prime consideration for the DCI EVV system since its inception and was in part one of the main reasons we elected to deploy our solution in the MS Azure Cloud and to use best of breed/industry standard frameworks, design patterns and technologies. DCI EVV currently employs a strategy of using defined maintenance windows to keep the system performing within defined Service Level Agreement (SLA) and to resolve minor issues/defects.

Acumen provides 24/7 technical support to DHHS as well as providers. Acumen provides a fully functional help desk, regular weekly webinars, call center support, and detailed user manuals for all roles and functions.

As a SaaS solution Acumen is continually updating, improving, and refining our DCI EVV. Acumen provides bug reporting and solicits feature requests and user feedback through our industrial standard ticketing system ZenDesk. DCI EVV has regularly planned quarterly releases for update and minor bug fixes. For priority bug fixes or updates, Acumen can provide incremental releases based on DHHS needs and approval. Acumen is committed to listening to our end users and incorporating their feedback into the DCI EVV solution to ensure that we are always providing the most user-friendly solution possible.

Acumen will configure the DCI EVV solution with DHHS input during implementation to meet the needs of DHHS. Acumen will then maintain the Nebraska EVV instance and configuration based on that input, and the requirements outlined in the RTM and various sections of this proposal. During implementation, Acumen provides on the ground personal support to DHHS, the providers, caregivers, and other stakeholders. This includes in person and online training options for everyone who will use the Nebraska EVV system. Detailed information on support during implementation can be seen in Section 2.4 Project Work Plan and as Attachment B.5 Implementation and Communication Plan.

As a longtime provider of services to Medicaid recipients, Acumen understands the complexity and unique needs of this particular population better than any of our competitors. This is why we provide a flexible EVV solution with multiple EVV options, and it is why we provide so much time and resources to customer support. We understand that each stakeholder will have unique needs and capabilities, and we will provide the experience and resources to ensure they have a successful EVV experience. Our draft Customer Support Plan can be reviewed in Attachment B.8.

Acumen understands that DHHS must approve both the design and level of effort prior to the start of development or configuration for system enhancements via the Change Request process. DHHS must approve any changes to the design or level of effort that occur after the original approval. The level of effort billed cannot exceed the level of effort approved by DHHS and must comply with the rates defined in the Cost Proposal.

The Acumen operational process of using defined maintenance windows aligns well with the stated goals for and definition of maintenance. The goals for maintenance windows are to:
- Perform routine DB maintenance and backups;
- Perform updates to underlying components and infrastructure (both internal to the DCI system and services provided by Azure);
- Perform configuration changes that will result in a restart of the web application;
- Fix minor issue and defects within the source code; and

- Perform mass data updates as needed.

Acumen also agrees to conduct research based upon request from the state into:
- System behavior and results;
- New healthcare initiatives;
- Best practices research across states and industry; and
- Impacts of new State and federal legislation.

3.1.24 Customer Support
RFP V.H.15

Acumen has established and maintains an EVV Solution Customer Support Plan that addresses all aspects of customer care services, including a help desk function. Acumen understand that the Plan must be reviewed and accepted by DHHS after contract signing.

Acumen's support includes a current DCI EVV Solution User Manual, which is maintained and updated each time there are releases or changes to the solution, or additional services or users are added.

Acumen will provide a monthly status report, which provides all agreed metrics to ensure that Acumen is meeting all expected service levels, providing appropriate levels of customer service, and addressing complaints in a timely manner.

3.1.25 Staffing and Resources
RFP V.H.16

Acumen agrees with DHHS that staffing of this engagement is critical to its success and our proposal describes an appropriate structure staffing model to deliver you goals, desired outcomes, and requirements. Acumen understands staffing is constrained within DHHS and we have provided a robust support plan that will minimize the impact of the project on DHHS personnel. Acumen's project approach includes input of DHHS business and technology staff to obtain information and feedback necessary to produce quality work products and deliverables.

Acumen anticipates State staffing for the Nebraska EVV project will include a mix of Acumen and DHHS staff. Each will have defined roles and responsibilities, the sum of which will provide a comprehensive capacity of required capabilities. Acumen will be responsible for all design, development and implementation (DDI). Acumen staff will provide the knowledge and experience required to complete the Nebraska EVV implementation and do not expect direct State resources to be available.

Acumen's team will maintain an ongoing on-site presence with core resources dedicated to performing the activities outlined in the RFP. Acumen will also maintain the capability to add staff with knowledge and experience implementing the DCI EVV as required.

3.1.26 Turnover and Contract Closeout
RFP V.H.17

It's hard to think of developing a Turnover Plan when you haven't started a project, but Turnover and Contract Closeout are an important part of any contract. We have never been required to develop a Turnover and Contract Closeout Plan because we have never lost a client.

A Turnover and Contract Closeout Plan is very much like the reverse of the Implementation Plan. The same deliverables should be reviewed and scheduled to transition to either the Department or a new EVV contractor. Seven months before the end of the base contract or extension our PM will schedule to meet with the DHHS PM to discuss the proposed Turnover and Contract Closeout so a DED can be drafted and approved with the delivery of the Turnover and Contract Closeout Plan within six months. As the

Turnover and Contract Closeout is progressing, like our other Project Plans, updates could be requested by DHHS. Our draft Turnover Plan can be reviewed in Attachment B.9.

Turnover and Contract Closeout has been simplified from the days of turning over an MMIS legacy system. Now with the introduction of SaaS modules the focus has moved from turning over datacenters, facilities, staff and applications to the transfer of State-owned data and assets. Our Turnover and Contract Closeout Plan will meet the needs of the Department and potential successor contractor. The history and current data will be transferred in the best technology at that time, with the Department's approval.

Technology is changing so quickly at this point its hard to project what additional or changed requirements will be needed to efficiently and effectively turnover a project. Acumen stands ready to meet the requirements.

- Copies of working papers, including procedures, programs, and schedules;
- Status of current projects;
- Copies of correspondence (internal and external);
- Listings of third-party software used by the contractor(s), including availability of the software for transfer or purchase by Medicaid or successor vendor(s);
- Description of functional business process flows;
- Operational and system information concerning sub-Contractors;
- Documentation of ongoing outstanding issues;
- Other documentation necessary to support contract operations; and
- Other pertinent information necessary to take over and operate the project or to assume the operational activities successfully.

Acumen will assign a Turnover/Contract Closeout Lead to work with the Acumen and DHHS PMs to schedule and deliver defined training, and to draft and submit a Turnover Results Plan, which will provide a status for each of the defined deliverables.

We recommend that rather than waiting a month before the contract end, our Turnover/Contract Closeout Lead schedule regular Weekly Status Meetings with the DHHS, new EEV Contractor PMs, and our PM. The best way to ensure a smooth transition from one contractor to another is to work together. Acumen wants a successful turnover and contract closeout as much as the new contractor wants to succeed implementing their new EVV.

3.1.27 Certification Support
RFP V.H.18

CMS has announced it is in the midst of a significant update to the current the Medicaid Enterprise Certification Lifecycle (MECL) and the Medicaid Enterprise Certification Toolkit (MECT) processes and requirements for certification of the EVV Module. CMS showcased Outcome Based Certification for EVV at 2019 Medicaid Enterprise Systems Conference (MESC) held in August. CMS acknowledged that the 21st Cures Act deadline for Personal Care Services made it impossible for many states to select, implement and certify their EVV by January 2020. In addition, CMS realized they did not have the capacity to certify every states' EVV within the required timeframe.

Highlights of the planned Outcome Based Certification for EVV include:

- MECT Business Checklists will not be used - Instead states will demonstrate 11 Outcomes;
- No Project Partnership Understands (PPU) – instead states will demonstrate five (5) Key Performance Indicators;

- The required R1 Initiation and Planning Meeting is removed; and
- The Appendix B Documents list will no longer be required in its entirety.

CMS did not provide a date for the release of the Outcome Based Certification guidelines; however, we assume the guidelines will be released by the projected February 2020 contract start date. Acumen and EHR will be ready to support the DHHS to certify the Nebraska DCI EVV. EHR will update ReadyCert to ensure up-to-date compliance when CMS publishes the new guidelines. Our Technical Proposal responses to this section and Attachment A - RTM MECT items to demonstrate our knowledge of the current CMS MECL Certification methodology.

Our approach highlights our people, our processes, and proposed certification tracking tool to deliver the Nebraska EVV certification services as depicted in figure 23. Acumen has selected Electronic Health Resources, LLC (EHR) to serve as our certification teaming partner. EHR will perform and is responsible for the delivery of Nebraska EVV certification requirements using ReadyCert. EHR specializes in the strategic application of MITA principles in State Medicaid Enterprises and the solutions that support Medicaid. EHR's experience will provide the State a unique approach to managing the certification process, while also creating opportunities for State staff to learn how to adopt MITA principles within the system development lifecycle.
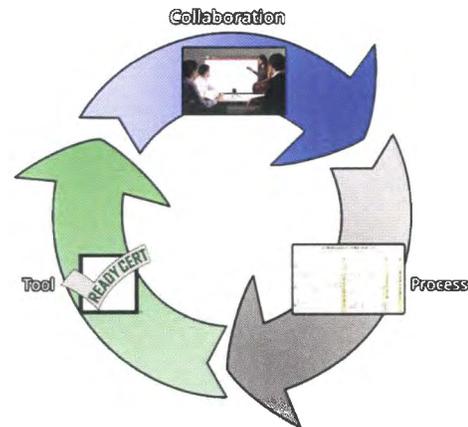
Figure 23. Acumen Certification Approach

Claire Bradt, EHR Director is our Certification Lead key person. Ms. Bradt has significant expertise in the MMIS certification process and understands the aspects of the certification checklists and MITA business processes. She understands how important her role is to the successful certification of the Nebraska EVV. Ms. Bradt's immediate focus will be to meet with the DHHS Certification Lead to understand their expectations. She will work to build a supportive relationship with the Nebraska PM and Certification Lead, and expand the relationship the DHHS has built with their IV&V contractor.

Ms. Bradt will be available to participate in pre-certification calls as requested by the DHHS and/or CMS. Given the new approach to Outcome Based certification, we anticipate there may be multiple calls to discuss the new approach, as CMS starts to implement this new process. Ms. Bradt will lead the Acumen effort supporting certification process, including documentation review and system demonstration. She will lead the certification team to participate in and support the DHHS coordination with CMS – providing additional support for questions or comments that come out of either the Operational Milestone Review, Operational Readiness Review (ORR), or the Certification Final Review.

We recognize that IV&V contractor represents the interests of CMS, and as such, provides an independent and unbiased perspective on the progress of Medicaid Enterprise Modular development and the integrity and functionality of the systems. We view our role as DHHS' IV&V; we want to be a resource for DHHS to answer certification questions and provide support as we work together.

We voiced our concern about the Nebraska IV&V First Data being an EVV contractor in other states during the Question and Answer Period. We want to assure the Department that we will work in the best interests of the State to effectively and efficiently work to receive certification approval for the Nebraska EVV.

Knowing the importance of successfully certifying the EVV, Acumen made the strategic decision to select a MITA tracking tool that supports multiple projects and implementation dates. What makes our approach unique is the ReadyCert Certification tracking tool, which is cloud-based and provides an up-to-the minute

certification status and coordinates the gathering of certification documentation and artifacts. We underscore this point for several reasons (1) ReadyCert allows for maximum participation and collaboration across the enterprise (state and contractors alike) and (2) ReadyCert links all relational elements in an easy-to-follow framework, making certification preparation user friendly and inherently more collaborative.

As part of our approach we have integrated certification activities into our Implementation effort so that the Nebraska EVV is reviewed, configured and tested to meet certification requirements. We will monitor how each item in the Technical Architecture checklist is met by DCI.

The specific Project Plan certification activities include:

- Certification checklist sources (Requirements Validation);
- Initial version of the certification checklist items (Functional Design);
- System functions to fill certification gaps (Technical Design);
- Test cases to ensure system compliance with certification checklist items (User Acceptance Testing);
- Updated Medicaid Enterprise Certification Toolkit Checklist (User Acceptance Testing);
- Remediation of any system defects that could impact certification (Implementation).

ReadyCert is the perfect tool for certification as underscored by MCTC's successful use of ReadyCert for certification of another module. DHHS, IV&V, and CMS will find ReadyCert easier and more efficient to use to prepare for certification than paper copies of CMS Checklist Excel spreadsheets. ReadyCert facilitates cooperation and collaboration because everyone with access is using the same tool, accessing and reviewing the same data, in one place. No one has to worry about version control or identifying the latest version. ReadyCert is the only version.

ReadyCert has numerous key features important to the DHHS. Key features include:

- ReadyCert links MECT objectives and system review criteria to solution descriptions, screen shots, reports, business process models and MITA business processes.
- ReadyCert has a repository to store documentation and artifacts for each of the CMS Review Milestones (R1, R2, and R3). Artifacts can include graphics, manuals, screen shots and can be uploaded in preparation of each of the gate review and for any activity in MECL.
- ReadyCert provides maximum re-use of information and permits individual values to be changed in one place and propagated to all applicable references.
- Much like DCI, ReadyCert is hosted on Microsoft Azure geo-redundant servers, therefore no programming is necessary to install ReadyCert and no adaptation is required by DHSS. ReadyCert is on a tethered cloud and delivered via the web, and is browser and device independent. ReadyCert is designed to work with all major internet browsers and requires no special browser settings or plugins to work. Users do not need to maintain a specific browser version.
- The SSL encryption used by ReadyCert protects ePHI or otherwise confidential information by encrypting data transmitted between the user's computer and the server running ReadyCert. The EHR SSL connection uses TLS 1.2, and the connection is encrypted with AES_256_CBC, with HMAC-SHA1 for message encryption and uses RSA as the key exchange mechanism. No data is stored locally in the user's computer other than cookies that identify the specific user – all data saved in the application is on an Azure SQL server. The connection between the application and the SQL server is also encrypted, so that anytime any data that might contain ePHI or other sensitive data is transmitted, it is encrypted with the standards mentioned above. All data, in-transit or at-rest, is encrypted with these standards, which are compliant with NIST FIPS 140-2 standards.

- DHSS users with the proper identity verification information may log into ReadyCert from any device (mobile & tablets) approved by DHSS. ReadyCert does not require Active X or other plug-ins to use the product.

- MS Azure services provide a secure and reliable environment for the operation of ReadyCert. EHR deploys and manages ReadyCert across a backbone of Microsoft datacenters in the United States, geographically dispersed to achieve a 99.95% uptime for ReadyCert in this environment. MS Azure provides built in network load balancing and resiliency to hardware failure to provide a highly available ReadyCert application.

- EHR provides ongoing upgrades of ReadyCert for our clients through the life of their ReadyCert license. Each time CMS publishes changes or issues new requirements EHR reviews the change, estimates the effort and then notify their ReadyCert clients when the new requirement will be available. Depending on the extent of the changes they will also schedule and deliver ReadyCert training of the modification and/or enhancement.

- ReadyCert logs all user activities. Logs include every user navigated page and captures their user ID, IP address, timestamp and data requested. ReadyCert also logs any changes made to data by users. Any time a user makes any change to any data, the user ID is recorded along with a snapshot of the data changed before and after the data change, along with a timestamp. ReadyCert does not mask users.

We are confident that our certification approach using ReadyCert will ensure DHHS can certify the Nebraska EVV as soon as possible following six months of operations. We will provide DHS, IV&V contractor, and CMS staffs access to our ReadyCert instance for this project at no charge to DHHS. Once certified, EHR will copy the certification data and associated documents and artifacts from our Enterprise to the existing MLTC Nebraska ReadyCert Enterprise to facilitate the CMS 2-year review requirement. ReadyCert User Training will be provided during the Implementation Phase.

3.1.28 Service Levels
RFP V.H.19

Our team has reviewed the Service Level Agreements (SLAs) to make sure that the SLAs are aligned with our performance. We have validated that the SLAs document service level targets & performance metrics; specify the responsibilities of the EVV contractor and determined we can achieve the defined Service requirements. Acumen will work and collaborate with DHHS on an ongoing basis to adjust service levels as programs and services mature within the scope of the contract

3.2   Design, Configure and Development Approach
RFP VI.A.3.b

DCI follows the standard software development lifecycle for all development projects. This includes planning, analysis, design, scoping, development, testing, deployment and support. During the development phase, an agile methodology is utilized with daily scrums and code check in. Development is completed in our development environment, which is hosted with in Azure. Once development is complete, the internal test cycle begins. After all issues found during internal testing are remediated UAT (User Acceptance Testing) begins. UAT is conducted in one of our UAT environments, which are hosted in Azure. Upon successful completion of UAT, the project is included in the release schedule for deployment to production environments.

3.3   Technical Considerations
RFP VI.A.3.c

Each module in the DCI platform can be used independently or integrated with other modules as desired. All modules are designed to ensure the highest level of compliance possible with government (Medicaid, MECT, HIPAA, NIST, etc.) and private insurance regulations.

The system is configurable to program-specific business rule standards to be defined as part of implementation. DCI software was designed by Medicaid, Medicare, and Managed Care experts to automate compliance at every level. DCI meets the requirements of a Medicaid Management Information System (MMIS) for transactions, confidentiality, and security, and will demonstrate ongoing compliance with these requirements.

Additionally, DCI provides role-based security functionality and is designed for internal business functions as well as external auditing. DCI provides SSL protection, AES 256 Bit encryption, Microsoft Azure physical and logical security, and has fully auditable event logging.
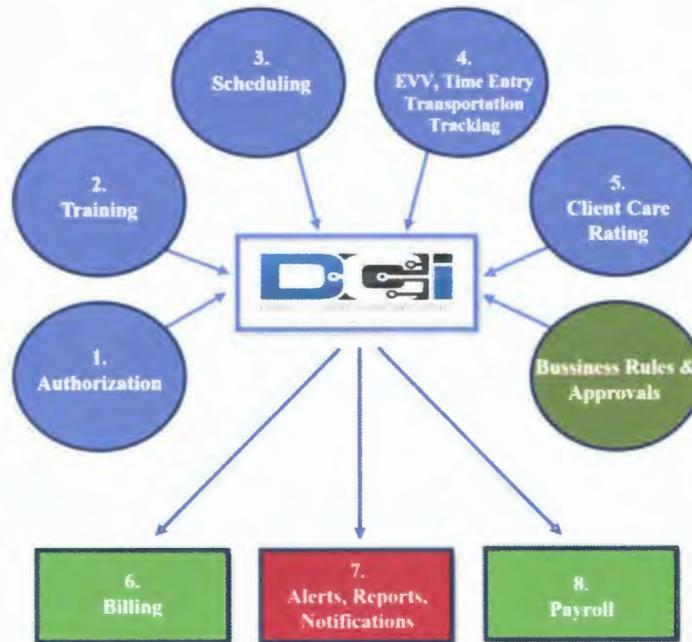
Figure 24: A Visualization of DCI EVV

The DCI Management Platform efficiently collects all relevant workflow information and produces accurate, effective, and compliant business outcomes as depicted in figure 24. In the following sections, an overview of each module contained in the DCI system is provided, including a description of how each module will uniquely benefit and transform the Medicaid provider experience for all.

The DCI Solution provides best in class technical functionality, implementation, and deployment strategies that cannot be met by any of our competitors. These include but are not limited to:

- A 100% Cloud based solution hosted and deployed on the most secure Cloud in the world Microsoft Azure Cloud;

- Security that meets or exceeds all NIST, HIPAA, and MECT standards as described throughout the proposal;

- Multiple EVV options to meet the unique needs of different members and stakeholders. Including options to support individuals in extremely rural areas, and members with significant disabilities that limit their capability to use EVV devices;

- A solution with the ability to easily integrate into the Nebraska system and help DHHS achieve the stated MLTC goals;

- A cost effective and easily manageable deployment strategy that minimizes hardware deployment and never requires PHI, PII, or other sensitive data to be stored on a local hardware device;

- A MECT certification tool (Ready Cert) and experienced Certification lead that has already been successful in Nebraska certifying a MECT Module;

- Tracking of bug reporting and customer feedback, and bug and release change tracking through GIT HUB and Zendesk;

- 99% Uptime;

- An EVV Solution that has been proven for FMS and Self Direction and the provider community;

- A Solution that is capable of handling unit and dollar-based billing; and

- The only solution that tracks quality of the services as they are verified by rating the caregiver. This is destined to become a key differentiator as quality-based outcomes and value-based payments are implemented by CMS.

3.4 Project Work Plan/Project Management Plan
RFP VI.A.3.d

The draft Project Work Plan is available for review in Attachment B.5.

3.5 Project Deliverables
RFP V.J

Deliverable Expectation Documents (DED) will be created for each of the applicable deliverable defined for this project. The objective of the DED will be to set expectations around deliverable format and content prior to actual development of the deliverable. This approach mitigates the risk around misalignment of expectations for deliverable content and format and allows the stakeholders to address gaps early in the lifecycle. It also defines the acceptance criteria around each deliverable.

Our approach includes an incremental delivery schedule of interim work products to DHHS reviewers and approvers. This allows the reviewers and approvers to submit questions and comments incrementally and reduces the risk of discovering gaps late in the process. It also helps to balance the workload of the stakeholders since the entire review process is not loaded at the end. The final Deliverable will be submitted as per the mutually agreed schedule as defined in the Project Schedule and WBS.

Reviewers and approvers will have a mutually agreed timeline to respond with comments and questions. Such mutually agreed timeline will be defined during the baselining of the project schedule. Deliverable review time requirements for DHHS will vary based on the size and scope of the deliverable.

After the end of the review process, the Acumen Team will make appropriate adjustments in the deliverable based on comments and questions received. After resolution of all comments and questions, Ms. Glovis will capture the final sign-off from all identified approvers. The approved deliverables will then be loaded into the ReadyCert repository for the IV&V and CMS review(s) required for certification.

3.5.1 Implementation Deliverables
RFP V.J.1

Our detailed Project Work Plan demonstrates of understanding of the four defined Implementation Phase milestones.

3.5.1.1   Milestone 1: Design
RFP V.J.1.a

Acumen will coordinate with the DHHS EVV PM to establish and maintain the Master Project Plan and Project Work Plan/Schedule, and to report status. We used March 2, 2020 for the Project Start, which is the original RFP projected start date plus the one-week delay. The Project Work Plan/Schedule will be updated with the actual start date upon contract award.

Deliverable	Projected Date
Project Management Plan	2/13/2020
Work Breakdown Structure	2/13/2020
Communications Plan	2/13/2020
Change Management Plan	2/13/2020
Staffing Management Plan	2/13/2020
Risk Management Plan	2/13/2020
Issue Management Plan	2/13/2020
Quality Management Plan	2/13/2020
Detailed Project Work Plan / Schedule	2/20/2020
Project Kickoff Meeting & Presentation	3/11/2020
Project Deliverable and Acceptance Process	6/21/2020
Design and Configuration Deliverables	7/19/2020
Detailed Project Work Plan / Schedule	2/13/2020

Figure 25 Milestone 1 Design Deliverables

3.5.1.2   Milestone 2: Development
RFP V.J.1.b

Acumen will design, configuration, testing and implement processes that will ensure the Nebraska EVV meet DHHA and CMS requirements. Acumen will gather, validate, and trace requirements.

Deliverable	Projected Date
Implementation Plan with detailed 'Go Live' Plan	3/11/2020
Design and Implementation Deliverable Work Products	5/15//2020
Updated Configuration & Design Documents	6/21/2020
User Manuals	7/7/2020
Completion of System and Artifact Deliverables, including updated RTM	7/12/2020
Completion of Artifact and Milestone Walkthroughs	7/15/2020
Delivery of production ready system & solution	7/19/2020
Successful Completion of all System and UAT Testing	8/12/2020
Successful completion of all user training (includes state staff, providers, caregivers, participants and representatives)	9/30/2020
Completion of all required R2 Artifacts	12/14/2020
Successful completion and acceptance of Attachment D - System Security Plan	12/1/2020
Review and Acceptance of all agreed pre-production activities and artifacts required for 'Go Live' approval.	9/1/2020

Figure 26 Milestone 2 Development Deliverables

3.5.1.3   Milestone 3: Production
RFP V.J.1.c

Acumen will conduct operations support and efforts associated with future integrations and fixing bugs. To this end, the following team will provide Operations Support throughout the project.

Deliverable	Projected Date
Successful completion of all Go Live activities	10/30/2020
Fully operational production EVV solution providing all agreed functionality	12/14/2020
Fully functional customer support	1/1/2021
Transition to Account Management	2/1/2021
Successful completion and approval by CMS of all required R2 artifacts	12/14/2020
Successful completion of all Go Live activities	10/30/2020
Fully operational production EVV solution providing all agreed functionality	12/14/2020

Figure 27: Milestone 3: Production Deliverables

3.5.1.4   Milestone 4: R3
RFP V.J.1.d

The schedule for Milestone 4 will be determine jointly by Acumen, the Department and CMS.

Deliverable	Projected Date
Completion of any agreed post-production functionality	TBD
Completion and acceptance from CMS of all required R3 functionality and artifacts.	7/15/2021

Figure 28: Milestone 4: R3 Deliverables

3.5.2   Operations Deliverables
RFP V.J.2

Deliverable	Projected Date
Daily delivery of EVV visit verification services through agreed capture methods	Daily
Daily delivery of management and oversight functions within solution	Daily
Daily delivery of reporting and dashboards as agreed	Daily
Full customer support activities as agreed	TBD
Successful delivery of services as per Service Level Agreements	TBD
Monthly status reporting as agreed	Monthly
Ongoing training development and delivery	TBD
Updated documentation as maintenance and enhancements are identified and delivered	TBD
Delivery of all security, privacy and audit activities as agreed.	TBD
Daily delivery of EVV visit verification services through agreed capture methods	TBD
Daily delivery of management and oversight functions within solution	TBD

Figure 29: Operational Deliverables

Attachment B – RTM Required Attachments

B.1 DCI EVV Report Library Listing

B.2 DCI EVV Standard File Format

B.3 Draft BCDR Plan

B.4 Draft Status Report

B.5 Draft Project Work Plan

B.6 Draft Implementation and Communication Plans

B.7 Draft Communication & Training Plan

B.8 Draft Customer Support Plan

B.9 Draft Turnover Plan

Attachment B.1 DCI EVV Report Library Listing

RTM Requirement 131 – RR.3

Direct Care Innovations

User Guide: Reports v1.7

Overview

This document contains a summary of all available reports in the DCI portal. The Reports module is available to any user with a Role. To run any report:

1. Sign in to your Personal Profile
2. Click the "Reports" tab at the top of the page
3. Hover over any of the sidebar tabs to see the reports in that tab (i.e. Hover over COA Reports to see: Time Entries Report, Time Entry Details Report, Time Entry Notes Report, Service Accounts Report, Residential Attendance Report, Residential Absentee Report, Parenting Attendance Report, Parenting Absentee Report, or Day Attendance Report)
4. Click the report you want to run
5. Enter desired criteria into the filters (i.e. filter by time frame, specific client, employee, service code, cost center, etc.)
6. Click "Search"
7. The records will display in the table below the filters

Reports can be downloaded as a CSV or PDF by clicking the "Download to CSV" or "Download to PDF" buttons. Please note that some reports can only be downloaded to PDF.

Filters

Reports can be filtered based on desired criteria. Filter options vary based on the selected report. Please refer to the list below for a description of each filter.

- From: Enter the earliest date of service desired. If left blank, results will include all results from the beginning of time.
- To: Enter the latest date of service desired. If left blank, results will include all results up to the current date.
- Select Account Type: Filter results to one particular type of service account. Depending on the report type, choices include:

  o Client Service
  o Employee Service
  o Training
  o Hourly
  o Day Program
  o Residential Program
  o Administration
  o Drive
  o Vacation
  o Sick
  o PTO
  o Holiday
  o Mileage
  o Group Service
  o Parenting Program
  o Client Transportation

- Type Client Name: Filter results to one particular client
- Type Employee Name: Filter results to one particular employee
- Type Service Code: Filter results to one particular service code
- Type Cost Center Filter results to one particular Cost Center. The user can also use a wildcard in the Cost Center filter to pull results for a group of cost centers (ex: typing OR* will include time entries for all Cost Centers that start with OR)
- Select Activity: Filter results to one particular General Activity. This only applies to time es for Administration service accounts.
- Select Status (Time): Filter results based on Time Status. Choices include:
  - Pending
  - Open
  - Unverified
  - Approved
  - Batched
  - Paid
  - Canceled
  - Rejected
  - Processed
  - Unvalidated
- Select Status (Account): Filter results based on account Status. Choices include:
  - Active
  - Inactive
- Select Status (Program Profile): Filter results based on program status. Choices include:
  - Active
  - Inactive
- Select Status (Employee Profile): Filter results based on employee profile status. Choices Include:
  - Pending
  - Active
  - Terminated
  - Suspended
  - Extended Leave
  - Registered
- Select Status (Client Profile): Filter results based on client profile status. Choices Include:
  - Active
  - Deceased
  - Inactive
  - Discharged
- Select Status (Certification Template): Filter results based on template status. Choices include:
  - Active
  - Inactive
- Select Status (Certification Requirement): Filter results based on requirement status. Choices include:
  - Active
  - Inactive
- Select Status (Business rules): Filter results based on business rules status. Choices include:

- o Enabled
- o Disabled
- Profile Type: Filter results to one profile type. Choices include:
  - o Employee
  - o Client
  - o Residential Program
  - o Day Program
  - o Group Service
  - o Parenting Program
- Select Employee Type: Filter results to one employee type. Choices include:
  - o Hourly Exempt
  - o Hourly Non-Exempt
  - o Salary Exempt
  - o Salary Non-Exempt
  - o Contractor
- Type City: Filter results to one particular city
- Type State: Filter results to one particular state
- Employee/Client/Residential Program/Day Program: Filter results to one particular entity. This could be a particular employee, client, residential program, or day program. To use the filter, begin typing the name of the desired entity.
- Select Method (Mileage Time es): Filter results based on how the mileage time was entered. Choices include
  - o Odometer
  - o Geolocation
- Type Funding Source Name: Filter results to one particular funding source
- Cutoff Date: Filter authorizations up to a particular date
- Future Authorizations: Select the checkbox to include results with a start date in the future
- Ended Authorizations: Select the checkbox to include results with an end date in the past
- Discharged Clients Authorizations: Select the checkbox to include results for clients who have been discharged.
- 30 Days (Expiring Within): Include results that expire in the specified window of time. Choices include:
  - o 30 Days
  - o 60 Days
  - o 90 Days
  - o 120 Days
- Enter Batch ID: Include results for a particular Payroll or Billing Batch
- Time Entries Checkbox: Include time entries (in addition to payroll or billing entries) on Payroll or Billing Batch reports.
- Select Unit: Filter results based on billing unit. Choices include:
  - o Hourly
  - o Daily
  - o Monthly
  - o Miles
- Type Region Name: Filter results based on a particular Funding Source region.

- Select Association Type: Filter results based on which entity a template is linked to. Choices include:
  - ○ Service Code
  - ○ Profile (includes both Employee and Client Profiles)
  - ○ Cost Center
  - ○ Funding Account
  - ○ Master Program (select for templates linked to Residential, Day, Parenting, or Group Service Programs)
- Type Requirement Name: Filter results to one particular Certification Requirement.
- Subject: Filter Login Report results based on the event type.
- Added By: Filter results based on which user completed the action.

COA Reports

Time Entries Report

Purpose: View all time entries made in the system based on desired filters.

Search

Contents:

- Time ID
- Date of Service
- Account Type
- General Activity
- Employee Name
- Employee Number
- Client/Program Name
- Account Reference
- Cost Center
- Service Code
- Start Date
- End Date
- Amount
- EVV
- EVV Method

- Status

Time Entry Details Report

Purpose: View all time entries made in the system based on desired filters. This report also allows the user to view who created the time and when, as well as who approved/ rejected the time and when

Reports · QSA Reports · Punch Entry Details Report

QSA Reports - Punch Entry Details Report

Search

Contents:

- Time ID
- Date of Service
- Account Type
- General Activity
- Employee Name
- Employee Number
- Client/Program Name
- Account Reference
- Cost Center
- Service Code
- Start Date
- End Date
- Amount
- Billable Amount
- EVV
- EVV Method
- Status
- Created By
- Created Date
- Created IP Address
- Approved/Rejected By
- Approved/Rejected Date
- Approved IP Address
- Input Method Type
- Payroll Batch Name

- Payroll Batch Number

Time Entry Notes Report

Purpose: View notes associated with time entries.

Reports   CSA Reports   Punch Entry Notes Report

CSA Reports - Punch Entry Notes Report

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client/Program Name
- Cost Center
- Service Code
- Start Date
- End Date
- Statements
- Canned Statements

Service Accounts Report

Purpose: View all service account in system

CDA Reports - Service Accounting Report

CDA Reports - Service Accounting Report

[Search]

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client/Program Name
- Cost Center
- Service Code
- Start Date
- End Date
- Statements
- Canned Statements

Residential Attendance Report

Purpose: Shows each day clients were present at a residential program

CDA Reports - Residential Attendance Report

CDA Reports - Residential Attendance Report

[Search]

Contents:

- Time ID
- Cost Center Code

- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Days
- Residential Name

Residential Absentee Report

Purpose: Shows each day clients were absent at the residential program

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Days
- Residential Name
- Reason
- Notes

Parenting Attendance Report

Purpose: Shows each day clients were present at a parenting program

CoA Reports - Parenting Attendance Report

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Days
- Parenting Program Name

Parenting Absentee Report

Purpose: Shows each day clients were absent at a parenting program

Reports > CoA Reports > Parenting Absentee Report

CoA Reports - Parenting Absentee Report

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code

- Start Date
- End Date
- Number of Days
- Parenting Name
- Reason
- Notes

Day Attendance Report

Purpose: Shows each day clients were present at a day program

CCH Reports - Day Program Attendance Report

CCH Reports - Day Program Attendance Report

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Hours
- Day Program Name

Group Service Attendance Report

Purpose: Shows each shift worked with clients in a group service.

CoA Reports - Group Service Attendance Report

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Hours
- Group Service Name
- Employee Name

Group Service Attendance Report

Purpose: Shows each shift worked with clients in a group service.

CoA Reports - Group Service Attendance Report

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference

- Service Code
- Start Date
- End Date
- Number of Hours
- Group Service Name
- Employee Name

Residential Programs Report

Purpose: A directory of residential programs in the system.

