

Original



**Request for Proposal for Contractual Services
Electronic Visit Verification (EVV) Solution**

RFP 6113 Z1

Submitted to:

Julie Schiltz/Annette Walton

State Purchasing Bureau

1526 K Street, Suite 130

Lincoln, NE 68508

as.materielpurchasing@nebraska.gov

402-471-6500

Technical Proposal

Submission Date: October 7, 2019

www.TherapServices.net



Retention of Rights in Confidential Information

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

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

Patent Number	Patent Title
8,281,370	Managing secure sharing of private information across security domains
8,528,056	Managing secure sharing of private information across security domains via wireless and mobile devices
8,613,054	Managing secure sharing of private information across security domains using an access profile
8,615,790	Managing secure sharing of private information across security domains using multiple caseloads
8,739,253	Managing Secure Sharing of Private Information Pertaining to Abuse or Neglect Across Security Domains
8,819,785	Managing Secure Sharing of Private Medication Information Across Security Domains
9,794,257	Managing secure sharing of private information across security domains by individuals having a service authorization

Table of Contents

Section	Description	Page No.
	Bidder Contact Sheet	4
1	Request For Proposal Form	5
2	Corporate Overview	6
	a. Bidder Identification And Information	6
	b. Financial Statements	8
	c. Change Of Ownership	10
	d. Office Location	11
	e. Relationships With The State	11
	f. Bidder's Employee Relations To State	12
	g. Contract Performance	12
	h. Summary Of Bidder's Corporate Experience	13
	i. Summary Of Bidder's Proposed Personnel/Management Approach	20
	j. Subcontractors	43
3	Technical Approach	43
	a. Understanding of the Project Requirements	43
	b. Proposed Design, Configuration And Development Approach	44
	c. Technical Considerations	47
	d. Detailed Project Work Plan	47
	e. Deliverables And Due Dates	47
	f. Sections II Through IV	49
	II. Terms And Conditions	49
	III. Contractor Duties	63
	IV. Payment	74
	g. Requirements Traceability Matrix (RTM)	77
4	Attachment A - Requirements Traceability Matrix (RTM)	78
5	Project Description And Scope Of Work	269
	Appendix A: Draft System Security Plan	340
	Appendix B: Draft EVV System Disaster Recovery and Business Continuity plan	341
	Appendix C: Draft Project Work Plan	343
	Appendix D: Sample Implementation Plan for South Dakota	347
	Appendix E: Draft Communication and Training Plan	349
	Appendix F: Draft Solution Customer Support Plan	351
	Appendix G: Draft Turnover Plan	353
	Appendix H: Acknowledgement of Addendums	354



**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:	Therap Services LLC
Bidder Address:	562 Watertown Avenue, Suite 3, Waterbury, CT 06708-2240, USA
Contact Person & Title:	Justin M. Brockie, Chief Operating Officer
E-mail Address:	justin.brockie@therapservices.net
Telephone Number (Office):	203-596-7553
Telephone Number (Cellular):	203-568-1362
Fax Number:	203-757-5116

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:	Therap Services LLC
Bidder Address:	562 Watertown Avenue, Suite 3, Waterbury, CT 06708-2240, USA
Contact Person & Title:	Justin M. Brockie, Chief Operating Officer
E-mail Address:	justin.brockie@therapservices.net
Telephone Number (Office):	203-596-7553
Telephone Number (Cellular):	203-568-1362
Fax Number:	203-757-5116

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

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

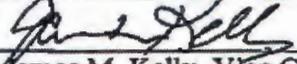
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ 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.

_____ 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.

_____ 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:	Therap Services LLC
COMPLETE ADDRESS:	562 Watertown Avenue, Suite 3, Waterbury, CT 06708-2240, USA
TELEPHONE NUMBER:	203-596-7553
FAX NUMBER:	203-757-5116
DATE:	09/25/2019
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	James M. Kelly, Vice Chairman



2. CORPORATE OVERVIEW

The Corporate Overview section of the Requirements Proposal should consist of the following subdivisions:

a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, each principal location, and location(s) of primary systems, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business, total number of employees, organizational chart displaying the overall business structure, and whether the name and form of organization has changed since first organized.

If not publicly traded company (or a subsidiary of a publicly traded company), the names, affiliations, and city and state of each individual or company that owns five percent (5%) or more of the company or partnership.

Therap Services LLC is a privately owned limited liability company that has been providing its COTS SaaS suite of documentation software since the company was founded in January 2003. Therap is a Delaware LLC. Therap Services LLC main office is located at: 562 Watertown Avenue, Suite 3, Waterbury, CT 06708-2240, USA.

The company structure and name have not changed since the date of incorporation. Currently, human service organizations in 50 states and internationally use Therap to meet their documentation needs. Our customers include 18 state agencies as well.

Ownership Information:

Name: Human Services Technology Investment Group LLC. (100% ownership)

Address: 562 Watertown Avenue, Suite 3, Waterbury, CT 06708

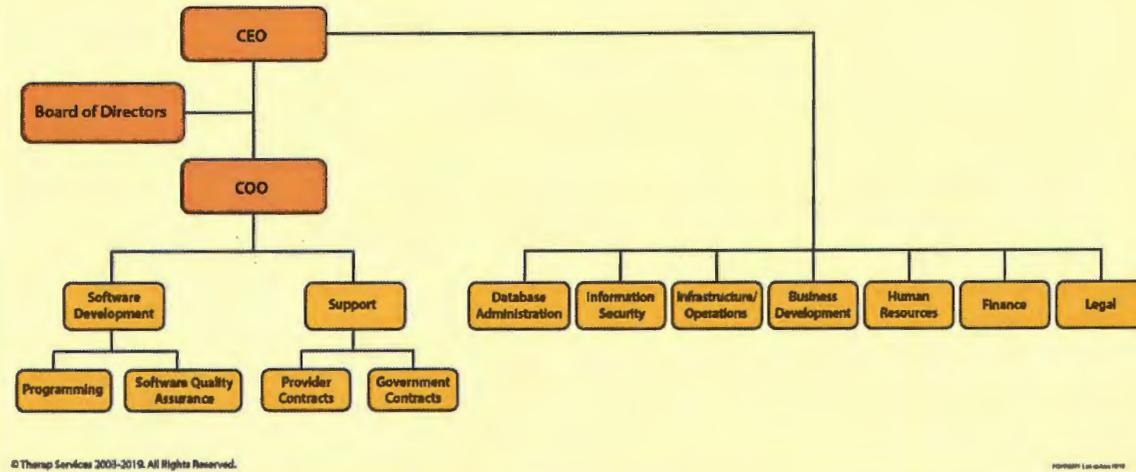


Figure 1: Organization Chart and Overall Organizational Structure

Therap's more than 200 employees are software developers and engineers, cyber security officers and professionals, implementation and training specialists and training and support professionals. Therap has built this system from the ground up and hosts, maintains, and consistently improves and enhances the system. The Therap team consists of a unique blend of experts from technology, data management, telecommunications, and human services fields (including former direct support professionals, provider managers, clinicians, trainers, service coordinators, and state agency personnel) who have garnered a broad range of expertise in project management, business development, implementation, training, and support. We have full time employees based throughout the United States.

Therap has assigned eight key personnel to this project. Therap's project management team has extensive experience in developing and implementing large state projects, meeting state requirements, and providing training and support through the duration of a project. Group discussions and onsite observations will be conducted by Therap's technical analysts and business analysts for the project's requirements analysis.

Therap is committed to provide thorough and comprehensive training for all users as part of the implementation process. Our experienced training and implementation specialists will tailor training sessions to ensure that modules are covered in a step-by-step manner and that they meet the specific needs of the Nebraska DHHS. During training, Nebraska staff will be able to practice and obtain the skills and knowledge needed to become competent users of the system.

Therap's support team is comprised of people with a background in human services who can communicate effectively about needs and requirements. Therap will assess the need for resources



once the contract has been awarded. Therap will allocate personnel best suited to the project from its pool of full-time staff members as needed.

b. FINANCIAL STATEMENTS

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

Therap Services, LLC is a privately held corporation. As such, we will respond to the requirements stated for corporations which are not publicly held as specified under Financial Statements of the RFP. Additional information has been provided below to aid evaluators to formulate a determination about the stability and financial strength of Therap:

1. Description of the Organization

Therap Services is a Delaware LLC. It was incorporated in January 2003. Our corporate headquarters is located in Waterbury, Connecticut. Richard A. Robbins, one of the founders of Therap Services, is the Chief Executive Officer. The unique combination of experiences Richard brings to the company has been critical to our success in serving the developmental disabilities community. Richard's background as an entrepreneur his business philosophies of providing high quality services in cost efficient ways to underserved populations guides Therap's business model. Justin M. Brockie is the Chief Operating Officer. Justin has worked directly with state and county governments and large multi-state providers. Justin has led Therap's development, technical, customer support and training teams in devising new, innovative solutions to issues confronted by human service providers with focus on communication, data management, transparency, privacy, data integrity and HIPAA compliance. James M. Kelly is one of the co-founders and the Vice Chairman of the organization. Jim has spent his entire professional career of more than 30 years in the human services community. Jim is intricately involved in the day to



day oversight of Therap Services including heading the Billing Specialists Team, delivering implementation guidance and oversight to state, county, and provider agency systems.

2. Size of the Organization

The Therap team consists of a unique blend of experts from technology, data management, telecommunication, and human services fields (this includes former direct support professionals, provider managers, clinicians, trainers, service coordinators, and state agency personnel) who have garnered a broad range of expertise in project management, business development, training, implementation and support over the years with our company. With Therap supporting service organizations in 50 states, and in other US jurisdictions, we have our full time employees based throughout the United States. Managed growth has enabled Therap to develop an infrastructure and staff development process that anticipates future growth and that can, and has, enabled Therap to add full states to its customer base without need for extraordinary investments that could challenge the stability of the company.

3. Client Base

Therap is the record keeping system for over 5000 providers, including customers in all 50 states, DC, Puerto Rico and Guam. Over 300,000 people use the Therap system for documentation, billing and communication in order to support individuals in a variety of LTSS settings.

Therap is the state-wide Case Management system for the IDD divisions in South Carolina, North Dakota, Nebraska, Delaware, and Rhode Island. Therap also has state-wide implementations in Idaho, Montana, New Mexico, Arkansas, Alabama, and two Californian Regional Centers focused on functionality including Case Management, Incident Reporting, and Health Assessment.

4. Areas of Specialization/Expertise

Therap provides an integrated solution for documentation, reporting, communications, billing and case management needs of agencies providing support to people with intellectual and developmental disabilities (I/DD) and other populations receiving long term services and supports. The basis of the Therap system is to provide a unified single record for each individual enrolled in the system. This record provides needed data throughout the system reducing redundancy and increasing accuracy. The system allows users at each level to have access to the same data, as is appropriate to their roles. We have over 70 modules which have been created over time to record various information including demographic details, plans regarding care, education, skill development, and assessments, eligibility, daily activities, and progress towards goals or outcomes.



Therap's billing modules allow for the submission of electronic claims based directly upon service data to ensure compliance with local requirements and audits. Utilization and adjudication reports allowing for the maximization of available funds.

Therap's mobile app (available for Android and iOS) allows for remote staff to complete their documentation on their mobile device and is able to comply with upcoming Electronic Visit Verification requirements.

The system also provides users with the data extraction and reporting abilities for reviewing data and analyze trends to improve the services being provided to an individual.

The Therap Applications suite is certified as meeting federal meaningful use standards. Users can exchange healthcare data with primary health care providers. Therap's framework supports exceptional interoperability ensuring that state agency personnel and care coordinators can access up-to-date health care data from external providers for all individuals with electronic health records.

We have provided the most recent audited financial report with this RFP. The financial reports have been marked as 'Proprietary Information' and has been provided separately as per RFP instructions.

Our banking reference is provided below:

Ion Bank

Diane Stewart
AVP, Branch Manager
565 Straits Turnpike
Watertown, CT 06795
dstewart@ionbank.com

We have provided Therap's audited financial statements for 2018 with this proposal as an additional attachment. We consider the financial information to be sensitive and confidential as these statements can portray the financial position and performance of our company. We have labeled the proprietary information as 'PROPRIETARY INFORMATION' on each individual page as per requirements of this RFP. Please refer to the Proprietary Information document for the financial statements.

c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded Contractor(s) will require notification to the State.



No change in ownership is anticipated for Therap Services, LLC.

d. OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

Therap Services LLC main office is located at:
562 Watertown Avenue, Suite 3
Waterbury, CT 06708-2240
Phone: 203-596-7553
Fax: 203-757-9116

e. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous ten (10) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s).

Since 2011 the State of Nebraska has mandated that providers utilize Therap's General Event Reports (GER) module to report any significant incidents. During the last eight years, the State has gradually required providers to utilize additional modules. Agencies and independent providers now use Therap's, ISP, ISP Data (habilitation goals), MAR (Medication Administration Records), Health Tracking Data, and Billing Data modules. This allows the State of Nebraska to have real time access to:

- ISP Data: Real time programmatic data that is being collected to measure each individual's progress towards their chosen outcomes
- General Event Reports: Incident Management Data for all significant incidents that occur in Nebraska.
- Health Tracking Data: A wide variety of health related data for individuals in Nebraska including: Medical Appointments, Height and Weight (BMI), Diagnoses, Medications, Vital Signs and more.
- Billing Data and Service Utilization information

Therap has a depth of experience working with Nebraska's NFOCUS system. Nebraska currently interfaces with NFOCUS and MMIS for billing. Nebraska's providers have successfully been billing through Therap since 2015. After logging in to Therap, providers can access their 835 remittance that comes from MMIS.

During the implementation of these modules, Therap assisted with training provider and state service coordination staff. In 2015, when billing was introduced to agency providers, Therap offered and provided onsite training to service coordination staff and providers across the state. With the transition of independent providers to electronic billing and documentation, Therap was



able to provide regional based training workshops. In addition to the onsite training, Therap provided an on-line self-paced training academy that independent and agency providers can access free of charge. This has been a valuable resource for providers who were unable to participate in the on-site training, as well as those wishing to brush up on skills. Therap has also hosted webinars to educate and provide a forum for the providers to ask questions. Therap provides step by step user guides that are accessible to all providers. Therap's long standing and ongoing relationship with the Nebraska system gives us the background we need to ensure the development of excellent training and support as the EVV system is rolled out in the state.

We are working with Nebraska under Contract 51604(O4), the comprehensive and online web-enabled access solution. Contact information regarding this contract is provided below:

Courtney Miller,
State DD Director
Courtney.Miller@Nebraska.gov
402-471-8416
301 Centennial Mall South, Lincoln,
Nebraska 68509-5026

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's proposal response is or was an employee of the State within the past two (2) months identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a Subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

No such relationship exists between Therap and the State of Nebraska.

g. CONTRACT PERFORMANCE

If the bidder or any proposed Subcontractor has had a contract terminated, at any Federal, State or Governmental agency/entity and/or Managed Care Organization, for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder, litigated and such litigation determined the bidder to be in default, or pending litigation.

It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.

If at any time during the past five (5) years, the bidder has had a contract terminated, with a State agency, for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party. Describe any kind of correction action plan imposed on the Bidder based on a previous EVV contract, any allegation of breach made against the Bidder on another EVV contract, or any type of significant contract management action taken against the Bidder in a current or previous EVV contract.

It is mandatory that the bidder submit full details of any and all audits, corrective action plans, penalties, sanctions, and any Federal or State investigations in the last five (5) years, including pending, ongoing, disputed, or unresolved audits, corrective actions, penalties, sanctions, or Federal or State investigations.

Therap currently has a retention rate of over 98% of our contracts being renewed. Therap has no means to ascertain the reasons customer providers may choose to discontinue our service. Therap also has contracts with 18 states, some dating back to 2004. Our retention rate with states is 100%.

Therap has not had any audits, corrective action plans, penalties, sanctions, and any Federal or State investigations in the last five (5) years, or any pending, ongoing, disputed, or unresolved audits, corrective actions, penalties, sanctions, or Federal or State investigations.

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder should provide a summary matrix listing the bidder's previous projects similar to this RFP in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder should address the following:

- i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this RFP. These descriptions should include:
 - a) Bidder shall submit a list of current and prior contracts and customers with a similar scope. If subcontractors are proposed, provide list of contracts and customers for each subcontractor.
 - b) The time period of the project;
 - c) The scheduled and actual completion dates;

- d) The bidder's responsibilities;
 - e) Evidence of the qualifications and credentials of the respondent in terms of proven successful experience through similar Medicaid EVV systems to include:
 - 1) The description of all recent Medicaid EVV projects completed or ongoing;
 - 2) Specific types of Medicaid providers and services respondent's EVV system is used for;
 - 3) If EVV system supported mobile GPS enabled devices, including mobile smartphones;
 - 4) A statement specifying the extent of bidder's responsibility and experience on each described project.
 - 5) For reference purposes, a customer name (including the name of a contact person that can be reference for contract performance: individuals who can directly attest to the bidder's qualification relevant to the Medicaid EVV scope of work, a current telephone number, a facsimile number, and e-mail address); DHHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience.
 - f) If the bidder or subcontractor has no recent contract experience, the bidder or subcontractor should have experience that is closely related to Medicaid EVV; and
 - g) Each project description should identify whether the work was performed as the prime Contractor or as a Subcontractor. If a bidder performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
- ii. Contractor and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as Subcontractor projects.
 - iii. If the work was performed as a Subcontractor, the narrative description should identify the same information as requested for the Contractors above. In addition, if the bidder was a Subcontractor, the bidder should identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor

Contract/Project Name	Contract/Project Duration and Size	Contractor Responsibilities and Description of EVV projects	Contact Person Details	Current Annual Budget
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<p>Department of Human Services</p> <p>Division of Long Term Services & Supports</p> <p>State-wide implementation</p>	<p>March 2018 - Present</p> <p>Project Size:</p> <p>No. of Agencies: 260+ No. of Individuals: 5500+</p>	<p>Therap has recently been awarded a contract with South Dakota's LTSS Division. This contract includes replacing their existing case management system and legacy billing processes, and statewide Electronic Visit Verification using Therap's Scheduling/EVV modules. Therap's EVV functionality is equipped with GPS location tracking. When a user checks in or out, the user's location is automatically entered into the system. As part of this, Therap is also implementing the interRAI Home Care Assessment tool. Therap has worked as the prime Contractor and is responsible for supporting activities associated with design, implementation of the solution, maintenance, training, and ongoing support throughout the term of the contract. SD LTSS will be rolling out their EVV implementation as of January 1, 2020. EVV will be used for services as required by CMS and State policy.</p>	<p>Yvette Thomas, Director Division of Long Term Services and Supports yvette.thomas@state.sd.us 605-773-3656 223 S. Van Eps Ave. Suite 201 Madison, SD 57042-2855</p>	<p>Therap contracted a subscription rate instead of an overall budget, and that subscription rate has continued without change.</p>
<p>State of Nebraska, Dept of Health & Human Services, Division of Developmental Disabilities</p> <p>State-wide implementation</p>	<p>March 2011 - present</p> <p>Project Size:</p> <p>No. of Agencies: 90+ No of Independent Providers: 1,900+ No. of Users: 16,000+ No. of Individuals: 5,000+</p>	<p>Therap has worked as the prime Contractor and is responsible for supporting activities associated with design, implementation of the solution, maintenance, training, and ongoing support throughout the term of the contract. Therap is responding to this EVV RFP. EVV will be used for services as required by CMS and State policy.</p>	<p>Courtney Miller, State DD Director Courtney.Miller@Nebraska.gov 402-471-8416 301 Centennial Mall South, Lincoln, Nebraska 68509-5026</p>	<p>Therap contracted a subscription rate instead of an overall budget, and that subscription rate has continued without change.</p>
<p>State of North Dakota Department of Human Services,</p>	<p>July 2010 - Present</p> <p>Project Size:</p>	<p>Therap has worked as the prime Contractor and is responsible for supporting activities associated with</p>	<p>Tina M. Bay, Director tbay@nd.gov 701-255-2851 Ext: 111 1237 West Divide</p>	<p>Therap contracted a subscription rate instead of an overall budget,</p>

Developmental Disabilities Division State-wide implementation	No. of Agencies/Providers: 40+ No. of Users: 6,500+ No. of Individuals: 6,500+	design, implementation of the solution, maintenance, training, and ongoing support throughout the term of the contract. Therap will be including EVV as part of their services beginning of 2020. The state has published to sole source Therap for their Aging Division. EVV will be used for services as required by CMS and State policy.	Avenue, Bismarck, ND 58501-1208	and that subscription rate has continued without change.
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Table 1: Corporate Experience

iv. Qualifications

a) The bidder should include the following information:

- 1) Evidence of the qualifications and credentials of the bidder in terms of proven successful experience through similar Medicaid EVV projects of like size and scope;**
- 2) Detailed description of all experience in the implementation, operation, and support of Medicaid EVV systems; to include:**
 - i) The description of all recent Medicaid EVV projects completed or ongoing;**
 - ii) Specific types of Medicaid providers and services respondent's EVV system is used for;**
 - iii) If EVV system supported mobile GPS enabled devices, including mobile smartphones;**
 - iv) A statement specifying the extent of bidder's responsibility and experience on each described project.**

Therap is a Charter member of the National Electronic Visit Verification Association (NEVVA). NEVVA is a not-for-profit organization dedicated to serving as the single source for Electronic Visit Verification industry-related information for states, managed care organizations and providers. Therap is implementing EVV in a number of states, and we are comfortable and experienced in these types of contracts. Therap has been successfully deployed, trained and implemented across Nebraska providers both independent providers and agency organizations.

Therap's Electronic Visit Verification technology solution is integrated into the Therap suite of applications. Therap's applications provide the capability to verify visits, contributing to improved quality of care, and streamlining back-office processes. EVV will be used for all services as required by CMS and State policy.

The Therap system currently provides tools to collect data from all providers and service coordinators. We offer a robust mobile application equipped with Electronic Visit Verification



technology. Therap's mobile apps address the growing mobility of direct support staff and offer intuitive data entry to prevent errors, provide data in near real-time, and offer ease of access for all levels of a providing agency. Our mobile application is currently used by providers in 36 states. It is an effective Electronic Visit Verification (EVV) tool, providing multi-level data authentication and GPS location tracking using mobile smartphones. Support professionals directly record Medicaid service data (e.g., date, duration of contact, scores and location) from their handheld devices. Photos of activities and supports taken at the point of service delivery are date and time stamped and can be attached to the recorded data. For HIPAA security, photos are not saved on the device but directly uploaded to Therap. Each action taken by the user is marked with an electronic signature. Scheduling and ISP Data modules on the mobile applications include GPS location tracking, electronic signatures and date and time stamps, recorded at the point of service delivery.

Given below are two letters of recommendation from the providers ENCOR and Region II Services, regarding their experience with Therap.



4715 S. 132ND STREET | OMAHA, NE 68137

September 10, 2019

To Whom It May Concern:

The RFP process is for EVV is an important step and ENCOR is pleased to support Therap Services RFP response.

When Nebraska made the use of Therap possible for all providers it was revolutionary. Therap has become synonymous with meeting the documentation needs of DD providers. They have provided a comprehensive reporting system that provides state staff, quality assurance staff, service coordination, service providers, families and the people supported a single system of record and the unprecedented ability to leverage business intelligence.

Additionally, Therap provides a true partnership when implementing a new modules. Their online training academy is comprehensive and detailed. And that is just the beginning! They have worked to meet the needs of all learners! They utilize online webinars, as well as, staff dedicated to teach in a classroom setting! All this support is free to providers. This commitment to training will be crucial to successful EVV software implementation.

Therap has a proven track record of success in Nebraska with service providers. Utilizing Therap for EVV will allow providers to capitalize on the vast experience that exists in Therap and will provide a seamless transition into the EVV age.

Thank you,

A handwritten signature in blue ink that reads "Sarah Graham".

Sarah Graham
Deputy Director
ENCOR

Region II Services - Supporting People with Developmental Disabilities

PO Box 732 1300 East 4th St
North Platte, NE 69103-0732

Telephone 308-535-8072
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September 17, 2019

To Whom it May Concern,

Therap Services has been the provider of the electronic documentation system for Nebraska Developmental Disabilities along with agency and independent providers for the past several years. Region II Services and its agencies overwhelmingly support Therap Services as the provider of an Electronic Visit Verification (EVV) provider for Nebraska.

Since its inception in Nebraska, Therap provided the necessary development, training, technical assistance, updates, revision, and ongoing support to effectively implement the statewide system. They provide a myriad of training and development opportunities. Online resources and in-person meetings, User Guides, the Training Academy, Live Help, User Groups, On-site training, Conferences and a Feedback/Issues process to suggest ongoing improvements in the system are available. These have been invaluable at all levels of our agency, from administration to the direct support user.

Implementing a statewide system requires the cooperation of many stakeholders. Therap Services engaged stakeholders and key players in the development and implementation at all points in time. They offer their knowledge and glean insight from oversight agencies and end users to develop a system that will accommodate the needs of all users. The response time when issues arrive is minimal; if a representative cannot resolve a problem, they find someone in the agency who can assist you. The partnership with Therap representatives is exemplary.

Therap offers a robust information, authorization, billing, data collection and reporting system that enhances the transparency of services provided to individual. The technology utilized and security assured is essential in an electronic documentation system, as well. Individuals, families, state agency staff, certification staff and service providers have access to real time information. Service authorizations are available without delay ensuring services can be delivered in a timely manner. Duplicative service delivery is identified reducing the potential for incorrect billing and fraud. The wait time for provider payment has been drastically reduced because of the electronic system. The data collection and reporting system includes a comprehensive offering that allows agencies to monitor service delivery, analyze data, track employee usage, identify authorizations and duplicative services, verify billing claims and payments to providers, and much more. Therap has provided assurances for security of protected health information, retrieval of information and a method for secure communication between users.

Overall, the expertise, experience, knowledge and willingness to create a system by Therap that is easy to access, available at nearly every venue through the web-based and mobile applications, and valuable to all users is the foundation of success we have experienced! As a provider, we would welcome the use of Therap for Nebraska's EVV provider.

Sincerely,



Pamela J. Mann, Region II Services Executive Director

- i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**
The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the DHHS project if their company is awarded the contract resulting from this RFP. The names and titles of the team proposed for assignment to DHHS project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. DHHS will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the RFP in addition to assessing the experience of specific individuals.

Key personnel should be employees of the Bidder and shall not hold more than one key role unless otherwise approved by DHHS. DHHS will review and approve all key personnel. Contractor must provide named staff for each key position and include background and experience on similar projects for both implementation and operations.

- i. The following Contractor staff shall be considered key personnel during Implementation:**
- (a) Account Executive**
 - (b) Project Manager**
 - (c) Testing Lead**
 - (d) Integration Lead**
 - (e) Certification Lead**
 - (f) Training Lead**
- ii. Contractor must identify the key personnel during EVV operations, including but not limited to:**
- (a) Account Executive:**
 - (b) Training Lead:**
 - (c) Customer Support Lead:**
 - (d) Certification Lead, who is to be engaged until all Certification requirements are completed and approved by CMS:**

DHHS will review and approve all key personnel during EVV operations.

Contractor must maintain sufficient and qualified staffing levels to ensure successful implementation within the specified timeframes and for the ongoing operation of the EVV system throughout the duration of the contract. Contractor must develop and manage project organization and staffing. Contractor shall submit with proposal project organization charts showing all proposed personnel by job title, lines of supervision, and indicating full or part-time employment on the

DHHS contract. The charts shall include how the project fits into the respondent's overall organizational structure.

The organizational structure must be designed to carry out the responsibilities within the Scope of Work. Contractor must utilize a consistent approach to Project Leadership.

Contractor must provide specific descriptions of roles and responsibilities for all Contractor resources, time devoted to the Nebraska EVV project during DDI, and after implementation, and the percentage of time the resources will work on-site both during DDI and after implementation. Include how personnel is to administer and execute required project activities during the EVV Solution design, development, implementation and operations.

The Contractor's designated Account Executive must be the single point of contact for matters concerning the Contractor's performance under the Contract. This person shall have the authority to make decisions that are binding to the Contract, shall be responsible for timely completion of the project, and shall be responsible for meeting all contractual obligations. Include the approach to account management, and describe how the account manager will meet this requirement.

The Contractor's Account Executive should have a minimum of five (5) years' contract management experience managing related services with similar budgets, preferably in Medicaid or the healthcare industry and for a project similar in size and scope to this project.

The Contractor's designated Project Manager must represent and oversee the day-to-day activities of the project. This individual shall serve as DHHS's primary point of contact for matters relating to the project and serve as a liaison for certification and stakeholders. Include description of process used to manage day-to-day activities.

The Contractor's Project Manager should have a minimum of five (5) years' project management experience managing projects of similar size and scope, preferably in Medicaid or the healthcare industry. This experience must include relevant experience within the last three (3) years from the release date of the RFP.

- i. Project management experience should include each phase of the system development life cycle.
- ii. Project management certification through the Project Management Institute (PMI) is preferred.
- iii. The Contractor's Project Manager shall have experience initiating and managing an electronic visit verification system implementation, or comparable experience in a project of similar size and scope, and be capable of overseeing all contracted activities for which the Contractor is responsible.

The Contractor's named Integration Lead must manage the design, configuration/build, integration, defect management, and implementation of the Contractor's scope of work. Include a description of Contractor's approach to Integration Management.

The Contractor's Integration Lead should meet the following qualifications including:

- i. Minimum of five (5) years leading system design and integration projects, including the technical design and implementation of projects similar in size and scope to this project.
- ii. Experience must involve directing multi-discipline technical teams producing integration solutions (e.g., Service Oriented Architecture, network, hardware and software).

The Contractor's designated Testing Lead must coordinate all testing activities. Contractor must provide a testing approach and activities.

The Contractor's Testing Lead should meet the following qualifications including but not limited to:

- i. Minimum of three (3) years' experience leading testing activities for a project similar in size and scope to this project.
- ii. In-depth understanding of the testing lifecycle and all artifacts required to successfully validate the system.
- iii. A Bachelor's Degree in Information Systems Engineering, Computer Science, or a related field is preferred.

The Contractor's Certification Lead should meet the following qualifications including:

- i. Minimum of three (3) years' experience certifying systems against industry standards for projects similar in size and scope to this project.
- ii. In-depth understanding of the most current MECT certification lifecycle required to successfully validate the system.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from DHHS. Each resume should depict current experience for work completed no more than seven (7) years prior to the date of this RFP, and depict work related to state-wide EVV implementations or similar projects.

Contractor must provide staff resources as necessary to support MECT milestone reviews and activities.

Contractor shall not transfer or remove key personnel without prior approval from DHHS. If a vacancy occurs in a key role, the Contractor shall fill the position within

ten (10) calendar days with a temporary replacement and a permanent replacement approved by DHHS should be within sixty (60) calendar days. The Contractor's key personnel and/or management replacement must meet the minimum qualifications for the position. The Bidder shall provide a detailed resume for a proposed key personnel and/or management replacement. Contractor must have a method to ensure transfer of knowledge and documentation occurs between exiting and incoming key personnel.

The bidder should provide the number of full time equivalent (FTE) employees engaged in similar Medicaid EVV contracts.

Therap has analyzed the requirements as defined in the RFP. Based on Therap's experience from successful completion of projects of similar nature, we propose a Multi-Phased approach for development and implementation. Throughout the entire lifecycle of the project, we will apply a project management methodology that adheres to industry standard best practices defined by the Project Management Institute (PMI).

Therap has proposed a plan which involves 8 staff directly interacting with Nebraska DHHS and its stakeholders. Therap is a full service organization specializing in software services and has the ability to allocate additional resources, if needed. The total project is phased over 3 months. With this timeline, Therap will be able to best utilize its experience in implementing our SaaS solution, and supporting organizations as they move through the change management process. The training and support phase ensures that users will be able to see the advantages of the system as early as possible.

The key personnel during EVV implementation will be as follows:

Account Executive: Calvin Christensen
Project Manager: Justin M. Brockie
Testing Lead: Intekhab UI Hasnain
Integration Lead: Sazzad Rafique
Certification Lead: Anthony G. Tobey
Training Lead: Tracy Linko

The key personnel during EVV operations will be as follows:

Account Executive: Calvin Christensen
Training Lead: Tracy Linko
Customer Support Lead: Jeff Covington
Certification Lead: Ashzabin Wadud

possible. Calvin is fluent in sign language and has interpreted for not only his parents, but also individuals he supported.

Professional Experiences:

Therap Services, LLC., Waterbury, CT

Business Development Consultant (January 2018 - Present)

Calvin responds to potential customer inquiries with formal and informal presentations, communicates the value of Therap solution with prospects and clients, develops a thorough understanding of each account's industry and business, maintains accurate records of customer contacts including emails, invoices, and delivery of support services, uses knowledge of customer base to develop pipeline of upgrade opportunities, closes sales of Therap products the upgrade clients use of Therap, and builds relationships at all levels within organizations.

Training/Implementation Specialist (March 2014 - January 2018)

Calvin managed new provider implementation activities, assisted clients with set-up decisions based on Therap knowledge, organized and conducted regular workgroup meetings throughout implementation and post go-live process, and served as the lead trainer in all client training sessions. He trained and consulted single and multi-state providers, families, self-advocates, and anyone else using Therap, provided on-site training, live customer support in person, via computer, at conferences and over the phone, and worked both independently and remotely and as part of a diverse and dynamic national and multinational organization.

Developmental Services of Nebraska

Direct Support Professional (March 2010 - March 2014)

Calvin's responsibilities included communicating using Therap software, writing GER (Incident Reports), updating information pertaining to individual health care, collecting data based on programs to see individual's progress, and making sure all appointments have been completed. He took individuals to appointments such as medication reviews, routine doctor and dentist appointments, and passed medications for individuals. He advocated for individuals so that they have the best quality of life possible. He attended annual trainings for medication aide licensing and MANDT. He implemented Programs for individuals to reach their goals of becoming more independent, interpreted American Sign Language for the individuals that are deaf, worked with a team of healthcare professionals to assess any problems and give solutions.

Education:

- Attended Bellevue University from November 2013 to March 2014
- Attended Southeast Community College, Lincoln from January 2007 to December 2010

Proposed Role on the Project Team: Calvin will be the single point of contact for matters concerning Therap's performance under the Contract. Calvin will have the authority to make decisions that are binding to the Contract, will be responsible for timely completion of the project, and will be responsible for meeting contractual obligations.

Reference:

1. **Name & Title:** Pamela Mann, Executive Director
Agency: Region II Services
Address: PO Box 732, North Platte, NE 69103
Telephone Number: (308) 530-2603
2. **Name & Title:** Susan Lindsey, Director of Administrative Services
Agency: KCCDD, Inc.
Address: 2015 Windish Dr., Galesburg, IL 61401
Telephone Number: (309) 344-2600 Extension 203
3. **Name & Title:** Allen Meade M.H.S, Quality Improvement Director of Operations
Agency: VITAL Services, Inc.
Address: 6400 Cornhusker Highway, Suite# 250, Lincoln, NE 68507
Telephone Number: (402) 465-5664

Project Manager:

Justin M. Brockie

Chief Operating Officer (COO), Therap Services LLC

Justin has over 14 years of experience working directly with state governments and large, multi-state providers. Working with a team of software developers, system architects, database administrators, network engineers, quality assurance specialists, technical writers, and support and training professionals from across Therap's teams, Justin has devising new, innovative solutions to issues confronted by human service providers including communication, data management, transparency, privacy, data integrity and HIPAA compliance.

Since managing Therap's first statewide implementation in Delaware, starting in 2005, Justin has gone on to work on implementing statewide systems for Montana (incident management), North Dakota (full state and provider based system), Nebraska (full state and provider based system), and New Mexico (Health Assessment and Incident Reporting). Justin oversees implementation of the system in other states including South Carolina, South Dakota, and Puerto Rico. Justin shares his expertise in the areas of electronic documentation and systems implementation for families, providers, and states at local, state, and national conferences across the country.

Justin is a Respite Therapeutic Foster Parent through Professional Parent Program of The Institute for Professional Practice, Woodbridge, CT, and a Surrogate Parent through Connecticut State Department of Education for a child with disabilities. Justin and his family have been providing support to people with disabilities in their home for more than 20 years, initially providing respite care for children and adults, before becoming therapeutic foster parents, and

later an adoptive family. As a parent, foster parent, and educational surrogate parent, Justin has interacted with social work, educational, and health systems and seen firsthand the direct benefits of authentic communication based around real, meaningful data. Justin is also an "E" Licensed Youth Soccer Coach & Web Master, Wolcott Youth Athletic Association, Wolcott, CT.

Professional Experience:

Therap Services LLC, Waterbury, CT ***Chief Operating Officer (COO) (2004-Present)***

As Therap's COO, Justin oversees the design and direction of Therap's suite of applications and implementation of the system with individuals, families, providers, counties, and states across the country. He works closely with the company's Software Development and Software Quality Assurance teams focusing on the continued growth and enhancement of Therap's applications.

Justin has worked with providers across the United States and internationally to implement Therap. He oversees a team that provides innovative solutions in the field of Developmental Disabilities including training and support to more than 300,000 users.

In addition to statewide implementations of the system in Delaware, Montana, North Dakota, Nebraska, and New Mexico, Justin has assisted state and county agencies in the implementation of Therap. In Oregon, Justin worked with the State Licensing Division to enable offsite document reviews allowing for more efficiency and person centered surveys. He worked with the State of Oregon and Oregon Technical Assistance Corporation to implement the Oregon Individual Support Plan. He further collaborated with counties in Oregon and Missouri to provide them with a case management system that handles intake and referral, incident management, communication and more.

Key Projects/ Therap Implementations at State agencies:

Therap Services project for Puerto Rico División De Servicios A Las Personas Con Discapacidad Intelectual (DSPDI)

Project Director (2016 - Present)

Justin is working closely with stakeholders in Puerto Rico on all aspects of this project, including timely implementation.

Therap Services project for South Carolina Department of Disabilities and Special Needs

Project Director (2014 - Present)

Justin oversees the implementation of Therap's Case Management system for the South Carolina DDSN.

Therap Services for State of North Dakota Developmental Disabilities Division, DHS

Lead Project Manager (2010 - Present)

Justin managed the project for the replacement of internal case management systems including intake, eligibility, Master Client Index interface, Level of Care assessment, Service

Authorizations, and Early Intervention system. He also served as a liaison with North Dakota as the state has gradually adopted new features and functionality of the Therap's COTS SaaS system.

Therap Services project for State of Nebraska, Division of Developmental Disabilities, DHHS

Lead Project Manager (2010 - Present)

Justin oversaw a statewide implementation of incident reporting, followed by implementations of Therap's Individual Budgeting and Individual Support Plan modules throughout the state, and the interfacing with Nebraska's NFOCUS system.

Therap Services project for State of Montana, Developmental Disabilities Program, DPHHS

Lead Project Manager (2009 - Present)

Justin oversaw a statewide implementation of the Incident Management system, Health Tracking, Secure Communications and other features. He also managed the development of state specific electronic forms, screens, and reports to suit the specific business process needs and other federal requirements.

Therap Services project for State of Delaware Division of Developmental Disability Services, DHSS

Lead Project Manager (2007 - Present)

Justin oversaw a statewide implementation of Essential Lifestyle Planning through Therap's Individual Service Plans and statewide attendance reporting, implementation of Medicaid billing system, and replacement of Delaware's Annual Nursing Assessment by Therap's Electronic Comprehensive Health Assessment Tool and Care Plan module.

Education:

- Graduated as Registered Nurse for the Mentally Handicapped from Lothian College of Nursing and Midwifery, Edinburgh. 1988-1991

Proposed Role on the Project Team: Upon contract award, Justin will be working as the Project Manager and will represent and oversee the day-to-day activities of the project. He will serve as DHHS's primary point of contact for matters relating to the project and serve as a liaison for certification and stakeholders.

Reference:

1. **Name & Title:** Rebecca Fadness, Policy Program Manager
Agency: Idaho Division of Health and Welfare
Address: 450 West State Street, 5th floor, P.O. Box 83720, Boise, ID 83720-0036

Telephone Number: 208-334-5701

2. **Name & Title:** Anna Bromberg, Quality Management Administrator
Agency: Nebraska Department of Health and Human Services
Address: 301 Centennial Mall South, Lincoln, NE 68509
Telephone Number: 531-739-9091

3. **Name & Title:** Tina M. Bay, Assistant Director
Agency: State of North Dakota
Address: 1237 West Divide Avenue, Bismarck, ND
Telephone Number: 701-328-8966

Testing Lead:

Intekhab Ul Hasnain

Senior Software Engineer, Quality Assurance (QA), Therap Services LLC

Hasnain has been part of Therap's Quality Assurance (QA) team for over 7 years. He leads several major state projects in Therap, as well as teams of QA Engineers in vital projects of the company. Hasnain is in constant touch with the stakeholders and the state customers to discuss their requirements, issues, and to ensure the projects are flowing in the right direction. He conducts sessions in conferences on existing and upcoming projects, modules, and features, and interacts with users to closely understand their needs and analyze the feasibility and complexity of their requirements. He also communicates with business and technical teams to translate needs into requirements by providing technical aspects.

Professional Experience:

Therap Services LLC, Waterbury, CT

Senior Software Engineer, Therap Services LLC (October 2016 - Present)

Hasnain directs and manages several mature state projects and large scale customized interfaces with the legacy systems of the state customers. He works as an expert in conjunction with the product development teams for planning and developing feature enhancements of existing products. Hasnain directs, leads, and coordinates a cross-functional state QA team of software engineers, ensuring qualities at different levels of system design, software and database architecture, development, testing, and implementation. Hasnain's QA team is responsible for assuring the quality of the state interfaces for the states of Nebraska, Arkansas, and North Dakota. He also approves the launch of a release once the product has been tested satisfactorily. Hasnain has worked on the Individual Budgeting and Billing (Phase I & II) for Nebraska's Division of Developmental Disabilities which tracks state fund plans and its allocation among service providers processes provider claims to Medicaid Management Information System (MMIS) for authorized services, confirming the state compliance, and then tracking it back to budget. He is also involved in Therap's Batch Demographic and Case Manager Interface; Therap's one-way HL7 Pharmacy Interface with leading US pharmacies for importing

medication information; and several large-scale uni and bidirectional customised interfaces with third parties and other systems used by states.

Therap Services LLC, Waterbury, CT

Software Engineer, QA, Therap Services LLC (November 2013 - September 2016)

As a Software Engineer, Hasnain conducted sessions on Therap's projects, and attended meetings with state customers to gather requirements and analyze complexity and feasibility of the implementation. He also attended internal meetings to discuss issues and feature enhancements; managed the processes of analyzing requirements, defining features, deciding priorities, and planning release within the company; and estimated, planned, and ensured successful completion of regression testing before major releases and approved the launch of those releases accordingly. The major projects he worked on as a Software Engineer includes a Multi Phased State Case Management System for state customers, Therap's NFOCUS interface used by the Nebraska's Division of Developmental Disabilities, and Health Information Exchange (HIE) interface used by the states of Nebraska and Arkansas.

Therap Services LLC, Waterbury, CT

Associate Software Engineer, QA, Therap Services LLC (November 2012 - October 2013)

Hasnain worked on several vital projects related to health, medical, and finance tracking. He communicated with different technical teams to discuss technical dependencies between interdependent modules and features within the product, as well as to plan, prioritise and develop feature enhancements. He led several major projects that involved building new systems, migrating and interfacing with large-scale legacy systems of state customers and other vendors, and managed the QA process of state projects like individual budgeting for the state of Nebraska. Hasnain monitored system alerts and communicate the required fixes. He also trained new recruits as QA Engineers and maintained product knowledge repository for internal training.

Therap Services LLC, Waterbury, CT

Junior Software Engineer, QA, Therap Services LLC (November 2011 - October 2012)

Hasnain joined Therap in 2011, and as a Junior Software Test Engineer planned, developed, and executed test cases to test the application user interface, server, database and system integration; prepared test cases for application reliability, compatibility, and performance testing; performed regression tests in a planned and documented manner; tracked and debugged issues and analyzed the effect of the fixes on the system; and wrote automated testing scripts.

Education

- Bachelor of Science (Honors), Applied Physics, Electronics & Communication Engineering (2009), University of Dhaka, Dhaka, Bangladesh

Proposed Role on the Project Team: Upon contract award, Hasnain will test and ensure that the technical components and the integrated interfaces work as required.

Reference:

1. **Name & Title:** MD Ahsan Ul-Haque Helal, Country Director
Agency: Mennonite Economic Development Associates (MEDA)
Address: Khalid Al Dawood Complex, 3rd Floor, 367 King Abdullah 2 St, Daheyet Al Ameer Rashed, Amman, Jordan
Telephone Number: +962796622052
2. **Name & Title:** Professor Dr. Mohammad Shafiul Alam, Dept. of Electrical and Electronics Engineering
Agency: University of Dhaka
Address: Nilkhet Rd, Dhaka 1000, Bangladesh
Telephone Number: +8801726849575
3. **Name & Title:** Professor Dr. Anis Ahmed, Dept. of Electrical and Electronics Engineering
Agency: University of Dhaka
Address: Nilkhet Rd, Dhaka 1000, Bangladesh
Telephone Number: +8801715075183

Integration Lead:

Sazzad Rafique

Chief of Software Design, Therap Services LLC

Sazzad has been involved in System Design, Project Management and Software Development for more than 14 years. Sazzad is in constant contact with Therap's user base, spending a significant amount of his time on site at provider locations. He provides solutions including technical designs and deliverables to states, counties, local government agencies, multi-state provider agencies and other providers that support individuals with I/DD. His expertise includes the interpretation of regulations and processes in multiple states.

Professional Experience:

Therap Services LLC, Waterbury, CT

Chief of Software Design (2004 - Present)

Sazzad is a member of the Software Development team. He leads complex and critical business process re-engineering and system development projects. He played a vital role for Therap's successful implementation of statewide systems in North Dakota, Nebraska, New York, and South Carolina.

Sazzad's responsibilities center on planning, directing and coordinating Therap's business application development strategy. He oversees several cross functional teams to ensure integrated and coordinated effort towards products and services development. Sazzad oversees

capacity and resource planning and makes recommendations for network hardware, systems management software and systems architecture.

Key Projects/ Therap Implementations at State agencies

Therap Services project for South Carolina Department of Disabilities and Special Needs DDSN

Technical Lead (2014 - Present)

Sazzad is responsible for the overall architecture of the Therap system including building interfaces for data transfers between state and other entities. He plays a vital role as a technical lead for the for the implementation of Therap system including the case management tools, individual's' demographic information tracking, service plan tracking and monitoring, health records, medication administration, behavior monitoring and employment information.

Therap Services for State of North Dakota Developmental Disabilities Division, DHS

Solution Architect (2010 - Present)

Sazzad oversaw the project for the replacement of internal case management systems including intake and eligibility. He developed an interface with Master Client Index, and find innovative solutions for automation of Level of Care assessment, Service Authorizations, and Infant Development system. He also facilitated the replacement of an aging DB2 system (ASSIST) and data importation and migration from Lotus notes. Developed a custom application to handle complex data migration. He established and supervised a quality assurance process, including integration and system testing.

Therap Services for State of Nebraska, Division of Developmental Disabilities, DHHS

Solution Architect (2010 - Present)

Sazzad carried out the lead strategic planning to achieve business goals by identifying and prioritizing development initiatives and setting timetables for the evaluation, development, and deployment of Therap products and services. He ensured that Therap's Demographic and Service interfaces functioned properly with the state's NFOCUS system allowing for the automatic building of caseloads. He also met with key state officials to maintain liaison and resolve any critical issues, reviewed and approved technical designs and manage deliverables.

Education

- Master of Business Administration from North South University, Dhaka, Bangladesh, 2009
- Bachelor of Science in Computer Science from North South University, Dhaka, Bangladesh, 2003

Certification:

- Certified Project Management Professional (PMP) from Project Management Institute (PMI)

- Certified Professional in Healthcare Information and Management Systems (CPHIMS) from Healthcare Information and Management Systems Society (HIMSS)

Proposed Role on the Project Team: Upon contract award, Sazzad will work with DHHS to identify the technical needs in order to plan and organize the technical implementation schedule. He will manage the design, configuration/build, integration, defect management, and implementation of the system as required.

Reference:

1. **Name & Title:** Wendy Schumacher, Assistant Director
Agency: Developmental Disabilities Division, State of North Dakota
Address: 1237 W. Divide Ave. Suite 1A, Bismarck, ND 58503
Telephone Number: (701) 328-8784
2. **Name & Title:** David Foshee, IT Manager
Agency: South Carolina DDSN
Address: 3440 Harden Street Extension, Columbia, SC 29203
Telephone Number: 803-898-9781
3. **Name & Title:** Pamela Mann, Executive Director
Agency: Region II Services
Address: PO Box 732, North Platte, NE 69103
Telephone Number: (308) 530-2603

Certification Lead (EVV implementation):

Anthony G. Tobey

Chief Information Security Officer, Therap Services LLC

Tony has been involved in Information Technology for over 25 years. Starting as a software developer, Tony transitioned to infrastructure operations, specializing in the development and support of platforms that provide a high level of performance and reliability. Tony has vast experience in executive management in infrastructure and data security, technology, and IT operations. He worked as a Technology Executive specializing in the design, implementation and evolution of reliable and secure infrastructures. He is experienced in professional services as well as corporate operations roles. His project accomplishments include network, infrastructure and security architecture, infrastructure optimization and data center design/migration. He has extensive experience in the areas of policy development, business continuity, disaster recovery, compliance, cloud security, and platform availability. Tony has excellent oral and written communication skills, and adept at translating between technical and business contexts. His organizational experience ranges from start-up firms through Fortune 500 corporations.

Professional Experiences:

Therap Services, LLC., Waterbury, CT.

Chief Information Security Officer (2010 - Present)

Tony leads infrastructure and security architect for Therap's SaaS-based healthcare application. The primary function of this role is to improve the reliability and security profile of the corporate, end user and production infrastructures, through enhancements to architecture, monitoring capabilities, change management, change detection, and corporate policies. His responsibilities include the following:

- Represents the company as HIPAA Security Officer, and is primarily tasked with the evolution and maintenance of the company's security posture by leveraging various resources from NIST, CIS, HIPAA, SANS, and HITRUST.
- Lead engineer for the migration of data centers to new facilities, while maintaining full platform redundancy and uptime.
- Directs the efforts of cross-functional teams to implement security and infrastructure-based projects.
- Part of senior management team tasked with architecture, budgetary and planning responsibility for all pre-production and production services, hardware, communications and software.
- Built compliance programs for multiple regulatory and 'best practices' platform methodologies (CIS Top 20, SOC 2, HIPAA, NIST), and participates in third-party compliance assessments.
- Acts as corporate lead for security initiatives, including vulnerability assessments, risk management, business continuity, disaster recovery, and monitoring infrastructure.
- Participant in annual SOC2 external audit processes.
- Part of lead team to design, plan and execute a migration to Fortinet-based firewall, authentication, and analysis platform.
- Identifies product suites used to implement encryption and auditing for data at rest in both database- and file-based instances, including tape backups.
- Implemented Tenable Security Center platform for internal system vulnerability management.
- Implemented Infoblox DNS infrastructure in support of emerging initiatives.
- Performs research and development of solutions for cloud-based remote endpoint management, privileged access control, file integrity management, and infrastructure management.
- Provides technical pre-sales support and security overviews to existing and potential customers, ranging from small providers to State HHS and IT departments.
- Recommends and implements third-party solutions for external security assessments.
- Led migration of storage infrastructure to flash-based, clustered architecture, including redesign of backup facilities to include backup of virtual machines and secondary backup to cloud.

Atrion Communication Resources (ACR), Branchburg, NJ

Director, Technical Solutions (2008 - 2010)

Tony led efforts to enhance and expand the IT professional services function within ACR, through internal staff utilization and the development of partnerships with other companies. He created new or expanded service offerings, accomplished by establishing relationships with other integrators that provide expertise outside of ACR's core capabilities. Managed efforts of ACR's internal engineering organization. His responsibilities included the following:

- Achieved 100% year-to-year increase in services-based revenue.
- Assisted sales staff in the development of opportunities through customer-facing pre-sales consultation
- Assessed technologies for inclusion in solution suite, including security, wireless, wan optimization, web and email filtering, dns/dhcp, IDS/IPS, NAC, network analysis, servers and storage.

IDT Corporation, Newark, NJ

Vice President, Information Technology and Security (2000 - 2008)

Tony managed the engineering and operations of global desktop, storage, server, security and network infrastructure for highly available telephony-based application platforms, generating annual revenue of \$1.5B, and developed and executed \$7M annual budget. He reported to CSO and CEO on security topics, oversaw all corporate security functions and provided support for physical security initiatives, fraud investigations, M&A activities, vendor and partner relations, and compliance. He expanded the team from 7 staff to 32 staff, and supervised up to 75 during projects and corporate reorganizations. His responsibilities included the following:

- Improved platform availability to 99.9%+ by redesigning network, storage and server infrastructure.
- Led design, implementation, and operation of global VoIP carrier-grade data and telephony network.
- Managed transition from silo-based to SAN/NAS-based storage, backup and recovery infrastructure.
- Actively involved in working with internal audit staff to ensure compliance with Sarbanes-Oxley (SOX) and PCI regulations.

CALL SCIENCES, Edison, NJ

Director, Engineering & Integration (1996 - 1999)

Tony reported directly to the President, oversaw development and delivery of highly-available, state-of-the-art computer/telephony unified communications product suite, supervised design, installation, and support of infrastructure and operational components, and designed specifications and managed validation testing.

Multiple Companies

Technical Consultant, UNIX System Administration (1994 - 1996)

Education:

- MS in Computer Information Science from New Jersey Institute of Technology
- BS in Computer Information Science from New Jersey Institute of Technology

Certification:

- Certified Information Systems Security Professional (CISSP) from International Information Systems Security Certification Consortium
- Cisco Certified Security Professional (CCSP)

Proposed Role on the Project Team: Upon contract award, Tony will ensure certification of the system during implementation, perform risk assessments, implement necessary security measures, and implement disaster recovery and business continuity plans. He will monitor the performance of the application and the security controls in order to facilitate timely and appropriate user-access to the system.

Reference:

1. **Name & Title:** Rory Britt, IT Support Manager
Address: 22 Sneider Dr, Warren, NJ 07059
Telephone Number: 732-598-3922
2. **Name & Title:** Michael Iacovelli, Project Manager
Address: 40 Delwick Lane, New Providence, NJ 07974
Telephone Number: 732-358-5000
3. **Name & Title:** Jim McGlashan, Director of Security Architecture
Address: 553 Church St, Boundbrook, NJ 08805
Telephone Number: 908-227-4701

Certification Lead (EVV Operations):

Ashzabin Wadud

Software Engineer, Therap Services LLC

Ashzabin has experience in analyzing the requirements for Therap's billing modules in order to process provider's claims to MMIS (Medicaid Management Information System) for authorized services and visualize actual user scenarios for quality assurance, and testing common changes across the application for system releases.

Therap Services LLC, Waterbury, CT

Software Engineer, Therap Services LLC (March 2019 - Present)

As a part of Therap's State team, Ashzabin attends onsite meetings with the state customers to gather requirements and analyze complexity and feasibility of the implementation. She participates in state conferences and communicates with the end users to understand their needs through practical knowledge sharing. She communicates with business and technical teams,

translating customer needs into requirements by providing technical aspects, works as an expert in analyzing and debugging critical features, and plans, develops, and executes test cases to test the application user interface, server, and database end.

Therap Services LLC, Waterbury, CT

Software Engineer, QA, Therap Services LLC (February 2018 - February 2019)

Ashzabin attended regular internal meetings and calls with the COO, Chief of Software Design, and Director of Software Engineering to discuss the progress and status of the ongoing projects. She communicated with business and technical teams, translating customer needs into requirements by providing technical aspects. Ashzabin also continued to analyze the requirements for Therap's billing modules in order to process provider's claims to MMIS (Medicaid Management Information System) for authorized services and visualize actual user scenarios for quality assurance, and test common changes across the whole application for system releases.

Therap Services LLC, Waterbury, CT

Associate Software Engineer, QA, Therap Services LLC (November 2016 - January 2018)

As an Associate Software Engineer, Ashzabin analyzed the requirements for Therap's billing modules in order to process provider's claims to MMIS (Medicaid Management Information System) for authorized services and visualize actual user scenarios for quality assurance, and test common changes across the whole application for system releases.

Education

- B.Sc. in Computer Science and Engineering, Shahjalal University of Science and Technology in Sylhet, Bangladesh (2016)

Proposed Role on the Project Team: Upon contract award, Ashzabin will ensure certification of the system during EVV operations of the system.

Reference:

1. **Name & Title:** Sabir Ismail, Software Engineer
Agency: Google LLC
Address: 1900 Charleston Road, Mountain View, CA 94043
Telephone Number: +(718)213-5127
2. **Name & Title:** Dr Refat Kibria, Business Deployment Design Team Lead
Agency: Fulton Hogan
Address: Adelaide, Australia
Telephone Number: +61429340442
3. **Name & Title:** Sadia Sultana, Assistant Professor
Agency: Shahjalal University of Science and Technology
Address: Department of Computer Science and Engineering, Shahjalal University of



Science and Technology, Sylhet, Bangladesh
Telephone Number: +8801911089612

Training Lead:

Tracy Linko

State Implementation Specialist, Therap Services LLC

Tracy joined the Therap Services Team as a Billing Specialist in 2016. She assisted her previous agency in implementing Therap and was the Therap subject matter expert in addition to her duties as Finance Manager. Tracy has 13 years of experience working for a software company and over 9 years in Accounting/Finance.

Professional Experience:

Therap Services LLC, Waterbury, CT

State Implementation Specialist (June 2017 - Present)

Tracy works directly with States that have implemented Therap for agencies, individuals, and families within the state for waiver services. She implements and trains on modules throughout the state and provides live customer support.

Billing Support Specialist (October 2016 - May 2017)

Tracy trained and consulted agencies, states, and individuals on the billing module from set-up to reconciling claims, and provided live customer support for the billing module via computer and over the phone.

Big Horn Enterprises, Inc.

Finance Manager (January 2015 - December 2016)

Tracy was responsible for all financials in Thermopolis, Powell, and Worland, including end of month bank reconciliations, journal entries, all financial reports and budgeting. She supervised a staff of four (A/P, A/R, Participant Financial Advisor, Therap Program Coordinator). She was also responsible for all HR duties. Tracy was a subject matter expert and Certified Trainer for Therap software who did their documentation for Medicaid services provided.

Administrative Assistant/Participant Financial Advisor (May 2014 - January 2015)

Tracy was responsible for A/R for the entire organization, all HR duties including hiring, paperwork, termination, advertising, position transfers, benefits, and OIG Checks, and providing administrative support to the CEO and Directors. She was also responsible for maintaining all Participant checking accounts that BHE is designated as Representative Payee, which included paying all bills, reconciling account to bank statements, approving all fund requests, and making sure account adheres to SSA amount limits.

Teller (October 2013 - April 2014)

Tracy was in charge of Teller Transactions including cash checks, deposits, issue money orders, wires, etc. She also put together loan files that were sent to the main branch in Greybull.

Harris Corporation: Broadcast Communications, Division – Media, Denver, Colorado

Financial Analyst (December 2010 - September 2012)

Tracy transferred to Financial Analyst opening for Emerging Business Opportunities (EBO) Digital Out of Home (DOOH)/Managed Services where she provided comprehensive financial metrics and forecasts to program managers, finance manager and senior staff; and completed program budgeting, monthly forecasting and analysis, variance research, financial reporting, and invoicing support for 7-Eleven Digital Signage project.

Project Accountant (August 2007 - January 2011)

Tracy transferred to Accounting department to transition to a full-time accounting role and pursue a career in accounting and finance. She worked as the Financial Analyst for Automation Service Support Agreements and BCD Lead Time Rep Back-up for Time and Labor (formerly lead time rep), continuously striving to find better ways to manage projects and adapt to changing needs of the organization.

Global Client Services Administration (October 2003 - August 2007)

Tracy provided support to the Professional Services Vice President, Consulting Services Director, and other managers within the organization, supported internal and external clients as needed to resolve invoicing issues and purchasing coordinator for Colorado Springs office and Denver Global Client Services. She was responsible for maintaining internal project tracking system and spreadsheet that provided visibility to generate forecast and backlog of projects for organization P&L and billing of all costs related to completed projects.

Technical Writer (July 2001 - October 2003)

Responsible for creating and maintaining online help files for Paradigm Traffic Software and MART reporting. Creating and maintaining enhancement guides and training materials for new MART releases along with training clients.

Education:

- Colorado Technical University
Master Business Administration in Finance, September 2010
Master of Science in Accounting, September 2012
- Community College of Denver
Accounting Principals 121 and 122
- Oracle University
Project Costing 8.8, Time and Labor-North America 8.9, Query 8.4
- Laramie Community College
Computer Graphics, Desktop Publishing, and Business Law

- University of Southern Colorado
Bachelor of Arts in Mass Communications with special emphasis in Telecommunications, minor in Business Administration. May 1995

Proposed Role on the Project Team: Tracy will be responsible for planning, coordinating, and overseeing training activities for their assigned groups. She will be reporting to the Project Manager and will be involved during the planning phase to develop the training plan. She will work closely with other trainers to address any issues arising during the training phase.

Certification:

- Certificate in Project Management from Colorado State University, May 2018

Reference:

1. **Name & Title:** Genevieve Pargas-Bear, Billing Specialist
Agency: Care and Community, LLC
Address: 16050 E Dartmouth Ave #3, Aurora, CO 80013
Telephone Number: 541-967-3890
2. **Name & Title:** Dana Paulson, Director Quality & Compliance
Agency: Easter Seals - Goodwill NRM
Address: 1537 Avenue D. Suite 105, Billings, MT 59102
Telephone Number: 303-955-1672
3. **Name & Title:** Anna Bromberg, Quality Management Administrator
Agency: Nebraska Department of Health and Human Services
Address: 301 Centennial Mall South, Lincoln, NE 68509
Telephone Number: 531-739-9091

Customer Support Lead:

Jeff Covington

Deputy Director of State Implementation, Therap Services LLC

As Therap's Deputy Director of State Implementation, Jeff oversees the implementation of Therap for States. Jeff has extensive experience in project management and leading a diverse team to successful outcomes.

Jeff has over 20 years experience in the I/DD field. Jeff's career in developmental disabilities began in 1994 and includes experience in summer camps, supportive apartments, in-home services, respite care, day hab, day treatment, as well as residential services specifically for individuals with Prader-Willi Syndrome.



Prior to joining Therap, Jeff was the Director of Residential Services & Therap Administrator at Catholic Charities Disabilities Services in Albany, NY. In addition to his role at CCDS, Jeff was the Capital Region Vice-President for NYSACRA, a founding mentor of DSPANYS, and the Co-Chair of the PWSAUSA Professional Provider Advisory Board.

Professional Experience:

Therap Services LLC, Waterbury, CT

Deputy Director of State Implementation (November 2014 - present)

As the Deputy Director of State Implementation, Jeff oversees the implementation of Therap for States. He is a part of the management team.

Catholic Charities Disabilities Services

Director of Residential Services & EHR Administrator (August 2004 – September 2014)

Jeff supervised the overall operation of 16 residences for individuals with intellectual and developmental disabilities, including fiscal and competency based training responsibilities. He implemented and administered oversight of the organization's electronic health record.

Direct Support Professional Evaluation Re-Vamp

(January 2012 – July 2012)

Lead agency initiative of stakeholders to re-vamp Direct Support Professional Evaluation Tool based on NADSP Core Competencies and Code of Ethics.

Key Projects/ Therap Implementations at State agencies:

Therap Services project for South Dakota Division of Developmental Disabilities

Project Manager (2016 - Present)

Jeff has been the project manager for the implementation of Conflict Free Case Management in South Dakota. This included the statewide implementation of the ISP Plan, ISP Agenda, Personal Focus Worksheet, and Case Notes, including billing. In addition, Jeff worked with the South Dakota DHS to streamline the sharing of information between service providers to the state auditors and Conflict Free Case Managers.

Therap Services project for Rhode Island BHDDH Incident and Complaint Reporting System

Project Manager (2016 - Present)

Jeff has served as the Project Manager of the Incident Management System Implementation Project in Rhode Island. He worked with the BHDDH staff on meeting the incident reporting policies of Rhode Island into the Therap Incident Reporting module.

Therap Services project for Puerto Rico División De Servicios A Las Personas Con Discapacidad Intelectual (DSPDI)

Project Director (2016 - Present)

Jeff has worked with Puerto Rico DSPDI to roll out Therap Implementation as the Project Manager. This has included the formulation and execution of an implementation plan, training, and resource development. Jeff has also overseen efforts to translate the Therap application as well as user guides and training materials.

**Therap Services project for South Carolina Department of Disabilities and Special Needs
Project Manager (2014 - Present)**

Jeff has shared project management responsibilities. He has visited every provider in South Carolina and his work has included getting South Carolina providers to use the ISP Program/Data, T-Log, SComm, and Health Tracking Modules. Jeff has been heavily involved in the planned implementation of South Carolina's case management package to include Level of Care, Eligibility Determination, Intake, Assessment, Worksheet/Plan, and Case Notes.

Education:

- Master's in Public Health, Health Policy & Management from State University of New York at Albany, 2015
- BA in History from State University of New York at Albany, 1995

Certification:

- ID/DD Leadership from NLCDD Leadership Institute, 2007

Proposed Role on the Project Team: Upon contract award, Jeff will oversee the Training and Implementation team and other aspects of the custom support department. He will coordinate and assist in the implementation for Nebraska, and develop and maintain communication and relationship with the state.

Reference:

1. **Name & Title:** David Foshee, IT Manager
Agency: South Carolina DDSN
Address: 3440 Harden Street Extension, Columbia, SC 29203
Telephone Number: 803-898-9781
Email: DFoshee@ddsn.sc.gov
2. **Name & Title:** Angie Astin, RN
Agency: Alabama Department of Mental Health, Office of Performance Improvement
Address: 100 North Union St., PO Box 301410, Montgomery, AL 36130
Telephone Number: 334-353-3981
3. **Name & Title:** Ashley Schlichenmayer-Okroi, Program Specialist II
Agency: Office of Community Living, Division of Developmental Disabilities, Department of Human Services
Address: 3800 East Hwy 34, Hillview Properties Plaza, c/o 500 E Capitol Ave, Pierre,



SD 57601

Telephone Number: (605) 773-3438

Therap has implemented projects of various sizes and scope, and possess a keen understanding of the ebbs and flows of project work volume. Therap is comprised of over 200 full time staff that want to make sure that each ongoing project achieves consistent, dependable service.

j. SUBCONTRACTORS

If the bidder intends to Subcontract any part of its performance hereunder, the bidder should provide:

- i. name, address, and telephone number of the Subcontractor(s);
- ii. specific tasks for each Subcontractor(s);
- iii. percentage of performance hours intended for each Subcontract; and
- iv. total percentage of Subcontractor(s) performance hours.
- v. Evidence of the qualifications and credentials of the subcontractor in terms of proven successful experience through similar Medicaid EVV projects of like size and scope;
- vi. Detailed description of all experience in the implementation, operation, and support of Medicaid EVV systems to include:
 - a) The description of all recent Medicaid EVV projects completed or ongoing including time period of the project and scheduled and actual completion dates
 - b) Specific types of Medicaid providers and services subcontractor EVV system is used for;
 - c) If EVV system supported mobile GPS enabled devices, including mobile smartphones;
 - d) A statement specifying the extent of subcontractor's responsibility and experience on each described project.

Therap does not intend to subcontract any part of its performance hereunder.

3. TECHNICAL APPROACH

The technical approach section of the Technical Proposal should consist of the following subsections:

a. Understanding of the project requirements;

Therap has reviewed the proposal and the stated requirements of the project. We are confident that we will be able to meet the needs of the state. During the project, Therap will use project management best practices to fulfill project needs. Therap's project management team has years of experience in leading projects of similar scope in several states, including the state of Nebraska. As soon as the contract is awarded, our project management team will begin discussions with the state about tailoring the management approach to best fit Nebraska's requirements and timelines.

Please refer to the 5. Project Description and Scope of Work section of this document for responses specific to the requirements stated under V. Project Description and Scope of Work of the RFP.

b. Proposed design, configuration and development approach;

Based on Therap's experience successfully completing projects of a similar nature, we will use a multi-phased approach for development and implementation. Throughout the entire lifecycle of the project, we will apply a project management methodology that adheres to industry standard best practices defined by the Project Management Institute (PMI). We will also adhere to PMO governance requirements. Therap will ensure that risk management processes are incorporated throughout the lifecycle of the project. Therap's project implementation processes include quality assurance, quality control, risk management, change management, user training and support, and communication strategies. The Project Management plan will be updated during the lifecycle of the project.

Therap will require the state to assist in establishing business requirements, describing existing and proposed business processes, to consult as issues and questions arise during implementation, to assist with outreach to providers and other external users, to approve proposed functionality and processes prior to development and testing, to participate in user acceptance testing, to assist in recruiting external users for user acceptance testing, to provide access to data that will need to be converted and describe format and data definitions, assist with data cleaning if necessary, to approve detailed training plans, and to establish communications protocols between Therap and the state.

In addition, we will need time from agency leadership and subject matter experts during the initial detailed requirements phase, initial approval of the detailed project implementation plan, and during the execution of the project implementation plans to provide subject matter expertise and resolve questions that arise. The greatest need for assistance of management and subject matter experts will be at the outset of the project during requirements analysis and approval of the initial detailed implementation plan. We anticipate that the time commitment required of management and subject matter experts to be such that it can be incorporated into existing schedules.

Therap's implementation can begin as soon as the project plan is approved and finalized. Many elements will immediately be functional. Additional functionality will be offered throughout the project life cycle. Therap is flexible in meeting changing requirements and our Nebraska based support team ensures a rapid response when there are issues or concerns. Our understanding of the business needs of state agencies and providers, familiarity with major stakeholder groups in Nebraska, and overall knowledge of the requirements enhances our ability to effectively work with and communicate with users, and minimize project delays. Therap has a track record of completing projects for state agencies successfully and on time. Therap has the vision and leadership to ensure this will be a successful project.

Early in the implementation process, we will work with the state to determine which data will need to be imported into Therap and which can be maintained outside Therap for purposes of maintaining required historical records. We will then examine the data that needs to be imported into Therap and advise the state of any specific issues which may complicate the data conversion process, as well as options for resolution. Therap will provide an initial data conversion in a UAT/Alpha environment. This will allow both Therap and the state to verify the data conversion before the final work is done in a production environment.

Our project management methodology follows the standard processes and guidelines defined by the PMBOK framework. In each release cycle, the Therap system goes through a set of processes that encompass one or more projects. Larger projects are divided into phases with each phase incorporated into one release cycle. Project management processes are closely integrated with and overlap with the SDLC phases. Therap will work with the state to ensure the implementation phase adheres to PMO governance requirements.

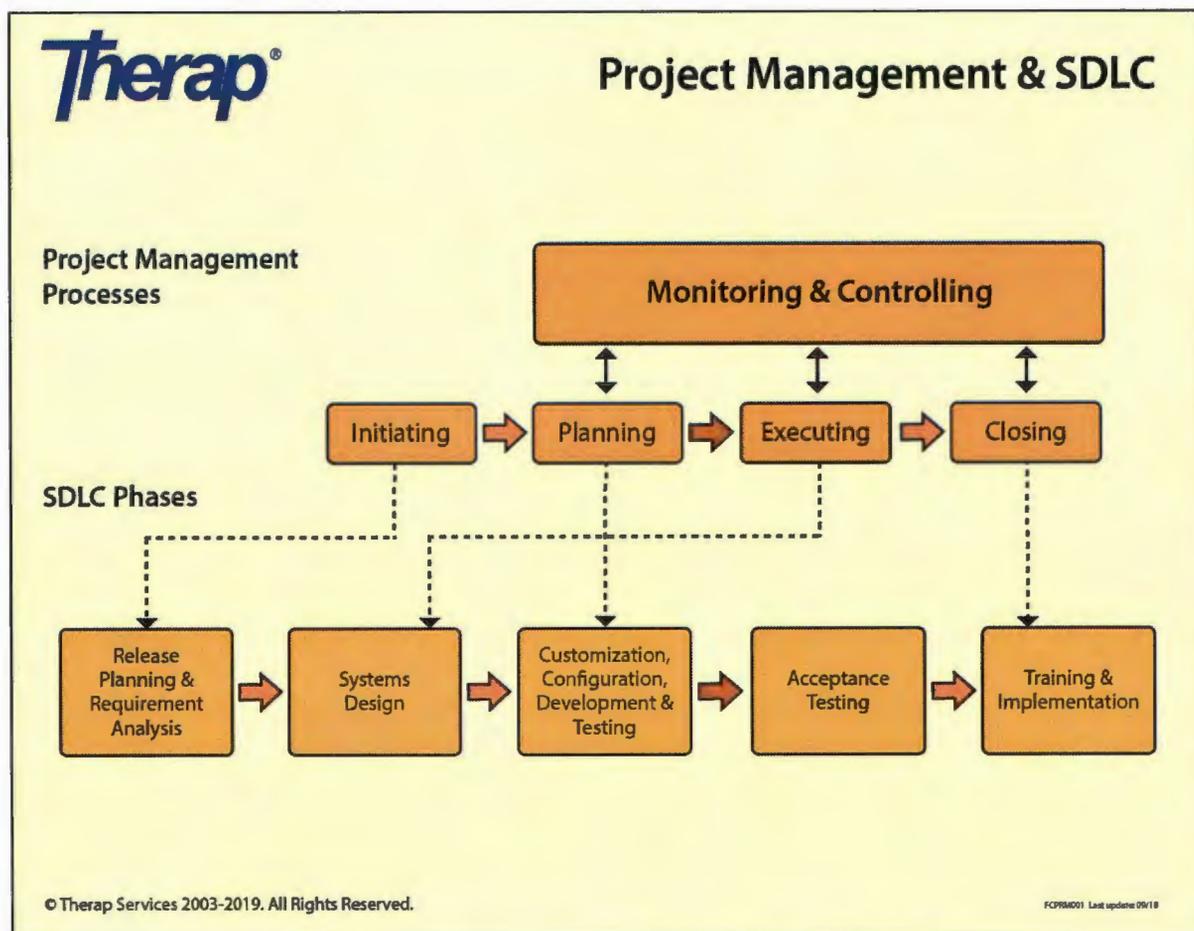


Figure 3: Therap's Project Management Methodology and SDLC

Depending on the requirements and complexity of the project, Therap utilizes both the predictive and adaptive approach of software development. For functionality or business areas where DHHS has a mature workflow and processes in place, Therap will primarily use a predictive implementation approach and follow the 'Waterfall model' of software development. The Waterfall model is a process where each phase is completed before beginning the next one. The "Big Design Upfront" ensures accurate schedule and cost estimates. Extensive planning helps to minimize the risk of later changes, thus reducing the overall cost and effort.

When further exploration and process re-engineering is required, Therap follows the Rapid Application Development methodology, which is a more agile approach. With this approach, the development process goes through a number of iterations or working prototypes. At each step, user feedback is obtained to identify potential pitfalls as early in the process as possible and, thus, minimize risk. Significant involvement and collaboration from the users in the phases of software development facilitates process improvement and high quality of the product.

For Requirements Analysis, we use group discussions and onsite observations. The joint application design (JAD) sessions will be conducted by Therap's technical and business analysts with staff, subject matter experts, providers and other stakeholders as appropriate. Our technical analysts will research the existing systems, interfaces and processes, and will apply business process engineering to implement operational methods to ensure an efficient implementation of the EVV system.

After the initial analysis, we provide mockups or wireframes of the user interfaces and interactions/workflows in order to demonstrate the envisioned processes and functionality. This process helps to minimize any gaps in requirements. It will identify the elements that were missing in the initial analysis but essential for the system to be more functional and coherent, and will help minimize the need for changes later in the project. By the end of this phase, key personnel will complete detailed lists of product functionalities, associated tasks and their interdependencies.

Following preliminary development and satisfactory interface testing, Therap will release the demo/beta version of the system to collect feedback. The demo will be updated frequently, incorporating the newly finished tasks and the feedback received from the stakeholders. Once functionalities pass the user acceptance tests, the production phase begins.

Once the system is in place, Therap offers comprehensive support services including user training, user support functions (e.g., help desk, periodic upgrades to security and functionality, and ongoing user forums to maximize the value of the system to users). Therap's operations team monitors the system 24/7 to ensure its availability. Therap also employs Oracle's Real User Experience Insight (RUEI) to monitor and analyze network traffic in the production site to identify any potential issues and improve the overall service. Therap provides support to customers using live chats, secure communication channels, and email.

Therap uses Microsoft Project for managing the complexities of the project. Therap also uses JIRA, an issue management tool, to track issues that come up during the execution and testing phase. During the execution phase, the task board, which is the visual control over the project progress, shows the current status of the overall project work. These tools help project managers to efficiently handle the project monitoring and controlling activities.

A schedule will be established for project managers to analyze the expected versus actual outcome and take actions as outlined in the project management plans. Feedback received from the users will be forwarded to a team of business analysts and technical analysts. Depending on its type or urgency, it is classified as an enhancement, a glitch, or a suggestion, and documented in the issue log. Each issue in the log is assigned an owner and a reporter, as well as a tentative resolution date, a tentative version of the software that will include a resolution of the issue or other pertinent information.

During the execution phase, the project managers will create a schedule to provide status updates to the state Project Coordinator/Director. Therap's project management office will arrange regular meetings with stakeholders. System users will have access to the Therap's online issue management tool. Users of this tool can submit any issues or change requests and track their progress. The Project Manager records any submitted change requests into the change/scope control log.

Before the project closing phase, all the functionalities will be checked and verified against the previously agreed upon acceptance criteria and a final report will be provided.

c. Technical considerations;

Therap understands the diversity of its user base. The system is currently used by people with varying roles and responsibilities from direct support professionals to senior state staff of the department of human services. Users have different comfort levels, experience, and knowledge about using technology, so Therap has integrated quality management practices into its core management and operational activities. The software user interfaces, documentation and training materials are designed to be consistent across the system and as user friendly as possible.

d. Detailed project;

We have provided a draft project plan detailing the responsibilities of Therap from contract start date to post implementation. A draft timeline has also been proposed. However, we hope to provide a more detailed project plan upon discussion with DHHS regarding contract specifics upon award of contract. Please refer to the Appendix C to review the draft project plan.

e. Deliverables and due dates;

Listed below are the deliverables Therap agrees to provide upon award of contract:

- Milestone 1: Design Milestone

- Project Management Plan
- Detailed Project Work Plan / Schedule
- Project Kickoff Meeting & Presentation
- Project Deliverable and Acceptance Process
- Design and Configuration Deliverables

- Milestone 2: Development Milestone
 - Implementation Plan with detailed 'Go Live' Plan
 - Design and Implementation Deliverable Work Products
 - Completion of System and Artifact Deliverables, including updated RTM
 - Completion of Artifact and Milestone Walkthroughs
 - Delivery of production ready system & solution
 - Completion of all System and UAT Testing
 - Completion of all user training
 - Completion of all required R2 Artifacts
 - Completion and acceptance of Attachment D - System Security Plan
 - Review and Acceptance of all agreed pre-production activities and artifacts required for 'Go Live' approval.

- Milestone 3: Production Milestone
 - Successful completion of all Go Live activities
 - Fully operational production EVV solution providing all agreed functionality
 - Fully functional customer support
 - Transition to Account Management
 - Successful completion and approval by CMS of all required R2 artifacts

- Milestone 4: R3 Milestone Completion
 - Completion of agreed post-production functionality
 - Completion and acceptance from CMS of all required R3 functionality and artifacts.

Milestones	Due Date
Design Milestone	03/02/20
Development Milestone	05/25/20
Production Milestone	08/31/20
R3 Milestone Completion	09/01/20

Therap will work with the state to create a final Project Plan and identify the exact due dates after the contract is awarded.

- f. Provide complete responses to Sections II through IV of the RFP; and

II. Terms and Conditions

Bidders should complete Sections II through VI as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the RFP, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this RFP. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this RFP.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

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

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:
A			

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:
A			

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:
A			



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:
A			

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	NOTES/COMMENTS:

		within RFP Response (Initial)	
		R&A	See comments in blue.

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, or if the State is dissatisfied with the service provided by the Contractor for any reason, the State's sole remedy shall be to terminate the contract. In no event will the Contractor be responsible for the excess cost of obtaining substituted services may contract the service from any 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:
A			

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:

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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:
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1. 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.

2. 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.

3. 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.

4. 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.

5. 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:
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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 in 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:
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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:
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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:
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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:
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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:
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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:
A			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. 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.
3. 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. 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:
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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

1. 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.
2. 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.
3. 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:
A			

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:
A			

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:

1. 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.

2. 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.
3. 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:
A			

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:
A			

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:
	R		

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:
A			

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:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. 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,
3. 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.

1. 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 contractor's 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	\$5,000,000
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:
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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:
A			

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:
A			

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:
A			

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:
A			

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:
A			

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:
A			

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:
A			

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:
A			

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:
A			

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:
A			

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:
A			

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.

- g. Respond to all requirements detailed in Attachment A – RTM. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State’s comparative evaluation.**

We have responded to the requirements stated in the RTM. Please refer to the section 4. Requirements Traceability Matrix (RTM) below for the completed matrix.



4. Attachment A - Requirements Traceability Matrix (RTM)

G.1 General Solution Requirements:

Describe how the bidder's solution will provide an Solution - including the business, information, and capabilities and functionality necessary for a full state implementation. This will also include training and support, documentation and implementation, operation, and maintenance activities. Solution should take advantage of open standards to support interoperability, real-time bi-directional exchange of data where feasible, efficient maintenance and upgrades, and interface with the heterogeneous technology environment of home care provider organizations. Solution to be flexible to meet the needs of multiple programs and services, which may change over time due to state or federal regulatory or policy changes, or the additional of additional programs.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
1	GS.1	Solution must be configurable to meet multiple programs and services, and flexible for subsequent addition of services and/or programs which may have different policies, procedures, business rules and benefit packages. Must be done in a manner that distinguishes services, eligibility groups and responsible payors as programs, waivers and services are subject to change throughout the contract.	Describe how the solution is configurable to serve multiple programs or services which have different policies, procedures, business rules and benefit packages (i.e., State Plan, specific HCBS waivers, etc.). Describe how this will be done in a manner that distinguishes services, eligibility groups, and responsible payors (Medicaid fee-for-service, Medicaid Managed Care organization, or other DHHS-contracted entity).	N/A	S	N/A

Bidder's Response::

Multiple sites, programs, services, and eligibility templates can be configured in the application. Users can add sites, programs, services, and eligibility templates in the system as often as required. Users with appropriate roles can also update sites, programs, services, and eligibility information. Sites, programs, services, and eligibility templates can be distinguished by name and other parameters. The ISP Plan module and the Billing module can record state plans, HCBS waiver and waiver related information. Payors



such as Medicaid fee-for-service, Medicaid Managed Care Organization, or other DHHS contracted entity can be recorded in the Billing module.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
2	GS.2	Solution must support a phased approach to deploying the solution for specific programs, services or provider-delivered EVV data.	Describe how the solution can support a phased approach to deploying the solution for specific programs, services or provider-delivered EVV data.	N/A	S	N/A

Bidder's Response::

Therap supports phased approach for deploying the solution. Based on Therap's experience successfully completing projects of a similar nature, we will use a multi-phased approach for development and implementation. Throughout the entire lifecycle of the project, we will apply a project management methodology that adheres to industry standard best practices defined by the Project Management Institute (PMI). We will also adhere to NE DAS requirements. We have noticed our projects have been most successful when states have had the resources available to work with us collaboratively during the phases. Therap will ensure that risk management processes are incorporated throughout the lifecycle of the project. Therap's project implementation processes include quality assurance, quality control, risk management, change management, user training and support, and communication strategies. The Project Management plan will be updated during the lifecycle of the project.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
3	GS.3	Solution should allow Nebraska to take full advantage of national best practices and technological advances in: a) EVV systems; b) Uses of EVV data;	Describe how the solution allows Nebraska to take full advantage of national best practices and technological advances in EVV systems, uses of EVV data, functionality, mobile technology and	N/A	S	N/A



		c) Functionality; d) Mobile technology; e) Interoperability.	interoperability. Provide a functional and technical road map of the solution if available.			
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Bidder's Response::

Therap applies national best practices while designing the application, and continuously strives to implement the latest technological advances. Therap's Scheduling/Electronic Visit Verification (EVV) module has been designed to meet the needs of states and providers who need to build staff schedules (especially for in-home and community based services), track staff hours, monitor individual service allocation, and meet the federal EVV requirements of the 21st Century CURES Act. Therap's EVV technology solution is integrated into the Therap suite of applications and is available as part of the mobile applications for both Android and Apple devices. Therap's EVV functionality is equipped with GPS location tracking. Two other functionalities of the Scheduling/EVV module are Offline Scheduling and Interactive Voice Response (IVR). Both these functionalities allow users in remote areas and those who do not have access to a live internet connection to collect EVV data.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
4	GS.4	The solution should accommodate customer preferences for communications by email, text, mobile devices, or phones.	Describe how solution provides customer preferences for communications for all communication forms listed in the requirement.	S&C.BRC.5	S	N/A

Bidder's Response::

Therap is a web based COTS SaaS system that can be accessed using a multitude of devices (desktop, laptop, tablet, smartphone etc.) with standard browser and an active internet connection. Therap also has a mobile application for Android and iOS devices. Therap system includes a Secure Communications (SComm) module for exchanging messages in a HIPAA compliant way. Users can send general messages to one or more users in the agency, or can send individual type messages to users who have access to that individual through their caseloads. Users can configure Notification Profile to receive notifications about user-selected activities in the system, e.g. form save, submit, approve etc.; through user-selected media, e.g. email, text, SComm messages.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS	Bidding	Gap Description and
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				Checklist ID	Ability Code	Recommendation for Closure
5	GS.5	The solution should automate business processes and implement a series of automation processes to load data on a regular basis from different data sources.	Describe how solution uses a mix of manual and automated business processes. Provide functional and technical road map of the solution if available.	TA.BPM.4	S	N/A

Bidder's Response::

Users can import data in the system by uploading Excel files, e.g. user, individual, medication, employer, training certification information. Therap has extensive experiences in importing data into large state systems. The application interfaces with external enterprise systems (e.g., state billing systems and demographic data management systems). With Nebraska's NFOCUS system, Therap's system employs an FTP-based file transfer and a batch-data processing approach for updating individuals' demographic data and caseload assignment of the support coordinators.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
6	GS.6	The solution should accept the national provider identifier in all standard electronic transactions mandated under HIPAA.	Describe how the solution accepts the national provider identifier in all standard electronic transactions mandated under HIPAA.	IA.DS.14	S	N/A

Bidder's Response::

The Billing module has the ability to record the National Provider Identifier (NPI) number which is included in claim transactions.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
7	GS.7	The solution should provide member and provider access to services via browser, voice response solution, or mobile device, and manual	Describe how solution provides member and provider access to services via browser, voice response, or mobile device, and manual	TA.CS.14	S	N/A



		submissions.	submissions.			
Bidder's Response::						
Therap is a web based COTS SaaS system that can be accessed using a multitude of devices (desktop, laptop, tablet, smartphone etc.) with standard browser and an active internet connection. Therap also has a mobile application for Android and iOS devices. Users can use their devices speech-to-text functionalities to record data as per state/agency requirements.						

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
8	GS.8	The solution should fully comply with section 508 accessibility. www.section508.gov	Describe how the solution fully complies with Section 508 accessibility requirements.	TA.CS.18	S	N/A

Bidder's Response::
The Therap application and Therap websites have the ability to be compliant with section 508 accessibility.

G.2 Electronic Visit Verification Requirements

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
9	EVV. 1	Solution must use a primary method that will be used to collect visit verification data as well as alternatives depending on the participant, location and caregiver. Each method must ensure accurate data collection of visit verification data elements.	Describe the primary method that will be used to collect visit verification data. Explain how the solution will ensure accurate data collection of visit verification data elements. Be specific about the technology and how the solution will meet the requirements for data collection.	N/A	S	N/A



Bidder's Response::

Therap's Scheduling/EVV mobile application can be used primarily to collect visit verification data. When checking in or out using the mobile application the date, time, and geolocated address is automatically stamped onto the visit. Users can add a signature or voice recording as additional verification of service delivery. Comment fields are available to help capture other vital details regarding the schedule. No PHI is stored on the mobile application.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
10	EVV. 2	Solution should provide capability for providers to submit the necessary verification information via alternate methods, should the primary mode of submission be out of service. (For example, if a handheld device is not working properly, the provider is able to phone in the visit information or submit it via a website portal.)	Describe the alternate method that will be used to collect visit verification should the primary mode of submission be out of service or not viable in that location. Be specific about the technology and how the technology will meet the requirements to ensure accurate data collection.	PE.PI1.27	S	N/A

Bidder's Response::

Visit information can also be collected using Therap's web application, Interactive Voice Response (IVR), Offline mode and through the self-check in functionality. Checking in and out using the web application will enable the date and time of service delivery to be recorded. If handheld devices are not available or malfunctioning, users will be able to use the IVR functionality and check in and out using a phone. The Offline Scheduling functionality can be used if connection to the internet is not available.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
11	EVV. 3	The solution should have the capability to require providers to attest to the presence of hard copy documentation for any manual visit	Describe how the solution can require providers to attest to the presence of hard copy documentation for any manual visit	PE.PI1.26	S	N/A



		verification.	verification or manual updates.			
<p>Bidder's Response:: Users are able to add comments to schedules or visits. They will be able to attest to the presence of hard copy documentation for manual visit verifications on those comment fields and also by attaching pictures of the documentation. Pictures and PHI are not stored on the device when using these functionalities. Attachment options are also available to upload documents to the schedule slot.</p> <p>Therap also has Offline forms that can be used to document visit verifications manually and be attached to the individual record in the system at a later time.</p>						

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
12	EVV. 4	The solution should verify visit components within program requirements when the caregiver initiates the visit verification. Each visit initiated through the EVV module will be captured, whether or not the visit is verified.	Describe how the solution has the ability to verify components within the program requirements when the caregiver initiates the visit verification, whether it is verified or not.	PE.P11.25	S	N/A

<p>Bidder's Response:: Visit components are verified against program requirements when the schedule is created. For example, only users having access to the individual will be available on the list of staff to select from and only services that user is authorized to provide will populate as the service options. Location, date and time is verified during the actual visit verification.</p>						
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Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
13	EVV. 5	Solution must allow multiple caregivers and/or agencies to provide services to	Describe how the solution will allow multiple caregivers and/or agencies	N/A	S	N/A

		a client/participant on the same day, either at the same time or at different times of that day.	to provide services to a client/participant on the same day, either at the same time or at different times of that day. Describe how any concurrent services will be evaluated for billing purposes.			
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Bidder's Response::

The Scheduling/EVV module allows multiple caregivers and/or agencies to provide services to a client/participant on the same day, either at the same time or at different times of the day. Schedule Slot forms can be created in a way which would allow a certain slot to have multiple caregivers assigned. If providing services for different times on a particular day, multiple separate Schedule Slot forms can be created.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
14	EVV. 6	Solution must allow a caregiver and/or agency to record visits to multiple clients/participants on the same day.	Describe how the solution will allow a caregiver and/or agency to record visits to multiple clients/participants on the same day.	N/A	S	N/A

Bidder's Response::

The Scheduling/EVV module allows caregiver and/or agency to record visits to multiple clients/participants on the same day. Each client can have a specific Schedule Slot form created with the details regarding the service and the caregiver assigned. The caregiver would then be able to check in and out for each of the schedules he is assigned to.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
15	EVV. 7	Solution must allow for multiple service delivery locations to be included within a single visit.	Describe how the solution allows for multiple service delivery locations to be included within a single visit.	N/A	S	N/A

Bidder's Response::

The Schedule Slot form contains fields to accommodate more than one address for a service delivery. When checking in or out, the geolocated address will be saved. If multiple addresses are located with geolocation, users will be able to select the one which matches his location most accurately.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
16	EVV. 8	Solution must allow a caregiver and/or agency to provide services to a group of members in a single visit.	Describe how the solution will allow a caregiver and/or agency to provide services to a group of members in a single visit.	N/A	S	N/A

Bidder's Response::

Program based scheduling allows caregivers, staff and users to provide services to a group of clients or members in a single visit. This would require the creation of a Schedule Slot form with the program in which all the clients are enrolled in the system. Agencies may also choose to create multiple forms for the individuals in that program.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
17	EVV. 9	Solution must allow a visit to span calendar days.	Describe how the solution will allow a visit to span calendar days.	N/A	S	N/A

Bidder's Response::

Visits can be scheduled to span calendar days. The date and time of the schedule can be set during Schedule Slot creation and can be edited by those with appropriate roles as well.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist	Bidding Ability	Gap Description and Recommendation for
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				ID	Code	Closure
18	EVV.1 0	Solution must accommodate self-directed and non-self-directed options.	Describe how the solution will accommodate self-directed and non-self-directed options.	N/A	S	N/A

Bidder's Response::

Self-direction in Therap can be achieved by providing the clients with an account in the system with appropriate roles and privileges. Once they have an account, the clients can be assigned to schedules created for themselves. They can then check in and out where applicable. For non-self-directed option, users other than the client can be assigned on the Schedule Slot form.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
19	EVV.1 1	Solution must assign a single, unique identifier to each EVV visit regardless of the number of activities/tasks associated with a visit.	Describe how the solution will assign a single, unique identifier to each EVV visit regardless of the number of activities/tasks associated with a visit.	N/A	S	N/A

Bidder's Response::

Each visit is associated with a specific form ID and Slot ID. This is unique to each Schedule Slot form.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
20	EVV.1 2	Solution must allow participants or their personal representatives access to a web portal to verify visits. Solution must provide alternative options available for those who cannot access the web portal to verify visits.	Describe how the solution will allow participants or their personal representatives access to a web portal to verify visits. Describe alternative options available in solution for those who cannot access the web portal to verify visits.	N/A	S	N/A

Bidder's Response::

Participants or their personal representatives can be provided with accounts with specific roles and privileges which would allow them to search for and verify visit information. Those who cannot access the web portal can request the agency to extract the visit information as reports and provide it to them for perusal. The Scheduling/EVV module has comprehensive reports and search options which can be used to provide visit information in Excel or PDF formats.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
21	EVV.1 3	Solution must provide for manual visit verification functionality in instances where the electronic verification is not made. Solution must be configurable to define and limit the circumstances when a manual verification can be made.	Describe how the solution provides for manual visit verification functionality in instances where the electronic verification is not made. Describe how the solution can be configurable to define and limit the circumstances when a manual verification can be made.	N/A	S	N/A

Bidder's Response::

Therap has Offline forms that can be used to document visit verifications manually and later be attached to the individual records in the system. However, options to carry out visit verification using IVR functionality and Offline Scheduling will enable users to document without resorting to manual visit verifications in many cases. A user would need access to a phone to check in and out using the IVR functionality. Offline Scheduling is an option which can work without access to an active internet connection.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
22	EVV.1 4	Solution must require authorized users to enter a reason for each modification or manual entry of verification data.	Describe how the solution requires authorized users to enter a reason for each modification or manual entry of verification data.	N/A	S	N/A



Bidder's Response::

The Schedule Slot form has comment fields which can be used to enter a reason for each modification or manual entry of verification data.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
23	EVV.1 5	Solution must allow authorized users the ability to modify verification data understanding that manual verification parameters may vary between programs and services.	Solution must allow authorized users the ability to modify verification data understanding that manual verification parameters may vary between programs and services.	N/A	S	N/A

Bidder's Response:

Users with appropriate privileges will be able to update and modify the collected scheduling data such as check in and out information.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
24	EVV.1 6	Solution must allow authorized users to enter approved service locations to be associated to each participant for verification purposes.	Describe how the solution allows authorized users to enter approved service locations to be associated to each participant for verification purposes.	N/A	S	N/A

Bidder's Response::

When creating schedules users will be able to choose to select addresses which are specific to the location entered on the Individual Date form for the participant or they may enter other locations or addresses as deemed necessary. During check in or check out, the geolocated address will be stamped to the schedule. Authorized user can then analyze whether the locations match.



Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
25	EVV.1 7	Solution must compare all EVV transactions requiring a service authorization against the corresponding service authorizations to ensure the EVV transaction complies with the constraints of the authorization.	Describe how the solution compares all EVV transactions requiring a service authorization against the corresponding service authorizations to ensure the EVV transaction complies with the constraints of the authorization.	N/A	S	N/A

Bidder's Response::

Therap carries out background checks to ensure the EVV transaction complies with the constraints of the authorization. The checks have been placed in such a manner that when a schedule slot is being created everything from the staff, individual, service, and service duration is cross checked with an approved service authorization before specific selections can take place for the aforementioned fields.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
26	EVV.1 8	Solution must ensure that each approved service location includes, at a minimum, the street address, city, state, zip code, begin date, and end date.	Describe how the solution ensures that each approved service location includes, at a minimum, the street address, city, state, zip code, begin date, and end date.	N/A	S	N/A

Bidder's Response::

The Schedule Slot form contains address fields where Street 1, Street 2. City, State, Zip and Country can be selected. There are fields to note the begin and end date and time too.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist	Bidding Ability	Gap Description and Recommendation for
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				ID	Code	Closure
27	EVV.1 9	Solution must verify location of services delivered. Solution must allow locations where there are multiple participants in the same geo-fence, such as apartment buildings, or identify the location of service in rural areas where the mailbox address (and GPS location) and the residence itself may be some distance apart.	Describe how solution verifies location, regardless of location type. If the solution utilizes GPS, describe how the solution includes the ability to determine caregiver is at the approved participant's location at the time the service is occurring. Describe the size of the 'geo-fence' and how the Solution deals with locations where there are multiple participants within the same geo-fence, such as apartment buildings, or identify the location of service in rural areas where the mailbox address (and GPS location) and the residence itself may be some distance apart. If proposing a solution with GPS, describe how the solution addresses spoofing applications.	N/A	S	N/A

Bidder's Response::

The versatility of the solution allows for this requirement. Each participant receiving services can have an individual schedule slot form for which staff would have to check in and out. When checking in and out, the location will be stamped on the schedule slot form. The address and location will then be specific to each individual even if they are at close proximity to each other or within the same geo-fence.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
28	EVV.2 0	Solution must capture, track and verify data with respect to personal care	Describe how solution will capture all the data elements necessary to	PE.PI1.22	S	N/A

	services or home health services, including: 1. Type of service performed; 2. Individual receiving the service; 3. Date(s) of service; 4. Location of service delivery; 5. Individual providing the service; and 6. Time the service begins and ends.	verify a visit, including all elements listed.			
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Bidder's Response::

The Schedule Slot form collects thorough information about a visit. The form has the following fields along with comment options, address fields, program information sections:

1. Name of the individual
2. Name of staff providing services
3. Start date and time
4. End date and time
5. Service to be provided

Once the assigned staff checks in and out, the exact date and time of service delivery is auto populated with the geolocated location. The staff will also be able to add additional comments to the slot.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
29	EVV.2 1	Solution must allow for services to be provided in locations (e.g., place of employment, family member's home) other than the participant's primary residence, by program and service.	Describe how solution allows for services to be provided in locations (e.g., place of employment, family member's home) other than the participant's primary residence, by program and service.	N/A	S	N/A

Bidder's Response::

Locations such as place of employment, family member's home, or any other location other than the participant's primary residence, by program and service can be defined on the Schedule Slot form when creating a schedule. Moreover, the actual location will be geolocated and added to the form when users check in and out of the service.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
30	EVV.2 2	Solution must allow for visits which begin and end at different locations.	Describe how solution shall allow for visits which begin and end at different locations.	N/A	S	N/A

Bidder's Response::

Separate begin and end addresses/locations can be defined for a visit on the Schedule Slot form on the Start Address and End Address fields. Staff assigned to the slot will be able to see the different locations when providing the service.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
31	EVV.2 3	Solution must have the ability to capture additional data elements as needed by DHHS to support ongoing program service changes.	Describe how solution has the ability to capture additional data elements as needed by DHHS to support ongoing program service changes.	N/A	S	N/A



Bidder's Response::

Therap has worked with the State of Nebraska for over eight years. Based on our experience with the state Therap will be able to support ongoing service changes and capture associated information.

Req. #	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
32	EVV.2 4	Solution must be able to flag a visit for review when any data elements recorded at the visit do not match the corresponding elements in the authorization.	Describe how solution flags a visit for review when any data elements recorded at the visit do not match the corresponding elements in the authorization.	N/A	S	N/A

Bidder's Response::

Therap can flag events based on alerts or reports when elements do not match according to state rules.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
33	EVV.2 5	Solution must be able to flag a visit for review when any required verification elements are missing or if the recorded service location is not on a participant's list of approved locations.	Describe how the solution flags a visit for review when any required verification elements are missing or if the recorded service location is not on a participant's list of	N/A	S	N/A



approved locations.

Bidder's Response::

Therap can flag events based on alerts or reports when elements do not match according to state rules.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
34	EVV.2 6	Solution must include the ability to collect and store a list of approved service locations to be associated to each member for verification purposes. Solution must ensure previous approved locations are retained when updated locations are added.	Describe how solution includes the ability to collect and store a list of approved service locations to be associated to each member for verification purposes. Describe how previous approved locations are retained when updated locations are added.	N/A	S	N/A

Bidder's Response::

Locations and addresses entered such as the residential, mailing or site address will auto-populate from the system and will appear as a list for schedulers to select from. Other addresses can be entered manually.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
35	EVV.2 7	Solution should identify participant services received for those enrolled in selected programs.	Describe how solution identifies participant services received for those enrolled in selected programs.	CM.PI1.1	S	N/A

Bidder's Response::

When creating a Schedule Slot form, the service field will only list those which are associated with the program selected on the form. Moreover, the programs that will appear for selection will depend on the participant selected. Only those programs in which the participant is enrolled in will populate on the form.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
36	EVV.28	Solution should provide authorized users the ability to bypass/override the location verification edit during verification review, and must have a way to log this activity in the system.	Describe how solution provides authorized users the ability to bypass/override the location verification edit during verification review, and how that is logged in the solution.	N/A	S	N/A
Bidder's Response:: Addresses can be entered during schedule creation. When checking in and out for the service, the actual address and location will be collected and displayed.						

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
37	EVV.29	Solution must provide the ability for unscheduled visits to be flagged for review/validation when appropriate.	Describe how solution provides unscheduled visits to be flagged for review/validation when appropriate.	N/A	S	N/A
Bidder's Response:: The Scheduling module utilizes color codes for identifying the status of schedules. If schedules are unapproved and hence, unscheduled, the slot will appear as gray on the scheduling calendar. Users can easily identify such slots for review or validation.						

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure

38	EVV.3 0	Solution must provide flexible and configurable HIPAA compliant alerts of pending, late, and missed visits by program and/or service where client/participant impact determines the alert levels and notifications.	Describe how solution provides flexible and configurable HIPAA compliant alerts of pending, late, and missed visits by program and/or service where client/participant impact determines the alert levels and notifications.	N/A	S	N/A
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Bidder's Response::

The Scheduling module is color coded where pending visits appear in blue, missed in orange and late with red borders. Supervisors viewing the scheduling calendar will be able to identify pending, late or missed visits with the help of the color variances. Moreover, information entered into the system is updated across the system in near real time and alerts are delivered via live updating schedule and email/text notification.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
39	EVV.3 1	Solution must provide the ability for authorized users to configure tolerance levels (e.g., 10 minutes past the scheduled start time) that define when a visit is recorded as 'missed' or 'late' depending on the program and/or service.	Describe how solution provides the ability for authorized users to configure tolerance levels (e.g., 10 minutes past the scheduled start time) that define when a visit is recorded as 'missed' or 'late' depending on the program and/or service.	N/A	F	N/A

Bidder's Response::

The functionality to configure tolerance levels will be available before "Go Live" for any contract resulting from this RFP. Currently, the system flags visits for which check in and check out were carried out 15 minutes past the start and end times. This slots will appear with a red border on the scheduling calendar and easily noticeable to users viewing the calendar. Moreover, check in and out comments become required on the schedule slot form when there is late check in or out.



Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
40	EVV.3 2	<p>If solution utilizes a mobile application, it should enable use of GPS-enabled mobile smartphones and tablets using the Android or Apple iOS mobile operating systems, running versions that are compatible at a minimum with the current and two previous versions of the mobile operating system, with stable, real-time app-based access to the EVV system to properly verify and document visits and access other visit or scheduling related system features.</p> <p>a) Providers and individual caregivers must have the choice of using smartphones or tablets and either mobile operating system, with mobile app provided to providers at no charge.</p> <p>b) Cost of devices and cellular data service is the responsibility of the provider organization or individual provider.</p>	<p>Describe how solution enables use of GPS-enabled mobile smartphones and tablets using the Android or Apple iOS mobile operating systems, running versions that are compatible at a minimum with the current and two previous versions of the mobile operating system, with stable, real-time app-based access to the EVV system to properly verify and document visits and access other visit or scheduling related system features. Describe how providers and individual caregivers have the choice of using smartphones or tablets and either mobile operating system, with mobile app provided to providers at no charge.</p>	N/A	S	N/A

Bidder's Response::

Therap is a COTS SaaS solution which has mobile applications for both Android and iOS devices. The Scheduling/EVV module is available in the mobile application using which users are able to check in and out for assigned visits. GPS location needs to be turned on for this module as the location of the user is geolocated and collected.

The minimum requirements for using mobile applications are:

- For all Apple devices, minimum operating system requirement is iOS 10.0+.
- Android devices running Android 5.0 or higher can run Therap Applications.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
41	EVV.3 3	Solution should support use of mobile, GPS-enabled, app-based technology for visit verification and documentation, and otherwise minimize the need for the use of landlines or separate, in-home devices for the EVV function except as necessary given remote and or unusual terrain.	Describe how solution supports use of mobile, GPS-enabled, app-based technology for visit verification and documentation, and otherwise minimizes the need for the use of landlines or separate, in-home devices for the EVV function except as necessary given remote and or unusual terrain.	N/A	S	N/A

Bidder's Response::

The Scheduling/EVV mobile applications simplifies the process of visit verification. Once a scheduler approves a schedule, it will appear on the agenda list of the assigned staff. The staff can view the agenda list of the mobile application. Check in and check out can be carried out with a single click which would save the date, time and location automatically. The user may also adjust the located address when performing these actions. If mobile applications are being used, other in-home devices or landlines are not required unless there is a disruption of service or if the location is remote.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
42	EVV.3 4	Solution should be minimally burdensome for providers to learn and use, while meeting state objectives for EVV use.	Describe how the solution is minimally burdensome for providers to learn and use, while meeting state objectives for EVV use.	CPM	S	N/A

Bidder's Response::

Therap is a web-based application that can be accessed using mobile devices such as laptops, netbooks, Chromebooks, and smartphones that have a standard web browser and an active internet connection. Mobile applications are also available for both Android and iOS devices. Therap is designed to be accessed using most popular operating systems capable of running a web browser

and comfortably run on operating systems such as Microsoft Windows, Linux, Android and Mac OS.

Understanding the diversity of its user base, Therap system's user interfaces, documentation, and training materials are designed to be consistent across the system and as user-friendly as possible, keeping in mind the expectations of different users. Processes for improving the usability and the overall quality of the system have been integrated into Therap's core management and operational activities.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
43	EVV.3 5	Solution must provide for a consistent rules-based billing and scheduling software platform across all service providers. Only claims where the service has been verified and the services are within Medicaid limit rules must be sent to the Payer's payment system.	Describe how solution will provide for a consistent rules-based billing and scheduling software platform across all service providers. Only claims where the service has been verified and the services are within Medicaid limit rules are to be sent to the Payer.	N/A	S	N/A

Bidder's Response::

Therap provides a consistent rules-based solution which consists of a Billing module and Scheduling/EVV module among other modules. Users will be able to send claim information on scheduling/EVV data on exact billing units which are extracted from the collected data.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
44	EVV.3 6	Solution should be capable of supporting the following business rules/procedures: a) Allow for only certain providers to enter service tasks based on	Describe how solution is capable of supporting the business rules / procedures noted, based on provider types, services and program needs and rules.	N/A	S	N/A

		<p>program needs and rules.</p> <p>b) Certain programs may require service tasks to be entered in the EVV system for only certain provider types, whereas others may require providers to document service tasks through the current paper process or other alternative processes.</p>				
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Bidder's Response::

Therap's rule based control mechanism supports business rules and procedures. Only users with appropriate roles and privileges will be able to use the scheduling module to create schedules. Schedule admins are able to configure the Scheduling module for the agency and assign specific services or tasks to specific users. This ensures that only certain users can be assigned to schedule forms for those services. The provider agency will be able to allocate which services need the use of the EVV system and which requires alternative processes.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
45	EVV.3 7	Solution must provide for unique user identifications for individuals who work for more than one entity. Contractor must have the ability to manage how those identifications are requested, assigned, and maintained.	Describe how solution provides for unique user identifications. Describe in detail how solution utilizes unique user identifications, and master user identifications if one individual is assigned multiple unique user identifications; and how those identifications are requested, assigned, and maintained.	N/A	S	N/A

Bidder's Response::

Users are provided with a unique login specific to their account. User identification number can be entered as the employee ID number on the user's profile. This number is unique to each user. When performing actions in the system, each action is saved with the name of the user and the date and time of action.

Req. #	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
46	EVV.38	Providers may have more than one user identifier, based on NPI, Medicaid ID, etc. Solution should manage each individual identifier and master provider ID within solution.	Describe how each individual provider identifier and master provider ID are assigned and managed within the solution.	N/A	S	N/A

Bidder's Response::

The Individual Data form stores different identification numbers of individuals. Fields are allocated for storing more than one identifier with the ability to select the identifier type.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
47	EVV.39	Solution should utilize a flexible business rules engine to allow for customization and modification when program or service changes occur.	Describe how solution utilizes a flexible business rules engine to allow for customization and modification when program or service changes	N/A	S	N/A



			occur. Describe which modifications can be made by DHHS staff and which will be made by the Contractor.			
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Bidder's Response::

Therap has a robust role based control mechanism which can be used to define the business rules in the system. Administrators are able to update and modify the roles and caseloads assigned to users when program or service changes occur. Therap will not be making privilege changes within the application. Once administrators are created in the system, they will be able to assign DHHS staff with the privileges to make changes to the roles and caseloads.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
48	EVV.40	Solution should have the capability for manual overrides to be entered by authorized system users.	Describe how solution has the capability for manual overrides to be entered by authorized system users.	N/A	S	N/A

Bidder's Response::

Roles and privileges define the access level within the system. Users assigned with the update or edit roles will be able to carry out updates to forms created by other users. Each action carried out is logged with the name of the user, and the date and time of the action among other information. These logs can be checked using Activity Tracking and also by checking the 'Update History' of the forms.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
49	EVV.41	Solution should provide real time jurisdictional views for DHHS and other state agencies: ie., allow viewing, dashboards and reporting for specific programs, agencies, geographical locations, etc.	Describe how solution will provide real time jurisdictional views for DHHS and other state agencies.	N/A	S	N/A

Bidder's Response::

Information entered into the system is updated across the system in near real time and alerts are delivered via live updating schedule. Therefore, actions such as checking in or out of services can be viewed by DHHS staff and users with an account into the system.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
50	EVV.4 2	Solution should notify a provider if required EVV data is incomplete or invalid. Solution must have consistent methods for handling incomplete or invalid data.	Describe how solution notifies a provider if required EVV data is incomplete or invalid and describe how the solution handles that data.	N/A	S	N/A

Bidder's Response::

The Scheduling module is color coded where pending visits appear in blue, missed in orange and late with red borders. Supervisors viewing the scheduling calendar will be able to identify pending, late or missed visits with the help of the color variances. Moreover, information entered into the system is updated across the system in near real time and alerts are delivered via live updating schedule and email/text notification.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
51	EVV.4 3	Solution should have the capability to turn the scheduling functionality on or off at DHHS option without impacting other EVV system functionality. Ability to turn scheduling on or off must be at agreed level of granularity, i.e., program, service, recipient, provider, etc., for which the scheduling applies.	Describe how, at DHHS option, solution's scheduling functionality can be turned on or turned off without negatively impacting other EVV system functionality, and at what level of granularity (program, service, recipient, provider, etc.) the scheduling option applies.	N/A	S	N/A

Bidder's Response::

Users with appropriate roles and privileges will be able to turn the scheduling functionality on or off for specific staff, service or even agency by updating the Scheduling module configuration. This will only affect the levels associated with the changes and will not affect other EVV systems or scheduling functionality of other users.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
52	EVV.4 4	<p>Solution should have the ability to prevent any individual from electronic sign-in for work shift, or otherwise attempting to electronically verify and document a service, under the following conditions:</p> <ul style="list-style-type: none"> a) The individual does not have a current, in-force employment relationship, or an executed, up-to-date contract, with the properly licensed and certified Medicaid provider organization providing and billing for the service; b) The individual is not authorized by the Medicaid certified and billing provider to enter information in the EVV system on behalf of that provider; c) DHHS has excluded the individual from using the EVV system due to non-compliance with EVV-related requirements, misuse or abuse of the EVV system, or a pattern of incomplete or inaccurate attempts to verify or document a service; d) The individual provider, the billing 	<p>Describe how solution prevents any individual from electronic sign-in for work shift, or otherwise attempting to electronically verify and document a service, under the following conditions:</p> <ul style="list-style-type: none"> a) The individual does not have a current, in-force employment relationship, or an executed, up-to-date contract, with the properly licensed and certified Medicaid provider organization providing and billing for the service; b) The individual is not authorized by the Medicaid certified and billing provider to enter information in the EVV system on behalf of that provider; c) DHHS has excluded the individual from using the EVV system due to non-compliance with EVV-related requirements, misuse or abuse of the EVV system, or a pattern of incomplete or inaccurate attempts to verify or document a service; 	N/A	S	N/A

		<p>provider business organization, or the type of service is not approved for that beneficiary, based on prevailing prior authorizations and service plans approved for the beneficiary; or</p> <p>e) The individual provider is not physically present at the beneficiary's location.</p>	<p>d) The individual provider, the billing provider business organization, or the type of service is not approved for that beneficiary, based on prevailing prior authorizations and service plans approved for the beneficiary; or</p> <p>e) The individual provider is not physically present at the beneficiary's location.</p>			
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Bidder's Response::

The Scheduling module is a versatile and configurable solution. DHHS staff will be able to define which staff can be assigned for services and schedules. They can determine which staff have the necessary licenses for EVV services and then configure the system to ensure the appropriate people are being provided with the right privileges. DHHS staff will also be able to update this configuration with relative ease if the status of a scheduling staff changes.

In regards to the services being added on the Scheduling forms, background checks are carried out and only approved services which have an existing Service Authorization detailing the billing provider, authorized units, service description and code are pulled for the individual selected for the service schedule.

During electronic sign-in, the location of the staff is geolocated and saved with the date and time of check in. This enables users to verify whether the staff was in the address specified on the schedule slot form or not

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
53	EVV.4 5	Solution should support fraud and abuse investigations.	Describe how the solution supports fraud and abuse investigations.	PE.PI2.13	S	N/A



Bidder's Response::

Therap provides a number of analysis tools to support fraud and abuse detection. Only users with an authorized user account can log in to the system. A unique login name, password, and provider code are required. Therap supports real-time data collection at the point of service. The service delivery location can be determined using GPS in ISP Data and Scheduling/Electronic Visit Verification (EVV) modules.

All actions in the system are date and time stamped along with the user's name and title. Update histories of forms are retained in the system. Versions of forms can be compared, enabling users to identify differences.

Administrators can search in the Activity Tracking module to view a list of actions taken by users (e.g. module, program, individual, date, time, IP address, server). The IP address can be checked to ensure that the action has been performed using an authorized device. Notification Profiles can be configured to receive notifications about various actions performed by users.