Reports   One Reports   Residents Programs Report

Residents Programs Report

Search

Contents:

- Name
- Address
- TimeZone
- Phone
- Alternate Phone
- Email
- UserName
- Allow Sleep Shift
- Cost Center
- Weekly Default Hours
- Provider Service Location
- Profile Reference
- Total Client Service Accounts
- Total Employee Service Accounts
- Authentication Status
- Status

Day Programs Report

Purpose: A directory of day programs in the system.

Day Program Report

Search

Contents:

- Name
- Address
- TimeZone
- Phone
- Alternate Phone
- Email
- UserName
- Holiday Schedule
- Cost Center
- Provider Service Location
- Profile Reference
- On Call Ratio
- Operation Hours
- Total Client Service Accounts
- Total Employee Service Accounts
- Authentication Status
- Status

Parenting Programs Report

Purpose: A directory of parenting programs in the system.

Search

Contents:

- Name
- Address
- TimeZone
- Phone
- Alternate Phone
- Email
- UserName
- Cost Center
- Profile Reference
- Total Client Service Accounts
- Total Employee Service Accounts
- Authentication Status
- Status

Group Services Report

Purpose: A directory of group programs in the system.

Reset   Search

Contents:

- Name
- Address

- TimeZone
- Phone
- Alternate Phone
- Email
- UserName
- Cost Center
- Profile Reference
- Total Client Service Accounts
- Total Employee Service Accounts
- Authentication Status
- Status

Mileage Entries Details Report

Purpose: View all mileage entries made in the system based on desired filters.

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Method
- Employee Name
- Employee Number
- Cost Center
- Check In
- Check Out
- Hours
- Units
- Starting Odometer
- Ending Odometer
- Starting Geolocation
- Ending Geolocation
- Employee Exceeded Travel Time Tolerance
- Supervisor Exceeded Travel Time Tolerance
- Created By

- Created By Date
- Created By IP Address
- Approved By
- Approved By Date
- Approved By IP Address

Authorization Reports

Authorization Entries

Purpose: Shows all authorizations in the system

Reports   Authorized Reports   Authorization Entries Report

Authorization Reports   Authorization Entries Report

Search

Contents:

- Authorization ID
- Client Name
- Service Code
- Cost Center
- Region
- Authorization ID Reference
- Authorization ID Reference 1
- Authorization ID Reference 2
- Authorization ID Reference 3
- Authorization ID Reference 4
- Authorization ID Reference 5
- Start Date
- Cutoff Date
- Expiration Date
- Initial Balance
- Remaining Balance
- Monthly Max
- Weekly Max
- Daily Max
- Maximum Daily Billable Units
- Daily Rate

Attachment B – RTM Required Attachments

B.1 DCI EVV Report Library Listing

B.2 DCI EVV Standard File Format

B.3 Draft BCDR Plan

B.4 Draft Status Report

B.5 Draft Project Work Plan

B.6 Draft Implementation and Communication Plans

B.7 Draft Communication & Training Plan

B.8 Draft Customer Support Plan

B.9 Draft Turnover Plan

Attachment B.1 DCI EVV Report Library Listing

RTM Requirement 131 – RR.3

Direct Care Innovations

User Guide: Reports v1.7

Overview

This document contains a summary of all available reports in the DCI portal. The Reports module is available to any user with a Role. To run any report:

1. Sign in to your Personal Profile
2. Click the "Reports" tab at the top of the page
3. Hover over any of the sidebar tabs to see the reports in that tab (i.e. Hover over COA Reports to see: Time Entries Report, Time Entry Details Report, Time Entry Notes Report, Service Accounts Report, Residential Attendance Report, Residential Absentee Report, Parenting Attendance Report, Parenting Absentee Report, or Day Attendance Report)
4. Click the report you want to run
5. Enter desired criteria into the filters (i.e. filter by time frame, specific client, employee, service code, cost center, etc.)
6. Click "Search"
7. The records will display in the table below the filters

Reports can be downloaded as a CSV or PDF by clicking the "Download to CSV" or "Download to PDF" buttons. Please note that some reports can only be downloaded to PDF.

Filters

Reports can be filtered based on desired criteria. Filter options vary based on the selected report. Please refer to the list below for a description of each filter.

- From: Enter the earliest date of service desired. If left blank, results will include all results from the beginning of time.
- To: Enter the latest date of service desired. If left blank, results will include all results up to the current date.
- Select Account Type: Filter results to one particular type of service account. Depending on the report type, choices include:

  - Client Service
  - Employee Service
  - Training
  - Hourly
  - Day Program
  - Residential Program
  - Administration
  - Drive
  - Vacation
  - Sick
  - PTO
  - Holiday
  - Mileage
  - Group Service
  - Parenting Program
  - Client Transportation

- Type Client Name: Filter results to one particular client
- Type Employee Name: Filter results to one particular employee
- Type Service Code: Filter results to one particular service code
- Type Cost Center Filter results to one particular Cost Center. The user can also use a wildcard in the Cost Center filter to pull results for a group of cost centers (ex: typing OR* will include time entries for all Cost Centers that start with OR)
- Select Activity: Filter results to one particular General Activity. This only applies to time es for Administration service accounts.
- Select Status (Time): Filter results based on Time Status. Choices include:
  - Pending
  - Open
  - Unverified
  - Approved
  - Batched
  - Paid
  - Canceled
  - Rejected
  - Processed
  - Unvalidated
- Select Status (Account): Filter results based on account Status. Choices include:
  - Active
  - Inactive
- Select Status (Program Profile): Filter results based on program status. Choices include:
  - Active
  - Inactive
- Select Status (Employee Profile): Filter results based on employee profile status. Choices Include:
  - Pending
  - Active
  - Terminated
  - Suspended
  - Extended Leave
  - Registered
- Select Status (Client Profile): Filter results based on client profile status. Choices Include:
  - Active
  - Deceased
  - Inactive
  - Discharged
- Select Status (Certification Template): Filter results based on template status. Choices include:
  - Active
  - Inactive
- Select Status (Certification Requirement): Filter results based on requirement status. Choices include:
  - Active
  - Inactive
- Select Status (Business rules): Filter results based on business rules status. Choices include:

- o Enabled
- o Disabled
- Profile Type: Filter results to one profile type. Choices include:
  - o Employee
  - o Client
  - o Residential Program
  - o Day Program
  - o Group Service
  - o Parenting Program
- Select Employee Type: Filter results to one employee type. Choices include:
  - o Hourly Exempt
  - o Hourly Non-Exempt
  - o Salary Exempt
  - o Salary Non-Exempt
  - o Contractor
- Type City: Filter results to one particular city
- Type State: Filter results to one particular state
- Employee/Client/Residential Program/Day Program: Filter results to one particular entity. This could be a particular employee, client, residential program, or day program. To use the filter, begin typing the name of the desired entity.
- Select Method (Mileage Time es): Filter results based on how the mileage time was entered. Choices include
  - o Odometer
  - o Geolocation
- Type Funding Source Name: Filter results to one particular funding source
- Cutoff Date: Filter authorizations up to a particular date
- Future Authorizations: Select the checkbox to include results with a start date in the future
- Ended Authorizations: Select the checkbox to include results with an end date in the past
- Discharged Clients Authorizations: Select the checkbox to include results for clients who have been discharged.
- 30 Days (Expiring Within): Include results that expire in the specified window of time. Choices include:
  - o 30 Days
  - o 60 Days
  - o 90 Days
  - o 120 Days
- Enter Batch ID: Include results for a particular Payroll or Billing Batch
- Time Entries Checkbox: Include time entries (in addition to payroll or billing entries) on Payroll or Billing Batch reports.
- Select Unit: Filter results based on billing unit. Choices include:
  - o Hourly
  - o Daily
  - o Monthly
  - o Miles
- Type Region Name: Filter results based on a particular Funding Source region.

- Select Association Type: Filter results based on which entity a template is linked to. Choices include:
  - ○ Service Code
  - ○ Profile (includes both Employee and Client Profiles)
  - ○ Cost Center
  - ○ Funding Account
  - ○ Master Program (select for templates linked to Residential, Day, Parenting, or Group Service Programs)
- Type Requirement Name: Filter results to one particular Certification Requirement.
- Subject: Filter Login Report results based on the event type.
- Added By: Filter results based on which user completed the action.

COA Reports

Time Entries Report

Purpose: View all time entries made in the system based on desired filters.

Search

Contents:

- Time ID
- Date of Service
- Account Type
- General Activity
- Employee Name
- Employee Number
- Client/Program Name
- Account Reference
- Cost Center
- Service Code
- Start Date
- End Date
- Amount
- EVV
- EVV Method

- Status

Time Entry Details Report

Purpose: View all time entries made in the system based on desired filters. This report also allows the user to view who created the time and when, as well as who approved/ rejected the time and when

Reports   CoA Reports   Punch Entry Details Report

CoA Reports - Punch Entry Details Report

[Search]

Contents:

- Time ID
- Date of Service
- Account Type
- General Activity
- Employee Name
- Employee Number
- Client/Program Name
- Account Reference
- Cost Center
- Service Code
- Start Date
- End Date
- Amount
- Billable Amount
- EVV
- EVV Method
- Status
- Created By
- Created Date
- Created IP Address
- Approved/Rejected By
- Approved/Rejected Date
- Approved IP Address
- Input Method Type
- Payroll Batch Name

- Payroll Batch Number

Time Entry Notes Report

Purpose: View notes associated with time entries.

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client/Program Name
- Cost Center
- Service Code
- Start Date
- End Date
- Statements
- Canned Statements

Service Accounts Report

Purpose: View all service account in system

CoA Reports - Service Accounts Report

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client/Program Name
- Cost Center
- Service Code
- Start Date
- End Date
- Statements
- Canned Statements

Residential Attendance Report

Purpose: Shows each day clients were present at a residential program

Reports   CoA Reports   Res dent al Attendance Report

CoA Reports - Resident al Attendance Report

Search

Contents:

- Time ID
- Cost Center Code

- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Days
- Residential Name

Residential Absentee Report

Purpose: Shows each day clients were absent at the residential program

[Search]

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Days
- Residential Name
- Reason
- Notes

Parenting Attendance Report

Purpose: Shows each day clients were present at a parenting program

CoA Reports - Parenting Attendance Report

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Days
- Parenting Program Name

Parenting Absentee Report

Purpose: Shows each day clients were absent at a parenting program

CoA Reports - Parenting Absentee Report

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code

- Start Date
- End Date
- Number of Days
- Parenting Name
- Reason
- Notes

Day Attendance Report

Purpose: Shows each day clients were present at a day program

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Hours
- Day Program Name

Group Service Attendance Report

Purpose: Shows each shift worked with clients in a group service.

CoA Reports - Group Service Attendance Report

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference
- Service Code
- Start Date
- End Date
- Number of Hours
- Group Service Name
- Employee Name

Group Service Attendance Report

Purpose: Shows each shift worked with clients in a group service.

CoA Reports - Group Service Attendance Report

Search

Contents:

- Time ID
- Cost Center Code
- Client Last Name
- Client First Name
- Account Reference

- Service Code
- Start Date
- End Date
- Number of Hours
- Group Service Name
- Employee Name

Residential Programs Report

Purpose: A directory of residential programs in the system.

Search

Contents:

- Name
- Address
- TimeZone
- Phone
- Alternate Phone
- Email
- UserName
- Allow Sleep Shift
- Cost Center
- Weekly Default Hours
- Provider Service Location
- Profile Reference
- Total Client Service Accounts
- Total Employee Service Accounts
- Authentication Status
- Status

Day Programs Report

Purpose: A directory of day programs in the system.

Contents:

- Name
- Address
- TimeZone
- Phone
- Alternate Phone
- Email
- UserName
- Holiday Schedule
- Cost Center
- Provider Service Location
- Profile Reference
- On Call Ratio
- Operation Hours
- Total Client Service Accounts
- Total Employee Service Accounts
- Authentication Status
- Status

Parenting Programs Report

Purpose: A directory of parenting programs in the system.

Parent ng Programs Report

ele t   ▼

Search

Contents:

- Name
- Address
- TimeZone
- Phone
- Alternate Phone
- Email
- UserName
- Cost Center
- Profile Reference
- Total Client Service Accounts
- Total Employee Service Accounts
- Authentication Status
- Status

Group Services Report

Purpose: A directory of group programs in the system.

Reports   CoA Reports   Grou Ser ces Report

Gro p Ser ices Report

Se e   ▼

Search

Contents:

- Name
- Address

- TimeZone
- Phone
- Alternate Phone
- Email
- UserName
- Cost Center
- Profile Reference
- Total Client Service Accounts
- Total Employee Service Accounts
- Authentication Status
- Status

Mileage Entries Details Report

Purpose: View all mileage entries made in the system based on desired filters.

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Method
- Employee Name
- Employee Number
- Cost Center
- Check In
- Check Out
- Hours
- Units
- Starting Odometer
- Ending Odometer
- Starting Geolocation
- Ending Geolocation
- Employee Exceeded Travel Time Tolerance
- Supervisor Exceeded Travel Time Tolerance
- Created By

- Created By Date
- Created By IP Address
- Approved By
- Approved By Date
- Approved By IP Address

Authorization Reports

Authorization Entries

Purpose: Shows all authorizations in the system

Search

Contents:

- Authorization ID
- Client Name
- Service Code
- Cost Center
- Region
- Authorization ID Reference
- Authorization ID Reference 1
- Authorization ID Reference 2
- Authorization ID Reference 3
- Authorization ID Reference 4
- Authorization ID Reference 5
- Start Date
- Cutoff Date
- Expiration Date
- Initial Balance
- Remaining Balance
- Monthly Max
- Weekly Max
- Daily Max
- Maximum Daily Billable Units
- Daily Rate

- Billing Unit
- Non Billable
- Status
- Created By
- Created Date
- Approved/Rejected By
- Approved/Rejected Date

Authorization Transactions

Purpose: Shows all entries (time , attendance, or fee) made against an authorization

Reports Authorization Reports Authorization Transactions Report

Authorization Reports - Authorization Transactions Report

Search

Contents:
- Authorization ID
- Client Name
- Service Code
- Cost Center
- Entry ID
- Entry Type
- Account Type
- Employee/Residential/ Day Program Name
- Date of Service
- Amount
- Bill Rate
- Region

Authorization Run Rate

Purpose: Compares the projected number of units that need to be provided to deplete the authorization by the end date to the current rate of provision.

Authorization Reports - Authorization Run Rate Report

[Search]

Contents:

- Authorization ID
- Client Name
- Service Code
- Cost Center
- Start Date
- End Date
- Initial Balance
- Remaining Balance
- Projected Weekly Run Rate
- Current Weekly Run Rate
- Projected Weekly Run Rate
- Projected # of Weeks Until Zero
- Determined Status

Expiring Authorizations Report

Purpose: Lists authorizations with an end date within the specified "number of days to look forward" (30, 60, 90, 120 days)

Authorization Reports - Expiring Authorization Report

Select Account Type

30 days

[Search]

Contents:

- Authorization ID
- Client Name
- Service Code
- Cost Center
- Start Date
- End Date
- Initial Balance
- Remaining Balance

Management Reports

Time Entry Overtime Report

Purpose: Lists employees that time ed overtime in a given pay week.

Search

Contents:
- Employee Name
- Employee Number
- Cost Center Code
- Total Hours Worked

Time Entry Authorization Violation Report

Purpose: Lists time es that exceeded the current authorization

Punch Entry Time Authorization Report

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client Name
- Service Code
- Start Date
- End Date
- Violation Type:
  - D = Daily Max
  - W = Weekly Max
  - M = Weekly Max
  - R = Remaining Balance
- Amount
- Billable Amount
- Status

Late Time Entry Report

Purpose: Lists time es made 3 or more days after the date of service

Late Punch Entry Report

Contents:
- Time ID
- Date of Service

- Account Type
- Employee Name
- Employee Number
- Client/Residential/Day Program Name
- Service Code
- Start Date
- End Date
- Amount
- Status
- Created By
- Created Date

Client Approval Bypassed Time Entry Report

Purpose: Lists time entries that were approved by a supervisor prior to client sign off being obtained

Reports   Management Reports   Client Approval Bypassed Punch Entry Report

Client Approval Bypassed Punch Entry Report

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client Name
- Cost Center Code
- Service Code
- Start Date
- End Date
- Amount
- Status
- Supervisor Name

Late Time Entry Approval Report

Purpose: Lists time es that were approved 3 or more days after the date of service

Late Punch Entry Approval Report

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client/Residential/Day Program Name
- Service Code
- Cost Center
- Start Date
- End Date
- Amount
- Status
- Created By
- Created Date
- Approved By
- Approved Date

Current Pay Week Hours Report

Purpose: Show the total number of hours worked for the current pay week and display the number of remaining hours before going into overtime. Results are displayed in one line item per employee, per cost center.

Current Pay Week Hours Report

Select

Search

Contents:

- Employee Name

- Employee Number
- Cost Center
- Total # of Approved Hrs
- Total # of Pending Hrs
- Total # of Remaining Hrs
- Total # of OT Hrs

Pay Week Total Hours Report

Purpose: Show the total number of hours worked for the current pay week and separated into Approved, Pending, and Unverified Hours.

Reports   Management Reports   Current PayWeek Total Hours Report

Current PayWeek Total Hours Report

Search

Contents:

- Employee Name
- Cost Center
- Approved Hours
- Pending Hours
- Unverified Hours
- Total Hours (Per Cost Center)
- Total Hours (All Cost Centers combined)

Unbillable Entries Report

Purpose: Shows all entries that are partially or fully unbillable due to being over authorization.

Reports   Management Reports   Unbillable Entries Report

Unbillable Entries Report

Select Account Type

Search

Contents:

- Time ID
- Authorization ID
- Date of Service
- Account Type
- Client Name
- Cost Center
- Employee/Program Name
- Employee Number
- Service Code
- Start Time
- End Time
- Amount
- Billable Amount
- Bill Rate
- Billing Determination

Compensating Entries Report

Purpose: Shows all compensating service code entries for a specific pay week.

Reports   Management Reports   Compensating Entries Report

Management Reports - Compensating Entries Report

Contents:

- Client First Name
- Client Last Name
- Client ID
- Service Code
- Cost Center Code
- Type of Compensation
- Original Time ID
- Original Start Date
- Original End Date
- Original Time Amount
- Offsetting Time Amount
- Offsetting Time ID

- Offsetting Date of Service
- Offsetting Start Date
- Offsetting End Date
- Offsetting Time Amount
- New Time ID
- New Date of Service
- New Start Date
- New End Date
- New Time Amount

Total Daily Hours Report

Purpose: View total daily hours for an employee and the status of each entry.

Search

Contents:

- Cost Center
- Approved Hours
- Pending Hours
- Unverified
- Total Hours

Payroll Reports

Payroll Batch Details Report

Purpose: Shows all payroll entries (and time entries if desired) that were included in a payroll batch

Pa roll Batch Deta ls Report

Search

Contents:

- Batch ID
- Employee Number
- Employee Last Name
- Employee First Name
- Account Type
- Cost Center Code
- Entry Type
- Entry ID
- Ref Entry
- Service Date
- Pay Type
- Pay Rate
- Pay Units

Total Hours by Month Report

Purpose: Shows the number of hours worked by an employee, separated by month

Reports   Payro Reports   Tota Hours B Month Repcrt

Total Hours B Month Repo t

Search

Contents:

- Employee Name
- Employee First Name
- Employee Last Name
- Month/Year

Billing Reports

Billing Batch Details Report

Purpose: Shows all billing entries (and time entries if desired) that were included in a billing batch

Search

Contents:

- Batch ID
- Account Reference
- Entry Reference
- Case Worker Name
- Region Name
- Client Last Name
- Client First Name
- Cost Center Code
- Rollup ID
- Service Date
- Bill Code
- Bill Units
- Bill Rate
- Net Amount
- Authorization ID Reference Fields
- Service Code Reference Fields

Billing Register Report

Purpose: Shows billing entries including the units, rate, and net amount per billing batch

Billing Reg ster Report

Search

Contents:

- Batch ID
- Account Reference
- Entry Reference
- Case Worker Name
- Region Name
- Client Last Name
- Client First Name
- Cost Center Code
- Rollup ID
- Service Date
- Bill Code
- Bill Units
- Bill Rate
- Net Amount

Residential Billing Absentee Report

Purpose: Shows all residential program absences per client for billing purposes

Res de tial Bil ng Absentee Report

Search

Contents:

- Client
- Account Reference
- Cost Center
- Region Name

- Reason
- Start Date
- End Date
- Days
- Total number of absent days

Parenting Billing Absentee

Purpose: Shows all parenting program absences per client for billing purposes

Reports | Billing Reports | Parenting Billing Absentee Report

Parenting Billing Absentee Report

Search

Contents:

- Client
- Account Reference
- Cost Center
- Region Name
- Reason
- Start Date
- End Date
- Days
- Total number of absent days

Billing Entry Authorization Max Violation Report

Purpose: Shows all billing entries that violated an authorization max (Daily, Weekly, or Monthly).

Reports | Billing Reports | Billing Entry Authorization Max Violation Report

Billing Entry Authorization Max Violation Report

Search

Contents:

- Batch ID
- Entry ID
- Client Last Name
- Client First Name
- Service Code
- Cost Center Code
- Billing Unit
- Max Setting Violated
- Amount Over Max

Rollups Report

Purpose: View rollups based on desired search filter.

Contents:

- RollUp Id
- Batch Id
- Rollup Date
- Rollup Reference 1
- Rollup Reference 2
- Rollup Reference 3
- GL Code
- Number of Entries
- Net Units
- Net Amount
- Amount Received
- Amount Over Max

Rollups Detail Report

Purpose: View rollups and their details based on desired search filter.

[Search]

Contents:

- RollUp Id
- Batch Id
- Rollup Date
- Rollup Reference 1
- Rollup Reference 2
- Rollup Reference 3
- GL Code
- Number of Entries
- Net Units
- Net Amount
- Amount Received
- Entry Id
- Date of Service
- Client Name
- Bill Code
- Bill Units
- Bill Rate
- Bill Code Override
- Bill Units Override
- Bill Rate Override

Billing Batch Payroll Results Report

Purpose: The report shows funding account entries and associated billing entries for any payback refunds that meet the filter criteria

Search

Contents:

- Batch Id
- Entry Id
- Entry Type
- RefEntry Id
- Date of Service
- Account Type
- Employee FirstName
- Employee LastName
- Employee Number
- Client/Residential/DayProgram Name
- Cost Center
- Service Code
- Start Date
- End Date
- Amount
- Bill Units
- Bill Rate
- Rollup Id

Write-Off Detail Report

Purpose: The report shows all time entries that have a status of write-off

Billing Reports - Write-Off Detail Report

[Search]

Contents:

- Batch ID
- Batch Name
- Funding Source Name
- FundingAccount.AccountReference
- RegionName
- Client Name
- Client ID
- CostCenter
- AccountType
- ServiceCode
- ServiceCode BillingUnit
- Violation Type
- Units
- Billable Units
- Write Off Units (Units- Billable Units)
- Bill Rate
- Net Amount (Bill Units x Rate)
- Write Off Amount (Write Off Units x Rate)
- Status

Funding Account Reports

Funding Account Reports

Purpose: Shows details of client funding accounts, including the balance to date

Search

Contents:

- Account ID
- Client First Name
- Client Last Name
- Client ID
- Account Reference
- Account Type
- Funding Source
- Funding Source ID
- Cost Center
- Cost Center ID
- Service Code
- Service Code ID
- Unit
- Balance
- Start Date
- End Date
- Staff Ratio
- Region
- Caseworker
- Status

Funding Account Entries Report

Purpose: The report shows all time entries associated with a funding account, including the entry details and the associated funding account.

Search

Contents:

- Time ID
- Pay Week
- Reference Time ID
- Date of Service
- Account Type
- Client Name
- Client ID
- Employee/Program Name
- Account Reference
- Cost Center
- Service Code
- Funding Source
- State Date
- End Date
- Hours
- Amount
- Billable Amount
- Employer Burden Rate
- Employer Cost
- EVV
- EVV Methods
- Status
- Created By
- Created IP Address
- Approved/Rejected By
- Approved/Rejected Date
- Approved IP Address
- Input Method Type
- Billing Batch Name
- Billing Batch Number
- Region

Additional Reports

Employee Reports

Purpose: View details of Employee Profile

Search

Contents:

- Profile ID
- First Name
- Last Name
- Employee Number
- Email
- Address
- City
- State
- Zip Code
- Time Zone
- DOB
- Cost Center
- Cost Center ID
- Type
- Username
- Status

Client Reports

Purpose: View details of Client Profile

Region Client Report

Client Region

Contents:

- Profile ID
- First Name
- Last Name
- Client ID
- Email
- Address
- City
- State
- Zip Code
- Phone
- DOB
- Cost Center
- Cost Center ID
- Client Code
- Medicaid Number
- Region
- Status

Region Reports

Purpose: Shows regions per funding source

Region Region Code

Region and Region ID

Contents:

- Funding Source Profile ID

- Funding Source Name
- Region ID
- Region Name
- Address
- City
- State
- Postal Code
- Phone
- Fax
- Email
- Contact Name
- Region Reference
- Status

Service Code Reports

Purpose: Shows all service codes per funding source

Search

Contents:

- Funding Source ID
- Funding Source Name
- Service Code ID
- Service Code
- Account Type
- Funding Type
- Billable
- Billing Unit
- Rounding Increment
- Rounding Type
- Payable
- Overtime Exempt
- Has Daily Rate
- Daily Max
- Daily Bill Rate
- Daily Bill Code
- Billing Rollup Type
- Default Provider Service Location
- Bill Code

- Billing Multiplier
- EVV Required
- Status

Time Card Reports

Purpose: List all time entries per filter results with all information needed to obtain client sign off. This report is used in areas where paper documentation with a wet signature is still required.

Group By (i)

Search

Contents:

- Time EntryID
- Billing Batch ID
- Client Name
- Account Reference
- Region Name
- Cost Center
- CaseWorker Name
- Service Date
- Employee Name
- Employee Number
- Service Code
- Bill Code
- Start Time
- End Time
- Billing Units
- Client Sign Off
- Time Notes

Summary Report

Purpose: Tracks consumer spending, including authorization details. This report is only available for Caseworkers and Super Users in FI Mode.

≡   ≡

Search

Contents Section One:

- The date the report was generated
- Client Name
- Participant Number (Client ID)
- Case Manager Name
- Case Manager Phone Number
- Funding Source Name
- Authorization Start Date
- Authorization End Date
- % Time Elapsed
- Funding Type (Dollars or Units)
- Authorization Name
- Initial Balance
- Used YTD
- Pre Authorization Holds
- Remaining Balance

Contents Section Two:

- Authorization Name
- Authorization ID
- From Date
- To Date
- Client Name
- Service Code
- Cost Center
- Entry ID
- Entry Type
- Account Type
- Employee/Program Name
- Date of Service
- Amount

- Bill Rate

EVV Reports

Complete EVV Report

Purpose: View all EVV Verifications, EVV Geolocation, Fob, and Client Portal Sign-Off information for an entry.

Search

Contents:

- Entry ID
- EVV Verification ID
- EVV Method
- EVV Status
- EVV Captured On
- Attachment
- Yes or No
- Approved By
- Geolocation ID
- Geolocation Captured Time
- Geolocation
- EVV Location
- EVV Location Geolocation
- Geofence Distance
- Geofence Status
- Fob Clock In
- Fob Clock Out
- Client Portal Sign Off

Geofence Distance Report

Purpose: View distances between Time Geolocation and the associated EVV Location Geolocation.

≡   ≡

Search

Contents:

- Time ID
- Account Type
- Employee Name
- Employee Number
- Client Name
- Client ID
- Cost Center Code
- Service Code
- Start Date
- End Date
- Amount
- Clock In Time Geolocation
- Clock In EVV Location
- Clock In EVV Location Geolocation
- Clock In Geofence Distance
- Clock Out Time Geolocation
- Clock Out EVV Location
- Clock Out EVV Location Geolocation
- Clock Out Geofence Distance

EVV Details Report
Purpose: Lists all EVV Verifications per filter settings.

Contents:

- Time ID
- Service Date
- Account Type
- Employee Name
- Employee Number
- Client Name
- Client ID
- Cost Center Code
- Service Code
- Start Date
- End Date
- Amount
- Time Entry Status
- Verification Status
- EVV Method
- Client Sign Off
- EVV Verification ID
- EVV Type
- Created
- Creator ID
- Account ID
- Approved By
- Approved Date
- Attachment ID
- Geolocation

EVV Verification Exception Report

Purpose: Lists all EVV Verifications for time es that have an EVV exception (Failed, Missed interval, or Unverified).

Contents:

- Time ID
- Service Date
- Account Type
- Employee Name
- Employee Number
- Client Name
- Client ID
- Cost Center Code
- Service Code
- Start Date
- End Date
- Amount
- EVV Status
- EVV Method
- Client Sign Off
- EVV Verification ID
- EVV Type
- Created
- Creator ID
- Account ID
- Approved By
- Approved Date
- Attachment ID
- Geolocation

Call Log Report

Purpose: Lists all records of call ins from a client phone.

Search

Contents:

- Date of Call
- Start Time
- End Time
- Account Type
- Cost Center
- Phone Number
- Client/Program Name
- Employee
- Result

FOB Report

Purpose: Lists all time es where FOB was used for EVV method.

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name

- Client Name
- Cost Center
- Service Code
- Start Date
- End Date
- Amount
- EVV Complete
- EVV Method
- FOB Serial #
- FOB Start Token
- FOB End Token
- Status
- Created By
- Created Date
- Created IP Address
- Approve/Rejected By
- Approved/Rejected Date
- Approved/Rejected IP Address

Scheduling Reports

Employee Schedule Report

Purpose: Lists all schedule entries for an employee per filter criteria.

Search

Contents:

- Employee Name
- Account Type
- Cost Center
- Client Name
- Residential Program Name
- Day Program Name
- Group Service Name

- Service Code
- Pay Week
- Date of Service
- Start Time
- End Time
- Hours
- Status

Client Schedule Report

Purpose: Lists all schedule entries for a client per filter criteria.

Search
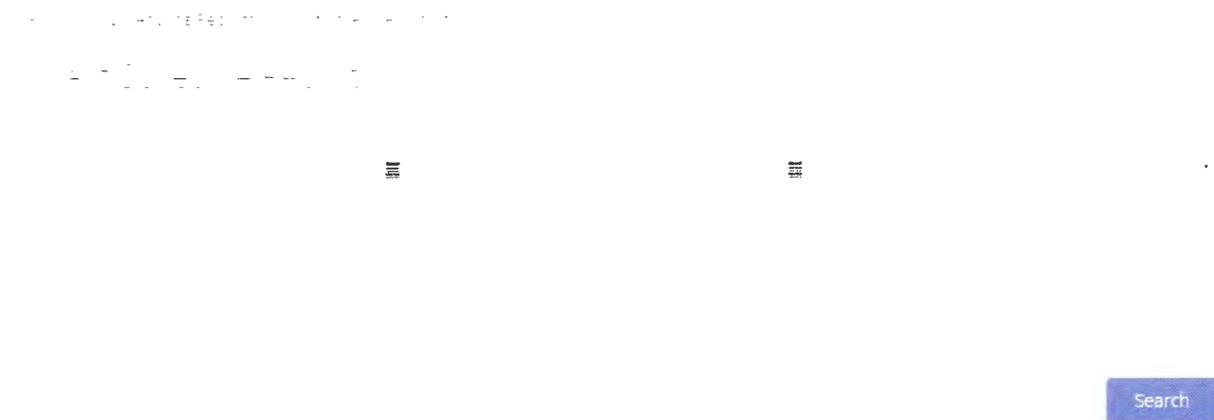
Contents:

- Client Name
- Account Type
- Cost Center
- Employee Name
- Day Program Name
- Group Service Name
- Service Code
- Pay Week
- Date of Service
- Start Time
- End Time
- Hours
- Status

Day Program Schedule Report

Purpose: Lists all schedule entries for a Day Program per filter criteria.

Day Program Schedule Report

Search

Contents:

- Employee/Client Name
- Account Type
- Cost Center
- Day Program Name
- Service Code
- Pay Week
- Date of Service
- Start Time
- End Time
- Hours
- Status

Residential Program Schedule Report

Purpose: Lists all schedule entries for a Residential Program per filter criteria.

Reports   Scheduling Reports   Residential Program Schedule Report

Residential Program Schedule Report

Search

Contents:

- Employee Name
- Account Type
- Cost Center
- Residential Program Name
- Service Code

- Pay Week
- Date of Service
- Start Time
- End Time
- Hours
- Status

Group Service Schedule Report

Purpose: Lists all schedule entries for a Group Service per filter criteria.

Search

Contents:

- Employee/Client Name
- Account Type
- Cost Center
- Residential Program Name
- Service Code
- Pay Week
- Date of Service
- Start Time
- End Time
- Hours
- Status

Missed Shift Report

Purpose: View all shifts that in which the time worked was outside the customer's acceptable variation from the scheduled shift.

Missed Shift Report

Search

Contents:

- Schedule Entry ID
- Account Type
- Employee Name
- Employee Number
- Client Name
- Client ID
- Cost Center Code
- Schedule Start Date
- Schedule End Date
- Scheduled Hours
- Critical Shift
- Pay Week

Training Reports

Employee Training Certification Report

Purpose: View all Profile Certifications based on the filter criteria.

Employee Training Certification Report

Select State

Search

Contents:

- Employee Number

- Employee Name
- Cost Center
- City
- State
- Zip Code
- Certification ID
- Certification Name
- Certification Date
- Certification Expiration Date

Employee Training Certification Details Report

Purpose: View all Profile Certifications based on the filter criteria, including who created the certification and when.

Search

Contents:

- Employee Number
- Employee Name
- Cost Center
- City
- State
- Zip Code
- Certification ID
- Certification Name
- Certification Date
- Certification Expiration Date
- Certification Status
- Certification Added By
- Certification Added Date
- Certification Approved By

Service Code Certification Requirements Report

Purpose: View all Certification Requirements for a specific Service Code based on the filter criteria.

Service Code Certification Requirements Report

Select Account Type ▾

Select filter ▾   Select Status ▾

Search

Contents:

- Funding Source ID
- Funding Source Name
- Service Code ID
- Service Coe Name
- Account Type
- Billing Unit
- Service Code Status
- Certification Template ID
- Certification Template Name
- Certification Requirement ID
- Certification Requirement Name

Service Code Certification Templates Report

Purpose: View all associations of Certification Templates to specific Service Codes based on the filter criteria.