With the Business Intelligence module, users can develop reports to identify abnormal trends.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
54	EVV.4 6	Solution should support retrieval and presentation of data associated with geographic indicators such as by state, by county, by zip code, by peer group, or other geographical indicators specified by DHHS.	Describe how solution supports retrieval and presentation of data associated with geographic indicators such as by state, by county, by zip code, by peer group, or other geographical indicators specified by DHHS.	N/A	S	N/A

Bidder's Response::

Therap has extensive reporting options. Users are able to carry out searches based on parameters which include individual name, staff, program (site) and date ranges among others. For additional reporting requirements such as retrieval and presentation of data associated with geographic indicators such as by state, by county, by zip code, by peer group, or other geographical indicators, users can generate comprehensive reports and filter according to the their needs.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
55	EVV.4 7	Solution should accommodate service authorizations across multiple programs, service types, and funding sources.	Describe how solution accommodates service authorizations across multiple programs, service types, and funding sources.	N/A	S	N/A

Bidder's Response::

Therap's Service Authorization module allows agencies to create Service Authorizations. Using the Service Description and Service forms, a 'billable service' is defined within Therap encapsulating specifics such as total authorized billable units, method of data collection, unit rate, type of the claim (professional or institutional), authorization period etc. The Service Authorization then ties a service with the individual with required units and such. Service Authorizations can be created for multiple programs, service types, and funding sources.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
56	EVV.4 8	Solution should provide systems-based edits and audits to ensure correct and complete formatting of data submitted to solution by provider organizations, individual providers, approved alternative EVV systems, or other DHHS-approved parties; and complete verification and documentation of each visit.	Describe how solution provides systems-based edits and audits to ensure correct and complete formatting of data submitted to the solution by provider organizations, individual providers, approved alternative EVV systems, or other DHHS-approved parties; and complete verification and documentation of each visit.	N/A	S	N/A

Bidder's Response::

The system does not make edits to the forms. However, the forms are created in a way that enables easy entry of information. Users are provided with check boxes, drop-downs, radial and Yes/No options across the module forms. For scheduling, users are able to check in and out of services/schedules with a single click which stamps the user's name, the date, and the time of the service automatically. The documentation and its completion is carried out with a single click.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
57	EVV.49	Solution should improve oversight of provider performance, beneficiary access, care coordination and transitions, and program expenditures and utilization.	Describe how the solution will improve oversight of provider performance, beneficiary access, care coordination and transitions, and program expenditures and utilization.	N/A	S	N/A

Bidder's Response::

The system is designed to ensure that data is entered only once, as close to the point of service delivery as possible and is maintained in a single case-based record for each student, and can easily be reviewed and revised as necessary. With appropriate roles and privileges users will be able to access information regarding the individuals on their caseload including data on billing, care, health records and more. The To Do tab will also list forms which need review or acknowledgement from the users. Furthermore, there are a number of reporting tools and Business Intelligence module which allows users to analyze trends and review provider performance.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
58	EVV.50	Solution should ensure compliance with approved service plans and prior authorizations and monitor the receipt, timeliness and completeness of authorized Medicaid home-based services.	Describe how solution ensures compliance with approved service plans and prior authorizations and monitors the receipt, timeliness and completeness of authorized Medicaid home-based services.	N/A	S	N/A

Bidder's Response::

The Scheduling module ensures the compliance with approved service plans and prior authorizations. An approved Service Authorization will need to exist in the system when assigning a billable schedule to a staff for a particular individual. Otherwise, the data will not be converted to billing data. Once the schedule is created, it will only appear on the scheduling calendar of the staff assigned, while the Schedule administrators will be able to view the schedule on their Calendars. The calendars are color coded and users will easily be able to identify schedules which have been completed, are in draft status or if they are pending. Schedules for which there was a delay in checking in or out will appear with a red border.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
59	EVV.5 1	Solution should enable each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support all types of provider organizations, individual caregivers, and employment with individual caregivers.	Describe in detail how solution enables each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit.	N/A	S	N/A

Bidder's Response::

Therap is a COTS SaaS solution which can be accessed using standard browsers on devices which have an active internet connection. It is also available on mobile applications and it includes the Scheduling/EVV module offered by Therap. Providers who have access to the system in the form of an account and have the necessary privileges will be able to have real time access to the information in the system and the EVV data they submit.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
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60	EVV.5 2	Solution should enable each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support add or delete user access for individual (employed) caregivers, add or update information on users (such as individual identification numbers, photos, name changes, professional credentials), and restrict or suspend user access.	Describe in detail how solution enables each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) use with the capabilities for add or delete user access for individual (employed) caregivers, add or update information on users (such as individual identification numbers, photos, name changes, professional credentials), and restrict or suspend user access.	N/A	S	N/A
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Bidder's Response::

Therap is a COTS SaaS solution which can be accessed using standard browsers on devices which have an active internet connection. It is also available on mobile applications and it includes the Scheduling/EVV module offered by Therap. Providers who have access to the system in the form of an account and have the necessary privileges will be able to have real time access to the information in the system and the EVV data they submit. Access is controlled with the help of roles and privileges. With appropriate access users will have the capability to add or delete user access for individual (employed) caregivers, add or update information on users (such as individual identification numbers, photos, name changes, professional credentials), and restrict or suspend user access entirely.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
61	EVV.5 3	Solution should enable each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with	Describe in detail how solution enables each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or	N/A	S	N/A

		electronic data interchange capabilities to support: scheduling of individual service providers, timesheet creation, and real-time availability of individual caregiver schedules with notification of changes.	their employees) submit, with electronic data interchange capabilities to support scheduling of individual service providers, timesheet creation, and real-time availability of individual caregiver schedules with notification of changes.			
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Bidder's Response::

Providers who have access to the system in the form of an account and have the necessary privileges will be able to have real time access to the information in the system, including the EVV data. Schedule administrators will be able to create and assign staff to schedules. Calendars are available for both administrators and staff to check on their assigned schedules. Additional timesheets can be extracted using schedule searches. Since schedule are created from the scheduling calendar, it lists all the existing schedules for a particular time with the name of the individual and staff assigned which helps to identify potential overlapping of schedules. This is also provided as a notification on the schedule slot form if there are chances of overlapping for a slot. Alerts are delivered via live updating schedule and email/text notification.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
62	EVV.54	Solution should enable each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support different types of visits and workflows, including unscheduled visits.	Describe in detail how solution enables each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support different types of visits and workflows, including unscheduled visits.	N/A	S	N/A



Bidder's Response::

Providers who have access to the system in the form of an account and have the necessary privileges will be able to have real time access to the information in the system, including the EVV data. Schedule administrators will be able to create and assign staff to schedules. The Scheduling module allows different types of visits and workflows to be documented. The configurability depends on the provider and the services and workflows they want to follow. Therap offers the use of the Self Check-In functionality of the Scheduling module for the unscheduled visit. For this schedules, the person providing an impromptu service will be able to create a schedule slot and check in immediately for the service.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
63	EVV.5 5	Solution should enable each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support complete visit documentation, including tasks completed, notes, and assessments.	Describe in detail how solution enables each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support complete visit documentation, including tasks completed, notes, and assessments.	N/A	S	N/A

Bidder's Response::

Providers who have access to the system in the form of an account and have the necessary privileges will be able to have real time access to the information in the system, including the EVV data. The Scheduling/EVV module allows for a complete visit documentation starting from the creation of schedules to the final point of an assigned user signing off on the schedule with necessary information entered. Comment, attachment, signature addition and photo verification options are available on the schedule slot. In Therap, the data entered for an individual is tied to one central record. Hence, if a user has access to the individual, they will be able to access other associated information. As a result, tasks, notes and assessments can easily be located from the system.



Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
64	EVV.5 6	Solution should enable each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support alerts when scheduled visits are not performed, completed, or verified.	Describe in detail how solution enables each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support alerts when scheduled visits are not performed, completed, or verified.	N/A	S	N/A

Bidder's Response::

Providers who have access to the system in the form of an account and have the necessary privileges will be able to have real time access to the information in the system, including the EVV data. Alerts are delivered via live updating schedule and email/text notification.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
65	EVV.5 7	Solution should enable each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support provider compliance with use of Nebraska's solution.	Describe in detail how solution enables each provider of Medicaid home-based services with real-time access to and use of the solution and the EVV data they (or their employees) submit, with electronic data interchange capabilities to support provider compliance with use of Nebraska's solution.	N/A	S	N/A



Bidder's Response::

Therap has worked with the State of Nebraska for over eight years. Our system is actively used by providers in Nebraska to meet state and federal regulations and various other agency compliance policies. Based on our experience with the state Therap will be able to support provider compliance.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
66	EVV.5 8	Solution should be capable of capturing, storing, and utilizing multiple Nebraska-specific generated provider identification numbers utilized for atypical and typical providers.	Describe how solution is capable of capturing, storing, and utilizing multiple Nebraska-specific generated provider identification numbers utilized for atypical and typical providers.	N/A	S	N/A

Bidder's Response::

Therap's Billing Provider module records and utilizes State License numbers, National Provider Identification (NPI) / Unique Physician Identification Number (UPIN), Employer's Identification Number (EIN), Provider Commercial Numbers, Social Security Numbers (SSN), Medicaid Provider numbers, Submitter IDs, and Taxonomy Codes for provider identification.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
67	EVV.5 9	The solution should use a medical code set for coding diseases, signs and symptoms, abnormal findings, and external causes of injuries/diseases, as stipulated in 45 CFR Part 162.1002.	Describe how solution uses the currently HHS-mandated code sets and edits data during entry.	S&C.IC.2	S	N/A

Bidder's Response::

Therap uses code sets such as ICD 10, ICD 9, HCPCS, and NDC codes where appropriate for diagnoses, diseases, signs and symptoms, abnormal findings, and external causes of injuries/diseases across the system. For example, the Diagnosis List associated

with an individual record consists of the present and historical diagnoses using both ICD 10 and ICD 9 codes.

G.3 Aggregator Requirements

In order to ensure comprehensive EVV data management and reporting, all data captured by the state solution should be combined with data consolidated from any provider agency solutions. In this open vendor model, the state Solution will provide aggregator functions to ensure the appropriate consolidation, processing and tracking of all Services covered within the DHHS programs. To meet the requirement for system use, providers must either (1) use the state-contracted solution resulting from this RFP or (2) at the provider's own expense and sole responsibility, use an alternative system that meets the requirements defined by DHHS. Any such certified alternative system must transmit all data to the state-contracted solution on a secure, seamless, real-time basis consistent with DHHS-approved specifications. DHHS is also open to alternative solutions and Contractor suggestions that have proven successful in other implementations.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
68	AG.1	DHHS is implementing an open vendor EVV solution that must aggregate data from its own system, as well as data from individual providers' systems, to be submitted in a format approved by DHHS. The Contractor must use this aggregated data to conduct all appropriate EVV editing and reporting operations. DHHS is open to alternative solutions that have proven successful in other implementations.	Describe how solution's aggregator function works, and how it uses this aggregated data to conduct all appropriate EVV editing and reporting operations. Provide a description of how the state Solution will receive the aggregated data, and how the solution will handle and manage that data. Describe any alternative solutions that have proven successful in other implementations.	N/A	F	N/A



Bidder's Response::

Therap's EVV aggregator module is in development and is expected to be released in the fourth quarter of 2020 (Q4 2020). Therap has recently worked with a number of EVV aggregator systems and is aware of the data exchange requirements which would be required to ensure a system is capable of meeting the EVV data editing and reporting needs. Our system and the Scheduling/EVV module have the added functionality of being able to interface with a vast number of systems as proven by the extensive number of interfaces we already have. The modular approach to system design gives us the benefit to add new functionalities with relative ease. Moreover, we understand and anticipate more and more states will be required to have an EVV aggregator and we have the expertise and experience to build one with this functionality.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
69	AG.2	Solution should support the providers using this aggregator function, including at a minimum: interface support, training, customer support, communication of changes or enhancements.	Describe how solution supports the providers within this aggregator function, including at a minimum: interface support, training, customer support, communication of changes or enhancements.	N/A	F	N/A

Bidder's Response::

Therap's EVV aggregator module is in development and is expected to be released in the fourth quarter of 2020 (Q4 2020). Supporting and training customers through the implementation of the system to the continuous use of it is given the utmost importance in a contract. Training and Implementation Specialists are assigned from the beginning to help users walk through the usage of the system. Therap's training, customer support and implementation staff have years of experience in using the system and also providing assistance to the user base. Therap will provide training, customer support, and communicate changes or enhancements to the users for the existing functionalities upon award of contract. Once the aggregator is released, Therap will provide interface support, training, customer support, and communication of changes or enhancements for that as well.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist	Bidding Ability	Gap Description and Recommendation for
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				ID	Code	Closure
70	AG.3	Solution should be able to notify the provider if provider EVV solution visit data is incomplete or invalid when received.	Describe how solution notifies a provider if required EVV solution visit data is incomplete or invalid and how the aggregator function handles that data.	N/A	F	N/A

Bidder's Response::

Therap's EVV aggregator module is in development and is expected to be released in the fourth quarter of 2020 (Q4 2020). Therap has recently worked with a number of EVV aggregator systems and is aware of the notification requirements needed in regards to EVV data being invalid or incomplete. Our system and the Scheduling/EVV module have the added functionality of being able to interface with a vast number of systems as proven by the extensive number of interfaces we already have. The modular approach to system design gives us the benefit to add new functionalities with relative ease. Moreover, we understand and anticipate more and more states will be required to have an EVV aggregator and we have the expertise and experience to build one with this functionality.

Req.#		Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
71	AG.4	Solution should ensure that the data aggregator function can calculate total daily and weekly hours worked by caregivers. The data aggregator should be capable of aggregating hours across programs, providers, and members receiving services.	Describe how the data aggregator function calculates total daily and weekly hours worked by caregivers. Describe how the data aggregator will be capable of aggregating hours across programs, providers, and members receiving services.	N/A	F	N/A

Bidder's Response::

Therap's EVV aggregator module is in development and is expected to be released in the fourth quarter of 2020 (Q4 2020). Therap has recently worked with a number of EVV aggregator systems and has the expertise and experience to build one with functionality of calculating the daily and weekly hours worked. Currently, the existing system provides such calculations for modules such as Billing and Scheduling/EVV. These information are also exchanged across interfaces.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
72	AG.5	Solution must calculate visit time logged for each visit, and follow any rounding rules used as agreed with DHHS. Solution must be configurable depending on program and service requirements.	Describe how solution calculates visit time logged for each visit, including any rounding rules used. Describe how solution can be configured depending on program and service requirements.	N/A	F	N/A

Bidder's Response::

Therap's EVV aggregator module is in development and is expected to be released in the fourth quarter of 2020 (Q4 2020). Therap has recently worked with a number of EVV aggregator systems and has the expertise and experience to build one with the functionality to calculate visit time logged for each visit and incorporate any rounding rules

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
73	AG.6	Solution should interface in near real time with other qualified EVV systems utilized by other entities, such as providers.	Describe how solution will interface in near real time with other qualified EVV systems utilized by other entities, such as providers.	N/A	F	N/A

Bidder's Response::

Therap's EVV aggregator module is in development and is expected to be released in the fourth quarter of 2020 (Q4 2020). Therap has recently worked with EVV aggregator systems and has the expertise and experience to build one with the functionality to interface with other EVV systems to obtain data in near real time.

G.4 Privacy & Security Requirements:

The privacy of participant and provider data is critical to providing a safe, secure, confidential relationship between DHHS and its participants, partners and providers. The Solution must provide appropriate controls and capabilities within the system to ensure that the application meets security requirements and all data is secure, accurate and contained as required below.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
74	PS.1	<p>Solution must provide capabilities and safeguards to ensure the security and integrity of all data, functions and access across all users. Solution must provide systems capabilities and safeguards to ensure the security and integrity of the EVV program, use of the solution, EVV system website and mobile apps, and the EVV data received from providers, including:</p> <ul style="list-style-type: none"> a) The prevention of EVV system use, service verification, or EVV data access by provider organizations, individual providers, or others without proper authorization and credentials; b) Electronic documentation and audit trails for all logins, system uses, errors, alerts, and changes to data, including corrections by billing providers. 	<p>Describe how solution provides systems capabilities and safeguards to ensure the security and integrity of the EVV program, use of the solution, EVV system website and mobile apps, and the EVV data received from providers, including:</p> <ul style="list-style-type: none"> a) The prevention of EVV system use, service verification, or EVV data access by provider organizations, individual providers, or others without proper authorization and credentials; b) Electronic documentation and audit trails for all logins, system uses, errors, alerts, and changes to data, including corrections by billing providers. 	N/A	S	N/A



Bidder's Response::

Therap is a HIPAA complaint COTS SaaS system. Data in the system are encrypted in transit and at rest. Users need to be provided with authorized user accounts by administrators in the agency, to be able to access the system. Users will need to have a unique login name, a password that meets the agency's password policies, and an agency-specific provider code. Administrators can also enforce the requirement for completing steps for two-factor authentication, where users will need to enter an additional security number to log into the system. Therap implements the "least privilege" functionality for accessing data in the system. Users will need to be assigned with roles and caseloads by administrators, to be able to access data and individuals. Users can only perform the tasks which are permitted by their roles, for example, a user assigned with only Schedule View role will be able to view schedules, but will not be able to save or update or delete schedules. Similarly, users can only access module data of the individuals assigned to them through caseloads.

The system automatically records the electronic signature of the user performing actions on documents, including user name, title, date, and time. Entering, saving, submitting, approving, updating, deleting, discontinuing and other actions are saved with electronic signature of the user. Updates made to approved forms are recorded in the update history of the forms, from where users can see the updates made to a form with date and time, and name and title of the user who made the updates. Users can also view differences between two archived versions of the forms to find out the changes made between the two versions.

Therap's Activity Tracking module can be used to view the activity logs in the system. When administrators run an Activity Tracking search, they are able to enter a number of search parameters, such as program/site, user, date, source/module, action, activity type, and form ID. Users may enter more search parameters for a narrower search, or keep search fields empty for a broader search result. Activities in the audit log search result may display the activity time, user login name, IP address, server name, module, action, activity type, form ID of the data accessed, a unique individual form ID for the individual whose data was affected, program/site, additional information regarding the activity, and time zone. User actions and activities are broken down into view, save, create, acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure, and additional activities. Activity Tracking reports are exportable as Excel files for further data sorting and filtering.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
75	PS.2	<p>Solution must meet and contractor must document compliance with NIST SP 800-53 Rev. 4 and SP 800-53A Rev. 4 (moderate) security and privacy standards through the completion of a System Security Plan (SSP) per Attachment D prior to Go-Live. Contractor must provide a Plan of Action and Milestones (POA&M) for any items not fully compliant.</p> <p>Compliance is subject to a qualified independent security controls assessment prior to solution implementation.</p> <p>Security and privacy control requirements may be met by confirmed attestation of compliance (e.g., FedRAMP, SOC 2).</p> <p>The Contractor will be responsible for engaging a qualified independent security controls assessment contractor. DHHS shall approve the selection of the security assessment contractor.</p>	Describe how solution will meet the guidelines.	N/A	S	N/A

Bidder's Response::

Therap complies with NIST security and privacy standards. Therap will provide a completed Attachment D prior to Go-Live. Therap regularly performs third- party security control assessments. Therap is SOC 2 certified and will be able to provide attestation or certification if requested by DHHS. Therap will engage a qualified independent security controls assessment contractor, after



receiving approval from DHHS.

Req. #	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
76	PS.3	Solution must comply with the <u>DHHS Information Security Policy</u>	Describe how solution complies with the DHHS Information Security Policy.	N/A	S	N/A

Bidder's Response::

Therap has the capability to comply with DHHS Information Security Policy.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
77	PS.4	Solution must provide for role-based access controls in a multi-tiered environment that allows DHHS and support coordinators and providers to create user roles and assign access to user roles for accessing system functions or viewing of appropriate levels of data. For instance, support coordination agencies serve recipients across multiple provider agencies and must be able to access information across provider agencies, but only for those individuals that the support coordination agency serves. Roles must be flexible, allow for	Describe how solution will provide for role-based access controls in a multi-tiered environment that allows DHHS and support coordinators to create user roles and assign access to user roles for viewing of appropriate levels of data. For instance, support coordination agencies serve recipients across multiple provider agencies and must be able to access information across provider agencies, but only for those individuals that the support coordination agency serves. Describe how the roles are flexible, allow for modifications and	N/A	S	N/A

		modifications and must be configured by appropriate levels of management.	can be configured by appropriate levels of management.			
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Bidder's Response::

Therap applies role-based access control mechanisms for accessing data. Therap implements the "least privilege" functionality for accessing data in the system. Users will need to be assigned with roles by the agency administrators, to be able to access data and perform tasks. Therap modules may have separate and distinct caseload-based roles for viewing, acknowledging, creating, submitting, updating, approving, and deleting data. Administrators will be able to combine these distinct caseload-based roles into super roles, and then assign these super roles to groups of users. Each super role will consist of only those caseload-based roles that are required for the group of users to whom the super role is being assigned. The users assigned those super roles will only be able to perform the actions defined in that super role. The system does not place any limitation on the number of custom super role or caseload that can be created. Each user can be assigned with three super roles for the three profiles that can be created for their account. Roles for administrative tasks (e.g., consumer intake and program enrollment, creating new user accounts and assigning them roles and privileges, creating and updating super roles and caseloads, generating agency wide reports and audit reports) are assigned separately via agency wide and administrative roles.

Administrators can assign one or more individuals to a user's caseload. Users can only access module data of the individuals to whom they have access to through caseloads. Assignments and roles and caseloads are flexible in the system. Administrators in the agency with appropriate privileges will be able to create, update, assign, and delete Super Roles and Caseloads as required.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
78	PS.5	Solution must provide secure handling and storage of all data, including all sensitive participant and provider information in accordance with Health Insurance Portability and Accountability Act (HIPAA) requirements, including the Health Information Technology for	Describe how solution provides for secure handling and storage of all data, including all sensitive participant and provider information in accordance with Health Insurance Portability and Accountability Act (HIPAA) requirements, including the Health Information Technology for	N/A	S	N/A



		Economic and Clinical Health (HITECH) Act amendments and NIST SP 800-53.	Economic and Clinical Health (HITECH) Act amendments.			
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Bidder's Response::

Therap complies with Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) requirements. Data are encrypted in transit and at rest. Data communication during transmission is encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
79	PS.6	Solution must monitor for all real or potential security incidents and privacy breaches. Notification must be received within 24 hours of identification, with expected impacts (known at the time) and remediation approach to be coordinated with DHHS.	Describe how solution provides monitoring and notification. Describe how notification will be delivered within 24 hours of identification, with expected impacts (known at the time) and remediation approach to be coordinated with DHHS.	N/A	S	N/A

Bidder's Response::

Therap monitors real and potential security incidents and privacy breaches. Therap will be able to deliver notification within 24 hours of identification, with expected impacts (known at the time) and remediation approach to be coordinated with DHHS.

Agency administrators can also monitor for unauthorized logins by checking the IP addresses of the user accounts accessing the system, using the Activity Tracking module. The activity logs are automatically generated in the system and cannot be modified by users. Administrators can also configure Notification Profiles to receive notifications about various actions performed by users.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure



80	PS.7	Solution must have the capability to detect, prevent and reduce the potential likelihood or impact of fraudulent use of the EVV system.	Describe how solution has the capability to detect and prevent fraudulent use of the EVV system.	N/A	S	N/A
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Bidder's Response::

Therap provides a number of analysis tools to support fraud and abuse detection. Only users with an authorized user account can log in to the system. A unique login name, password, and provider code are required. Therap supports real-time data collection at the point of service. The service delivery location can be determined using GPS in ISP Data and Scheduling/Electronic Visit Verification (EVV) modules.

Actions in the system are date and time stamped along with the user's name and title. Update histories of forms are retained in the system. Versions of forms can be compared, enabling users to identify differences.

Administrators can search in the Activity Tracking module to view a list of actions taken by users (e.g. module, program, individual, date, time, IP address, server). The IP address can be checked to ensure that the action has been performed using an authorized device. Notification Profiles can be configured to receive notifications about various actions performed by users.

With the Business Intelligence module, users can develop reports to identify abnormal trends.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
81	PS.8	Solution must have the ability to monitor, track and report any modifications to the EVV system data. Solution must have the ability to track and report modifications to the EVV system data input elements after the direct service worker has checked in or out for services, including the name of the provider staff making the changes and the	Describe how solution has the ability to track and report modifications to the EVV system data input elements after the direct service worker has checked in or out for services, including the name of the provider staff making the changes and the reason for changes.	N/A	S	N/A

		reason for changes.			
<p>Bidder's Response::</p> <p>Users with appropriate roles can modify data already entered in the system. They can describe the reason for updating the form in the comments and other narrative sections. The system automatically records the electronic signature of the user performing actions on documents, including user name, title, date, and time. Entering, saving, submitting, approving, updating, deleting, discontinuing and other actions are saved with electronic signature of the user. Updates made to approved forms are recorded in the update history of the forms, from where users can see the updates made to a form with date and time, and name and title of the user who made the updates. Users can also view differences between two archived versions of the forms to find out the changes made between the two versions.</p> <p>Therap's Activity Tracking module can be used to view the activity logs in the system. When administrators run an Activity Tracking search, they are able to enter a number of search parameters, such as program/site, user, date, source/module, action, activity type, and form ID. Users may enter more search parameters for a narrower search, or keep search fields empty for a broader search result. Activities in the audit log search result may display the activity time, user login name, IP address, server name, module, action, activity type, form ID of the data accessed, a unique individual form ID for the individual whose data was affected, program/site, additional information regarding the activity, and time zone. User actions and activities are broken down into view, save, create, acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure, and additional activities. Activity Tracking reports are exportable as Excel files for further data sorting and filtering.</p>					

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
82	PS.9	Solution must have the capability to limit providers' authority to modify service entries or input manual service entries based on program rules which may vary between programs. This must include limiting the number or percentage of manual service entries a provider is allowed to enter.	Describe how solution has the capability to limit providers' authority to modify service entries or input manual service entries based on program rules which may vary between programs. This includes limiting the number or percentage of manual service entries a provider is allowed to enter.	N/A	S	N/A

Bidder's Response::

Users will be able to define the maximum number of service entries that can be recorded for a service per day. Administrators can also define the number of days after which users will not be able to update recorded service entries.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
83	PS.10	Solution must allow for multi-factor authentication compatible with NIST SP 800-53 guidance for all or specific categories of users as determined by DHHS.	Describe how solution provides multi-factor authentication method of access control for all users as determined by DHHS.	N/A	S	N/A

Bidder's Response::

Therap abides by NIST guidance for implementing security rules. Each user in the agency will need a unique login name, password, and agency-specific provider code to log into the system. The Two Factor Authentication feature prompts users to enter an additional security code before logging into the system. Administrators in the agency will be able to make completing two-factor authentication a requirement for users to log into the system.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
84	PS.11	Solution must provide for secure storage and complete, full-time online accessibility of all EVV data through defined security roles. This must include, but is not limited to the following: a. DHHS: Division of Medicaid and Long-Term Care Services; Division of Developmental Disabilities; DHHS Financial	Describe how solution provides for Secure storage and complete, full-time online accessibility of all EVV data through defined security roles. This includes, but is not limited to the entities identified in a-e.	N/A	S	N/A

		<p>Services: Financial and Program Analysis; and Information Systems and Technology (IS&T);</p> <p>b. The Medicaid fiscal agent (FA and AWC) and any other state Medicaid Contractor(s) designated by DHHS;</p> <p>c. Attorney General's Office: Medicaid Fraud and Patient Abuse Unit;</p> <p>d. All support coordination agencies, case managers, and care coordinators designated by DHHS; and</p> <p>e. Medicaid enrolled providers of EVV mandatory services solely with respect to the specific service types and visits for which they are billing, the individual beneficiaries they are serving, and consistent with the applicable approved prior authorizations and service plans.</p>				
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Bidder's Response::

Data are encrypted in transit and at rest. Data communication during transmission is encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2.

Each user in the agency will need a unique login name, password, and agency-specific provider code to log into the system. Users will only be able to perform the tasks and access the data which are allowed by the assigned roles. Administrators in the agency can create user accounts for the required staff, including but not limited to the entities identified in a-e above. Administrators can create a separate Super Role and a separate Caseload for each user, or can Super Role and Caseload for each user type, or other combinations as they see fit.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
85	PS.12	Solution must limit access to only the authorized group of stakeholders.	Describe how solution limits access to only the authorized individual stakeholders.	TA.BI.9	S	N/A

Bidder's Response::

Each user will need an authorized account created by the administrator of the agency, to be able to have access to the system. Users will need to have a unique login name, a password that meets the agency's password policies, and an agency-specific provider code. Administrators can also enforce the requirement for completing steps for two-factor authentication, where users will need to enter an additional security number to log into the system.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
86	PS.13	Solution must protect electronic protected health information (ePHI), personally identifiable information (PII), and federal tax information (FTI) from improper alteration or destruction, including authentication mechanisms to corroborate that ePHI, PII, and FTI has not been altered or destroyed in an unauthorized manner.	Describe how solution protects electronic protected health information (ePHI), personally identifiable information (PII), and federal tax information (FTI) from improper alteration or destruction, including authentication mechanisms to corroborate that ePHI, PII, and FTI has not been altered or destroyed in an unauthorized manner.	TA.SP.10	S	N/A

Bidder's Response::

Therap does not alter user's data, only users of the agency with authorized account and appropriate privileges and will be able to update data in the system. The system automatically records the electronic signature of the user performing actions on documents, including user name, title, date, and time. Entering, saving, submitting, approving, updating, deleting, discontinuing and other actions are saved with electronic signature of the user. Updates made to approved forms are recorded in the update history of the forms, from



where users can see the updates made to a form with date and time, and name and title of the user who made the updates. Users can also view differences between two archived versions of the forms to find out the changes made between the two versions.

Therap's Activity Tracking module can be used to view the activity logs in the system. When administrators run an Activity Tracking search, they are able to enter a number of search parameters, such as program/site, user, date, source/module, action, activity type, and form ID. Users may enter more search parameters for a narrower search, or keep search fields empty for a broader search result. Activities in the audit log search result may display the activity time, user login name, IP address, server name, module, action, activity type, form ID of the data accessed, a unique individual form ID for the individual whose data was affected, program/site, additional information regarding the activity, and time zone. User actions and activities are broken down into view, save, create, acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure, and additional activities. Activity Tracking reports are exportable as Excel files for further data sorting and filtering.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
87	PS.14	Solution must verify that a person or entity seeking access to electronic protected health information (ePHI), PII or FTI is the one claimed.	Describe how solution verifies that a person or entity seeking access to electronic protected health information (ePHI), PII or FTI is the one claimed.	TA.SP.11	S	N/A

Bidder's Response::

Each user in the agency will need a unique login name, password, and agency-specific provider code to log into the system. The Two Factor Authentication feature prompts users to enter an additional security code sent to their device, before logging into the system. Administrators will be able to check the IP addresses of the users accessing the system using the Activity Tracking module, to ensure that a person seeking access to the system is the one claimed. Administrators can lock or deactivate a user's account, or reset password, or modify access privileges to prevent accessing the system, if required.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
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88	PS.15	<p>Solution must follow regulations that govern the safeguarding of information about applicants and beneficiaries. The following is the minimal set of information that must be safeguarded</p> <ul style="list-style-type: none"> (1) Names, addresses and phone numbers; (2) Medical services provided; (3) Social and economic conditions or circumstances; (4) Agency evaluation of personal information; (5) Medical data, including diagnosis and past history of disease or disability; (6) Any information received for verifying income eligibility and amount of medical assistance payments. Income information received from the Social Security Administration (SSA) or the Internal Revenue Service must be safeguarded according to the requirements of the agency that furnished the data; and (7) Any information received in connection with the identification of legally liable third party resources. 	<p>Describe how solution follows regulations that govern the safeguarding of information about applicants and beneficiaries as listed in the requirement, including all safeguard procedures and compensating controls according to the HIPAA Security Rule. Describe the System Security Plan to be delivered prior to implementation, and if a draft is available provide the draft plan.</p>	TA.SP.15	S	N/A
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Bidder's Response::

Therap is a HIPAA compliant electronic health record system. Various information about the applicants and beneficiaries can be recorded in the system, including but not limited to, names, addresses and phone numbers, medical services provided, social and economic conditions or circumstances, agency evaluation of personal information, medical data including diagnosis and past history

of disease or disability, eligibility and payments, and identification of third party resources. Users will need to be assigned with roles and caseloads by administrators, to be able to access data and individuals. Users can only perform the tasks which are permitted by their roles and can only access module data of the individuals assigned to them through caseloads.

Therap's Security Primer details the system security plan and procedures carried out by Therap. We have provided the Security Primer as an attachment with this RFP. Please refer to the Security Primer and Appendix A.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
89	PS.16	<p>Solution must comply with provisions for Administrative Simplification under the HIPAA of 1996 to ensure the confidentiality, integrity, and availability of ePHI, PII and FTI in transit and at rest, including: <u>HIPPA Privacy Rule</u></p> <ul style="list-style-type: none"> • Provide safeguards as described in the October 22, 1998 State Medicaid Director letter, Collaborations for Data Sharing between State Medicaid and Health Agencies; • Performs regular audits; and • Supports incident monitoring and reporting. 	<p>Describe how solution complies with provisions for Administrative Simplification under the HIPAA of 1996 to ensure the confidentiality, integrity and availability of ePHI, PII and FTI in transit and at rest, including all safeguards as described in the October 22, 1998 state Medicaid Director letter, Collaborations for Data Sharing between State Medicaid and Health Agencies. Describe regular audits performed. Describe how solution supports incident monitoring and reporting.</p>	TA.SP.18	S	N/A

Bidder's Response::

Therap complies with Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) requirements. Please refer to the attached Security Primer for details about the administrative safeguards. In the Therap system, data is encrypted in transit and at rest.

Therap regularly performs internal and third-party audits of the system. Therap is SOC 2 certified. Administrators in the agency can

also perform agency-wide audits using the Activity Tracking module.

Therap applies various methods for incident monitoring and reporting internally. Users can report incidents to Therap through phone call, email, Live Help, or Feedback. Live Help is a HIPAA complaint feature within the application where users can chat with a live support agent from Therap's Training and Implementation team. Feedback is also a feature within the system, using which users can send feedback, suggestions, questions, or comments to Therap's training and support team about the system. Therap tracks users' queries and feedback, and regularly responds to users.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
90	PS.17	Solution must verify identity of all users, and deny access to invalid users. For example: <ul style="list-style-type: none"> • Requires unique sign-on credentials (ID and password) • Requires authentication of the receiving entity prior to a system initiated session, such as transmitting responses to eligibility inquiries. 	Describe how solution verifies identity of all users, and denies access to invalid users.	TA.SP.22	S	N/A

Bidder's Response::

Each user in the agency will need a unique login name, password, and agency-specific provider code to log into the system. The Two Factor Authentication feature prompts users to enter an additional security code sent to their device, before logging into the system. Administrators will be able to check the IP addresses of the users accessing the system using the Activity Tracking module, to ensure that a person seeking access to the system is the one claimed. Administrators can lock or deactivate a user's account, or reset password, or modify access privileges to prevent accessing the system, if required.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure

91	PS.18	Solution must enforce password policies for length, character requirements, and updates.	Describe how solution enforces password policies for length, character requirements and updates.	TA.SP.24	S	N/A
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Bidder's Response::

Administrators can define password policy to be applicable throughout the agency, including length, special characters, expiration limit, number of incorrect attempts allowed and more. Administrators of the state agency can configure the password policy to set a password expiration time limit, so that users who have not logged in for a certain amount of time will have their passwords expired and they will be unable to log into the system.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
92	PS.19	Solution must support a user security profile that controls user access rights to data categories and system functions.	Describe how solution supports a user security profile that controls user access rights to data categories and system functions.	TA.SP.25	S	N/A

Bidder's Response::

Each user will have security profiles containing roles and caseloads which controls user access rights to data categories and system functions. Each user can be assigned with one or more profiles, super roles, and caseloads. Super Roles are combination of modules roles (e.g. view, submit, approve, update, delete) which allow users to perform tasks in the system. Caseloads are list of individuals whose module data users can access in the system. Users can also be assigned with administrative roles in their Security Profile to perform agency-wide tasks.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
93	PS.20	Solution should permit supervisors or other designated officials to set and modify user security access profile.	Describe how solution permits supervisors or other designated officials to set and modify user security access profiles.	TA.SP.26	S	N/A

Bidder's Response::

Administrators with appropriate privileges can create, modify, or remove users' security profiles as required. They can also create, modify, or delete Super Roles and Caseloads.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
94	PS.21	Solution must include procedures for accessing necessary electronic Protected Health Information (ePHI), and PII in the event of an emergency; and continue protection of ePHI and PII during emergency operations.	Describe how solution includes procedures for accessing necessary electronic Protected Health Information (ePHI) and PII in the event of an emergency. Describe procedures and compensations to ensure continued protection of ePHI and PII during emergency operations. This may include Disaster Recovery and Business Continuity plans which provide these protections.	TA.SP.27	S	N/A

Bidder's Response::

Therap has tested and developed a plan for disaster recovery and business continuity. Therap has developed recovery processes for various failure scenarios. The two-part recovery process is:

- Restoration of service or functionality (Business Continuity)
- Repair or remediation of failed element(s) (Disaster Recovery)

The fundamental design of the Therap infrastructure is that the facilities and equipment used to present the application are installed at geographically diverse sites, any of which can independently support all application functionality. When a device or service fails at the live site, a determination is made whether to transition functionality to the Hot backup site to assure delivery services (aka, Business Continuity). This determination is based upon a combination of factors, with an emphasis on ensuring data integrity.

Minimizing the length of system downtime is also a major consideration. If or while functionality migrates to the Hot backup site,

remediation/disaster recovery activities for the failed device or service will begin. If the failure occurs at the Hot backup site, service delivery continues at the live site while remediation procedures are executed. This migration requires no action by end users.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
95	PS.22	<p>Solution should support the SMA (the covered entity) in its responsibility for:</p> <ul style="list-style-type: none"> (i) Standard security management processes by implementing policies and procedures to prevent, detect, contain, and correct security violations. (ii) Implementation specifications, which are all required of the contractor: <ul style="list-style-type: none"> (A) Risk analysis: Conduct an accurate and thorough assessment of the potential risks, threats, and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information (ePHI), personally identifiable information (PII) and federal tax information (FTI) managed, stored and processed on behalf of the covered entity. (B) Risk management: 	Describe solution's standard security management processes, including all items noted in the requirements.	TA.SP.3	S	N/A

		<p>Implement security measures sufficient to reduce risks, threats, and vulnerabilities to a reasonable and appropriate level to comply with § 164.306(a) (CFR 45.164.306).</p> <p>(C) Sanction policy: Apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity.</p> <p>(D) Information system activity review: Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.</p>				
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Bidder's Response::

Therap provides a number of tools for security management within the agency. Administrators can create, update, lock, deactivate or delete user accounts as required. Administrators can also create, update, or delete user security profiles, roles, and caseloads as required. Password policy for the agency can be configured by the administrators. A number of module-specific and agency-wide reports can be generated to view activities and identify abnormal activities, for example- Activity Tracking report, Event Summary report, Business Intelligence Dashboard reports.

Therap is responsible for the implementation of the software solution. Risk analysis is a part of the implementation process conducted by Therap, to assess potential risks, threats, and vulnerabilities to the confidentiality, integrity, and availability of the system.

Therap has thoroughly analyzed the requirements as defined in the RFP. Based on Therap's experience from successful completion of projects of similar nature, we propose a Multi-Phased approach for development and implementation. Throughout the entire lifecycle

of the project, we will apply a project management methodology that adheres to industry standard best practices defined by the Project Management Institute (PMI). Therap will ensure that risk management processes are incorporated into all work completed for the Agency. Therap's project implementation processes include quality assurance/quality control, risk management, change management, and communication strategies. The Project Management plan will be updated during the lifecycle of the project.

Therap has developed and maintains a risk management strategy that focuses on minimizing or eliminating the impact of recognized threats. The strategy includes multiple components, each of which are reviewed and refined on a consistent basis to respond to an evolving threat landscape. Each of the identified components is evaluated on a regular basis by various teams within Therap. In addition, the documentation associated with the creation, execution and monitoring of the strategy is reviewed by third-party services as part of Therap's compliance initiatives. The review consists of an evaluation of the consistency between documented processes and their execution, the ability to adapt processes as necessary, and compatibility with recommended best practices. Therap has developed, tested and maintained robust operational recovery and disaster management protocols, and has devoted substantial resources to developing a highly qualified training team to deliver in-person support and training to Therap users at every level.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
96	PS.23	Solution should alert appropriate staff authorities of potential violations of privacy safeguards, such as inappropriate access to confidential information.	Describe solution's capabilities for alerting appropriate staff authorities of potential violations of privacy safeguards, including inappropriate access to confidential information.	TA.SP.3 0	S	N/A

Bidder's Response::

Only authorized users with appropriate roles and caseloads assigned by their administrators will be able to access information in the system. Therap supports real-time data collection at the point of service. The service delivery location can be determined using GPS in ISP Data and Scheduling/Electronic Visit Verification (EVV) modules.

Actions in the system are date and time stamped along with the user's name and title. Update histories of forms are retained in the system. Versions of forms can be compared, enabling users to identify differences.

Administrators can search in the Activity Tracking module to view a list of actions taken by users (e.g. module, program, individual, date, time, IP address, server). The IP address can be checked to ensure that the action has been performed using an authorized device. Notification Profiles can be configured to receive notifications about various actions performed by users.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
97	PS.24	Solution should provide "right of access" and "request for access" to individuals to protect ePHI, and PII in a timely manner, per agreed turnaround times, that allows it to be included in responses to inquiries and report requests.	Describe solution's process capabilities for providing 'right of access' and 'request for access' to individuals to protect ePHI, and PII in a manner that allows it to be included in responses to inquiries and report requests. Note timeframes required to provide information.	TA.SP.31	S	N/A

Bidder's Response::

Administrators with appropriate privileges can create, modify, or remove users' security profiles as required. They can also create, modify, or delete Super Roles and Caseloads. Users can only access the information which are allowed based on the assigned roles and caseloads. Updates made to user profiles are recorded in the update history with user's electronic signature and date and time stamps. Administrators can also view a list of updating activities from the Activity tracking module, which can be exported as an Excel report.

Users can request for accessing data by sending messages to the administrators through Therap's HIPAA compliant Secure Communications (SComm) messaging system. Users can exchange both general and individual-specific messages. Users will be able to send individual-specific messages for only the individuals in their caseloads. Both sender and receiver will have a copy of the message in their Sent and Inbox folders respectively. Administrators can generate Excel and PDF reports of messages exchanged among users in the agency.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS	Bidding	Gap Description and
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				Checklist ID	Ability Code	Recommendation for Closure
98	PS.25	Solution should contain verification mechanisms that are capable of authenticating authority (as well as identity) for the use or disclosure requested. For example: <ul style="list-style-type: none"> • Denies general practitioner inquiry for recipient eligibility for mental health services • Permits inquiries on claim status only for claims submitted by the inquiring provider. 	Describe solution's verification mechanisms that are capable of authenticating authority (as well as identity) for the use or disclosure requested.	TA.SP.32	S	N/A

Bidder's Response::

Only authorized users with appropriate roles and caseloads assigned by their administrators will be able to access information in the system. Assigning roles to view claims will only allow the assigned users view access to claims. If a user is not assigned with eligibility roles, then he/she will not be able to access eligibility information. Administrators can create Super Roles for each user separately, or can create Super roles for a type of users based on job responsibilities.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
99	PS.26	Solution must support encryption and decryption of stored ePHI, PII, and FTI or an equivalent alternative protection mechanism.	Describe solution's capabilities for supporting encryption and decryption of stored ePHI. PII and FTI or an equivalent alternative protection mechanism.	TA.SP.33	S	N/A

Bidder's Response::

In Therap, data at rest is encrypted using AES-256 encryption.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist	Bidding Ability	Gap Description and Recommendation for
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				ID	Code	Closure
100	PS.27	Solution must support encryption of ePHI, PII and FTI that is being transmitted, as appropriate.	Describe solution's capability to support encryption of ePHI, PII and FTI that is being transmitted.	TA.SP.3 4	S	N/A

Bidder's Response::

In Therap, data communication during transmission is encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
101	PS.28	Solution should support integrity controls to guarantee that transmitted ePHI, PII, and FTI are not improperly modified without detection (e.g. provide secure claims transmission).	Describe solution's capability to support integrity controls to guarantee that transmitted ePHI, PII and FTI are not improperly modified without detection.	TA.SP.35	S	N/A

Bidder's Response::

Data communication during transmission is encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2. Only users of the agency with authorized account and appropriate privileges and will be able to update data in the system. The system automatically records the electronic signature of the user performing actions on documents, including user name, title, date, and time. Entering, saving, and submitting, approving, updating, deleting, discontinuing and other actions are saved with electronic signature of the user. Updates made to approve forms are recorded in the update history of the forms, from where users can see the updates made to a form with date and time, and name and title of the user who made the updates. Users can also view differences between two archived versions of the forms to find out the changes made between the two versions.

Therap's Activity Tracking module can be used to view the activity logs in the system. When administrators run an Activity Tracking search, they are able to enter a number of search parameters, such as program/site, user, date, source/module, action, activity type, and form ID. Users may enter more search parameters for a narrower search, or keep search fields empty for a broader search result. Activities in the audit log search result may display the activity time, user login name, IP address, server name, module, action,



activity type, form ID of the data accessed, a unique individual form ID for the individual whose data was affected, program/site, additional information regarding the activity, and time zone. User actions and activities are broken down into view, save, create, acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure, and additional activities. Activity Tracking reports are exportable as Excel files for further data sorting and filtering.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
102	PS.29	Solution should provide data integrity of ePHI, PII and FTI by preventing and detecting improper alteration or destruction (e.g. double keying, message authentication, digital signature, check sums etc.).	Describe solution's capability to provide data integrity of ePHI, PII and FTI by preventing and detecting improper alteration or destruction.	TA.SP.36	S	N/A

Bidder's Response::

Data communication during transmission is encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2. Only users of the agency with authorized account and appropriate privileges and will be able to update data in the system. The system automatically records the electronic signature of the user performing actions on documents, including user name, title, date, and time. Entering, saving, and submitting, approving, updating, deleting, discontinuing and other actions are saved with electronic signature of the user. Updates made to approved forms are recorded in the update history of the forms, from where users can see the updates made to a form with date and time, and name and title of the user who made the updates. Users can also view differences between two archived versions of the forms to find out the changes made between the two versions.

Therap's Activity Tracking module can be used to view the activity logs in the system. When administrators run an Activity Tracking search, they are able to enter a number of search parameters, such as program/site, user, date, source/module, action, activity type, and form ID. Users may enter more search parameters for a narrower search, or keep search fields empty for a broader search result. Activities in the audit log search result may display the activity time, user login name, IP address, server name, module, action, activity type, form ID of the data accessed, a unique individual form ID for the individual whose data was affected, program/site, additional information regarding the activity, and time zone. User actions and activities are broken down into view, save, create,



acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure, and additional activities. Activity Tracking reports are exportable as Excel files for further data sorting and filtering.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
103	PS.30	Solution must provide the capability that all system activity can be traced to a specific user or entity.	Describe solution's capability for all system activity to be traced to a specific user or entity.	TA.SP.37	S	N/A

Bidder's Response::

Only users of the agency with authorized account and appropriate privileges and will be able to update data in the system. The system automatically records the electronic signature of the user performing actions on documents, including user name, title, date, and time. Entering, saving, submitting, approving, updating, deleting, discontinuing and other actions are saved with electronic signature of the user. Updates made to approved forms are recorded in the update history of the forms, from where users can see the updates made to a form with date and time, and name and title of the user who made the updates. Users can also view differences between two archived versions of the forms to find out the changes made between the two versions.

Therap's Activity Tracking module can be used to view the activity logs in the system. When administrators run an Activity Tracking search, they are able to enter a number of search parameters, such as program/site, user, date, source/module, action, activity type, and form ID. Users may enter more search parameters for a narrower search, or keep search fields empty for a broader search result. Activities in the audit log search result may display the activity time, user login name, IP address, server name, module, action, activity type, form ID of the data accessed, a unique individual form ID for the individual whose data was affected, program/site, additional information regarding the activity, and time zone. User actions and activities are broken down into view, save, create, acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure, and additional activities. Activity Tracking reports are exportable as Excel files for further data sorting and filtering.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
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104	PS.31	Solution should identify and respond to suspected or known security and privacy incidents; mitigate any harmful effects of security and privacy incidents that are known to the covered entity or business associate; and document security incidents and their outcomes. (Such as exceed maximum number of logon attempts.)	Describe how solution identifies and responds to suspected or known security and privacy incidents; mitigates any harmful effects of security and privacy incidents that are known to the covered entity or business associate; and document security incidents and their outcomes.	TA.SP.38	S	N/A
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Bidder's Response::

Therap has various mechanisms in place to identify and respond to suspected or known security and privacy incidents, mitigate harmful effects of the incidents, and document security incidents and outcomes. Administrators can configure the password policy to set the maximum number of incorrect login attempts allowed for a user. If the user crosses that number, the user account will be automatically locked and the password will need to be reset. Administrators can generate Activity Tracking report to check the date, time, user, IP address and other information related to a failed login attempt, and the reason for the login failure, for example-password mismatch, password expired etc.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
105	PS.32	Solution must log system activity and enable analysts to examine system activity in accordance with audit policies and procedures (error diagnosis, and performance management) adopted by the agency.	Describe solution's capability for logging system activity and enabling analysts to examine system activity in accordance with audit policies and procedures adopted by the agency.	TA.SP.39	S	N/A

Bidder's Response::

Therap's Activity Tracking module can be used to view the activity logs in the system. When administrators run an Activity Tracking search, they are able to enter a number of search parameters, such as program/site, user, date, source/module, action, activity type, and

form ID. Users may enter more search parameters for a narrower search, or keep search fields empty for a broader search result. Activities in the audit log search result may display the activity time, user login name, IP address, server name, module, action, activity type, form ID of the data accessed, a unique individual form ID for the individual whose data was affected, program/site, additional information regarding the activity, and time zone. User actions and activities are broken down into view, save, create, acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure, and additional activities. Activity Tracking reports are exportable as Excel files for further data sorting and filtering.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
106	PS.33	Solution must support procedures for guarding, monitoring, and detecting malicious software (e.g. viruses, worms, malicious code, etc.).	Describe solution's ability to support procedures for guarding, monitoring, and detecting malicious software.	TA.SP.41	S	N/A

Bidder's Response::

Therap has a number of mechanisms in place to support procedures for guarding, monitoring and detecting malicious software. Therap's infrastructure and routers are protected with Firewalls. Moreover, as part of the data protection strategy, any files uploaded into the application by users are scanned for malware prior to being accepted. If a file is found to contain malware, the user is notified and the file is rejected.

Therap is audited as part of our annual SOC 2 assessment to ensure the security, availability, processing integrity, confidentiality and privacy of the client data. Additionally, Therap conducts internal audits of its data centers to verify that systems meet the highest standards and uses industry best practices for antivirus, malware detection, security patches, Operating System updates, Firewalls, VLAN segmentation, intrusion detection, and more. The network and computing infrastructure that has been designed and developed to deliver services is assessed on an ongoing basis to ensure compliance with the stated goals.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
107	PS.34	Solution should have the capability	Describe solution's ability to have	TA.SP.4	S	N/A



		to provide provision of access to an authorized user or request.	provide provision or access to an authorized user or request.	2		
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Bidder's Response::

Users will need to have a unique login name, a password that meets the agency's password policies, and an agency-specific provider code. Administrators can also enforce the requirement for completing steps for two-factor authentication, where users will need to enter an additional security number to log into the system. Users will need to be assigned with roles and caseloads by administrators, to be able to access data and individuals. Users can only perform the tasks which are permitted by their roles, and can only access module data of the individuals assigned to them through caseloads.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
108	PS.35	Solution should contain indicators that can be set to restrict distribution of ePHI, PII and FTI in situations where it would normally be distributed.	Describe solution's ability to contain indicators that can be set to restrict distribution of ePHI, PII and FTI in situations where it would normally be distributed.	TA.SP.43	S	N/A

Bidder's Response::

Users will need to have a unique login name, a password that meets the agency's password policies, and an agency-specific provider code. Administrators can also enforce the requirement for completing steps for two-factor authentication, where users will need to enter an additional security number to log into the system. Users will need to be assigned with roles and caseloads by administrators, to be able to access data and individuals. Users can only perform the tasks which are permitted by their roles, and can only access module data of the individuals assigned to them through caseloads. Administrators can remove access to data from users by updating their roles and caseloads.

T-Notes can be added on forms to indicate if the form should not be downloaded as PDF, sent through SComm, or distributed in other methods. Administrators can also send messages through the Secure Communications (SComm) module to appropriate users to provide instructions about distributing data.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
109	PS.36	Solution should track disclosures of ePHI, PII and FTI; and provide authorized users access to and reports on the disclosures.	Describe solution's ability to track disclosures of ePHI, PII and FTI; and to provide authorized users access to and reports on the disclosures.	TA.SP.44	S	N/A

Bidder's Response::

Users will need to be assigned with roles and caseloads by administrators, to be able to access data and individuals. Users can be assigned with separate roles for generating reports. Administrators can generate Activity Tracking reports to track if users have viewed data, generated PDFs, generated reports, or other activities with data in the system. The Activity Tracking report can be exported to Excel for further analysis.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
110	PS.37	Solution must have standard Access Control specifications including, but not limited to: (i) Assigning a unique name and/or number for identifying and tracking user identity. (ii) Establishing and implementing, as needed, emergency access procedures for obtaining necessary electronic protected health information (ePHI), PII, and FTI during an emergency. (iii) Implementing electronic procedures that terminate an electronic session after a predetermined time of inactivity.	Describe solution's capability for standard Access Control specifications, including all identified items i through iv.	TA.SP.5	S	N/A



		(iv) Implementing a mechanism to encrypt and decrypt electronic protected health information (ePHI), PII, and FTI.				
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Bidder's Response::

Each user in agency needs to have a unique login name, user initial, and employee ID number. The system will show error messages if administrators attempt to create another user account with duplicate login name, user initial, or employee ID number.

Therap has tested and developed a plan for disaster recovery and business continuity. The fundamental design of the Therap infrastructure is that the facilities and equipment used to present the application are installed at geographically diverse sites, any of which can independently support all application functionality. When a device or service fails at the live site, a determination is made whether to transition functionality to the Hot backup site to assure delivery services (aka, Business Continuity). This determination is based upon a combination of factors, with an emphasis on ensuring data integrity. Minimizing the length of system downtime is also a major consideration. If or while functionality migrates to the Hot backup site, remediation/disaster recovery activities for the failed device or service will begin. If the failure occurs at the Hot backup site, service delivery continues at the live site while remediation procedures are executed. This migration requires no action by end users.

Administrators can set the session timeout limit. User sessions will automatically time out after a defined period of inactivity. A warning message is displayed prior to the session timeout.

Therap encrypts data both at rest and in transit. Therap's software system encrypts data communication during transmission and the encryption is FIPS 140-2 level 1 approved.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
111	PS.38	Roles and responsibilities of individuals should be separated through assigned information access authorization as necessary to prevent malevolent activity.	Describe solution's capability for separating roles and responsibilities of individuals through assigned information access authorization as necessary	TA.SP.50	S	N/A

			to prevent malevolent activity.			
Bidder's Response::						
Each user in the agency will need a unique login name, password, and agency-specific provider code to log into the system. Administrators will be able to assign users with security profile, with required roles and caseloads. Users will only be able to perform the tasks and access the data which are allowed by the assigned roles and caseloads. Administrators can create a separate Super Role and a separate Caseload for each user, or can Super Role and Caseload for each user type, or other combinations as they see fit.						

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
112	PS.39	User account access authorization should follow the concept of least privilege; allowing users access to only the information that is necessary to accomplish assigned tasks in accordance with business functions.	Describe solution's ability to manage user account access authorization following the concept of least privilege – allowing users access to only the information that is necessary to accomplish assigned tasks in accordance with their business functions.	TA.SP.51	S	N/A

Bidder's Response::						
Therap implements the “least privilege” functionality for accessing data in the system. Users will need to be assigned with roles and caseloads by administrators, to be able to access data and individuals. Users can only perform the tasks which are permitted by their roles, and can only access module data of the individuals assigned to them through caseloads.						

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
113	PS.40	Accounts should be disabled after 3 consecutive invalid login attempts.	Describe solution's process for disabling the account access after 3 consecutive invalid login attempts.	TA.SP.52	S	N/A



Bidder's Response::

Administrators can configure the password policy to set the maximum number of incorrect login attempts allowed for a user. If the user crosses that number, the user account will be automatically locked and the password will need to be reset. Administrators can generate Activity Tracking report to check the date, time, user, IP address and other information related to a failed login attempt, and the reason for the login failure, for example- password mismatch, password expired etc.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
114	PS.41	User account access should be reviewed on a quarterly basis at a minimum. User accounts should be appropriately disabled as roles and responsibilities change.	Describe solution's process for reviewing user account access quarterly, and disabling accounts as user roles and responsibilities change.	TA.SP.53	S	N/A

Bidder's Response::

Administrators can generate reports as often as required to review user account access, and will be able to modify user privileges, or deactivate or delete user accounts as required, based on changes to roles and responsibilities.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
115	PS.42	After a State defined period of inactivity, the system should initiate a session lock; the session lock should remain in place until the user reestablishes access using established identification and authentication procedures.	Describe solution's ability to initiate a session lock after a state defined period of inactivity, and ensuring the session lock stays in place until the user reestablishes access using established identification and authentication procedures.	TA.SP.54	S	N/A

Bidder's Response::

Administrators can set the session timeout limit. User sessions will automatically time out after a defined period of inactivity. A

warning message is displayed prior to the session timeout. Once the session has timed out due to inactivity, the user will be logged out from his/her account, and will need to log into the system again using authorized login name, password, provider code, and security code.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
116	PS.43	Solution should enforce physical access authorizations for all physical access points (including designated entry/exit points) to the facility where the information system resides (excluding those areas within the facility officially designated as publicly accessible).	Describe how solution enforces physical access authorizations for all physical access points to the facility where the solution resides.	TA.SP.56	S	N/A

Bidder's Response::

Therap's data centers are certified against ISO 27001 standards. Access to the data centers that host Therap's equipment is controlled by a key card system, starting at the main gate to enter the facility. Within Therap, access is limited to certain members of the operations staff. Upon gaining entry to the site, Therap's equipment racks are contained inside an isolated cage. Movement within the facility, up to and including cage access, is controlled by a combination of badge and biometric access at various checkpoints. Additional features of the facility include onsite security personnel 24x7x365, the use of 'man traps' to isolate entry and exit activities, extensive presence of cameras to monitor facility, and log reports that detail access activity to cage.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
117	PS.44	Solution should maintain a current list of personnel with authorized access to the space where required (e.g. review and approval of access list and authorization credentials at	Describe solution's process for maintaining a current list of personnel with authorized access to the space where solution resides and the process for	TA.SP.57	S	N/A

		least once every 180 days, removes personnel from the access list that no longer require access).	maintaining the list.			
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Bidder's Response::

Therap implements the process of "least privilege" when providing access to data centers. Therap maintains a list of personnel with authorized access to data centers and regularly checks and updates the access list as per job requirements.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
118	PS.45	Physical access to information system distribution and transmission lines must be controlled within the facility to prevent unauthorized access.	Describe solution's ability to control physical access to information system distribution and transmission lines within the facility to prevent unauthorized access.	TA.SP.58	S	N/A

Bidder's Response::

Therap implements the process of "least privilege" when providing access to data centers. Therap's data centers are certified against ISO 27001 standards. Access to the data centers that host Therap's equipment is controlled by a key card system, starting at the main gate to enter the facility. Within Therap, access is limited to certain members of the operations staff. Upon gaining entry to the site, Therap's equipment racks are contained inside an isolated cage. Movement within the facility, up to and including cage access, is controlled by a combination of badge and biometric access at various checkpoints. Additional features of the facility include onsite security personnel 24x7x365, the use of 'man traps' to isolate entry and exit activities, extensive presence of cameras to monitor facility, and log reports that detail access activity to cage.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
119	PS.46	Solution must guard against unauthorized access to electronic protected health information (ePHI),	Describe solution's capabilities for guarding against unauthorized access to ePHI, PII or FTI that is	TA.SP.6	S	N/A



		PII, or FTI that is being transmitted over an electronic communications network.	being transmitted over an electronic communications network.			
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Bidder's Response::

Therap's data centers are certified against ISO 27001 standards. data communication during transmission is encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
120	PS.47	Solution should implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information (ePHI), PII or FTI).	Describe solution's policies and procedures that govern the receipt and removal of hardware and electronic media that contain ePHI, PII or FTI, and the process for maintaining policies and procedures.	TA.SP.7	S	N/A

Bidder's Response::

Therap is a web based COTS SaaS system that can be accessed from various devices with a standard browser and an active internet connection. Therap does not provide hardware and does not recommend storing ePHI in hardware or electronic media. Storing ePHI in hardware or electronic media by DHHS staff will depend on DHHS policies.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
121	PS.48	Solution must enforce a sufficient level of authentication / identification against fraudulent transmission and imitative communications deceptions by validating the transmission, message, station or individual.	Describe solution's capability to enforce a sufficient level of authentication / identification against fraudulent transmission and imitative communications deceptions by validating the	TA.SP.70	S	N/A

			transmission, message, station or individual.			
<p>Bidder's Response::</p> <p>Only users of the agency with authorized account and appropriate privileges and will be able to update data in the system. The system automatically records the electronic signature of the user performing actions on documents, including user name, title, date, and time. Entering, saving, submitting, approving, updating, deleting, discontinuing and other actions are saved with electronic signature of the user. Updates made to approved forms are recorded in the update history of the forms, from where users can see the updates made to a form with date and time, and name and title of the user who made the updates. Users can also view differences between two archived versions of the forms to find out the changes made between the two versions. Therap supports real-time data collection at the point of service. The service delivery location can be determined using GPS in ISP Data and Scheduling/Electronic Visit Verification (EVV) modules.</p> <p>Actions in the system are date and time stamped along with the user's name and title. Update histories of forms are retained in the system. Versions of forms can be compared, enabling users to identify differences.</p> <p>Administrators can search in the Activity Tracking module to view a list of actions taken by users (e.g. module, program, individual, date, time, IP address, server). The IP address can be checked to ensure that the action has been performed using an authorized device. Notification Profiles can be configured to receive notifications about various actions performed by users.</p>						

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
122	PS.49	Sensitive data in transit that requires confidentiality protection must be encrypted following industry-standards when traversing entity boundaries. For data in transit where the only concern is the protection of integrity, hashing techniques and message authentication codes can be used instead of encryption.	Describe solution's ability to encrypt sensitive data in transit that require confidentiality protection, following industry-standards when traversing entity boundaries.	TA.SP.72	S	N/A

Bidder's Response::

Data communication during transmission is encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
123	PS.50	Solution must use only FIPS Pub 140-2-approved (or higher) encryption algorithms.	Describe solution's process for using FIPS Pub 140-2 approved (or higher) encryption algorithms.	TA.SP.74	S	N/A

Bidder's Response::

Data communication during transmission is encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2. Data at rest is encrypted using AES-256 encryption as well.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
124	PS.51	Solution must employ malicious code protection mechanisms at IT system information system entry and exit points and at workstations, servers, or mobile computing devices on the network to detect and eradicate malicious code.	Describe solution's capability to employ malicious code protection mechanisms at IT system information system entry and exit points and at workstations, servers, or mobile computing devices on the network to detect and eradicate malicious code.	TA.SP.75	S	N/A

Bidder's Response::

Internally developed components are unit tested at development stage. Further checking is done at code review phase for unintended, dead or malicious code and the submitted code gets rejected if found any. Then it is fixed and submitted for review. At testing phase, we perform comprehensive testing. We also use FindBugs integrated with our IDE for automated code pattern analysis which covers check for unintended, dead or malicious code. Third party components are used only from trusted sources and goes through



comprehensive testing before integration.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
125	PS.52	Solution must update malicious code protection mechanisms (including signature definitions) whenever new releases are available in accordance with IT system configuration management policy and procedures.	Describe solution's process for updating malicious code protection mechanisms (including signature definitions) whenever new releases are available in accordance with IT system configuration management policy and procedures.	TA.SP.76	S	N/A

Bidder's Response::

Therap continuously upgrades hardware, software, and development processes to keep up-to-date with industry best practices. Therap updates malicious code protection mechanisms when new releases are available in accordance with IT system configuration management policy and procedures.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
126	PS.53	Solution must implement and maintain reasonable and appropriate administrative, technical, and physical safeguards for protecting ePHI, PII and FTI in accordance with the HIPAA Security Rule on a control by control basis as defined by the NIST Cybersecurity Framework and NIST SP 800-53.	Describe solution's capabilities for implementing and maintaining reasonable and appropriate administrative, technical, and physical safeguards for protecting ePHI, PII and FTI in accordance with the HIPAA Security Rule on a control by control basis as defined by the NIST Cybersecurity Framework and NIST SP 800-53.	TA.SP.77	S	N/A



Bidder's Response::

Therap abides by the guidelines of NIST Cybersecurity Framework and other related guidelines. Therap implements and maintains appropriate administrative, technical, and physical safeguards for protecting ePHI in the system. Please refer to the attached Security Primer for detailed descriptions about these safeguards.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
127	PS.54	Solution should support audit controls for hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use ePHI.	Describe solution's ability to support audit controls for hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use ePHI.	TA.SP.9	S	N/A

Bidder's Response::

Therap's Activity Tracking module can be used to view the audit logs in the system. When administrators run an Activity Tracking search, they are able to enter a number of search parameters, such as program/site, user, date, source/module, action, activity type, and form ID. Users may enter more search parameters for a narrower search, or keep search fields empty for a broader search result. Activities in the audit log search result may display the activity time, user login name, IP address, server name, module, action, activity type, form ID of the data accessed, a unique individual form ID for the individual whose data was affected, program/site, additional information regarding the activity, and time zone. User actions and activities are broken down into view, save, create, acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure, and additional activities. Activity Tracking reports are exportable as Excel files for further data sorting and filtering.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
128	PS.55	Contractor must provide a hosting environment for all solution components that has a Federal Risk and Authorization Management	Describe the solution's hosting environment and how it meets identified standards.	N/A	S	N/A

		Program (FedRAMP) Certification, FedRAMP Risk Assessment that indicates compliance, has a documented NIST 800-53 Rev 4 at a "moderate" system risk assessment designation, or is Statement on Standards for Attestation Engagements (SSAE-16) SOC 1 Type 2 and SOC 2 Type 2 compliant.				
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Bidder's Response::

Therap is a cloud-hosted COTS SaaS system. We are SOC 2 certified and we are willing to share the documents with DHHS.

G.5 Reporting Requirements:

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. Describe in the specific requirements below how Bidder's Solution provides these capabilities.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
129	RR.1	Solution reporting module should provide reports in a variety of formats (hard copy, PDF, excel, csv, etc.).	Describe how the solution reporting module will make reports available in a variety of formats (hard copy, PDF, excel, csv, etc.).	N/A	S	N/A

Bidder's Response::

Therap's standard module-based reports provide users with the option to generate reports with user selected parameters, and those reports can be exported as Excel, PDF, PowerPoint, XML, CSV, and other formats for further analysis and printing.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
130	RR.2	<p>Solution should make a complete set of data related to visits submitted for verifications, including but is not limited to the following elements, available for reporting:</p> <ol style="list-style-type: none"> 1. Individual receiving services 2. Direct care worker 3. Provider 4. Location of visit 5. Date of visit 6. Start time of visit 7. End time of visit 8. Services delivered (e.g., respite, chore, personal assistance services) 9. Manual or electronic verification 10. Missed visits 11. Late visits 12. Independent verification by individual receiving services 13. Payer (like an MCO) 14. System which captured the visit data 	<p>Describe how the solution will make a complete set of data related to visits submitted for verifications, including but is not limited to the following elements, available for reporting:</p> <ol style="list-style-type: none"> 1. Individual receiving services 2. Direct care worker 3. Provider 4. Location of visit 5. Date of visit 6. Start time of visit 7. End time of visit 8. Services delivered (e.g., respite, chore, personal assistance services) 9. Manual or electronic verification 10. Missed visits 11. Late visits 12. Independent verification by individual receiving services 13. Payer (like an MCO) 14. System which captured the visit data. <p>Provide a complete list of data elements available for purposes of reporting.</p>	N/A	S	N/A

Bidder's Response::

Therap's Scheduling/EVV module has been designed to meet the needs of states and providers with the need to build staff schedules (especially for in-home and community based services), track staff hours, monitor individual service unit allocation, and meet the upcoming federal EVV requirements.

The module allows for the creation of individual based schedules and program based schedules. Schedules are tied to active and valid Service Authorizations which ensures users are carrying out activities they are authorized to be responsible for. When creating schedules, the system automatically runs checks on the individual, the direct care worker, and the type of service being provided. For example, the system checks to ensure that only staff who have access to the individual are available for the schedule slot and then runs further checks such as ensuring only staff authorized to provide that service appear as options. The module also requires to enter the location of the visit, date of visit, and start and end times. The time direct care work checks in using the module will determine whether the visit was missed, late, or on time based on the schedule slot that was initially created for that specific individual and service. Currently, the Scheduling/EVV module has offline functionality. The option is available with the mobile Scheduling/EVV application and allows users to record check-in and check-out information for service delivery or a particular schedule the user is assigned to, manually.

The Scheduling module also provides a ‘Self Check-In’ functionality that allows users to create their own schedules or appointments from both the web application and mobile applications. Users are able to verify the service provided when the check-in and check-out process is completed, by recording a signature for verification.

As a Schedule is tied with the individual’s approved Service Authorization, payer and other necessary information is available within the Service Authorization for billing.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
131	RR.3	The final library of standard reports will be developed under direction of DHHS. DHHS will have final decisions regarding report capabilities, frequencies, access and output methods.	Provide a listing and examples of the default standard library of reports available.	N/A	S	N/A

Bidder’s Response::

The Report Library contains a host of standard reports that have been created over time to meet the State and user base requirements. Each module has several reports available to users. Some reports can be generated by selecting date ranges or by selecting programs.

Users are able to generate reports by selecting output columns, dates, individuals and other parameters. DHHS will be able to access these reports as often as required.

Some of the reports available in the Report Library are:

- GER Basic Report
- Employment History Report - Job Details (Without Program)
- Medication History Comprehensive Report
- Scheduling/EVV - Weekly Staff Report
- Scheduling - Slot Report
- ISP Data Detailed Reports
- ISP Attendance Comparison Report
- ISP Billing Reports
- Employment History Report - Job Details
- Caseload Report :: User Access on all Individuals
- Case Note Detailed Report
- Individual Document Storage Detail Report
- MAR Report - Individuals and Their Medications
- Time Tracking Report by Entered Date

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
132	RR.4	Contractor should use a standard methodology for generating reports. Contractor's solution should provide ad hoc reporting functionality. Ad hoc reporting functionality will utilize "point and click" technology.	Describe the methodology for generating reports. Describe how bidder's solution will provide ad hoc reporting functionality, and how solution will utilize "point and click" technology.	N/A	S	N/A



Bidder's Response::

Therap's out of the box reporting mechanism supports the State's workflows. Most modules come equipped with ad hoc reporting options. These options allow users to generate reports by selecting output columns, dates, individuals and other parameters. Users can generate reports specific to their requirements. For example, Therap's Event Summary report allows users to choose from the options to generate incident and behavior reports. Users can select the fields which they want included in the report by pointing and clicking on the appropriate box. The end report will show results based on the boxes that the user clicked on to include in the report.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
133	RR.5	Contractor must provide a report of verified visits that will be available to billing providers on an agreed cadence.	Provide an example of the report(s) of verified visits that will be available to billing providers.	N/A	S	N/A

Bidder's Response::

There are a number of comprehensive reports in the Report Library for the Schedule/EVV module which can be used by authorized personnel in the agency to review and analyze scheduling data along with the comments and feedback left by staff for the schedules. These reports contain information on whether visits have been verified or not, and other related information. The reports help users to obtain a broad view of the attendance of staff and individuals, and will be available to billing providers.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
134	RR.6	Solution must provide a report of visits not verified that will be available to billing providers.	Provide an example of the report of visits not verified that will be available to billing providers.	N/A	S	N/A

Bidder's Response::

There are a number of comprehensive reports in the Report Library for the Schedule/EVV module which can be used by authorized personnel in the agency to review and analyze scheduling data along with the comments and feedback left by staff for the schedules. These reports contain information on whether visits have been verified or not, and other related information. The reports help users to

obtain a broad view of the attendance of staff and individuals, and will be available to billing providers.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
135	RR.7	Solution should be able to create a report of all daily transactions by type.	Describe how DHHS will be able to access a report of all daily transactions by type, and provide an example of the report.	N/A	S	N/A

Bidder's Response::

Users will be able to generate transaction reports regarding claim submission information. The user can enter necessary parameters in the search page, including the Transaction ID, Create Date, Payer, and Claim Status. The search results will display the transactions based on the date range and other parameters selected as the search criteria.

Therap's Personal Finance module also comes with a Transaction Report which shows information regarding a participant's account deposit details, transaction dates, monthly balances, expenses, and other updates to transactions.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
136	RR.8	Solution's reporting system shall be configurable so that standard reports can be changed easily over the life of the contract.	Describe how the reporting system shall be configurable so that standard reports can be changed easily over the life of the contract.	N/A	S	N/A

Bidder's Response::

Module specific search functions allow users to specify search parameters that define the scope of the search. This way the output columns of the searches are configurable based on the parameters the users are able to select. For more specific reporting requirements, Therap can provide additional reports, as requested by a Provider Administrator. After a report modification request comes in from a Provider Administrator, Therap evaluates the request by considering factors such as usability by a wide variety of

users, its purpose, and how often the report would be utilized. Reports in the Report Library can be exported to Excel for tracking and trend analysis.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
137	RR.9	Solution must provide for role-based access to reporting functionality and data rights. For example, providers must have access to reports for services they have provided and case managers will have access to reports for individuals for whom they manage care. (Not all users can access all reports.)	Describe how users will have role-based access to reporting functionality and data rights.	N/A	S	N/A

Bidder's Response::

The roles and privileges assigned to users determine their reporting capabilities within the system. Access to reporting tools is restricted by security definitions, where administrators assign users appropriate permissions before they can access reports within the system. There are a number of reports available in the Report Library that can be assigned to specific users only, as set by the administrator. Only the users assigned to those reports are able to access and generate those reports.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
138	RR.10	Solution should allow authorized users to design, save and share configurable dashboards and reports.	Describe how solution shall allow authorized users to design, save and share configurable dashboards and reports.	N/A	S	N/A

Bidder's Response::

Therap's Dashboard increases the usability and accessibility of the information in the system. Each user has access to their own



Dashboard which is customizable based on profiles, roles, and caseloads. Dashboards are divided into tabs by categories (e.g., Admin tab, Individual tab, Health tab, Billing tab). Users will see items on their Dashboards and access reports based on the roles and privileges they have been assigned.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
139	RR.11	Solution should provide the flexibility to vary time periods for reporting purposes and to produce reports on daily, monthly, quarterly basis, or other frequency specified by the State.	Describe how solution shall provide the flexibility to vary time periods for reporting purposes and to produce reports on daily, monthly, quarterly basis, or other frequency specified by the State.	PE.PI2.16	S	N/A

Bidder's Response::

Therap's extensive reporting mechanism allows users to produce reports as often as required, including on a daily, monthly, and quarterly basis, or other frequency specified by the State. Users can view the data items in reports for date ranges they are able to specify in the generation criteria.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
140	RR.12	Solution should support reporting roles to include access such that DHHS can designate individuals to review, analyze and report all data across payers, providers, direct care workers, and individuals receiving services.	Describe how reporting roles include user access so that DHHS can designate individuals to review, analyze and report all data across payers, providers, direct care workers, and individuals receiving services.	N/A	S	N/A

Bidder's Response::

Therap's multilevel access mechanism allows administrators to define workflows and access privileges to specific users. DHHS will be able to assign the necessary reports to designated users ensuring that they are able to access and report on records relevant to the

services they are providing.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
141	RR.13	Solution must have reporting functionality which will include tools to facilitate the presentation of data in meaningful ways, including tables, graphs and maps.	Describe how the reporting functionality will include tools to facilitate the presentation of data in meaningful ways, including tables, graphs and maps. Provide a complete list of tools that will be included in the solution to facilitate the presentation of data.	N/A	S	N/A

Bidder's Response::

Therap's Business Intelligence (BI) module provides users with customizable dashboards showing individual demographics and service documentation. Agency-wide data is aggregated providing real time reports at the point of source, and enables the State to create meaningful aggregated data reports for identification of trends, execution of quality assurance activities, and assessment of overall state agency performance. Business Intelligence dashboards are comprised of interactive and easy-to-use graphical interface through which users can generate reports based on user-selected parameters. Administrators can assign the dashboards individually to the users in the agency. Users assigned with the appropriate access privileges can select date ranges, or a specific month or year to generate reports. It also allows them to customize the presentation of the reports generated (such as bar graphs, tables, maps etc.) to compare data of multiple months or multiple years.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
142	RR.14	Solution should collect and store data needed to produce reports consistent with data collection plan	Describe solution's capability to collect and store data needed to produce reports consistent with the	TA.BI.10	S	N/A

		to assess quality and appropriateness of care furnished to participants of the waiver program.	data collection plan to assess quality and appropriateness of care furnished to participants of the waiver program.			
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Bidder's Response::

Therap's documentation system provides multiple levels of reporting for participants of waiver programs. The process starts by creating ISP Programs for the participant, that outlines the goals and scoring methods for measuring the progress towards outcomes. ISP Data is then collected based on the tasks and goals that were outlined in the ISP Program, with a score selected against each task/goal. Each of the ISP Programs are scored as part of the documentation process and can be set up to track billable service hours. As part of daily documentation, ISP Programs will be scored in a way that reflects how the ISP Program was designed and links to the participant's goals. The ISP Program's unique dual function approach allows Service Coordinators and the state to track the effectiveness and cost of the service hours being delivered. Standard ISP Data Reports can be generated for quality assurance, tracking utilization, and capture the efficacy of the services provided.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
143	RR.15	Solution should provide reports that allow users to drill down from summarized data to detailed data.	Describe solution's ability to provide reports that allow users to drill down from summarized data to detailed data.	TA.BI.5	S	N/A

Bidder's Response::

Therap's available Business Intelligence (BI) module expands the system's reporting capability in providing state-wide and agency-wide aggregated data. The data summarizes the overall State and provider activities and performances. This aggregated data for a provider or State can be drilled down to a single individual to display detailed information.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
144	RR.16	Solution should support retrieval and presentation of data associated with	Describe solution's ability to support retrieval and presentation of data	TA.FR.1	S	N/A

		geographic indicators such as state, county, and zip code.	associated with geographic indicators such as state, county and zip code.			
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Bidder's Response::

Module-specific search functions allow users to specify search parameters, which include geographical indicators such as State, site, etc. The search results are retrieved and presented based on the parameters selected at the beginning of the search.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
145	RR.17	Solution should support federal reporting requirements when these requirements are met through the decision support services (DSS).	Describe how solution supports federal reporting requirements.	TA.FR.2	S	N/A

Bidder's Response::

Therap's Report Library provides a large collection of reports that supports federal reporting requirements, ensuring that the requirements are met through the DSS.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
146	RR.18	Solution should support a variety of formats and output options (e.g. Word, Excel, html, Access database, GUI formats).	Describe how solution supports a variety of formats and output options.	TA.FR.4	S	N/A

Bidder's Response::

Therap's standard module-based reports provide users with the option to generate reports with user selected parameters (e.g., ISP Reports, MAR reports, Event Summary reports). Reports can be exported to PDF and Excel formats. Therap's Business Intelligence tool offers the ability to generate trends in various graph formats, which can be exported as Excel, PDF, PowerPoint, XML, CSV, and other formats.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
147	RR.19	Solution should support simple queries and pre-formatted reports that are easy to access, follow a user-friendly protocol, and produce responses immediately.	Describe how solution supports simple queries and pre-formatted reports that are easy to access, follow a user-friendly protocol, and produce responses immediately.	TA.FR.6	S	N/A

Bidder's Response::

Therap's user interfaces are designed to be consistent across the system and as user-friendly as possible, keeping in mind the expectations of different user levels, allowing quick and simple navigation throughout the application. The report generation criteria and parameters are designed to be easy to follow for staff of different skill levels. Day to day users can run simple queries or searches to report on information they have access to, which provide results immediately.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
148	RR.20	Solution should provide ad hoc reporting capability that presents summarized information on key factors (e.g. number of enrollees, total dollars paid) to executive staff upon request.	Describe how solution provides ad hoc reporting capabilities that present summarized information on key factors to executive staff upon request.	TA.FR.7	S	N/A

Bidder's Response::

Therap has module based ad-hoc reporting features. As defined by the specific module, users are able to generate ad-hoc reports choosing required output columns and other parameters. For example, the Billing Summary Reports allow users to do ad-hoc reporting by selecting which output columns (e.g. Authorization Number, Funding Source, and Service Description/Code) to include in a report.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS	Bidding	Gap Description and
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				Checklist ID	Ability Code	Recommendation for Closure
149	RR.21	Solution should generate performance measures for specific business processes using predefined and ad hoc reporting methods.	Describe how solution generates performance measures for specific business processes using predefined and ad hoc reporting methods.	TA.PM.8	S	N/A

Bidder's Response::

Therap has an extensive reporting mechanism that allows users to generate comprehensive standardized reports that can be used for quality assurance, tracking utilization, and tracking the efficacy of services offered. Therap provides a number of user-defined module reports where users can create ad-hoc reports by selecting fields/columns for generating reports according to their requirements.

Administrators are able to define specific business processes by assigning appropriate access privileges to users, by which they can effectively generate performance measures based on those business processes.

G.6 Technical Requirements:

Solution must be scalable, maintainable and supportable throughout the life of the contract to meet the needs of DHHS.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
150	TEC.1	Solution must have the capacity and scalability for future expansion to support additional populations or services. Additional services or programs may be added or removed from the EVV implementation at the sole discretion of DHHS. This may be related to state and federal regulations changes, budget appropriations, court proceedings and other factors. Solution must support implementation of Home	Describe how solution has the capacity for future expansion to support additional populations or services.	N/A	S	N/A



		Health services prior to January 1, 2023. Solution must maintain adequate capacity and scalability to add other DHHS or other Nebraska agency services as needed.				
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Bidder's Response::

DHHS will be able to create programs for Home Health services, enroll individuals to those programs, provide staff access to those individuals/programs, create service authorizations for the individuals/programs, and enter EVV service information for those programs. Based on the assigned EVV slot, staff will be able to check-in and check-out for a given schedule, as well as provide signature or voice verification of the provided services. DHHS administrators with the appropriate roles will be able to create and deactivate user accounts, intake and discharge individuals, create and deactivate programs, and set up and discontinue service authorizations at their sole discretion. We understand the requirements of Nebraska and where the State is going, and we support the implementation of Home Health services as required by DHHS.

Therap's modular design of the software and hardware implementation fulfills objectives that focus on reliability, scalability and security. The technical architecture and accompanying operational processes have been designed to facilitate seamless upgrades, reconfigurations and replacements of components. The result is a system that is purpose-built to deliver flexibility and performance while remaining highly available. Therap continuously upgrades the system to comply with state and federal policies, and the system is flexible enough to accommodate changes required by the state and federal statute, mandate, decision, or policy.

Therap's scalable platform is capable of supporting more than double the number of concurrent users while still sustaining a response time of less than three seconds. Therap has designed its system architecture in a modular and extensible approach as both the user load and data capacity increases with time.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
151	TEC.2	Solution must have the capacity for ongoing growth to meet DHHS needs, including but not limited to: a) recording, storing and exchange	Describe in detail the description of capability available to meet each requirement.	N/A	S	N/A



		<p>of all data, including direct service worker and recipient service data;</p> <p>b) with at least six (6) years of data active in all actions and dashboards; and</p> <p>c) For at least ten (10) rolling years' data for reporting.</p>				
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Bidder's Response::

For the past 16 years, Therap has been providing and expanding a comprehensive electronic record keeping system for organizations providing supports and services to individuals with developmental disabilities and other special needs, including functionalities for recording, storing, exchanging, and reporting of data entered into the system. The system also allows users to enter data for past dates, while recording the actual date and time the data is being entered as well. All data entered by DHHS will remain active throughout the contract period, and reports can be generated for those data going as far back in time as required. Therap will be able to meet the growth requirements of DHHS.

Therap has designed its system architecture in a modular and extensible approach to have the capacity for increasing user load and data capacity, as well as facilitate seamless upgrades, reconfigurations and replacements of components. DHHS data entered into the system will be available to DHHS throughout the length of the contract, including deleted data. Therap's 'logical delete' feature flags records as deleted but permanently retains them within the database for viewing by users with the appropriate privileges.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
152	TEC.3	Solution must be configurable to support multiple programs or services which have different policies, procedures and business rules, all of which are subject to change during the contract.	Explain how solution will be scalable and configurable to add new functional features and support more users and service types in the future without affecting the underlying system architecture or system performance.	PE.PI1.23	S	N/A



Bidder's Response::

DHHS administrators will be able to set up multiple sites, or physical locations where individuals are receiving services. Under each site, multiple programs can be assigned that support groups of individuals the DHHS assists and provides services to. A program can have multiple individuals, and an individual can be enrolled in multiple programs. Once enrolled, staff will be able to record data for the individuals under that program, which includes Service Authorizations and ISP Programs.

Access to data in Therap is defined by a sophisticated role-based access framework, which administrators with the appropriate role will be able to configure from within the application. By configuring these privileges, DHHS administrators configure the business rules that will determine access to individuals and programs. Administrators will be able to manually create caseloads, which contain the individuals whose information the user will be able to access, as well as utilize system-generated caseloads for each active programs. Administrators will also be able to configure super roles, each of which are a collection of caseload-based roles that determines a user's access to the data of the individuals in their caseload. An administrator is able to define which module's data a super role provides to users, and what kind of functions they are able to perform on the data (create, read, update, and delete).

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
153	TEC.4	Solution must have a comprehensive audit trail: a) Solution must provide an audit trail or log which identifies all access to PHI. b) Audit trail or log used to identify access to protected health information must be retained for a minimum of ten (10) years.	Describe in detail the audit trail, including all field level data retained, to track all changes to business rules. Describe how solution provides an audit trail or log to identify accesses to PHI for a minimum of ten (10) years. Include in the description the data elements that are retained to document the access.	N/A	S	N/A

Bidder's Response::

Therap's Activity Tracking module can be used in auditing and monitoring of the operations performed by users. Administrators with the appropriate privilege are able to create audit reports based on a number of search parameters, such as program/site, user, date range, source/module, action, activity type, and form ID. For each activity the audit log may display the activity time, user login



name, IP address, server name, module, action, activity type, form ID, individual form ID, program/site, additional information regarding the activity, and time zone. User actions and activities are broken down into view, save, create, acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure, and more. Activity Tracking reports are exportable as Excel files for further data manipulation and filtering.

The audit logs used to identify access to protected health information will be accessible throughout the duration of the contract.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
154	TEC.5	Solution should be browser agnostic and must be maintained, updated and supported with a cadenced and planned schedule. NE DHHS currently uses Internet Explorer as the browser standard. For provider and client facing systems, the State of Nebraska requires that the systems support the industry standard browsers such as Chrome, Firefox, Safari as well as Internet Explorer. Solution should support the current versions of these browsers with minimum backward compatibility for two older browser versions. Solution roadmap should include plans to maintain compatibility with future browser versions.	Describe how solution provides full compatibility with selected browsers at current versions with backward compatibility for two older browser versions. Provide list of browsers supported, current versions supported and update / maintenance process.	TA.CS.6	S	N/A

Bidder's Response::

Therap is a COTS, SaaS suite of applications that can be accessed using standard web browsers such as Internet Explorer 11, Chrome, Firefox, and Safari on devices with an active internet connection. We have successfully implemented our web-based system across the



State of Nebraska, and we keep the current requirements of our users in mind before changing any compatibility requirements. During system updates we ensure the new and existing modules are compatible with the current release standards. Any changes in minimum requirements will be communicated to users ahead of time via release notes.

Therap's model is an ongoing subscription. Therap provides continuous maintenance for the applications during the contract period. There are typically three to four major feature releases and several minor releases each year. The major releases are for extensive updates to the system. Point releases are carried out for bug fixes and for maintenance work. Newer versions of the application are automatically applied and does not require any actions from the end user.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
155	TEC.6	Solution must include license and use of all software required to perform EVV capabilities and oversight.	Describe how licenses shall be provided as required by DHHS to allow users access to perform all necessary business functions.	N/A	S	N/A

Bidder's Response::

Therap is a subscription-based COTS SaaS solution. The system is based on a subscription model that is priced per individual supported. DHHS administrators will have the authority to create oversight and linked provider user accounts, and those users will have access to the system through a secure URL. Each licensed account includes unique login name, password, and provider code, which are required to log in to the system. User accounts have profiles consisting of roles and caseloads assigned by administrators. Once the user logs into the system, they will be able to perform the necessary business functions as defined by their profiles, including EVV documentation. Third party licenses are not required as Therap is a COTS SaaS system.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
156	TEC.7	Unless otherwise mutually agreed to in writing, Contractor must maintain any and all hardware and software	Describe method of maintaining all hardware and software patches, fixes, upgrades, and releases for all	N/A	S	N/A

		products required to support the solution at the most current to -2 version, including patches, fixes, upgrades, and releases for all software, firmware and operating systems. Any security patches must be maintained at most current level after thorough testing.	software, firmware and operating systems utilized by solution.			
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Bidder's Response::

The Therap System is a cloud hosted, COTS SaaS solution that is hosted by Therap. Therap stores its data in federally compliant data centers residing within the continental United States of America. The data centers follow HIPAA standards and are certified against ISO 27001 standards. The centers are Tier 2 facilities and have a 100% uptime SLA. Therap will maintain the software products required to support the solution, as well as the hardware used to host the solution.

The latest version of the software is available for all the users. Therap strives to maintain industry best practices and apply the latest security patches to ensure utmost security and data integrity. There are multiple system maintenance releases a year which are deployed to implement the latest security patches. When issues are identified, they are tracked and then prioritized according to need and urgency. Priority of incidents to be fixed are treated and evaluated on the basis of their severity and complexity. In the event of a critical issue, developers meet immediately after the discovery of the event and plans are made for a new software patch release. Then, the code is urgently developed and tested by Development before sending it off to Software Quality Assurance (SQA) for a complete build and test cycle. After the full SQA cycle, the software point release is scheduled for deployment. The final approved build is delivered to Application Operations for deployment on both the live and hot backup sites.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
157	TEC.8	Solution should provide an environment where components can be added or replaced quickly and non-disruptively.	Describe how solution shall provide an environment where components can be added or replaced quickly and non-disruptively.	N/A	S	N/A

Bidder's Response::

Therap's modular design of the software and hardware implementation fulfills objectives that focus on reliability, scalability and security. The technical architecture and accompanying operational processes have been designed to facilitate seamless upgrades, reconfigurations and replacements of components. The result is a system that is purpose-built to deliver flexibility and performance while remaining highly available.

Therap supports the 'principle of least privilege' through role-based access control, which can be customized based on the needs of DHHS administrators. User access to components or modules depend upon the super roles assigned to them. Therap modules may have separate and distinct caseload-based roles for viewing, acknowledging, creating, submitting, updating, approving, and deleting data. For each user, the system displays modules and workflow actions based on the privileges assigned to them by an administrator. By updating the roles of a user, an administrator will be able to quickly add or remove components from a user's workflow in Therap's live, demonstration, and beta environments.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
158	TEC.9	Solution should provide an architecture that has clearly defined service endpoints.	Provide a description of architecture and any architectural drawings.	N/A	S	N/A

Bidder's Response::

The technical architecture of the Therap solution consists of several functional layers:

- The application suite that has been developed, tested and implemented. This layer is comprised of the internet-facing web application that users access via multiple supported browsers, and operational functions that provide 'back-end' services. Examples of 'back-end' services include interaction with external billing systems, interfaces with pharmacy or other external entities, and data transfer/data migration activities.
- Operations servers and services that provide support for the application suite. This includes both third-party and internally developed tools that monitor the infrastructure and provide guidance on availability, capacity, performance and security.
- The underlying hardware upon which the application and operations function reside. This consists of computing, storage, network and environmental devices.

- Methods and procedures that have been defined to address development, change management, operations, business continuity, disaster recovery and security.

The core premise of the technical architecture is that a site can provide full functionality for all system services. Data replication processes run in real time to provide rapid dissemination of updates to additional sites. This addresses both business continuity and disaster recovery needs simultaneously: in the event of a site-level disruption of service, a hot backup site can be rapidly activated.

The modular design of the software and hardware implementation fulfills objectives that focus on reliability, scalability and security. The technical architecture and accompanying operational processes have been designed to facilitate seamless upgrades, reconfigurations and replacements of components. The result is a system that is purpose-built to deliver flexibility and performance while remaining highly available.

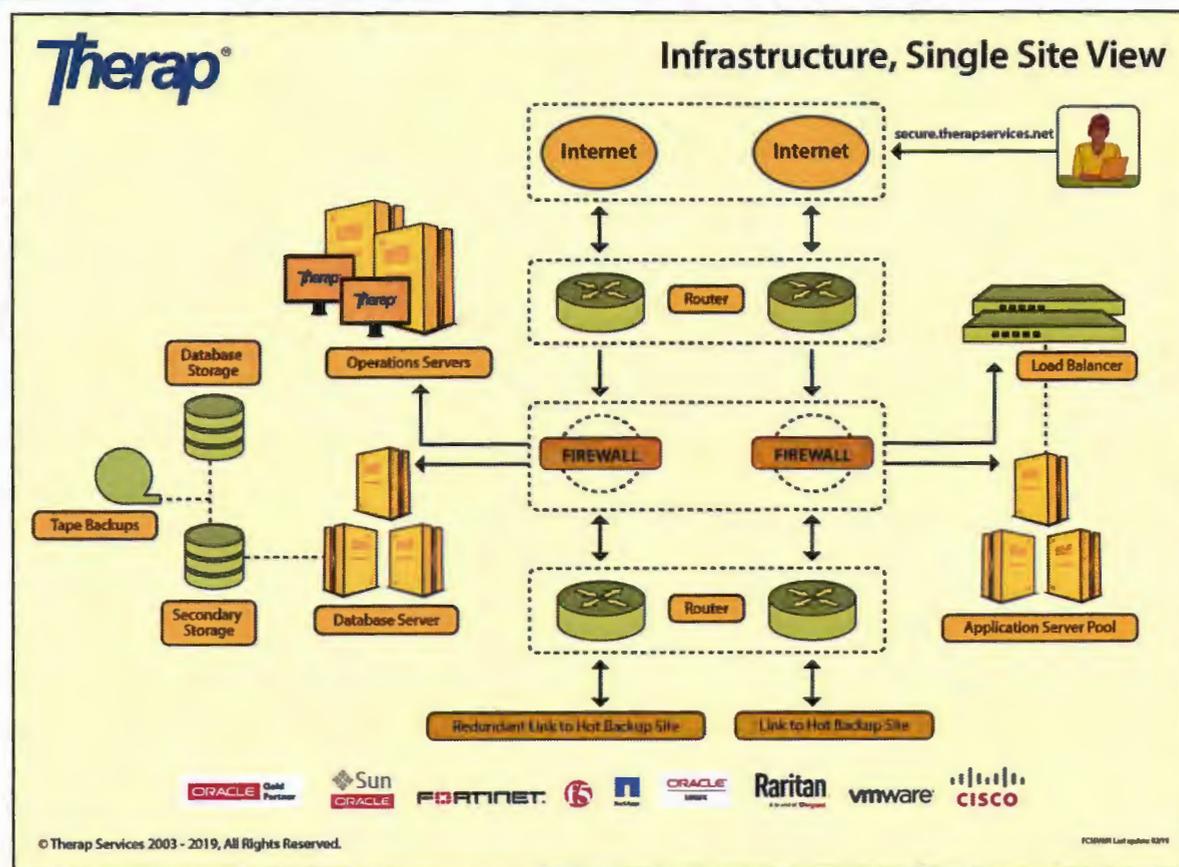


Figure 4: Technical architecture of the Therap solution

Therap Application is a cloud-hosted web-based COTS SaaS system which can be accessed using a multitude of devices (e.g. desktop, laptop, phone, tablet) using standard browsers with an active internet connection. The system uses a modern Service

Oriented Architecture.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
159	TEC.10	Solution must ensure all hardware, software, and communication components installed for use by state staff are compatible with the State's currently supported versions of the Microsoft Operating System, Microsoft Office Suite and Internet Explorer; and current technologies for data interchange.	Describe how the solution shall ensure all hardware, software, and communication components installed for use by state staff are compatible with the state's currently supported versions of the Microsoft Operating System, Microsoft Office Suite and Internet Explorer; and current technologies for data interchange.	N/A	S	N/A

Bidder's Response::

Therap Application is a cloud-hosted web-based COTS SaaS platform agnostic system which can be accessed using a multitude of devices (e.g. desktop, laptop, phone, tablet) using standard browsers with an active internet connection. The application requires no installation on the user's local device. Therap can be accessed using Internet Explorer 11, and its data is exported in Microsoft Office Excel 97 - 2003 Worksheet format.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
160	TEC.11	Solution should provide context sensitive help (situational clarification and support associated with process specific steps), to support user activities (e.g. maintenance activities).	Describe how solution shall provide context sensitive help (situational clarification and support associated with process specific steps), to support user activities (e.g. maintenance activities).	N/A	S	N/A



Bidder's Response::

The Therap Help and Support website is a dedicated support portal that offers a search capability to help provide ease of access to our training and support materials. Therap's training and support materials are designed to take into account the widely differing job responsibilities, computer skills, and educational backgrounds of our users.

The training and support team has developed materials to ensure that users with varying job responsibilities can easily locate support materials regarding any functionality in the system. Support materials include user guides, quick guides, FAQs, training courses, training videos, webinars, guided assistance and more, which are accessible online and viewable in printable PDF versions. User guides and quick guides provide step-by-step instructions for completing tasks in the system. The Guided Assistance feature guides users through a series of questions and provides solutions based on the answers provided by the user.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
161	TEC.12	Contractor shall provide the solution's technical, functional, and performance documents as required by the IV&V Contractor.	Describe solution's process for maintaining and providing solution's technical, functional and performance documents as required by the IV&V Contractor.	N/A	Choose an item.	N/A

Bidder's Response::

Therap will work with DHHS and provide the required technical, functional, and performance documents as required by the IV&V Contractor.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
162	TEC.13	Solution must support multiple web services standards, including web services, specifications, and adapters (e.g., ODBC, Web Service (WSDL, WS-*, SOAP, REST, UDDI,	Describe which web services standards the solution shall support: web services, specifications, and adapters (e.g., ODBC, Web Service (WSDL, WS-*, SOAP, REST, UDDI,	N/A	S	N/A

		ODATA), JSON-WDP, MS SQL, SQL Server, Oracle, FTPS, SFTP, HTTPS, MSMQ).	ODATA), JSON-WDP, MS SQL, SQL Server, Oracle, FTPS, SFTP, HTTPS, MSMQ).			
Bidder's Response:: The system architecture is based on and consistent with standard architecture, design, and implementation patterns supported by Java Enterprise Edition (JEE) framework. The system is capable of providing integration with other infrastructure through standard web services.						

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
163	TEC.14	Solution should use technology-neutral interfaces that localize and minimize impact of new technology insertion or replacement.	Describe solution's technology-neutral interfaces that localize and minimize impact of new technology insertion or replacement.	TA.CM.4	S	N/A
Bidder's Response:: The Therap system architecture has been designed to be modular and extensible, and is capable of providing integration with other infrastructure through standard web services. Over the past 16 years Therap has expanded its data access ability to interface with various systems, and has interfaces with standards such as HL7 and ANSI ASC X-12 v5010, and is confident about our ability to meet DHHS interfacing requirements.						

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
164	TEC.15	Solution should develop data models (conceptual, logical and physical) that include mapping of information exchange with external organizations.	Describe solution's ability to develop data models that include mapping of information exchange with external organizations.	TA.DAM.3	S	N/A



Bidder's Response::

Therap will be able to provide data models identifying the high-level data relationships, data classes, attributes, relationships, and standards of the solution.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
165	TEC.16	Solution should apply single source of information methodologies.	Describe solution's ability to apply single source of information methodologies.	TA.DAM.7	S	N/A

Bidder's Response::

The basis of the Therap system is that it is a unified single record for each individual enrolled in the system. This record allows individual data to be used across systems, reducing redundancy, and increasing accuracy. For example, demographic information recorded on an individual's facesheet or Individual Data form (IDF) will be auto-populated in other forms created for that individual.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
166	TEC.17	Solution should use standardized business rules definitions that reside in a separate application or rules engine.	Describe solution's ability to use standardized business rules definitions that reside in a separate application or rules engine.	TA.DM.1	S	N/A

Bidder's Response::

Therap provides a range of rules engines designed specifically for developmental disability staff in their own area of expertise to configure the system to work according to their own local business rules. The capability to configure these different areas is role driven. For example, administrators are able to combine distinct caseload-based roles into custom super roles, and then assign these super roles to groups of users. Each super role consists of only those caseload-based roles that are required for the group of staff to whom the super role is being assigned. The users assigned those super roles will only be able to perform the actions defined in that super role. Through this process, the administrator can define exactly what each user (or group of users) is capable of seeing and doing within the system. Rules can apply differently to different categories of users to allow the configuration of the system to the

current situation in the agency or state. This also allows Therap to manage changes in regulation and policy without having to resort to re-programming. Therap's rules engines and configurability have been designed specifically for managing developmental disability services.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
167	TEC.18	Solution should use a rules editor that maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.	Describe solution's ability to use a rules editor that maintains the current version of standardized business rules definitions in a language that business people can interpret and transforms them into machine language to automate them.	TA.DM.2	S	N/A

Bidder's Response::

Therap's rules editor can be accessed from within the application, and has been designed to be interpreted and configured by non-technical users. In Therap, users are able to view the data of the individuals who are added to their caseloads. These caseloads can be custom caseloads consisting of the individuals created by a user with the appropriate privileges, or program caseloads created and maintained by the system consisting of the clients actively enrolled in a program. Program caseloads are automatically updated when a user performs a program enrollment or discharge to an individual's record.

Access to individual data further depends upon the super roles assigned to staff. Therap modules may have separate and distinct caseload-based roles for viewing, acknowledging, creating, submitting, updating, approving, and deleting data. Administrators will be able to combine these distinct caseload-based roles into super roles, and then assign these super roles to groups of staff. Each super role will consist of only those caseload-based roles that are required for the group of staff to whom the super role is being assigned. The users assigned those super roles will only be able to perform the actions defined in that super role. Roles for administrative tasks (e.g., individual intake, creating new user accounts and assigning them roles and privileges, creating and updating super roles and caseloads, generating agency wide reports and audit reports) are assigned separately as agency wide and administrative roles.

Administrators can define business rules in the system using these roles and caseloads. The ability to update roles and caseloads determines workflow behaviors. An agency chooses to assign privileges based on job responsibilities. Accordingly, each user will be assigned a set of privileges that will allow them to complete the tasks they are assigned to. Upon any change in agency policy, administrators will be able to update the roles and privileges to reflect throughout the system, and hence modify the workflow based on needs.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
168	TEC.19	Authorized user(s) must have access to user activity history and other management functions, including but is not limited to log-on approvals/disapprovals and log search and playback.	Describe solution's ability for authorized users to have access to user activity history and other management functions, including but not limited to log-on approvals / disapprovals and log search and playback.	TA.LG.1	S	N/A

Bidder's Response::

Therap's Activity Tracking module can be used in auditing and monitoring of the operations performed by users. Administrators with the appropriate privilege are able to create audit reports based on a number of search parameters, such as program/site, user, date range, source/module, action, activity type, and form ID. For each activity the audit log may display the activity time, user login name, IP address, server name, module, action, activity type, form ID, individual form ID, program/site, additional information regarding the activity, and time zone. User activities are broken down into specific actions in the report result, including login/logout actions, account unlock/activation action so that a user may login, and account lock/deactivation/delete actions to take away a user's login privileges. The activity logs are shown chronologically to help in the visualization of the sequence of user actions.

Specific roles can also be assigned to authorized users for other management functions, such as providing users with login privileges as well as taking them away.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
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169	TEC.20	Contractor should provide a current product roadmap which provides details regarding planned updates, timing of product versions/releases, end of support (EOS) and end of life (EOL) for current and past versions. Roadmap should contain information regarding third-party products that the solution utilizes. Product roadmap should be updated quarterly.	Describe solution's product roadmap, release schedule, planned roadmap enhancements, any plans for end of support or end of life, and other product version/release information.	S&C.LC.11	S	N/A
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Bidder's Response::

Therap typically plans for three to four major releases each year to update the system, to introduce new features and meet regulatory, compliance, and accreditation requirements. Point releases are carried out for bug fixes and maintenance work. Therap provides users with details regarding planned updates via release notes, as well as post notifications through emails, login page ads, notices on website home pages, and splash messages. Users guides, webinars, and videos are posted on the Therap Support site for training purposes. New features and enhancements are incorporated into Therap's Beta environment prior to the release or upgrade. This environment is made accessible to the user base well ahead of the release so that they have a chance to become familiar with new functionality.

As an online COTS SaaS system, DHHS will be provided with the most updated version of the application throughout the contract period. These application updates are implemented automatically and requires no actions from end users.

Therap team members regularly organize user group meetings in different states giving users in the same region the opportunity to troubleshoot, network, discuss regional issues and get information on the latest Therap releases. Periodic user group meetings and statewide workshops are offered to train, share best practices, and discuss recent and upcoming system upgrades which maximizes the utility and value of the system to users. We facilitate user groups at the regional and local level.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
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170	TEC.21	Solution should use regionally standardized business rule definitions in both human and machine-readable formats.	Describe how solution uses regionally standardized business rule definitions in both human and machine-readable formats.	S&C.MS.10	S	N/A
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Bidder's Response::

Therap's rules editor can be accessed from within the application, and has been designed to be interpreted and configured by non-technical users. Administrators can define regionally standardized business rules in the system using roles and caseloads. The ability to update roles and caseloads determines workflow behaviors. An agency chooses to assign privileges based on job responsibilities. Accordingly, each user will be assigned a set of privileges that will allow them to complete the tasks they are assigned to. Upon any change in agency policy, administrators will be able to update the roles and privileges to reflect throughout the system, and hence modify the workflow based on needs without having to resort to re-programming. Therap's rules engines and configurability have been designed specifically for managing developmental disability services.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
171	TEC.22	Solution should define and utilize system modules that can be interchanged without major system design.	Describe how solution defines and utilizes system modules that can be interchanged without major system redesign.	S&C.MS.1 4	S	N/A

Bidder's Response::

Therap's modular design of the software and hardware implementation fulfills objectives that focus on reliability, scalability and security. The technical architecture and accompanying operational processes have been designed to facilitate seamless upgrades, reconfigurations and replacements of components. The result is a system that can update existing or add new modules to the system without major system redesign. When changes are introduced to a module, only the functionalities of that module are affected and the overall system functions as before.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure

172	TEC.23	Solution should use an intrastate rules engine separate from core programming with established interstate standardized business rules definitions.	Describe how solution uses an intrastate rules engine separate from core programming with established interstate standardized rules definitions.	S&C.MS.16	S	N/A
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Bidder's Response::

Therap's rules editor can be accessed from within the application, and has been designed to be interpreted and configured by non-technical users. Administrators can define intrastate business rules in the system using roles and caseloads. The ability to update roles and caseloads determines workflow behaviors. An agency chooses to assign privileges based on job responsibilities. Accordingly, each user will be assigned a set of privileges that will allow them to complete the tasks they are assigned to. Upon any change in agency policy, administrators will be able to update the roles and privileges to reflect throughout the system, and hence modify the workflow based on needs without having to resort to re-programming. Therap's rules engines and configurability have been designed specifically for managing developmental disability services.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
173	TEC.24	All system design documents should utilize a widely supported modeling language (e.g., UML, BPMN).	Describe system design document modeling language which solution uses. DHHS utilizes Sparx Systems Enterprise Architect (EA) for modeling artifacts. Model artifacts shall be importable to the Sparx EA tool.	S&C.MS.18	S	N/A

Bidder's Response::

During the design cycle of each phase, Therap will research the existing system to design the new system and identify the scope for improvement in the current processes with input from DHHS. Therap utilizes tools like unified modeling language (UML) or similar high level representation technique in order to conceptualize the system.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
174	TEC.25	Modularity must be verified through extensive testing that demonstrates compliance with chosen interface standards and specifications.	Describe how testing will verify modularity using extensive testing that demonstrates compliance with chosen interface standards and specifications.	S&C.MS.4	S	N/A

Bidder's Response::

Therap's Software Quality Assurance (SQA) team is responsible for the complete build and test cycle. The testing plan and test scripts are developed by the SQA team to test specific functionality and the potential impact of these functionalities on the entire system. After the full SQA cycle, software release is scheduled for deployment. Upon final approval for deployment, the application and related processes are disabled at both the live site and the hot backup site. The release is then deployed at the live site. After initial deployment, a full test cycle is completed by SQA to ensure that all features and code changes are functional and that the application is running smoothly. Modules that were targeted by the release receive additional testing according to detailed test plans. The length of the post-deployment test cycle is determined by the release complexity. When the testing cycle is complete, the SQA group approves the release for production traffic. At this time, the release is opened to the user base, and the hot backup site is updated with the new release. The hot backup site is kept ready to become the live site should problems arise.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
175	TEC.26	Solution should leverage reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages.	Describe solution's message capabilities, including guaranteed message delivery and support for non-deliverable messages.	TA.SOA.2	S	N/A

Bidder's Response::

When a user successfully performs an action on a form, a message is displayed confirming the action was successful and identifying the form that was affected. If the user action on the form was not successful, the system will also validate against the potential errors and prompt a confirmation message listing all the errors. If the error was due to an issue in the system, then an application error page

will be displayed where the user can write about the error and report directly to the Therap team for further investigation.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
176	TEC.27	Contractor must develop and deliver a Conceptual Data Model that depicts the business area high-level data and general relationships for intrastate exchange.	Describe solution's conceptual data model and how it depicts the business area high-level data and general relationships for intrastate exchange.	IA.CDM.1	S	N/A

Bidder's Response::

Therap will provide a Conceptual Data Model (CDM) of the solution identifying the high-level data relationships and general relationships for intrastate exchange.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
177	TEC.28	The system data models (conceptual, logical, and physical) delivered and developed by the contractor should identify relationships between key entities in the enterprise.	Describe solution's system data models which are delivered and developed by contractor and how contractor will identify relationships between key entities in the enterprise.	IA.CDM.2	S	N/A

Bidder's Response::

Therap's data models will identify the high-level data relationships, data classes, attributes, relationships, and standards of the solution.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
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178	TEC.29	Solution should utilize an intrastate metadata repository that defines the data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of data and information.	Describe how solution will provide metadata information that defines the data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of the data and information. Solution shall provide meta data information in industry standard export formats.	IA.DMS.2	S	N/A
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Bidder's Response::

Therap will provide a combination of data dictionary and ER diagrams describing data entities, attributes data models and relationships to sufficiently convey the overall meaning and use for the data. Therap will provide this in an agreed-upon industry-standard format.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
179	TEC.30	Solution should define and utilize statewide standard data definitions, data semantics, and harmonization strategies.	Describe how solution defines and utilizes statewide standard data definitions, data semantics, and harmonization strategies.	IA.DMS.4	S	N/A

Bidder's Response::

Therap has worked statewide in Nebraska for the past eight years, and will continue to work with the standard data definitions, semantics, and harmonization strategies as required by the State.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
180	TEC.31	Solution should support consumption of data in multiple formats from many sources, such as vital statistics, MCO encounter	Describe how solution supports consumption of data in multiple formats from many sources.	IA.DS.11	S	N/A

		data, benefit manager encounter data (pharmacy, dental, mental health), waiver program data, and census bureau.				
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Bidder's Response::

The Therap system allows the consumption of data in multiple formats. Other than data entered through the application interface, users are also able to upload user, demographic, program, medication, billing, and more information in bulk using Excel upload.

Therap's application suite also integrates with a number of external systems. For example, with Nebraska's NFOCUS system, Therap's system employs an FTP-based file transfer and a batch-data processing approach for updating individuals' demographic data and caseload assignment of the support coordinators. Therap has extensive experience working with and interfacing and exchanging data with several states and large providers' legacy systems including but not limited to Medicaid Management Information System (MMIS), PeopleSoft/Mosaic, QS1, North Dakota Master Client Index, MMIS Vendors, First DataBank, and College of Direct Support (CDS).

Most of Therap's statewide implementations have involved data conversion and migration. This has included some very large and complex migrations, for which both comparative and parallel testing of the data was carried out based on data volume and quality. At the start of the project, Therap works with the state to identify data sets, formats, types of data, etc. in the old system needed for data conversion and migration. Therap will assess the data quality and quantity and will then provide a detailed Data Conversion and Migration Plan. Once the migration is completed, comparative testing is carried out by running automated test scripts to verify that the data has been converted and migrated to our system without errors.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
181	TEC.32	Solution's user interface or associated interfaces should provide text titles for frames to facilitate frame identification and navigation.	Describe how solution's user interface or associated interfaces provide text titles for frames to facilitate frame identification and navigation.	TA.CS.10	S	N/A



Bidder's Response::

The Therap system is a web-based, user-friendly, convenient, and simple system with an intuitive and consistent user interface which supports basic computer-based functionality. Therap forms, pages, and subsections on those forms and pages are intuitively titled and labelled for ease of navigation and so that users are able to understand which part of the workflow they are in. Therap's support materials also make references to these titles and labels so that users can easily navigate the system while following the instructions in user guides.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
182	TEC.33	Solution's transactions must execute in a reasonable amount of time.	Describe solution's transaction execution time, and how execution time is monitored and reported.	TA.PM.5	S	N/A

Bidder's Response::

The system has been designed to be responsive given current and projected workloads. Currently, the system is being used by over 300,000 users in more than 3000 agencies in 50 states and additional jurisdictions. Therap's scalable platform is capable of supporting more than double the number of concurrent users while still sustaining a response time of less than three seconds.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
183	TEC.34	Solution should collect information in predefined formats.	Describe how solution will collect information in predefined formats, and identify formats used.	TA.PM.6	S	N/A

Bidder's Response::

Forms in Therap have validation checks to assist users in entering complete, accurate, and correctly formatted information. If required fields are left empty or data is not entered in the required format, a variety of real-time form validation prompts are displayed that require users to rectify data entry errors if conditions are not satisfied. Users will not be able to move forward in the workflow process until the errors are corrected. Some forms also have date validation to prevent users from entering information for future dates. Required formats vary from field to field.

Data collection format can also be defined by the agency using Therap. Therap's highly configurable ISP Program module can be

utilized to support different types of service plans based on the type of program in which the individual is receiving services. Users can create as many types of service plans as required under a program as required. The ISP Program / Service Plan provides functionalities to record goals, objectives, reason, schedule, frequency, location, criteria for completion, required materials and more. Users can define tasks and teaching methods to assist in recording progress towards outcome. Users can define scoring methods for collecting data against the tasks, each ISP Program can have its own scoring method. Data for the tasks are collected in the ISP Data form.

Therap's Questionnaire module allows users to create and answer survey and assessment questions. Various types of checklists, screening assessments, and clinical documentation can be created using the Questionnaire module. This module offers different input options for answers such as free form text fields, drop down menus, date and time pickers, checkbox selections, radio buttons, and external attachment options appropriate to the type of question in the assessment/checklist.

Users have the ability to create, update, and delete user-defined Custom Fields in the Individual Data Form (IDF) to meet requirements. The Custom Fields can be of type Text, Long Text, Numeric, Yes/No, and Dropdown, and can be marked as required or optional on the IDF.

Users can also create templates in various modules for capturing assessment information that they are unable to collect with existing forms. These shared templates can then be imported and applied to the necessary individuals. Users can send their requirements for reports and forms, to Therap, where they can be created based on the user requirements.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
184	TEC.35	Solution must provide the ability to record and monitor the performance and utilization of resources within the overall system.	Describe how solution provides the ability to record and monitor the performance and utilization of resources within the overall system.	TA.PM.7	S	N/A

Bidder's Response::

Therap also has an extensive reporting mechanism that allows users to generate comprehensive standardized reports that can be used

for quality assurance, tracking utilization, and tracking the efficacy of services offered. Therap provides a number of user-defined module reports where users can create ad-hoc reports by selecting fields/columns for generating reports according to their requirements. Users will find hundreds of reports in Therap's Report Library, which have been created over time to meet the requirements of the user base. Administrators may send requests to Therap Support for additional performance and utilization reports.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
185	TEC.36	The Department prefers cloud-based hosting for the solution. The delivery of the solution/services should be seamless with the hosting solution providing the flexibility to integrate other solutions for security and regulatory purposes in the future and be cost-effective and scalable. Solution must provide production, UAT and training environments. Solution must provide visibility into capabilities of development and SIT environments, and must provide access to SIT environment to support interface testing prior to UAT. Solution must provide ongoing access to a UAT environment for integration and solution testing during the operations phase to support approved changes via the approved change management process.	Describe solution's approach to hosting and how delivery of the solution will be seamless. Describe how hosting solution provides the flexibility to integrate other solutions for security and regulatory purposes in the future and be cost-effective and scalable. Also show how solution meets State and Federal regulations, security and performance requirements. Describe the production, UAT and training environments.	N/A	S	N/A



Bidder's Response:

Therap is a cloud-hosted COTS SaaS solution. The modular design of the software and hardware implementation fulfills objectives that focus on reliability, scalability and security. The technical architecture and accompanying operational processes have been designed to facilitate seamless upgrades, reconfigurations and replacements of components. The result is a system that is purpose-built to deliver flexibility and performance while remaining highly available. Over the past 16 years, Therap has developed new modules, features, and interfaces to meet state and federal regulatory, compliance, accreditation requirements, as well as user requirements, while being cost-effective and scalable enough to expand its services to over 3,000 agencies across 50 states. Currently, the system is being used by over 300,000 users. Therap's scalable platform is capable of supporting more than double the number of concurrent users while still sustaining a response time of less than three seconds.

The Therap System is hosted in federally compliant data centers residing within the continental United States of America. The data centers follow HIPAA standards and are certified against ISO 27001 standards. The centers are Tier 2 facilities and have a 100% uptime SLA. Movement within the facility, up to and including access to isolated cages containing Therap equipment, is controlled by a combination of badge and biometric access at various checkpoints (main entrance, elevator access, data center access). Within the application, Therap's highly configurable role-based access control system provides security, privacy, and HIPAA compliance through the concept of 'least privilege'. Users will be able to access the data of only the clients in their caseloads, and for the modules whose caseload-based roles they have been assigned. The multilevel access control mechanism provides the ability to define and customize access rights for users based on segregation of duties, and user job responsibilities. For information on Therap's architecture, refer to Req.# 158.

After successfully completing software configuration and user acceptance testing, the system will Go-Live. As Therap is a COTS SaaS system, users can start using the system right from day one with standard browsers and active internet connection. Therap will provide Training & Implementation Specialists on-site for seamless delivery of the application, and will provide operational support and maintenance for the Nebraska DHHS during this phase until termination or end of contract.

Therap has an AICPA SOC 2 (Type 2) report, and its scope covers the suitability of the design and operating effectiveness of controls to meet the criteria for the Security, Availability, Processing Integrity, and Confidentiality principles set forth in TSP section 100A, Trust Services Principles, Criteria, and Illustrations for Security, Availability, Processing Integrity, Confidentiality, and Privacy.

Therap provides several user acceptance and testing environments. A development 'Beta' context application will ensure Wyoming



users have an environment to adequately test as programming is being conducted for existing and new Therap modules. The Beta context environment will be available for user acceptance training and will be utilized on an on-going testing/training environment for development context.

Therap also provides a 'Demo' environment that allows users to freely test and train on the application. Users are able to log into their Demo accounts and test out features according to their access privileges.

Additionally, a Test Mode is accessible from the live application. It allows users to test the application in an environment containing agency-specific content. In Test Mode, users log into a test environment, and their activities will not affect the live application. Users are trained in accordance with the access privileges assigned to them and in accordance to their job functions. Test mode is used when training users on the basic modules.