Service Code Certification Templates Report

Select Account Type ▾

Select filter ▾   Select Status ▾

Search

Contents:

- Funding Source ID
- Funding Source Name
- Service Code ID
- Service Coe Name
- Account Type
- Billing Unit

- Service Code Status
- Certification Template ID
- Certification Template Name

Certification Templates Report

Purpose: View all Certification Templates in the system based on the filter criteria.

Reports   Training Reports   Certification Templates Report

Certification Templates Report

Select Status   ▾

Search

Contents:

- Template ID
- Template Name
- Template Status

Certification Templates Associations Report

Purpose: View all Certification Template associations based on the filter criteria. This will show which templates are linked to which entities (i.e. Service Code, Cost Center, Employee Profile, Client Profile, Funding Account, or Master Program Account).

Reports   Training Reports   Certification Templates Associations Report

Certification Templates Associations Report

Select Status   ▾   Select Association Type   ▾

Search

Contents:

- Template ID
- Template Name
- Template Status
- Association Type
- Associated ID
- Associated Name

Certification Requirements Report

Purpose: View all Certifications Requirements and their details based on the filter criteria.

Certification Requirements Report

Select Status   ▾

Search

Contents:

- Certification Requirement ID
- Certification Requirement Name
- Certification Requirement Status
- Valid Duration
- Expiration Reminder Period
- Expiration Reminder Frequency

Certification Requirements Association Report

Purpose: View which Certification Requirements are included in each Certification Template based on the filter criteria.

Certification Requirements Association Report

Select Status   ▾

Search

Contents:

- Certification Requirement ID
- Certification Requirement Name
- Certification Requirement Status
- Template ID
- Template Name

Expiring Training Certification Report

Purpose: View Profile Certifications expiring within the specified date range.

Expiring Training Certification Report

Search

Contents:

- Employee Number
- Employee Name
- Cost Center
- City
- State
- Zip Code
- Certification ID
- Certification Name
- Certification Date
- Certification Expiration Date
- Certification Expiration Date Last Reminder

Employee Required Training Report

Purpose: The purpose of this report is list all certifications required for an employee.

Employee Required Training Report

Search

Contents:

- Employee Number
- Employee First Name
- Employee Last Name
- Certification ID
- Certification Name
- Certification Date
- Certification Expiration Date
- Certification Status

Employee Certification Requirements Linkage Report

Purpose: The purpose of this report is inform a user where the certification requirements that are imposed on an employee come from including which templates and how those templates are linked to the employee.

Reports   Tra n ng Reports   Employee Certification Requirements Linkage Report

Employee Certification Requirements Linkage Report

Search

Contents:

- Employee Profile ID
- Employee Name
- Employee HIre Date
- Employee Default Cost Center ID
- Employee Default Cost Center
- Requirement Name
- Template ID
- Template Name
- Requirement Source
- Certification Status
- Certification Expiration Date

Auditing System Activity Reports

Login Report

Purpose: View all login attempts based on filter criteria.

Reports   Auditing System Act ty Reports   Log   Report

Login Report

Search

Contents:

- Created Date
- Subject

- Employee Name
- Client Name
- Added By

Client Sign Off Report

Purpose: View all records of client sign off and when it was completed based on filter criteria.

Reports   Auditing System Acti ty Reports   ent Sign Off Report

Client Sign Off Report

Search

Contents:

- Created Date
- Subject
- Employee Name
- Client Name
- Added By

Profile Event Report

Purpose: Review all events added by a specific profile for a specific date range. This report should contain the following:

Reports Auditing System Acti ity Reports   Profi e Event Report

Profile Event Report

Search

Contents:

- Date
- Subject
- Description
- Added By

Business rules Settings Reports

Business rules Setting Report

Purpose: View all business rules and the current setting based on filter criteria.

Reports   Scrubs Settings Report

Scrubs Settings Report

Select Code School   ▼   Select   ▼

                                            Select   ▼

                                                        Search

Contents:

- Business rules ID
- Funding Source ID
- Funding Source Name
- Service Code ID
- Service Code Name
- Parameter 1
- Parameter 2

Business rules Result Reports

Business rules Result Report

Purpose: The purpose of this report is to provide users an easy way to review the business rules results for one or more time es at a time.

Reports   Scrubs Result Report

Scrubs Result Report

Scrub Results   ▼

                                            Search

Contents:

- EntryID
- Date of Service

- Employee ProfileID
- Employee Fullname
- Client ProfileID
- Client Name
- AccountID
- Cost Center
- Business rules Name - This should be determined using the Business rulesID from the Business rulesTable
- Business rules Results - This should be the Business rulesExecutions Results value.
  - If 1, display "Pass" with a green fill.
  - If 0, display as "Fail" with a red fill.
  - If NULL, then display "" (blank) with a white fill.

Summary Report

Summary Report

Purpose: The purpose of this report is to provide a view of the client spending summary in a specific format. This report is designed to re used by Fiscal intermediaries and can be viewed by superusers, case workers, and employers.

Reports > Summary Report

Report > Summary Report

Search

Contents:

- Client Name
- Participant Number
- Case Manager
- Phone
- Funding Source
- Authorization Name
- Authorization Start Date
- Authorization End Date
- % Time Elapsed
- Authorization Name
- Initial Balance
- Used YTD
- Pre Authorizations Holds
- Remaining Balance
- % Remaining Balance

Custom Fields Reports

Custom Field Definitions Report

Purpose: The purpose of this report is to provide users an easy way to view all custom field definitions in the system

Search

Contents:

- Custom Field ID
- Item Type
- Name
- label
- Help Text
- Description
- Input Type
- RegEx
- List Values
- Default Value
- EDI
- Status

Custom Field Values Report

Purpose: The purpose of this report is to provide users an easy way to view all custom field values in the system.

Search

Contents:

- Custom Field ID
- Item ID

- Item Type
- Label
- Value
- EDI
- Status

Notes Reports

NOTE: Enhanced formatting notes (i.e. bullet points, special colors/fonts) will need to be decoded after downloading to CSV. To do so, follow these steps:

1. Under the 'Note Body' column, right click the cell of the note you would like to decode and select 'Copy'
2. Open a separate browser window
3. In the new browser window, enter https://www.base64decode.org/ in the Address bar
4. Right click in the 'Decode from Base64 format' section and select 'Paste'
5. Click the 'Decode' button
6. The decoded note is now displayed in the 'Output' section
7. Copy the note back into the spreadsheet if desired

Alternatively:

1. Right-click directly in the report table in DCI
2. Select Export
3. Select Excel Export (.xlsx)

Show ng **144** out of **144** records

Punch ID	Date of Service	Account Type	Employee Name	Employee Number	Client/ Resident
462ᵃ	05 18/2019	Hourly	Chloe Caregiver	12345	Julius Ceasar
▣ Copy	Ctrl+C				
462 ▣ Copy with Headers		Hourly	Chloe Caregiver	12345	Julius Ceasar
Export ▸ CSV Export					
462ᵇ	05 16 2015 Excel Export (.xlsx)		Chloe Caregiver	12345	Julius Ceasar
	Excel Export (xml)				
4517	05/17/2015	Hourly	Daisy Duck	104	Biggs Darklighter

Time Entry Notes and Canned Statements Report

Purpose: The purpose of this report is to provide users an easy way to view all notes and canned statements associated with time (es).

Punch Entry Notes and Canned Statement Report

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client/Residential/Day Program Name
- Cost Center
- Service Code
- Start Date
- End Date
- Statements
- Canned Statements

Employee Service Account Time Notes Report

Purpose: The purpose of this report is to provide users an easy way to bulk download notes associated with Time es for an Employee Service Account.

Employee Service Account Punch Notes Report

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name

- Employee Number
- Client/Residential/Day Program Name
- Cost Center
- Service Code
- Start Date
- End Date
- Note Type
- Note Sub Type
- Note Date
- Note Subject
- Note Body
- Note Added By

Client Funding Account Time Notes Report

Purpose: The purpose of this report is to provide users an easy way to bulk download notes associated with Time es for a Client Funding Account.

Reports / Notes Reports / Client Funding Account Punch Notes Report

Client Funding Account Punch Notes Report

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client/Residential/Day Program Name
- Cost Center
- Service Code
- Start Date
- End Date
- Note Type
- Note Sub Type
- Note Date
- Note Subject
- Note Body
- Note Added By

Payroll Entry Notes Report

Purpose: The purpose of this report is to provide users an easy way to bulk download notes associated with Payroll Entries.

Reports   ctes Reports   Pa ro E ry otes Report

Payroll Entry Notes Report

Contents:

- Entry ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client/Residential/Day Program Name
- Cost Center
- Service Code
- Pay Code
- Amount
- Note Type
- Note Sub Type
- Note Date
- Note Subject
- Note Body
- Note Added By

Billing Entry Notes Report

Purpose: The purpose of this report is to provide users an easy way to bulk download notes associated with Billing Entries.

Billing Entry Notes Report

Search

Contents:

- Entry ID
- Date of Service
- Account Type
- Client Name
- Employee Number
- Employee/Residential/Day Program Name
- Cost Center
- Service Code
- Batch ID
- Bill Code
- Note Type
- Note Sub Type
- Note Date
- Note Subject
- Note Body
- Note Added By

Employee Profile Notes Report

Purpose: The purpose of this report is to provide users an easy way to bulk download notes associated with Employee Profiles.

Employee Profile Notes Report

Search

Contents:

- Profile ID
- Employee Type
- Employee Name
- Employee Number
- Cost Center
- Hire Date
- Employment Status
- Note Type
- Note Sub Type
- Note Date
- Note Subject
- Note Body
- Note Added By

Authorization Notes Report

Purpose: The purpose of this report is to provide users an easy way to bulk download notes associated with Authorizations.

Reports   Notes Reports   Authorization Notes Report

Authorization Notes Report

Search

Contents:

- Entry ID
- Start Date
- Account Type
- Client Name
- Client ID
- Cost Center
- Service Code
- Auth Status
- Note Type
- Note Sub Type
- Note Date
- Note Subject
- Note Body
- Note Added By

Canned Statements Report

Purpose: The purpose of this report is to provide users an easy way to view all canned statements associated with the resi.

Search

Contents:

- Time ID
- Date of Service
- Account Type
- Employee Name
- Employee Number
- Client, Residential/Day Program Name
- Client ID
- Cost Center
- Service Code
- Start Date
- End Date
- Canned Statements

Attachment B.2 DCI EVV Standard File Layout

RTM Requirement 199 – IIO.10

Field Name	Required	Max Length	Type
3rd Party Visit ID	Y	56	Alphanumeric
Start Time	Y	14	Date
End Time	Y	14	Date
Service ID	Y	64	Alphanumeric
Client ID	Y	64	Alphanumeric
Employee ID	Y	64	Alphanumeric
Input Method	Y	64	Alphanumeric
Starting Location Description	Y	64	Alphanumeric
Starting Location Latitude	Y	19	Decimal
Starting Location Longitude	Y	19	Decimal
Ending Location Description	N	64	Alphanumeric
Ending Location Latitude	N	19	Decimal
Ending Location Longitude	N	19	Decimal
Start Phone Number	N	10	Int
End Phone Number	N	10	Int
Start Fixed Device ID	N	64	Alphanumeric
End Fixed Device ID	N	64	Alphanumeric
Mileage	N	3	Int
Travel Time	N	3	Int
Client Verified	Y	1	Int
Modify Flag	N	1	Int
Reason Code	N	4	String

Description

The unique identifer for this visit in the Providers Alt EVV system

YYYYMMDDHHMMSS - use timezone where services were provided

YYYYMMDDHHMMSS - use timezone where services were provided

The funding source provided bill code for the service code provided

Client Medicaed ID

Unique identifier for the employee providing service

Method of visit entry into Alt EVV system (mobile, phone, manual)

Name or description for starting location

Required if Input Method = Mobile

Required if Input Method = Mobile

Name or description for ending location

Optional if Input Method = Mobile

Optional if Input Method = Mobile

10 digit number with no hyphens or parentheses, requried if Input Method = phone

10 digit number with no hyphens or parentheses, requried if Input Method = phone

Optional provide if collected

Optional provide if collected

Miles traveled. Required if service code is transportation or mileage

Travel time in minutes. Required if service code is transportation or mileage

Indicates if the client verified the visit

0 = No

1 = Yes

Used to modify previously submitted visit:

Delete = 0

Update =1

Reason code for update/delete. Required if Modify Flag was provided

Attachment B.3 Acumen Business Continuity/Disaster Recovery Plan

RTM Requirement 221 – BCDR.2

Direct Care Innovations

Portal Business Continuity & Disaster Recovery Plan

Version 1.1
August 2019

Document Revisions:

Date	Version Number	Document Changes	Approved by
05 August, 2019	1.1	Document Revisions • Added Documents Revisions Page Disaster Recovery Procedure • Updated Screenshots of Jenkins Job.	Matt Dee

Table of Contents

Statement of Intent

The document aims to put procedures in place in order to successfully recover Mission Critical Applications after any service disruption. The following objectives have been established for this plan:

Maximize the effectiveness of contingency operations through an established plan that consists of the following phases:
- Notification/Activation Phase – Activating the plan.
- Recovery Phase – Restoring temporary operations and recovering any damages that may have occurred to the original system.
- Identify activities, resources, and procedures needed to carry out all processing requirements during interruptions to normal business operations.
- Assign responsibilities to the designated authorized representative in addition to providing guidance in the recovery of IT assets during periods of interruption to normal operations.
- Ensure coordination and communication between the participants at service providers and DCI who have been assigned to the recovery planning strategy. Ensure coordination with external points of contact and vendors who will participate in the recovery planning strategy.

Definitions

A Disaster, for the purposes of this plan, is ANY event that results in the specified Mission Critical application systems being unavailable for a period of time in excess of [x hours/days].
This could be an event of significant magnitude that threatens the continued stability and/or continuance of an institution, that brings about great loss and/or damage, or that creates an inability on the organization's part to perform critical functions.

It is important to highlight that not all incidents will result in initiating the DR process. Therefore, necessary steps must be taken to assess the severity of the incident prior to declaration. An incident is defined as any unexpected event that may cause a system to function improperly. A critical incident is any event that results in the impairment of business-critical functions, leaving DCI unable to provide essential services for a period of time in excess of [x hours/days]. Incidents may be internal or external to business operations.

RTO (Recovery Time Objective) is maximum acceptable length of time for which application can be offline.
Accepted time: 2 hours

RPO (Recovery Point Objective) is maximum length of time during which data might be lost from DCI application due to a major incident.

Accepted time: 1 hours

Objectives

The objectives of this plan are:
- Minimize economic loss
- Establish a solid communication matrix to be used in the event of disaster
- Reduce disruptions to operations
- Provide organizational stability
- Achieve orderly recovery
- Reduce legal liability
- Limit potential exposure
- Lower probability of occurrence
- Reduce reliance on key personnel
- Protect assets
- Minimize decision making during disaster
- Reduce delays in critical recovery situations
- Provide a sense of security

- Comply with regulatory requirements
- Recover all Mission Critical applications within the defined Recovery Time Objective (RTO) and Recovery Point Objective (RPO).

The Disaster Recovery Plan is intended to:
- Ensure that all known and available resources will be used to recover business functions following an emergency or disaster event that could impact the operation of mission critical systems.
- Provide a set of actionable procedures to restore prioritized business processes with maximum speed and minimum impact to internal and external customers.

DR Team Contact Info

Name	Email ID	Role
Mindi Mitchell	mindim@dcisoftware.com	COO
Matt Dee	matthewd@dcisoftware.com	CTO
Jay Johnson	jayj@dcisoftware.com	CIO
Terry Hallberg	terih@dcisoftware.com	Support Analyst

Plan Overview
The DRP update process is required to be properly structured and controlled. In case any changes are made to the DR plan, then the plan is required to be tested and appropriate amendments should be made to the training materials. This involves the use of formalized change control procedures under the control of the IT Director.

Plan Documentation Storage

The copies of this Plan will be stored in secure locations to be defined by the company. Each member of senior management will be issued a hard copy of this plan to be filed at home. Each member of the Disaster Recovery Team and the Business Recovery Team will be issued a hard copy of this plan. A master protected copy will be stored on specific resources established for this purpose.

Disaster Recovery Plan Assumptions
This disaster recovery plan is designed while taking the following assumptions into consideration
- US East region will not be disrupted due to outage in US West region
  - Its assumed in case the primary region is down even then DR region should be up and running.
  - It should not be global outage.
- Login/authentication services for Azure should be working properly.
- Disaster Recovery Virtual Machine services should be up and running.
- Internal communication channel between Azure services should not be broken.
- Microsoft Azure failovers the storage account from West to East region within the accepted RTO time if Azure recognizes an event as Disaster.
- Active messages in queue which were being processed before disaster and were not completely processed, will not be processed further due to service outage.
- Data loss for accepted RPO time. (1 Hr.)
- SQL Server disaster recovery services (failover groups) are up and working.
- Although Traffic Manager service is a global service but it should be up and running at the time of outage in US West region.

- Azure Schedulers service is global service and Azure ensures that in case of outage, these schedulers will be executed from other regions.
- Azure Powershell cmdlets are working properly.
- Service Principal authentication is working properly.

Risk/Constraint Management

This disaster recovery plan contains the following constraints
- In case there are disruptions in the US East region due to outage in US West region, it might not be possible to bring up the infra in secondary region.
- In case login/authentication services are affected, it is not possible to bring up the application in any region on Azure.
- Disaster Recovery VM will contain the automated jenkins jobs that will setup the instance in secondary region within minutes. In case the VM services of US East region goes down, the whole process has to be done manually which will take time and might impact RTO time. In this manual approach, the Azure Portal will be used for the same and Azure Portal should be working fine in such situation.
- In case internal communication is broken, the azure apps will not be able to communicate with each other. Hence it's not possible to set the instance up.
- As Storage account is a Microsoft Azure managed service. So, whenever Microsoft Azure identifies storage service outage, then Microsoft Team performs the failover at the backend between the primary and secondary regions for Storage Account.
- Schedulers are also Microsoft managed service. Any failover for this service cannot be performed. In case Azure identifies any disaster, it will ensure that schedulers will be running from another datacentre.
- Service Bus is not a part of this Disaster Recovery plan. In case disaster occurs, a new service bus will be created in the US East region and its endpoint will be configured in the DCI application. Setting up Disaster Recovery for Service Bus is not a cost-effective move as it incurs 69 times the cost of what is being incurred now.
- Redis Cache is not a part of this Disaster Recovery plan. In case disaster occurs, a new Redis Cache will be created in the US East region and its endpoint will be configured in the DCI application.
- In case SQL Server disaster recovery services (failover groups) goes down during outage, it may not be possible to access databases. It is required to copy replicated secondary databases (read-only) to a new SQL Server manually to access those databases (read and write) and the connection strings of this newly created SQL Server and Databases needs to be updated in the configs of DCI Application.
- In our case traffic manager is configured with only one web app that is hosted in the primary region. In the event of disaster, as the web apps in secondary region are not yet created, creation of new webapps at the time of outage might be impacted if the outage has impacted the US East region. As per Microsoft Azure, during an outage "This is important if your secondary Azure region is nearing capacity. No service-level agreement (SLA) guarantees that you can instantly deploy one or more new cloud services in any region." [Reference]
- Disaster Recovery cannot be setup for all types of VMs. Azure Site Recovery supports only certain types of VM with specific OS builds.
- Queue messages which got stuck in processing state will be reset using secondary infrastructure.
- Azure Powershell cmdlets are changed frequently by Microsoft. In case the powershell cmdlets fail, it is required to switch over to manual process for setting up DR.
- AWS Rekognition is a managed service; disaster recovery is managed by the service itself. In case of disaster, the auto approval process of the punch may go down as the AWS Rekognition service implementation is based on collection streams. As per official communication from AWS, collections are created regionally and may be inaccessible during an outage in that specific region.

Disaster Recovery Strategies

Web Apps
The Traffic Manager is used for Disaster Recovery of Web Apps, it performs the Automatic Failover by routing the Traffic to the Secondary Web App Endpoint on the basis of Endpoint Monitoring and routing method.

Traffic Manager Profile is configured with Primary and Secondary Endpoints which points to Web Apps hosted in different regions which are Azure paired regions. For example, in case the Primary Web App is created in the West US location then our Secondary Web App will be created in East US location because West US and East US are the Azure Paired Regions.

Traffic Manager regularly Monitors Endpoint Health and in case health of any Endpoint is found to be unhealthy, the traffic is routed to Healthy Endpoint. At any point of time in case any issue is found on the Primary Endpoint, the Traffic Manager marks the Primary Endpoint as unhealthy and routes the traffic to the Secondary Endpoint. The traffic manager routes the traffic to the secondary Endpoint in a process of milliseconds to avoid website to be down for a single point of time.

AzureTraffic Manager

Only functional when in DR situation.
Automatic Failover to East US region

Webapp in West US   Webapp in East US
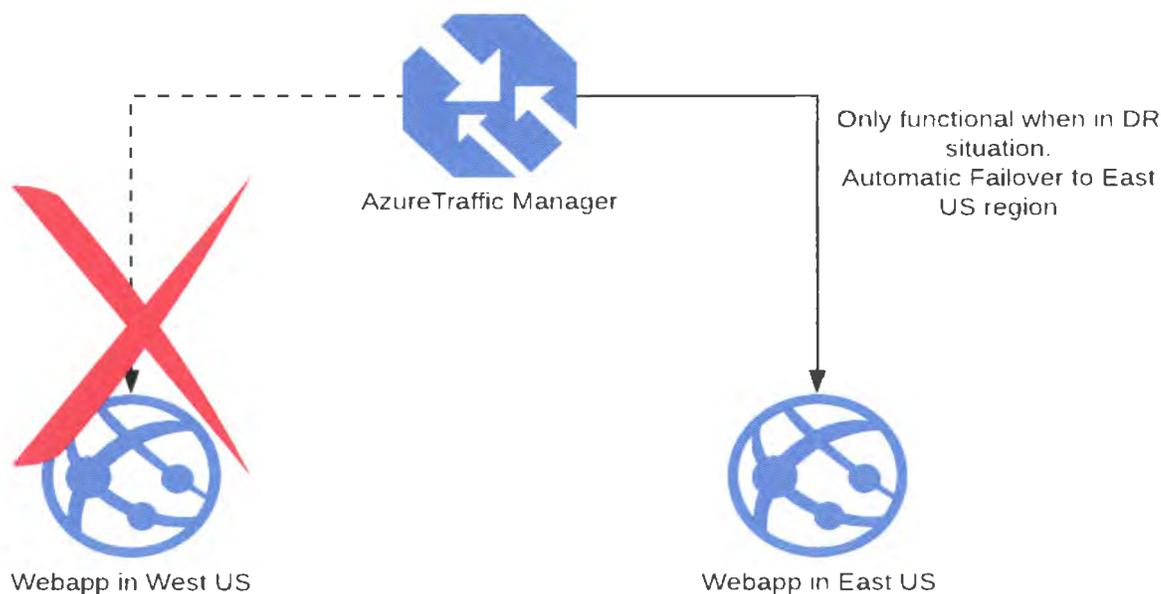
Approach Finalized
Traffic Manager will be pre-configured with DNS mapping and SSL Binding with only one endpoint i.e. Primary WebApp Endpoint with priority set to 2. In the event of disaster, a secondary webapp will be created with deployment in another region and will be added as an Endpoint in traffic manager with priority routing set to 1 for secondary webapp. All the activities would be performed by a single click using the Jenkins jobs.

SQL Server
For Disaster Recovery of SQL Server, Azure SQL Database Failover Groups automatically performs Failover with minimum Data Loss Grace Period of 1 Hour.

There is also an option of Manual Failover. In case any issue/outage is noticed regarding SQL Server in the region, failover will be performed with the Jenkins jobs within 5-10 minutes. Failover can also be performed using the Azure portal.

Databases are required to be added in the failover groups. Replication must be enabled for the primary database with the secondary server in order to create Failover Groups.

	SERVER	ROLE	READ/WRITE FAILOVER POLICY
✓	failovertestserver (West US)	Primary	Automatic
✓	failovertestserversec (East US)	Secondary	

Read/write listener endpoint

testfailovergroupone.database.windows.net

Read-only listener endpoint

testfailovergroupone.secondary.database.windows.net

Approach Finalized

The failover groups should be configured for all production instances. In case of disaster, SQL Server will do an automatic failover with minimum data loss grace period of 1 Hour. Also, in case, any disaster is identified by us, failover can be performed manually using our Jenkins jobs as well as Azure portal.

Service Bus

For Disaster Recovery of Service Bus, Geo-Recovery feature can be used. It is required to configure the Geo-Recovery of Service Bus by creating Secondary Service Bus in a paired region.

Geo-Recovery Feature is available for Premium Sku only.

Geo-Replication is enabled by initiating pairing between the Primary and Secondary Service Bus and giving Alias name to Geo-Recovery endpoint, that Alias is used in the applications. The failover between regions is performed in the background of Alias, hence there's no effect on the application.
All operations can be performed like Pairing, Alias Configuration and Failover of Service Bus using PowerShell Script.

OneDRtest
Service Bus Geo-DR Alias

↻ Refresh

	Alias Name OneDRtest	Primary Namespace servicebus-pri	Secondary Namespace servicebus-sec	Pairing Status Updating

- Overview
- Access control (IAM)
- Diagnose and solve problems

SETTINGS
- Shared access policies
- 🔒
- Automation script

SUPPORT + TROUBLESHOOTING
- New support request

NAMESPACE	ROLE	REGION
servicebus-pri	Primary	West US
servicebus-sec	Secondary	East

Approach Finalized

It is not recommended to use Geo Recovery feature of Service Bus, as it is available only for Premium tier. Currently Standard tier of Service Bus is being used which costs around $10 for 12.5 million operations per month. Number of operations on Service Bus used currently are less than that of what are provided in Standard Tier.

In case premium tier is opted to use, then it will cost $690 per month(fixed) which is far above the application usage.

After discussions with the Dev, it is concluded that a new service bus will be created in the event of disaster. All the messages in the service bus queue that got stuck in the processing state or that are not yet processed will be executed again using the new service bus.

Storage Account

Storage Account is an Azure managed service; hence we cannot perform any failover on our own. Azure has launched Storage Account Failover option for manually performing failover but this feature is under preview now and is available to limited users on demand. In case one or more Storage services are temporarily unavailable in one or more regions, there are two options to consider.

In case immediate access to our data is required, please consider Option 2.
- Option 1: Wait for recovery
  In this case, no action can be performed at our part. The Azure Team will work diligently to restore the Azure service availability. The service status can be monitored on the Azure Service Health Dashboard.

- Option 2: Update Connection Strings as per secondary storage account
  We have automated jobs for copying blob containers from primary storage account to manually

created secondary storage account scheduled daily to execute 4 times with a gap of 4 hours starting from 8 AM IST to 8 PM IST. In the event of disaster we will first initiate the job manually for copying the pending blobs from primary storage account to secondary storage account using the secondary endpoint of geo-replicated primary storage account. This job will run in background. We will update connection strings in the applications to use our manually created secondary storage account for both read and write operations which will have the data of primary storage account.
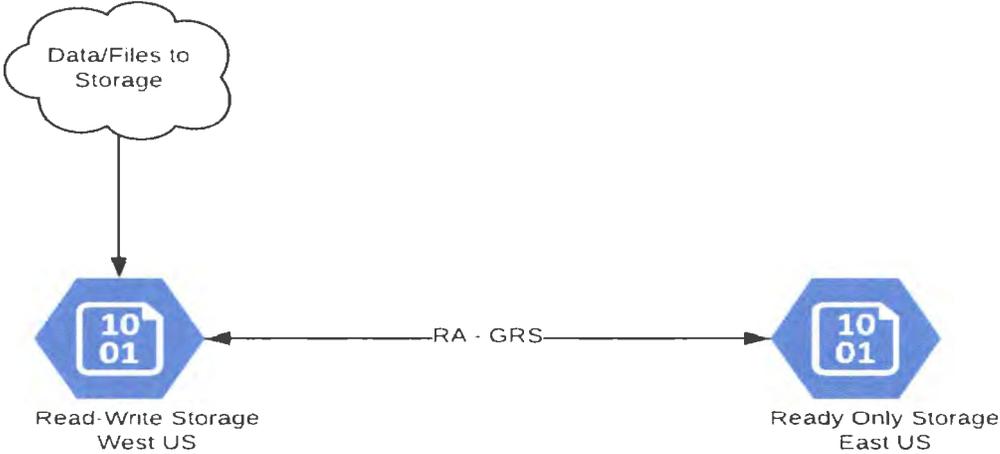
Approach Finalized

Using RA-GRS (Read Access - Geo Redundant Storage) tier is recommended for all the storage accounts. This gives a facility to access the secondary replicated storage account in the event of disaster. In the event of disaster, we will first initiate the job manually for copying the pending blobs from primary storage account to secondary storage account using the secondary endpoint of geo-replicated primary storage account. This job will run in background. We will update connection strings in the applications to use our manually created secondary storage account for both read and write operations which will have the data of primary storage account.

AZURE Scheduler

Azure Scheduler is also an Azure managed service; hence no Failover can be performed at our level. Azure Scheduler Jobs are Geo-Replicated. When there's an outage in one region, Azure Scheduler fails over and ensures that the job is run from another data centre in the paired geographic region.

For example, in case a job is created in South Central US, Azure Scheduler automatically replicates that job in North Central US. When there's a failure in South Central US, Azure Scheduler ensures that the job is run from North Central US.

As a result, Azure Scheduler ensures that the data stays within the same broader geographic region in case of an Azure failure. As a result, its not required to duplicate the job just to add high availability – Azure Scheduler automatically provides high-availability capabilities for the jobs.

Choose your pricing tier
Browse the available plans and their features

S Standard		P10 Premium		P20 Premium	
10	Job collections per unit	10 K	Job collections per unit	5 K	Job collections per unit
50	Jobs per collection	50	Jobs per collection	1 K	Jobs per collection
	Every minute Max Frequency		Every minute Max Frequency		Every minute Max Frequency
	Up to 10 units		Unlimited units		Unlimited units
	Global redundancy		Global redundancy		Global redundancy
	99.9% SLA		99.9% SLA		99.9% SLA
13.99 USD/MONTH (PER UNIT)		**139.99** USD/MONTH (PER UNIT)		**1,399.99** USD/MONTH (PER UNIT)	

Approach Finalized
Azure Scheduler is a managed service by Azure. We cannot perform any failover for this service. In case Azure identifies any disaster, it ensures that schedulers will be running from another datacentre, but in case that doesn't work, then new schedulers can be created using our Jenkins jobs within 5-10 minutes.

AZURE Redis Cache
Disaster recovery can be setup for Azure Redis Cache by Geo-replication.

In the initial release of Geo-replication, Azure Redis Cache does not support automatic failover across Azure regions. Geo-replication is used primarily in a disaster recovery scenario. In a disaster recovery scenario, one should bring up the entire application stack in a backup region in a coordinated manner rather than letting individual application components decide when to switch to their backups on their own. When the two caches are disassociated, the replica becomes a regular read-write cache again and accepts requests directly from Redis clients. This service is only offered in premium tier only.

Approach Finalized
After discussion with Dev, its concluded that a new Redis cache will be created in the event of disaster. New Redis Cache will be created using the Jenkins jobs and the connection string of new Redis cache will be updated in the webapps.

Virtual Machines
Azure Site Recovery (ASR) allows to take the existing Azure production workloads and configure it for replication and recovery into a separate Azure Region. Once configured ASR will continuously replicate the virtual machines and allow to orchestrate a recovery of the VM's into another region in the event of a disaster. This PaaS service provides a number of benefits for users with production workloads in Azure that need a DR solution and don't want to build self or use third party tools.

ASR does not provide built in methods to configure access to the environment. For example, in case a public IP is used to access the resources then recovery plan is needed to be configured to run an Azure Automation script to associate the public IP with the resources, similar to a load balancer.

Approach Finalized

Its recommended to use Azure Site Recovery for protecting VM instance from disaster. But this service should only be used when the VMs are running in production.

AWS Rekognition Service

Amazon Rekognition provides highly accurate facial analysis and facial recognition. Faces can be detected, analyzed and compared for a wide variety of use cases, including user verification, cataloguing, people counting, and public safety. Rekognition Service is an AWS managed service and there is no disaster recovery for this service.

Approach Finalized

Rekognition Service is an AWS managed service and there is no disaster recovery service for this service. In case of a disaster, the auto approval process of the punch may go down as the rekognition service implementation is based on collection streams. As per official communication from AWS, collections are created region wise and the collections may be inaccessible during an outage in that specific region.

Recovery Procedures

Summary of Recovery Procedures

In the event of a critical incident that causes the DR process to be initiated, the Recovery Teams will recover the applications and data according to the documented Disaster Recovery Procedures.

The chart below may be used to identify key Standard Operational Procedures (SOP) when addressing a disaster recovery situation.

SOP	Description	Responsible Person/Department
Identify and Verify the Outage	In case an unusual activity is noticed while accessing the services, it must be verified from Azure Health Dashboard and other third-party sources like downdetector to check whether an outage exists in that specific region where the application/services are hosted.	DevOps Team
Inform the Stakeholders	After Outage verification, Stakeholders should be informed about the Action Plan and approval shall be taken for proceeding further to perform Disaster Recovery.	PM Team
Quick Meeting with DR Team	Quick Meeting should be arranged with DR Team to assign specific tasks to each individual to work efficiently with a team effort.	PM Team

Activation of Disaster Recovery Team

When an incident occurs the Disaster Recovery Team (DRT) must be activated. The DRT will then decide the extent to which the DR Plan must be invoked as there can be the case where we need only specific services to be actioned upon. All employees must be issued a Quick Reference card containing DRT contact details to be used in the event of a disaster. Responsibilities of the DRT are to:

- Respond immediately to a potential disaster and call emergency services;
- Assess the extent of the disaster and its impact on the business, data etc.;
- Decide which elements of the DR Plan should be activated;
- Establish and manage disaster recovery team to maintain vital services and return to normal operation;
- Ensure employees are notified and allocate responsibilities and activities as required.

Disaster Recovery Procedure

Step 1: Login to DCI Jenkins using this Job <u>URL.</u> with Username: XXXXXXXX and Password: XXXXXXXXXX.