G.7 Data Management Requirements:

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
186	DM.1	Solution must verify that all fields defined as numeric contain only numeric data.	Describe how solution verifies that all fields defined as numeric contain only numeric data.	TA.SP.1	S	N/A

Bidder's Response::

Forms in Therap have validation checks to assist users in entering complete, accurate, and correctly formatted information. If required fields are left empty or data is not entered in the required format, a variety of real-time form validation prompts are displayed that require users to rectify data entry errors if conditions are not satisfied. Users will not be able to move forward in the workflow process until the errors are corrected. Required formats vary from field to field. Users will only be able to enter numeric data in various fields throughout the application that are defined to contain only numeric data. Users will be prompted with appropriate warning or error messages to enter data in the correct format in the fields.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist	Bidding Ability	Gap Description and Recommendation for
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				ID	Code	Closure
187	DM.2	Solution must verify that all fields defined as alphabetic contain only alphabetic data.	Describe how solution verifies that all fields defined as alphabetic contain only alphabetic data.	TA.SP.2	S	N/A

Bidder's Response::

Forms in Therap have validation checks to assist users in entering complete, accurate, and correctly formatted information. If required fields are left empty or data is not entered in the required format, a variety of real-time form validation prompts are displayed that require users to rectify data entry errors if conditions are not satisfied. Users will not be able to move forward in the workflow process until the errors are corrected. Required formats vary from field to field. Users will only be able to enter alphabetic data in various fields throughout the application that are defined to contain only alphabetic data. Users will be prompted with appropriate warning or error messages to enter data in the correct format in the fields.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
188	DM.3	Solution must support data integrity through system controls for software program changes and promotion to production.	Describe how solution supports data integrity through system controls for software program changes and promotion to production.	TA.SP.23	S	N/A

Bidder's Response::

To ensure that system updates and enhancements are added in a controlled manner, Therap's Software Quality Assurance (SQA) team performs complete build and test cycle. The testing plan and test scripts are developed by the SQA team to test specific functionality and the potential impact of these functionalities on the entire system. After the full SQA cycle, software release is scheduled for deployment. Upon final approval for deployment, the application and related processes are disabled at both the live site and the hot backup site. The release is then deployed at the live site. After initial deployment, a full test cycle is completed by SQA to ensure that all features and code changes are functional and that the application is running smoothly. Modules that were targeted by the release receive additional testing according to detailed test plans. The length of the post-deployment test cycle is determined by the release complexity. When the testing cycle is complete, the SQA group approves the release for production traffic. At this time, the release is opened to the user base, and the hot backup site is updated with the new release. The hot backup site is kept ready to become the live site should problems arise. Therap strives to maintain industry best practices and apply latest security patches to ensure utmost security and data integrity.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
189	DM.4	Solution should have the capability to handle requests for amendment and support timely action of making amendments to ePHI, PII and FTI about the individual in a designated record set.	Describe how solution handles requests for amendment and supports timely action of making amendments to ePHI, PII and FTI about the individual in a designated record set.	TA.SP.45	S	N/A

Bidder's Response::

Roles and privileges determine the access of users in the system. Users with the appropriate roles will be able to carry out certain tasks in the system. Administrators will be able to determine who those users would be for each and every single action. Similarly, administrators will also be able to update the roles and privileges of users that would allow them to update specific data entered into the system and make amendments to ePHI, PII, FTI of the corresponding individual designated record set.

G.8 Integration and Interoperability Requirements:

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
190	IIO.1	Contractor will be responsible for understanding the business processes to automate and document appropriate workflows, business rules, data flow and metadata within the solution and work collaboratively with the DHHS System Integration Team.	Describe how the Contractor shall be responsible for understanding the business processes to automate and document appropriate workflows, business rules, data flow and metadata within the solution and work collaboratively with the DHHS system integration team.	N/A	S	N/A

Bidder's Response::

During the design cycle of each phase, Therap will research the existing system to design the new system and identify the scopes for improvement in the current processes with input from DHHS. Therap's multilevel access control mechanism provides the ability to



define and customize workflows for users based on roles within modules. The ability to manage these access capabilities allows workflows to be updated based upon changing needs. Therap has a highly configurable role-based access mechanism which allows administrators to be able to quickly add business rules to programs and functions.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
191	IIO.2	Solution must support use of XML standard messaging format to ensure interoperability.	Describe how the solution will use XML standard messaging format to ensure interoperability.	TA.DC.9	S	N/A

Bidder's Response::

Therap has extensive experience data interfacing and it can be accomplished in multiple ways, including, but not limited to, bilaterally exchanging data via web service utilizing an XML data format. Therap has used SOAP, WSDL, XML-RPC, REST based services for external interfacing.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
192	IIO.3	Solution must provide for all service endpoints/APIs to be exposed to the DHHS Translator and be able to receive and submit messages through the Translator or other integration points as required.	Describe how solution provides for all service endpoints/APIs to be exposed to the DHHS Translator and are able to receive and submit messages through the Translator or other integration points as required.	N/A	S	N/A

Bidder's Response::

Therap has extensive experience in building and maintaining APIs and interfaces with State systems using different technologies such as Web Service, RESTful API, SFTP etc. Therap will provide standard APIs to the DHHS Translator and other integration points for exchanging messages as required.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
193	IIO.4	Contractor shall collaborate with all State enterprise contractors and solutions to accurately collect, process, and distribute applicable HIPAA EDI transactions.	Describe methods for collecting, processing and distributing applicable HIPAA EDI transactions.	N/A	S	N/A

Bidder's Response::

Therap complies with ANSI ASC X12, HIPAA Compliant EDI format for the receipt of 835 EDI Transaction from MMIS Vendors, presently with CSC/eMedNY, ACS/Xerox, and with EDS/HP Enterprise Services. Therap utilizes services of Change Healthcare Clearinghouse services to submit claims of Medicare MCOs, Commercial Insurance carriers and additional MMIS vendors.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
194	IIO.5	Solution should have the ability to identify data or transaction errors in web services or batch file transactions and immediately notify the source system of the specific errors, where possible.	Describe how solution will have the ability to identify data or transaction errors in web services or batch file transactions and immediately notify the source system of the specific errors, where possible. Describe solution's method for error handling in data transfers.	N/A	S	N/A

Bidder's Response::

The system validates data entered in various forms against the potential errors and prompt a confirmation message listing all the errors. If the error was due to an issue in the system, then an application error page will be displayed where the user can write about the error and report directly to the Therap team for further investigation. Application errors are logged internally and the team works on providing appropriate responses.



Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
195	IIO.6	Solution must be capable of supporting multiple data exchange protocols.	Provide a list of protocols supported.	N/A	S	N/A

Bidder's Response::

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

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
196	IIO.7	Solution must integrate with the existing and planned Nebraska DHHS systems. The Nebraska technology roadmap includes numerous in-process and upcoming system changes. Solution must maintain currency and integration points as DHHS Systems evolve.	Describe how the solution integrates with the Nebraska DHHS systems, and will continue to align and integrate with new systems as they evolve.	N/A	S	N/A

Bidder's Response::

Therap has been successfully deployed and implemented across Nebraska providers, both independent providers and agency organizations. Since 2011 the State of Nebraska has mandated that providers utilize Therap to record incidents, annual plans, habilitation goals, medication administration records, health tracking data, and billing data. The EVV solution will be able to integrate with the existing provider accounts, staff accounts, programs, individuals, and services that have already been entered into the Therap system.

Therap has implemented several interfaces with the state's N-FOCUS system. This enables users of Therap to access data related to



demographic, waiver program enrollment status, Medicaid eligibility and financial data. This interface employs an FTP-based file transfer and a batch-data processing approach to synchronize demographic data, caseload and access control between Therap and the state's N-FOCUS system.

Therap continuously upgrades the system to comply with State and federal policies. Therap has extensive experience interfacing with state systems, and will work with Nebraska DHHS to identify business processes and data elements that may need to be exchanged over interfaces with future solutions.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
197	IIO.8	Solution must securely transmit all raw data elements to DHHS and the Medicaid FMS agent in the DHHS-approved format and according to a DHHS-approved transmission schedule.	Describe how solution will securely transmit all raw data elements to DHHS and the Medicaid FMS agent in the DHHS-approved format and according to a DHHS-approved transmission schedule.	N/A	S	N/A

Bidder's Response::

Therap has extensive experience of developing system interfaces including Nebraska's N-FOCUS system. Therap has the capability to develop a bidirectional interface that enables transmission of data to DHHS and the Medicaid FMS agent in the DHHS approved format and according to a DHHS approved transmission schedule.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
198	IIO.9	Solution must interface with the DHHS system modules and HCBS providers to authorize payment of claims based on verified delivery of services and compliance with the rules and regulations associated	Describe how solution will interface with the DHHS system modules and HCBS providers to authorize payment of claims based on verified delivery of services and compliance with the rules and regulations	N/A	S	N/A

	<p>with the service.</p> <p>a) Contractor will work with DHHS and their billing agents and providers to establish a means for sending customized electronic 837s (electronic claims) to the DHHS systems for adjudication.</p> <p>b) The system architecture must be flexible enough to add future desired populations, programs, and services, which have different policies and procedures.</p> <p>c) 837 file format must be customized to meet DHHS requirements.</p> <p>d) Solution must have the capability to consolidate and submit claims on a weekly basis.</p>	<p>associated with the service. Describe how standard and custom 837 files can be used for claims submission. Describe how the system architecture is flexible enough to add future desired populations, programs, and services, which have different policies and procedures. Describe how 837 file format will be customized to meet DHHS requirements.</p>			
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Bidder's Response::

Therap's Billing support allows users to create a master record of services that contains the rendering or billing provider service description/codes, procedure modifier, unit of measure/rate, cost center type, and claim type (professional or institutional). Funding sources or payer information can be identified as electronic or manual claim status. Service Authorizations automate the process of tracking services authorized for an individual using a rule based system that provides flexibility and tracks utilization and other factors. Supervisors, Service Coordinators or Admin users with the specific caseload and roles are able to define and approve Service Authorizations for individuals. When defining Services in the Service Authorization, users are also able to determine new rates, codes, rounding factors etc. Only service providers with the specific caseload and roles are able to provide services based on approved Service Authorizations.

Therap's Billing Support module handles the billing requirements of agencies in the ASC X-12 v5010 format and a HIPAA compliant manner. The module is designed for Medicaid Waiver Provider Agencies operating both community based programs and providers who operate ICF/IID programs, in addition to health care professionals who wish to send Electronic 837P, 837I claims, CMS 1500 paper claims or manual invoices to other funding sources. The module supports creation of both Professional Claims and Institutional



Claims. It is capable of exchanging trade files 999, 277CA, 835s, 270s/271s and 278s. The system is able to create claims per day, or with date ranges, or bundle for a fixed unit amount on a daily basis or for a date range. The module allows for claim submission on daily, weekly, semi-monthly, monthly cycles, with a bundled or individual claim for each service line.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
199	IIO.10	DHHS will extract data exports from DHHS systems to send to the solution to enable EVV processing. These exports will include data for eligible recipients, eligible providers, service plan, and prior authorization details. Solution must use DHHS file formats where needed and may use proprietary or modified standard formats as appropriate.	Describe how solution will support the data exports from DHHS systems, including standard or customized files. Provide standard file formats used for data transfers.	N/A	S	N/A

Bidder's Response::

In Nebraska, Therap has implemented several interfaces with the state's N-FOCUS system. This enables users of Therap to access data related to demographic, waiver program enrollment status, Medicaid eligibility and financial data. This interface employs an FTP-based file transfer and a batch-data processing approach to synchronize demographic data, caseload and access control between Therap and the state's N-FOCUS system. Therap will integrate with additional interfaces using DHHS file formats as needed.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
200	IIO.11	Solution should take advantage of best practices for Medicaid EVV systems and electronic data interchange with Medicaid Management Information Systems and eligibility and enrollment	Describe how solution takes advantage of best practices for Medicaid EVV systems and electronic data interchange with Medicaid Management Information Systems and eligibility and	N/A	S	N/A



		systems.	enrollment systems.			
Bidder's Response::						
Therap continuously strives to implement industry-best practices and updates to the system to maintain compliance with State and Federal requirements. We are also in the process of implementing EVV in many states. Therap's application suite already integrates with a number of external systems including Medicaid Management Information System (MMIS)						

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
201	IIO.12	Contractor must document all interfaces in an Interface Control Document (ICD) which will include data layout documentation, data mapping crosswalk, inbound/outbound capability and frequency of all interfaces. As new interfaces are required, ICDs for those will be created and shared with, and reviewed and approved by DHHS.	Describe how solution will document all interfaces in an Interface Control Document (ICD) which will include data layout documentation, data mapping crosswalk, inbound/outbound capability and frequency of all interfaces. Bidder will provide standard ICDs for existing interfaces with proposal. Describe how ICDs are maintained.	TA.SE.3	S	N/A

Bidder's Response::						
Therap documents all the interfaces in an Interface Control Document (ICD) that includes data layout documentation, data mapping crosswalk, inbound/outbound capability and frequency of all interfaces. Therap will provide the specifications for any interface in an Interface Control Document (ICD) prior to implementation.						

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
202	IIO.13	Contractor must design, develop and maintain interfaces. Each Application Program Interface (API) and component that will interface	Describe how contractor will design, develop and maintain interfaces, keep them current, and include new APIs and interfaces as developed.	N/A	S	N/A



		with the Systems Integration Services Integration Platform will be documented using a mutually agreed upon ICD template. This effort is performed in collaboration with other stakeholders in the State's healthcare programs enterprise.				
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Bidder's Response::

Therap has the capability to design, develop and maintain interfaces. Therap has extensive experience interfacing with state systems, and it can be accomplished in multiple fashions. The system is capable of providing integration with other infrastructure through standard web services.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
203	IIO.14	Solution must be able to receive information in batch and individual transactions.	Describe how solution is able to receive information in batch and individual transactions.	PE.PI1.24	S	N/A

Bidder's Response::

Therap complies with the latest HIPAA transaction standard – (ASC) X12 version 5010 as of January 1, 2012. Therap complies with ANSI ASC X12, HIPAA Compliant EDI format for the receipt of 835 EDI Transaction from MMIS Vendors, presently with CSC/eMedNY, ACS/Xerox, and with EDS/HP Enterprise Services. Therap can produce single claims, batch transactions of multiple claims per consumer, for multiple services and multiple individuals. Claim submission is automated via sFTP, SOAP or other Asynchronous (Direct Submission to EDI) methods.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
204	IIO.15	Solution must be able to exchange and track service authorization information (e.g., flat file, X12 278)	Describe how solution shall be able to exchange and track service authorization information (e.g., flat	N/A	S	N/A



		with multiple external sources and the Integration Platform.	file, X12 278) with multiple external sources and the Integration Platform.			
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Bidder's Response::

Therap's Billing Support module handles the billing requirements of agencies in the ASC X-12 v5010 format and a HIPAA compliant manner. The module supports creation of both Professional Claims and Institutional Claims. It is capable of exchanging trade files 999, 277CA, 835s, 270s/271s and 278s. Therap has the capability to support Prior Authorization Request (EDI 278) transactions. Service Authorizations automate the process of tracking services authorized for an individual using a rule based system that provides flexibility and tracks utilization and other factors. Users are able to search, update and keep track of Service Authorization information within the system and exchange among users with appropriate privileges.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
205	IIO.16	Solution must have the ability to receive, store, and process provider and member data from the State's eligibility system, legacy MMIS, and Integration Platform, at a frequency and in a format determined by the State (e.g., daily).	Describe how solution shall have the ability to receive, store, and process provider and member data from the State's eligibility system, legacy MMIS, and Integration Platform, at a frequency and in a format determined by the State (e.g., daily).	N/A	S	N/A

Bidder's Response::

Therap has implemented several interfaces with the state's N-FOCUS system. This enables users of Therap to access data related to demographic, waiver program enrollment status, Medicaid eligibility and financial data. This interface employs an FTP-based file transfer and a batch-data processing approach to synchronize demographic data, caseload and access control between Therap and the state's N-FOCUS system. Therap has the ability to receive, store, and process provider and member data from the State's eligibility system, legacy MMIS, and Integration Platform as required by the State.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure



206	IIO.17	Contractor must work collaboratively with DHHS and other Contractors as required by DHHS.	Describe experience working collaboratively with other clients and vendors on previous projects.	N/A	S	N/A
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Bidder's Response::

Therap has been working with the State of Nebraska for the past eight years and will work collaboratively with DHHS and other contractors as required. Currently, the system is being used in more than 3000 agencies in 50 states.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
207	IIO.18	Solution must conduct information exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards.	Describe solution's capability in conducting information exchange using MITA Framework, industry standards and other nationally recognized standards.	TA.DAM.2	S	N/A

Bidder's Response::

The system architecture is based on and consistent with standard architecture, design, and implementation patterns supported by Java Enterprise Edition (JEE) framework. Therap promotes an enterprise view that supports enabling technologies that align with MITA business processes and technologies, makes performance measurable for accountability and planning, and promotes an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology. Therap has the capability and will assist Nebraska DHHS to align with MITA technical objectives. Therap continuously upgrades the system to comply with State and federal policies.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
208	IIO.19	Solution should define and utilize information sharing and event notification standards to allow aggregated and integrated information.	Describe how solution defines and utilizes information sharing and event notification standards to allow aggregated and integrated information.	TA.LG.2	S	N/A

Bidder's Response::

The Secure Communications (SComm) module has been designed to facilitate the exchange of information among users in a secure, HIPAA compliant way. Users may use the SComm module to communicate with a user or group of colleagues to share information about administrative, personal or individual care related issues. Users can also configure their Notification Profile to receive notifications via email regarding SComm messages that they have received. These notifications users to check their messages in the secure environment of the applications suite. Users are able to set up their Notification Profile to configure for which module, module events (create, update, delete, etc.), and medium (Email, Pager, and SComm) they receive notifications. Users will be able to enable a module event notification only if the module is included in their roles. Additionally, only the events that affect the individuals in their Caseloads will be sent to them. Event notifications are sent to users as soon as the events take place.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
209	IIO.20	Solution architecture must preserve the ability to efficiently, effectively, and appropriately exchange data with other participants in the health and human services enterprise.	Describe how solution architecture preserves the ability to efficiently, effectively and appropriately exchange data with other participants in the health and human services enterprise.	S&C.IC.6	S	N/A

Bidder's Response::

Therap's applications suite supports HL7 interfaces for modules such as Health Information Exchange (HIE). Therap's Health Information Exchange (HIE) feature aids in the exchange of admit, discharge and transfer information regarding individuals in the form of Admit Discharge Transfer (ADT) Messages. An individual's demographics, hospital visit information, observation results, diagnoses and allergies are some of the information which is conveyed in ADT Messages.

The Secure Communications (SComm) module has been designed to facilitate the exchange of information among users in a secure, HIPAA compliant way. Users may use the SComm module to communicate with a user or group of colleagues to share information about administrative, personal or individual care related issues. Users can also configure their Notification Profile to receive notifications via email regarding SComm messages that they have received. These notifications users to check their messages in the secure environment of the applications suite.



Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
210	IIO.21	Solution should use open standards between all key interfaces where feasible.	Describe how solution uses open standards between all key interfaces where feasible.	S&C.MS. 2	S	N/A

Bidder's Response::

Over the past 16 years, Therap has developed new modules, features, and interfaces to meet state and federal regulatory, compliance, accreditation requirements, as well as user requirements, while being cost-effective and scalable enough to expand its services to over 3000 agencies across 50 states. Therap's system uses SOAP-based service integration, SFTP-based file transfers and a batch-data processing approach. Therap has also used WSDL, XML-RPC, REST based services for external interfacing.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
211	IIO.22	Solution should securely conduct electronic information exchange via an information hub when interfacing within the agency and with intrastate agencies.	Describe how solution securely conducts electronic information exchange via an information hub when interfacing within the agency and with intrastate agencies.	TA.DC.10	S	N/A

Bidder's Response::

Therap's applications suite supports HL7 interfaces for modules such as Health Information Exchange (HIE). Therap's Health Information Exchange (HIE) feature aids in the exchange of admit, discharge and transfer information regarding individuals in the form of Admit Discharge Transfer (ADT) Messages. An individual's demographics, hospital visit information, observation results, diagnoses and allergies are some of the information which is conveyed in ADT Messages.

The Secure Communications (SComm) module has been designed to facilitate the exchange of information among users in a secure, HIPAA compliant way. Users may use the SComm module to communicate with a user or group of colleagues to share information about administrative, personal or individual care related issues.



Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
212	IIO.23	Solution should utilize a MITA-recommended ESB, automated arrangement, coordination, and management of system.	Describe how solution utilizes a MITA-recommended ESB, automated arrangement, coordination and management of systems.	TA.SOA.1	S	N/A

Bidder's Response::

Therap promotes an enterprise view that supports enabling technologies that align with MITA business processes and technologies, makes performance measurable for accountability and planning, develops systems that can communicate effectively to achieve automated arrangement, coordination, and management of system through interoperability and common standards, and promotes an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
213	IIO.24	Solution should use RESTFUL and/or SOAP-based web services for seamless coordination and integration when interfacing with the U.S. Department of Health & Human Services (HHS) applications, and intrastate agencies.	Describe how solution uses RESTFUL and/or SOAP-based web services for seamless coordination and integration when interfacing with the US HHS applications and intrastate agencies.	TA.SE.2	S	N/A

Bidder's Response::

Therap's system uses SOAP-based service integration, SFTP-based file transfers and a batch-data processing approach. Therap has also used WSDL, XML-RPC, REST based services for external interfacing.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
214	IIO.25	Contractor should conduct system	Describe how contractor will	TA.SOA.4	S	N/A



		coordination between intrastate agencies and external entities.	conduct system coordination between intrastate agencies and external entities.			
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Bidder's Response::

Therap's Oversight structure allows providers to manage information exchange and system coordination with separate, administratively linked accounts. Users from the oversight are able to coordinate with linked providers across the state. Therap has extensive experience in interfacing with external entities. Therap has also used WSDL, XML-RPC, REST based services for external interfacing.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
215	IIO.26	Solution must provide secure, HIPAA-compliant software and documentation for use by providers to submit electronic claims.	Describe how solution provides secure, HIPAA-compliant software and documentation for use by providers to submit electronic claims.	IA.DS.6	S	N/A

Bidder's Response::

Therap's Billing module handles the billing requirements of agencies in the ASC X-12 v5010 format and a HIPAA compliant manner. The module is designed for organizations, health care professionals and users who wish to send electronic 837P, 837I claims, CMS 1500 paper claims or manual invoices to other funding sources. The module supports creation of both Professional Claims and Institutional Claims. It is capable of exchanging trade files 999, 277CA, 835s, 270s/271s and 278s. In Nebraska, Therap has implemented several interfaces with the state's N-FOCUS system and allows users to send Claims accordingly.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
216	IIO.27	Solution should comply with the SMA's standardized structure and vocabulary data for automated electronic intrastate interchanges and interoperability.	Describe how solution will comply with the SMA's standardized structure and vocabulary data for automated electronic intrastate	IA.DS.9	S	N/A



			interchanges and interoperability.			
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Bidder's Response::

In Nebraska, Therap has implemented several interfaces with the state's N-FOCUS system. This enables users of Therap to access data related to demographic, waiver program enrollment status, Medicaid eligibility and financial data. This interface employs an FTP-based file transfer and a batch-data processing approach to synchronize demographic data, caseload and access control between Therap and the state's N-FOCUS system.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
217	IIO.28	Solution's Logical Data Model (LDM) should support identification of data classes, attributes, relationships, standards, and code sets for intrastate exchange.	Describe how solution's Logical Data Model supports identification of data classes, attributes, relationships, standards, and code sets for intrastate exchange.	IA.LDM.5	S	N/A

Bidder's Response::

Therap has a Logical Data Model (LDM) to support identification of data classes, attributes, relationships, standards, and code sets for intrastate exchange.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
218	IIO.29	Solution must support or regulate connections with other information systems (e.g. solution to outside of the SMA authorization boundary) through the use of Interconnection Security Agreements. Interconnection Security Agreements document the interface characteristics, security	Describe how solution supports or regulates connections with other information systems through the use of Interconnection Security Agreements which document the interface characteristics, security requirements, and the nature of the information communicated over the connection.	TA.SP.55	S	N/A



		requirements, and the nature of the information communicated over the connection.				
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Bidder's Response::
 In Nebraska, Therap has implemented several interfaces with the state's N-FOCUS system. Therap's Billing system complies with ANSI ASC X-12, HIPAA Compliant EDI format for the receipt of 835 EDI Transaction from MMIS Vendors, presently with CSC/eMedNY, ACS/Xerox, and with EDS/HP Enterprise Services. Therap utilizes services of Change Healthcare Clearinghouse services to submit claims of Medicare MCOs, commercial insurance carriers and other MMIS vendors.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
219	IIO.30	To minimize the amount of data being transferred across the State's commodity internet connections to cloud provider data centers, the State of Nebraska has established point-to-point private network connections to Microsoft Azure and Amazon AWS. Describe how the proposed solution utilizes one of these connections, or something similar, to transfer data to/from the State's on premise systems.	Describe how the proposed solution utilizes one of these connections, or something similar, to transfer data to/from the State's on premise systems.	N/A	S	N/A

Bidder's Response::
 Therap will work with the State to offer a solution minimizing data transfer across State's commodity internet connection. Therap recommends data transfer through standard APIs and interfaces utilizing industry-standard encryption and authentication.

G.9 Business Continuity and Disaster Recovery Requirements

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
220	BCDR.1	Contractor should develop operational procedures in coordination with other enterprise module contractors to restore system availability.	Describe how solution shall integrate with other DHHS modules to ensure continuity of service and notification of service impacts automatically.	N/A	S	N/A

Bidder's Response::

Performance and scalability are critical components of a SaaS offering. Therap employs a number of methods to monitor, evaluate and adapt the infrastructure to meet emerging or evolving usage patterns. Through application- and hardware-level instrumentation, performance metrics are collected for analysis.

At the middleware level, a series of tools included in the Oracle Enterprise Management (OEM) system provide instrumentation and management functionality. By leveraging this toolkit, services can be managed, and key metrics and measurements can be obtained about running systems. From the user perspective, performance statistics are gathered by the Real User Experience Insight (RUEI) module. The OEM module can gather and correlate measurements from Oracle Database, WebLogic and Java processes. Included in the capabilities of the RUEI module is the ability to measure response times from the perspective of the end user, which facilitates both performance monitoring and troubleshooting efforts. As a result, the ability to examine aspects of the system's performance ranges from individual component details to full end-to-end analysis of a user's browser-based session.

Toolkits within the Oracle Database product enable database administrators to monitor system performance, and to make real-time adjustments that can optimize the execution of queries and the delivery of data to upstream servers. The Oracle Diagnostics Pack offers a comprehensive set of automatic performance diagnostics and monitoring functions. It provides enterprise wide performance and available reporting, a centralized performance repository, and valuable cross system performance analysis. The Oracle Tuning Pack offers automated functions for database tuning on live systems, including SQL tuning and storage optimizations.

The databases are monitored on a 24x7 basis, and operational tuning activities are performed within procedural guidelines. Larger-scale tuning activities, such as table optimizations or re-partitioning, are proposed, tested, and implemented during approved

maintenance windows.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
221	BCDR.2	<p>Contractor shall establish and maintain an EVV System Disaster Recovery and Business Continuity Plan. The draft version of the EVV System Disaster Recovery and Business Continuity Plan shall:</p> <ul style="list-style-type: none"> A. Be submitted with the proposal; B. Be reviewed and approved by DHHS within timeframes agreed in approved work plan. C. Be compliant with Federal Guidelines identifying every resource that requires backup and to what extent backup is required. <p>The EVV System Disaster Recovery and Business Continuity Plan must, at a minimum, address the following elements:</p> <ul style="list-style-type: none"> A. Establish the purpose and scope of the Disaster Recovery and Business Continuity Plan; B. Acknowledge and ensure compliance with applicable HIPAA and HITECH standards; C. Describe the approach and strategy to disaster recovery and business continuity; 	<p>Provide a draft version of the EVV System Disaster Recovery and Business Continuity plan with proposal as noted. Plan should include RPO and RTO. The EVV System Disaster Recovery and Business Continuity Plan must, at a minimum, address the following elements:</p> <ul style="list-style-type: none"> A. Establish the purpose and scope of the Disaster Recovery and Business Continuity Plan; B. Acknowledge and ensure compliance with applicable HIPAA and HITECH standards; C. Describe the approach and strategy to disaster recovery and business continuity; D. Describe recovery point performance specifications and RTO of no more than 48 hours; E. RPO is the maximum targeted period in which data might be lost from a disaster incident. The EVV solution needs to ensure no more than 5 minutes' worth of data loss in case of a disaster. 	N/A	S	N/A

		<p>D. Describe recovery point performance specifications and RTO of no more than 48 hours;</p> <p>E. RPO is the maximum targeted period in which data might be lost from a disaster incident. The EVV solution needs to ensure no more than 5 minutes' worth of data loss in case of a disaster.</p> <p>F. Establish roles and responsibilities for managing disaster recovery and business continuity;</p> <p>G. Identify risk areas;</p> <p>H. Describe protocols for managing disaster recovery and business continuity (during and after);</p> <p>I. Describe the approach to ongoing testing and validation of the EVV System Disaster Recovery and Business Continuity Plan;</p> <p>J. Describe the frequency of updates. At a minimum, the plan shall be updated annually, or as needed more frequently.</p>	<p>F. Establish roles and responsibilities for managing disaster recovery and business continuity;</p> <p>G. Identify risk areas;</p> <p>H. Describe protocols for managing disaster recovery and business continuity (during and after);</p> <p>I. Describe the approach to ongoing testing and validation of the EVV System Disaster Recovery and Business Continuity Plan;</p> <p>J. Describe the frequency of updates. At a minimum, the plan shall be updated annually, or as needed more frequently.</p>			
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Bidder's Response::

A draft of EVV System Disaster Recovery and Business Continuity plan is included as an appendix at the end of the technical proposal. Please refer to Appendix B.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
222	BCDR.3	Contractor shall provide backup and recovery processes in the event of a system malfunction or disaster	Describe the backup and recovery processes in the event of a system malfunction or disaster situation in	N/A	S	N/A

	<p>situation in accordance with the DHHS-approved EVV System Disaster Recovery and Business Continuity Plan. Contractor's backup and recovery processes shall promote the ability to rebound, resume operations, and minimize service disruption to solution users and stakeholders. This must include offsite electronic and physical storage in the United States. In addition, Contractor must identify the software and data backup approach. It is the responsibility of the Contractor to insure continued connectivity and interface with the system.</p>	<p>accordance with the DHHS-approved EVV System Disaster Recovery and Business Continuity Plan. Describe how the backup and recovery processes shall promote the ability to rebound, resume operations, and minimize service disruption to solution users and stakeholders. This includes offsite electronic and physical storage in the United States. In addition, identify the software and data backup approach.</p>			
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Bidder's Response::

Data backups are performed at Therap production facilities. The tapes and tape storage containers reside in the secure infrastructure facility at each production site. In support of off-site storage requirements, tapes containing encrypted data backups are removed from the facility and stored at a secure location. Access to the tapes is restricted to members of Therap's operational staff responsible for system backup activities.

Both disk-to-disk and disk-to-disk-to-tape strategies have been employed to provide recovery capabilities for extreme situations. This strategy includes the creation of encrypted tape backups that are transported to a secure off-site location. Backups to both disk and tape are performed nightly at all sites; tapes are moved to the off-site location on a weekly basis. If an event or series of events cannot be mitigated by the site-level resiliency, functionality can be rapidly transferred to a hot backup site. Since data replication processes are run on a continuous basis, this is accomplished by activating the services at the hot backup site and performing a redirection of the resolution for the services (i.e., updating the DNS-based address of the service). This migration requires no action by end users.

The day-to-day database backups are first written into production grade storage arrays attached to database servers, and those are available for seven days. At the same time, the backups are also copied in two other different media - i) NAS storage where backups



are kept for 30 days for faster access ii) And backups are written to tapes and taken off site periodically for long term retention.

To maximize the availability of Therap’s applications, the network and computing infrastructure is installed at two sites. Each site is equipped to provide the full range of service functionality. The data between the locations are synchronized (typically within 30 seconds), so that either site can act as the ‘live’ host for services. If the live site becomes disabled, requires maintenance activity, or is otherwise unavailable to end users, control is transferred to the alternate site. Upon completion of the transfer process, users of Therap Services will be able to operate with full functionality, and the ‘alternate’ site is now the ‘live’ site. While clients operate on the live site, remediation or maintenance tasks can proceed on the alternate site. The site recovery process is a set of methods and procedures that will be executed to re-establish and verify proper operation of all functionality at the degraded site, including data replication. The sequence and priority of the steps will be dependent upon the specific event or events that caused the outage.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
223	BCDR.4	Contractor must provide redundancies built into the architecture of the solution to maintain continual operations.	Describe redundancies built into the architecture of the solution to maintain continual operations. Describe how solution is designed to meet 99.5% uptime service level.	N/A	S	N/A

Bidder’s Response::

Therap’s SaaS based model integrates an intuitive and flexible application with a high-performance infrastructure to provide a solution that is reliable, scalable and secure. To maximize the availability of Therap’s applications, the network and computing infrastructure is installed at multiple sites. Each site is equipped to provide the full range of service functionality. Data is synchronized between the sites, enabling a rapid transfer of functionality. This addresses both business continuity and disaster recovery needs simultaneously: in the event of a site-level disruption of service, a hot backup site can be rapidly activated. Within a site, multiple levels of redundancy have been implemented to mitigate against common failure scenarios. These redundancies are leveraged to perform hardware, software and application upgrades without service interruption. The modular design of the software and hardware implementation fulfills objectives that focus on reliability, scalability and security. The technical architecture and accompanying operational processes have been designed to facilitate seamless upgrades, reconfigurations and replacements of components. The result is a system that is purpose-built to deliver flexibility and performance while remaining highly available.

The system provides high availability, ensuring continuous data availability in the face of disasters. The Therap system is available 24/7 with the exception of planned downtimes. Availability of Therap's application is over 99.5% during normal working hours. The key to such highly available system is redundant databases distributed across non-contiguous geographical locations. Using Oracle GoldenGate replication software, the system undergoes real time asynchronous replication of production database to an alternate facility. GoldenGate replication system delivers data to the other site after each committed transaction.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
224	BCDR.5	Contractor must develop and deliver a Business Continuity Plan (BCP) for the solution and the Contractor company that: identifies essential missions and business functions and associated contingency requirements. These requirements include recovery objectives, restoration priorities, contingency roles, responsibilities and addresses maintaining essential business functions despite an information system disruption, compromise, or failure. This plan should be reviewed and updated on a yearly basis.	Describe essential missions and business functions and associated contingency requirements covered in the Business Continuity Plan. Include recovery objectives, restoration priorities, contingency roles, responsibilities, and address maintaining essential business functions despite an information system disruption, compromise or failure. Describe maintenance, review and update processes.	TA.SP.46	S	N/A

Bidder's Response::

Therap has developed recovery processes for various failure scenarios. The two-part recovery process is:

- Restoration of service or functionality (Business Continuity)
- Repair or remediation of failed element(s) (Disaster Recovery)

The fundamental design of the Therap infrastructure is that the facilities and equipment used to present the application are installed at geographically diverse sites, any of which can independently support all application functionality. When a device or service fails at

the live site, a determination is made whether to transition functionality to the Hot backup site to assure delivery services (aka, Business Continuity). This determination is based upon a combination of factors, with an emphasis on ensuring data integrity. Minimizing the length of system downtime is also being a major consideration. If or while functionality migrates to the Hot backup site, remediation activities for the failed device or service will begin (aka, Disaster Recovery). If the failure occurs at the Hot backup site, service delivery continues at the live site while remediation procedures are executed.

Within a given site, 4 major components comprise the network and computing infrastructure:

- WAN and Environmental
- Infrastructure
- Database and Storage
- Application

The general premise of the Disaster Recovery/Business Continuity plan is that if one or more of the major components of a live site are declared 'down', then the site is declared down. This will result in a transfer of functionality to the backup site.

Within each major component, a number of subcomponents exist. To maximize platform availability and minimize the chances of a site failover event, the subcomponents exhibit degrees of redundancy. Examples include:

- UPS and Generator Backup Power
- Redundant Storage Arrays
- Multiple Application Servers
- Redundant Routers, Firewalls, Load Balancers and Switches
- Redundant Power Supplies

Therap is an operational system and has a mature process for software testing and debugging. Therap adheres to data privacy and protection principles defined by industry-specific methodologies such as SANS Critical Security Controls, The Center for Internet Security and AICPA SOC2. There are three to four major releases each year and a number of point releases for system maintenance. For each variant of firmware, operating system, middleware, and third-party software, timely notification about updates are sought and received. Each update is evaluated to determine the features added or issues addressed. If the determination is made that a new version of software or firmware should be implemented, the urgency of the update is assessed. In most cases, the update will be applied to the test environment, and will be included in the next application software release. If the nature of the update indicates that

it should be implemented on a more aggressive schedule (e.g., a critical security patch, a firmware patch that avoids a system outage, etc), the update would be applied at the site not currently designated as 'live'. Once the secondary site has successfully completed verification tests, the update can be applied to the 'live' site. Users are notified of software downtime/unavailability via release notes, login page ads, emails, splash messages, and announcements on the official website. Release Notes and user guides are provided to users with information about the new and updated modules and features. Therap's Training Specialists conduct webinars and training sessions for users to introduce new modules.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
225	BCDR.6	Solution must include an alternate storage site, which includes (at a minimum) necessary agreements to permit the storage and recovery of system backup information and the resumption of system operations for business functions within the time period specified. Contractor must establish alternate telecommunications services including necessary agreements to permit the resumption of information system operations for essential business functions.	Describe solution's use of an alternate storage site, which includes necessary agreements to permit the storage and recovery of system backup information and the resumption of system operations for business functions within the time period specified. Describe how solution has established alternate telecommunications services including necessary agreements to permit the resumption of information system operations for essential business functions.	TA.SP.48	S	N/A

Bidder's Response::

In order to provide recovery capabilities for extreme situations, both disk-to-disk and disk-to-disk-to-tape strategies have been employed. This strategy includes the creation of encrypted tape backups that are transported to a secure off-site location. Backups to both disk and tape are performed nightly at all sites; tapes are moved to the off-site location on a weekly basis. If an event or series of events cannot be mitigated by the site-level resiliency, functionality can be rapidly transferred to a hot backup site. Since data replication processes are run on a continuous basis, this is accomplished by activating the services at the hot backup site and performing a redirection of the resolution for the services (i.e., updating the DNS-based address of the service). This migration requires no action by end users.

The day-to-day database backups are first written into production grade storage arrays attached to database servers, and those are available for seven days. At the same time, the backups are also copied in two other different media:

- i) NAS storage where backups are kept for 30 days for faster access
- ii) And backups are written to tapes and taken off site periodically for long term retention.

To maximize the availability of Therap’s applications, the network and computing infrastructure is installed at two sites. Each site is equipped to provide the full range of service functionality. The data between the locations are synchronized (typically within 30 seconds), so that either site can act as the ‘live’ host for services. If the live site becomes disabled, requires maintenance activity, or is otherwise unavailable to end users, control is transferred to the alternate site. Upon completion of the transfer process, users of Therap Services will be able to operate with full functionality, and the ‘alternate’ site is now the ‘live’ site. While clients operate on the live site, remediation or maintenance tasks can proceed on the alternate site. The site recovery process is a set of methods and procedures that will be executed to re-establish and verify proper operation of all functionality at the degraded site, including data replication. The sequence and priority of the steps will be dependent upon the specific event or events that caused the outage.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
226	BCDR.7	Solution must provide for the recovery and reconstitution of the information system to a known state after a disruption, compromise, or failure. Recovery of the information system after a failure or other contingency shall be done in a trusted, secure, and verifiable manner.	Describe how solution provides for the recovery and reconstitution of the information system to a known state after a disruption, compromise or failure. Describe how this is done in a trusted, secure and verifiable manner, and include anticipated RTOs.	TA.SP.49	S	N/A

Bidder’s Response::

The fundamental design of the Therap infrastructure is that the facilities and equipment used to present the application are installed at geographically diverse sites, any of which can independently support all application functionality. When a device or service fails at the live site, a determination is made whether to transition functionality to the Hot backup site to assure delivery services. This determination is based upon a combination of factors, with an emphasis on ensuring data integrity. Minimizing the length of system

downtime is also being a major consideration. If or while functionality migrates to the Hot backup site, remediation activities for the failed device or service will begin. If the failure occurs at the Hot backup site, service delivery continues at the live site while remediation procedures are executed.

Minimizing the length of system downtime is also a major consideration. If or while functionality migrates to the Hot backup site, remediation activities for the failed device or service will begin . If the failure occurs at the Hot backup site, service delivery continues at the live site while remediation procedures are executed. This migration requires no action by end users. The Recovery Time Objective (RTO) for an infrastructure failure at the live site is one hour or less.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
227	BCDR.8	A short-term uninterruptible power supply should be employed to facilitate an orderly shutdown of the information system in the event of a primary power source loss.	Describe how the facilities hosting the solution are designed to be resilient during a power source loss.	TA.SP.61	S	N/A

Bidder's Response::

Therap is designed to be resilient during a power source loss. Within Therap's each major components: WAN and Environmental, Infrastructure, Database and Storage and Application, a number of subcomponents exist. To maximize platform availability and minimize the chances of a site failover event, the subcomponents exhibit degrees of redundancy. Examples include:

- UPS and Generator Backup Power
- Redundant Storage Arrays
- Multiple Application Servers
- Redundant Routers, Firewalls, Load Balancers and Switches
- Redundant Power Supplies

The WAN and Environmental component can be further divided into the following sub-elements:

- WAN Circuits
- Power

- Backup UPS and Generators
- Heating, Ventilation, and Air Conditioning (HVAC)

The Power sub-element of the WAN and Environmental component can support dual power supplies. Each power supply is plugged into a separate power circuit. The loss of a single power supply or power circuit does not result in an element failure.

G.10 Project Management and Implementation Requirements:

In any project of this magnitude, with stakeholders from so many different perspectives, quality project management skills and experience can make all the difference in quality. DHHS is focused on ensuring that the EVV project is structured in such a way to support a successful implementation. Bidder will describe below, how each facet of project management will be implemented and used.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
228	PMI.1	Contractor must utilize industry recognized project management approaches, such as PMI PMBOK in order to complete the scope of work. Contractor must follow an agreed project management lifecycle and implementation processes.	Describe how industry recognized project management approaches, such as PMI PMBOK, will be utilized in order to complete the scope of work. The description must specifically address the project management lifecycle and implementation processes.	N/A	S	N/A

Bidder's Response::

Based on Therap's experience successfully completing projects of a similar nature, we are proposing a multi-phased approach for development and implementation. Throughout the lifecycle of the project, we will apply a project management methodology that adheres to industry standard best practices defined by the Project Management Institute (PMI). Therap will ensure that risk management processes are incorporated and also include quality assurance/quality control, risk management, change management, user training and support, and communication strategies. The Project Management plan will be updated throughout the lifecycle of the project.

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

Therap utilizes both the predictive and adaptive approach to software development. Therap will primarily use a predictive implementation approach and follow the 'Waterfall model' of software development for functionality/business areas where the State of Nebraska has a mature workflows and processes in place. The Waterfall model is a process where each phase is completed before beginning the next. The "Big Design Upfront" ensures accurate schedule and cost estimates and extensive planning helps minimize the risk of later changes, thus reducing the overall cost and effort.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
229	PMI.2	<p>Contractor must develop and maintain a Project Management Plan (PMP). The PMP must be delivered to DHHS within 30 days of contract signing. Included in the PMP will be the following:</p> <ol style="list-style-type: none"> 1. Communications Plan 2. Change Management Plan 3. Staffing Management Plan 4. Quality Management Plan 5. Risk Management Plan 6. Issue Management Plan 7. Work Breakdown Structure. <p>The PMP plan must be reviewed and approved by DHHS staff, and any identified adjustments will be made prior to signoff.</p>	<p>Describe development and maintenance of Project Management Plan (PMP), including the following:</p> <ol style="list-style-type: none"> 1. Communications Plan 2. Change Management Plan 3. Staffing Management Plan 4. Quality Management Plan 5. Risk Management Plan 6. Issue Management Plan 7. Work Breakdown Structure. <p>Describe how the PMP will be continuously maintained and communicated to DHHS, including related documents, as the project progresses. Describe process for providing PMP to</p>	N/A	S	N/A



DHHS for review and approval.

Bidder's Response::

Therap will work with DHHS to develop and maintain a Project Management Plan (PMP) and will deliver it within 30 days of contract signing. The PMP will include the following:

- Communications Plan
- Change Management Plan
- Staffing Management Plan
- Quality Management Plan
- Risk Management Plan
- Issue Management Plan
- Work Breakdown

Throughout the entire lifecycle of the project, Therap will utilize a project management methodology that adheres to industry standard best practices defined by the Project Management Institute (PMI). The project manager proposed for this RFP is Project Management Professional (PMP) certified.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
230	PMI.3	Contractor should utilize standard procedures and tools to track project items, decisions, issues, risks, defects, and resolutions.	Describe and provide examples of the procedures and tools that will track project items, decisions, issues, risks, defects, and resolutions.	N/A	S	N/A

Bidder's Response::

Therap has multiple channels through which issues related to the system can be reported. Users can chat securely with our support staff, or report the incident using Therap's issue tracking mechanism. A report opens up a troubleshooting ticket. The issue tracker allows for secure communication of protected or personal information.

Identified issues are tracked and then prioritized according to need and urgency. Priority of incidents to be fixed are treated and evaluated on the basis of their severity and complexity. In the event of a critical issue, developers meet immediately after the

discovery of the event and plans are made for a new software patch release. Then, the code is urgently developed and tested by Development before sending it off to Software Quality Assurance (SQA) for a complete build and test cycle. After the full SQA cycle, the software point release is scheduled for deployment. The final approved build is delivered to Application Operations for deployment on both the live and hot backup sites.

Depending on the severity of the alert and the potential impact to the application, the change is implemented in either a) development, for extensive testing prior to inclusion in an upcoming release, b) implemented in pre-production staging environment for testing by QA team prior to installing in production. The Support team provides regular response updates to the users regarding the status of the resolution until resolved.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
231	PMI.4	Contractor resources must participate in all levels of project governance as necessary, to include, but is not limited to: all monthly project steering committee meetings to discuss project activities, deliverables, milestones, risks, and issues; and all weekly operating committee meetings to discuss issues, risks, project progression, resource changes, and other areas related to the scope of work.	Describe how resources will participate in all levels of project governance as necessary, to include, but is not limited to: all monthly project steering committee meetings to discuss project activities, deliverables, milestones, risks, and issues; and all weekly operating committee meetings to discuss issues, risks, project progression, resource changes, and other areas related to the scope of work.	N/A	S	N/A

Bidder's Response::

During the execution phase, the project managers will create a schedule to provide status updates on project activities, deliverables, milestones, risks, and issues to the state Project Coordinator/Director. Therap's project management office will arrange regular meetings with stakeholders to discuss issues, risks, project progression, resource changes, and other areas related to the scope of work. System users will have access to the Therap's online issue management tool. Users of this tool can submit any issues or change requests and track their progress. The Project Manager records any submitted change requests into the change/scope control log.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
232	PMI.5	Contractor must participate in and capture notes from all necessary project meetings. Contractor shall be responsible for creation and dissemination of all project meeting agendas, minutes, and necessary documentation.	Describe how Contractor staff shall participate in and capture notes from all necessary project meetings, and will be responsible for creation and dissemination of all project meeting agendas, minutes, and necessary documentation.	N/A	S	N/A

Bidder's Response::

Therap's project management team will attend regular meetings with as required by DHHS. Therap's key members involved in the project will have onsite meetings and weekly conference calls with the help of a video conferencing tool that allows for real-time collaboration.

Necessary documentation will be created which will outline the meeting agendas and minutes throughout the terms of the Contract. The documentations will be updated as necessary to remain current and relevant.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
233	PMI.6	Contractor should facilitate a project initiation kickoff meeting with key stakeholders and create a kickoff meeting presentation targeted to specific audiences. The presentation shall be submitted to and approved by DHHS.	Describe the project initiation kickoff meeting with key stakeholders and create a kickoff meeting presentation targeted to specific audiences. Describe support required from DHHS to complete kickoff presentation.	N/A	S	N/A

Bidder's Response::

Therap's project management office will arrange regular meetings with stakeholders. Therap will discuss and work with DHHS to

provide the project kick off meetings and presentations targeted to specific audiences that will introduce stakeholders to the solution we will be producing for them.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
234	PMI.7	Contractor must provide all deliverables and/or documentation as identified in the project's work plan.	Describe how all deliverables and/or documentation as identified in the project's work plan will be created and reviewed within Contractor's team prior to submission to DHHS for review and approval.	N/A	S	N/A

Bidder's Response::

Therap will create a draft work plan in Microsoft Project including the deliverables as identified by DHHS. The due dates for each deliverable will be provided based on the Draft Project Plan. Therap will work with DHHS to create the final work plan with updated dates for each deliverable, which will be reviewed within the team prior to submission to DHHS for review and approval.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
235	PMI.8	Contractor must provide a deliverable review and acceptance process which will be approved by DHHS. The following will need to be taken into account in the process: 1. The size and complexity of the deliverables will be taken into account when determining the length of time available for review cycles. Collaboration with DHHS staff for review turnaround	Describe the deliverable review and acceptance process to be approved by DHHS. Note how items 1-4 will be considered and addressed.	N/A	S	N/A

	<ul style="list-style-type: none"> expectations is required. 2. Any change control processes will be taken into consideration. 3. Informal walkthroughs of draft deliverables will be considered. 4. Simultaneous review of numerous deliverables will not be permitted without approval. 				
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Bidder's Response::
 During functional testing, the product is checked against the predefined acceptance criteria to ensure the software conforms to the original requirements. Load testing helps identify potential bottlenecks in the system that might hamper performance in production environment. We use tools like JMeter and Gatling to simulate real traffic in the test environment.

Acceptance testing ensures the software behaves in the way it was intended. Therap publishes the release notes, new user guides and materials well ahead of the release to give ample time for new user training. Webinars are arranged to familiarize users with the new functionalities and changes. Feedback is collected from stakeholders and incorporated into the system to improve quality.

Periodic internal audits are carried out to ensure that the quality requirements and outcomes of the management activities match expectations, and that the scope for improvement is identified. During the system implementation, each participant completes a competency test at the end of each training session. The test scores are analyzed to identify the effectiveness of the curriculum as well as the trainer. Software developers, quality assurance engineers, database administrators, designers, and training and implementation specialists participate in technical training, seminars, and conferences as part of their ongoing professional development.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
236	PMI.9	Contractor must submit a monthly status report. The report must contain the following at a minimum: 1. Current project work plan and schedule with percentage completes for milestones.	Describe the process for creating a monthly status report to include all items 1-9, along with examples. Draft monthly status report to be submitted with response.	N/A	S	N/A

		<ol style="list-style-type: none"> 2. Overall completion status. 3. All past due tasks or milestones and the plan(s) for completing them. 4. Planned tasks and activities for the next 30 days. 5. Identification of any staffing issues or changes. 6. Current status on all identified issues. 7. Current status on all identified risks. 8. Current status on testing and metrics. 9. Current status on any service level agreements. 				
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Bidder's Response::

Therap will provide a summarized project status including an assessment of project progress compared to the project plan, critical risks and issues, milestones met during the reporting period, planned activities in the next reporting period, any changes in the project team, any update to project risk, issues, and decision logs. Therap will ensure that all items indicated in 1-9 are included in the Monthly Status Report.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
237	PMI.10	Bidder shall provide a draft Project Work Plan with project time frames. Contractor will develop and submit the detailed PWP in the first 30 days of the contract. DHHS will retain final approval of the PWP.	Bidder shall provide a draft Project Work Plan with projected time frames.	N/A	S	N/A



Bidder's Response::

Therap has provided a draft Project Work Plan in Appendix C for the requirements stated in this RFP. We will develop and provide DHHS with additional draft Project Work Plan with projected time frames upon award of contract. We understand that DHHS will retain final approval of the PWP.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
238	PMI.11	Contractor shall develop and maintain a detailed Project Work Plan (PWP) and a Gantt Chart that is aligned with the scope of the work outlined in this RFP. The PWP should identify realistic person hours of effort for each task and identify planned completion dates for all deliverables and milestones. All documents must be provided in a DHHS approved format that is accessible and readable by State staff.	Provide a sample Project Work Plan showing activities and timeframes for a recent successful EVV implementation.	N/A	S	N/A

Bidder's Response::

Therap will develop and maintain a detailed Project Work Plan (PWP) and a Gantt Chart that is aligned with the scope of the work outlined in this RFP. The PWP should identify realistic person hours of effort for each task and identify planned completion dates for all deliverables and milestones. All documents will be provided in a DHHS approved format that is accessible and readable by State staff.

Therap has provided a sample Project Work Plan in Appendix D showing activities and timeframes for our EVV contract with the State of South Dakota.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS	Bidding	Gap Description and
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				Checklist ID	Ability Code	Recommendation for Closure
239	PMI.19	DHHS will provide access to SharePoint (electronic document repository) for project documents and deliverables. The Contractor, DHHS staff and other Contractors with the appropriate security level must upload/attach new or revised versions of documents. The repository must perform version control and allow users to view all prior versions.	Describe how Contractor will support consolidated project documentation and reporting within the SharePoint site.	N/A	S	N/A

Bidder's Response::

Therap agrees and will upload documentation and reporting within the SharePoint Site.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
240	PMI.12	Contractor must keep the detailed project work plan updated weekly and available on DHHS SharePoint project site.	Bidder to describe how they will meet the requirement.	N/A	S	N/A

Bidder's Response::

Therap agrees and will regularly keep the detailed Project Work Plan updated on the SharePoint project site.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
241	PMI.13	Contractor will develop an implementation plan and communications plan which will be	Provide a sample implementation plan and communications plan that may be utilized for this	N/A	S	N/A

		reviewed and approved by DHHS.	project.			
Bidder's Response:: A draft of the Implementation and Communications plan is included as an appendix at the end of the technical proposal.						

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
242	PMI.14	Contractor must provide all mutually agreed design and implementation deliverable work products to DHHS staff for approval before acceptance.	Describe how all mutually agreed design and implementation deliverable work products will be provided to DHHS staff for approval before acceptance.	N/A	S	N/A

Bidder's Response::
Therap will discuss and work with DHHS to provide mutually agreed design and implementation work products for approval before the acceptance of the project.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
243	PMI.15	Contractor shall coordinate deliverable and milestone walkthroughs and participate in other project walkthroughs (if relevant) as required by DHHS.	Provide a description of the deliverable and milestone walkthrough process and provide any samples of artifacts with response.	N/A	S	N/A

Bidder's Response::
Therap has provided a draft work plan which involves multiple staff directly interacting with DHHS personnel. Therap is a full service organization specializing in software services and has the ability to allocate further resources, if needed. Therap will be able to best utilize its experience in both implementing Software as a Service and also supporting organizations as they move through the change management process. Training and support phase ensures that users will be able to see the advantages of the system as early as possible.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
244	PMI.16	Contractor must provide a Test Management Plan, including testing activities for development, configuration, interface validation, and performance testing.	Describe the Test Management Plan, including testing activities for development, configuration, interface validation, and performance testing. Samples of previous Test Management Plans may be submitted.	N/A	S	N/A

Bidder's Response::

Therap's Software Quality Assurance (SQA) team is responsible for the complete build and test cycle. The testing plan and test scripts are developed by the SQA team to test specific functionality and the potential impact of these functionalities on the entire system. After the full SQA cycle, software release is scheduled for deployment. Upon final approval for deployment, the application and related processes are disabled at both the live site and the hot backup site. The release is then deployed at the live site. After initial deployment, a full test cycle is completed by SQA to ensure that all features and code changes are functional and that the application is running smoothly. Modules that were targeted by the release receive additional testing according to detailed test plans. The length of the post-deployment test cycle is determined by the release complexity. When the testing cycle is complete, the SQA group approves the release for production traffic. At this time, the release is opened to the user base, and the hot backup site is updated with the new release. The hot backup site is kept ready to become the live site should problems arise.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
245	PMI.17	Contractor shall be required to work collaboratively with DHHS and the DHHS Integration team to provide schedule information to be included in the overall integration plan. Elements necessary for the overall plan include, but is not limited to: start and end	Describe how Contractor has worked collaboratively with previously clients and their Integration teams to ensure alignment of technology and resources. Examples may be submitted.	N/A	S	N/A

		dates of major phases, key project milestones, integration points, cross module dependencies, and sufficient information to support the State DHHS reporting requirements.				
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Bidder's Response::

Based on Therap's experience successfully completing projects of a similar nature, when further exploration and process re-engineering is required, Therap follows the Rapid Application Development methodology, which is a more agile approach. With this approach, the development and testing process goes through a number of iterations or working prototypes. At each step, user feedback is obtained to identify potential pitfalls as early in the process as possible and, thus, minimize risk. Significant involvement and collaboration from the users in the phases of software development facilitates process improvement and high quality of the product.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
246	PMI.18	Contractor staff must work with the DHHS project management resources to ensure alignment of activities and resources.	Describe the processes that will be used to work with the DHHS project management resources to ensure alignment of activities and resources.	N/A	S	N/A

Bidder's Response::

Therap will work with DHHS project management resources. The project management team will be in direct contact with the users throughout the implementation period and beyond to ensure alignment of activities and resources. Users will be able to send in questions via email or telephone calls. Once implementation is complete, users will have additional avenues through which they can reach Therap support and implementation specialists.

G.11 Communication and Training Requirements:

DHHS has been identifying and deploying improvements to the programs provided as part of their overall operational and quality management process. Preliminary information has been shared with key stakeholders through the MLTC Long-Term Care Stakeholder meeting, with additional updates on the DHHS website. To properly prepare all stakeholders for this EVV implementation, comprehensive

communication and training will be extremely important. This may be one of the biggest differentiators to success. Provide below the specific ways in which bidder can improve acceptance and quality through well planned and delivered communication and training.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
247	CAT.1	<p>Contractor must provide a draft Solution Communication and Training Plan. A final detailed Solution Communication and Training Plan shall be developed, reviewed and approved by DHHS within 45 calendar days of the contract start date. The approved Solution Communication and Training Plan shall address the following topics for both communication and training activities:</p> <ul style="list-style-type: none"> A. Approach and scope (including all audience groups); B. Training and outreach activity, schedule, duration, types (i.e., in person, online, pre-recorded, real time, interactive, etc.), locations, for various stakeholder groups (all providers, recipients, etc.) by task; C. Assurances for providing timely, appropriate training and outreach activities for all stakeholders; D. Roles and responsibilities for all stakeholder types; E. Communication and training to support the initial implementation of solution; F. Post implementation training and 	Provide a draft Solution Communication and Training Plan addressing all items A-I.	N/A	S	N/A

		<p>outreach activities and frequency throughout the life of the contract;</p> <p>G. Training and outreach for newly approved and revalidating providers during the onboarding process;</p> <p>H. Languages that communication and training will be provided in and basis for verifying accuracy of all translations; and</p> <p>I. Identification of standardized and ad hoc communication and training materials.</p>				
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Bidder's Response::

A draft of Communication and Training plan has been included as an appendix at the end of the technical proposal. Please refer to Appendix E.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
248	CAT.2	Contractor must collaborate with DHHS to finalize a training schedule that will be approved by DHHS.	Describe how Contractor will collaborate with DHHS to finalize a training schedule that will be managed and approved by DHHS.	N/A	S	N/A

Bidder's Response::

Therap will collaborate with DHHS to finalize a training schedule that will be managed and approved by DHHS.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
249	CAT.3	Solution must provide for development and implementation of technical and user training programs.	Describe how solution will provide for development and implementation of technical and	PE.PI2.18	S	N/A

user training programs.