Step 2: On successful Login, Disaster Recovery Job Page will be shown. Click on Build with Parameters option present in the Left side.
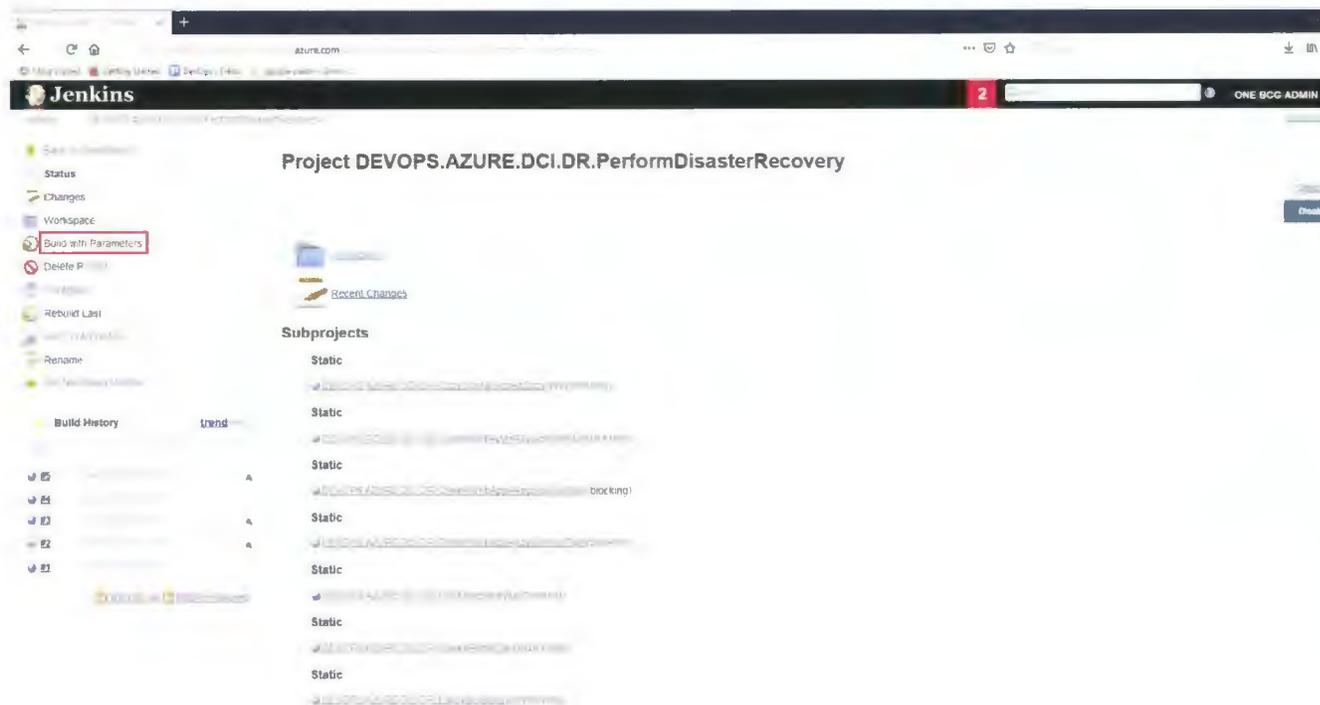
Step 3: A screen like this will now appear.

Step 4: Now Select the appropriate value for Azure Service Principal (AZURE_SPN) from drop down list. E.g.: If Instance is Acumen, then select AzurePrincipal-ACUMEN..

Step 5: Enter Instance Name. Eg.: Acumen

Step 6: Select another Region where you want to create DR Infrastructure. E.g.: We have our existing Infrastructure in WEST US then its paired region is EAST US which is most recommended.

Step 7: Wait for about 5 seconds so that all other parameters are ready as per given inputs.

rna	dci-dbserver-rise-prod
ndary	dci-dbserver-nse-prod-dr
fan ... orupName	db-rise-prod
	storagenseprod
n	storagenseproddr
	TM-RisePROD-Web
	TM-RisePROD-API
inf	Rise_Web-Dr
mtrJameAP	Rise_API-Dr
webAppName	App-Rise-PROD-Web
webAppNameAps iginal	App-Rise-PROD-API
webAppName d	Rise-PROD-WebJobs
ApplicationTI	L1

Build

Step 8: Press the Build button.

◷ #1	webAppName	App-Rise-PROD-Web-DR
◷ #1	webAppNameAp	App-Rise-PROD-API-DR
◷ #1		Name
RSS for all RSS for failures		Rise-PROD-WebJobs-DR
		Standard
		Small
		SBus-RisePROD-DR
	heRequired	No
	cacheName	Cache-RisePRODDR
		Please ... defaults ... using ...
	cacheSize	C3
		Please are e the defa... selected ...
	primaryServer	dci-dbserver-rise-prod
	secondaryServer	dci-dbserver-nse-prod-dr
	failoverGroupName	db-rise-prod
	storageName	storagenseprod
	ageNamedr	storagenseproddr
	rmProfileNameV	TM-RisePROD-Web
	mProfileNameAPI	TM-RisePROD-API
	endpointName	Rise_AjemD
	endpointNameAPI	Rise_API-Dr
	webAppNameOriginal	App-Rise-PROD-Web
	webAppNameApiOriginal	App-Rise-PROD-API
	webAppNameWebJobsOriginal	Rise-PROD-WebJobs
	ApplicationTier	L1

Build

Step 9: Once you press the Build Button. You will see the Job Execution Progress Bar on the left side under Build History Tab. The top most row will be the current Job Build. Press on the Dot before #BuildNumber to monitor the Status of the Job.

Jenkins

Back to Dashboard
Status
Changes
Workspace
Build with Parameters
Delete Project
Configure
Rebuild Last
Job Config History
Rename
Set Next Build Number

Build History   trend »

#5
#4
#3
#2
#1

RSS for all   RSS for failures

Project DEVOPS.AZURE.DCI.DR.PerformDisasterRecovery

Workspace

Recent Changes

Subprojects

Static

DEVOPS.AZURE.DCI.DR.CopyContainersAzCopy (non-blocking)

Static

DEVOPS.AZURE.DCI.DR.CreateWebApp+AppServicePlan (blocking)

Static

DEVOPS.AZURE.DCI.DR.CreateWebApp+AppServicePlan (blocking)

Static

DEVOPS.AZURE.DCI.DR.CreateWebApp+AppServicePlan (blocking)

Static

DEVOPS.AZURE.DCI.DR.CreateServiceBus (blocking)

Step 10: You will now see the Console Output of the Job for each subjobs being executed along with their status on completion. For successful completion of jobs, you will get status of each job as SUCCESS and if there is some issue or error, it will give status as FAILURE.

Back to Project
Status
Changes
Console Output
Edit Build Information
Delete Build
Parameters
Environment variables
Rebuild
Summary environment
Previous Build

Timestamps
System clock time
Use browser timezone
Elapsed time

Console Output

Step 11:   When all the jobs in the Main Job will be executed then it will give the status of Main Job as FAILURE/SUCCESS. FAILURE represents that at least one or more jobs have failed in the whole process. SUCCESS represents that all the jobs have successfully completed.

```
13:43:26  ...
13:43:56  ...  DEVOPS.AZURE.DCI.DR.CreateWebApp-AppServicePlan
13:44:14  DEVOPS.AZURE.DCI.DR.CreateWebApp-AppServicePlan #.3
13:44:14  ...
13:45:07  ...
13:45:07  ...
13:46:23  ...
13:46:23  ...
13:46:23  ...
13:47:35  ...
13:47:35  ...
13:47:48  ...
13:47:49  ...
13:49:06  ...
13:49:06  ...  DEVOPS.AZURE.DCI.DR.StorageGetAccessKey
13:49:14  ...
13:49:14  ...
13:54:46  DEVOPS.AZURE.DCI.DR.DownloadAndDeployLatestBackupCode #9
13:54:46  ...
13:55:34  ...
13:55:34  ...
14:00:23  ...
14:00:23  ...
14:01:20  ...
14:01:20  ...  DEVOPS.AZURE.DCI.DR.AddEndpointsInTrafficManager
14:01:37  ...
14:01:37  ...  DEVOPS.AZURE.DCI.DR.AddEndpointsInTrafficManager
14:01:52  ...
14:01:52  ...  DEVOPS.
14:02:26  ...
14:02:26  ...  DEVOPS.AZURE.DCI.DR.StartOrStopWebApp
14:02:50  ...
14:02:50  ...  DEVOPS.AZURE.DCI.DR.StartOrStopWebApp
14:03:19  ...
14:03:19  ...  DEVOPS.AZURE.DCI.DR.StartOrStopWebApp
14:03:45  DEVOPS.AZURE.DCI.DR.StartOrStopWebApp #.5
14:03:45  ...
14:04:09  ...
14:04:09  ...  DEVOPS.AZURE.DCI.DR.ConfigureSSL
14:04:34  ...
14:04:34  ...
14:04:56  DEVOPS.AZURE.DCI.DR.ConfigureSSL #14
14:04:57  Finished: SUCCESS
```

Step 12: Once all the steps are completed successfully, your DR application will be live.

Disaster Recovery Checklist

☐ Verify Azure Outage

☐ Inform Stakeholders

☐ Get approval from stakeholders for initiating Disaster Recovery process.

☐ Quick meeting with DR team to assign responsibilities and decide plan of action.

☐ [DEVOPS] Check if the Azure VM services are running. If the services are running use DR VM for performing disaster recovery, else fallback to Azure Portal for creating individual services.

☐ Login to Jenkins on DR VM.

☐ Navigate to Jenkins job DEVOPS.AZURE.DCI.DR.PerformDisasterRecovery and start the DR job.

☐ Monitor the DR job from the console output for success.

☐ [DEVOPS] If any of the job fails, rectify the issue if possible or fallback to manual process over Portal.

☐ [DEVOPS] Check if the webapp is created successfully with custom DNS and SSL applied.

☐ [DEVOPS] Check if the traffic manager endpoint is updated to point to DR instance.

☐ [DEVOPS] Check if the service bus is created successfully.

☐ [DEVOPS] Check if the sql server failover has been performed successfully.

☐ [DEVOPS] Check if the DR storage connection string is updated in webapp and api config files.

☐ [DEVOPS] Check if the redis cache has been created successfully and it's access key is updated in webapp and api config.

☐ [DEVOPS] Check if schedulers are created successfully.

☐ [DEVOPS] Check if the AWS rekognition services are working fine.

☐ [DEVOPS] Check if all the storage files have been copied from secondary to DR storage account.

☐ [DEVOPS] Review application settings in web & app configs for DR instances.

☐ [DEVOPS] Verify if the webjobs are up and running.

☐ Login to DR instance to verify if all the services are working correctly.

☐ Inform Stakeholders of successful DR activation

☐ [DEVOPS] Monitor the DR instance for issues.

☐ [DEVOPS] Fallback to previous infrastructure when the outage is over.

DRP Exercising

Disaster Recovery Plan exercises are an essential part of the plan development process. In a DRP exercise no one passes or fails; everyone who participates learns from exercises – what needs to be improved, and how improvements can be implemented. Plan exercising ensures that emergency teams are familiar with their assignments and, more importantly, are confident in their capabilities.

Successful DR plans launch into action smoothly and effectively when they are needed. This will only happen if everyone with a role to play in the plan has rehearsed the role one or more times. The plan should also be validated by simulating the circumstances within which it has to work and seeing what happens.

Business Continuation

Since DCI environments are fully cloud hosted (including DEV, QA, UAT, PROD, etc) and as a result they are not impacted by disaster at our corporate offices. In the event of disaster at our cloud provider the DRP outlined in this document will be initiated. DCI employees are fully mobile (including mobile workstations and use of cloud drives) and can work from any location with internet connectivity. In the event of disaster at DCI corporate offices employees will be able to go home and continue working.

Appendix

Damage Assessment Form

Key Business Process Affected	Description Of Problem	Extent Of Damage

Management of DR Activities Form

- During the disaster recovery process all activities will be determined using a standard structure;
- The plan will need to be updated on a regular basis throughout the disaster recovery period;
- All actions that occur during this phase will need to be recorded.

Activity Name:
Reference Number:
Brief Description:

Commencement Date/Time	Completion Date/Time	Resources Involved	In Charge

- All key events that occur during the disaster recovery phase must be recorded.
- An event log shall be maintained by the disaster recovery team leader.
- This event log should be started at the commencement of the emergency and a copy of the log passed on to the business recovery team once the initial dangers have been controlled.
- The following event log should be completed by the disaster recovery team leader to record all key events during disaster recovery, until such time as responsibility is handed over to the business recovery team.

Description of Disaster:	
Commencement Date:	
Date/Time DR Team Mobilized:	

Activities Undertaken by DR Team	Date and Time	Outcome	Follow-On Action Required

Disaster Recovery Team's Work Completed: <Date>
Event Log Passed to Business Recovery Team: <Date>

Attachment B.4 Acumen Status Report Template

RTM Requirement 236 – PMI.9

Monthly report:	MR.XX
Reporting period:	
Submitted by:	
	Insert Email
	Insert telephone number

Project title:	Project Manager
Project ID/Code:	ID/CODE
Client:	
Country:	

Contract details

Signature date:	Click here to enter a date	Duration: months
Start:	Date	
Finish:	Date	
Work:	Choose an item	
Fee rate:	Currency	
Contract value:	0 Currency	
Contract value:	0 Currency	Exchange rate: Insert exchange rate

Progress MR.XX		Progress [%]
Task 0	Provide description of activities performed within this task and this reporting period. This is the highest level description, so keep it short, clear and concise. Change the wording of the Task/Activity/X to adapt it to your project needs. Do the same thing for all tasks below.	Insert the progress as number, no percentage characters.
Task 1		
Task 2		
Task 3		
Task 4		
Task 5		
Task 6		
Total		0%

Risks:	
Issues/Changes:	
Benefits:	
Comments:	

Prepared:	Chelsea D. Glovis	Approved:	Name Last Name
Date:	date	Date:	date
Signature:		Signature:	

Attachment B.5 Draft Project Work Plan

RTM Requirement 237 – PMI.10

NE Project Charter - Summary Milestones Schedule

Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019

Summary Milestones Schedule

Name	Person	Phase	Due Date	Status
Complete Requirements Gathering		Initiation/Requirements	04/17/20	
Project Start to Design		Design/Build/Config	05/15/20	
Design to Build - DESIGN MILESTONE		Design/Build/Config	06/21/20	
Build to Test		Testing	07/19/20	
Test to Deployment - DEVELOPMENT MILESTONE		Deployment/Implementation/Certification	08/12/20	
Production Go Live - Phase 1		Deployment/Implementation/Certification	10/01/20	
Production Go Live - Phase 2		Deployment/Implementation/Certification	11/01/20	
Production Go Live - Phase 3		Deployment/Implementation/Certification	11/16/20	
Production Go Live - Phase 4 (Fully Implemented)		Deployment/Implementation/Certification	12/01/20	
CMS R2 Meeting		Certification	12/14/20	
Post Go Live Support - PRODUCTION MILESTONE		Deployment/Implementation/Certification	01/01/21	
Final Application Transition: Project Completion		Deployment/Implementation/Certification	02/01/21	
DCI Optimizations		Operations	03/01/21	
CMS R3 Certification Meeting - CERTIFICATION MILESTONE		Certification	07/15/21	

Operational Readiness Review

Project Title: NE DHHS Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Soft Go-Live: Go/No Go Checklist		
Requirement	**DCI**	**NE DHHS**
Training complete for all users included in the soft go-live.		
Customer data is in the system and has been validated by the customer.		
UAT is complete and all P1 and P2 issues resolved.		
All employees included in the soft go-live have logged in and changed their passwords.		
Pertitent policies and procedures have been written or updated and staff have been trained.		
All users in the soft go-live have received sufficient communication regarding the go-live.		
Command Center structure is in place and Super Users are ready to provide first tier support.		
Decision	**DCI**	**NE DHHS**
Go		
Conditional Go		
No Go		

Go-Live: Go/No Go Checklist		
Requirement	**DCI**	**NE DHHS**
Training complete for all users.		
Customer data has been validated during the soft go-live and all identified data issues have been resolved.		
Testing was completed during the soft go-live and all identified issues have been resolved.		
All employees have logged in and changed their passwords.		
Pertitent policies and procedures have been written or updated and staff have been trained.		
All users have received sufficient communication regarding the go-live.		
Command Center structure is in place and Super Users are ready to provide first tier support.		
Decision	**DCI**	**NE DHHS**
Go		
Conditional Go		
No Go		

Operational Readiness Review 2

Project Title: NE DHHS Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

	DCI	NE DHHS
Project Planning		
Schedule Kick-Off Call		X
Establish Project Roles	X	
Establish Project Approach/Phases		
Establish scope for each phase		
Establish timeline and go-live date		
Establish KPI's		
Acquire baseline KPI's	X	
Write draft SOW		X
Complete Environment Set-Up Form	X	
Provide company logo	X	
Submit request for new environment		X
Request Gmail account for customer		X
Creat Monday.com board		X
Create project plan		X
Project Initiation		
Conduct kick-off call		
Sign SOW for Phase I		
Train customer on Monday.com		X
Add customer to Monday.com		X
Train customer on Google Drive		X
Give customer Gmail login		X
Schedule weekly status calls		
Schedule super user training		
Create Super Admin logins for Super Users and Product Owner in the Sandbox Env		X
Give users their DCI logins		X
Discovery		
Complete Program Operations Form	X	
Complete Discovery Questionnaire		X
Provide billing schedule	X	
Provide billing system import requirements	X	
Provide Payroll schedule	X	
Provide payroll system import requirements	X	
Training		
Train Super Users		X
Review all documents in training folder	X	
Complete all Super User training homework	X	
Train Base Users		X
Train Supervisors		X
Training Billing Users		X
Train Payroll Users		X
Train all other users		X
Spend time in Sandbox Env	X	
Data Management		
Complete import forms	X	
Clean the data		X
Sign off on data in the forms	X	
Import the data into the Implementation Env		X
Provide customer with temporary login for Implementation Env		
Sign off on the data in the Implementation Env	X	
Develop billing macro for customer billing system		X
Develop payroll macro for customer payroll system		X
UAT		
Complete UAT	X	
Close all issues (Resolve all P1 and P2)		X
Sign off on completed testing	X	
Environment Prep		
Wipe the Sandbox Environment (now Live Env)		X
Copy the Implementation Env into the Live Env		X
Provide all users with logins	X	
Ensure all users have reset passwords	X	
Operational Prep		
Complete the Forms and Fields workbook	X	
Update and/or write pertinent policies and procedures for using DCI	X	
Communicate to all impacted users	X	
Go-Live Prep		
Establish Command Center roles and process (both go-lives)		
Schedule Command Center (both go-lives)		

Schedule soft go/no-go meeting		
Conduct soft go/no-go meeting		
Schedule go/no-go meeting		
Conduct go/no-go meeting		
Schedule on-site trip/visit		
Book on-site trip/visit		

NE DHHS Stakeholder Register
Project Title: NE Electronic Visit
Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Stakeholder Register

Name	Contact Info	Position	Role	Location	Major Requirements	Main Expectations	Potential Influence	Classification
Josh (J) Auer	jja@dcisoftware.com	CEO	Contract Manager	Arizona			High	Internal
Matthew Dee	matthewd@dcisoftware.com	CTO	Integration Lead	Arizona			High	Internal
Mindi Mitchell	mindim@dcisoftware.com	COO	Project Manager	Oregon			High	Internal
Chelsea Glovis	chelseag@dcisoftware.com	Project Manager	Project Manager	Arizona			High	Internal
Claire Bradt	cbradt@ehr-llc.com	DCI Certification Lead	DCI Certification Lead	Arizona			Medium	Internal
Executive Sponsor Committee		Executive Sponsor Committee	Executive Sponsor Committee	Nebraska			High	External
DHHS Stakeholder Committee		DHHS Stakeholder Committee	NE Stakeholder Committee	Nebraska			High	External
MMIS Program Director		MMIS Program Director	MMIS Program Director	Nebraska			High	External
DHHS Program Manager		DHHS Program Manager	NE Program Manager	Nebraska			High	External
DHHS Program Management Office		DHHS Program Management Office	NE Program Management Office	Nebraska			High	External
DHHS Project Governance Team		DHHS Project Governance Team	Project Governance Team	Nebraska			High	External
DHHS Project Manager(s)		DHHS Project Manager	NE Project Manager	Nebraska			High	External
DHHS Lead Business Analyst		DHHS Business Analyst	Lead Business Analyst	Nebraska			Medium	External
IV&V Team		IV&V Team	IV&V Team	TBD			Medium	External
Steering Committee		Steering Committee	Steering Committee	Nebraska			Medium	External
Project Board		Project Board	Project Board	Nebraska			High	External
Operating Committee		Operating Committee	Operating Committee	Nebraska			Medium	External
Data Governance		Data Governance	Data Governance	Nebraska			Medium	External
Project Coordination Committee		Project Coordination Committee	Project Coordination Committee	Nebraska			Medium	External
Enterprise Change Control Board		Enterprise Change Control Board	Enterprise Change Control Board	Nebraska			Medium	External
Business Information & Technology Integration Team (BIT)		Business Information & Technology Integration Team (BIT)	Business Information & Technology Integration Team (BIT)	Nebraska			High	External
EVV Project Team		EVV Project Team	Business Information & Technology Integration Team (BIT)	Nebraska			High	External
NE Certification Team		NE Certification Team	NE Certification Team	Nebraska			High	External
NE Members		NE Members	NE Members	Nebraska			Medium	External
NE Providers		NE Providers	NE Providers	Nebraska			Medium	External
NE Supervisors		NE Supervisors	NE Supervisors	Nebraska			Medium	External
NE Employees		NE Employees	NE Employees	Nebraska			Low	External

NE DHHS Stakeholder Engagement Matrix
Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Stakeholder Management Plan

Name	Engagement Level	Risk	Interest	Influence	Initiation Phase	Design Phase	Testing Phase	Deployment Phase	Operations Phase
Josh (J) Auer	Supportive	High	High	High	High	Low	Low	Low	Low
Matthew Dee	Leading	High	High	High	High	High	Medium	Medium	High
Mindi Mitchell	Leading	High	High	High	High	High	High	High	Medium
Chelsea Glovis	Leading	High	High	High	High	High	High	High	Medium
Claire Brandt	Leading	Medium	High	Medium	High	High	Medium	Medium	Medium
Executive Sponsor Committee	Supportive	High	High	High	High	Low	Low	Medium	High
DHHS Stakeholder Committee	Supportive	High	High	High	High	Medium	Medium	Medium	High
MMIS Program Director	Leading	High	High	High	High	Medium	Medium	Medium	High
DHHS Program Director	Leading	Medium	High	High	High	High	Medium	High	Medium
DHHS Program Manager	Leading	Medium	High	Medium	High	High	Medium	High	Medium
DHHS Program Management Office	Leading	Medium	High	High	Medium	High	Medium	High	Medium
DHHS Project Governance Team	Supportive	High	High	High	High	High	High	High	High
DHHS Project Manager(s)	Leading	High	High	High	High	High	High	High	Medium
DHHS Lead Business Analyst	Neutral	Medium	High	High	High	Medium	Medium	Low	Medium
IV&V Team	Neutral	Medium	Medium	Medium	Medium	Low	Low	High	Medium
Steering Committee	Supportive	Medium	High	Medium	Medium	Medium	Medium	Medium	High
Project Board	Supportive	Medium	High	High	Medium	Medium	Medium	Medium	Medium
Operating Committee	Supportive	Medium	High	Medium	Medium	Medium	Medium	Medium	High
Data Governance	Supportive	Medium	High	Medium	Medium	Medium	Medium	Medium	Medium
Project Coordination Committee	Supportive	Medium	High	Medium	Medium	Medium	Medium	Medium	High
Enterprise Change Control Board	Supportive	Medium	High	High	Medium	Medium	Medium	Medium	Medium
Business Information & Technology Integration (BIT)	Leading	High	High	High	High	High	High	High	High
EVV Project Team	Supportive	High	High	High	High	High	High	High	High
NE EVV Certification Team	Leading	High	High	High	High	High	High	High	High
NE Members	Neutral	High	High	Medium	Low	Low	Low	High	Medium
NE Providers	Neutral	High	High	Medium	Low	Low	Low	High	Medium
NE Supervisors	Neutral	Low	Medium	Low	Low	Medium	Low	Medium	Low
NE Employees	Unaware	Low	Low	Low	Low	Low	Low	Low	Low

NE Work Breakdown Structure

Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019

1: Project Preparation

Name	Person WBS Reference Status

1.1 Project Initiation/Requirements

Name	Person WBS Reference	Status
Allocate Resources	1.1.1	
Prepare Team Onboarding Documents	1.1.2	
Update Schedules Based on Contract Negotiations	1.1.3	
Communicate Delivery Model	1.1.4	

1.2 Project Governance

Name	Person WBS Reference	Status
Define Project Organization	1.2.1	
Define Project Organization Goals	1.2.2	
Assign Roles & Responsibilities	1.2.3	
Complete Communication Management Plan	1.2.4	

1.3 Project Charter

Name	Person WBS Reference	Status
Prepare Project Charter	1.3.1	
Identify Stakeholders	1.3.2	
Set Stakeholder Expectations	1.3.3	
Obtain Project Charter Sign-off	1.3.4	

1.4 Project Kick Off

Name	Person WBS Reference	Status
Prepare for Kick Off Meeting	1.4.1	
Perform Kick Off Meeting	1.4.2	

1.5 Scope Statement

Name	Person WBS Reference	Status
Document DHHS Requirements	1.5.1	
Complete Scope Questionnaire	1.5.2	
Review Scope Statement with NE	1.5.3	
Determine Gap Analysis & Effort Estimations	1.5.4	
Create Work Breakdown Structure and WBS Dictionary	1.5.5	
Refine Acceptance Criteria	1.5.6	
Obtain DHHS Sign Off on Project Scope	1.5.7	
MILESTONE: Complete Requirements Gathering	1.5.8	

1.6 Project Schedules & Budget

Name	Person	WBS Reference	Status
Develop Delivery Schedule and Assign Resources		1.6.1	
Define Initial Release Schedule and Assign Resources		1.6.2.	
Obtain DHHS Sign-off for Project Schedule		1.6.3	
Establish Cost & Schedule Baseline		1.6.4	

1.7 Project Management Plan

Name	Person	WBS Reference	Status
Prepare Project Management Plan		1.7 1	
Obtain Project Management Plan Sign-off		1 7.2	

1.8 Project & Operational Standards

Name	Person	WBS Reference	Status
Create DCI Road-map		1.8.1	
Define Project Standards		1.8.2	
Determine Solution Documentation Procedure		1.8.3	
Determine Template Management Procedure		1.8.4	
Determine Test Management Procedure		1.8.5	
Determine Change Control Management Procedure		1.8.6	
Determine Application Incident Management Procedure		1.8.7	
Determine Technical Operations		1.8.8	
Determine Business Process Operations		1.8.9	
Determine Maintenance Management		1.8.10	
Determine Release Management		1.8.11	

1.9 Execution, Monitoring, & Controlling Results

Name	Person	WBS Reference	Status
Direct & Manage Project Work		1.9.1	
Monitor & Control Project Activities		1.9.2	
Manage Issues, Risks & Change Requests		1.9.3	
Communicate Status & Progress to Stakeholders		1.9.4	

1.10 Organizational Change Management Roadmap

Name	Person	WBS Reference	Status
Create Organizational Change Management Road-map		1.10.1	

1.11 Project Training Strategy & Plan Procedures

Name	Person	WBS Reference	Status
Create Project Training Strategy & Plan Procedures		1.11.1	

1.12 Project Team Training

Name	Person	WBS Reference	Status
Conduct Solution Training and Knowledge Transfer		1.12.1	

1.13 Business Process Map

Name	Person	WBS Reference	Status
Create Business Process Map		1.13.1	
Prepare DCI Environment for Scope Refinement Workshops		1.13.2	
Prepare Scope Document for Workshops		1.13.3	
Demonstrate the Business Processes and Predefined Options List		1.13.4	
Discuss Data Requirements & Format		1.13.5	
Record NE Options & Finalize Scope Document		1.13.6	
Review Scope Statement with NE		1.13.7	
Complete NE Blueprint & Configuration Requirements Template		1.13.8	
Validate & Complete Business Process Map		1.13.9	

1.14 Business Scenario Design

Name	Person	WBS Reference	Status
Capture Business Scenario Requirements		1.14.1	
Validate & Complete Scenario Design		1.14.2	
Store Scenario Solution Documentation in Monday.com		1.14.3	

1.15 Prepare Testing Policy

Name	Person	WBS Reference	Status
Prepare Testing Policy Documentation		1.15.1	
Obtain NE Sign-off on Testing Policy Document		1.15.2	

1.16 Data Migration Approach & Strategy

Name	Person	WBS Reference	Status
Prepare Data Migration Workshop		1.16.1	
Conduct Data Migration Workshop		1.16.2	
Conduct Data Health Check		1.16.3	
Prepare Data Migration Scope & Requirements Document		1.16.4	
Present Data Migration Scope & Requirements Document		1.16.5	
Conduct Organizational Assessment for Data Migration		1.16.6	
Conduct Infrastructure Assessment for Data Migration		1 16.7	
Conduct Risk Assessment for Data Migration & Prepare Mitigation Plan		1.16.8	
Complete Data Migration Approach & Strategy Document		1.16.9	

1.17 Technical Requirements & Design Solution Plan

Name	Person	WBS Reference	Status
Define Solution Concept		1.17.1	
Define Solution Deployment Concept		1.17.2	

1.18 Phase Closure & Sign-off Phase Deliverables

Name	Person	WBS Reference	Status
Conduct Project Management Review		1.18.1	
Obtain DHHS Sign-off for Phase Completion		1.18.2	
MILESTONE: Project Start to Design		1.18.3	

2: DCI Blueprint

Name	Person	WBS Reference	Status

2.1 Phase Initiation

Name	Person	WBS Reference	Status
Allocate Resources & Update Project Schedule		2.1.1	
Perform Kick Off Meeting		2.1.2	

2.2 Execution, Monitoring & Controlling Results

Name	Person	WBS Reference	Status
Update Project Management Plan		2.2.1	
Direct & Manage Project Execution		2.2.2	
Monitor & Control Project Activities		2.2.3	
Manage Issues, Risks & Change Requests		2.2.4	
Communicate Status & Progress to Stakeholders		2.2.5	

2.3 Stakeholder Analysis

Name	Person	WBS Reference	Status
Conduct Classification of Project Stakeholders		2.3.1	
Identify Key Resources		2.3.2	

2.4 Change Impact Analysis

Name	Person	WBS Reference	Status
Validate Organizational Alignment Approach		2.4.1	
Establish Baseline		2.4.2	

2.5 Communication Plan

Name	Person	WBS Reference	Status
Define Key Messages		2.5.1	
Define Communication Strategy		2.5.2	

2.6 End User Training Strategy & Plan

Name	Person	WBS Reference	Status
Conduct Learning Needs Analysis		2.6.1	

Name	Person	WBS Reference	Status
Develop Detailed End User Training Plan		2.6.2	
Develop Detailed Training of Trainers Training Plan		2.6.3	
Develop Detailed Training of Trainers Training Schedule		2.6.4	

2.7 Business Solution Design

Name	Person	WBS Reference	Status
Define Business Operations Structure		2.7.1	
Define General Settings & Master Data		2.7.2	
Define User Roles & Permissions		2.7.3	
Define Logical Data Model		2.7.4	
Define Integrations Model		2.7.5	

2.8 Detailed Design - Configuration & Enhancements

Name	Person	WBS Reference	Status
Finalize Core Configuration Design		2.8.1	
Define Functional Design		2.8.2	

2.9 Business Solution Design Sign-off

Name	Person	WBS Reference	Status
Conduct Business Solution Design Demo		2.9.1	
Conduct Acceptance Testing of Business Solution Design		2.9.2	
Finalize Documentation of Business Solution Design		2.9.3	
Receive NE Sign-off on Business Solution Design		2.9.4	

2.10 Legacy Data Migration

Name	Person	WBS Reference	Status
Conduct Data Mapping Workshops		2.10.1	
Conduct Data Quality Assessment		2.10.2	
Define Data Migration Approach		2.10.3	
Prepare Data Plan		2.10.4	
Data Turnover		2.10.5	

2.11 Technical Solution Design

Name	Person	WBS Reference	Status
Prepare Technical Infrastructure Specification		2.11.1	

2.12 User Roles & Permissions

Name	Person	WBS Reference	Status
Authorization Requirements & Design		2.12.1	

2.13 Phase Closure & Sign-off Phase Deliverables

Name	Person	WBS Reference	Status

Name	Person	WBS Reference	Status
Obtain DHHS Sign-off for Phase Completion		2.13.1	
MILESTONE: Project Design to Build - DESIGN MILESTONE		2.13.2	

3: Build

Name	Person	WBS Reference	Status

3.1 Phase Initiation

Name	Person	WBS Reference	Status
Allocate Resources & Update Project Schedule		3.1.1	
Perform Kick Off Meeting		3.1.2	

3.2 Execution, Monitoring & Controlling Results

Name	Person	WBS Reference	Status
Update Project Management Plan		3.2.1	
Direct & Manage Project Execution		3.2.2	
Monitor & Control Project Activities		3.2.3	
Manage Issues, Risks & Change Requests		3.2.4	
Communicate Status & Progress to Stakeholders		3.2.5	

3.3 Business Solution Confirmation

Name	Person	WBS Reference	Status
Document Configured Business Processes		3.3.1	
Test Deployed Options		3.3.2	

3.4 Knowledge Transfer

Name	Person	WBS Reference	Status
Prepare for Key User Knowledge Transfer		3.4.1	
Perform Solution Walk-through and Knowledge Transfer to Key Users		3.4.2	

3.5 Training of the Trainers Delivery

Name	Person	WBS Reference	Status
Prepare Training Materials & Documentation		3.5.1	
Perform Training of the Trainers: Super Users		3.5.2	
Perform Training of the Trainers: Supervisors		3.5.3	
Perform Training of the Trainers: Billing		3.5.4	
Perform Training of the Trainers: Payroll		3.5.5	
Perform Training of the Trainers: Base Users		3.5.6	
Develop Super User Training Schedules		3.5.7	
Develop Supervisor Training Schedules		3.5.8	
Develop Billing Team Training Schedules		3.5.9	
Develop Payroll Team Training Schedules		3.5.10	
Develop Base User Training Schedules		3.5.11	

3.6 Test Case Development

Name	Person	WBS Reference	Status
Develop System Configuration Test Cases		3.6.1	

3.7 Quality Assurance Environment

Name	Person	WBS Reference	Status
Perform Manual Configuration Settings		3.7.1	
Setup User Profiles		3.7.2	
Import Data		3.7.3	
Setup Roles & Permissions		3.7.4	
MILESTONE: Build to Test		3.7.5	

3.8 Cut-over Plan

Name	Person	WBS Reference	Status
Conduct Change Management Readiness Check		3.8.1	
Create Cut-over Plan		3.8.2	

3.9 Production Environment

Name	Person	WBS Reference	Status
Perform Manual Configuration Settings		3.9.1	
Setup User Profiles		3.9.2	
Setup Roles & Permissions		3.9.3	

3.10 Prod Data Migration

Name	Person	WBS Reference	Status
Perform Load Tests		3.10.1	
Import Data Templates		3.10.2	
Obtain Import Results		3.10.3	

3.11 Phase Closure & Sign-off Phase Deliverables

Name	Person	WBS Reference	Status
Obtain DHHS Sign-off for Phase Completion		3.11.1	
MILESTONE: Test to Deployment - DEVELOPMENT MILESTONE		3.11.2	

4: Deploy

Name	Person	WBS Reference	Status

4.1 Phase Initiation

Name	Person	WBS Reference	Status
Allocate Resources & Update Project Schedule		4.1.1	

Perform Kick Off Meeting | 4 1.2

4.2 Execution, Monitoring & Controlling Results

Name	Person	WBS Reference	Status
Update Project Management Plan		4.2.1	
Direct & Manage Project Execution		4.2.2	
Monitor & Control Project Activities		4.2.3	
Manage Issues, Risks & Change Requests		4.2.4	
Communicate Status & Progress to Stakeholders		4.2.5	

4.3 Organizational Support Readiness Check

Name	Person	WBS Reference	Status
Perform Transition Planning		4.3.1	
Establish Business Process Operations		4.3.2	
Establish System Administration & Control		4.3.3	

4.4 End User Training Delivery

Name	Person	WBS Reference	Status
Perform Super User Training		4.4.1	
Perform Supervisor Training		4.4.2	
Perform Billing Team Training		4.4.3	
Perform Payroll Team Training		4.4.4	
Perform Base User Training		4.4.5	
Collect Training Evaluation Feedback		4.4.6	
Perform Readiness Assessment		4.4.7	

4.5 Phase Closure & Sign-off Phase Deliverables

Name	Person	WBS Reference	Status
Obtain DHHS Sign-off for Phase Completion		4.5.1	
MILESTONE: Production Go Live - Phase 1		4.5.2	
MILESTONE: Production Go Live - Phase 2		4.5.3	
MILESTONE: Production Go Live - Phase 3		4.5.4	
MILESTONE: Production Go Live - Phase 4 (Fully Implemented)		4.5.5	

5: Go Live Support

Name	Person	WBS Reference	Status

5.1 Phase Initiation

Name	Person	WBS Reference	Status
Allocate Resources & Update Project Schedule		5.1.1	
Perform Kick Off Meeting		5.1.2	

5.2 Execution, Monitoring & Controlling Results

Name	Person	WBS Reference	Status
Update Project Management Plan		5.2.1	
Direct & Manage Project Execution		5.2.2	
Monitor & Control Project Activities		5.2.3	
Manage Issues, Risks & Change Requests		5.2.4	
Communicate Status & Progress to Stakeholders		5.2.5	

5.3 Post Go Live Support

Name	Person	WBS Reference	Status
Provide Post Go Live Support		5.3.1	
Monitoring Open Issues to Resolution		5.3.2	
Resolve Functional Issues		5 3.3	
Resolve Technical Issues		5.3.4	
MILESTONE: Post Go Live Support - PRODUCTION MILESTONE		5.3.5	

5.4 Phase Closure & Sign-off Phase Deliverables

Name	Person	WBS Reference	Status
Obtain DHHS Sign-off for Phase Completion		5.4.1	
Resolve and Close Open Issues		5.4.2	
Finalize Project Closure Report		5.4.3	
Complete Transition to NE		5.4.4	
MILESTONE: Final Application Transition: Project Completion		5.4.5	

6: Operations

Name	Person	WBS Reference	Status

6.1 Operations Optimizations

Name	Person	WBS Reference	Status
Perform Evaluation & Assessment of Operations		6.1.1	
Solution Documentation Optimized		6.1.2	
Solution Implementation Optimized		6.1.3	
Template Management Optimized		6.1.4	
Test Management Optimized		6.1.5	
Change Control Management Optimized		6.1.6	
Application Incident Management Optimized		6.1.7	
Technical Operations Optimized		6.1.8	
Business Process Operations Optimized		6.1.9	
Maintenance Management Optimized		6.1.10	
Upgrade Management Optimized		6.1.11	
MILESTONE: DCI Optimizations		6.1.12	

7.0 Certification

Name	Person	WBS Reference	Status

Submit and Review Nebraska EVV Certification Plan	7.1
Obtain DHHS Certification Plan Approval	7.2
Schedule Standard Certification Status Meeting	7.3
Launch ReadyCert Nebraska EVV Certification Project	7.4
Demonstrate ReadyCert for Certification Users	7.5
Grant ReadyCert Access	7.6
R2 Review Preparation	7.7
MILESTONE: CMS R2 Meeting	7.8
R3 Review Preparation	7.9
MILESTONE: CMS R3 Certification Meeting	7.10

NE Project Work Plan

Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019

monday.

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Allocate Resources	1.1.1		DCI PMO	01/07/20	01/11/20	5				
Prepare Team Onboarding Documents	1.1.2		DCI PMO	01/09/20	01/11/20	3				
Update Schedules Based on Contract Negotiations	1.1.3		DCI PMO	01/14/20	01/15/20	2				
Communicate Delivery Model	1.1.4		DCI PMO	01/14/20	01/15/20	2				
						12	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Define Project Organization	1.2.1		DCI PMO	01/16/20	01/21/20	4				
Define Project Organization Goals	1.2.2		DCI PMO	01/16/20	01/21/20	4				
Assign Roles & Responsibilities	1.2.3		DCI PMO	01/16/20	01/18/20	3				
Complete Communication Management Plan	1.2.4		DCI PMO	01/21/20	01/22/20	2				
						13	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Prepare Project Charter	1.3.1		DCI PMO	01/14/20	01/16/20	3				
Identify Stakeholders	1.3.2		DCI PMO	01/21/20	01/21/20	1				
Set Stakeholder Expectations	1.3.3		DCI PMO	01/22/20	01/23/20	2				
Obtain Project Charter Sign-off	1.3.4		DCI PMO	01/24/20	01/25/20	2				
						8	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Prepare for Kick Off Meeting	1.4.1		DCI PMO	01/28/20	01/30/20	3				
Perform Kick Off Meeting	1.4.2		DCI PMO	03/11/20	03/11/20	1				
						4	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Document DHHS Requirements	1.5.1		DCI Consultants/IT	03/04/20	03/07/20	2				
Complete Scope Questionnaire	1.5.2		DCI Consultants/IT	03/11/20	03/12/20	2				
Review Scope Statement with NE	1.5.3		DCI Consultants/IT	03/14/20	03/14/20	1				
Determine Gap Analysis & Effort Estimations	1.5.4		DCI Consultants/IT	03/20/20	03/21/20	3				
Create Work Breakdown Structure and WBS Dictionary	1.5.5		DCI PMO	02/13/20	02/14/20	2				
Refine Acceptance Criteria	1.5.6		DCI PMO	02/15/20	02/15/20	1				
Obtain DHHS Sign Off on Project Scope	1.5.7		DCI PMO	03/20/20	03/22/20	3	1			
MILESTONE: Complete Requirements Gathering	1.5.8		Milestone	04/17/20	04/16/20					
						14	1			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Develop Delivery Schedule and Assign Resources	1.6.1		DCI PMO	02/22/20	02/26/20	3				
Define Initial Release Schedule and Assign Resources	1.6.2		DCI PMO	02/25/20	02/27/20	3				
Obtain DHHS Sign-off for Project Schedule	1.6.3		DCI PMO	03/15/20	03/15/20	1				
Establish Cost & Schedule Baseline	1.6.4		DCI PMO	03/01/20	03/04/20	2				
						9	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Prepare Project Management Plan	1.7.1		DCI PMO	02/01/20	02/13/20	4				
Obtain Project Management Plan Sign-off	1.7.2		DCI PMO	03/11/20	03/12/20	1				
						5	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Create DCI Road-map	1.8.1		NE IT	03/13/20	03/14/20	2				
Define Project Standards	1.8.2		NE IT	03/14/20	03/15/20	2				
Determine Solution Documentation Procedure	1.8.3		NE IT	03/18/20	03/18/20	1				
Determine Template Management Procedure	1.8.4		NE IT	03/19/20	03/19/20	1				
Determine Test Management Procedure	1.8.5		NE IT	03/19/20	03/20/20	2				
Determine Change Control Management Procedure	1.8.6		NE IT	03/19/20	03/20/20	2				
Determine Application Incident Management Procedure	1.8.7		NE IT	03/19/20	03/19/20	1				
Determine Technical Operations	1.8.8		NE IT	03/19/20	03/20/20	2				
Determine Business Process Operations	1.8.9		NE IT	03/19/20	03/20/20	2				
Determine Maintenance Management	1.8.10		NE IT	03/19/20	03/20/20	2				
Determine Release Management	1.8.11		NE IT	03/19/20	03/19/20	1				
						18	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Direct & Manage Project Work	1.9.1		DCI PMO	02/26/20	03/19/20					

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Monitor & Control Project Activities	1 9.2		DCI PMO	02/28/20	03/19/20					
Manage Issues, Risks & Change Requests	1 9.3		DCI PMO	02/28/20	03/19/20					
Communicate Status & Progress to Stakeholders	1 9.4		DCI PMO	02/28/20	03/19/20					
						0	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Create Organizational Change Management Road-map	1 10 1		NE Training	03/19/20	03/20/20	2				
						2	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Create Project Training Strategy & Plan Procedures	1 11 1		NE Training	03/19/20	03/21/20	3				
						3	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Conduct Solution Training and Knowledge Transfer	1 12 1		DCI Training	03/26/20	03/29/20	2				
						2	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Create Business Process Map	1 13 1		DCI Consultants/IT	04/01/20	04/01/20	1				
Prepare DCI Environment for Scope Refinement Workshops	1 13.2		DCI Consultants/IT	04/02/20	04/02/20	1				
Prepare Scope Document for Workshops	1 13.3		DCI Consultants/IT	04/03/20	04/03/20	1				
Demonstrate the Business Processes and Predefined Options List	1 13.4		DCI Consultants/IT	04/04/20	04/04/20	1				
Discuss Data Requirements & Format	1 13.5		DCI Consultants/IT	04/05/20	04/05/20	1				
Record NE Options & Finalize Scope Document	1 13.6		DCI Consultants/IT	04/08/20	04/08/20	1				
Review Scope Statement with NE	1 13.7		DCI Consultants/IT	04/09/20	04/09/20	1				
Complete NE Blueprint & Configuration Requirements Template	1 13.8		DCI Consultants/IT	04/10/20	04/10/20	1				
Validate & Complete Business Process Map	1 13.9		DCI Consultants/IT	04/12/20	04/12/20	1				
						9	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Capture Business Scenario Requirements	1 14 1		DCI Consultants/IT	04/11/20	04/11/20	1				
Validate & Complete Scenario Design	1 14.2		DCI Consultants/IT	04/15/20	04/15/20	2				
Store Scenario Solution Documentation in Monday.com	1 14.3		DCI Consultants/IT	04/16/20	04/16/20	1				
						4	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Prepare Testing Policy Documentation	1 15.1			04/15/20	04/16/20	2				
Obtain NE Sign-off on Testing Policy Document	1.15.2			04/18/20	04/18/20	1				
						3	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Prepare Data Migration Workshop	1 16 1		DCI Consultants/IT	04/22/20	04/23/20	2				
Conduct Data Migration Workshop	1 16.2		DCI Consultants/IT	04/24/20	04/24/20	1				
Conduct Data Health Check	1 16.3		DCI Consultants/IT	04/26/20	04/26/20	3				
Prepare Data Migration Scope & Requirements Document	1 16.4		DCI Consultants/IT	04/29/20	04/30/20	2				
Present Data Migration Scope & Requirements Document	1 16.5		DCI Consultants/IT	05/02/20	05/02/20	1				
Conduct Organizational Assessment for Data Migration	1 16 6		DCI Consultants/IT	05/03/20	05/06/20	2				
Conduct Infrastructure Assessment for Data Migration	1 16.7		DCI Consultants/IT	05/07/20	05/08/20	2				
Conduct Risk Assessment for Data Migration & Prepare Mitigation Plan	1 16.8		DCI Consultants/IT	05/09/20	05/10/20	2				
Complete Data Migration Approach & Strategy Document	1 16.9		DCI Consultants/IT	05/13/20	05/14/20	2				
						17	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Define Solution Concept	1 17.1		NE IT	05/10/20	05/13/20	2				
Define Solution Deployment Concept	1 17.2		NE IT	05/10/20	05/13/20	2				
						4	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Conduct Project Management Review	1 18 1		QA	05/15/20	05/15/20	1				
Obtain DHHS Sign-off for Phase Completion	1 18.2		DCI PMO	05/15/20	05/15/20	1				
MILESTONE: Project Start to Design	1 18.3		Milestone	05/15/20	05/15/20					
						2	0			

2. DCI Blueprint

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status

2.1 Phase Initiation

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Allocate Resources & Update Project Schedule	2.1.1		DCI PMO	05/16/20	05/17/20	2				
Perform Kick Off Meeting	2.1.2		DCI PMO	05/17/20	05/17/20	1				
						3	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Update Project Management Plan	2.2.1		DCI PMO	05/20/20	05/20/20	1				
Direct & Manage Project Execution	2.2.2		DCI PMO	05/21/20	05/23/20	3				
Monitor & Control Project Activities	2.2.3		DCI PMO	05/23/20	05/24/20	2				
Manage Issues, Risks & Change Requests	2.2.4		DCI PMO	05/27/20	05/28/20	2				
Communicate Status & Progress to Stakeholders	2.2.5		DCI PMO	05/28/20	05/28/20	1				
						9	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Conduct Classification of Project Stakeholders	2.3.1			05/16/20	05/16/20	1				
Identify Key Resources	2.3.2			05/17/20	05/20/20	2				
						3	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Validate Organizational Alignment Approach	2.4.1			05/21/20	05/22/20	2				
Establish Baseline	2.4.2			05/23/20	05/27/20	3				
						5	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Define Key Messages	2.5.1			05/31/20	06/03/20	2				
Define Communication Strategy	2.5.2			05/29/20	05/30/20	2				
						4	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Conduct Learning Needs Analysis	2.6.1		NE Training	05/17/20	05/22/20	4				
Develop Detailed End User Training Plan	2.6.2		UCT Training	05/17/20	05/22/20	3				
Develop Detailed Training of Trainers Training Plan	2.6.3		DCI Training	05/24/20	05/29/20	4				
Develop Detailed Training of Trainers Training Schedule	2.6.4		NE Training	05/27/20	05/30/20	4				
						15	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Define Business Operations Structure	2.7.1		DCI Consultants/IT	05/17/20	05/23/20	5				
Define General Settings & Master Data	2.7.2		DCI Consultants/IT	05/20/20	05/23/20	4				
Define User Roles & Permissions	2.7.3		DCI Consultants/IT	05/20/20	05/23/20	4				
Define Logical Data Model	2.7.4		DCI Consultants/IT	05/24/20	05/29/20	3				
Define Integrations Model	2.7.5		DCI Consultants/IT	05/30/20	06/04/20	5				
						21	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Finalize Core Configuration Design	2.8.1		DCI Consultants/IT	05/30/20	06/05/20	5				
Define Functional Design	2.8.2		DCI Consultants/IT	06/03/20	06/05/20	3				
						8	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Conduct Business Solution Design Demo	2.9.1		DCI Consultants/IT	06/07/20	06/07/20	1				
Conduct Acceptance Testing of Business Solution Design	2.9.2		DCI Consultants/IT	06/10/20	06/12/20	3				
Finalize Documentation of Business Solution Design	2.9.3		DCI Consultants/IT	06/13/20	06/17/20	4				
Receive NE Sign-off on Business Solution Design	2.9.4		DCI Consultants/IT	06/24/20	06/24/20	1				
						9	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Conduct Data Mapping Workshops	2.10.1		DCI Consultants/IT	06/10/20	06/12/20	3				
Conduct Data Quality Assessment	2.10.2		DCI Consultants/IT	06/10/20	06/14/20	5				
Define Data Migration Approach	2.10.3		DCI Consultants/IT	06/12/20	06/17/20	4				
Prepare Data Plan	2.10.4		DCI Consultants/IT	06/14/20	06/19/20	5				
Data Turnover	2.10.5		NE Data	06/19/20	06/19/20	1				
						18	0			

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Prepare Technical Infrastructure Specification	2.11.1		IT	06/14/20	06/19/20	4				
						4	0			

2.12 Client Print & Transmission

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Authorization Requirements & Design	2.12.1		NE IT	06/19/20	06/20/20	2				
						2	**0**			

2.13 Governance & Sign-off/Acceptance Point

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Obtain DHHS Sign-off for Phase Completion	2.13.1		DCI PMO	06/21/20	06/21/20	1				
MILESTONE: Project Design to Build	2.13.2		Milestone	06/21/20	06/21/20					
						1	**0**			

3. Build

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status

3.1 Phase Initiation

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Allocate Resources & Update Project Schedule	3.1.1		DCI PMO	06/20/20	06/23/20	2				
Perform Kick Off Meeting	3.1.2		DCI PMO	06/25/20	06/26/20	1				
						3	**0**			

3.2 Execution, Monitoring & Controlling Process

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Update Project Management Plan	3.2.1		DCI PMO	06/26/20	06/27/20	2				
Direct & Manage Project Execution	3.2.2		DCI PMO	06/28/20	07/02/20	3				
Monitor & Control Project Activities	3.2.3		DCI PMO	06/28/20	06/28/20	3				
Manage Issues, Risks & Change Requests	3.2.4		DCI PMO	06/28/20	07/03/20	4				
Communicate Status & Progress to Stakeholders	3.2.5		DCI PMO	07/03/20	07/03/20	1				
						13	**0**			

3.3 Business Solution Deployment

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Document Configured Business Processes	3.3.1		DCI Consultants/IT	07/05/20	07/08/20	2				
Test Deployed Options	3.3.2			07/08/20	07/09/20	2				
						4	**0**			

3.4 Knowledge Transfer

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Prepare for Key User Knowledge Transfer	3.4.1		DCI Training	07/01/20	07/02/20	2				
Perform Solution Walk-through and Knowledge Transfer to Key Users	3.4.2		DCI Training	07/04/20	07/04/20	1				
						3	**0**			

3.5 Training of the Trainers Activity

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Prepare Training Materials & Documentation	3.5.1		DCI Training	06/24/20	07/02/20	7				
Perform Training of the Trainers: Super Users	3.5.2		DCI Training	07/01/20	07/05/20	5				
Perform Training of the Trainers: Supervisors	3.5.3		DCI Training	07/04/20	07/10/20	5				
Perform Training of the Trainers: Billing	3.5.4		DCI Training	07/05/20	07/11/20	5				
Perform Training of the Trainers: Payroll	3.5.5		DCI Training	07/09/20	07/15/20	5				
Perform Training of the Trainers: Base Users	3.5.6		DCI Training	07/10/20	07/15/20	2				
Develop Super User Training Schedules	3.5.7		NE Training	06/24/20	06/26/20	3				
Develop Supervisor Training Schedules	3.5.8		NE Training	06/24/20	06/26/20	3				
Develop Billing Team Training Schedules	3.5.9		NE Training	06/24/20	06/26/20	3				
Develop Payroll Team Training Schedules	3.5.10		NE Training	06/24/20	06/26/20	3				
Develop Base User Training Schedules	3.5.11		NE Training	06/24/20	06/26/20	3				
						44	**0**			

3.6 Test Case Development

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Develop System Configuration Test Cases	3.6.1		NE Testing	07/09/20	07/15/20	5				
						5	**0**			

3.7 Quality Assurance Environment

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Perform Manual Configuration Settings	3.7.1		DCI Consultants/IT	06/24/20	06/27/20	4				
Setup User Profiles	3.7.2		DCI Consultants/IT	06/27/20	06/28/20	1				
Import Data	3.7.3		DCI Consultants/IT	06/24/20	06/26/20	3				
Setup Roles & Permissions	3.7.4		DCI Consultants/IT	06/28/20	07/01/20	2				
Obtain DHHS Sign-off for Phase Completion			DCI PMO	07/19/20	07/19/20					
MILESTONE: Build to Test	3.7.5		Milestone	07/19/20	07/19/20					
						10	**0**			

3.8 Transition Plan

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Conduct Change Management Readiness Check	3.8.1		NE Training	07/22/20	07/23/20	2				
Create Cut-over Plan	3.8.2		DCI Consultants/IT	07/24/20	07/28/20	3				

3.9 [Section Title]

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Perform Manual Configuration Settings	3.9.1	DCI Consultant		07/29/20	08/01/20	4				
Setup User Profiles	3.9.2	DCI Consultant		07/31/20	08/01/20	2				
Setup Roles & Permissions	3.9.3	DCI Consultant		08/01/20	08/02/20	2				
						8	0			

3.10 [Section Title]

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Perform Master Test Plans	3.10.1	DCI Consultant		08/05/20	08/08/20	4				
Report Testing Results	3.10.3	DCI Consultant		08/09/20	08/12/20	2				
						6	0			

[Section Title]

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Obtain DHHS Sign-off for Phase Completion	3.11.1	DCI PMO		08/09/20	08/12/20	1				
MILESTONE: Test to Deployment (Soft Go-Live)	3.11.2	Milestone		08/12/20	08/12/20					
						1	0			

4 Deploy

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status

4.1 Phase Initiation

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Allocate Resources & Update Project Schedule	4.1.1	DCI PMO		08/12/20	08/13/20	2				
Perform Kick Off Meeting	4.1.2	DCI PMO		08/15/20	08/15/20	1				
						3	0			

4.2 Execution, Monitoring & Controlling Results

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Update Project Management Plan	4.2.1	DCI PMO		08/16/20	08/19/20	2				
Direct & Manage Project Execution	4.2.2	DCI PMO		08/19/20	08/21/20	3				
Monitor & Control Project Activities	4.2.3	DCI PMO		08/19/20	08/21/20	3				
Manage Issues, Risks & Change Requests	4.2.4	DCI PMO		08/19/20	08/21/20	3				
Communicate Status & Progress to Stakeholders	4.2.5	DCI PMO		08/22/20	08/22/20	1				
						12	0			

4.3 Organizational Support Readiness Check

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Perform Transition Planning	4.3.1	NE Training		08/16/20	08/20/20	3				
Establish Business Process Operations	4.3.2	NE Training		08/19/20	08/20/20	2				
Establish System Administration & Control	4.3.3	NE Training		08/19/20	08/20/20	2				
						7	0			

4.4 End User Training Delivery

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Perform Super User Training	4.4.1	DCI Training		09/02/20	09/08/20	5				
Perform Supervisor Training	4.4.2	DCI Training		09/09/20	09/15/20	5				
Perform Billing Team Training	4.4.3	DCI Training		09/12/20	09/18/20	5				
Perform Payroll Team Training	4.4.4	DCI Training		09/16/20	09/22/20	5				
Perform Base User Training	4.4.5	DCI Training		09/23/20	09/25/20	2				
Collect Training Evaluation Feedback	4.4.6	DCI Training		09/26/20	09/28/20	3				
Perform Readiness Assessment	4.4.7	DCI Training		09/26/20	09/27/20	2				
						27	0			

4.5 Phase Closure & Sign-off Phase Deliverables

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Obtain DHHS Sign-off for Phase Completion	4.5.1	DCI PMO		09/30/20	09/30/20	1				
MILESTONE: Production Go Live - Phase 1	4.5.2	Milestone		10/01/20	10/01/20	30				
MILESTONE: Production Go Live - Phase 2	4.5.3	Milestone		11/01/20	11/01/20	30				
MILESTONE: Production Go Live - Phase 3	4.5.4	Milestone		11/16/20	11/16/20	30				
MILESTONE: Production Go Live - Phase 4 (Fully Implemented)	4.5.5	Milestone		12/01/20	12/01/20	30				
						121	0			

5 Go Live Support

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status

5.1 Phase Initiation

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Allocate Resources & Update Project Schedule	5.1.1	DCI PMO		10/03/20	10/08/20	2				
Perform Kick Off Meeting	5.1.2	DCI PMO		10/07/20	10/07/20	1				
						3	0			

5.2 Execution, Monitoring & Controlling Results

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Update Project Management Plan	5.2.1		DCI PMO	10/09/20	10/10/20	2				
Direct & Manage Project Execution	5.2.2		DCI PMO	10/10/20	10/12/20	3				
Monitor & Control Project Activities	5.2.3		DCI PMO	10/17/20	10/21/20	3				
Manage Issues, Risks & Change Requests	5.2.4		DCI PMO	10/23/20	10/25/20	3				
Communicate Status & Progress to Stakeholders	5.2.5		DCI PMO	10/30/20	10/30/20	1				
						12	0			

5.3 Post Go Live Support

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Provide Go Live Support	5.3.1		DCI Consultants/IT	10/01/20	12/31/20	120				
Monitoring Open Issues to Resolution	5.3.2		DCI Consultants/IT	10/01/20	12/31/20	120				
Resolve Functional Issues	5.3.3		DCI Consultants/IT	10/01/20	12/31/20	120				
Resolve Technical Issues	5.3.4		DCI Consultants/IT	10/01/20	12/31/20	120				
Obtain DHHS Sign-off for Phase Completion	5.4.1		DCI PMO	12/26/20	01/01/21	7				
MILESTONE: Post Go Live Support	5.3.5		Milestone	01/01/21	01/01/21					
						487	0			

5.4 Phase Closure & Sign-off Phase Deliverables

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Conduct Project Management Review Service	5.4.2		QA	01/03/21	01/04/21	2				
Resolve and Close Open Issues	5.4.3		DCI Consultants/IT	01/09/21	01/22/21	5				
Finalize Project Closure Report	5.4.4		DCI Consultants/IT	01/20/21	01/26/21	5				
Complete Transition of DCI to NE	5.4.5		DCI Consultants/IT	01/27/21	03/09/21	30				
MILESTONE: Final Application Transition / Project Completion	5.4.6		Milestone	02/01/21	02/01/21					
						42	0			

6. Operations

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status

6.1 Operations Optimization

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Perform Evaluation & Assessment of Operations	6.1.1		DCI Consultants/IT	11/12/20	12/02/20	15				
Solution Documentation Optimized	6.1.2		DCI Consultants/IT	11/12/20	12/02/20	30				
Solution Implementation Optimized	6.1.3		DCI Consultants/IT	11/12/20	12/02/20	30				
Template Management Optimized	6.1.4		DCI Consultants/IT	11/12/20	12/02/20	30				
Test Management Optimized	6.1.5		DCI Consultants/IT	11/12/20	12/02/20	30				
Change Control Management Optimized	6.1.6		DCI Consultants/IT	11/12/20	12/02/20	30				
Application Incident Management Optimized	6.1.7		DCI Consultants/IT	11/12/20	12/02/20	30				
Technical Operations Optimized	6.1.8		DCI Consultants/IT	11/12/20	12/02/20	30				
Business Process Operations Optimized	6.1.9		DCI Consultants/IT	11/12/20	12/02/20	30				
Maintenance Management Optimized	6.1.10		DCI Consultants/IT	11/12/20	12/02/20	30				
Upgrade Management Optimized	6.1.11		DCI Consultants/IT	11/12/20	12/02/20	30				
MILESTONE: DCI Optimizations	6.1.12		Milestone	03/01/21	03/01/21					
						315	0			

7.0 Certification

Name	WBS Reference	Responsible Person	Responsible Group	Timeline - Start	Timeline - End	Est. Days to Complete	Est. Effort Hours	Planned Completion Date	Actual Completion Date	Status
Submit and Review Nebraska EVV Certification Plan	7.1	Claire Bradt	Certification Lead	03/01/20	03/31/20	31				
Obtain DHHS Certification Plan Approval	7.2	Claire Bradt	Certification Lead	03/01/20	03/31/20	31				
Schedule Standard Certification Status Meeting	7.3	Claire Bradt	NE Cert Team	03/01/20	03/31/20	31				
Launch ReadyCert Nebraska EVV Certification Project	7.4	Claire Bradt	Certification Lead	03/01/20	03/31/20	31				
Demonstrate ReadyCert for Certification Users	7.5	Claire Bradt	Certification Lead	03/01/20	03/31/20	31				
Grant ReadyCert Access	7.6	Claire Bradt	Certification Lead	03/01/20	03/31/20	31				
R2 Review Preparation	7.7	Claire Bradt	NE Cert Team	04/01/20	11/30/20	240				
MILESTONE: CMS R2 Meeting	7.8	Claire Bradt	Milestone	12/14/20	12/14/20	1				
R3 Review Preparation	7.9	Claire Bradt	NE Cert Team	06/30/21	06/30/21	1				
MILESTONE: CMS R3 Certification Meeting	7.10	Claire Bradt	Milestone	07/15/21	07/15/21	1				
						429	0			

NE DHHS Project Work Plan GANTT Chart

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
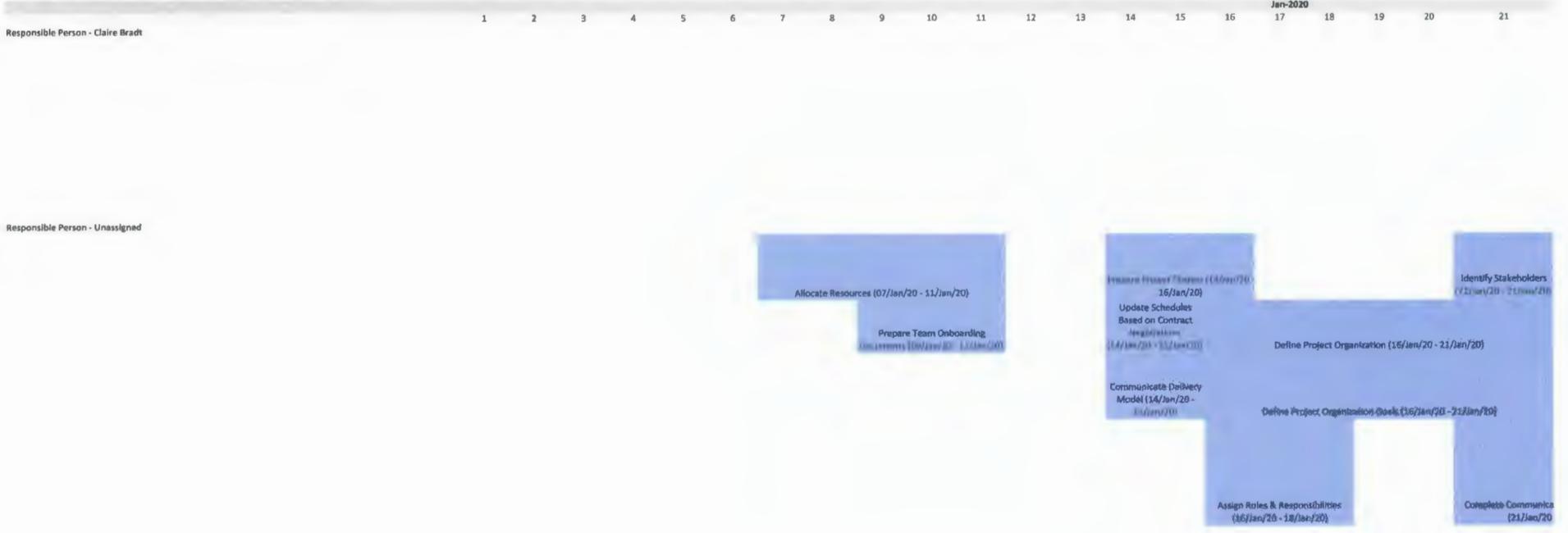
Responsible Person - Claire Bradt

Responsible Person - Unassigned

Allocate Resources (07/Jan/20 - 11/Jan/20)

Prepare Team Onboarding
Documents (10/Jan/20 - 11/Jan/20)

Prepare Project Charter (14/Jan/20 -
16/Jan/20)

Identify Stakeholders
(17/Jan/20 - 21/Jan/20)

Update Schedules
Based on Contract
Negotiations
(14/Jan/20 - 15/Jan/20)

Define Project Organization (16/Jan/20 - 21/Jan/20)

Communicate Delivery
Model (14/Jan/20 -
16/Jan/20)

Define Project Organization Goals (16/Jan/20 - 21/Jan/20)

Assign Roles & Responsibilities
(16/Jan/20 - 18/Jan/20)

Complete Communica
(21/Jan/20

| 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | Feb-2020 15 | 16 | 17 | 18 | 19 |

Set Stakeholder Expectations
(22/Jan/20 - 23/Jan/20)

Obtain Project Charter Sign-
off (24/Jan/20 - 25/Jan/20)

Prepare for Kick Off Meeting
(28/Jan/20 - 30/Jan/20)

Prepare Project Management Plan (01/Feb/20 - 13/Feb/20)

Create Work Breakdown
Structure and WBS Dictionary
(13/Feb/20 - 14/Feb/20)

Refine Acceptance Criteria
(15/Feb/20 - 15/Feb/20)

...tion Management Plan
... - 22/Jan/20)

| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |

Submit and Review Nebraska EVV Certification Plan (01/Mar/20 - 31/Mar/20)
Obtain DHHS Certification Plan Approval (01/Mar/20 - 31/Mar/20)
Schedule Standard Certification Status Meeting (01/Mar/20 - 31/Mar/20)
Launch ReadyCert Nebraska EVV Certification Project (01/Mar/20 - 31/Mar/20)
Demonstrate ReadyCert for Certification Users (01/Mar/20 - 31/Mar/20)
Grant ReadyCert Access (01/Mar/20 - 31/Mar/20)

Develop Delivery Schedule and Assign Resources (22/Feb/20 - 26/Feb/20)

Define Initial Release Schedule and Assign Resources (25/Feb/20 - 27/Feb/20)

Direct & Manage Project Work (28/Feb/20 - 19/Mar/20)