Bidder's Response::

Online training materials can be accessed through the Therap Help and Support website which is fully interlinked with Therap's main website. Materials include Online Interactive Trainings, Online recorded webinars, Automated Trainings, User Guides, Quick Guides, Checklists, FAQs and Training Resources etc. on a host of modules specific to varying disciplines and professional roles. State-specific guidelines and materials are also available. Therap's library of training tools are tailored to different learning styles; whether an aural, visual, verbal, or experiential learner. Therap's training tools are readily available and easily located via the online search engine within the website. Additionally, Therap's training tools allow for each user to submit feedback on the efficacy of each training tool and our team reviews and tracks each submission of feedback to utilize as suggestions to potentially improve our system.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
250	CAT.4	Contractor must provide Communication and Training Plan updates on the following basis: A. Prior to the scheduled pre- Solution Implementation training; B. Each time a Solution change or upgrade is implemented. The updated and DHHS approved plan shall be distributed to Solution users prior to the implementation of the system change or upgrade; and C. A complete review and update shall be performed on an annual basis within thirty (30) days of the start of each contract year. The annually updated, DHHS-approved plan shall be distributed or made available to all solution users.	Describe management of the ongoing Communication and Training Plan updates.	N/A	S	N/A



Bidder's Response::

Therap's success rests, in part, on our commitment to excellent training and support. Therap's project team and training and implementation specialists will provide ongoing project management and support throughout the contract period. Therap will work with DHHS regarding communication and training plan prior to implementation. Following preliminary development and satisfactory interface testing, Therap will release the demo/beta version of the system to collect feedback. The demo will be updated frequently, incorporating the newly finished tasks and the feedback received from the stakeholders. Once functionalities pass the user acceptance tests, the production phase begins. The updated system will be available to all users.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
251	CAT.5	Contractor must perform updates to standardized training and communication materials. Updated materials shall be reviewed and approved by DHHS on the following basis: A. At a minimum, on an annual basis in accordance with the training and communication schedule; and B. A minimum of 10 business days prior to a scheduled training or communication event. C. All updates must include a version identifier and date updated notation.	Describe how updates to standardized training and communication materials are maintained as noted.	N/A	S	N/A

Bidder's Response::

Therap will work with DHHS to perform updates to standardized training and communication materials and maintain as mentioned.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
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252	CAT.6	Contractor must provide training to all users of the solution prior to the implementation of EVV and on an ongoing basis during operations in accordance with the DHHS-approved EVV Communication and Training Plan and Materials.	Describe how the training will be delivered to all users of the solution prior to the implementation of EVV and on an ongoing basis during operations in accordance with the DHHS-approved EVV Communication and Training Plan and Materials.	N/A	S	N/A
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Bidder's Response::

Therap's success rests, in part, on our commitment to excellent training and support. Therap's project team and training and implementation specialists will provide ongoing project management and support throughout the contract period. On-site and online training will be provided throughout the implementation process to assure successful onboarding of each user at various levels of responsibility and with various roles. These include service provider staff, JCDS administrators and family members. Therap will also accommodate training on an ongoing basis as new users are allowed to access the system. In addition to initial training, Therap offers periodic user group meetings and statewide workshops to refresh and reinforce previous training, share best practices, and discuss recent system upgrades which maximizes the utility and value of the system to users. Web-based training will be provided to the staff and other users of the system based on curriculum jointly developed by the agency and Therap Training and Implementation Specialists.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
253	CAT.7	Contractor must provide train-the-trainer sessions for DHHS resources or designated DHHS resources and other staff responsible for training.	Describe train-the-trainer sessions for DHHS resources or designated DHHS resources and other staff responsible for training.	N/A	S	N/A

Bidder's Response::

Therap uses the train the trainer approach in consideration of preparing agency staff for oversight of future training of new hires and refresher trainings on an ongoing basis. Train the trainer sessions are based on an approach proven effective over the course. Train the trainer discussions will include standard practice and procedures for documentation expectations of all staff, including at the agency level. In doing so, the group will have the opportunity to develop guidelines to outline consistent expectations statewide.



Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
254	CAT.8	Contractor must develop and deliver in-person training in multiple geographic locations within the State of Nebraska as agreed with DHHS.	Describe the development and delivery of in-person training in multiple geographic locations within the State of Nebraska based on agreement with DHHS.	N/A	S	N/A

Bidder's Response::

On-site and online training will be provided throughout the implementation process to assure successful onboarding of each user at various levels of responsibility and with various roles. These include service provider staff, JCDS administrators and family members. Therap will also accommodate training on an ongoing basis as new users are allowed to access the system. We facilitate user groups at the regional and local level. Therap also sponsors many conferences across the United States throughout the year, bringing users together to learn, share successes, and shape future directions. Our Implementation Specialists work directly with agencies and also facilitate regional and topical on-line user groups. Therap will develop and deliver in-person training in multiple geographic locations within the State of Nebraska as agreed with DHHS.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
255	CAT.9	Contractor must utilize a variety of delivery methods for training, including online self-paced training presentations, in-person classroom setting, written materials, webinars, and demonstrations.	Describe the variety of delivery methods for training, including online self-paced training presentations, in-person classroom setting, written materials, webinars, and demonstrations. Samples may be included.	N/A	S	N/A

Bidder's Response::

Web-based training will be provided to the staff and other users of the system based on curriculum jointly developed by the agency and Therap Training and Implementation Specialists. Therap's Training and Implementation Specialists have extensive field experience and have been end-users of Therap. Trainers will present hands on training sessions on-site, in user group meetings and

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

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
256	CAT.10	Contractor's training materials must be offered in accessible formats consistent with requirements of the Americans with Disabilities Act.	Describe how the training materials being offered are in accessible formats consistent with requirements of the Americans with Disabilities Act.	N/A	S	N/A

Bidder's Response::

The Therap Help and Support website is a dedicated support portal that offers a search capability to help provide ease of access to our training and support materials. Therap's training and support materials are designed to take into account the widely differing job responsibilities, computer skills, and educational backgrounds of our users. Therap maintains a library of training material for user reference on the Therap Help and Support website. There are state-specific guidelines and materials linked into the main Therap website. The training and support team has developed materials to ensure that users with varying job responsibilities can easily locate support materials regarding any functionality in the system. Support materials include user guides, quick guides, FAQs, training courses, training videos, webinars, guided assistance and more, which are accessible online. The written materials are also viewable in printable PDF versions. User guides and quick guides provide step-by-step instructions for completing tasks in the system. The Guided Assistance feature guides users through a series of questions and provides solutions based on the answers provided by the user. Support materials include:

- Recorded webinars hosted by Therap team members or Therap Certified Trainers (expert Users) on various modules, their functionalities and recent enhancements.
- Guided Assistance is a powerful troubleshooting tool. A step by step questionnaire where the user is asked a series of Yes/No or multiple choice questions through a decision tree, leading to the source of the issue and its solution.

- User Guides with step-by-step instructions on how to use the applications with visual images to guide the user in completing documentation.
- Quick Guides which act as short references to particular functionalities of modules.
- FAQ categorized by varying disciplines and professional roles.
- Therap Training Academy featuring on-demand, self-paced courses on various modules with an on-screen Therap instructor
- State-specific guidelines and resources including state specific features and updates.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
257	CAT.11	Contractor must provide a training environment that is available to DHHS and must maintain and update the training environment with training data to use during user training.	Describe the training environment available to DHHS and how Contractor shall maintain and update the training environment with training data to use during user training.	N/A	S	N/A

Bidder's Response::

Therap offers a Test Mode accessible from the live application. It allows users to test the application in an environment containing agency-specific content. In Test Mode, users log into a test environment, and their activities will not affect the live application. Users are trained in accordance with the access privileges assigned to them and in accordance to their job functions. Test mode is used when training providers on the basic modules. Therap provides a development context, Beta, as a test environment. Beta is a copy of the live, production environment containing added features that are being developed or customized. Beta is also refreshed periodically and data entered while testing is discarded.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
258	CAT.12	Contractor must provide training for providers that use third-party solutions that includes, at a minimum: the correct process for integration,	Describe the methods for providing training for providers that use third-party solutions including but not limited to: the	N/A	S	N/A



		information verification, data collection and reporting, and data submission to the state EVV Aggregator system.	correct process for integration, information verification, data collection, and reporting and data submission to the state EVV Aggregator system.			
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Bidder's Response::

The Therap Help and Support website is a dedicated support portal that offers a search capability to help provide ease of access to our training and support materials that includes State-specific guidelines and resources including state specific features and updates. Training materials are also available in regards to interfacing with external entities. The Report Library also contains various reports that have been created over time to meet the requirements of the user base. For more specific reporting requirements, Therap can provide additional reports, as requested by a Provider Administrator. After a report modification request comes in from a Provider Administrator, Therap evaluates the request by considering factors such as usability by a wide variety of users, its purpose, and how often the report would be utilized.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
259	CAT.13	Contractor must make training records available to be included in the data available for reporting.	Describe how training records will be included in the data available for reporting.	N/A	S	N/A

Bidder's Response::

Therap's Training Management System (TMS) has been designed to help providers monitor and manage staff training, and communicate information about classes, certification, and expiration to all the people involved. Training managers are able to create classes, combine multiple classes into sessions, and combine multiple sessions into curricula. Staff can be assigned to classes, sessions, or curricula. A certification validity period can be created or each class. The TMS module will generate reports and notify staff about due /overdue training. When publishing the results of a session, training managers are able to attach the certificates of completion. Old certifications can also be entered in the system.

TMS reports that can be generated in the application, include Class Due/Overdue Report, Assignment Reports, TMS Certification Report, Session Sign Up Report, Class Report Of Instructors, and Session Report of Instructors. Reports can be exported to Excel.

G.12 Operations Requirements:

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
260	OP.1	Contractor must identify, document and communicate to DHHS any sanctions, corrective action plans and/or unresolved audit findings identified during the life of the contract.	Describe the process that will be used to identify, document and communicate to DHHS any sanctions, corrective action plans, and/or unresolved audit findings identified across the install base during the life of the EVV contract.	N/A	S	N/A

Bidder's Response::

Therap's team leads will inform DHHS' team leads regarding unresolved audit findings.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
261	OP.2	Contractor shall provide electronic notification, including detailed release notes, for version changes, patches, updates and fixes prior to being deployed to either the test or production environment.	Describe the process for notifications, release notes and updates for version changes, patches, updates and fixes prior to being deployed to either the test or production environment.	N/A	S	N/A

Bidder's Response::

Therap analyzes and schedules downtime windows during hours of least usage. Therap makes the release notes about upcoming changes available in advance so that users have a chance to become familiar with new functionality. Users guides, webinars and videos are posted on the Therap Support site for training purposes.

Users are notified of software downtime/unavailability via release notes, login page ads, emails, splash messages, and announcements on the official website and the support website. Webinars are held to demonstrate upcoming features to the system. Additional trainings are also provided to the users if required. The Release Notes are available on Therap's Help and Support website

(<https://help.therapservices.net/app/release-notes>).

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
262	OP.3	Solution must perform advanced information monitoring and route system alerts and alarms to communities of interest when the system detects unusual conditions.	Describe how solution will perform advanced information monitoring and route system alerts and alarms to communities of interest when the system detects unusual conditions.	TA.DC.7	S	N/A

Bidder's Response::

Multiple controls are in place to ensure the safety of the platform, including control access to platform components, monitoring of both access and attempted access activities, and addressing of issues that could compromise the integrity of the platform. Therap has also developed and maintains methods and procedures that are followed in the day-to-day operation of the platform. These controls are designed to establish a consistent and stable environment, by designating procedures to be followed when making modifications to or monitoring the platform. A series of physical, logical, and procedural controls are used to install, maintain and monitor the platform. The databases are monitored on a 24x7 basis, and operational tuning activities are performed within procedural guidelines. Larger-scale tuning activities, such as table optimizations or re-partitioning, are proposed, tested, and implemented during approved maintenance windows.

Therap also employs Oracle's Real User Experience Insight (RUEI) to monitor and analyze network traffic in the production site to identify any potential issues or unusual activity and improve the overall service. We also have in place automated monitoring in place to identify the issues and notify our infrastructure team to resolve the issue, and unusual usage gets identified and addressed as necessary. Therap provides support to the customers using live chats, secure communication channels, and email.

Req.#	ID	Contractor / Solution Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
263	OP.4	Solution must be capable of or support the production of a random	Describe solution's capabilities for providing a random sample of data	IA.DS.18	S	N/A

	sample of data that would be needed for audit purposes (e.g. providers, beneficiaries, claims, etc.) based on the state-established selection criteria.	that can be used as needed for audit purposes, based on state-established selection criteria.			
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Bidder's Response::

Therap provides several testing environments where sample data can be entered. A development 'Beta' context application will ensure DDHS users have an environment to adequately test as programming is being conducted for existing and new Therap modules. The Beta context environment will be available for user acceptance training and will be utilized on an on-going testing/training environment for development context.

Therap provides 'Demo' accounts that allow users to freely test and train on the application. Users are able to log into their Demo accounts and test out features according to their access privileges. These Demo accounts do not contain any PHI.

Therap will also be able to provide sample data as required by DHHS for audit purposes.

G.13 Customer Support Requirements

Once implementation is complete, a key success factor from a stakeholder use perspective is quality support and responsiveness. With each item below, Bidder should provide thorough responses to show how bidder's experience in delivering consistent EVV services and support will assist DHHS in meeting stakeholder expectations.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
264	CSR.1	Contractor must establish and maintain a Solution Customer Support Plan that addresses all aspects of customer care services, including a help desk function. The draft version of the Solution	Provide a draft version of the Solution Customer Support Plan which must include all required items C-F within draft plan.	N/A	S	N/A

	<p>Customer Support Plan shall:</p> <ul style="list-style-type: none"> A. Be submitted with the proposal; B. Be submitted to DHHS for review and approval within thirty (30) calendar days of the contract effective date; C. Establish the purpose and scope of the Customer Support Plan; D. Describe the customer support services, including but not limited to help desk services; E. Establish roles and responsibilities for providing customer support functions; and F. Establish operational hours for the provision of customer support services. 				
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Bidder's Response::

A draft of Solution Customer Support Plan is included as an appendix at the end of the technical proposal. Please refer to Appendix F.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
265	CSR.2	<p>Contractor must provide a help desk function. The help desk shall provide:</p> <ul style="list-style-type: none"> A. Technical support by phone and online, every calendar day, (7 days per week during the hours 8 a.m. to 6 p.m. CT) for all stakeholders for the first 90 days of the Operations and Maintenance Task in accordance with the DHHS-approved Solution 	Describe help desk functions to be provided, including all requirements noted.	N/A	S	N/A

		<p>Customer Support Plan.</p> <p>B. Technical support by phone and online in accordance with DHHS's regular business hours (8 a.m. to 6 p.m. CT) for the duration of the contract beginning on the 91st day of Operations and Maintenance task. Support shall be provided in accordance with the DHHS-approved Solution Customer Support Plan.</p> <p>C. Contractor shall provide on-call technical support for hours outside production support core business hours.</p> <p>a) Contractor will return contact within fifteen (15) minutes of state contact to Contractor on-call support number.</p> <p>b) Contractor will maintain active and continued resolution activity until problem is resolved for incidents designated severity 1, or the highest severity designation</p>				
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Bidder's Response::

Therap agrees with the requirements noted in this section and will provide Live Help, Feedback, and Telephone support to DHHS. Available 24 hours a day, Therap support is designed to provide quick answers to common questions. Live Help is staffed by Implementation Team members located around the country.

Additionally, users are also able to create and send tickets using the Feedback option available within the system. This option is HIPAA compliant as well and Therap's Training and Implementation Staff are responsible for reviewing and resolving issues on a daily basis. The resolution of issues depend on the complexity, however, once the ticket has been submitted by the user, support staff are in constant contact and provide regular updates to the user.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
266	CSR.3	Contractor must establish and distribute an electronic DHHS-approved Solution User Manual. At a minimum, the user manual shall be updated and distributed annually to all solution users. The Solution User Manual shall be updated within thirty (30) days of implementation of changes if there are major system upgrades that occur more frequently than regularly scheduled annual updates.	Describe the process for developing and maintaining the required electronic user manual.	N/A	S	N/A

Bidder's Response::

Therap's Help and Support website has a wide range of training materials (e.g., user guides, quick guides, FAQs, training courses, training videos, webinars, and guided assistance). User guides and quick guides provide step-by-step instructions for completing tasks in the system. Therap's Training Academy provides self-paced, detailed, online on-demand training courses with competency-based quizzes and completion certificates. The Guided Assistance feature guides users through a series of questions and provides solutions based on the answers provided by the user. Release notes and release user guides are provided to users in advance before a release in order to familiarize users with the upcoming changes.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
267	CSR.4	Contractor must provide a consistent method for receiving and answering questions from system users.	Describe how questions will be received and answered consistently once the system is operational.	N/A	S	N/A



Bidder's Response::

Users can send in issues or feedback through Therap's HIPAA-compliant issue tracking mechanism, Issue Tracker and can also access the Therap Help and Support site for user guides, videos, webinars, and FAQs 24x7 to review information specific to the issue they are facing. Therap staff will receive the issues through Issue Tracker and start troubleshooting as necessary and provide resolutions/workarounds in a timely manner. Users can also come on Live Help or Telephone support, which is provided up to 24 hours a day. This level of support is designed for quick answers to common questions.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
268	CSR.5	Contractor must document inquiries and provide routine reports to DHHS regarding reasons for inquiries.	Describe the process for managing and reporting on inquiries.	N/A	S	N/A

Bidder's Response::

Feedback received from the users are forwarded to a team of business analysts and technical analysts. Depending on its type or urgency, it is classified as an enhancement, a glitch, or a suggestion and documented in the issue log. Each issue in the log is assigned an owner and a reporter, as well as a tentative resolution date, a tentative version of the software that will include a resolution of the issue or other pertinent information.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
269	CSR.6	Contractor must handle grievances in an organized, consistent manner.	Describe how grievances are handled in an organized, consistent manner. Describe grievance handling process, response times for initial grievance, escalation process, and any other handling of grievances.	N/A	S	N/A



Bidder's Response::

Therap has multiple channels through which grievances are handled in an organized and consistent manner. With Therap's Live Help support, users can chat securely with our support staff and get immediate answers to their questions. In the event that the live chat mechanism is offline, Therap's Issue Tracker provides users with troubleshooting assistance. Users can directly submit questions, suggestions, problems or grievances from within the application where they are facing an issue. This opens up a troubleshooting ticket. The Therap support team tracks and responds to a ticket as soon as possible or provides regular updates until the ticket is closed.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
270	CSR.7	Contractor must document grievances and provide routine reports regarding the reasons for the grievances and the resolution of the grievances.	Describe the grievance and reporting process.	N/A	S	N/A

Bidder's Response::

Each and every unresolved and resolved issues or grievances from Therap's Live Help and Feedback options are logged in HIPAA-compliant issue tracking mechanism, Issue Tracker. Therap staff will receive the issues through Issue Tracker and start troubleshooting as necessary and provide resolutions/workarounds in a timely manner.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
271	CSR.8	Solution must provide a callback option. For callers who select a callback option, Contractor must have their call returned within four (4) business hours.	Describe the callback solution and service level expectations.	N/A	S	N/A

Bidder's Response::

Users can come on Live Help or Telephone support, which is provided up to 24 hours a day. This level of support is designed for quick answers to common questions.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
272	CSR.9	Solution must provide organizations and individuals providing Medicaid home and community-based services with necessary, comprehensive, timely and accessible information, instructions and training, and technical support during implementation and operation of solution.	Describe how the solution provides organizations and individuals providing Medicaid home and community-based services with necessary, comprehensive, timely (as per the agreed project schedule) and accessible information, instructions and training, and technical support during implementation and operation of solution.	N/A	S	N/A

Bidder's Response::

The Therap training and support team has developed materials to ensure that users with varying job responsibilities can easily locate support materials regarding the functionalities in the system. Support materials include user guides, quick guides, FAQs, training courses, training videos, webinars, and guided assistance, which are accessible online. User guides and quick guides provide step-by-step instructions for completing tasks in the system. Therap's Training Academy provides detailed online on-demand training courses with competency-based quizzes and completion certificates. The Guided Assistance feature guides users through a series of questions and provides solutions based on the answers provided by the user. Users can access online training and support materials from Therap's Help and Support website.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
273	CSR.10	Contractor must provide Customer Support monthly reporting statistics and criteria, and associated reports are to be delivered on a monthly basis. Some of the criteria to be	Describe the Customer Support monthly reporting statistics and criteria, and include a mock-up of the report to be delivered on a monthly basis. Include all identified	N/A	S	N/A

		included, but is not limited to are: <ul style="list-style-type: none"> ● Call Center Calls Received by Month ● Calls Abandoned ● Calls Answered ● Average Handle Time ● Calls Held ● Average Hold Time ● Calls Abandoned % ● Call back statistics ● Average Speed of Answer ● Calls transferred to Voicemail ● Callers who left Voicemail ● Time to return Voicemail ● Dropped Calls. 	requirements in CSR.10. Sample should be submitted with proposal.			
Bidder's Response:: Therap will provide Customer Support report to DHHS on monthly basis. The report will include the identified requirements in CSR 10.						

G.14 Staffing and Resources Requirements:

Committed, experienced staff are key to a successful project. Describe the staff that will be utilized for this project, and how Bidder utilizes documented, consistent processes to ensure ongoing oversight of project and operational staff.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
274	SAR.01	Contractor must have a process for performing background checks for U.S. citizens, non-U.S. citizens, and Green Card holders. Contractor must provide a Personnel Background Check Attestation (written	Describe the background check processes used, and criteria included. Describe the process for performing background checks for citizens, non-US citizens, and Green Card holders.	N/A	S	N/A

		documentation) of a favorable background check for personnel who might reasonably be expected to access sensitive and confidential member data contained in any system accessed during the course of the Contract. Contractor must have a documented set of processes and criteria used for background checks. The Department may request the removal of staff for disqualifying offenses.				
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Bidder's Response::

Therap performs background checks for its employees as per federal regulations, including U.S. citizens, non-U.S. citizens, and Green Card holders. Therap will be able to provide written Personnel Background Check Attestation documentation of a favorable background check for personnel who will be involved with this project during the course of the contract. Therap has a documented set of processes and criteria which is used for background checks.

Therap will remove staff from this project for disqualifying offenses based on discussions with DHHS.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
275	SAR.03	Contractor will work with DHHS to develop an agreed to schedule for project manager to be onsite at DHHS for all key meetings, training and other activities as needed.	Describe Contractor's typical approach to onsite versus remote support, and how Contractor will work with DHHS to develop an agreed to schedule for project manager to be onsite at DHHS for all key meetings, training and other activities as needed.	N/A	S	N/A



Bidder's Response::

Therap will work with DHHS to develop a schedule for project manager to be onsite at DHHS for key meetings, trainings, and other activities. The key personnel involved with this project will attend key meetings as required and will provide regular progress reports. Therap's Training Specialists provide both onsite and online trainings during the course of the contract. Training and support materials are available online on Therap's website and can be accessed as required by the staff.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
276	SAR.04	Contractor's staff working remotely must be available to work in the State's primary project location at DHHS's request for functions necessary to support the scope of work (e.g., risk review meetings, root cause analysis sessions, integration planning, release planning, operational readiness reviews, UAT, implementation, and production deployment).	Describe how staff working remotely will be available to work in the State's primary project location at DHHS's request for functions necessary to support the scope of work (e.g., risk review meetings, root cause analysis sessions, integration planning, release planning, operational readiness reviews, UAT, implementation, and production deployment).	N/A	S	N/A

Bidder's Response::

The key personnel of this project and the staff working remotely will be available to work in the State's primary location at DHHS's request for necessary functions to support the scope of work. The key personnel involved with this project will attend key meetings as required and will provide regular progress reports. Therap's Training Specialists provide both onsite and online trainings during the course of the contract.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
277	SAR.	DHHS reserves the right to request	Describe process Contractor will	N/A	S	N/A



	05	the removal of any Contractor staff or sub-Contractor staff assigned to the project and the Contractor shall comply with any such request immediately.	use if or when DHHS requests removal of contractor staff or subcontractor staff assigned to the project.			
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Bidder's Response::
 DHHS will reserve the right to request the removal of Therap staff assigned to this project. Therap will comply with such requests based on discussions with DHHS.

G.15 Turnover and Contract Closeout Requirements:

Upon ending the contract, Contractor shall work with DHHS and any other organizations designated by DHHS to ensure an orderly transition of services and responsibilities under the contract and to ensure the continuity of those services required. This includes, but is not limited to, supporting data conversion and knowledge transfer to Nebraska DHHS or any succeeding contractor.

All toll-free telephone numbers shall be transferable to Nebraska DHHS, or other entity designated by DHHS, upon the ending of the contract.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
278	TAT.1	Refer to Contractor requirements in Section II. T. Contract Closeout.	Provide a draft Turnover Plan of a similar EVV project. Describe bidder's experience in transition activities of a similar EVV project.	N/A	S	N/A

Bidder's Response::
 A draft of Turnover Plan is included as an appendix at the end of the technical proposal. Please refer to Appendix G.

G.16 Certification Support Requirements:

To ensure a comprehensive solution, and to best leverage federal FMAP, DHHS is very focused on ensuring that all certification criteria are satisfied fully. Describe their experience and capability in meeting all certification requirements, artifacts, tracking and collaboration throughout the project. Since full certification will not occur until at least six months post-implementation, many certification activities will continue beyond deployment through the initial operational months. Be specific and ensure Bidder's responses show how Bidder's experience and capability can differentiate Solution and certification achievement.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
279	CRT.1	Contractor shall develop a Certification Crosswalk that describes how the solution aligns with the CMS certification requirements and MECT milestones within 120 days of execution of the contract.	Describe the process by which the solution will be validated against the CMS certification checklists.	N/A	S	N/A

Bidder's Response::

Therap will work with DHHS in developing a Certification Crosswalk as required and will assist in validating the solution against the CMS certification checklists.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
280	CRT.2	Solution must be CMS certifiable through correct design, implementation, documentation, and support by Contractor.	Describe how solution will be CMS certifiable through correct design, implementation, documentation, and support by Contractor.	N/A	S	N/A

Bidder's Response::

Therap is currently working with other states in receiving this certification, and will work with DHHS as well to ensure that the system is CMS certifiable.



Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
281	CRT.3	Contractor must coordinate with DHHS in developing the necessary CMS certification checklist documentation and artifacts for each MECT checklist requirement.	Describe how Contractor will collaborate with DHHS to develop the necessary CMS certification checklist documentation and artifacts for each MECT checklist requirement, along with any MECT certification experience from past implementations.	N/A	S	N/A

Bidder's Response:

Therap will work with DHHS in developing necessary CMS certification checklists for MECT checklist requirements. Therap is also currently working with other states in receiving this certification.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
282	CRT.4	Contractor must update system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to solution during the certification process.	Describe how Contractor will update system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to the solution during the certification process.	N/A	S	N/A

Bidder's Response::

Therap notifies users of upcoming features and enhancements in advance and plans for system downtimes during hours of least usage. Therap is responsible for making new features and enhancements of its SaaS applications available to users. Release notes and user guides are made available ahead of time so that agencies can become familiar with the upcoming changes. Other training materials are updated accordingly, to reflect the changes that have been made.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
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283	CRT.5	Contractor shall participate as required by DHHS during milestone reviews and other certification meetings.	Describe how Contractor will provide staff resources as necessary to support MECT milestone reviews and activities. Describe how Contractor will participate as required by DHHS during milestone reviews and other certification meetings.	N/A	S	N/A
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Bidder's Response::

Therap has designated State staff who will participate milestone reviews and certification meetings as required by DHHS.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
284	CRT.6	Contractor must complete milestone updates to the CMS certification checklists as requested by DHHS. Contractor must assist DHHS in preparing certification artifacts, evidence, presentation materials and any other content as required by DHHS, IV&V, or CMS. Contractor must support DHHS and the IV&V's activities associated with solution throughout the CMS certification process.	Describe how Contractor will support creation, review and updates of all required certification artifacts, presentation materials and any other content required for the CMS certification process.	N/A	S	N/A

Bidder's Response::

Therap will work with DHHS to prepare certifications and support the necessary artifacts as required by DHHS, IV&V, or CMS.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist	Bidding Ability	Gap Description and Recommendation for
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				ID	Code	Closure
285	CRT.7	Contractor must populate a DHHS certification document repository, as each required item/artifact is completed and approved.	Describe how contractor will populate repository, as each required item/artifact is completed and approved.	N/A	S	N/A

Bidder's Response::

Therap will work with DHHS and provide a certification document repository as needed.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
286	CRT.8	Contractor must provide the IV&V Contractor timely (based on agreed project schedule) and accurate project status when requested by DHHS or the IV&V Contractor.	Describe how Contractor will provide IV&V Contractor timely and accurate project status when requested by DHHS or the IV&V Contractor.	N/A	S	N/A

Bidder's Response::

Therap will provide timely and accurate project statuses as required.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
287	CRT.9	Contractor must utilize agreed testing methodologies, configuration and change control measures made to the solution throughout the certification and operational processes.	Describe how Contractor will utilize agreed testing methodologies, configuration and change control measures made to the solution throughout the certification and operational processes.	N/A	S	N/A

Bidder's Response::

Therap has testing methodologies in place to ensure quality assurance of the system. Therap will work with DHHS to come to agreed testing methodologies, configuration, and change control measures throughout the certification and operational processes.



Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
288	CRT.10	Contractor should participate and provide support as needed in CMS certifications of any other associated modules.	Describe how contractor will support CMS certifications of associated modules.	N/A	S	N/A

Bidder's Response::

Therap will be on regular contact with DHHS, and will provide support and assist with certifications and associated modules as required.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
289	CRT.11	Contractor must correct all required remediation activities related to certification findings on a schedule to be approved by CMS and DHHS.	Describe how contractor will complete remediation activities on a schedule to be approved by CMS and DHHS.	N/A	S	N/A

Bidder's Response::

Therap has standard remediation procedures in place and will work with DHHS in completing remediation activities based on certification findings.

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
290	CRT.12	Contractor must meet the requirements of future regulations and guidance from CMS for EVV systems and EVV use to ensure that Nebraska fully qualifies for and receives enhanced ninety percent (90%) federal funding for design,	Describe how Contractor will meet the requirements of future regulations and guidance from CMS for EVV systems and EVV use to ensure that Nebraska fully qualifies for and receives enhanced ninety percent (90%)	N/A	S	N/A

		development and implementation; enhanced federal match of seventy-five percent (75%) federal funding for operation, maintenance and customer support; and fifty percent (50%) federal match for administrative activities and education and outreach activities. The Contractor must provide DHHS with technical support and documentation as needed to support the state's request for the enhanced federal funding.	federal funding for design, development and implementation; enhanced federal match of seventy-five percent (75%) federal funding for operation, maintenance and customer support; and fifty percent (50%) federal match for administrative activities and education and outreach activities. Bidder commits to provide DHHS with technical support and documentation as needed to support the state's request for the enhanced federal funding.			
Bidder's Response:: Therap has already worked with the State of Nebraska through numerous changes in regulations. Therap will be able to meet these requirements.						

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
291	CRT.13	Solution must adhere to the CMS MITA framework, version 3.0 and later, as related to EVV systems, EVV data, use of common data standards, and efficient and reliable data interchange with the existing Nebraska and new Medicaid Systems, which is moving toward a modular system based on Service Oriented Architecture design principles and the MITA framework. For more information on MITA, visit https://www.medicaid.gov/medicaid/d	Describe how solution adheres to the CMS MITA framework, version 3.0 and later, as related to EVV systems, EVV data, use of common data standards, and efficient and reliable data interchange with the existing Nebraska and new Medicaid Systems, which is moving toward a modular system based on Service Oriented Architecture design principles and the MITA framework.	N/A	S	N/A



		ata-and-systems/mita/index.html			
Bidder's Response::					
Therap promotes an enterprise view that supports enabling technologies that align with MITA business processes and framework, makes performance measurable for accountability and planning, and promotes an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology. Therap has the capability and will work with Nebraska DHHS to align with CMS MITA framework.					

Req.#	ID	Contractor / Solution/Requirement	Instructions to Bidder	CMS Checklist ID	Bidding Ability Code	Gap Description and Recommendation for Closure
292	CRT.1 4	Contractor must provide solution's technical, functional, and performance documents as required by the IV&V Contractor.	Describe process used to create, track and provide evidence for all documents required by IV&V Contractor.	N/A	S	N/A

Bidder's Response::						
Therap will work with DHHS and provide the required technical, functional, and performance documents as required by the IV&V Contractor.						

5. Project Description and Scope of Work

The section below provides an overview and requirements for the Electronic Visit Verification Solution (EVV) Implementation project and ongoing operations. Specific detail requirements are itemized in Attachment A - Requirements Traceability Matrix (RTM) and Attachment B – Performance Guarantees, Attachment C – BAA, and Attachment D – System Security Plan Requirements. Bidder should respond to the specific requirements in Attachment A - RTM.

Therap has reviewed requirements that are itemized in Attachment A - Requirements Traceability Matrix (RTM) and Attachment B – Performance Guarantees, Attachment C – BAA, and Attachment D – System Security Plan Requirements.

We have responded to the specific requirements in Attachment A - RTM and have provided the completed document as part of this RFP.

A. PROJECT OVERVIEW

The State of Nebraska Department of Health and Human Services (DHHS) initiated this project to solicit and implement a contract with a qualified vendor for an EVV solution, including a full EVV aggregation solution. The acquisition and implementation of an EVV solution is required to comply with the requirements pertaining to expenditures for personal care services as specified in the 21st Century CURES Act (<https://www.congress.gov/114/bills/hr34/BILLS-114hr34enr.xml>), amending the Social Security Act at 42 U.S.C. § 1396b. EVV is required to be in place by January 1, 2020 for personal care services and is required for all Medicaid-funded services that include a personal care component. EVV must be in place for home health visits by January 1, 2023. EVV is aligned with the CMS modular approach to building system and operational capabilities. Nebraska DHHS plans to file a waiver exception request in 2019 to allow implementation after January 1, 2020, per CMS requirements.

The project has cross-divisional impacts due to the scope of services included. There are Medicaid State Plan and Home and Community Based (HCBS) waiver services impacted that are currently administered through the Division of Medicaid and Long-Term Care (MLTC) and Medicaid HCBS waiver services provided to individuals with developmental disabilities that are administered through the Division of Developmental Disabilities (DD). While many services and eligibility categories were transitioned into at-risk managed care programs by DHHS in 2017, the personal care services mandatory for EVV remain reimbursed under fee-for-service.

DHHS relies upon individual care providers for personal care services, as well as agency providers. Table 1 below lists the comparison of agency and individual providers. 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 stakeholder meetings to ensure early and ongoing communication.

1. Provider and Participant Data Summary

The numbers below in Table 1 are an unduplicated representation of the providers and participants in Nebraska’s Medicaid HCBS Waivers and Medicaid State Plan PAS that are required by the 21st Century CURES Act mandate, based on paid claims in calendar years 2015, 2016 and 2017, to be included in EVV. When DHHS initiates the project to add home health services to the EVV solution the estimated volumes for providers and participants will be provided.

Table 1 - Provider and Participant Data Summary

Year	# of Providers	Individual Providers	Agency Providers	# of Clients
2017	6,481	6,196	285	10,115
2016	7,224	6,894	330	9,831
2015	7,663	7,369	294	9,771

The goal is to obtain an open vendor technology solution with the technology components to handle urban, rural and frontier areas. This decision was made in part due to stakeholder feedback on concerns about the frontier nature of most the State. In both cases, 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:

- a. the type of service performed;
- b. the individual receiving the service;
- c. date of the service;
- d. location of service delivery;
- e. individual providing the service; and,
- f. the time the service begins and ends.

The above will be required regardless of whether delivered through self-directed care, or an agency care delivery model.

The solution must allow 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 such system. The system must be minimally burdensome for providers, participants and state staff and their designees.

The EVV solution must be configurable to meet the needs of multiple programs and services and have the flexibility to add services and programs throughout the life of

the contract. The ability to have different business rules, policies and procedures for each program and service is critical. Although today personal care services are fee-for-service, it is anticipated that during the contract term many services may be moved to managed care. And as home health services are added, integration with each of the contracted MCOs will be required. The flexibility and architecture required to provide capacity and scalability for future expansion will be required to support additional populations, program changes, State and Federal regulatory changes or other policy changes.

The EVV solution must have 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. The solution must have the ability to hold a minimum of six (6) years of system activity data, with the ability for reporting with a minimum of ten (10) years of data. The solution needs to be browser and operating system agnostic such that all users will have access and use capability.

Therap's Scheduling/Electronic Visit Verification (EVV) module has been designed to meet the needs of states and providers who need to build staff schedules (especially for in-home and community based services), track staff hours, monitor individual service allocation, and meet the upcoming federal EVV requirements and the standards of the 21st Century CURES Act. The EVV features provided by Therap are part of our Scheduling/EVV module and allows for the collection of the necessary items covered under the 21st Century Cures Act, including the following:

- a. the type of service performed;
- b. the individual receiving the service;
- c. date of the service;
- d. location of service delivery;
- e. individual providing the service; and,
- f. the time the service begins and ends.

List of Reports

Search Reports

Report Name:

Report Description:

Input Tags:

2 items found, displaying all items.

Report Name

Scheduling/EVV - Slot Report
This report shows detail information of approved slots within the given date range, with an additional column "Has Exception" which will contain the information in case of early/late check-in/check-out and check-in/check-out comment.

Scheduling/EVV - Weekly Staff Report
This report shows the scheduled hour, worked hour, weekly work hour limit of staff, and also provides information whether the staff has worked over weekly limit. The start date of the report defines the "Start of week" on the report.

Figure 5: Scheduling/EVV Reports from Therap Report Library

Furthermore, comment boxes are available where users can enter additional information about the individual or the service. The mobile applications also allow users to add verifications in the form of signatures or voice recordings when checking in and out. No information is stored on the devices being used for carrying out these functionalities.

The configurability and versatility of the Scheduling/EVV module allows for the creation of schedules for varying programs and services for users of differing backgrounds and designations. Administrators will be able to configure how the module will be used, what services can be used through scheduling and which staff can be assigned and so forth. Additionally, roles and caseloads will define to what extent each user will be able to use the module.

Schedule Slot Approved ✕

Start Date 09/11/2019 08:00 AM

End Date 09/11/2019 09:00 AM

Individual Jacob Smith

Program 11th Street (Day Care)

Service Adult Day Training / S5102

Billable Yes

Start Address 123 Spruce Street, Anytown, NE 12345, USA

Start Location 41.564587, -99.536142 📍

End Address (if Different)

End Location (if Different)

Note Jacob has an appointment after this slot. Mia Cole will be picking him up.

Staff	Check-In Time	Check-In Address	Check-Out Time	Check-Out Address
Matthew Hill, Specialist	09/11/2019 08:11 AM	123 Spruce Street, Anytown, NE 12345, USA 📍	09/11/2019 09:26 AM	123 Spruce Street, Anytown, NE 12345, USA 📍

Check-In Comment: Checking in for training.

Check-Out Comment: Checking out. Mia has taken Jacob to the appointment.

* Edited by scheduler

SComm Comment

Figure 6: Scheduling - Schedule Slot Form

Data entered in the system can be used to generate electronic billing and claim submission. Various standard and customized reports provide the tools to ensure quality assurance and quality improvement. Users having access to the system and appropriate roles will be able to search for past information with relative ease using module search functionalities and also by generating comprehensive reports. No restrictions are placed on how far back an authorized user can search or access documents.

List of Reports

Search Reports

Report Name:

Report Description:

Input Tags:

4 items found, displaying all items.
1

Report Name ▲
<p>Custom Utilization Report (Professional Claim) Create a custom Utilization Report by Program, Service Code and/or Funding Source. Please do not search more than a 1 month date range.</p> <p>Reconciliation Report for Professional Claim - Claim Level This report shows Professional claims that have been reconciled with an electronic 835 remittance at the claim level. This report contains information from the reconciliation report as well as claim create date, queued date, place of service, claim comments, and additional adjustment data. Users will be able to search by paid date range and have the option to view either all claim submissions or only the latest version submitted. Please do not search more than 1 month.</p> <p>Reconciliation Report for Professional Claim - Service Level This report shows Professional claims that have been reconciled with an electronic 835 remittance at the service line level. This report contains information from the reconciliation report as well as claim create date, queued date, billing data form ID, place of service, and additional adjustment data. Users will be able to search by RA date range and have the option to view either all claim submissions or only the latest version submitted. Please do not search more than 1 month.</p> <p>Service Authorization Report (Professional Claim) This report lists details from service authorizations for professional claims such as the begin and end date, status, expiry status, service codes, total and remaining units, method of data collection, and more. Begin dates of service authorizations are used as a filter.</p>

Figure 7: Billing Reports for Professional Claims from Therap Report Library

Therap understands that there may be changes to varying business rules during the contract and are confident in our ability to meet the requirements set forth by Nebraska’s Medicaid HCBS and Medicaid State Plan PAS waivers. The modules Therap offers are designed to improve the quality of care and coordination across the entire system for people receiving different services and supports.

←
⋮

Agenda Record

Sep 11, 2019



Jacob Smith

Adult Day Training/S5102

11th Street

08:00 AM - 09:00 AM i

Billable: Yes

SCH-DEMO-GEB4NCAZXJT43

Start Address: 123 Spruce Street,
Anytown, NE 12345, USA

Check-In (MOBILE)

Time 09/11/2019 08:11 AM

Location 123 Spruce Street, Anytown, NE 12345, USA >

Comment

Checking in for training.

Check-Out (MOBILE)

Time 09/11/2019 09:19 AM

Location 123 Spruce Street, Anytown, NE 12345, USA >

Comment

Checking out. Mia has taken Jacob to the appointment.

Comment

Add a comment

View Note

Figure 8: Mobile Scheduling/EVV - Scheduling Agenda Record

The system can be accessed from Therap's secure URL using devices with a standard web browser and an active internet connection at a speed that supports basic web browsing. The modular design of the software and hardware implementation fulfills objectives that focus on reliability, scalability and security. The core components of the infrastructure are individually scalable to meet or exceed growth rates as they evolve. Through the use of these techniques, Therap has been able to anticipate and absorb increased resource and functionality requirements, while currently supporting the data being entered by over 5000 providers. Therap is confident in

our ability to provide the flexibility and architecture required to provide capacity and scalability for future expansion to support additional populations, program changes, State and Federal regulatory changes or other policy changes that may arise.

Therap maintains and archives historical information. The EVV system allows: tracking of changes to business rules; manual entries; and changes of electronically captured services. User actions are recorded in the system with time and date stamps, and the electronic signature of the users performing the action. When a form is updated, the system archives the previous version of the form. Users who have appropriate permissions can view the Update History and can compare before and after values of the change, the date and time of the change, and the user making the change.

Archived Individual Data Search

15 ▼ Records

Individual	Archived By	Archival Date	Time Zone
Williams, Ethan	Mia Cole, Case Manager	02/07/2019 09:38 AM	US/Central
Williams, Ethan	Donald Alexander, Direct Support Professional	02/07/2019 09:16 AM	US/Central
Williams, Ethan	Jacob Anderson, Provider Administrator	11/14/2018 01:14 PM	US/Central

Showing 1 to 3 of 3 entries

Previous
1
Next

Figure 9: Archived Individual Data

Therap’s Activity Tracking module may also be used to monitor or audit user activities. The audit log displays the Activity Time, User Login Name, IP Address, Server Name, Module, Action, Activity Type, Form ID, IDF Form ID, Program/Site, additional information regarding the activity, and Time Zone.

Activity Tracking Search

Filter 15 Records

Activity Time	Login Name	IP Address	Server Name	Module	Action	Activity Type	Form ID	Individual Form ID
01/03/2019 06:06:06 PM	janderson	192.168.2.8	ms11-b	Provider Administration	Program Enrollment/Discharge Information Change			
01/03/2019 06:05:56 PM	janderson	192.168.2.8	ms11-b	Individual Data	View		IDF-DEMO-AAH2TG8NYT	
01/03/2019 05:48:47 PM	janderson	192.168.2.8	ms11-b	Individual Data	Create		IDF-DEMO-AAH2TG8NYT	IDF-DEMO-AAH2TG8NYT
01/03/2019 05:37:45 PM	janderson	192.168.2.8	ms11-b	Signup Agreement	Agree			
01/03/2019 05:37:43 PM	janderson	192.168.2.8	ms11-b			Logon		

Showing 1 to 5 of 5 entries

Figure 10: Activity Tracking Search

Therap system's user interfaces, documentation, and training materials are designed to be consistent across the system and as user-friendly as possible, keeping in mind the expectations of different users. Processes for improving the usability and the overall quality of the system have been integrated into Therap's core management and operational activities. Therap will be able to provide adequate training to users who will be furnishing personal care services, home health care services, or both under the State plan (or under a waiver of the plan).

B. GOALS AND OBJECTIVES

MLTC's vision of the future Medicaid Enterprise is to have an efficient, effective and economically managed Medicaid program with established performance management and accountability. MLTC will have a participant-centric focus with concentration on the improvement of health outcomes; seamless, integrated, and user friendly systems; and technologies that fully support rapidly changing Medicaid business processes and requirements. The following goals and objectives of the EVV project support this vision

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

The Scheduling module allows users to document visit verification data (e.g., the service provided, the name of the individual receiving the service, date and time of service provision, location of service delivery, and the name of the user providing the service). Users are also able to add signatures and/or voice recordings as verification for a schedule, and add comments to record additional information.

The module allows for the creation of individual based schedules and program based schedules. Schedules are tied to active and valid Service Authorizations, ensuring users are carrying out their assigned responsibilities. When creating schedules, the system automatically runs checks on the individual, staff and the service selected. For example, the system checks to ensure that only staff who have access to the individual are available for the schedule slot and then runs further checks such as ensuring only staff authorized to provide that service appear as options.

The Schedule Slot form contains details regarding the service to be performed including the time, date, location, individual name, staff assigned, and additional comments. The schedules can be copied to other dates, which is helpful when scheduling recurring appointments or events. When copying, the schedule can be edited to assign more staff or to make a change in the program or service. Users can check in and out for a slot with a single click. Users have the ability to add a comment (e.g., a cancellation) for each action.

Data collected using the mobile applications can directly be accessed from the web application. When a staff enters data through the mobile application, their electronic signatures and the date and time stamps are recorded, and GPS locations are tracked. This multi-level data authentication allows for monitoring quality of services, providing increased accountability, transparency, and elimination or reduction of giveback.

Signatures are collected providing verification that the appropriate user has provided the service as required. Each time a user checks in or out, the location is recorded, along with a timestamp. The verification mitigates fraud, waste, and abuse by ensuring the authorized services were provided at the appropriate time and place.

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

The Scheduling/EVV mobile application provides the ability for Offline Scheduling. The option allows users to record check-in and check-out information for service delivery or a schedule the user is assigned to. Using this feature, a user is able to identify the time, date and location when checking in and out. Once the user is able to access the internet, they will be prompted to sync the offline data to ensure it is entered into the application. This feature is very useful for users that need to provide services in areas that have limited internet access. No PHI is involved with the offline data.

The Scheduling module also has an Interactive Voice Response (IVR) functionality. Using this feature, users who do not have direct access to the internet are able to call a designated number to carry out check in and check out for services ensuring EVV data is still captured.

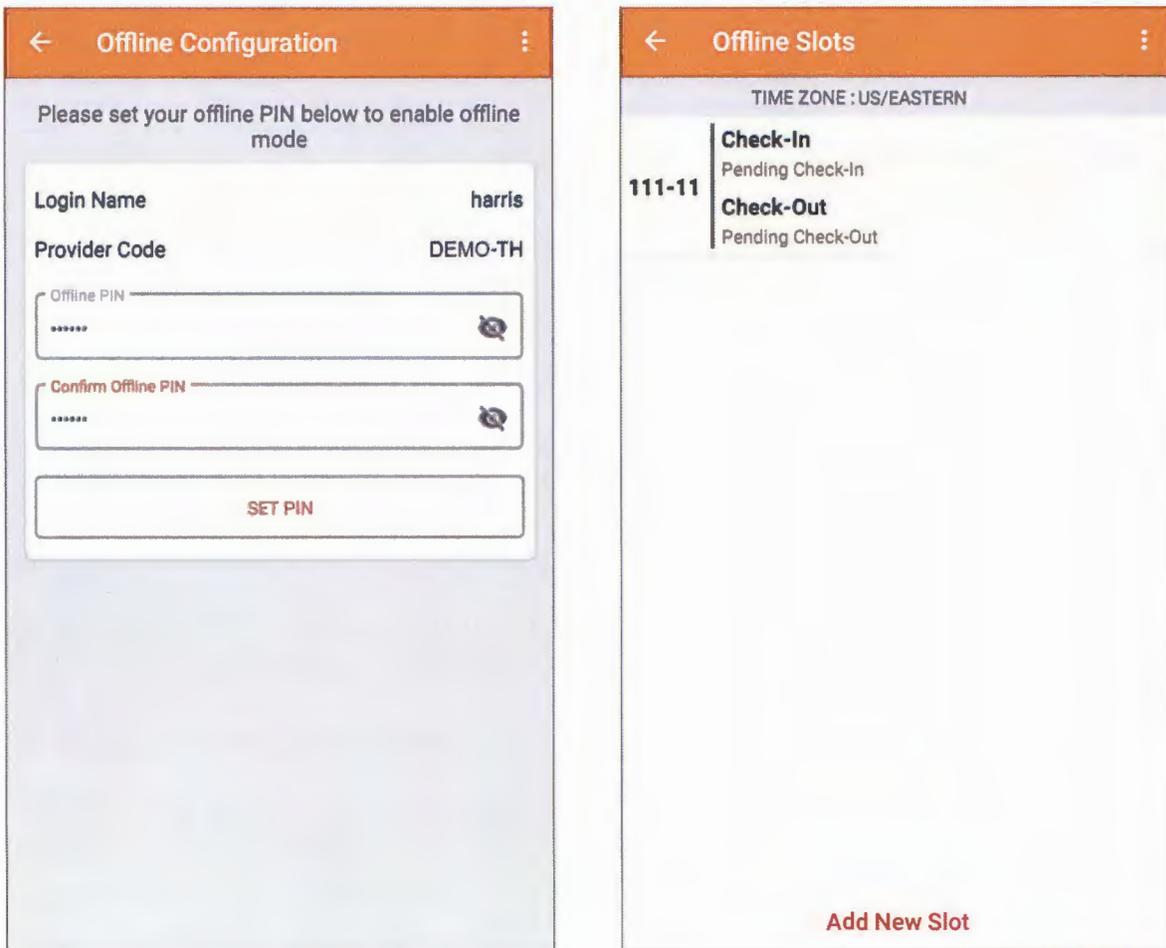


Figure 11: Offline Check-In/Check-Out Functionality in Scheduling/EVV

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

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

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

The SaaS model integrates an intuitive and flexible application with a high-performance infrastructure to provide a solution that is reliable, scalable and secure. The interfaces have been designed to be consistent across the system and as user-friendly as possible, keeping in mind the expectations of different user levels, allowing quick and simple navigation throughout the application. The Scheduling/EVV module has an intuitive interface which allows users to easily capture scheduled visit and service delivery data. When a staff enters data through the mobile application, their electronic signatures and the date and time stamps are recorded, and GPS locations are tracked.

C. BACKGROUND

DHHS provides important and life-sustaining services to Nebraskans. As Nebraska's largest State agency, DHHS is responsible for nearly one-third of State government spending and employees. The two DHHS divisions that will use the EVV solution initially are:

- 1. The Division of Developmental Disabilities (DD) administers publicly-funded community-based disability services. DD strives to support the choices of IDD and their families by promoting and providing flexible, quality, member-driven services and supports within communities, and valuing community connections that emphasize a person's strengths and gifts. DD administers two Medicaid Home and Community-Based service (HCBS) waivers as well as case management services. Services are provided based on each person's identified needs, State and/or Federal guidelines and, when applicable, the availability of funds. While some services and supports are delivered directly by DHHS, most are provided through a large network of individual and agency providers. DD collaborates with other agencies, providers, families, and self-advocates, increasing opportunities for individuals with IDD to access the most integrated, least restrictive services and supports.**

The Therap system functions across the levels of HCBS supports - state intake and oversight, person-centered case management and service provision. It provides individual/family access. Our system design provides tools that facilitate streamlined business processes and communication between state agencies and entire support teams. As such, Therap is a driving

force in creating efficiencies in state business processes while enhancing accuracy, transparency, and accountability throughout the levels of support, service provision and oversight.

- 2. The Division of MLTC administers the Medicaid program, which provides health care services to eligible elderly and disabled individuals, and low-income pregnant women, children and parents. MLTC also administers non-institutional home and community-based services for qualified individuals, the aged, adults and children with disabilities, and infants and toddlers with special needs. MLTC is also responsible for Medicaid eligibility determination, policy, provider enrollment, rate setting and reimbursement activities, claims processing, and program integrity activities. MLTC collaborates with public and private service providers to ensure a comprehensive and coordinated community-based services system that assists people in maintaining the most independent lives possible while living in the least restrictive environment.**

DHHS is dedicated to creating more efficient, effective, and customer-driven services delivery and support. This includes unification of enterprise systems, modernizing technology in phases, and leveraging common technology. DHHS expects the EVV solution to adhere to this strategy.

Since 2002 some states have been using Electronic Visit Verification for ensuring delivery of home and community based-services to Medicaid recipients. The Office of Inspector General has been advocating for several years to require states which had 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.

DHHS has been making incremental enhancements to the Nebraska Medicaid programs over the last few years, moving to Heritage Health managed care in 2017, although home and community-based services (HCBS) are still managed as fee for service. There has been an ongoing assessment and set of recommendations for improvements to the Long-Term Services and Supports (LTSS) programs in Nebraska, including use of an EVV solution. A large percentage of the HCBS population utilizes self-directed services, and the EVV solution will need to ensure appropriate technologies are implemented to support this population, as well as those participants who are served by provider agency employees.

As the DHHS funding and oversight agencies, MLTC and DD require data and reporting to assure compliance with State and Federal requirements. The EVV solution must provide these functionalities. The EVV solution must offer a DHHS Provider Portal where DHHS and public and private providers can view, update,

and share information, as well as offer self-service options to participants, families, and guardians to view and submit information.

The EVV solution implementation is an undertaking that will enable MLTC and 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.

DHHS is specifically looking for an existing Commercial-Off-The-Shelf (COTS) system or Software as a Service (SaaS) solution to expedite implementation. DHHS is seeking an EVV solution specifically designed and compliant with the requirements for State agencies that provide funding, oversight and support for individuals with long-term care needs. DHHS expects the EVV Contractor to bring industry best practices to streamline implementation and utilization of the EVV solution. It is expected that there will be some level of phased implementation, and recommendations from the contractor will be included in how that phased plan is created.

Therap's Scheduling/EVV module complies with the requirements prescribed in Section 12006 of the 21st Century Cures Act. Therap continuously strives to implement industry best practices and updates the system to maintain compliance with state and federal requirements.

Therap's EVV solution provides our state customers with a secure, transparent platform where person-centered documentation is captured at the point of service. This secure, yet transparent, data flow will provide the DHHS with the access, control, and ability to be proactive and data-driven in the decision-making that is necessary when providing and managing HCBS services.

D. OVERVIEW OF IN-SCOPE PROGRAMS

Descriptions of the programs included in the scope of the procurement are listed in the table below.

Full definitions of each service for aged and disabled participants are listed here:

- [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-471/Chapter-15.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-471/Chapter-15.pdf)
- <http://dhhs.ne.gov/Documents/Title-480-Complete.pdf>
- <http://dhhs.ne.gov/Documents/Title-403-Complete.pdf>
- <http://dhhs.ne.gov/Pages/DD-Public-Comment.aspx>

Table 2 - Services In-Scope for EVV

Authority	Service	Comments
-----------	---------	----------

Aged and Disabled (AD) Waiver	Chore Services	Chore is considered personal care service, so included in EVV. Lawn care or snow removal are not included in scope.
AD Waiver	Respite Services	When provided in the participant's residence.
AD Waiver	Extra Care for Children with Disabilities	When provided in the participant's residence.
Developmental Disabilities (DD) Waiver – Adult Day	Independent Living	When personal assistance is a component of service and when service is provided in the participant's residence.
DD Waiver – Adult Day	Supported Family Living	When personal care is a component of service and when service is provided in the participant's residence.
DD Waiver – Adult Day	Respite	When personal care is a component of service and when service is provided in the participant's residence.
DD Waiver – Adult Day	Homemaker	When personal care is a component of service and when service is provided in the participant's residence.
Comprehensive DD Waiver	Behavioral In-Home Habilitation	When personal care is a component of service and when service is provided in the participant's residence.
Comprehensive DD Waiver	Independent Living	When personal care is a component of service and when service is provided in the participant's residence.
Comprehensive DD Waiver	Medical In-Home Habilitation	When personal care is a component of service and when service is provided in the participant's residence.
Comprehensive DD Waiver	Respite	When personal care is a component of service and when service is provided in the participant's residence.
Comprehensive DD Waiver	Supported Family Living	When personal care is a component of service and when service is provided in the participant's residence.

State Plan	Personal Assistance	Mandatory per 21 st Century CURES Act
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DHHS will be able to create programs for services mentioned above, enroll individuals to those programs, provide staff access to those individuals/programs, create service authorizations for the individuals/programs, and enter EVV service information for those programs. Based on the assigned EVV slot, staff will be able to check-in and check-out for a given schedule, as well as provide signature or voice verification of the provided services. DHHS administrators with the appropriate roles will be able to create and deactivate user accounts, intake and discharge individuals, create and deactivate programs, and set up and discontinue service authorizations at their sole discretion. DHHS will be able to implement the required EVV services within Therap.

E. PROJECT ENVIRONMENT

The technical environment for DHHS is developed, managed and maintained by two organizations:

1. **Information Systems and Technology (IS&T):** IS&T is an organizational unit of DHHS administering DHHS's computer resources. This unit provides support for feasibility studies; system design and development; system maintenance; computer hardware acquisition, installation, and maintenance; network acquisition, coordination, installation, and maintenance; and system project management.