Monitor & Control Project Activities (28/Feb/20 - 19/Mar/20)

Manage Issues, Risks & Change Requests (28/Feb/20 - 19/Mar/20)

Communicate Status & Progress to Stakeholders (28/Feb/20 - 19/Mar/20)

Perform Kick Off Meeting (11/Mar/20 - 11/Mar/20)

Obtain DHHS Sign-off for Project Schedule (15/Mar/20 - 15/Mar/20)

Determine Solution Documentation Procedure (18/Mar/20 - 18/Mar/20)

Establish Cost & Schedule Baseline (01/Mar/20 - 04/Mar/20)

Create OCI Road-map (13/Mar/20 - 14/Mar/20)

Document DHHS Requirements (04/Mar/20 - 07/Mar/20)

Complete Scope Questionnaire (11/Mar/20 - 12/Mar/20)
Obtain Project Management Plan Sign-off (11/Mar/20 - 12/Mar/20)

Define Project Standards (14/Mar/20 - 15/Mar/20)
Review Scope Statement with NE (14/Mar/20 - 14/Mar/20)

19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9

Determine Gap Analysis & Effort Estimations (20/Mar/20 - 21/Mar/20)

Obtain DHHS Sign Off on Project Scope (20/Mar/20 - 22/Mar/20)

Conduct Solution Training and Knowledge Transfer (26/Mar/20 - 27/Mar/20)

Create Business Process Map (01/Apr/20 - 01/Apr/20)

Prepare DCI Environment for Scope Refinement Workshops (02/Apr/20 - 02/Apr/20)

Prepare Scope Document for Workshops (03/Apr/20 - 03/Apr/20)

Demonstrate the Business Processes and Predefined Options List (04/Apr/20 - 04/Apr/20)

Discuss Data Requirements & Format (05/Apr/20 - 05/Apr/20)

Record NE Options & Finalise Scope Document (08/Apr/20 - 08/Apr/20)

Review Scope Statement with NE (09/Apr/20 - 09/Apr/20)

Create Organizational Change Management Road map (19/Mar/20 - 20/Mar/20)

Create Project Training Strategy & Plan Procedures (19/Mar/20 - 21/Mar/20)

Determine Template Management Procedure (19/Mar/20 - 19/Mar/20)

Determine Test Management Procedure

Determine Change Control Management

Determine Application Incident Management Procedure (19/Mar/20 - 19/Mar/20)

Determine Technical Operations (19/Mar/20)

Determine Business Process Operations

Determine Maintenance Management

Determine Release Management (19/Mar/20 - 19/Mar/20)

Apr-2020

| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |

Complete NE Blueprint & Configuration Requirements Template (10/Apr/20 - 10/Apr/20)

Capture Business Scenario Requirements (11/Apr/20 - 11/Apr/20)

Validate & Complete Business Process Map (12/Apr/20 - 12/Apr/20)

Prepare Testing Policy Documentation (15/Apr/20 - 16/Apr/20)

Validate & Complete Scenario Design (15/Apr/20 - 15/Apr/20)

Store Scenario Solution Documentation in Monday.com (16/Apr/20 - 16/Apr/20)

MILESTONE: Complete Requirements Gathering (17/Apr/20 - 18/Apr/20)

Obtain NE Sign-off on Testing Policy Document (18/Apr/20 - 18/Apr/20)

Prepare Data Migration Workshop (22/Apr/20 - 23/Apr/20)

Conduct Data Migration Workshop (24/Apr/20 - 24/Apr/20)

Conduct Data Health Check (26/Apr/20 - 26/Apr/20)

Prepare Data Migration Requirements Document (30/Apr/20)

May-2020

| 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |

Scope & 29/Apr/20 -

Present Data Migration Scope & Requirements Document (02/May/20 - 02/May/20)

Conduct Organizational Assessment for Data Migration (03/May/20 - 06/May/20)

Conduct Infrastructure Assessment for Data Migration (07/May/20 - 08/May/20)

Conduct Risk Assessment for Data Migration & Prepare Mitigation Plan (09/May/20 - 10/May/20)

Define Solution Concept (10/May/20 - 13/May/20)

Define Solution Deployment Concept (10/May/20 - 13/May/20)

Complete Data Migration Approach & Strategy Document (13/May/20 - 14/May/20)

Conduct Project Management Review (15/May/20 - 15/May/20)

Obtain DHHS Sign-off for Phase Completion (15/May/20 - 15/May/20)

MILESTONE: Project Start to Design (15/May/20 - 15/May/20)

Conduct Classification of Project Stakeholders (16/May/20 - 16/May/20)

Allocate Resources & Update Project Schedule (16/May/20 - 17/May/20)

Conduct Learning Needs Analysis (17/May/20 - 22/May/20)

Update Project Management Plan (20/May/20 - 20/May/20)

Validate Organizational Alignment Approach (21/May/20 - 22/May/20)

Monitor & Control Project Activities (23/May/20 - 24/May/20)

Establish Baseline (23/May/20 - 27/May/20)

Manage Requests (2

Define Business Operations Structure (17/May/20 - 23/May/20)

Define Logical Data Model (24/M

Identify Key Resources (17/May/20 - 20/May/20)

Perform Kick Off Meeting (17/May/2 0 - 17/May/20)

Direct & Manage Project Execution (21/May/20 - 23/May/20)

Develop Detailed Training of Trainers Training

Define General Settings & Master Data (20/May/20 - 23/May/20)

Develop

Develop Detailed End User Training Plan (17/May/20 - 22/May/20)

Define User Roles & Permissions (20/May/20 - 23/May/20)

This is a Gantt chart / project timeline for Jun-2020.

Timeline dates: 28, 29, 30, 31, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, **Jun-2020 17**, 18, 19, 20, 21, 22, 23

Tasks:

- Communicate Status & Progress to Stakeholders (28/May/20 - 28/May/20)
- Define Communication Strategy (29/May/20 - 30/May/20)
- Define Key Messages (31/May/20 - 03/Jun/20)
- Conduct Business Solution Design Demo (07/Jun/20 - 07/Jun/20)
- Conduct Data Mapping Workshops (10/Jun/20 - 12/Jun/20)
- Finalize Documentation of Business Solution Design (13/Jun/20 - 17/Jun/20)
- Authorization Requirements & Design (19/Jun/20 - 20/Jun/20)
- Obtain DHHS Sign-off for Phase Completion (21/Jun/20 - 21/Jun/20)
- ...sues, Risks & Change ...7/May/20 - 28/May/20)
- Finalize Core Configuration Design (30/May/20 - 05/Jun/20)
- Conduct Data Quality Assessment (10/Jun/20 - 14/Jun/20)
- Data Turnover (19/Jun/20 - 19/Jun/20)
- Allocate Resources & Update Project Schedule (20/Jun/20 - 23/Jun/20)
- ...ay/20 - 29/May/20)
- Define Integrations Model (30/May/20 - 04/Jun/20)
- Conduct Acceptance Testing of Business Solution Design (10/Jun/20 - 12/Jun/20)
- Prepare Technical Infrastructure Specification (14/Jun/20 - 19/Jun/20)
- MILESTONE: Project Design to Build (21/Jun/20 - 21/Jun/20)
- ... Plan (24/May/20 - 29/May/20)
- Define Functional Design (03/Jun/20 - 05/Jun/20)
- Define Data Migration Approach (12/Jun/20 - 17/Jun/20)
- ...etailed Training of Trainers Training Schedule (27/May/20 - 30/May/20)
- Prepare Data Plan (14/Jun/20 - 19/Jun/20)

Gantt chart timeline header: 24, 25, 26, 27, 28, 29, 30, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, **Jul-2020** 15, 16, 17, 18, 19, 20

R2 Review Preparation (01/Apr/20 - 30/Nov/2...)

- Perform Manual Configuration Settings (24/Jun/20 - 27/Jun/20)
- Direct & Manage Project Execution (28/Jun/20 - 02/Jul/20)
- Communicate Status & Progress to Stakeholders (03/Jul/20 - 03/Jul/20)
- Perform Solution Walk-through and Knowledge Transfer to Key Users (04/Jul/20 - 04/Jul/20)
- Document Configured Business Processes (05/Jul/20 - 08/Jul/20)
- Develop System Configuration Test Cases (09/Jul/20 - 15/Jul/20)
- Obtain DHHS Sign-off for Phase Completion (19/Jul/20 - 19/Jul/20)
- MILESTONE: Build to Test (19/Jul/20 - 19/Jul/20)
- Prepare Training Materials & Documentation (24/Jun/20 - 02/Jul/20)
- Perform Training of the Trainers: Supervisors (04/Jul/20 - 10/Jul/20)
- Setup User Profiles (27/Jun/20 - 28/Jun/20)
- Prepare for Key User Knowledge Transfer (01/Jul/20 - 02/Jul/20)
- Perform Training of the Trainers: Billing (05/Jul/20 - 11/Jul/20)
- Import Data (24/Jun/20 - 26/Jun/20)
- Receive NE Sign-off on Business Solution Design (24/Jun/20 - 24/Jun/20)
- Perform Kick Off Meeting (25/Jun/20 - 26/Jun/20)
- Monitor & Control Project Activities (28/Jun/20 - 28/Jun/20)
- Perform Training of the Trainers: Super Users (01/Jul/20 - 05/Jul/20)
- Test Deployed Options (08/Jul/20 - 09/Jul/20)
- Perform Training of the Trainers: Base Users (10/Jul/20 - 16/Jul/20)
- Develop Super User Training Schedules (24/Jun/20 - 26/Jun/20)
- Manage Issues, Risks & Change Requests (28/Jun/20 - 03/Jul/20)
- Perform Training of the Trainers: Payroll (09/Jul/20 - 15/Jul/20)
- Develop Supervisor Training Schedules (24/Jun/20 - 26/Jun/20)
- Setup Roles & Permissions (28/Jun/20 - 01/Jul/20)
- Develop Billing Team Training Schedules (24/Jun/20 - 26/Jun/20)
- Develop Payroll Team Training Schedules (24/Jun/20 - ...)
- Develop Base User Training Schedules (24/Jun/20 - ...)
- Update Project Management Plan (26/Jun/20 - 27/Jun/20)

Aug-2020

| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

Conduct Change Management Readiness Check (22/Jul/20 - 23/Jul/20)

Create Cut-over Plan (24/Jul/20 - 26/Jul/20)

Perform Manual Configuration Settings (29/Jul/20 - 01/Aug/20)

Setup User Profiles (31/Jul/20 - 01/Aug/20)

Setup Roles & Permissions (01/Aug/20 - 02/Aug/20)

Perform Master Test Plans (05/Aug/20 - 08/Aug/20)

Obtain DHHS Sign-off for Phase Completion (09/Aug/20 - 12/Aug/20)

Report Testing Results (09/Aug/20 - 12/Aug/20)

Allocate Resources & Update Project Schedule (12/Aug/20 - 12/Aug/20)

MILESTONE: Test to Deployment (Soft Go-Live) (12/Aug/20 - 12/Aug/20)

Perform Kick Off Meeting (15/Aug/20 - 15/Aug/20)

Perform Transition Planning (16/Aug/20 - 18/Aug/20)

Update Project Management Plan (19/Aug/20 - 19/Aug/20)

Establish Business Process Operations (19/Aug/20 - 20/Aug/20)

Learn & Measure Project (19/Aug/20 - 19/Aug/20)

Monitor & Control Project (19/Aug/20 - 19/Aug/20)

Manage Project Change Requests (19/Aug/20) Administration & Control (19/Aug/20 - 19/Aug/20)

21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Communicate Status & Progress to Stakeholders (22/Aug/20 - 22/Aug/20)

Perform Super User Training (12/Sep/20 - 14/Sep/20)

Perform End-users Training (8/Sep/20 - 15/Sep/20)

Perform Parent Team Training (12/Sep/20 - 17/Sep/20)

Perform Mentor/Mgmt Team Training (12/Sep/20 - 17/Sep/20)

Oct-2020

21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Perform Base User Training (23/Sep/20 - 25/Sep/20)

Collect Training Evaluation Feedback (26/Sep/20 - 28/Sep/20)

Perform Readiness Assessment (26/Sep/20 - 27/Sep/20)

Obtain DHHS Sign-off for Phase Completion (30/Sep/20 - 30/Sep/20)

MILESTONE: Production Go Live Phase 1 (01/Oct/20 - 01/Oct/20)

Allocate Resources & Update Project Schedule (03/Oct/20 - 08/Oct/20)

Update Project Management Plan (09/Oct/20 - 10/Oct/20)

Perform Kick Off Meeting (07/Oct/20 - 07/Oct/20)

Direct & Manage Project Execution (08/Oct/20 - 12/Oct/20)

| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

Provide Go Live Support (01/Oct/20 - 31/Dec/20)

Monitoring Open Issues to Resolution (01/Oct/20 - 31/Dec/20)

Communicate Status & Progress to Stakeholders (30/Oct/20 - 30/Oct/20)

MILESTONE - Production Go Live - Phase 2 (01/Nov/20 - 01/Nov/20)

ct Activities (17/Oct/20 - 21/Oct/20)

Manage Issues, Risks & Change Requests (23/Oct/20 - 25/Oct/20)

- 31/Dec/20)

Resolve Functional Issues (01/Oct/20 - 31/Dec/20)

Resolve Technical Issues (01/Oct/20 - 31/Dec/20)

MILESTONE - Production Go Live - Phase 3 (16/Nov/20 - 16/Nov/20)

| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

MILESTONE: CMS R2 Meeting (14/Dec/20 - 14/Dec/20)

Perform Evaluation & Assessment of Operations (12/Nov/20 - 02/Dec/20)
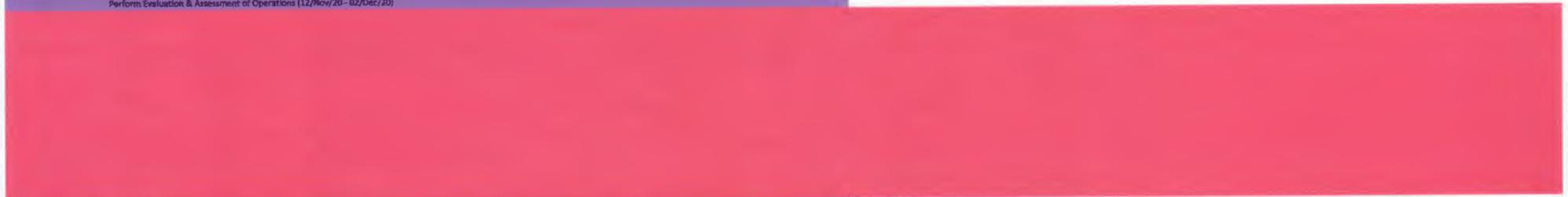
Solution Documentation Optimized (12/Nov/20 - 02/Dec/20)

Solution Implementation Optimized (12/Nov/20 - 02/Dec/20)
Template Management Optimized (12/Nov/20 - 02/Dec/20)
Test Management Optimized (12/Nov/20 - 02/Dec/20)

Change Control Management Optimized (12/Nov/20 - 02/Dec/20)
Application Incident Management Optimized (12/Nov/20 - 02/Dec/20)
Technical Operations Optimized (12/Nov/20 - 02/Dec/20)
Business Process Operations Optimized (12/Nov/20 - 02/Dec/20)

Maintenance Management Optimized (12/Nov/20 - 02/Dec/20)
Upgrade Management Optimized (12/Nov/20 - 02/Dec/20)

MILESTONE: Production Go Live
Phase 4 (Fully Implemented)
(01/Dec/20 - 01/Dec/20)

| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

MILESTONE: Post Go Live
Support (01/Jan/21

Conduct Project
Management Review
Service (03/Jan/21

MILESTONE: Final Application
Transition: Project Completion

| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | **Mar-2021** 15 | 16 | 17 | 18 | 19 | 20 |

- 09/Mar/21)

MILESTONE: DCI
Optimizations (01/Mar/21 -
01/Mar/21)

Apr 2021

23 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

May 2023

25 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Jul-2021

| 28 | 29 | 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |

R3 Review Preparation
(30/Jun/21 - 30/Jun/21)

MILESTONE: CMS R3 Certification
Meeting (15/Jul/21 - 15/Jul/21)

NE DHHS Communications Management Plan
Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Communication Approach

Name	Person	Status
Project manager will take a proactive role to ensure effective communication throughout the life cycle of this project. The communication requirements are documented in the Communications Matrix which will serve as a guide for what information will be communicated, who is doing the communication, when they will communicate it and to whom will be involved. Updates or changes may be necessary as the project progresses. Changes will be submitted through the change control board and will meet all criteria outlined in the Change Management Plan. The project manager is responsible for managing all proposed and approved changes to the communications management plan. Once the change request has been approved, the project manager will update all related documentation and distribute the documents to the project team and stakeholders.		

Communication Constraints

Name	Person	Status
All communication activities for this project will occur within the project's approved budget, schedule and allocated resources. The project manager will be responsible for ensuring the communication activities are performed by the project team to ensure the project remains on time and budget. The communication activities will be consistent with the frequencies and methods detailed in the Communication Matrix to ensure the project adheres to schedule constraints. Any deviation from the above may involve excessive costs or schedule delays that will need to be approved by the project sponsor		

Communication Assumptions

Name	Person	Status
DCI Maintains a Google Drive platform within the PMO that all projects use to provide updates, archive data, and conduct communication. This platform will enable all levels of management and stakeholders with compatible technology to access the project data at any point in time. Google Drive allows for the project team to work collaboratively and communicate efficiently. All folders and documentation will be shared with the provided email addresses in the Stakeholder Register DCI maintains software licenses with Monday.com within the PMO where all management plans, deliverables, requirements and activities will be tracked to completion.		

Escalation Paths

Name	Person	Status
Priority 1: Major impact to project or business operations. If not resolved quickly there will be a significant impact to revenue and schedule. Decision Authority = VP or higher. Time frame for resolution = within 4 hours Priority 2: Medium impact to project or business operations. This could result in some adverse impact to revenue and schedules. Decision Authority = Project Sponsor. Time frame for resolution = within 1 business day Priority 3: Slight impact which may cause some minor scheduling difficulties with the project but no impact to business operations. Decision Authority = Project Manager. Time frame for resolution = within 2 business days Priority 4: Insignificant impact to project but there may be a better solution. Decision Authority = Project Manager. Time frame for resolution = work continues and any recommendations are submitted via change management plan process.		

NE DHHS Communication Management Plan - Glossary

Project Title: NE Electronic Visit Verification Services (EVV)
Prepared: 10/1/2019

System Basics Glossary

Name	Term/Acronym
Direct Care Innovations	DCI
Electronic Visit Verification (EVV) is the means of electronically verifying that a employee/caregiver was physically present with the client	EVV
Department or other unit within an organization that the client/employee/program revenue and expenses should hit (Program Name/Region)	Cost Center
Entity that pays the agency to provide the service, defines specifications for those services and issues authorizations for clients to receive said services	Funding Sour
Service a client is receiving with specifications of how it should be provided and billed by the funding source	Service Cod
Ledger or bucket where client authorizations, attendance, employee service and billing entries are placed	Funding Accou
A special type of entry in DCI representing an allotment of dollars/units from a funding source to provide a service to a client. An authorization is for one and only one service code and client	Authorizatio
Account where an employee is assigned to provide a specified service. This can be client or non client specific. Authorizes staff to make a punch for that service	Employee Service /
Account where a client is linked to an employee providing a specified service	Client Service Ac
A canned question or statement that a company can create and associate with a service code. Activity codes that an employee must choose from when making a punch to provide further clarification as to what they were doing during the punch.	Canned Staten
A type entry representing that a client received services by attending a program. Residential, Day and Group Services are examples of programs that provide service to a client when they are in attendance	Attendance Er
A type of entry representing a time entry by an employee for work that was or is currently being performed. These include both client/service code related and non-client/service code related entries	Punch Entry
Allows user to perform a group of tasks for specific Cost Center(s). Users have access to perform several predetermined tasks for one or more cost center but can only have one role per cost center	Role
Allows user to perform a specific task for the entire system. An employee can be assigned multiple permissions and they have this access for all cost centers	Permission
Scrubs are a way to validate business rules per service code to meet specific requirements mandated by that particular service	Scrubs
Engine responsible for sending notifications to end users when messages are generated in DCI. Currently supports SMS, email and internal application notifications	Notifications En

Profile Types Glossary

Name	Term/Acronym
The most robust user in DCI that has access to all modules and functionality within the system. Including chart of accounts, payroll, billing, scheduling, authorization, settings, reports, imports	Super User
An employee profile which has been assigned the Supervisor role for a cost center. Manage employees, clients, service accounts, profile certifications, punches, attendance & absence entries, ... es, notes & attachments	Supervisor
Base profile used to make punches, view accounts, entries, schedules, create availability templates, complete profile certification training, and access the messaging module	Base User
Profile in DCI representing an end user who represents or has legal responsibility for a client. Users of this type can act on behalf of a client for things like requesting or approving services	Guardian
Profile in DCI representing a funding source worker. Users of this type can log into DCI and see a limited subset of information	Case Worke

Account Types Glossary

Name	Term/Acronym
Used for any type of individualized service where an employee is working one client at a time in any capacity. Funding source pays based on service provided (hourly, daily, milestone, etc.)	Hourly
Client attends a facility of some sort and employees clock in and out at that facility. Funding source pays based on client attendance	Day Progran
Client lives at a residential program and employees clock in and out at that program. Funding source pays based on client attendance	Residential Prog
Client lives at a foster home/professional parent home and employees clock in and out at that home. Funding source pays based on client attendance	Parenting Prog
Client receives service in any location and is not tied directly to a site. Employees can work with one or more clients at a time in any capacity. Funding source pays based on service provided (hourly, daily, monthly, milestone, etc.)	Group Servic
Client lives at a residential program/professional parent home and receives funding for transportation. Funding sources pay based on client attendance and transportation provided	Client Transpor
Account type where an employee is reimbursed for miles traveled, not tied to a particular client. Referred to in the Mobile App as Drive	Mileage
Account type where an employee is reimbursed for distance traveled, not tied to a particular client	Drive

Modules Glossary

Name	Term/Acronym
Foundation of DCI that consists of profiles, entries, accounts, service codes, cost centers, batches	COA - Chart of Accou
The module in DCI that is responsible for the creation and processing of payroll batches. This module processes employee punch entries and creates their associated Payroll entries	Payroll Modu
The module in DCI that is responsible for the creation and processing of billing batches. This module processes client funding account entries and creates their associated billing entries	Billing Modul
The module in DCI that is responsible for the creation and management of schedules and manages client requests for services and employee availability templates	Scheduling Mo
Responsible for managing authorizations and client funding accounts. Only accessible by billing or authorization role, as well as super users	Authorization M
The module in DCI responsible for managing many of the user definable settings and entities. This includes funding sources, service codes, regions, holiday schedules, news posts, general activities, training module, message templates, EVV	Settings Modu
The module in DCI where all of the canned reports with filters live	Reports Modu
The module in DCI where various imports (bulk load) live	Import Modu
The module in DCI that controls system and end user generated messages. This module also includes the Notification Engine	Messaging Mo

NE Human Resources Plan - Section 1: Roles & Responsibilities Matrix (RACI Chart)

Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Allocate Resources	1.1.1									R	A		I	
Prepare Team Onboarding Documents	1.1.2									R	A		I	
Update Schedules Based on Contract Negotiations	1.1.3									R	A			
Communicate Delivery Model	1.1.4									R	A		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Define Project Organization	1.2.1									R	A		I	
Define Project Organization Goals	1.2.2									R	A			
Assign Roles & Responsibilities	1.2.3									R	A			
Complete Communication Management Plan	1.2.4									R	A			

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Prepare Project Charter	1.3.1									R	A		I	
Identify Stakeholders	1.3.2									R	A		I	
Set Stakeholder Expectations	1.3.3									R	A		I	
Obtain Project Charter Sign-off	1.3.4									R	A		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Prepare for Kick Off Meeting	1.4.1									R	A		I	
Perform Kick Off Meeting	1.4.2									R	A		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Document Customer Requirements	1.5.1	R	A							C	C		I	
Complete Scope Questionnaire	1.5.2	R	A							C	C		I	
Review Scope Statement with MPATH	1.5.3	R	A							I	C		I	
Determine Gap Analysis & Effort Estimations	1.5.4	R	A							I	I		I	
Create Work Breakdown Structure and WBS Dictionary	1.5.5									R	A		I	
Refine Acceptance Criteria	1.5.6									R	A		I	
Obtain Customer Sign Off on Project Scope	1.5.7									R	A		I	
MILESTONE: Complete Requirements Gathering	1.5.8													

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Develop Delivery Schedule and Assign Resources	1.6.1									R	A		I	
Define Initial Release Schedule and Assign Resources	1.6.2									R	A		I	
Obtain Customer Sign-off for Project Schedule	1.6.3									R	A		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Establish Cost & Schedule Baseline	1.6.4									R	A		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Prepare Project Management Plan	1.7.1									R	A		I	
Obtain Project Management Plan Sign-off	1.7.2									R	A		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Create DCI Road-map	1.8.1	A R								C	C		I	
Define Project Standards	1.8.2	A R								C	C		I	
Determine Solution Documentation Procedure	1.8.3	A R								C	C		I	
Determine Template Management Procedure	1.8.4	A R								C	C		I	
Determine Test Management Procedure	1.8.5	A R								C	C		I	
Determine Change Control Management Procedure	1.8.6	A R								C	C		I	
Determine Application Incident Management Procedure	1.8.7	A R								C	C		I	
Determine Technical Operations	1.8.8	A R								C	C		I	
Determine Business Process Operations	1.8.9	A R								C	C		I	
Determine Maintenance Management	1.8.10	A R								C	C			
Determine Release Management	1.8.11	A R								C	C			

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Direct & Manage Project Work	1.9.1									R	A		I	
Monitor & Control Project Activities	1.9.2									R	A		I	
Manage Issues, Risks & Change Requests	1.9.3									R	A		I	
Communicate Status & Progress to Stakeholders	1.9.4									R	A		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Create Organizational Change Management Road-map	1.10.1	A R								C	I		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Create Project Training Strategy & Plan Procedures	1.11.1	A R								I	I		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Conduct Solution Training and Knowledge Transfer	1.12.1	A R									I		I	

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Create Business Process Map	1.13.1	R	A							I	I		I	
Prepare DCI Environment for Scope Refinement Workshops	1.13.2	R	A							I	C		I	
Prepare Scope Document for Workshops	1.13.3	R	A							I	C		I	
Demonstrate the Business Processes and Predefined Options List	1.13.4	R	A							C	C		I	
Discuss Data Requirements & Format	1.13.5	R	A							C	C		I	
Record MPATH Options & Finalize Scope Document	1.13.6	R	A							I	I		I	
Review Scope Statement with MPATH	1.13.7	R	A							I	I		I	

Complete MPATH Blueprint & Configuration Requirements Template	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Complete MPATH Blueprint & Configuration Requirements Template	1.13.8	R	A							C	C			
Validate & Complete Business Process Map	1.13.9	R	A							C	C		I	

Name

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Capture Business Scenario Requirements	1.14.1	R	A							C	I		I	
Validate & Complete Scenario Design	1.14.2	R	A							C	I		I	
Store Scenario Solution Documentation in Monday.com	1.14.3	R	A							C	I		I	

Name

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Prepare Testing Policy Documentation	1.15.1				A R	C				C	C		I	
Obtain MPATH Sign-off on Testing Policy Document	1.15.2				A R	R				I	C		I	

Name — Strategy

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Prepare Data Migration Workshop	1.16.1	R		A						C	I		I	
Conduct Data Migration Workshop	1.16.2	R		A						C	C		I	
Conduct Data Health Check	1.16.3	R		A						C	C		I	
Prepare Data Migration Scope & Requirements Document	1.16.4	R		A						C	C		I	
Present Data Migration Scope & Requirements Document	1.16.5	R		A						I	C		I	
Conduct Organizational Assessment for Data Migration	1.16.6	R		A						C	I		I	
Conduct Infrastructure Assessment for Data Migration	1.16.7	R		A						C	I		I	
Conduct Risk Assessment for Data Migration & Prepare Mitigation Plan	1.16.8	I		A						I	I		I	
Complete Data Migration Approach & Strategy Document	1.16.9	R		A						C	I		I	

Name

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Define Solution Concept	1.17.1						A R	I	C		I		I	
Define Solution Deployment Concept	1.17.2						A R	I	C		I		I	

Name

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Conduct Project Management Review	1.18.1									C	I	A R	I	
Obtain Customer Sign-off for Phase Completion	1.18.2									R	A		I	
MILESTONE: Project Start to Design	1.18.3													

C. DCI Blueprint

Name

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead

2.1 Phase Initiation

Name

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Allocate Resources & Update Project Schedule	2.1.1									R	A		I	
Perform Kick Off Meeting	2.1.2									R	A		I	

2.2 Execution, Monitoring & Controlling Phase

Name

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Update Project Management Plan	2.2.1									R	A		I	

Direct & Manage Project Execution

Monitor & Control Project Activities

Manage Issues, Risks & Change Requests

Communicate Status & Progress to Stakeholders

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2 2 2									R	A		I	
2 2 3									R	A		I	
2 2 4									R	A		I	
2 2 5									R	A		I	

2.3 Stakeholder Analysis

Name

Conduct Classification of Project Stakeholders

Identify Key Resources

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2 3 1	A,R								C	I		I	
2 3 2	A,R								C	I		I	

2.4 Change Impact Analysis

Name

Validate Organizational Alignment Approach

Establish Baseline

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2 4 1	A,R								C	C		I	
2 4 2	A,R								C	C		I	

2.5 Communication Plan

Name

Define Key Messages

Define Communication Strategy

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2 5 1	A,R								C	C		I	
2 5 2	A,R								C	I		I	

2.6 End User Training Strategy & Plan

Name

Conduct Learning Needs Analysis

Develop Detailed End User Training Plan

Develop Detailed Training of Trainers Training Plan

Develop Detailed Training of Trainers Training Schedule

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2 6 1						A,R		C	I				
2 6 2						R	A		I			I	
2 6 3						R	A		I	I		I	
2 6 4						A,R		C				I	

2.7 Business Solution Design

Name

Define Business Operations Structure

Define General Settings & Master Data

Define User Roles & Permissions

Define Logical Data Model

Define Integrations Model

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2 7 1	R	A							C	I		I	
2 7 2	R	A							C			I	
2 7 3	R	A							C			I	
2 7 4	R	A							C			I	
2 7 5	R	A							C	C		I	

2.8 Detailed Design, Configuration & Enhancements

Name

Finalize Core Configuration Design

Define Functional Design

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2 8 1	R	A							C	C		I	
2 8 2	R	A							C	C		I	

2.9 Business Solution Design Sign-off

Name

Conduct Business Solution Design Demo

Conduct Acceptance Testing of Business Solution Design

Finalize Documentation of Business Solution Design

Receive MPATH Sign-off on Business Solution Design

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2 9 1	R	A							C			I	
2 9 2	R	A							I	I		I	
2 9 3	R	A							I	I		I	
2 9 4	R	A							C	I		I	

2.10 Legacy Data Migration

Name
Conduct Data Mapping Workshops
Conduct Data Quality Assessment
Define Data Migration Approach
Prepare Data Plan
Data Turnover

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2.10.1	R		A						C	I		I	
2.10.2	R		A						I	C			
2.10.3	R		A						C	C		I	
2.10.4	R		A						I	C		I	
2.10.5	A		D						C	C			

Name
Prepare Technical Infrastructure Specification

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2.11.1								A R	I	C		I	

Name
Authorization Requirements & Design

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2.12.1								A R		C		I	

Name
Obtain Customer Sign-off for Phase Completion
MILESTONE: Project Design to Build

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
2.13.1									P	A		I	
2.13.2												I	

3. Build

Name

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead

3.1 Phase Initiation

Name
Allocate Resources & Update Project Schedule
Perform Kick Off Meeting

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
3.1.1									R	A		I	
3.1.2									R	A		I	

3.2 Execution, Monitoring & Controlling Results

Name
Update Project Management Plan
Direct & Manage Project Execution
Monitor & Control Project Activities
Manage Issues, Risks & Change Requests
Communicate Status & Progress to Stakeholders

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
3.2.1									R	A		I	
3.2.2									P	A		I	
3.2.3									R	A		I	
3.2.4									P	A		I	
3.2.5									R	A		I	

3.3 Business Solution Confirmation

Name
Document Configured Business Processes
Test Deployed Options

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
3.3.1	R		A						C	I		I	
3.3.2	C		A	P					C	I		I	

3.4 Knowledge Transfer

Name
Prepare for Key User Knowledge Transfer
Perform Solution Walk-through and Knowledge Transfer to Key Users

WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
3.4.1						R	A		C	I		I	
3.4.2						R	A		C			I	

3.5 Training of the Trainers Delivery

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Prepare Training Materials & Documentation	3.5.1						R	A		C	C		I	
Perform Training of the Trainers Super Users	3.5.2						R	A		C	C		I	
Perform Training of the Trainers Supervisors	3.5.3						R	A		C	C		I	
Perform Training of the Trainers Billing	3.5.4						R	A		C	C		I	
Perform Training of the Trainers Payroll	3.5.5						R	A		C	C		I	
Perform Training of the Trainers Base Users	3.5.6						R	A		C	C		I	
Develop Super User Training Schedules	3.5.7						A R			C	C		I	
Develop Supervisor Training Schedules	3.5.8						A R			C	C		I	
Develop Billing Team Training Schedules	3.5.9						A R			C	C		I	
Develop Payroll Team Training Schedules	3.5.10						A R			C	C		I	
Develop Base User Training Schedules	3.5.11						A R			C	C		I	

3.6 Test Case Development

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Develop System Configuration Test Cases	3.6.1			C	A R					C	C		I	

3.7 Quality Assurance Environment

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Perform Manual Configuration Settings	3.7.1	R							A	C	C		I	
Setup User Profiles	3.7.2	R							A	C	C		I	
Import Data	3.7.3	R							A	C	C		I	
Setup Roles & Permissions	3.7.4	R							A	C	C		I	
MILESTONE Build to Test	3.7.5								A	C	C		I	

3.8 Cut-over Plan

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Conduct Change Management Readiness Check	3.8.1						A R			C	C		I	
Create Cut-over Plan	3.8.2	R		A						C	C		I	

Production Environment

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Perform Manual Configuration Settings	3.9.1	R							A	C	C		I	
Setup User Profiles	3.9.2	R							A	C	C		I	
Setup Roles & Permissions	3.9.3	R							A	C	C		I	

Prod Data Migration

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Perform Load Tests	3.10.1	R				A				C	C		I	
Import Data Templates	3.10.2	R				A				C	C		I	
Obtain Import Results	3.10.3	R				A				C	C		I	

Phase Deliverable

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Obtain Customer Sign-off for Phase Completion	3.11.1									R	A		I	
MILESTONE Test to Deployment	3.11.2													

4: Deploy

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead

4.1 Phase Initiation

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Allocate Resources & Update Project Schedule	4.1.1									R	A		I	
Perform Kick Off Meeting	4.1.2									R	A		I	

4.2 Execution, Monitoring & Controlling Results

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Update Project Management Plan	4.2.1									R	A		I	
Direct & Manage Project Execution	4.2.2									R	A		I	
Monitor & Control Project Activities	4.2.3									R	A		I	
Manage Issues, Risks & Change Requests	4.2.4									R	A		I	
Communicate Status & Progress to Stakeholders	4.2.5									R	A		I	

4.3 Organizational Support Readiness Check

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Perform Transition Planning	4.3.1	A R							C	C			I	
Establish Business Process Operations	4.3.2	A R							C	C			I	
Establish System Administration & Control	4.3.3	A R							C	C			I	

4.4 End User Training Delivery

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Perform Super User Training	4.4.1	A R							I	I			I	
Perform Supervisor Training	4.4.2	A R							C	C			I	
Perform Billing Team Training	4.4.3	A R							I	C			I	
Perform Payroll Team Training	4.4.4	A R							I	I			I	
Perform Base User Training	4.4.5	A R							I	I			I	
Collect Training Evaluation Feedback	4.4.6	A R							C	C			I	
Perform Readiness Assessment	4.4.7	A R							C	C			I	

4.5 Phase Closure & Sign-off Phase Deliverables

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Obtain Customer Sign-off for Phase Completion	4.5.1									R	A		I	
MILESTONE: Production Go Live - Phase 1	4.5.2													
MILESTONE: Production Go Live - Phase 2	4.5.3													
MILESTONE: Production Go Live - Phase 3	4.5.4													
MILESTONE: Production Go Live - Phase 4 (Fully Implemented)	4.5.5													

5: Go Live Support

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead

5.1 Phase Initiation

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Allocate Resources & Update Project Schedule	5.1.1									R	A		I	
Perform Kick Off Meeting	5.1.2									R	A		I	

5.2 Execution, Monitoring & Controlling Results

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Update Project Management Plan	5.2.1									R	A		I	
Direct & Manage Project Execution	5.2.2									R	A		I	
Monitor & Control Project Activities	5.2.3									R	A		I	
Manage Issues, Risks & Change Requests	5.2.4									R	A		I	
Communicate Status & Progress to Stakeholders	5.2.5									R	A		I	

5.3 Post Go Live Support

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Provide Post Go Live Support	5.3.1	R								A	C	C	I	
Monitoring Open Issues to Resolution	5.3.2	R								A	C	C	I	
Resolve Technical Issues	5.3.4	R								A	C	I	I	
Resolve Functional Issues	5.3.3	R								A	I	C	I	
MILESTONE: Post Go Live Support	5.3.5													

5.4 Phase Closure & Sign-off Phase Deliverables

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Obtain Customer Sign off for Phase Completion	5.4.1									R	A		I	
Conduct Project Management Review Service	5.4.2									C	I	A	R	
Resolve and Close Open Issues	5.4.3									R	A		I	
Finalize Project Closure Report	5.4.4									R	A		I	
Complete Transition to MPATH	5.4.5									R	A			
MILESTONE: Final Application Transition, Project Completion	5.4.6													

Operation

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead

Operations Optimization

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Perform Evaluation & Assessment of Operations	6.1.1	R								A	C	C	I	
Solution Documentation Optimized	6.1.2	R								A	C	C	I	
Solution Implementation Optimized	6.1.3	R								A	C	C	I	
Template Management Optimized	6.1.4	R								A	I	I	I	
Test Management Optimized	6.1.5	R								A	I	C	I	
Change Control Management Optimized	6.1.6	R								A	I	C	I	
Application Incident Management Optimized	6.1.7	R								A	C	I	I	
Technical Operations Optimized	6.1.8	R								A	C	C	I	
Business Process Operations Optimized	6.1.9	R								A	C	I	I	
Maintenance Management Optimized	6.1.10	R								A	C	C	I	
Upgrade Management Optimized	6.1.11	R								A	I	C	I	
MILESTONE: DCI Optimizations	6.1.12	R												

0 Certification

Name	WBS Reference	DCI Consultants/IT	NE SME/Operations	NE Data	DCI Test Lead	NE Testing	DCI Training	NE Training	NE IT	DCI PMO	NE PMO	QA	Project Sponsor	Certification Lead
Submit and Review Nebraska EVV Certification Plan (copy)	7.1	A								A	I	C		R
Obtain DHHS Certification Plan Approval (copy)	7.2	A								A	I	C		R
Schedule Standard Certification Status Meeting (copy)	7.3	A								A	I	C		R
Launch ReadyCert Nebraska EVV Certification Project (copy)	7.4	A								A	I	C		R
Demonstrate ReadyCert for Certification Users (copy)	7.5	A								A	I	I		R
Grant ReadyCert Access (copy)	7.6	A								A	I	C		R
R2 Review Preparation (copy)	7.7	A								A	I	I		R
MILESTONE: CMS R2 Meeting (copy)	7.8	A								A	I	C		R

R3 Review Preparation (copy)	7.9	A		A	I	C		R
MILESTONE: CMS R3 Certification Meeting (copy)	7.10	A		A	I	C		R

NE DHHS Human Resource Plan - Section 2: Staffing Management Plan
Project Title: NE Electronic Visit
Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Staff Management Plan

Name	Skill Level	Duration Required (Months)	Availability	Backup Resources	Number Required	Additional Considerations
Contract Manager	High	6	Available	1	1	
Program Manager	High	6	Available	1	1	
Project Manager	High	6	Available	1	2	
VP of Implementation	High	6	Available	1	1	
Integration Lead	High	6	Available	1	1	
Security Lead	High	6	Available	1	1	
Sr. System Architect	High	6	Available	1	1	
Testing Lead	High	6	Available	1	1	
Certification Lead	High	6	Available	1	1	
Training Lead	High	6	Available	1	1	
Lead Consultant	High	6	Available	1	1	

NE DHHS Staffing Management Plan
Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Staff Acquisition

Name	**Person**	**Status**
All staff needed to complete this project are listed under the Human Resource Plan in Section 3. These staff are currently internal employees of Acumen and DCI, no new acquisition is necessary. The project team will borrow these resources from the agency pool. Virtual teams will be utilized when needed. Currently all required staff are preassigned to the MPATH project and have confirmed availability.		

Staff Release Plan

Name	**Person**	**Status**
Train the Trainers Completion: Release DCI Training Testing Completion: Release DCI Testing, MPATH Testing, DCI Test Lead Build Completion: Release MPATH Data, QA Deployment Completion: Release MPATH Training Operations Optimizations Completion: Release DCI PMO, MPATH PMO, MPATH IT, DCI Consultants/IT, MPATH SME/Ops		

Resource Calendars

Name	**Person**	**Status**
All resource activities are outlined in the project work plan with estimated work days needed to complete each task.		

Training Needs

Name	**Person**	**Status**
All internal employees of DCI are up to date on required training necessary to complete the MPATH project.		

Rewards & Recognition

Name	**Person**	**Status**
Performance Reviews 'Team Member of the Month' Recognition Performance rewards Milestone celebrations		

Compliance

Name	**Person**	**Status**
Compliance with the resource calendars, RACI chart and release plans will be manager by the DCI PMO. Any deviation will be immediately reported to key stakeholders and follow the requirements in the Change Management Plan.		

Safety

Name	**Person**	**Status**

All safety standards will be obtained and followed.

NE DHHS Risk Management Plan
Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Methodology & Approaches

Name	Person	Status
Conduct Probability and Impact Assessment		
Create Probability and Impact Assessment and Matrix		
Perform Risk Categorization		
Conduct Risk Urgency Assessment		
Perform Qualitative Risk Analysis		
Utilize Risk Register		

Roles & Responsibilities

Name	Person	Status
DCI PMO - conduct probability & impact assessment, matrix, risk categorization, risk urgency assessment, qualitative risk analysis, complete risk register. Obtain sign-off from MPATH stakeholders		
NE PMO - review DCI PMO findings and report and changes		

Risk Timing

Name	Person	Status
DCI will work with MPATH PMO to determine Risk Response strategy timing		

Risk Categories

Name	Person	Status
Technical: Software/Hardware		
Management: Personnel		
Commercial: Corporate		
External: Out of Control		

Definitions of Risk Probability & Impact

Name	Person	Status
Probability High: Greater than 70% probability of occurrence		
Probability Medium: Between 30% and 70% probability of occurence		
Probability Low: Below 30% probability of occurence		
Impact High: Risk has the potential to greatly impact project cost, schedule or performance		
Impact Medium: Risk has the potential to slightly impact project cost, schedule or performance		

Impact Low: Risk has relatively little impact on project cost, schedule or performance

Risk Response Planning

Name   **Person**   **Status**

Avoid: Eliminate the threat by eliminating the cause

Mitigate: Identify ways to reduce the probability or impact of the risk

Accept: Nothing will be done
Transfer: Make another party responsible for the risk

Stakeholder Risk Tolerance

Name   **Person**   **Status**

DCI will work with MPATH to determine the Stakeholder Risk Tolerance during the Initiation project phase

NE DHHS Risk Register
Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Risk Register

Name	ID	Category	Probability	Impact	Score	Response	Residual Risk	Secondary Risk
Scope changes		Technical				Accept		
Significant change requests		Technical				Mitigate		
Inaccurate base estimates		Technical				Mitigate		
New technology developed during project lifetime		Technical				Mitigate		
Security Implications		Technical				Transfer		
Misunderstanding client requirements		Management				Avoid		
Corporate reputation damaged		Management				Avoid		
Client failing to provide required information on time		Management				Mitigate		
Key subcontractors refusing to work together		Commercial				Mitigate		
Competing commercial interests		Commercial				Avoid		
Competition launching a compelling product		External				Avoid		
Environmental weather factors		External				Mitigate		

NE DHHS Issue Management Plan

Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Methodology & Approaches

Name	Person	Status
Identify & Assess Issues		
Utilize Issue Log		
Clarify Issue, Creation Resolution Plan, Review, Verify Issue		
Perform Issue Categorization - Refer to Issue Management Repsonses		
Conduct Issue Management Assessment & Assign Owner		
Perform Qualitative Issue Analysis & Determine Resolution Plan		
Continuous Issue Response Monitoring & Controlling		
Escalate Unresolved Issues		
Confirm & Close Issue		

Roles & Responsibilities

Name	Person	Status
DCI PMO - conduct probability & impact assessment, matrix, issue categorization, issue urgency assessment, qualitative risk analysis, complete risk register. Obtain sign-off from MPATH stakeholders		
NE PMO - review DCI PMO findings and report and changes		

Issue Timing

Name	Person	Status
DCI will work with NE PMO to determine Issue Management strategy timing		

Issue Categories

Name	Person	Status
Technical: Software/Hardware		
Management: Personnel		
Commercial: Corporate		
External: Out of Control		

Issue Log Components:

Name	Person	Status
Title: Title of the issue. Brief, specific, and identify the decision/action requested		
Decision/Action Requested: Concise statement of the requested action from management or another party. What is the 'ask"?		
Impact: Impact if the decision/action is not accomplished by the Due Date, and why the due date is selected.		
Description: Background or supplemental information necessary to understand and identify the issue.		
Status: Proposed, Open, Resolved, Canceled, Closed.		

Resolution: Plan that contains the issue number, description, assigned to, target date, status.
Responsible Manage: Who is responsible for performing the initial assessment and escalating the issue as needed.

Issue Response Planning

Name   **Person**   **Status**

Adapt: Work on the situation to make it less damaging
Refocus: Change the objectives so that the situation is less important
Reassign: Make someone else take responsibility for dealing with the situation
Reduce: Lessen the impact
Counteract: Make sure the impact does not affect any of the objectives
Shift: Find someone else to accept the impact in place of the project
Improve: Increase benefit of the situation
Augment: Increase the impact
Capture: Ensure the impact is optimal
Partner: Work with someone who has more control over the impact

Stakeholder Issue Tolerance

Name   **Person**   **Status**

DCI will work with NE to determine the Stakeholder Issue Tolerance during the Initiation project phase

NE DHHS Change Management Plan
Project Title: NE Electronic Visit Verification
Services (EVV)
Date Prepared: 10/1/2019
v1.0

Change Management Process Flow

Name	**Description**
Generate Change Request	A submitter completes a change request form (CRF) and sends the completed form to the Change Manager
Log Change Request Status	Change Manager enters the CR into the CR Log The status is updated throughout the process as needed
Evaluate Change Request	Project personnel review the CR and provide estimated level of effort to process and develop a proposed solution for the CR.
Authorize	Approval to move forward with incorporating the suggested CR into the project.
Implement	If approved, make the necessary adjustments to carry out the CR and communicate status to submitter & stakeholders.
Log Updated Status	Continuously log updated statuses.
Report Status	Communicate status updates to project team.

Change Request Form Requirements

Name	**Description**
Date	Date CR was created
Change Request # (CR#)	Assigned by the Change Manager
Title	Brief description of the change request
Description	Description of the desired change, the impact, or benefits of a change
Submitter	Name of the person completing CR form and CR owner
Phone	Phone number of submitter
Email	Email of the submitter
Product	Product suggested change is for
Version	Product version that change is for
Priority	Code that provides a recommended categorization of the urgency

Evaluation Methods - Priority

Name	**Description**
High	Immediate Need
Medium	Potential Benefit
Low	Non Urgent/Nice to Have

Evaluation Methods - Type

Name	**Description**
Scope	Change affecting scope
Time	Change affecting time
Duration	Change affecting duration
Cost	Change affecting cost
Resources	Change affecting resources
Deliverables	Change affecting deliverables
Product	Change affecting product
Processes	Change affecting processes
Quality	Change affecting quality

Authorizing - Type

Name	**Description**

Open
Work In Progress
In Review
Testing
Closed

Entered/Open but not yet approved or assigned
CR approved, assigned and work is progressing
CR work is completed and in final review prior to testing
CR work has been reviewed and is being tested
CR work is complete, has passed testing and updates have been released

Change Control Board
Name
Chelsea Glovis
TBD
TBD
Matthew Dee

Description
EVV Project Lead - chelseag@dcisoftware com
EVV IS&T Project Manager
EVV MLTC Business Lead
EVV Technical Lead - matthewd@dcisoftware.com

Responsibilities
Name
DCI Project Manager - Summon Change Control Board to approve or reject CR, update all project documentation, inform submitter of decision.
Change Manager - Maintain all CR, assign CR #, inform project manager of requests received.

Description

NE DHHS Quality Management Plan
Project Title: NE Electronic Visit Verification Services (EVV)
Date Prepared: 10/1/2019
v1.0

Quality Roles & Responsibilities

Name	Status
NE Testing - perform extensive testing of all defined criteria for Quality Assurance standards. Report any sub-par findings to PMO.	
DCI Test Lead - perform extensive testing of all defined criteria for Quality Control standards and utilize QC techniques.	
QA - Perform Quality Assurance activities	
DCI PMO - assist with defining standards and indicators, as well as a measurement strategy. Ensure Quality Control metrics are reported and communicated.	
NE PMO - define standards and indicators, as well as a measurement strategy. Ensure Quality Assurance metrics are reported and communicated.	

Quality Control Approach

Name	Status
Utilize the Plan, Do, Check, Act methodology to ensure all requirements are gathered, documented and met	
Define quality standards: Technical performance, effectiveness of solution, efficiency of service delivery	
Measure quality: Define measurable criteria to determine if DCI meets quality standards. Utilize a sliding scale 1-10 for quality outcomes with 10 being the highest and 1 being the lowest.	
DCI will perform inspections, statistical sampling and seven basic tools in controlling quality	

Quality Assurance Approach

Name	Status
Utilize the Plan, Do, Check, Act methodology to ensure all requirements are gathered, documented and met	
Utilize quality management and control tools: Affinity Diagrams, Tree Diagrams, Network Diagrams	
Discover root cause and identify any non-value added activities	

Quality Improvement Approach

Name	Status
Work as a team to identify areas for improvement, analyze system problem, develop hypothesis, and test solution	
Report improvement follow the Change Management Plan	

Scheduled Quality Management Activities

Name	Status
Initiation/Requirements: Phase Closure	
Design	
Build QA Environment	
Config QA Environment	
Testing QA Environment	
Build Prod Environment	
Config Prod Environment	
Test Prod Environment	
Deployment	
Certification	
Operations: Phase Closure	

Attachment B.6 Draft Implementation and Communications Plans

RTM Requirement 241 – PMI.13
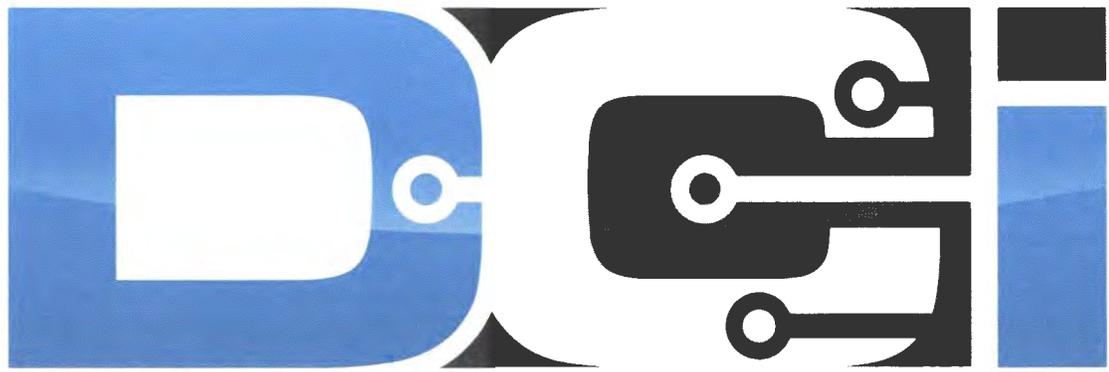
Direct Care Innovations

Implementation Plan

Version 1
October 2019

Document Revisions:

Date	Version Number	Document Comment	Approved by
10/2019	1	Initial Draft	

1   Table of Contents

1   Purpose

The purpose of the Implementation Plan is to step through the transition of the Acumen DCI EVV solution into the Nebraska EVV. It will serve as a guide for coordination of project activities, structure throughout the life of the project and deliverables.

2   Implementation Approach

Our implementation approach is simple…a successful implementation starts with bringing the right people, using proven processes and tools, and meeting client expectations. Our approach is an easy fit into the Milestones defined in the RFP. Our approach follows six phases:

- DCI Launch
- Discovery
- Configuration
- Process Refinement and Training
- Testing
- Deployment

2.1   DCI Launch
The State of Nebraska DCI EVV instance will be launched with basic configuration immediately after contract signing. Since the DCI EVV is a SaaS, DHHS users will get to see it within two-week of the contract signing.

2.2   Discovery
Joint Application Design (JAD) sessions will review the requirements defined in the RFP and Attachment A-RTM. These sessions will focus on refinement, clarification and final configuration decisions approval by DHHS.

2.3   Configuration
The DHHS approved configuration decisions will be configured and tested to ensure the configuration expectations meeting the Nebraska EVV needs.

2.4   Process Refinement and Training
Current Department and Provider EVV processes will be reviewed to refine the processes and procedures for the Nebraska EVV. Training courseware will be updated and training delivery will be completed.

2.5   Testing
Acumen testing (user, integration, validation) is an ongoing process during the DCI EVV implementation. Our Testing Lead will work the Department during User Acceptance Testing (UAT).

2.6   Deployment
Once UAT is completed the No/No Go Decision is made and the Nebraska EVV operational.

As with most Project and Implementation Plans, updates or changes may be required as the project progresses, or changes are approved. The Acumen PM is responsible for managing all proposed and approved changes to this Plan. Once the change is approved by DHHS, the PM will update the Plan and supporting documentation, and will distribute the updates to the project team and stakeholders.

This process is consistent with the Change Management Plan and ensures that all project stakeholders remain aware and informed of any changes to communications management.

3 Assumptions and Constraints

All project implementation activities will occur within the project's approved budget, schedule, and resource allocations. Acumen and the Department will have sufficient staff available to meet the approved Project Work Schedule.

Acumen uses standardized formats and templates for all formal project communications and deliverables. Acumen will present our templates for approval prior to implementing their use. DHHS may require use of the Department's standard formats and templates or a blend of the Acumen and DHHS formats and templates. The Acumen PM will be responsible for the final formats and template development, which will then be submitted to the DHHS PM for review and approval prior to their use.

Once all stakeholders have been identified and communication requirements are established, the project team will maintain this information in the project's Stakeholder Register and use this, along with the project Communication Plan as the basis for all communications during implementation.

Acumen is aware that CMS's approach to EVV certification is in flux. Pilot certifications using non-standard MECL or MECT methodology are in process in some states. CMS announced possible changes to the process and we are prepared to support whatever certification process CMS requires.

4 Implementation Phase Roles

The major roles for the successful implementation of the Nebraska EVV are:

4.1 Acumen
Our role as the selected EVV contractor is to ensure the smooth and efficient implementation, and maintenance of the Nebraska EVV.

4.2 DHHS
The role of the Department is to make project decisions and to provide necessary information during the implementation

4.3 IV&V
The role of the IV&V is to oversee and provide consultative information on behalf of CMS.

5 Tools
Acumen takes advantage of tools to reduce the time and effort required to maintain excel spreadsheets or other paper reports. Our selected tools provide access to see real-time progress for the people who need to know.

5.1 Monday.com
Acumen uses Monday.com as our Project Management Suite. This product allows the Acumen and DHHS teams to work more efficiently and collaboratively regardless of physical location. Implementation projects require a substantial number of support personnel both onsite and offsite; use of Monday.com reduces the risk by allowing all team members to stay connected to see project steps and to track workflow.

5.2 JIRA
Acumen uses JIRA to support tracking of system bugs and feature requests. JIRA is an industry standard tool for software systems. Acumen utilizes an integration between Zendesk and JIRA to be sure information flows appropriately to communicate with testing and development, as well as back to system users. All system bugs and feature requests are tracked, and standard reporting features allow for useful reporting of timelines, priority, progress, and closure.

5.3 ZenDesk

Acumen uses Zendesk to support the customer support helpdesk. Zendesk is an industry standard tool for customer helpdesks. Zendesk allows us to handle customer questions and issues in a systematic way: from initial intake to final resolution and reporting. Our helpdesk is available via phone, texting or email. All tickets are tracked, and standard reporting features allow for useful reporting of all customer interactions, response times and resolution metrics.

5.4 ReadyCert

Acumen uses ReadyCert as our MITA and MECL tracking compliance tool. ReadyCert is the Medicaid industry leader of MITA and certification software. In 2019 Acumen used ReadyCert to conduct a self-assessment of our EVV solution against the MITA 3.0 standards and the MECT 2.3 CMS certification requirements. All documentation and artifacts that related to our own MITA and MECT evaluations are stored in ReadyCert and in using this tool on this project, we can ensure that all artifacts are securely linked to the requirements. We can easily print CMS checklists for IV&V review and CMS submission, review, and comments directly from ReadyCert.

6   Milestone 1: Design

The Design Milestone starts with collaboration with the Department to establish the Project Processes and to review and refine the requirements defined in the RFP. Our Project Management Plans lay the groundwork for how the project will be managed, how we will coordinate with DHHS, and how we will successfully implement and certify the Nebraska EVV system.

6.1   Project Management Plan

Our approach to Project Management is largely based on the Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK) methodology. During implementation we will adapt and revise each of the Project Management Plans to best meet DHHS' specific needs. Our best practices stem from experience implementing our DCI EVV.

Each Project Management Plan will be reviewed with the DHHS Project Manager (PM) and formally presented to DHHS for acceptance.

- Work Breakdown Structure
- Communication Plan
- Change Management Plan
- Staffing Management Plan
- Risk Management Plan
- Issue Management Plan
- Quality Management Plan

6.2   Detailed Project Work Plan/Schedule

The draft Project Work Plan and Schedule will be submitted and a meeting scheduled with the DHHS PM to review and discuss the Project Work Plan and Schedule. Revisions to the Plan will be completed and submitted to DHHS for approval before any work begins. All future status reporting will be based upon the approved Project Work Plan and Schedule. The Acumen PM will work with the DHHS PM to schedule a weekly status meeting and to identify the meeting participants.

6.3   Project Kick-Off Meeting and Presentation

The first activity that Acumen will complete upon a signed contract with DHHS is to schedule the onsite kick-off meeting in Lincoln. We anticipate a full week of initial activities. Our Acumen Key Personnel will be onsite for the kick-off week and anticipate our Key Personnel with duties during Milestone 1 will be in Lincoln for at least the first 30 days. Acumen will ensure that the right staff are onsite throughout the project.

The Project Kick-off week will include:

- Introduction of project team members and DHHS stakeholders
- Project Initiation Meeting
- Project Implementation Plan Review and Approval
- Project Work Plan and Schedule Review and Approval
- Deliverables schedule and DED acceptance process Review and Approval
- Project Management Plans Review and Approval
- Schedule Discovery JAD Sessions

All documents will be presented for acceptance using the formal project deliverable and acceptance process. The Plans that require DHHS input, such as the Communication and Training Plan, will be prioritized for review and information highlighted so the Plans can be completed and resubmitted for final DHHS review and approval. Each Project Management Plan is a standalone document, therefore each plan can be reviewed and approved individually.

The Plans will be maintained by the Acumen PM. The Plans are living documents, which could require modifications during the life of the project. Prior to a modification, the DHHS PM will determine whether the modification requires formal DHHS review and approval. All modified PMP components will be distributed to the applicable staff.

During the first week, the Acumen's PM will facilitate scheduling meetings between DHHS stakeholders and Acumen staff to review the DCI EVV solution. Key Implementation Phase sessions will be scheduled on training, integration, security and privacy compliance, and other implementation topics. JAD sessions that focus on business rule definitions and reviews of the Addendum A - RTM will result in updates to the Implementation Plan based on DHHS specific requirements.

6.4 Project Deliverable and Acceptance Process

Acumen uses a formal Deliverable Expectation Document (DED) approach for providing documents to DHHS for review and approval. The DED document will include a timeline and project impact analysis. The purpose of the DED document is to ensure that DHHS understands and approves how all each deliverable will be executed, monitored and controlled throughout the project. Each deliverable will be submitted to the DHHS PM for review and comment.

6.5 Design and Configuration Deliverables

Acumen will launch the DCI EVV with basic configuration as the starting point for the Design and Configuration deliverables. Acumen will provide a walk-through of each DCI EVV module to review the functions of the module, the configuration options and provide a cross-walk of the RFP and Attachment A – RTM item for each module.

During JAD sessions an Acumen Implementation Specialist will facilitate the review of the requirements for each module's configuration. It is extremely important that each configuration decision is made with purpose and is in fact the best way to ensure DCI EVV is configured to meet all of Nebraska's needs. The module configuration decisions will be documented and submitted to the DHHS PM for review and approval prior to actual configuration.

7 Milestone 2 Development

As the project moves into Milestone 2 a formal review of the Implementation Plan will be conducted and any revisions will be documented by the Acumen PM and presented to DHHS for review and approval. The movement from Milestone 1 to Milestone 2 will shift the focus from design to configuration. Design and configuration decisions will be implemented, documented, tested in preparation for the move to live operations.

The DCI EVV solution was been designed and developed to not only meeting the required 21st Century Cures Act requirements but to feature additional options for the State and providers. We do not anticipate significant development requirements because of the numerous configuration options.

7.1 Go Live Plan

Acumen will conduct a readiness review of the EVV system, DHHS User, Provider and Member User to ensure that all the T's are crosses and the I's dotted before scheduling a Go/No Go meeting. This review includes business, information and technical reviews to ensure low stress and few issues upon system implementation. Results of the review will be included in the final Go-Live Plan submitted to DHHS for review and approval.

Our implementation timeline also proposes a soft go-live approach where providers have time and the opportunity to validate their system data to prepare staff with new internal business procedures.

7.2 Design and Implementation Deliverables

At the end of each module configuration, we will test the settings for accuracy and then walk-through the module configuration outcomes. We have found that clients make a configuration decision and then when its configured and they can see the outcome it's not what they really wanted, or the configuration outcome was different from than what they thought. We take the time to make sure that when fully configured the Nebraska EVV is ready for testing.

Once each module is configured and approved by DHHS any documentation that requires modification will be prepared and submitted to DHHS for review and approval. Our User Manual and courseware will also be modified to ensure these documents correspond to the configuration outcomes. The process for updating the User Manual and Training materials is defined in the Communications and Training Plan.

7 3 System and Artifact Deliverable

Acumen will ensure all system deliverables will be submitted in the standard agreed upon format and DED compliant.

7.4 Artifact and Milestone Walkthrough

A formal review of the Attachment A - RTM will be conducted in each of the Milestones for those items specific to the milestone. In this milestone, a review of the SDLC documentation, Security and Privacy, Business Contingency/Disaster Recovery Plans will be scheduled with DHHS. The IV&V may be included during these Plan reviews; however, we recommend that the Department first review the Plans, make their comments and approve the Plans before submission to the IV&V.

7.5 Production Ready Nebraska EVV

The Nebraska EVV instance now configured will be made available to the DHHS defined users following training. As described in the Communication and Training Plan, DHHS users will receive Instructor-led training to facilitate their involvement in UAT testing. The training sessions will be delivered prior to issuing user login information for UAT.

The final step before the Nebraska EVV system testing and training is the submission and DHHS approval of the following documents:
- System Security Plan including a User Security Permission Grid for Testing
- System Testing Plans
- Nebraska EVV Manuals

7.6 UAT Testing

User Acceptance Testing (UAT) is the quality assurance process of state specific business process rules by the Department to ensure the rules work in the system as defined. The purpose of UAT is to identify bugs, training gaps, process gaps, or even the need for changes to system set-up. A detailed UAT Plan will be produced in coordination with DHHS. UAT will be completed by the Department supported by Acumen implementation and technical staff. We encourage DHHS to add test scripts or user scenarios during the implementation milestone. All DHHS additional test scripts will be included in the final UAT Test plan.

The UAT testing environment will be configured in parallel to the live DCI Nebraska EVV solution to ensure that test results in that environment ensure the same results in the live environment. Acumen will work with DHHS to ensure that test data is reasonable, complete and substantially similar to real world expected data to ensure the live system will be free of issues discovered during UAT.

Throughout UAT Acumen will work with DHHS stakeholders and the EVV Operating Committee to provide test cases, test results and defect tracking. Acumen utilizes industry standard JIRA software to track testing defects. The Acumen testing team will provide electronic outputs from this system to DHHS during regular and UAT status meetings and will secure the testing documentation, scripts, results and other electronic documents in the ReadyCert repository for review and delivery as part of CMS R2 documentation.

7.7   User Training

The successful implementation of the Nebraska EVV solution requires that Nebraska EVV users are comfortable with standard system functions, use of specific day to day screens and processes, and know how to seek help. Training is one of the most time-consuming elements of an implementation, but well worth the effort.

The Communication and Training Plan draft submitted with the proposal will be reviewed, revised and implemented as the framework for user training. Training efforts are designed to provide the appropriate level of information to each audience. The proposed order of training follows:

- DHHS Staff
- Providers and Agencies
- Caregivers
- Members and representatives

The Communication and Training Plan will be implemented and completed prior to Go-Live activities.

Each training session will focus on the specific method each user will routinely use for system access. The wide range of technology available for the member and provider populations. In urban settings we will encourage providers to use Mobil phone and DCI Portal, when that is not an option, we will encourage DCI Portal and telephone entry. In the more rural and frontier settings where there is little to no connectivity, the use of FOB and paper records will used until data can be transferred to the DCI Portal.

Acumen will work with DHHS during the Milestone 1 Phase to tailor the Plan to specific Nebraska needs. The Acumen Training Lead will work with the DHHS PM and Training Lead to obtain the list of stakeholders who need to receive communications about the EVV solution and preparations for Go-Live. We will use the User Communication list to notify stakeholders of upcoming EVV milestone status and once the system moves to live, stakeholders will receive system maintenance and "what's new" for each release of system updates.

7.8   R2 Certification Documentation

Acumen conducted a vendor self-assessment of our DCI EVV system using ReadyCert and is prepared to support DHHS and the IV&V contractor through the required milestone reviews, scheduling details, and evidence and document production process. DHHS will benefits from Acumen's proactive review of the MECT 2.3 requirements, the Addendum A RTM items, and understanding of the expectations of CMS for eventual certification.

CMS has defined all the required R2 documentation in Appendix B of the MECL and Acumen will prepare each document in accordance with CMS guidelines. The required documents for R2 include, but are not limited to:

- System Security Plan

- Privacy Impact Analysis
- Project Management Plan
- Risk Management Plan
- System Testing Plans
- UAT Testing Plan
- Communication Plan
- Change Management Plan
- SDLC Documentation
- Disaster Recovery and Contingency Plan
- DCI Manuals
- System Requirements Documents
- A Formal HIPPA Statement and Policy
- Training and User Go-Live Plan
- R2 MECT Checklists

7.9 Acceptance of Attachment D System Security Plan

The Acumen Security Plan follows industry best practices and standards including NIST 800, HIPAA and HITECH. We take security very seriously and have our system, processes and policies audited routinely. We will work with DHHS's Data Governance Council and Operating Committee to ensure the finalized Plan meets DHHS's needs.

We understand the need for a final System Security Plan; however, we would like to meet with the Department to discuss the submission. Once the Nebraska EVV System Security Plan is printed and submitted to the DHHS PM prior to the Go/No-Go meeting, the system is vulnerable. We would like to present the Plan to a limited audience and discuss the most secure manner to submit the Plan.

7.10 Provider Soft Starts

Acumen has developed an import template for providers to load their staff and configure their internal Nebraska EVV settings. During training sessions providers will receive training that focuses on the steps to complete their import template with instructions how to configure their specific settings into the Nebraska EVV.