IS&T maintains authority over department-specific activities and functions such as:

- a. Department-specific help desk support
 - b. Department-specific application development and support
 - c. Department-specific enterprise architecture, enterprise integration strategy and shared technical services
 - d. Department IT procurement reviews and standards
 - e. Department IT strategy and planning
2. **Nebraska Department of Administrative Services (DAS), Office of the Chief Information Officer (OCIO):** OCIO provides a consolidated source for a wide range of technology services to state agencies, boards and commissions. OCIO administers DHHS's data center. IS&T purchases staffing and computing resources from the OCIO and collaborates with the OCIO to manage, operate, and maintain multiple DHHS systems. IS&T and OCIO work closely together in a hybrid IT model.
OCIO performs centralized IT functions such as:
 - a. Department-specific help desk support
 - b. Department-specific application development and support
 - c. Department-specific enterprise architecture, enterprise integration strategy and shared technical services

- d. Department IT procurement reviews and standards
- e. Department IT strategy and planning

We have read and understood the responsibilities and roles of IS&T and OCIO in Nebraska DHHS. OCIO and DHHS IS&T users can be assigned with the required roles in the Therap application in order to perform their setup and support related tasks. They will also be able to reach out to Therap Support regarding any questions or issues related to the Therap system

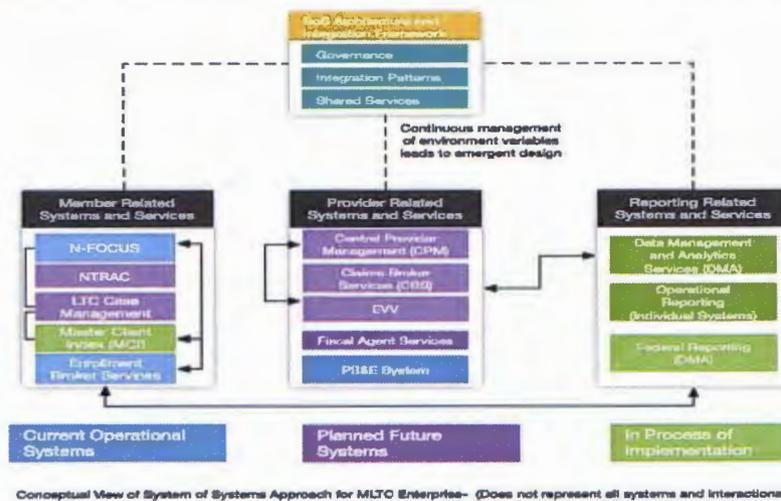
F. DHHS TECHNICAL ENVIRONMENT

DHHS has embraced a modular and services-based approach and has undertaken a strategic strategic journey for transforming its Medicaid operations through a series of road map projects. These projects address the shift in business model (shift 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 road map projects that is designed to bring business process improvements in the personal care services delivery. These road map projects, once implemented and operationalized, will help the MLTC Medicaid enterprise and Nebraska DHHS shift the current Concept of Operations from siloed processes and systems requiring manual steps to one that enables a layered environment which 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.

In the future, the overall Medicaid operations will be delivered through a series of systems and services. These systems and services will be operated by different service contractors and/or State staff. Therefore, it is important to integrate the capabilities of these systems/services into a System of Systems (SoS) capability where each service/system continues to be responsible for its own management and operations activities. The following diagram shows the conceptual view of the future DHHS System of Systems Approach to coherently bring these systems and services to deliver an efficient Medicaid Enterprise.

Figure 1- Conceptual View of System of Systems Approach for MLTC Enterprise



As shown in the diagram above, EVV is an integral part of the system and services in the target state of operations.

Currently, the DHHS applications portfolio includes many applications that have been in production for a long period of time resulting in a disparate applications environment. The portfolio ranges from small applications to large, mission-critical, enterprise-scale applications. It also includes commercial off-the-shelf (COTS) (some customized), solutions developed and maintained in-house, Software as a Service (SaaS), as well as Business Process as a Service (BPaaS) solutions. Some of the applications relevant to the scope of work are listed below. Please note the list below is not intended to be comprehensive.

1. Therap is a web-based integrated case management solution used to administer, document and report service delivery to IDD supported persons in Nebraska. Therap performs the following major functions in Nebraska:
 - a. Referral Management
 - b. Secure Communications (Paper and Electronic)
 - c. Reporting and Analytics
 - d. Personal Finance Management
 - e. Service Authorizations
 - f. Service Utilization Tracking and Management
 - g. Case Management (including case notes for billing)
 - h. Level of Care Assessment
 - i. Individual Support Plan
 - j. Budgeting and Budget Exceptions
 - k. Document Retrieval and Storage
 - l. Billing Support and Standardized Claim Form Generation
 - m. Medical Information and Health Tracking
 - n. Medication Administration Records (MAR)

- o. Provider Attendance/Time Tracking
 - p. Consent and Authorization
 - q. General Event Reports (GER)
2. Nebraska Family Online Client User System (N-FOCUS) is an integrated eligibility system that automates benefit/service delivery and case management for more than 30 Nebraska DHHS programs. N-FOCUS is the DHHS child welfare system, supports adult protective services and provides claims processing functions for programs such as child care and the Medicaid and DDD waiver programs. N-FOCUS' major functions include but are not limited to:
- a. Client/Case Intake
 - b. Eligibility Determination
 - c. Case Management
 - d. Service Authorization
 - e. Benefit Payments
 - f. Claims Processing and Payments
 - g. Non-Medical Provider Contract Management
 - h. Overpayments and Collections
 - i. Document Management
 - j. Correspondence and Notices Management
 - k. Interfaces and Integration with State, Federal and External Systems
 - l. Management and Government Reporting

N-FOCUS was implemented for production in mid-1996 and is operational statewide. The online system is an integrated client/server-based software system. The client software operates on Windows 10. The server components are Z/OS CICS transactions that provide DB2 data services to the client side components.

N-FOCUS is state maintained and operated.

3. ACCESSNebraska is a public facing web portal for DHHS program participants and providers. It supports a subset of the N-FOCUS based programs, providing functions such as eligibility screening, electronic eligibility applications, change reporting, and benefit inquiry. It was established in 2008 and built using Java, SQL Server (temporary data) and DB2 (long-term data storage). The ACCESSNebraska web [http://dhhs.ne.gov/Children Family Services/AccessNebraska/Pages/accessnebraska_index.aspx](http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx) applications are state maintained and operated.
4. Provider Screening and Enrollment (PS&E)
PS&E is an outsourced service for screening and enrollment of providers seeking to provide services for programs funded with Medicaid and CHIP funds. PS&E ensures compliance with ACA provider background check and screening required based on risk stratifications. The system is hosted and managed by a vendor. The PS&E vendor also provides specific related provider screening and enrollment business services.

The following provides an overview of some of the current in-progress road map projects as well as enterprise level services and framework that will interact with the EVV system in different capacities.

5. **Consolidated Member and Provider Portal** – DHHS anticipates that all services and solutions being implemented as a part of the DHHS modular strategy will be integrated with the member and provider portal to provide a unified experience to the two major stakeholders of the Medicaid Enterprise – providers and participants. It is important to note that the consolidated member and provider portal are not being realized in the near future. However, DHHS anticipates that the road map services/ modules will have open APIs that will allow for easy integration of the user portal long term. The contractor will need to document and demonstrate its APIs that will enable the future integration with the enterprise portals.
6. **Data Management and Analytics (DMA)**
The Medicaid DMA solution receives data from all Medicaid modules, existing systems, and Contractors to provide a holistic solution to support program integrity analytics and case tracking, quality measures and health outcome reporting for MCOs, program analytics and reporting, and required Federal reporting and data exchange. DMA is currently under configuration and development with go live targeted for mid calendar year 2019. DMA is a SaaS solution, hosted, maintained and operated by a contractor.
7. **Fiscal Agent (FA)**
The FA solution is currently being considered and is not anticipated to go live until after the EVV solution is implemented. FA may handle support for participants who use self-direction services and select caregivers to provide their services. EVV will need to interface with the FA solution if and when it is implemented.
8. **Enterprise Integration Hub**
Today most of the data exchange between systems is handled as a point to point integration. As part of the MMIS modularization approach, DHHS has invested in an Enterprise Service Hub infrastructure that will provide data services to reduce point to point interfaces and where efficient provide data transformation services to ensure the effective integration of process and data.
9. **Data Services Gateway including EDI Services**
The service provides the ability to transfer data from one system to another securely and provides a higher level of security and control and additional features such as reporting, auditing, and non-repudiation. The Data Services Gateway also offers specialized handling for EDI Transactions.

It manages the intake, validation, and transformation of the EDI standard transactions between internal systems where required and with external trading partners as health plans and providers. The shared service will eliminate duplication of EDI intake functionality across systems and services.

10. Service-Oriented Architecture (SOA) Registry and Repository

The Enterprise Architecture identifies the use of a SOA as a key principle, which means that as DHHS moves forward they will have a greater number of service (web and otherwise) to manage. To ensure that DHHS maximizes the benefits of using services, a service registry and repository is necessary as a foundational technology. By implementing the service registry and repository capabilities, DHHS will have greater visibility of the services in the environment and will be able to establish better management and control. The service registry and repository supports DHHS' service lifecycle management and service governance processes. It is used to auto discover and catalog services in the environment, track service versions and availability, and to establish and enforce service policies. This capability is provided by the IBM WebSphere Service Registry and Repository (WSRR) and IBM SOA Policy Gateway products. The contractor will need to register services in the State's SOA Registry and Repository.

11. Master Data Management (MDM)

As DHHS realizes its vision, the number of disparate systems and services in the environment will grow. With this growth, it is inevitable that these systems will duplicate and store their own version of critical data entities that occur across the organization, entities such as client and provider. These entities contain data known as Master Data, which refers to data elements that should be shared across the systems, data elements such as Social Security Number, address and last name. MDM is the set of processes, policies and standards used to link this critical data together to provide a single point of reference. Successful MDM will provide DHHS with a trusted view of these critical entities. It is for these reasons that the Enterprise Architecture includes MDM as a foundational technology. As part of a current project initiative, DHHS is establishing an MCI registry and the corresponding governance processes. The MCI will be used to synchronize client data across systems, and to provide other systems with the ability to cross-reference participants across the systems. DHHS plans to build a Master Provider Index (MPI) registry as part of future project initiatives. The MDM foundational technology and associated registries will be realized using the IBM InfoSphere Master Data Management Individual Hub for Non-Financial Services and IBM InfoSphere Master Data Management Patient Hub products. DHHS is currently in process of documenting an enterprise MDM Plan. The contractor will need to demonstrate how the EVV system will integrate with DHHS's MDM Plan.

12. Enterprise Meta Data Repository

DHHS sees the Metadata Repository as an important tool/asset to manage the Medicaid information flowing through different systems and services.

The Metadata Repository provides the organization with the single location where the Metadata contained in systems throughout the organization is collected and cataloged. This assists in developing a common understanding of the information and establishing consistent data definitions and a common vocabulary. The Metadata repository will also contain the necessary information to support tracking data lineage, which will help the organization build and maintain a strong data governance and stewardship program. The contractor will need to feed and integrate with DHHS's Metadata repository.

Therap has had extensive experience working with Nebraska over the past eight years, and we understand the requirements of the Nebraska DHHS. We have reviewed the listed applications that are currently used by the State as well as the ones under production, and we will work with Nebraska DHHS to identify business processes and data elements that may need to be exchanged with other applications in order to create a unified system. Therap has been successfully deployed and implemented across Nebraska and is used by both independent providers and agency organizations. Since 2011 the State of Nebraska has mandated that providers utilize Therap to record incidents, annual plans, habilitation goals, medication administration records, health tracking data, and billing data. Therap is currently well positioned to integrate its EVV solution with Nebraska providers supporting individuals.

Providers will be able to use the existing provider accounts, staff accounts, programs, individuals, and services that have already been entered into the Therap system to roll out the EVV implementation, without the expensive and time-consuming data cleansing and migration process that will be required to import the existing data into a different system.

Since Therap's EVV system has already been developed and implemented in a variety of environments, many of the risks associated with new system development are greatly diminished or eliminated. Therap has worked with the State of Nebraska and its providers for the past eight years, and fully understands the State's requirements as it transforms its Medicaid operations.

Therap has also implemented several interfaces with the state's N-FOCUS system. This enables users of Therap to access data related to demographic, waiver program enrollment status, Medicaid eligibility and financial data. This interface employs an FTP-based file transfer and a batch-data processing approach to synchronize demographic data, caseload and access control between Therap and the state's N-FOCUS system.

Therap implements a standards-based approach to its technology design and interoperability that includes service-oriented architecture (SOA), exposing and consuming web services with external enterprise systems, integration and orchestration through an Enterprise Service Bus (ESB), and secure standards-based approach to data exchange. Therap's Billing system complies with ANSI ASC X-12, HIPAA Compliant EDI format for the receipt of 835 EDI Transaction from MMIS Vendors, presently with CSC/eMedNY, ACS/Xerox, and with EDS/HP Enterprise Services. Therap utilizes services of Change Healthcare Clearinghouse services to submit claims of Medicare MCOs, commercial insurance carriers and other MMIS vendors.

G. BUSINESS DELIVERY REQUIREMENTS

DHHS' mission is "Helping people live better lives". The work of DHHS touches the lives of Nebraskans every day, and the team works diligently to be responsive in serving Nebraska's most vulnerable citizens. Although DHHS is composed of five Divisions plus Operations, these divisions and operational areas are expected to be seamless to its participants. The contractor must be aligned with DHHS' vision of efficient and effective service delivery. This includes flexibility to partner with DHHS to achieve the goals of the project and assist DHHS to overcome the challenges of providing project resources while maintaining day-to-day business operations.

Service integration and the promotion of simplified and cohesive processes is a key priority for DHHS. 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.

The integrated approach is intended to:

- 1. Improve customer service to participants, authorized representatives and providers.**
 - a. Providing clear and concise communications regarding enrollment, renewals, and new or changed processes. This includes promoting communications intra-agency, inter-agency, and externally with providers and consumers.**

Therap's Secure Communications (SComm) module is an internal messaging system that functions like an email system to facilitate the exchange of information among users in an agency in a secure, HIPAA compliant way. The SComm module allows for user-directed messaging and automated notifications based on the organization's business rules. Users can send general SComms to other users or send participant specific SComms that can be received by users who have access to an individual's data through their caseloads. Users are able to communicate intra-agency, inter-agency, and also externally to recipients who are active users in the Therap system. Messages sent through SComm are separate from an individual's forms/records. External files can be attached to SComm messages. A message can be sent to one user or multiple users in the system. Users can mark messages as read.

- b. Ensure a positive participant experience with enhanced customer service and coordinated outcomes across multiple programs and improve customer portals.**

Therap offers a Live Help desk which is available for users to report issues and obtain solutions in real time. Live Help is staffed by Training and Implementation Team members who have extensive experience working in the I/DD industry. Issues that cannot be resolved via Live Help are forwarded directly to Issue Tracker, Therap's HIPAA compliant issue tracking mechanism, for further investigation and follow up. Issue Tracker is a HIPAA compliant on-line ticketing system. Logged-in users are able to send feedback messages to Therap customer support using the Issue Tracker for service requests.

Users can also report issues directly through Issue Tracker allowing them to share Protected Health Information and other individual specific information, which are then directed to Customer Support. Identified issues are tracked and then prioritized according to need and urgency.

Therap also ensures that customers receive the best support as possible. Therap has developed materials to ensure that users with varying job responsibilities can easily locate support materials regarding the functionalities in the system. Support materials include user guides, quick guides, FAQs, training courses, webinars, and guided assistance, which are accessible online. User guides and quick guides provide step-by-step instructions for completing tasks in the system. Therap's Training Academy provides detailed online on-demand training courses with competency based quizzes and completion certificates. The Guided Assistance feature guides users through a series of questions and provides solutions based on the answers provided by the user. Users can access online training and support materials from Therap's Help and Support website.

2. Improve efficiency and effectiveness of program operations:

a. Streamline business processes, including reduced entry and process times for service delivery, claims processing and payments.

Therap enables providers to capture electronically signed service delivery documentation and to use that data and rule based billing calculations to generate electronic claims. Billing modules can be used for Medicaid billable services delivered by direct care staff, case managers, clinicians, doctors, nurses, and healthcare professionals. Our billing system ties claims to our billing system ties claims to authorizations, reduces time spent on billing and collections, reduces the number of services that aren't billed for, and virtually eliminates duplicate claims

b. Ability to serve more participants by only paying for authorized services actually delivered.

The Service Authorization tool automates the tracking of services authorized for participants using a rule based system that provides flexibility and tracks utilization and other factors. Administrative users with the specific caseloads and roles are able to define and approve Service Authorizations. Only service providers with the specific caseload and roles are able to provide services based on approved Service Authorizations. Service providers are allowed to provide services according to the rules setup in Service Authorization. The system will prevent bill generation from services that exceed the Remaining Units or Total Billable Units as defined in the Service Authorization.

The system will only process billable services against the Service Authorizations within a valid data range. The system can also manage and identify possible duplicate services and prompts warning messages prior to approving a duplicate Service Authorization for a participant.

- c. Enhance the current reporting structure with EVV data from both the State EVV solution transactions but also the data aggregated from provider agency EVV solutions.

There are comprehensive reports in the Report Library for the Schedule/EVV module that can be used by authorized personnel in the agency to review and analyze scheduling data along with the comments and feedback left by staff for the schedules. The reports help users to obtain a broad and aggregated view of the attendance of staff and individuals. It also helps to track agency trends related to schedules and appointments.

Report :: Scheduling/EVV - Slot Report

Export Data

Form ID	Individual Name	ID Number	Service	Program Name	Staff Name	Title	Employee ID Number	Self Admin	Checked-In Slot	Slot Start Address 1	Slot Start Address 2	Slot Start Address 3	Slot Start State	Slot Start Zip	Slot Start Country	Slot Start Latitude	Slot Start Longitude	Slot End Address 1	Slot End Address 2	Slot End Address 3	Slot End State	Slot End Zip	Slot End Country	Slot End Latitude	Slot End Longitude	Phone	Check-In Address 1	Check-In Address 2	Check-In Address 3	Check-Out Address 1	Check-Out Address 2	Check-Out Address 3	
SCM-DBMD-HPHAGNCT7390	Baker, Charlotte		Int Street	Day Care	Michelle	Supervisor		No	No	123 Spruce Street			AnytownCT	12345	USA			123 Spruce Street			AnytownCT	12345	USA										
SCM-DBMD-HGABDF299387	Idwards, Sarah		10th Street	Group Hlt. Home	Matthew	Supervisor		No	No	123 Main Street			AnytownCT	12345	USA			123 Main Street			AnytownCT	12345	USA				123 Main Street						Anytown CT
SCM-TIDBACT-HGABDF299387	Johnson, Michelle		10th Street	Group Hlt. Home	Matthew	Supervisor		Yes	No	123 Main Street			AnytownCT	12345	USA			123 Main Street			AnytownCT	12345	USA										

Export to Excel

Slot Start Time	Slot End Time	Check-In Time	Updated Check-In Time	Check-Out Time	Updated Check-Out Time	Verification	Scheduled Duration	Staff Worked Duration	Has Employee	Comment	Check-In Comment	Check-Out Comment	Labelled By Scheduler	Service	Staff Fingerprint
03/13/2019 07:00 am	03/13/2019 08:00 am						1:00							UI/Eastern	
03/14/2019 11:00 am	03/14/2019 12:15 pm						1:00			Has Check-In/Check-Out Comment, Staff/Time Check-In/Check-Out	Checking in for service.			UI/Eastern	
03/14/2019 01:00 pm	03/14/2019 02:00 pm						1:00							UI/Eastern	

Figure 12: Scheduling/EVV Slot Report showing Scheduled VS Actual Check In and Out Times

Users can also use the Business Intelligence Billing Dashboard, which provides statistical representation of Billing data containing detailed Billing information for services provided at State and provider levels. With this dashboard, agencies can create meaningful aggregate data reports that allow for identification of trends, execution of quality assurance activities, and assessment of overall agency performance. Users can select ranges and elements to view trends.

- d. Expand current service delivery data mining to capture trends using EVV captured data.

Therap has existing flexible modules that can be customized to maintain quality outcomes for supported participants, and report participant outcomes, and to track program and agency performance. Therap also has the ability to add Business Intelligence plug-ins from Oracle. Therap’s Business Intelligence Team developed a platform for serving real time ad-hoc reports on different modules using predictive analysis and data mining techniques. This development process includes analyzing user requirements, constructing data warehouse from the transactional database, creating meaningful reports and dashboards and making them available to end users. Therap has the ability to expand functionalities that will capture EVV data.

3. **Identify efficiencies for Information Technology systems and resources:**
 - a. **Combine technology components while meeting Federal and State compliance requirements, and increase operational efficiencies across multiple programs, including Affordable Care Act (ACA), Medicaid Information Technology Architecture (MITA), and the Center for Medicare and Medicaid Services (CMS) Standards and Conditions.**

Therap continuously strives to implement industry-best practices and updates to the system to maintain compliance with State and Federal requirements. The application has gone through multiple regulatory changes including waiver-reworking, conflict-free case management in South Dakota, and 5010 HIPAA update to billing. Therap will continue to evolve according to these changes, and will work with DHHS to increase operational efficiencies across programs including ACA, MITA, and CMS standards and conditions.

- b. **Leverage the same technical platform among multiple divisions and programs and expand the opportunity to increase cost efficiencies. By sharing a platform, costs for implementation, upgrades, and ongoing maintenance can be apportioned across programs.**

Therap's model accommodates multiple divisions and services as an integral element of its statewide developmental disability SaaS solution, which means that communication, data sharing and oversight of providers on a shared platform is at the core of Therap's system. Therap's Oversight structure allows providers to manage divisions and programs with separate, administratively linked accounts.

This approach allows a provider to manage separate business units with accounts that are tailored to each unit's business structure, without limiting administrative oversight or the accessibility of data between units, thus increasing cost efficiencies. Providers can also use programs and caseloads to identify different types of service units in a single account. With the necessary roles and access privileges, Oversight users are able to view program and site information, relevant documentation related to licensing records, staff training, and capacity monitoring.

- c. **Implement solutions consistent with DHHS' enterprise technology vision.**

Therap's current technologies involve reporting capabilities at the enterprise level. Therap will work with DHHS in implementing consistent solutions to their enterprise technology vision.

4. **Meet security and privacy requirements to protect critical systems and sensitive data.**

Therap adheres to data privacy and protection principles defined by industry-specific methodologies (e.g. HIPAA and HITECH). Additional technical and procedural frameworks are referenced and utilized, such as the SANS Critical Security Controls, The Center for Internet Security and AICPA SOC 2.

By embracing these concepts, data protection and stability has become the foundation upon which the application is built. This is demonstrated at the application level by a sophisticated role-based access framework and at the infrastructure level by a data-focused security and performance model. Data is stored in Therap in a HIPAA-compliant manner ensuring protection and privacy of sensitive data and Protected Health Information (PHI).

In the Therap system, data communication during transmission is encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2. Data at rest is encrypted using AES-256 encryption as well.

5. Implement approved devices and technology that provide real-time access to EVV related data.

Therap is a browser-based COTS SaaS solution, which is accessible and will function on any device with a standard browser that support TLS 1.2 and reliable internet connectivity. Hardware requirements are those recommended by the Operating System vendor. Model and version of printers and scanners will depend on the devices used by the agency. Therap's EVV technology solution is integrated into the Therap suite of applications. It is available as part of the mobile applications for both Android and Apple devices. Users assigned with a schedule are able to check in when a service begins and check out when it ends with a single click. The date, time and location is then automatically stamped on the form. Once the user is logged into Therap, they are able to access EVV in real-time.

6. Provide intuitive device software that requires limited or no training.

Therap's user interfaces are designed to be consistent across the system and as user-friendly as possible, keeping in mind the differing expectations of users, allowing quick and simple navigation throughout the application. The modules in Therap provide an intuitive workflow for users to easily document individual information and goals.

7. Provide EVV system training for State users.

Therap's internal project implementation team will ensure material is covered thoroughly and consistently during all training sessions so all state users are able to practice and retain the skills needed to become competent users of the EVV system. Therap will provide training for state users during the contract period. The Training Lead will be available by phone, email, and webinar. Online and onsite training sessions will be arranged per State's needs.

This training will also provide the platform to include developing training skills for the State's designated training personnel. Additionally, the State can choose to utilize competency tests and course evaluations to ensure new users receive consistent, quality training opportunities for the EVV system.

8. Ensure that the EVV solution provides technology that permits future expansion and functionality.

Therap's SaaS model integrates a flexible and highly configurable application with a high-performance infrastructure to provide a solution that is reliable, scalable and secure. Therap's technologies ensure that EVV functionalities can be expanded on an ongoing basis to better meet user needs.

9. Ensure that the EVV solution will integrate with existing and future interfaces, systems, and external partners.

Therap has extensive experience in interfacing with various external systems and enterprises. The Therap system is highly flexible and is capable of integrating the current EVV solution with existing and future interfaces, systems, and external partners.

10. Monitor and improve health care outcomes for Medicaid members.

- a. Enable case managers, providers, and other involved partners to coordinate care and collaborate with each other and with the participant for improved health, safety and self-sufficiency.**

Therap's comprehensive case management approach and solution enables providers, case managers, and other involved parties to collaborate and share relevant participant data for Medicaid and other services. This approach allows case managers and other relevant users to access the system through assigned Therap portals for any processes assigned by the State such as daily documentation, goal progress, health tracking, and other optional modules available at the State's discretion. With Therap's patented oversight structure, the State has access to this meaningful data entered by providers and case managers and can view this information in aggregate, by provider, or by participant receiving services. The information flows up through the patented and secure oversight environment to allow transparency with quality assurances at various levels of oversight. This secure yet transparent flow of data will provide DHHS with the access, control, and ability to be proactive and data-driven in the decision-making that is necessary when providing and managing Medicaid services and is a defining feature available through the utilization of the Therap case management approach and solution that has been adopted in many other States.

- b. Expand and strengthen consumer-directed programs.**

Therap has been designed to be configurable, and has implemented a rules-driven design that accommodates changes to business processes with the help of the multilevel access control mechanism. Therap will work with DHHS in strengthening consumer-directed programs based on State and consumer requirements.

H. BUSINESS FUNCTIONAL REQUIREMENTS

Solution must address the requirements specified in the Attachment A – RTM. All individual requirements, bidder instructions and criteria for meeting the full requirement (via the Ability Code) are included in the RTM. Bidder must provide inline responses to the RTM to simplify bidder's response and Evaluator's review.

Business Background and Experience

Nebraska 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 who have previously implemented at a state-wide level. Therefore, DHHS is remaining 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. All 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. Due to these factors, DHHS believes that a solid solution, a committed partner, and qualified, experienced staff dedicated to the Nebraska project will be key to success.

Below are high level descriptions of the 'categories' of requirements.

1. General EVV Solution Requirements

DHHS is seeking a solution that is comprehensive, configurable and supports consumer preferences for communication and training options. DHHS expects Contractor to bring industry experience and best practices to the Nebraska EVV implementation and operation to improve efficiencies and simplify operations. Solution should be easily accessible, minimally burdensome and system and browser agnostic.

Therap is a comprehensive system with modules that Nebraska DHHS already utilizes, including Referral Management, Secure Communications, Reporting and Analytics, Personal Finance Management, Service Authorizations, Service Utilization Tracking and Management, Case Management, Level of Care Assessment, Individual Support Plan, Budgeting and Budget Exceptions, Document Retrieval and Storage, Billing Support and Standardized Claim Form Generation, Medical Information and Health Tracking, Medication Administration Records (MAR), Provider Attendance/Time Tracking, Consent and Authorization, and General Event Reports (GER). Nebraska providers will be able to use their existing provider accounts, staff accounts, programs, individuals, and services that have already been entered into the Therap system to roll out the EVV implementation without having to import the existing data into a new system.

Therap has been designed to be configurable, and has implemented a rules-driven design that accommodates changes to business rules by allowing administrators with appropriate privileges the ability to add new and modify existing business rules from within the system. Therap's highly configurable role based access control mechanism allows users to set business rules based on access control.

Roles and privileges determine who has access for certain actions within the system. The system provides a consistent model for data access and uses multi-tier system architecture to ensure that the data model is abstracted and hidden from the business logic. In this type of architecture, application processing or business logic and data management functions are logically separated. Besides access control, administrators may also decide the password policy for all users of their agency, such as the minimum length, combination of letters/symbols, and expiration rule, and specify the group of people who should be notified in case of abuse/neglect events based on the notification levels, or define the number of days prior to expiration of services to send notifications.

Therap has implemented its system for over 5,000 providers across 50 states over the past 16 years. Therap utilizes industry best practices in software development and technology operations, as well as health care and insurance industry best practices. Therap's security and operations team regularly implements security patches to be compliant with the latest security regulations and to provide the best support possible in data security and data integrity. Therap's team members attend conferences and workshops on security and health care topics to keep up to date with industry best practices. The Therap System is hosted in federally compliant data centers residing within the continental United States of America. The data centers follow HIPAA standards and are certified against ISO 27001 standards. Therap has an AICPA SOC 2 (Type 2) report, and its scope covers the suitability of the design and operating effectiveness of controls to meet the criteria for the Security, Availability, Processing Integrity, and Confidentiality principles set forth in TSP section 100A, Trust Services Principles, Criteria, and Illustrations for Security, Availability, Processing Integrity, Confidentiality, and Privacy. Therap constantly works to meet state and federal regulatory, compliance, and accreditation requirements, and will be able to demonstrate the architectural requirements described here.

The Therap system is a web-based, user-friendly, convenient, and simple system with an intuitive and consistent user interface that supports basic computer-based functionality. The system is platform agnostic and can be accessed from standard web browsers using valid login credentials. Therap currently has a user base of over 300,000 users, and continues to develop the system to improve its usability.

2. Electronic Visit Verification Requirements

DHHS serves a very diverse population in varied geographical settings: urban, rural and frontier. The proposed solution must have primary and alternate methods for verification which will provide options for the caregivers in any area of the State. Since each participant may have multiple services, provided by different caregivers, the solution must support each service and allow for different service providers to deliver services as authorized in approved locations. It is expected that the solution will provide capabilities to support caregivers, participants, State staff, agency providers and others as designated and approved. Solution must also be configurable and flexible enough to handle services from multiple agencies, programs and following diverse program policies.

Therap's Scheduling module supports Electronic Visit Verification functionality through our mobile applications available for both Android and iOS devices..

The EVV features provided by Therap allows for the collection of all the necessary items covered under the 21st Century Cures Act that include type of service performed, individual receiving the service, date of service, location of service delivery, individual providing the service, and time the service begins and ends. Other than the aforementioned fields, comment boxes are available where users can enter additional information about the individual or the service to be provided. The mobile applications also allow users to add verifications in the form of signatures or voice recordings when checking in and out. No information is stored on the devices being used.

Therap's EVV technology solution is integrated into the Therap suite of applications. Users assigned with a schedule are able to check in when a service begins and check out when it ends with a single click. The date, time and location is then automatically stamped on the form. The checkout button does not appear until a user has checked in for a service. Whenever actions such as submission, alteration, or approval occurs, the form is automatically time and date stamped with the name of the user making the changes.

Therap's EVV functionality is equipped with GPS location tracking. When a user checks in or out, the user's location is automatically entered into the system. A record of each entry into the system is available to users with appropriate roles and privileges. Even if the service delivery location changes, a user is still able to access the documentation and track the electronic records within the system. Moreover, comprehensive reports are available allowing users to track and maintain the service delivery records of the entire agency and sort records by individual staff members if desired.

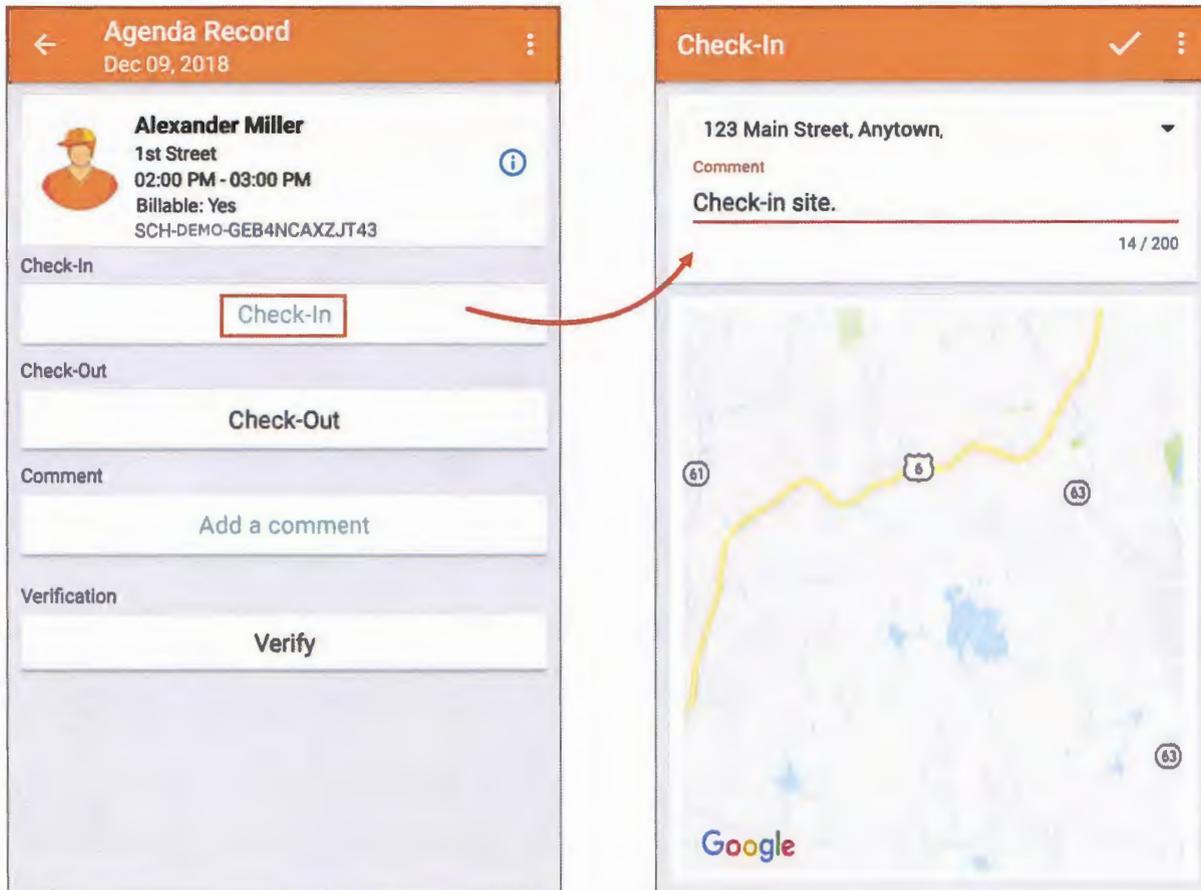


Figure 13: Checking In for a Schedule

Two other functionalities of the Scheduling/EVV module are Offline Scheduling and IVR. Both these functionalities allow users in remote areas and those who do not have access to a live internet connection to collect EVV data. For Offline Scheduling, data is collected using the offline mode of the Scheduling/EVV mobile application and then synced into the system once the user has access to the internet. The IVR functionality allows users to check in and out of schedules using a telephone. None of the check in and check out methods store PHI on the devices used.



Figure 14: Offline Scheduling

Only users with appropriate privileges are able to create schedules for staff and individuals in the system. For individual based scheduling, approved service authorizations defining the service, location, individual and billing units are required. Provided there are approved service authorizations in the system, schedulers are able to create multiple schedules for different services, staff, caregivers and participants. Staff assignment on the schedule forms will be depend on the Scheduling module configuration. Those who are configured to provide services and use the Scheduling module will be able to use the module with ease. Hence, Therap's EVV module will support caregivers, participants, State staff, agency providers and others as designated and approved by the state.

The Scheduling module also provides a Self Check-In functionality which allows users to create their own schedules specifying the individual, approved service, date, time and other visit verification information. This feature helps users to document the impromptu delivery of a billable service with EVV.

Self Check-In	
STAFF TIME ZONE: US/EASTERN	
Start Date	03/21/2019 02:30 PM >
End Date	>
Individual	>
Program	>
Service	>
Staff	Charles Allen / Direct Support Professional
Billable	<input checked="" type="checkbox"/>



Self Check-In	
STAFF TIME ZONE: US/EASTERN	
Start Date	03/21/2019 02:30 PM >
End Date	03/21/2019 03:30 PM >
Individual	Alexander Miller >
Program	1st Street (Day care) >
Service	Personal Care Assistance/ T1019 >
Staff	Charles Allen / Direct Support Professional
Billable	<input checked="" type="checkbox"/>

Figure 15: Self Check-In Schedule

The Scheduling module has a number of views available, including by supported individual(s), by assigned staff, by program/service. Schedulers will be able to view the schedules for staff and individuals for a specific day, week or month. Scheduler views are color-coded to aid users in identifying what service slots are in draft, scheduled, what services are being delivered, and what services have been completed. When viewing schedules, authorized users can click on the slots to open the form, make changes where necessary, and view information entered for the activity. Therap's solution is configurable and flexible enough to handle services from multiple agencies, programs and following diverse program policies.

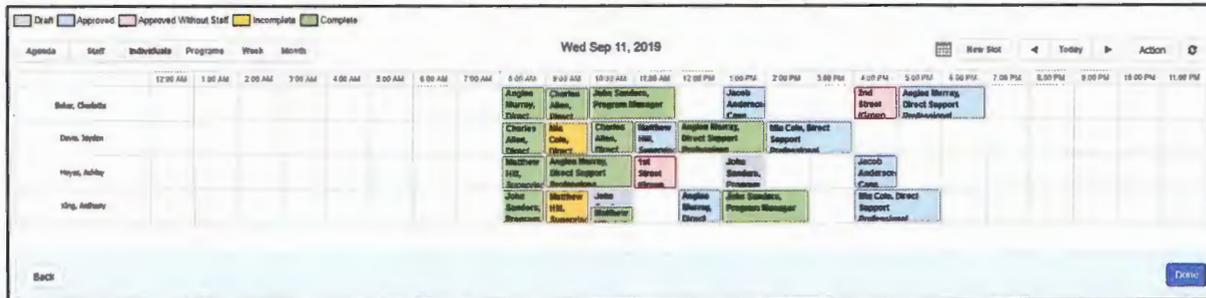


Figure 16: Scheduling Calendar

3. Aggregator Requirements

In order to ensure comprehensive EVV data management and reporting, all data captured by the state EVV solution should be combined with data consolidated from any provider agency EVV solutions. In this open vendor model, the state EVV Solution will provide aggregator functions to ensure the appropriate consolidation, processing and tracking of all EVV Services covered within the DHHS programs. DHHS is also open to alternative solutions and Contractor suggestions that have proven successful in other implementations.

To meet the 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 state-contracted EVV solution on a secure, seamless, real-time basis consistent with DHHS-approved specifications.

Based on its experience in working in the following areas, Therap will provide DHHS with an innovative, effective, efficient, and user friendly aggregator system:

- Working with agency and independent providers in Nebraska
- Working with the DDD division in Nebraska
- Interfacing with and working with NFOCUS
- Working with the Nebraska MMIS Translator
- Billing for all DDD services based upon service documentation
- Providing electronic billing services in many states
- Interfacing with multiple aggregators in other states
- Providing scheduling and EVV services

For providers who choose to use Therap's EVV, the process will flow smoothly from receiving authorizations to option advanced scheduling to check in/out to building and submitting claims and receiving adjudication.

For providers who are using an alternative EVV provider, Therap will expose APIs to allow that system to sync its users to Therap. The individuals supported by that provider and their authorizations will already be available to Therap through connections to NFOCUS and MMIS.

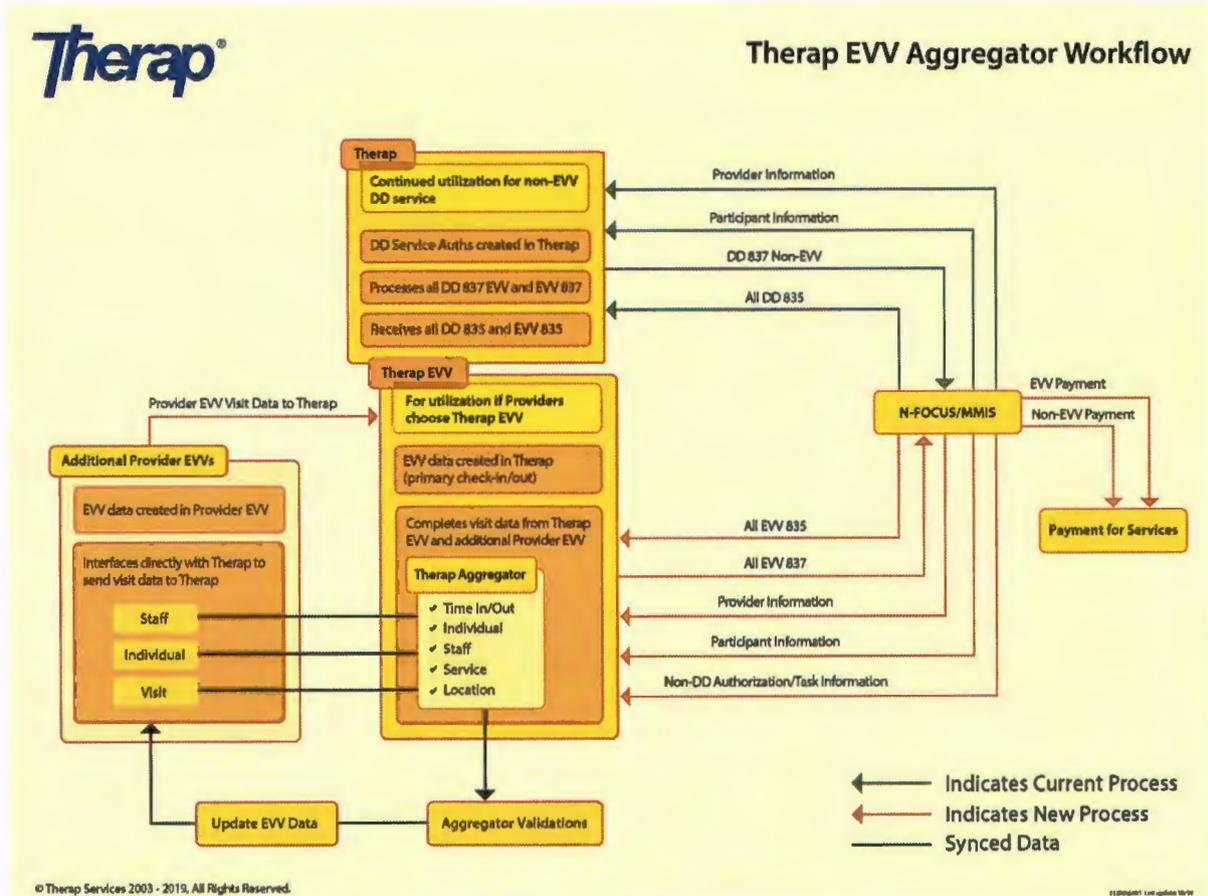


Figure 17: Therap EVV Aggregator Workflow

4. Privacy and Security Requirements

Because the EVV solution will contain sensitive information such as PII and PHI, privacy and security are critical. Each user must have 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 must be secured in transit and storage from a logical and physical basis.

The solution must comply 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, the Contractor must 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.

Therap is a HIPAA compliant COTS SaaS system. Therap puts utmost importance in privacy and security, and continuously works to implement industry best practices for maintaining privacy and security. Each user will need an authorized account created by an agency administrator, in order to have access to the system. Users will need to have a unique login name, a password that meets the agency's password policies, and an agency-specific provider code. Administrators can also enforce the requirement for completing steps for two-factor authentication, where users will need to enter an additional security number to log into the system. Therap implements the "least privilege" functionality for accessing data in the system. Users will need to be assigned with roles and caseloads by administrators, to be able to access data and individuals. Users can only perform the tasks which are permitted by their roles. For example, a user assigned with only Case Note View role will be able to view Case Notes, but will not be able to save or update or delete Case Notes. Similarly, users can only access module data of the individuals assigned to them through caseloads. Therap performs data encryption on data in transit and at rest, from logical and physical basis.

Therap complies with applicable laws and regulations of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH). Therap has the capability to comply with the provisions contained in the Business Associate Agreement Provisions – Attachment C.

Therap will comply with applicable laws, including federal and state statutes, rules, regulations, and guidance documents. Therap complies with HIPAA and HITECH, and also implements additional industry best practices as privacy and security measures. Therap has the capability to comply with the provisions in Attachment D and the Medicaid-specific, HIPAA privacy protections found at 42 CFR Part 431, Subpart F.

5. Reporting Requirements

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. The EVV Solution must have the flexibility to provide reporting for multiple perspectives:

state staff, providers, participants and eventually Managed Care Organizations (MCOs). A standard library of reports should be provided with the proposal and will be finalized after reviews with DHHS to determine what additional reporting may be required to meet DHHS needs. Reporting capabilities need to be flexible enough for printing, transfer via multiple output formats and methods, and be customizable by the end user to meet that user's individual needs.

The EVV solution must provide a variety of reports, with the capability for generating ad hoc reports as necessary for purposes of program operations management, program integrity, oversight and planning.

Therap provides our users with an extensive reporting mechanism allowing users to generate comprehensive standardized reports that can be used for quality assurance, tracking utilization, and capture the efficacy of services. Reports include both standard and module-specific reporting options, and supplementary reports in Therap's Report Library that meet federal reporting requirements. Therap has a number of reports that capture Scheduling/EVV data which include staff hours, visit information, type of service, claim data, and more. Most Therap modules come equipped with ad hoc reporting options. These options allow users to generate reports by selecting output columns, dates, individuals and other parameters. Users can generate reports specific to their requirements. For example, the Billing module provides reports on utilization of billing units, summary of the billing information obtained for specific individuals, status of service authorizations and more. In the same way, entry of information about an individual in other modules is also reportable. Module specific search functions allow users to specify search parameters that define the scope of the search. Reports can be exported to Excel for further analysis.

List of Reports

Search Reports

Report Name:

Report Description:

Input Tags:

52 Items found, displaying 16 to 30.
[\[First/Prev\]](#) 1, 2, 3, 4 [\[Next/Last\]](#)

Report Name
DEMO1-NE :: IB Amount
DEMO1-NE :: IBA Worksheet
DEMO1-NE :: IB Customer Obligation
DEMO1-NE :: Individual's SC, SCS and SCA Assignment
DEMO1-NE :: Individual Budget and Exception
DEMO1-NE :: Individual Budget and Exception with Category
DEMO1-NE :: Monthly Share of Cost and Customer Obligation This report compares the actual SOC amount with the service authorizations that are marked yes to have the SOC deducted from the authorizations. It will assist with billing to ensure the SOC is deducted when original claims are submitted.
DEMO1-NE :: Monthly Unit Allocation and Utilization Report 1. Service authorizations with the status "Pending Update Acknowledgement" in this report may not display correctly since there might be changes in Total Unit or Duration that need to be acknowledged. 2. This offline report will be automatically generated by the system and will be sent to you via SCOMM within next 24 hours.
DEMO1-NE :: NFOCUS SC caseload difference Individuals not in Case Manager's Waiver Program.
DEMO1-NE :: NFOCUS SC caseload difference (All Service Coordinators) Individuals not in Case Manager's Waiver Program (All Service Coordinators)
DEMO1-NE :: NFOCUS Service Authorization Import
DEMO1-NE :: Non-Specialized Provider Login
DEMO1-NE :: Non-Specialized Service Approvals - All Providers
DEMO1-NE :: Non-Specialized Service Approvals with Active Service Auth(s)
DEMO1-NE :: Non-Zero Share Of Cost Amount With Unchecked Customer Obligation in Service Auth

[<< Back](#)

Figure 18: Report Library

Our standard reports give users the option of selecting the information or the fields they would like to view on a specific report. Users, such as state staff, providers, participants, and MCOs, depending on their access privileges, are able to generate reports from the Therap system. Users can only access reports when appropriate permissions have been assigned by administrators. Access to reporting tools is managed and can be restricted with security roles that are defined by administrators who grant users appropriate permissions based on their scope of responsibilities. This access can be updated, as needed. Therap will work with DHHS in providing standard reports based on specified requirements. Therap has a number of reports that show detailed

billing and service coordination data.

Billing Summary Search

Program (Site)
1st Street (Group Home) ✕

Individual

Entered By

Authorization ID

Authorization Number

Funding Source

Funding Provider Number

Output Columns

<p>Available</p> <p><input type="text" value="Search"/> <input type="button" value="Q"/></p> <p style="text-align: center;"><input type="button" value="Add All"/></p> <ul style="list-style-type: none"> END DATE + ^ Service Provider + Service Coordinator + Service Coordinator Number + Service Coordinator Agency + v 	<p>Selected</p> <p><input type="text" value="Search"/> <input type="button" value="Q"/> <input type="button" value="Remove All"/></p> <ul style="list-style-type: none"> Service Description - ^ Authorization ID - Program (Site) - Individual Name - Authorization Number - v
--	--

Figure 19: Billing Summary Search

Users will be able to generate transaction reports regarding claim submission information. The user can enter necessary parameters in the search page, including the Transaction ID, Create Date, Payer, and Claim Status. The search results will display the transactions based on the date range and other parameters selected as the search criteria.

Transaction Search

Filter 15 Records

Transaction ID	Individual	Individual Medicaid Number	Claim ID	Claim Tracking ID	Billing Provider NPI Number	Billing Provider	Medicald Provider Number	Total Claim Amount (\$)	Create Date	Queued Date	Payer	Claim Status
BTR-TICT-FAZ2F9W36X58Q	Smith, Jacob	0123456789	CLM-TICT-FAP2AN4KQX75J	P7909594	A1234BC56D	Demo Billing Provider		25.00	08/21/2017	08/31/2017	Manual Billing	Queued

Showing 1 to 1 of 1 records

[New Search](#) [Export to Excel](#)

[Cancel](#) [Back](#)

Transaction Record Queued

Claim List

#	Claim ID	Claim Tracking ID	Individual Name	Billing Provider	Total Claim Amount (\$)	Claim Frequency Type Code	Claim Status
1	CLM-TICT-F9U2HU6NTX664	P7910227	Jacob Smith	Demo Billing Provider	\$25.00	1-Original (Admit thru Discharge Claim)	Queued

Response File Content

[« Back](#) [Cancel](#) [Download 837](#) [Manually Submitted](#)

Figure 20: Transaction Record Search

Users are also able to generate ad-hoc reports with the Business Intelligence module, based on the data entered in various modules in the system (e.g., Demographic, General Event Reports (GER), Data Driven Outcome (DDO), Health Tracking, and Billing). Data entered in these modules are represented as graphs on the respective Business Intelligence Dashboards. Users have the option to select the necessary parameters and filters for the output of the reports.

The Intelligence Billing Dashboard provides statistical representation of Billing data containing detailed Billing information for services provided at Oversight and provider levels. With this dashboard, providers can create meaningful aggregate data reports that allow for identification of trends, execution of quality assurance activities, and assessment of overall agency performance. Users can select ranges and elements to view trends. The information can be exported to multiple formats.

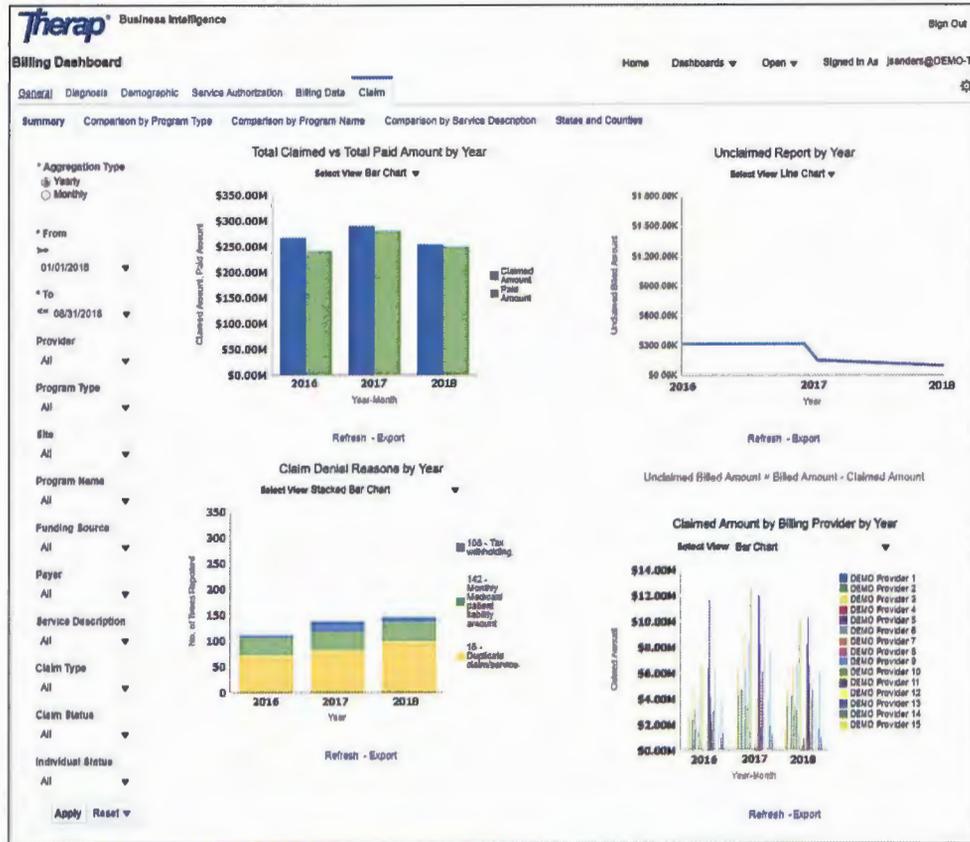


Figure 21: Billing Dashboard in Business Intelligence

6. Technical Requirements

The EVV Solution must have the capacity, scalability and flexibility to meet current and future needs of the DHHS participant population and their associated services. The EVV Solution must have cadenced, controlled enhancement processes to maintain currency from an architectural and industry perspective. Appropriate levels of logging and audit controls must be in place to support all audit and contingency requirements noted. The EVV Solution should be designed and maintained with current Medicaid Information Technology Architecture (MITA) guidelines. See

<https://www.medicaid.gov/medicaid/data-and-systems/mita/index.html>.

Therap’s modular design of the software and hardware implementation fulfills objectives that focus on reliability, scalability and security. The technical architecture and accompanying operational processes have been designed to facilitate seamless upgrades, reconfigurations and replacements of components. The result is a system that is purpose-built to deliver flexibility and performance while remaining highly available. Therap continuously upgrades the system to comply with state and federal policies, and the system is flexible enough to accommodate changes required by the state and federal statute, mandate, decision, or policy. Therap’s scalable

platform is capable of supporting more than double the number of concurrent users while still sustaining a response time of less than three seconds. Therap has designed its system architecture in a modular and extensible approach as both the user load and data capacity increases with time.

To ensure that system updates and enhancements are added in a controlled manner, Therap's Software Quality Assurance (SQA) team performs complete build and test cycle. The testing plan and test scripts are developed by the SQA team to test specific functionality and the potential impact of these functionalities on the entire system. After the full SQA cycle, software release is scheduled for deployment. Upon final approval for deployment, the application and related processes are disabled at both the live site and the hot backup site. The release is then deployed at the live site. After initial deployment, a full test cycle is completed by SQA to ensure that all features and code changes are functional and that the application is running smoothly. Modules that were targeted by the release receive additional testing according to detailed test plans. The length of the post-deployment test cycle is determined by the release complexity. When the testing cycle is complete, the SQA group approves the release for production traffic. At this time, the release is opened to the user base, and the hot backup site is updated with the new release. The hot backup site is kept ready to become the live site should problems arise.

Therap's Activity Tracking module can be used to audit and monitor the operations performed by users. Administrators with the appropriate privilege are able to create audit reports based on a number of search parameters (e.g., program/site, user, date range, source/module, action, activity type, and form ID). For each activity the audit log may display the activity time, user login name, IP address, server name, module, action, activity type, form ID, individual form ID, program/site, additional information regarding the activity, and time zone. User activities are broken down into specific actions in the report result (e.g., view, save, create, acknowledge, submit, update, delete, import, export, privilege change, logon, logoff, logon failure).

Therap also aggregates various system logs and event activities for all its platform components to a central monitoring station. The accumulated logs are analyzed for both performance and behavioral anomalies. This is done through a combination of third party and internally developed tools. Where applicable, the ability to generate alerts is leveraged. The alert sources are monitored on a 24x7x365 basis by Therap operations staff. The collection and aggregation of performance and event data is executed via multiple protocols, including Syslog, SNMP and vendor-specific logging mechanisms.

Therap promotes an enterprise view that supports enabling technologies that align with MITA business processes and technologies, makes performance measurable for accountability and planning, and promotes an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology. Therap has the capability and will assist Nebraska DHHS to align with MITA technical objectives.

7. Hosting and Environments

DHHS requires the Contractor to host the proposed solution or subcontract for hosting the solution. The delivery of the solution should be seamless with the hosting solution providing the flexibility to integrate other solutions for security and regulatory purposes in the future and be cost-effective and scalable. The hosting environment for all solution components must have a Federal Risk and Authorization Management Program (FedRAMP) Certification, a FedRAMP Risk Assessment that indicates compliance, or has a documented NIST 800-53 rev 4 at a "moderate" system risk assessment designation. In addition, the Contractor is required to demonstrate that their hosting solution is Statement on Standards for Attestation Engagements (SSAE-16) SOC 1 Type 2 and SOC 2 Type 2 compliant.

In the response, the Bidder must describe their approach to solutions and services that meets State and Federal regulations, security and performance requirements detailed in Attachment A - RTM. Prior to payment milestone 2, and before 'go live' Contractor must complete and state must accept completed Attachment D, System Security Plan.

The COTS SaaS solution is hosted by Therap in federally compliant data centers residing within the continental United States of America. The data centers follow HIPAA standards and are certified against ISO 27001 standards. The centers are Tier 2 facilities and have a 100% uptime SLA. Movement within the facility, up to and including access to isolated cages containing Therap equipment, is controlled by a combination of badge and biometric access at various checkpoints (main entrance, elevator access, data center access).

Therap's modular design of the software and hardware implementation fulfills objectives that focus on reliability, scalability and security. The technical architecture and accompanying operational processes have been designed to facilitate seamless upgrades, reconfigurations and replacements of components. The result is a system that is purpose-built to deliver flexibility and performance while remaining highly available. Therap continuously upgrades the system to comply with state and federal policies, and the system is flexible enough to accommodate changes required by the state and federal statute, mandate, decision, or policy.

After successfully completing software configuration and user acceptance testing, the system will Go-Live. As Therap is a COTS SaaS system, users can start using the system right from day one with standard browsers and active internet connection. Therap will provide Training & Implementation Specialists on-site for seamless delivery of the application, and will provide operational support and maintenance for the Nebraska DHHS during this phase until termination or end of contract.

Over the past 16 years, Therap has developed new modules, features, and interfaces to meet state and federal regulatory, compliance, accreditation requirements, as well as user requirements, while being cost-effective and scalable enough to expand its services to over 3000 agencies across 50 states.

Currently, the system is being used by over 300,000 users. Therap's scalable platform is capable of supporting more than double the number of concurrent users while still sustaining a response time of less than three seconds. Therap has designed its system architecture in a modular and extensible approach as both the user load and data capacity increase with time.

We have reviewed NIST 800-53 on multiple occasions as part of response processes to inquiries, as well as for our own evaluation and platform improvement. As one of the foundation documents for FISMA/FedRAMP compliance, we are comfortable with the requirements outlined in NIST 800-53. The Security Primer provided with the proposal addresses, at a technical level, many of the issues identified by higher order document sets, such as NIST Special Publication 800-53.