Our Project Manager and Training lead will coordinate provider training sessions with soft starts for designated provider groups. It is important that providers are ready to use the Nebraska EVV when it goes live. The soft start phases will ensure that providers are ready to import their staff information and configure their account on day 1 of the Operations Phase.

We recommend that the providers are assigned to a soft start phase by size, starting with the large providers first. We are not giving large providers priority treatment over other smaller or rural providers. We recommend starting with large providers because they will have the most data to enter into the import templates. During Training planning meetings with DHHS we will coordinate and agree on the soft start provider designations.

7.11 Go-Live Approval

A formal Go-Live decision meeting will be scheduled at the conclusion of UAT testing and formal acceptance of the system configuration and stability. Acumen's PM will coordinate with the DHHS PM to ensure that the EVV Operating Board, the Data Governance Council the EVV Steering Committee and all other state stakeholders have a voice in the final decision.

Acumen has experience conducting this type of Go/No Go meeting. All of our current clients have had to make this important decision and we understand that to minimize any risk at this late juncture it is vital that all stakeholders have an opportunity to see the system, participate in planning and training, and have a voice in how the final Go- Live happens.

8   Milestone 3 Production

Prior to this milestone, the Department will be operating out of a dedicated environment that has been configured to mirror production use. When all stakeholders agree that the Department is Go-Live ready, the environment will be wiped to remove test data, and a clean copy of system configuration will be brought over to the production environment. The Department's production environment will now be ready for use on Go-Live day. Should the Department choose a phased roll-out of the EVV solution, Milestone 3 will be repeated as necessary until all users are live on the system.

8.1   Successful Go-Live

Acumen acknowledges that success of this project will require coordination among many varying stakeholders. Technology and business stakeholders are required to ensure that the Nebraska EVV has a successful Go-Live day. All Key Personnel will be onsite in Lincoln for Go-Live. A successful Go-Live requires a coordinated Command Center. A Command Center is the structure, location, people (including roles and responsibilities) and tools needed to support users and resolve issues swiftly during Go-Live and the days that follow. The Command Center plan will be developed in partnership between Acumen and the Department prior to go-live.

In Acumen's experience, about 80% of the issues that occur during Go-Live are training related, 15% require minor modifications to system set-up or data entry, and 5% or less are bugs that must be resolved through development changes. Acumen and the Department will prioritize issues and resolve accordingly. The Command Center will close when all high priority issues are resolved.

8.2   Operational production EVV Solution

After Go-Live, the project will move into a phase called "Transition to Operations." During this time, the Department will continue to receive dedicated onsite support from Key Personnel. Acumen will partner with the Department to evaluate medium and low priority issues and develop a plan for resolution. The processes for receiving ongoing support post go-live will be reviewed and finalized. This phase ends with a debrief meeting to ensure all stakeholders agree to move to the next phase.

8.3   Functional and Operational Customer Support

Acumen will provide onsite support at Go-Live to support DHHS and stakeholders. Minor troubleshooting around data or configuration may be necessary and will be provided, if needed, as part of customer support. Acumen deploys a hands-on approach to support at time of Go-Live, knowing that end users may experience a transition from learning to fully using a new system. Support will be ramped up to provide dedicated round-the-clock resources with specific knowledge and training to support first-time users as they experience the normal learning curve. Acumen will be certain end user needs are resolved and users are reminded of resources they can access in the DCI Help Center as future needs arise. Acumen's goal is that users feel empowered to utilize the system on their own, but know that support is provided should they need it. Acumen is committed to provide the necessary functional and operational support needed to move through a successful Go-Live stage.

8.4   Transition to Account Management

Throughout production operations, the Acumen PM will interact with DHHS to meet Nebraska EVV system delivery requirements and participate in reoccurring project meetings. The monthly operational status meetings will focus on priority issues and their planned resolution, system performance, and planned enhancements.

Acumen uses monitoring software to monitor daily performance and capacity of the EVV system. DCI's ongoing maintenance may include minor changes to data, configuration, third-party software patching/updates (SQL, etc.) and updates to Nebraska EVV solution. Acumen's Service Manager will notify DHHS of scheduled and unscheduled maintenance events in advance and provides acknowledgment of task completion.

8.5 Approval by CMS of R2 Artifacts

Our team will provide evidence that demonstrates compliance with CMS certification criteria and contributes to artifacts required to support the certification process.

All deliverables, including R2 deliverables will follow the DED process. The formal nature of the process will ensure that DHHS reviews and accepts all documents before delivery for IV&V review. Acumen understand and is prepared to collaborate with DHHS and the IV&V contractor to ensure successful certification of the Nebraska EVV. Acumen will maintain the project document repository in ReadyCert for all project documentation and deliverables including the R2 documents.

9 Milestone 4 R3

After all go-live tasks are complete, Acumen will transition into a post-production support model.

9.1 Post-Production Functionality

In this phase, Acumen will execute on the plan to resolve all medium and low priority issues remaining from Go-Live. Users will have the ability to report new issues by calling the DCI Help Desk or submitting a ticket via the DCI Help Center. Issues will be prioritized based on impact and urgency. Requests for new features can also be submitted via a ticket in the DCI Help Center or directly to Acumen's Account Manager.

9.2 CMS acceptance of R3 Artifacts

CMS announced at the MESC in August 2019 a move away from the current MECL certification process and to an Outcome-based process for State EVV contracts. Acumen is prepared to be flexible and support Nebraska and the IV&V with whatever CMS certification process plans for EVV.

The final R3 MECT checklists with documentation and artifacts lists will be prepared for IV&V final evaluation and comment. The Acumen Certification Lead will work with DHHS to prepare a presentation for CMS R3 meeting and will attend the meeting if requested.

Direct Care Innovations

Communications Plan

Version 1
October 2019

Document Revisions:

Date	Version Number	Document Comment	Approved by
October 2019	1	Initial Draft	

Table of Contents

Contents

Purpose

The Communications Management Plan sets the communications framework for the Nebraska EVV Project. It will serve as a guide for communications throughout the life of the project and will be updated as communication needs change.

Communication Management Approach

The Acumen's Project Manager (PM) will take a proactive role in ensuring effective communications on this project. The communications requirements are documented in the Communications Matrix presented in this document. The Communications Matrix will be used as the guide for what information to communicate, who is to do the communicating, when to communicate it and to whom to communicate.

As with most project plans, updates or changes may be required as the project progresses or changes are approved. Changes or updates may be required due to changes in personnel, scope, budget, or other reasons. Additionally, updates may be required as the project matures and additional requirements are needed.

The Acumen PM is responsible for managing all proposed and approved changes to the Communications Management Plan. Once a change is approved, the PM will update the Plan and supporting documentation and will distribute the updates to the project team and stakeholders. This methodology is consistent with the project's Change Management Plan and ensures that all project stakeholders remain aware and informed of any changes to communications management.

Communication Management Constraints

All project communication activities will occur within the project's approved budget, schedule, and resource allocations. The Acumen PM is responsible for ensuring that communication activities are performed by the project team and without external resources, which could result in exceeding the authorized budget. Communication activities will occur in accordance with the frequencies detailed in the Communication Matrix in order to ensure the project adheres to schedule constraints. Any deviation of these timelines may result in excessive costs or schedule delays and must be approved by the project sponsor.

Acumen uses standardized formats and templates for all formal project communications. Acumen will present our templates for approval prior to implementing their use. The DHHS may require use of the Department's standard formats and templates or a blend of the Acumen and DHHS formats and templates. The Acumen PM will be responsible for the final formats and template development, which will then be submitted to the DHHS PM for review and approval prior to their use.

Only an DHHS Director or higher-level employee may authorize the distribution of confidential information. The DHHS PM is responsible for ensuring that approval is requested and obtained prior to the distribution of any confidential information regarding this project.

The Acumen PM will communicate with each stakeholder in order to determine their preferred frequency and method of communication. This feedback will be maintained by the Acumen PM.

Standard project communications will occur in accordance with the Communication Matrix; however, depending on the identified stakeholder communication requirements, individual communication is acceptable and within the constraints outlined for this project.

Once all stakeholders have been identified and communication requirements are established, the project team will maintain this information in the project's Stakeholder Register and use this, along with the project communication matrix as the basis for all communications.

Roles

The following roles are the major contributors to project communications. This section will be further detailed during the Project Kick-off week.

Acumen

Acumen is the contractor responsible for the launch of DCI an Electronic Visit Verification solution that focuses on compliance with the 21st Century Cures Act.

- **Acumen Account Executive**
  The Acumen Account Executive is responsible for the overall success of the Nebraska EVV Project. The Account Executive will be the single point of contact for performance issues and can bind Acumen to contract decisions, and communications with DHHS Leadership.

- **Acumen Project Manager**
  The Acumen PM has overall responsibility for the execution of the DCI Installation and associated tasks. The Acumen PM oversees DCI staff and subcontractor resources, provides project guidance, and monitors and reports on the project's metrics. As the person responsible for the execution of the installation, the Acumen PM is the primary communicator of project status.

- **Acumen Key Personnel**
  The Acumen Key Personnel are responsible for their discipline interactions, which could include scheduling and facilitating meetings, facilitating deliverable walkthroughs and attending project meetings. They are responsible for the meeting deliverables and other required communication vehicles.

  Since the Acumen key personnel are responsible for completing the DCI EVV installation, they played a key role in creating the Project Plan including defining its schedule and work packages. The Acumen key personnel will require a detailed level of communications which is achieved through day to day interactions with DHHS PM, stakeholders and other team members.

- **Acumen Project Team**
  The Acumen Project Team is comprised of staff who have a role installing the DCI EVV, training DHHS users, provider, and member stakeholders, and other contract defined tasks. The Acumen Project Team has a clear understanding of the work to be completed and the framework in which the project is to be executed.

- **Acumen Technology Team**

  The Technology Team is responsible to ensure that all technical aspects of the DCI EVV are addressed and that the project is implemented in a technically sound manner. Acumen Technical Support is also responsible for all technical design changes, supporting the implementation, and provide technical assistance during certification. During various milestones of the roles of the project members of the team will vary. Members of the team include the integration lead, the testing lead and the customer service lead.

DHHS

The DHHS includes management representing the departments which make up Nebraska State stakeholders. DHHS's purpose is to ensure that EVV is implemented in a manner that fulfills the 21st Century Cares Act in such a way that it benefits the organization.

- **Steering Committee**

  The DHHS steering committee provides oversight for the project and has authorized the project and has established a governance structure. This entity is responsible for the funding of the project and is ultimately responsible for its success. Since the DHHS steering committee is at the executive level, communications will be presented in summary or deliverable format.

- **DHHS PM**

  The DHHS PM has overall responsibility for the execution of the project. The DHHS PM manages day to day DHHS resources and provides project guidance. As the person responsible for the execution of the project, the DHHS PM is the primary communicator for the project distributing information according to this Communications Management Plan. The DHHS PM will act as an intermediary who will forward all applicable documents to the Project Board, Data Governance Council, Project Coordination Committee, and Enterprise Change Control Board.

- **EVV Operating Committee**

  The EVV Operating Committee is responsible for resolution of Risks, Issues, Decisions, Actions and Changes (RIDAC) items during the lifetime of this project. Communications will flow from the EVV project Team to the Committee through the DHHS project Manager.

- **DHHS Project Team**

  The DHHS Project Team is initially comprised of staff who have a role performing work on the implementation of DCI. Additional Medicaid Enterprise Project Teams will be added or changed over the course of the Nebraska EVV Project.

IV&V

The IV&V role is to independently review the project as it moves through the milestones on behalf of CMS. The IV&V designated project manager will be included in all scheduled meetings as described in the communication matrix. Copies of all applicable communications between Acumen and DHHS related to certification will be provided to the IV&V PM for inclusion in related IV&V Certification activities.

Providers and Members

Member and Provider communications will be mutually determined by the DHHS and Acumen PMs.

Communication Methods and Technologies
The DHHS and Acumen will jointly determine, in accordance with DHHS policy, the communication methods and technologies to be used during the project based on several factors to include: stakeholder communication requirements, available technologies (internal and external), and organizational policies and standards. In most cases the use of email and teleconference will be the primary communication methods.

Acumen will arrange for a teleconference capability for meetings when Acumen staff are not onsite in Nebraska. DHHS will make available and provide conference rooms for onsite meetings.

Guidelines for Meetings
The Acumen PM is responsible for distributing Nebraska EVV Status Meeting agendas, facilitating meetings and distributing Status Reports. The Acumen PM will ensure that the meeting starts and ends on time and that all presenters adhere to their allocated time frames.

- **Meeting Agendas** will be distributed in advance of the meeting.

- **Meeting Minutes** will be distributed following the meeting. Meeting minutes will include the status of all items from the agenda along with new action items and the Parking Lot list.

- **RIDAC items** will be recorded in both the meeting agenda and minutes. RIDAC items will include the RIDAC items along with the owner of the RIDAC item. Meetings will start with a review of the status of RIDAC items from previous meetings and end with a review of all new action items resulting from the meeting.

- **Parking Lot** items are topics or deferred items which aren't on the meeting agenda; however, merit further discussion at a later time or through another forum. A parking lot record will identify an owner who will be responsible for ensuring follow-up. The Parking Lot list will be included in the meeting minutes.

- **Note Taker** is responsible for documenting the status of all meeting items, maintaining a Parking Lot item list and taking notes of anything else of importance during the meeting. The Acumen Note Taker will give a copy of their notes to the Acumen PM at the end of the meeting so the Acumen PM can use the notes to create the Status Reports.

Communication Escalation Process
Efficient and timely communication is the key to successful project completion. As such, it is imperative that any disputes, conflicts, or discrepancies regarding project communications are resolved in a way that is conducive to maintaining the project schedule, ensuring the correct communications are distributed, and preventing any ongoing difficulties.

In order to ensure the Nebraska EVV project stays on schedule and issues are resolved, Acumen will use its standard escalation model to provide a framework for escalating communication issues. The table below defines the priority levels, decision authorities, and timeframes for resolution.

Priority	Definition	Decision Authority	Timeframe for Resolution
Priority 1	Major impact to project or business operations. If not resolved quickly there will be a significant adverse impact to revenue and/or schedule.	DHHS/ACUMEN Director or higher	TBD
Priority 2	Medium impact to project or business operations which may result in some adverse impact to revenue and/or schedule.	DHHS Project Sponsor	TBD
Priority 3	Slight impact which may cause some minor scheduling difficulties with the project but no impact to business operations or revenue.	DHHS PM	TBD
Priority 4	Insignificant impact to project but there may be a better solution.	ACUMEN PM	TBD

** NOTE: Any communication including sensitive and/or confidential information will require escalation to DHHS PM or higher for approval prior to external distribution.

Project Team Directory

The following table will present contact information for all persons identified in this Communications Management Plan. Email addresses and phone numbers will be used for communication.

Role	Name	Email	Phone
DHHS Project Manager			
Acumen Account Executive			
Acumen Project Manager			
Acumen Testing Lead			
Acumen Integration Lead			
Acumen Certification Lead			
Acumen Training Lead			
IV&V Project Manager			

Communications Matrix

The following table identifies the communications requirements for this project.

Communication Type	Objective of Communication	Medium	Frequency	Audience	Owner	Deliverable	Format
Kick-off Meeting	Introduce the project team and the project. Review project objectives and management approach.	• Face to Face	Once	• DHHS Steering Committee • DHHS Project Team • DHHS Stakeholders • IV&V PM	Acumen PM	• Agenda • Meeting Minutes	PowerPoint Presentation & DCI demonstration
DCI DHHS Training	Facilitate the transfer of knowledge	• Face to Face • Train the Trainer • Teleconference	• Implementation • As Needed	• Project Team • CMS • Assigned Contractors • IV&V PM	Acumen Trainer	Courseware	PowerPoint Presentation
Project Status Meetings	Report on the status of the project to management.	• Face to Face • Teleconference	Weekly	• DHHS Operating Committee • DHHS PM • Assigned DHHS/Acumen EVV Team Members • IV&V PM	Acumen PM	• Project Status Report • Project schedule	MS Word and pdf
Project Status Reports	Report the status of the project including activities, progress, costs and issues.	• Email	Weekly	• DHHS Project Sponsor • DHHS Project Manager • DHHS Stakeholders • IV&V PM	Acumen PM	• Project Status Report • Project schedule	MS Word and pdf

Attachment B.7 Draft Communications and Training Plan

RTM Requirement 247 – CAT.1

Direct Care Innovations

Communications and Training Plan

Version 1
October 2019

Document Revisions:

Date	Version Number	Document Comment	Approved by
October 2019	1	Initial Draft	

Table of Contents

Purpose

The Communications and Training Plan describes the activities that will be managed during the introduction and initial training effort for the Nebraska EVV. It will serve as a guide for user communications and training through the life of the project.

Approach

Our Communication and Training approach will start immediately upon contract start to develop our communication outreach to advise providers, care givers and clients of the upcoming Nebraska EVV and to engage everyone in the benefits of using of the Nebraska EVV. We have learned from our other DCI EVV engagements that people's first impression of the new system remains their impression. We will strive to gain early acceptance and a positive impression.

Our training staff led by Mindi Mitchell, Training Lead and trainers are the face of Acumen and the Nebraska EVV. The Training Team are really the only Acumen people they will ever meet. The emphasis on early and consistent outreach to promote the new Nebraska EVV will prove to be invaluable to the success of the project. We accept the fact the providers know they are required to use the Nebraska EVV; our approach is to demonstrate the features and functions of the Nebraska EVV that will make them want to use the Nebraska EVV.

Acumen has extensive library of training materials for DCI EVV users. Our approach to communication and training is to focus on understanding the Nebraska provider community and the clients they serve to determine the best materials to modify for the Nebraska EVV community. We also need to focus on the need to ensure DHHS staff have knowledge of the Nebraska EVV configuration settings and how the DHHS can benefit from the Nebraska EVV Report Module.

Acumen's Training Lead will be responsible for all aspects of Training Plan including the needs assessment. Our Training Lead Mindi Mitchell has experience conducting training assessments and clearly understands the goal of this project. It is vital to the overall success to properly assess the training options and identify which training opportunities will contribute most to the overall success the organization as a whole.

This Plan will be updated and refined numerous times during the Implementation Phase to accommodate potential project changes and to expand the details of the Plan. Our Training Lead will meet with the DHHS PM and Training Lead to discuss Plan enhancements and submit interim Plans for DHHS review, comment and approval.

Assumptions and Constraints

DHHS will meet with the Acumen Training Lead to review and finalize this Plan. DHHS will supply Provider and Client demographic information to support the enhancement of the training delivery strategy.

DHHS will identify staff and them make available to attend training sessions for the DCI EVV transition to the Nebraska EVV. DHHS training will be delivered in DHHS office locations.

Providers will receive Super User training to learn how to complete import templates in anticipation of loading their data into the live Nebraska EVV. Providers will also receive Train the Trainer sessions in order to train new staff, retrain and/or deliver staff refresher sessions. The Provider training schedule will parallel the planned Provider soft starts prior to day 1 of operations.

DHHS, providers and their employees understand healthcare delivery. Acumen training will concentrate exclusively on the use of the Nebraska EVV.

Provider Communications and Outreach

Our communication outreach will begin with meetings with DHHS to request you share your recommendations how past statewide training efforts were most effective.

We believe meetings with State associations and provider groups is a good starting point to make providers aware of the project and to discuss the features and functions of the Nebraska EVV. We will also reach out the Nebraska Farm Bureau and Grange Associations to reach rural and frontier providers and clients.

We will work with the DHHS and provider community to identify where and when its best to deliver training sessions and other avenues for communication outreach. Including provider associations and large provider groups in training session planning encourages their commitment to attend training. We assume DHHS will not make Nebraska EVV provider training attendance mandatory.

Training Assessment

A training assessment will evaluate the needs of the Nebraska users and highlight the modifications we will make to our existing courseware and is a critical aspect of successful planning. Conducting this analysis will enable the Acumen Training Lead to focus efforts on areas of training that are necessary to successfully implement and use Nebraska's EVV system.

Our approach includes delivering training to specific users by role. Our training courseware will be modified for the EVV user roles:

- **Super User** – DHHS staff and Provider administrators who need to learn to configure and set-up their Nebraska EVV. Provider Super Users will learn how to develop import templates to add their existing and new data into the Nebraska EVV and how to add or remove users.
- **Case Worker** – This is a DHHS option for Case Management users.
- **Train the Trainer** – Provider trainers who provide training to their staffs. Train the Trainer courseware provides delivery instructions for care giver training.
- **Care Givers** – Users receive a mixture of hands-on and step-by-step instruction on the use Nebraska EVV entry options they will use most often.
- **Clients** – An overview of the Nebraska EVV and their responsibilities.
- **Knowledge Transfer** – DHHS technical staff working with Acumen counterparts will receive hands on knowledge transfer of the technical aspects of the Nebraska EVV.

One training feature we continually receive positive feedback from providers is the DCI Learning Management System (LMS). All users will have access to courseware, How To guides, user manuals, desk guides. We will demonstrate how to access, select and use the LMS.

Training Conditions

When formulating training objectives, Acumen's Training Lead will take into consideration the circumstances in which the training will be executed. Onsite training at DHHS, remote e-Learning and rural training sessions in service counties are all expected venues.

Training Objectives and Goals

At the end of the day, results will always be the measure of any program's success. Training objectives will be grounded on observable outcomes and the Acumen Training Lead will include these measurable goals as part of the final Plan.

Expected Competency

Training competencies are the measurable goals learners must achieve at the end of a course or session. In addition, competency determines the success (or failure) of our training strategy. Each course will evaluate the competencies learned. Competency scores will be reported to DHHS to ensure the required 95% competency rate.

Training Implementation
As data is gathered the Plan will contain specific information about the following:

Scheduling
Training sessions will be scheduled at convenient locations with options for multiple dates and times. All invitations will provide the name of course, a course description, the dates and locations offered and the mode of training. Users can select the course and a convenient time for themselves.

Training schedule reports will be generated for DHHS which will include the course name, date and time, and the enrollees. Attendee data will be gathered at each session and will be available for DHHS review.

Training Evaluation
Training evaluation will take place throughout each phase of the training process, not as just a last step. Acumen uses best industry practices for evaluating training plan delivery at each step of the training process. The most frequent kind of evaluation occurs immediately after training where participants will complete a course evaluation form.

On-Going Training
Once the Nebraska EVV solution is in live operations for several months a second round of training evaluation surveys will be sent, these evaluations will measure how participants use their newly acquired information and skills using the Nebraska EVV solution. These evaluations will be used to create a new Operations Phase Training Plan designed to support ongoing and continuing training needs.

Attachment B.8 Draft Customer Support Plan

RTM Requirement 264 – CSR.1

Direct Care Innovations

Customer Support Plan

Version 1
October 2019

Document Revisions:

Date	Version Number	Document Changes	Approved by
10/2019	1	Initial Draft	

Table of Contents

Contents

Purpose

The purpose of the Customer Support Plan is to communicate the services provided by the Acumen Customer Service and Help Desk, the methods used to provide customer service and help desk, and the reporting on the services.

Approach

The Acumen approach to providing Customer Service and Help Desk is to provide optimal access and delivery to the questions, issues or problems Nebraska EVV users are experiencing. Our goal is to ensure all users who have access to the Nebraska EVV understand how to use it successfully.

Assumptions & Constraints

We assume contacts made to the Acumen Call Center will be users experiencing an event related to the Nebraska EVV. State of Nebraska Medicaid Program contacts will be directed to the DHHS for resolution. The process to direct the DHHS contacts will be defined during the Implementation Phase.

Based on previous implementations we assume the call volume will be high during the first month of Nebraska EVV operation and then will reduce and eventually level-off in the first 60 to 90 days of operation. During this peak time, Acumen will increase the Call Center staff as appropriate.

Call Center staffing will be reviewed quarterly to identify the need to hire new staff to ensure performance.

Roles and Responsibilities

Acumen realizes that we play the major role delivering customer services. The roles and responsibilities for Acumen Customer Support include:

Acumen Service Manager

The role of the Acumen Service Manager is to oversee and ensure Nebraska EVV users receive prompt, courteous and informational responses to their questions and/or help desk issues. The Manager's responsibilities at a minimum include:

- Review of Customer Support reports and to take remedial action to ensure response SLAs are continually met or exceeded;
- Monitor call volumes to identify potential issues or problems and to make recommendations for remediation, which could include requesting new or additional Nebraska EVV user training; identify potential configuration decisions that are affecting providers and/or users, or to notify Technical Support of an identified Nebraska EVV bug;
- Review and assign grievance processing, which could include the Manager responding to the grievance;
- Administration of Call Center representatives; i.e. hire, training or separation;
- Prepare and submit Monthly Customer Support reports to DHHS; and
- Respond to DHHS requests for assistance.

Acumen Call Center Representative

The roles of the Call Center representative is to respond to calls, email and USPS inquiries from Nebraska EVV providers and users. Their responsibilities include at a minimum:
- Receive and respond to Nebraska EVV providers and user via telephone, email or USPS mail;
- Maintain knowledge of Nebraska EVV specific configuration decisions and
- Identify potential needs for provider and/or user training or Nebraska EVV bug mediation.

DHHS Nebraska EVV Staff

The role of the DHHS Nebraska EVV staff is to support the ongoing needs of the Nebraska EVV, which could include at a minimum:
- Respond to Nebraska EVV and Medicaid Program issues sent by the Acumen Service Manager;

- Respond to Medicaid Program Grievances and Appeals received and forwarded by the Acumen Service Manager; and
- Contact with the Acumen Service Manager concerning issue brought to the Department's attention.

Call Center Service

Providers and clients can call via a toll-free number into the Acumen Call Center to gain help with the Nebraska EVV. Acumen has requested a new toll-free line to accommodate Nebraska EVV callers. Upon contract select Acumen will contract for the number. We have requested ###-DCI-Help or ###-324-4357. The Acumen Call Center and Help Desk are transitioning to 24x7 service hours, which will be in affect when the Nebraska EVV goes live.

Acumen's customer-friendly system will guide a caller with prompts to choose a customer service representative or to receive automated responses to the most common call reasons. Acumen ensures that callers not only receive a live person when they call, but a person who genuinely understands their unique needs.

In the event that all customer service representatives are assisting other callers, the caller has the option to utilize Acumen's callback feature. This feature preserves the person's place in line, but does not require the caller to remain on the line. The caller also has the option to leave voicemail or email messages.

A caller will have three options to select. The caller can select:

- **Self-service Help Center**: The Acumen Help Center houses hundreds of user manuals, troubleshooting guides, tip sheets, and training videos. All written materials in the Acumen Help Center use language that is easily understood (sixth grade reading level and below) and is available in alternative formats based on the individual needs of the member and consistent with requirements for the ADA. Written materials and closed captioning are also available in prevalent non-English languages.

  One of the services we offer is a weekly live webinar on topics for providers and care givers. The weekly webinars are also recorded and be listened to any time.

- **Call Center Representative:** An Acumen Call Center representative will speak directly to the caller. All of our staff are trained in person-centered language and person-centered thinking, developmental disabilities, and will have knowledge of the Nebraska EVV.

  Spanish-speaking specialists are available within the Acumen Call Center. If other languages are needed, translation services for 200 different languages are provided through Language Line Solutions. Additionally, Acumen has a TTY/TDD system with a designated toll-free number to accommodate deaf or hard-of-hearing individuals.

- **Technical Help Desk:** The DCI Technical Support Team is available twenty-four (24) hours a day, seven (7) days a week.

Once the caller has made a selection the assistance will be provided.

Call Center representatives will receive desk review training about the configuration decisions made for the Nebraska EVV. The staff has an excellent understanding of our DCI EVV and only need to understand the Nebraska EVV nuances.

Written Requests for Help

Call Center representatives can also process written requests for help. The feature is almost exclusively an email request when a service is in progress so as close as to immediate as possible, so responses are directed to specific representatives not assigned to telephone duty.

The selection process is the same, however the Call Center representative will decide the best method to respond to the person. The person can be sent specific information that responds to the question, route the email to Technical Support, or just to respond to the email.

Technical Help Desk

Telephone call and emails concerning Nebraska EVV technical issues will initially to routed to the Call Center representatives. We have found the majority to technical issue calls really do not require a technician.

Call Center representatives will determine whether a technical issue exists and will then route the call or email to a technician. The protocol for processing technical issues will be determine with the assistance of DHHS prior to the Nebraska EVV going live. We assume the protocol will follow standard business practices but will require DHHS' input concerning elevation standards and at what point DHHS becomes involved.

Attachment B.9 Draft Turnover Plan

RTM Requirement 278 – TAT.1
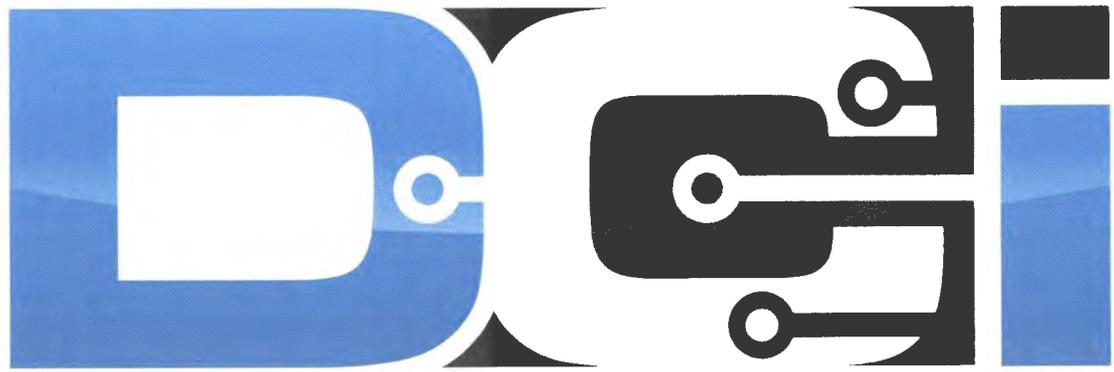
Direct Care Innovations

Nebraska Turnover Plan

Version 1
October 2019

1   Document Revisions:

Date	Version Number	Document Changes	Approved by
10/2019	1	Initial Draft	

2   Table of Contents

Contents

1. Purpose
The purpose of the Nebraska EVV Turnover Plan is to documents the steps required to turn the Nebraska EVV functions and data to the DHHS or successor contractor. The Turnover Plan focus on the Turnover processes and delivery of State own history and current EVV processing data.

2. Turnover Approach
The introduction of modules solutions has simplified the Turnover effort for Acumen, the Department and successor contractor. Hardware, software and facilities are no longer a major concern since the current Nebraska EVV is a SaaS. Our approach focuses on the processes to transition the State-owned data and the smooth transition of operations from Acumen.

3. Draft Turnover Plan
Seven months prior to the end of the base contract or extensions the Acumen PM will meet with the DHHS PM to discuss and document the Turnover requirements and responsibilities. From this meeting, the Acumen PM will draft and submit the Nebraska EVV Turnover Plan for DHHS review, comment and approval. The approved Nebraska EVV Turnover Plan will be approved six months prior to the mutually agreed upon Go Live date of the DHHS or successor contractor.

Our Turnover Plan will include the following information:

2.1 Turnover Work Schedule
The Acumen PM will develop in concert with the DHHS PM the Turnover schedule. We assume six months prior to the Turnover the DHHS can provide solid dates for the Takeover (Implementation) milestones and deliverables, which will enable our PM to develop the schedule. The PM will draft the schedule and submit it to DHHS for review and approval.

We understand that the schedule will require a coordinated effort between Acumen, DHHS and the successor contractor. We will work within the boundaries of our contract to cooperate.

2.2 Project Documentation
Over the course of the Acumen contract project documentation will be written. The Acumen PM working with the DHHS PM will identify contract documentation that the Department will need. All required documentation will be delivered to the DHHS PM to load in the Nebraska SharePoint site.

Acumen will maintain all defined project documents required for Acumen storage requirements. The project documentation will be archived to CDs after six months from the contract end. The CDs will be stored for the required time defined in the RFP or as required by DHHS.

2.3 EVV Data
The Acumen PM will meet with the DHHS PM to discuss the most efficient method to transfer EVV history data from Acumen to the DHHS or successor contractor. The retention of the Nebraska EVV historical data is very important because of the needs for claims processing and federal reporting requirements. The mode and content will be defined during actual Turnover planning.

Current data (90 days) data will be transfer to the DHHS or successor contractor for use in testing and EVV processing. The mode and content will be defined during actual Turnover planning.

2.4 Acumen EVV Staff
Acumen does not anticipate the transfer of Nebraska EVV staff to the DHHS or successor contractor. Should this become a factor, we will define the available staff for transfer and make them available for interviews and potential hire.

Acumen intents to provide the same level of service during the Turnover Phase has we have during the Operations Phase. We know it is important to the DHHS that we continue our staffing compliment during this last six months of the contract and commit to keep our staff stable through Turnover.

Acumen will identify and assign a Turnover Manager to ensure the requirements of the Turnover are completed and the transition to the DHHS or successor contractor in accomplished. We recommend that the DHHS PM schedule a weekly status meeting with the Acumen Turnover Manager and the successor PM. This weekly meeting will review the Turnover/Takeover task status, review RIDACs and discuss any other relevant Turnover/Takeover requirements.

2.5 Training
The Acumen PM will meet with the DHHS PM to identify the training requirements for Turnover. Again, the training requirements do not have the same impacts as old Turnover efforts because the Acumen DCI module is being replaced not turned over.

2.6 Work in Progress
Work in Progress (WIP) is the highest risk during a Turnover Phase. We plan to focus on the WIP to ensure nothing falls through the cracks that could have a negative impact on DHHS or a negative impact on Providers and clients.

We will prepare and track a WIP Report and submit with our Turnover Status Reports. The WIP Report will include at a minimum the following:

- Copies of working papers, including procedures, programs, and schedules;
- Status of current projects;
- Copies of correspondence (internal and external);
- Listings of third-party software used by the contractor(s), including availability of the software for transfer or purchase by Medicaid or successor vendor(s);
- Description of functional business process flows;
- Operational and system information concerning sub-Contractors;
- Documentation of ongoing outstanding issues;
- Other documentation necessary to support contract operations; and
- Other pertinent information necessary to take over and operate the project or to assume the operational activities successfully.

3 Contractor Closeout
The Acumen Account Executive and PM will be responsible for closing out the contract. All Nebraska owned documents, building access badges and will collected and delivered to the DHHS PM. The Acumen Account Executive will be responsible for the development of the Turnover Results Report.

Attachment C – MS AZURE Hosting

Microsoft Azure Security Certifications