Therap has an AICPA SOC 2 (Type 2) report that it can share with the State. The scope of the report covers the suitability of the design and operating effectiveness of controls to meet the criteria for the Security, Availability, Processing Integrity, and Confidentiality principles set forth in TSP section 100A, Trust Services Principles, Criteria, and Illustrations for Security, Availability, Processing Integrity, Confidentiality, and Privacy. Therap is also in the process of being evaluated for HITRUST certification. As a healthcare-focused framework for infrastructure security, which pulls from NIST 800-53, COBIT, HIPAA/HITECH and ISO 27001, it is the next logical step for us as a provider in the healthcare space.

Therap will complete and provide Attachment D, System Security Plan prior to Go-Live as required by the State.

8. Data Management Requirements

EVV Solution must accept, manage and protect data in a manner that ensures accuracy, allows ease of use while meeting requirements for security, privacy and retention, and integrates well with data from other DHHS systems. Data will be exported at cadenced schedules to the DHHS DMA for consolidated business intelligence and reporting.

Therap has extensive data management strategies, and will continue to evolve to meet new practices, trends and requirements. Therap maintains data Integrity as data in Therap cannot be modified or even viewed undetectably, Users will leave time/date and electronic signature stamp. Access to Data is controlled on the User Admin side, with roles ranging from View only, Submit, Approve, and Update, access is appropriate to each user, their role and their appropriate caseload. Therap ensures Data Authenticity as the system is built in algorithms and rules to ensure the right data is entered the first time in the right place. Therap also limits required data fields to ensure users are not forced to enter bad or fake data in order to continue their work. Therap has many layers of security from password protections, encryption of data in transmission and data at rest, firewalls, default deny, and user timeouts, to enforce Agency approved security protocols and processes.

The Therap applications suite is certified as meeting federal meaningful use standards. Users can

exchange healthcare data with primary health care providers. Therap's framework supports exceptional interoperability, ensuring that state agency personnel and care coordinators can access up-to-date health care data from external providers for all individuals with electronic health records. The SaaS model integrates an intuitive and flexible application with a high-performance infrastructure to provide a solution that is reliable, scalable and secure. New enhancements to the Therap system are developed on an ongoing basis to better meet user needs. New versions of the system are released as required. The system is designed to be usable "out of the box," but also configurable to meet unique local regulations, requirements, and workflows. Throughout its history Therap has taken necessary precautions to ensure availability and data security by using state-of-the-art hardware and software. Applications are developed to comply with the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and other security/privacy requirements. Integration of privacy and security features, especially for protection of Protected Health Information (PHI) and HIPAA are given the highest priority during our design process.

Therap's available Business Intelligence (BI) module expands the system's reporting capability. The BI module provides a means to work with metadata at the enterprise level. Using BI, users can view customizable dashboards on individual demographics and service documentation. Agency-wide data is aggregated, providing real time reports. BI enables providers to create meaningful aggregated data reports for identification of trends, execution of quality assurance activities, and assessment of overall agency performance in supporting individuals.

Therap offers standard reports in most modules. These can be exported to PDF or Excel for further review and analysis. Therap also has a Report Library with customized reports available to users. The Report Library contains comprehensive reports that have been created over time to meet the requirements of the user base. Each module has several reports available to users. Some reports can be generated by selecting date ranges, programs, or clients. For more specific reporting requirements, Therap can provide additional reports, as requested by a Provider Administrator. After a report modification request comes in from a Provider Administrator, Therap evaluates the request by considering factors such as usability by a wide variety of users, its purpose, and how often the report would be utilized. Reports in the Report Library can be exported to Excel for tracking and trend analysis. The system reports and custom reports can be run daily and as many times as an agency desires.

9. Integration and Interoperability Requirements

In recent years, CMS started to view the MMIS through the lens of the Medicaid Information Technology Architecture (MITA) framework. In 2010, Congress passed the Affordable Care Act (ACA). Part of the ACA included the legal foundation for CMS to implement new requirements for MMIS enhanced funding. The view of an MMIS as a singular system that performs all of the necessary functionality has transitioned to modular solutions where components are connected in an interoperable architecture. This vision enables the replacement of a component module with a new one with less impact on the overall enterprise system. MLTC

has undertaken a strategic transformation journey with its vision of a new Medicaid enterprise.

The driving force behind this journey for MLTC enterprise transformation is to 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.

MLTC's approach to modularity is focused around business capabilities and process realization instead of seeing it as system modules. This business focused approach to modularity provides the State greater flexibility to modernize its processes and realize the goal to increase quality and speed of services while also reducing costs.

The EVV Solution selected must fit within the overall DHHS Concept of Operations and participate fully in Integration activities as the rest of the DHHS environment continues to evolve.

Below is a business context diagram, noting how EVV will fit into the overall DHHS Integration approach:

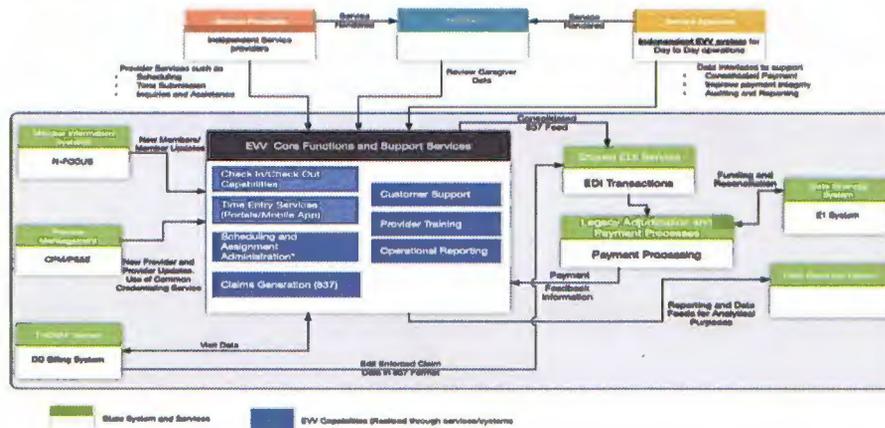


Figure 2- Business Context Diagram

Over the past 16 years, Therap has developed new modules, features, and interfaces to meet state and federal regulatory, compliance, accreditation requirements, as well as user requirements, while being cost-effective and scalable enough to expand its services to over 3000 agencies across 50 states. Therap's system uses SOAP-based service integration, SFTP-based file transfers and a batch-data processing approach. Therap has also used WSDL, XML-RPC, REST based services for external interfacing. The application suite interfaces with external enterprise systems, e.g. state billing systems and demographic data management systems. Therap has been successfully deployed and implemented across Nebraska providers, both independent providers and agency organizations. Since 2011 the State of Nebraska has mandated that providers utilize



Therap to record incidents, annual plans, habilitation goals, medication administration records, health tracking data, and billing data. The EVV solution will be able to integrate with the existing provider accounts, staff accounts, programs, individuals, and services that have already been entered into the Therap system.

Therap has implemented several interfaces with the state's N-FOCUS system. This enables users of Therap to access data related to demographic, waiver program enrollment status, Medicaid eligibility and financial data. This interface employs an FTP-based file transfer and a batch-data processing approach to synchronize demographic data, caseload and access control between Therap and the state's N-FOCUS system.

Therap complies with ANSI ASC X12, HIPAA Compliant EDI format for the receipt of 835 EDI Transaction from MMIS Vendors, presently with CSC/eMedNY, ACS/Xerox, and with EDS/HP Enterprise Services. Therap utilizes services of Change Healthcare Clearinghouse services to submit claims of Medicare MCOs, Commercial Insurance carriers and additional MMIS vendors. The system architecture is based on and consistent with standard architecture, design, and implementation patterns supported by Java Enterprise Edition (JEE) framework. Therap promotes an enterprise view that supports enabling technologies that align with MITA business processes and technologies, makes performance measurable for accountability and planning, and promotes an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology.

We will work with the state of Nebraska to ensure the EVV solution fits within the overall DHHS Concept of Operations and participate in Integration activities as the rest of the DHHS environment continues to evolve.

10. Business Continuity and Disaster Recovery Requirements

Services delivered through the DHHS programs support Nebraska's most vulnerable citizens. To ensure that authorized services are delivered and tracked consistently, the EVV Solution must have an established Business Continuity and Disaster Recovery (BCDR) plan that is maintained, updated, and tested as enhancements or changes are made to the systems. The BCDR plan must include contingency planning for business and staffing updates as programs evolve.

The plan must be approved by DHHS and implemented prior to the start of operations. The approach must integrate with DHHS's overall Disaster Recovery Plan and describe in detail the procedures necessary to recover the operational system within no more than 48 hours.

Backup and retention processes must be noted and meet with detail requirements identified in Attachment A – RTM.

Therap will establish a Business Continuity and Disaster Recovery (BCDR) plan that will be approved by DHHS prior to the start of operation. Therap will ensure that it meets the

requirements identified in Attachment A - G.9 Business Continuity and Disaster Recovery Requirements.

11. Project Management and Implementation Requirements

Having the right solution is a foundational requirement. Having solid Project Management and Implementation practices and disciplines can be the difference in whether an implementation is successful or not. The detail requirements laid out in Attachment A – RTM show the level of importance attributed to the Project Management experience and practice.

The Implementation phase covers the time period from project start-up until the required functionality is implemented and operational. During the implementation phase, the contractor is required to install an EVV Solution and Services that meet the requirements of the operational phase of the contract.

During this phase the contractor is allowed to propose its preferred approach to implementation for DHHS evaluation. This permits the contractor to perform within its proven methods rather than forcing conformation to a prescribed method for completing implementation.

DHHS anticipates that the requirements described in this document and Attachment A – RTM can be met by a bidder's standard methods for solution implementation. DHHS requires the bidder to describe "how" the outcomes will be met. DHHS is not attempting to specify every possible activity, deliverable, or the content of deliverables necessary to achieve success on this contract. Bidders should not infer that the absence of detailed requirements means that DHHS does not consider a specific area or activity important or unnecessary. DHHS requires the bidder to propose solutions and services that meet its documented outcomes and requirements. DHHS requires the bidder to include all details in its proposal necessary to achieve or exceed the desired outcomes. This includes plans, requirements and deliverables necessary to meet the operational phase requirements. DHHS considers the DDI phase very important and will closely evaluate the completeness of the bidder's response and adherence to the desired outcomes and requirements.

After award, Contractor will be required to provide an updated detail work plan and schedule, which DHHS will review, provide input into, and approve when accepted. The work plan must cover all aspects of due diligence, planning, configuration, development or customization, testing, training, deployment and post-implementation operational support. All affected stakeholders must receive ongoing communication as approved by DHHS, and training provided for all agreed stakeholders.

a. Project Governance Overview

DHHS will establish the governance necessary to manage the implementation and integration of the EVV project.

The governance will be made up of senior management personnel from DHHS and representation from the EVV project. As needed, the DHHS project management team will be supported by other State personnel including contract management, procurement and finance. A sample governance structure is shown below.

This model is provided as a sample and may change based on the needs of DHHS.

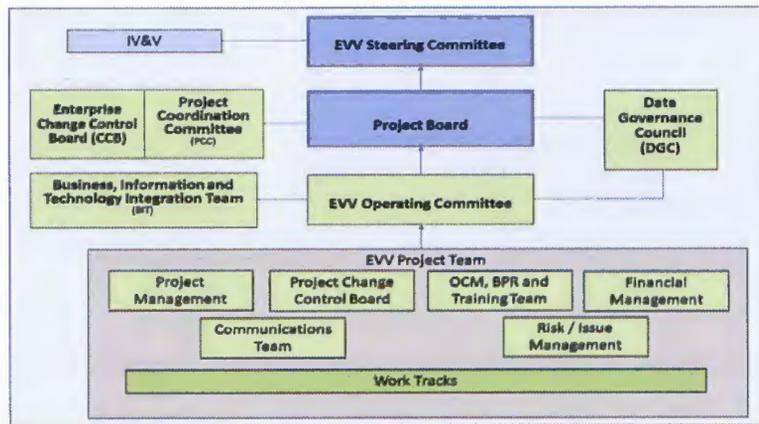


Figure 3 - Sample Governance Model

- b. The roles and responsibilities of the above entities include but not limited to:
- i. **Steering Committee:** Provides oversight and strategic direction to the project. Establishes governance structure and makes governance changes pursuant to approved project scope changes. Ensures staffing is available. Approves operating models for the project. Ensures project funding and resources are available. Approves major changes that affect implementation dates. Approves the Contractor deliverables based on Operating Committee recommendations.
 - ii. **IV&V Team:** Provides independent assurance that the project is performing properly. Reports findings to the Steering Committee. Is responsible for ensuring that the solution is compliant with the then current CMS Medicaid Enterprise Certification Toolkit.
 - iii. **Project Board:** Addresses risks, issues and decisions made within the project, alternatives, financial model, organization resources, external communications and BIT/Operating Committee escalations.
 - iv. **Operating Committee:** Address risks, issues and decisions on Project Board work prioritization, approach to deliverable completion, project resource alignment, and approach to track project activities.
 - v. **Data Governance Council:** Develops Data Governance Program policy and procedure decisions, resolves data quality conflicts, develops data acquisition strategies; defines data standards; defines privacy and security requirements.

- vi. **Project Coordination Committee: Addresses risk, issues and decisions related to coordination of project activities across project portfolio. Coordinates oversight for strategy, change control, infrastructure, business, information and technology.**
- vii. **Enterprise Change Control Board: Manage and coordinate changes across the project portfolio.**
- viii. **Business Information and Technology Integration Team (BIT): Develops and maintains model-driven information related to coordination of project activities across the project portfolio.**
- ix. **EVV Project Team: Responsible for implementation and delivery of the EVV solution. Oversees all project deliverables, environments, Integrated Management Schedule (IMS), etc. Ensures all requirements are identified, documented, tracked, validated, tested, and implemented. Responsible for all project training activities. Tracks all project related documents. Completes all quality assurance activities and responsible for defect management.**

DHHS will assign a contract manager or lead to manage the EVV solution implementation. The role will be supported by the governance teams described above, such as the EVV Steering Committee, Communications, Finance, and other subject matter experts (SMEs). The contractor is responsible for establishing a governance structure within their organization to deliver the required solutions. After Contract execution, DHHS will work with the contractor to integrate their governance into the project's governance structure.

DHHS anticipates that the requirements described in this document and Attachment A – RTM can be met by a bidder's standard methods for solution implementation.

Therap has the proven experience in implementing our Electronic Visit Verification solutions in multiple states. Based on Therap's experience from successful completion of projects of similar nature, we propose a multi-phased approach for implementation of the EVV System. The proposed implementation is built on 14 years of experience in implementing a COTS SaaS solution for state systems. As the only company based in this sector with this level of experience, Therap is confident in its ability to implement this system smoothly, with many features that will exceed the requirements of the RFP.

Our standard methods for the EVV solution implementation will meet the requirements described in Attachment A - G.10 Project Management and Implementation Requirements. Therap has read and understood DHHS's Project Management and Implementation Requirements, and will comply with the mentioned requirements.

12. Change Control

Before any Change Order or any amendment may be completed to change any requirement of this contract, the following process must be completed and approvals received.

As shown in 11.b, the Change Control Board (CCB) is the governing body of the change control process. The review of all change requests will be a standard agenda item for the Operating Committee (OC) and Steering Committee meetings. The members of the Change Control Board include, but are not limited to:

- a. EVV Project Lead
- b. EVV IS&T Project Manager
- c. EVV MLTC Business Lead
- d. EVV Technical Lead

Input may be solicited from other affected parties by the CCB before finalizing a decision. The OC can approve a change request that is within scope, without escalating to the CCB.

Additional SMEs, Steering Committee Members, Project team members, change originators, etc. may attend meetings at the request of the CCB. The CCB will meet as needed to review changes.

The CCB can approve, deny or suspend change requests.

Effective change control is necessary for scope management. Table 3 contains the types of changes based on impact to the project, the necessary actions to address the change, and the entity with authority to approve the change.

Change Type	Description	Impact	Approval Authority
Out-of-scope	Work that cannot be perceived or considered to be applicable to an identified or updated scope.	This type of change requires an update to the scope statement and schedule. Potential changes to the budget, and resources may be necessary.	Executive Steering Committee Requires amendment
Missed Scope	A significant package of work that is applicable and necessary to achieve the identified or updated scope.	This type of change requires updates to the scheduled end date and may have potential changes to the budget and resources.	Project Executive Requires amendment

Missed Activities	Work activities within existing work packages determined applicable and necessary to achieve the identified or updated scope.	This type of change requires additional activities within the schedule but does not impact the scheduled end date. Activities can be absorbed within the existing budget and resources.	Project Lead
Scope Conflicts	A disagreement between Divisions or programs on the definition or details of what is necessary to achieve the identified scope	This type of change may have potential impact to requirements	Project Executive
Activity Rescheduling	Existing work activities that need to be rescheduled due to resource conflicts, incorrect task relationships, etc.	This type of change does not require additional activities, resources, or budget. The change also does not impact the scheduled end date.	Business Lead

Methods and procedures, or controls, are a key factor in maintaining the high standards of reliability and consistency of performance that have been established for the Therap applications. The development of a strong change management program is the most significant of these controls. Change management controls are applied across the functional areas, starting with application development. The application development process includes a number of procedural steps, from requirements gathering through production installation. In support of these steps, multiple computing environments exist. The environments support research, software development, unit testing, integration testing, and pre-production staging. Additional environments exist to provide facilities for troubleshooting and/or analysis of production issues.

In addition to providing a controlled path for the introduction of internally developed software into the production environment, third-party software and firmware is tested for compatibility and performance. Examples of third-party software and firmware that would be tested in various stages of the development lifecycle are patches or upgrades associated with operating system, middleware, database and device-level firmware.

The pre-production staging environment is a complete functional representation of the production environment. In this environment, software, network and device configurations are

established in the same manner that will be deployed in production. For example, the inter-zone firewall rules are implemented to confirm compatibility with identified inter-device permissions.

Change management controls are applied to infrastructure-level changes as well. Other than in emergency situations, as might occur in a disaster recovery scenario, the changes are implemented during approved maintenance windows. Examples include:

- Firewall Rule modifications
- Network configuration changes
- Server configuration changes
- Hardware upgrades or additions

Therap has read and understood DHHS's Change Control process, and will comply with the mentioned requirements.

13. Communication and Training

a. Communication

Implementation of a project of this complexity requires daily collaboration and communication among all project stakeholders. Time is critical in communicating issues, solutions and decisions among the contractor, the DHHS's programmatic, technical and management staff, and other stakeholders and the IV&V Contractor. Effective communication among DHHS, the contractor, clients, the provider community and other stakeholders is essential to encourage continued participation in the Nebraska public assistance programs and effective adoption of the new EVV solution.

Once the system is in place, Therap offers comprehensive support services including user training, user support functions (e.g., help desk, periodic upgrades to security and functionality, and ongoing user forums to maximize the value of the system to users). Therap's operations team monitors the system 24/7 to ensure its availability. Therap also employs Oracle's Real User Experience Insight (RUEI) to monitor and analyze network traffic in the production site to identify any potential issues and improve the overall service. Therap provides support to customers using live chats, secure communication channels, and email.

Therap uses Microsoft Project for managing the complexities of the project. Therap also uses JIRA, an issue management tool, to track issues that come up during the execution and testing phase. During the execution phase, the tasks board, which is the visual control over the project progress, shows the current status of the overall project work. These tools help project managers to efficiently handle the project monitoring and controlling activities.

A schedule will be established for project managers to analyze the expected versus actual outcome and take actions as outlined in the project management plans. Feedback received from the users will be forwarded to a team of business analysts and technical analysts. Depending on

its type or urgency, it is classified as an enhancement, a glitch, or a suggestion and documented in the issue log. Each issue in the log is assigned an owner and a reporter, as well as a tentative resolution date, a tentative version of the software that will include a resolution of the issue or other pertinent information. Therap is responsible for supporting activities associated with design, implementation of the solution, maintenance, training, and ongoing support throughout the term of the contract.

Therap will require support from the state to assist in establishing business requirements, describing existing and proposed business processes, consulting as issues and questions arise during implementation, assisting with outreach to providers and other external users, approving proposed functionality and processes prior to development and testing, participating in user acceptance testing, assisting in recruiting external users for user acceptance testing, providing access to data that will need to be converted and describing formatting and data definitions, assisting with data cleaning if necessary, approving detailed training plans, and establishing communications protocols between Therap and the State.

Therap's Secure Communications (SComm) module is an internal messaging system that functions like an e-mail system to facilitate the exchange of information among users in an agency in a secure, HIPAA compliant way. The SComm module allows for user-directed messaging and automated notifications based on the organization's business rules.

b. Training

EVV Training for the Nebraska EVV implementation will take considerable planning, focus and commitment. Due to the large percentage of individual providers, a key differentiator to a successful 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 contractor must provide appropriate options to keep communication and training available to all users. State staff and State contractors are located in multiple cities and towns across Nebraska. Contractor is responsible for working with DHHS to deliver appropriate targeted information to each stakeholder group in ways that allow them to participate.

User Training involves more than delivery and establishes a foundation for all details relating to scope, methodology, business process changes, curriculum, development, delivery, and project tracking. 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. Delivery of role-based education materials such as skill competency lists, job role descriptions, job evaluation criteria and ample time to practice using the EVV solution ensures that users

will institutionalize the competencies necessary to perform their jobs.

DHHS views training and knowledge management as a vital means to assuring that users adopt and fully embrace the EVV solution, thereby mitigating risk.

Bidders should assume that DHHS users are qualified and capable of performing their assigned duties; therefore, the training requirements are specific to the EVV solution, impacts, features and benefits for their programs and impacted business processes. The courseware and curriculum must be competency-based and assess the knowledge and skills learned. Training needs identified in the staff and stakeholder Readiness Assessment must be included in the course curriculum and updated with each new assessment results. The contractor must 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, should include a combination of training tools and types.

In order to successfully accomplish training goals and specific objectives, a Contractor Training Coordinator 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 EVV solution as well as each audience's unique training requirements.

Specific communication and training requirements are noted in Attachment A – RTM. Please provide detailed responses to all requirements in that document.

Therap's success rests, in part, on our commitment to excellent training and support. Therap's project team and training and implementation specialists will provide ongoing project management and support throughout the contract period. On-site and online training will be provided throughout the implementation process to assure successful onboarding of each user at various levels of responsibility and with various roles. These include service provider staff, administrators and family members. Therap will also provide training on an ongoing basis as new users are allowed to access the system. In addition to initial training, Therap offers periodic user group meetings and statewide workshops to refresh and reinforce previous training, share best practices, and discuss recent system upgrades which maximizes the utility and value of the system to users.

Web-based training will be provided to the staff and other users of the system based on curriculum jointly developed by the agency and Therap Training and Implementation Specialists. Therap's Training and Implementation Specialists have extensive field experience and have been

end-users of Therap. Therap ensures that users will receive a comprehensive introduction and hands-on training customized to their role and use of the system. Therap uses the “train the trainer” approach to prepare users to train new hires and provide refresher trainings in the future. Therap training sessions are grouped by discipline or job function to ensure that group members will meet role-specific documentation expectations.

Therap will ensure users of the software receive a comprehensive introduction and hands-on training customized to their role and use of the system. Therap’s Training and Implementation Specialists have extensive experience working in the DD/ID, Mental Health and Special Education fields and also have experience as end users of Therap. Making sure all users are trained is a high priority for Therap. We have augmented our successful training and support efforts with a Certified Trainer program - bringing the expertise of qualified users into the mix of training options. We facilitate user groups at the regional and local level. Therap also sponsors many conferences across the United States throughout the year, bringing users together to learn, share successes, and shape future directions. Our Implementation Specialists work directly with agencies and also facilitate regional and topical on-line user groups.

The Therap Help and Support website is a dedicated support portal that offers a search capability to access to our training and support materials. Therap’s training and support materials are designed to take into account the widely differing job responsibilities, computer skills, and educational backgrounds of our users. Trainers will present hands on training sessions on-site, in user group meetings, and in conferences, applying the principles of adult learning theory to new users based on professional roles and as determined by the approved Implementation Plan. Throughout training sessions, modules are covered in a step-by-step manner, so the staff being trained are able to practice and obtain the skills and knowledge needed to become competent users of the system. Each training session is delivered in a consistent and reliable manner. This training will include developing training skills for designated the Agency training personnel (“train the trainer”). Additionally, competency tests and course evaluations will be completed to ensure new users receive consistent quality of training.

Therap regularly organizes webinars and user group meetings to provide online training to users, where users can ask questions and share knowledge with other service providers across the US. Therap also sponsors many conferences across the country throughout the year, where users learn together, share successes, and shape future directions. Our Implementation Specialists work directly with agencies and also facilitate regional and topical online user groups and webinar sessions. Therap team members also frequently arrange webinars to train users on effectively using existing application features and familiarize them with new functionalities and changes. The webinars are recorded and made available on the support site. In addition, Therap also provides free, on-demand, online self-paced video training from Therap instructors through the Therap Training Academy. Agency users can be assigned as Training Academy Managers, who may then manage and view the progress of their staff’s training. Training Academy courses include quizzes to test competency and retention, as well as certificates of course completion.

Agency specific training and support materials can be provided based on discussions with the agency.

Training and Implementation Specialists from Therap's support team will provide onsite and remote training and support to users throughout the life of the contract. In addition to the training provided during initial implementation, we provide ongoing onsite trainings, user groups, webinars and conferences to reinforce previous training and ensure that all users are fully aware of the existing and new features offered by Therap. As part of our ongoing implementation and support there will be conference calls and onsite meetings.

14. Operations Requirements

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

Operational planning is an essential mechanism for managing the operations phase of the system life cycle. The operational planning process needs to be established early in the implementation process in order to guide the right configuration and implementation strategy for the system. The operational planning needs to take into account some important considerations such as:

- a. Maximizing system availability to meet the operational requirements. This leads to a focus on designing-in reliability and maintainability of the system and resources in use.**
- b. Preserving system operating potential through proper planning of system scheduled maintenance. This warrants a reliability-centered maintenance strategy that incorporates preventive maintenance in order to preempt failures and address security issues, thereby extending the mean time between corrective maintenance, as well as enhancing the availability of the system.**
- c. Harnessing IT technology for maintenance management. This requires systematic capturing and tracking of operating and maintenance data to facilitate analysis planning and forecasting.**

DHHS requires that all agreed maintenance planning artifacts be developed early in the implementation life cycle to ensure that the operational needs are clearly understood and are incorporated into the decisions and choices in the final specifications of the system. Similarly plans such as transition plans need to be documented during the implementation phase to ensure a measurable way to monitor and manage operational readiness.

Therap has read and understood the operational planning considerations stated above, and will work with DHHS in providing full operational support from Go-Live through the completion of contract. Therap will also ensure that planning artifacts and operational needs are addressed early in the implementation life cycle.

a. Operations, Maintenance, and Configuration

The Contractor shall provide Operations support, Maintenance, and ongoing Configuration of the provided solution throughout the life of the Contract. This includes providing Operations support as well as providing Maintenance and Enhancements to the provided Solution(s). The Contractor will follow project management and system development processes throughout the life of the Contract.

Therap will provide full operational support from Go-Live through the completion of contract. Therap will ensure to provide the proper maintenance, configuration, and other operation needs and developments as required.

b. Maintenance and System Enhancements

There are two distinct classifications of work that all Solution Module Contractors will perform: maintenance and system enhancements.

i. Maintenance

DHHS defines maintenance for each module as follows:

- a.) Making configuration updates as requested by DHHS. Configuration includes but is not limited to changes to table values, parameters, codes, and business logic, including hardcoded business logic.
- b.) Correcting deficiencies (defects) found in the solution(s) based on detailed requirements described in the Attachment A - RTM, Configuration documents and published design specifications.
- c.) Correcting deficiencies (defects) found in the solution(s) based on a failure to meet the detailed requirements in completed enhancement, configuration or maintenance requests.
- d.) Conducting research requested by DHHS or required to support the Department. For example:
 1. System behavior and results
 2. New healthcare initiatives
 3. Best practices research across states and industry
 4. Impacts of new State and Federal legislation
- e.) Performing mass adjustments or mass changes as requested by DHHS or required to support DHHS Programs.
- f.) Performing regular maintenance as needed by DHHS required to support DHHS Programs. Examples of maintenance include but are not limited to:

1. **System behavior and results**
 2. **New healthcare initiatives**
 3. **Best practices research across states and industry**
 4. **Impacts of new State and Federal legislation**
-
- g.) **Using appropriate testing, configuration, and change control procedures.**
 - h.) **Updating system, user, and training documentation and online help to reflect changes that have been made to the solution.**
 - i.) **Performing the activities above to maintain customizations implemented as part of an approved enhancement.**
 - j.) **Perform incremental integration services via configuration. Incremental integration services required during the DDI phase should be included in the DDI costs.**

If incremental integration can be handled using configuration, the integration will fall under the definition of maintenance. If the incremental integration requires system development and testing efforts the integration will fall under the definition of enhancement.

All maintenance activities will be performed at no additional cost to the State in the Contractor's response. The Contractor will be required, at no additional cost, to add resources necessary to complete all activities by the required due date.

Configuration updates are decided upon with the help of Therap's issue management and change management processes. As Therap has two to three major releases a year, changes are assigned for each release based on complexity of development, demand of the feature and the ability of Therap to push a fully tested feature through. Once a release date is set for a feature, development, modification of the system and the documentation begin internally. The changes are documented using JIRA and other change management tools. Changes are deployed in testing environments before deploying to the production environments, so that users can test out the features beforehand. The features are prioritized based on user and/or federal and state requirements, impacts on overall solution is tested before making the changes, risks are analyzed and steps are taken to mitigate possible risks.

Point releases are carried out for bug fixes and maintenance work. Each update is evaluated to determine the features added or issues addressed. If the determination is made that a new version of software or firmware should be implemented, the urgency of the update is assessed. In most cases, the update will be applied to the test environment, and will be included in the next application software release. If the nature of the update indicates that it should be implemented on a more aggressive schedule (e.g., a critical security patch, a firmware patch that avoids a system outage, etc), the update would be applied at the site not currently designated as 'live'.

Once the secondary site has successfully completed verification tests, the update can be applied to the 'live' site.

Therap analyzes and schedules downtime windows during hours of least usage. Therap makes the release notes about upcoming changes available in advance so that users have a chance to become familiar with new functionality. User guides, webinars and videos are posted on the Therap Support site for training purposes. Users are notified of software downtime/unavailability via release notes, login page ads, emails, splash messages, and announcements on the official website and the support website. Webinars are held to demonstrate upcoming features to the system. Additional trainings are also provided to the users if required. The Release Notes are available on Therap's Help and Support website (<https://help.therapservices.net/app/release-notes>).

Therap continuously upgrades hardware, software, and development processes to keep up-to-date with industry best practices. Therap updates malicious code protection mechanisms when new releases are available in accordance with IT system configuration management policy and procedures. Detailed information on correcting issues have been provided in Attachment A - RTM. Internally developed components are unit tested at development stage. Further checking is done at code review phase for unintended, dead or malicious code and the submitted code gets rejected if found any. Then it is fixed and submitted for review. At testing phase, we perform comprehensive testing.

Therap's Software Quality Assurance (SQA) team is responsible for the complete build and test cycle. The testing plan and test scripts are developed by the SQA team to test specific functionality and the potential impact of these functionalities on the entire system. After the full SQA cycle, software release is scheduled for deployment. Upon final approval for deployment, the application and related processes are disabled at both the live site and the hot backup site. The release is then deployed at the live site. After initial deployment, a full test cycle is completed by SQA to ensure that all features and code changes are functional and that the application is running smoothly. Modules that were targeted by the release receive additional testing according to detailed test plans. The length of the post-deployment test cycle is determined by the release complexity. When the testing cycle is complete, the SQA group approves the release for production traffic. At this time, the release is opened to the user base, and the hot backup site is updated with the new release. The hot backup site is kept ready to become the live site should problems arise. As the system is updated, correspondingly, user training and support materials are updated to reflect the most recent changes and version of the application.

Therap applies national best practices while designing the application, and continuously strives to implement the latest technological advances. Therap will work with DHHS in researching various aspects including new healthcare initiatives and impacts of new State and Federal legislations.

Configurations and upgrades to the existing modules are provided to the users at no cost. Patches and upgrades to the organization's purchased platform will continue to be upgraded and enhanced without additional cost should DHHS want to add to that platform any newly released configuration that Therap develops in future which is not a part of DHHS' current contract will be available at an additional cost.

ii. System Enhancements

DHHS defines system enhancements as follows:

- a. System enhancements exclude any activities defined in "Maintenance" above.**
- b. New features or functionality that fall outside the scope of all RFP requirements, Bidder's RFP response, the contract, or agreements of any supplemental negotiations.**

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 Contractor must provide an estimate of any impact to annual operations cost, for the enhancement during the operations phase of the Contract if applicable. Reimbursements for any additional operations costs must be addressed in a contract amendment.

Therap has read and understood this requirement. Therap has previously worked with Nebraska, and will therefore work with DHHS in developing approved design for system enhancements during the Change Request process.

15. Customer Support Requirements

Post implementation, Contractor must provide full operational support to DHHS, providers, caregivers and participants, as well as other key stakeholders. Due to the large percentage of individual caregivers the EVV Solution Customer Support Center and Plan must plan for and support participants, caregivers, guardians or representatives, agency providers, DHHS users and their designees.

- a. Contractor shall establish and maintain an EVV Solution Customer Support Plan that addresses all aspects of customer care services, including a help desk function. The draft version of the EVV Solution Customer Support Plan shall be submitted with the proposal, and must be reviewed and accepted by DHHS after contract signing.**
- b. Contractor's support must also include a current EVV Solution User Manual, which is maintained and updated each time there are releases or**

- or changes to the solution, or additional services or users are added.
- c. Contractor must provide a monthly status report, which provides all agreed metrics to ensure that Contractor is meeting all expected service levels, providing appropriate levels of customer service and addressing complaints in a timely manner.

Detailed post implementation support requirements are noted in Attachment A - RTM. Please provide detailed responses to all requirements in that document.

Therap provides three tier levels of support outlined in the table below:

Tier 1	Therap Live Help, Feedback, and Telephone support. Available 24 hours a day. Tier 1 support is designed to provide quick answers to common questions. Live Help is staffed by Implementation Team members located around the country.
Tier 2	Tier 1 staff refers questions or issues requiring more extensive expertise about a Therap module or feature or state specific features to a Therap Subject Matter Expert. For example, if the issue was about a specific module in an agency, Tier 1 staff will refer such questions to an SME. A phone call or webinar can be scheduled, if needed.
Tier 3	Expert and Technical Support. Some issues require investigation and/or the input from Therap’s technical teams. These are generally handled through Therap’s HIPAA Compliant Issue Tracker system as they may require the exchange of Protected Health Information.

Table 2: Support Tiers

After successful implementation, Therap will provide full operational support to DHHS until the end of the contract. Therap will establish and maintain an EVV Solution Customer Support Plan which will be approved by DHHS after contract signing. Therap’s Help and Support website has a wide range of training materials (e.g., user guides, quick guides, FAQs, training courses, training videos, webinars, and guided assistance) that are regularly maintained and updated prior to every release or other changes made to the system. Therap has multiple channels through which technical support is provided. Users can chat securely with our support staff and get immediate answers to their questions. In the event that the live chat mechanism is offline, Therap’s issue tracking mechanism provides users with troubleshooting assistance. Users can directly submit questions, suggestions or problems from within the application where they are facing an issue. This opens up a troubleshooting ticket. The Therap support team tracks and responds to a ticket as soon as possible or provides regular updates until the ticket is closed.

Status reporting and periodic status meetings will be built into the Project Plan, following

discussions between Therap and DHHS. Key members involved in projects will have weekly conference calls with stakeholders with the help of GoToMeeting or other video conferencing tool that allows for real-time collaboration. Therap will also provide a Monthly Status Report for high-level project status reporting.

Therap has read and understood DHHS's Customer Support Requirements, and will comply with the requirements mentioned in the Attachment A - G.13 Customer Support Requirements.

16. Staffing and Resource Requirements

DHHS understands that staffing of this engagement will be critical to its success, and DHHS will closely evaluate proposals for the appropriate consideration and structure of the proposed staffing model. DHHS will also closely evaluate both what the Contractor will bring to the project, as well as what the contractor expects from DHHS. Staffing is constrained within DHHS. The contractor is required to propose a project approach that includes input of DHHS business and technology staff to obtain information and feedback necessary to produce quality work products and deliverables.

State Staffing for EVV project will include a mix of contractor staff and DHHS staff. Each will have defined roles and responsibilities, the sum of which must provide a comprehensive capacity of required capabilities. The contractor will be responsible for all design, development and implementation (DDI). DHHS requires the contractor to be able provide all the skillsets required to complete a complex project and should not expect direct State or incumbent support resources to be available beyond what is described within this RFP. The contractor's team must have an ongoing on-site presence with core resources dedicated to performing the activities outlined in the RFP. The contractor must also have the capability to add staff with deep knowledge of the implemented technology in a timely manner, as required.

Detailed project staffing requirements are listed in Corporate Overview. Please provide detailed responses to all requirements in that section of the document.

Therap's implementation team has extensive experience in implementing large scale projects for state providers. We have over 5,000 providers in 50 states, and 18 state contracts. Therap implemented the project for the Nebraska DHHS in 2010, where Therap's implementation team performed a statewide implementation of incident reporting, followed by implementations of Therap's Individual Budgeting and Individual Support Plan modules throughout the state, and the interfacing with Nebraska's NFOCUS system. Therap's project implementation team is staffed with Project Management Professionals (PMP). Therap's project team will help regular online and onsite meetings with the DHHS staff for providing regular updates, and obtaining necessary information and feedback.

In the Corporate Overview section, Therap has listed a number of personnel to be involved with this project who have extensive experience with implementing the system for state and provider agencies, and providing training and support.

Therap will be responsible for designing, developing and implementing the software solution, and providing training and support for the solution. Therap's implementation team will have ongoing online and onsite presence dedicated to performing the activities required to implement the system. Therap also has the capability to add staff with deep knowledge of the implemented technology in a timely manner as required.

We have provided detailed responses to the requirements in the Corporate Overview section.

17. Turnover and Contract Closeout Requirements

Upon Contract closeout for any reason, the Contractor will work with DHHS and any other organizations designated by DHHS to ensure an orderly transition of services and responsibilities under the contract and to ensure the continuity of those services required. This includes, but is not limited to, supporting data conversion and knowledge transfer to DHHS or any succeeding contractor.

All toll-free numbers shall be transferable to Nebraska DHHS, or other entity designated by DHHS, upon the ending of the contract.

Basic Contract Closeout requirements are covered in Section II.T.Contract Closeout of this EVV RFP.

Within the contract period, Therap allows users with appropriate roles to extract or export agency data from the system.

Prior to the end of the contract period, Therap will work with DHHS to provide data in a mutually agreed format and manner. Therap has provided data to states in multiple ways including: database dump, flat files (Excel or Comma Delimited), or locally defined fixed length / COBOL files. Therap can make use of its own or the State's SFTP server.

18. Certification Support Requirements

The EVV solution will be deployed in alignment with the current MECT CMS criteria to achieve an effective, efficient MMIS modular environment, while leveraging FMAP through CMS certification. The Contractor must provide support throughout the project to ensure that all requirements identified to meet DHHS, CMS or IV&V deliverables, artifacts and traceability activities are completed in a quality manner and meeting project schedule dates as agreed.

Detailed Certification Support requirements are noted in Attachment A – RTM. Please provide detailed responses to all requirements in that document and demonstrate how Contractor will develop and track all required artifacts.

Therap is currently working with other states in receiving these certifications. Therap has read and understood this requirement, and will work with DHHS to prepare certifications and support the necessary artifacts as required by DHHS, IV&V, or CMS. Detailed responses have been provided on the Attachment A - RTM regarding the certification supports.

19. Service Level Requirements

Services to be included in EVV are delivered around the clock, depending on the participant needs. It is important to have high availability, ease of use, and consistent tracking and reporting of any periods of unavailability. Since capture and tracking of these services will affect provider billing and payments, periods of planned unavailability must be kept to a minimum. Specific service level requirements, and Service Level Measures are detailed in Attachment B – Performance Guarantees. Penalties for not meeting expected service levels are also noted in Attachment B – Performance Guarantees.

Therap meets the system availability requirement of 99.5%. Therap has three to four major releases a year and a number of system releases. Advanced notices about the downtime are provided to users through email, release note, splash message, login page ad, and notices on Therap's websites. Offline forms are provided to users for recording data during system unavailability. We have reviewed the Attachment B – Performance Guarantees and we will meet the service level requirements listed in this document.

I. SCOPE OF WORK

The bidder should understand and respond to the requirements herein and in Attachments A RTM, B Performance Guarantees, C BAA and D System Security Plan. After the contract award, the contractor must review, validate and further define the requirements with DHHS. In addition, the contractor is required to develop a requirements crosswalk to the RTM to validate and ensure that all requirements are met as defined.

Contractor must understand and provide the most effective and efficient approach to meet each requirement. Contractor is responsible for ensuring all configuration items are identified and defined, documented and implemented. Contractor will ensure thorough testing is supported and completed as per agreed project plan and schedule. All Operational preparation must be completed and requirements for CMS MECT Certification R2 must be completed in time for review before scheduled go live 'go/no-go' decision milestones. As part of the implementation and operational activities, Contractor will cooperate and collaborate with state staff, IV&V team members and other designees as designated to ensure that deliverables and certification artifacts and evidence are comprehensively completed and documented.

Contractor must provide competent and experienced staff to meet all key personnel positions for both implementation and EVV operations, and ensure full compliance with project requirements as solution is implemented and deployed.



Contractor's Account Executive and Project Manager must ensure all detail tasks are tracked, executed and reported accurately. Documented risk and issue processes will be followed, and escalations handled as agreed.

Regular reporting and status meetings will be completed as scheduled, with collaboration from the DHHS team to ensure a transparent, integrated set of activities are being reported accurately.

Critical path and high level risks and issues will be tracked and communicated clearly.

DHHS requires Contractor to bring EVV best practices experience and leverage that in the DHHS deployment to ensure quality and improve efficiencies. As program and policy changes are identified and deployed, each item will be reviewed to determine impact to systems and processes. All required documentation, training, artifacts and deliverables will be detailed on the project schedule, developed to agreed standards and reviewed by both Contractor and DHHS.

Contractor will provide skilled resources to develop and deliver customized communication and training to meet DHHS needs for State staff, other contractors, participants, providers and program stakeholders.

Once implementation is completed, ongoing operational tasks will be handled using approved, documented methodology, with monthly reports identifying full service level compliance and any gaps or failures.

Therap has read and understood the requirements herein and in Attachments A RTM, B Performance Guarantees, C BAA and D System Security Plan. After the contract award, the Therap will review, validate and further define the requirements with DHHS. In addition, the Therap will develop a requirements crosswalk to the RTM to validate and ensure that all requirements are met as defined.

Therap will provide the most effective and efficient approach to meet each requirement. We are responsible for ensuring all configuration items are identified and defined, documented and implemented. We will ensure thorough testing is supported and completed as per agreed project plan and schedule. We acknowledge that operational preparation must be completed and requirements for CMS MECT Certification R2 must be completed in time for review before scheduled go live 'go/no-go' decision milestones. As part of the implementation and operational activities, we will cooperate and collaborate with state staff, IV&V team members and other designees as designated to ensure that deliverables and certification artifacts and evidence are comprehensively completed and documented.

Therap will be assigned eight key personnel as part of the project management team for this contract. Therap's project management team has extensive experience in successfully developing and implementing large state projects while supporting state requirements and processes. Therap's technical and business analysts will meet the State's assigned team for group discussion

and also conduct observations for the project's requirements analysis. Therap's internal project implementation team will ensure material is covered thoroughly and consistently during all training sessions so all attendees are able to practice and retain the skills needed to become competent users of the system. This training will also provide the platform to include developing training skills for the State's designated training personnel. Additionally, the State can choose to utilize competency tests and course evaluations to ensure new users receive consistent, quality training opportunities.

Therap's teams are comprised of people with a background in I/DD and LTSS fields and with several years of experience with Therap. This makes them ideal and efficient in communicating effectively regarding State needs and requirements. We have provided resumes detailing the experience and knowledge of all personnel who will be assigned to this project. We have also included a draft project plan. Therap will ensure full compliance with project requirements as solution is implemented and deployed. Contractor's Account Executive and Project Manager will additionally ensure detail tasks are tracked, executed and reported accurately. Documented risk and issue processes will be followed, and escalations handled as agreed.

Regular reporting and status meetings will be completed as scheduled, with collaboration from the DHHS team to ensure a transparent, integrated set of activities are being reported accurately. Critical path and high level risks and issues will be tracked and communicated clearly.

Therap's EVV best practices experience gathered by providing EVV services to other agencies and states will be used during the contract and we will leverage that in the DHHS deployment to ensure quality and improve efficiencies. Based on the implementation plan, once program and policy changes are identified and deployed, each item will be reviewed to determine impact to systems and processes. Required documentation, training, artifacts and deliverables will be detailed on the project schedule, developed to agreed standards and reviewed by both Therap and DHHS.

Therap will provide skilled resources to develop and deliver customized communication and training to meet DHHS needs for State staff, other contractors, participants, providers and program stakeholders.

Once implementation is completed, ongoing operational tasks will be handled using approved, documented methodology, with monthly reports identifying full service level compliance and any gaps or failures.

J. DELIVERABLES

Percentages for Implementation Milestones would include below billing milestones, with specified deliverables tied to each milestone:

Design Milestone:	20% of Implementation fees.
Development Milestone:	20% of Implementation fees.
Production Milestone:	30% of Implementation fees
R3 Milestone Completion:	30% of Implementation fees.

1. Implementation Deliverables:

The implementation deliverables will be tracked within four milestones. As deliverables are completed, they will be provided to DHHS for review and approval. Once all deliverables are completed for that milestone, that milestone payment, based on the percent of the total implementation cost noted on the Cost Proposal, can be billed.

The first milestone should be within the first few months after Contract Award, as several of the deliverables have specific requirements noted in Attachment A – RTM. Milestone 2 must be completed prior to Go Live, with all required deliverables completed, reviewed and accepted by DHHS. Milestone 3 will occur after Go Live, when all Go Live activities are completed, and other Milestone 3 deliverables have been signed off by DHHS. Milestone 4 will occur not less than 6 months after Go Live when all CMS R2 and R3 certification items are completed and CMS has signed off on the solution and project.

Below are the specific deliverables for each milestone:

a. Milestone 1: Design Milestone, includes creation, review and acceptance of the following:

Project Management Plan, to include but not limited to:

- a) Work Breakdown Structure
- b) Communications Plan
- c) Change Management Plan
- d) Staffing Management Plan
- e) Risk Management Plan
- f) Issue Management Plan
- g) Quality Management Plan

- I. Detailed Project Work Plan / Schedule
- II. Project Kickoff Meeting & Presentation
- III. Project Deliverable and Acceptance Process
- IV. Design and Configuration Deliverables

b. Milestone 2: Development Milestone, includes but not limited to creation, review and acceptance of the following:

- I. Implementation Plan with detailed 'Go Live' Plan
- II. Design and Implementation Deliverable Work Products

- a. Updated Configuration & Design Documents
- b. User Manuals

- III. Completion of System and Artifact Deliverables, including updated RTM
- IV. Completion of Artifact and Milestone Walkthroughs
- V. Delivery of production ready system & solution
- VI. Successful Completion of all System and UAT Testing
- VII. Successful completion of all user training (includes state staff, providers, caregivers, participants and representatives)
- VIII. Completion of all required R2 Artifacts
- IX. Successful completion and acceptance of Attachment D - System Security Plan
- X. Review and Acceptance of all agreed pre-production activities and artifacts required for 'Go Live' approval.
- c. Milestone 3: Production Milestone, includes the following:
 - I. Successful completion of all Go Live activities
 - II. Fully operational production EVV solution providing all agreed functionality
 - III. Fully functional customer support
 - IV. Transition to Account Management
 - V. Successful completion and approval by CMS of all required R2 artifacts
- d. Milestone 4: R3 Milestone Completion, includes the following:
 - I. Completion of any agreed post-production functionality
 - II. Completion and acceptance from CMS of all required R3 functionality and artifacts.

Therap agrees to provide the deliverables listed above. The due dates provided are based on the Draft Project Plan provided with this RFP. Once a final project plan is created in discussion with DHHS, the updated dates for each deliverable will be provided.

2. Operational Deliverables:

After Go Live, when the EVV system and services are in production mode, ongoing deliverables will include the following, as well as other services as agreed. Billing for the ongoing service delivery will be based on the PMPM fees agreed in the Cost Proposal for production service delivery. Ongoing deliverables include, but may not be limited to:

- a. Daily delivery of EVV visit verification services through agreed capture methods

- b. Daily delivery of management and oversight functions within solution**
- c. Daily delivery of reporting and dashboards as agreed**
- d. Full customer support activities as agreed**
- e. Successful delivery of services as per Service Level Agreements**
- f. Monthly status reporting as agreed**
- g. Ongoing training development and delivery**
- h. Updated documentation as maintenance and enhancements are identified and delivered**
- i. Delivery of all security, privacy and audit activities as agreed.**

Therap agrees to provide the operational deliverables listed above after the EVV system and services are in production mode.



Appendix A: Draft System Security Plan

Therap's Security Primer details the system security plan and procedures carried out by Therap. We have provided the Security Primer as an attachment with this RFP.

Appendix B: Draft EVV System Disaster Recovery and Business Continuity plan

Therap has developed recovery processes for various failure scenarios. The two-part recovery process is:

- Restoration of service or functionality (Business Continuity):

When a device or service fails at the live site, a determination is made whether to transition functionality to the Hot Backup site to assure delivery services. This determination is based upon a combination of factors, with an emphasis on ensuring data integrity.

- Repair or remediation of failed element(s) (Disaster Recovery):

Minimizing the length of system downtime is also a major consideration. If or while functionality migrates to the Hot backup site, remediation activities for the failed device or service will begin (aka, Disaster Recovery). If the failure occurs at the Hot Backup site, service delivery continues at the live site while remediation procedures are executed.

The Recovery Time Objective (RTO) for an infrastructure failure at the live site is one hour or less. This RTO can be achieved by recovering services at the live site or migrating functionality to the hot backup site. Real-time replication processes are used to synchronize data between the sites; the viability of database replication is a critical element of the multi-site architecture. The data replication process that has been implemented between sites implies a Recovery Point Objective (RPO) of zero when a migration occurs. This means that, in the event of a site migration, no data is lost, as transactions up to the point of failure are replicated to each of the sites. In extreme cases, multiple failures may occur at each site, rendering the application as inoperable (i.e., "Down"). In the event of a multi-site outage, specific customer service protocols would be activated. These protocols are designed to rapidly disseminate information to end users about the situation and remediation efforts/status.

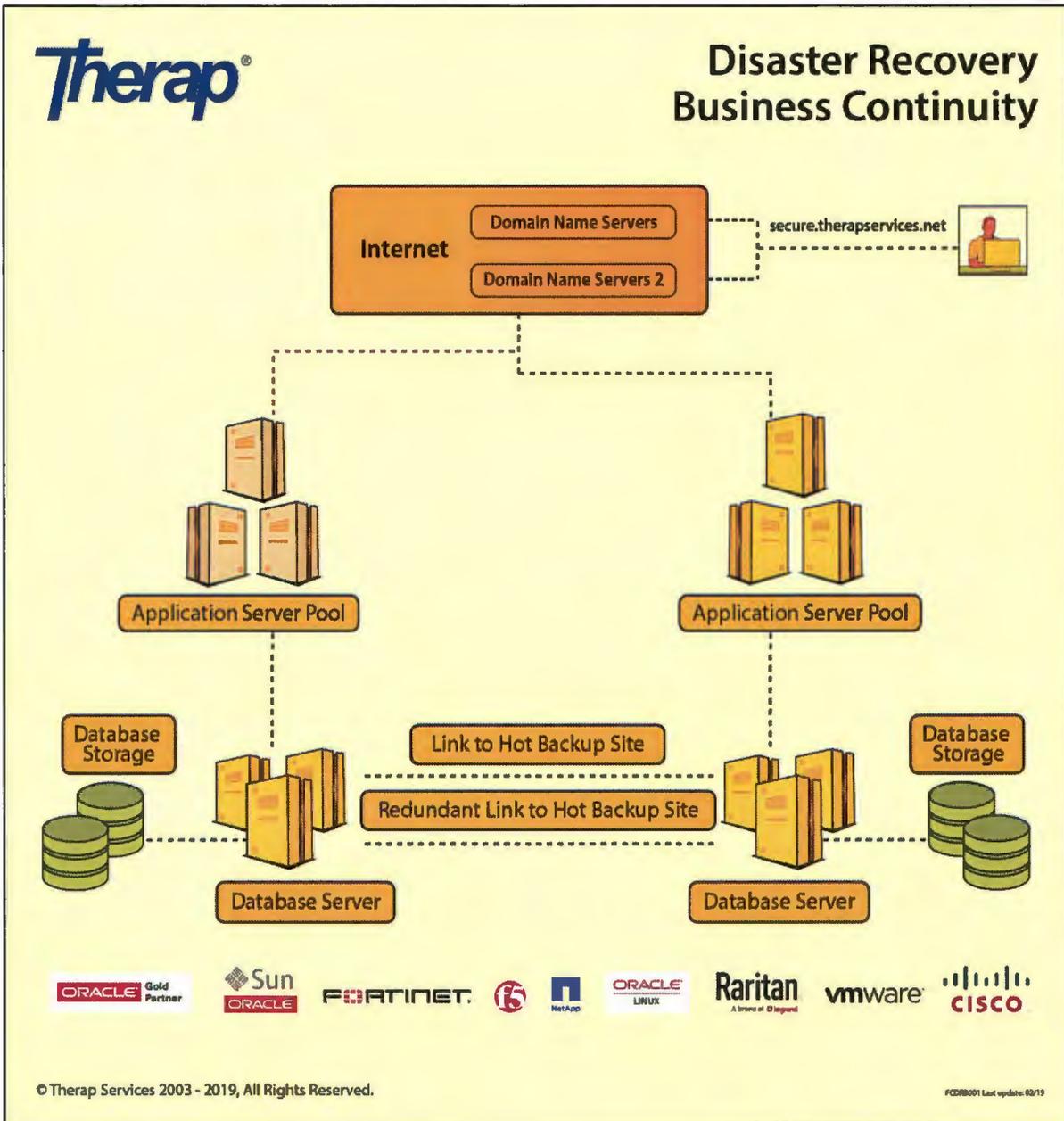


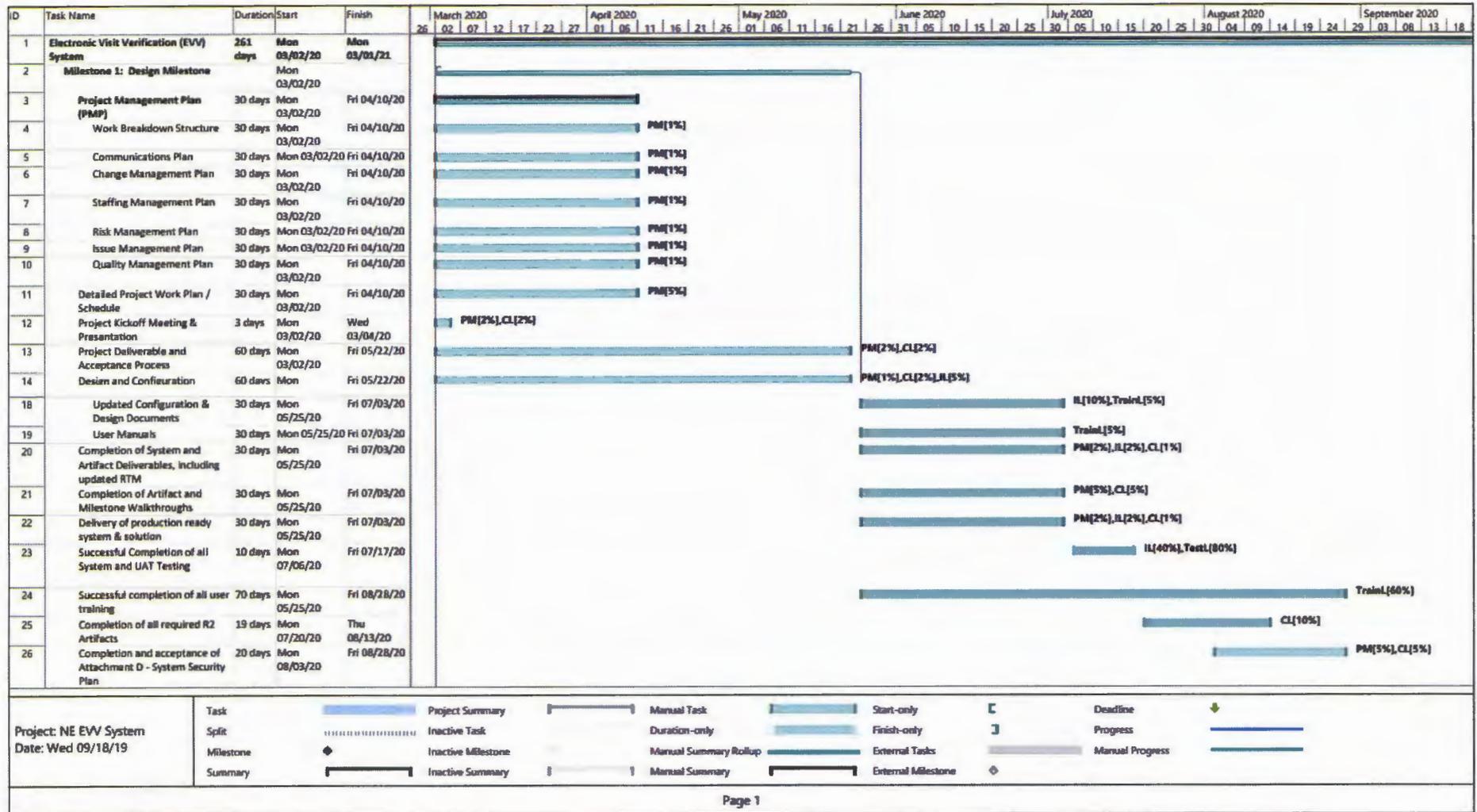
Figure 21: Disaster Recovery and Business Continuity

The final version of the EVV System Disaster Recovery and Business Continuity plan will be provided upon discussion with DHHS during contract negotiation.



Appendix C: Draft Project Work Plan

The proposed draft Gantt chart shows a sample implementation timeline with the following milestones for the DHHS EVV contract:





The following initials are used in the draft Gantt chart for the key personnel:

- Account Executive: AE
- Project Manager: PM
- Testing Lead: TestL
- Integration Lead: IL
- Certification Lead: CL
- Training Lead: TrainL
- Customer Support Lead: CSL

1. Design Milestone

In this phase, Therap will encompass DHHS's Project Work Plan and set up activities, including the following:

- Work Breakdown Structure
- Communications Plan
- Change Management Plan
- Staffing Management Plan
- Risk Management Plan
- Issue Management Plan
- Quality Management Plan

The Detailed Work Plan will incorporate the project schedules. Project kickoff meeting and presentation information, design and configurable deliverables, along with the processes of acceptance, will also be incorporated. Therap understands that no Proposer work will start without the state's written approval of the Project Plan.

2. Development Milestone

Therap is a Commercial Off the Shelf (COTS), Software as a Service (SaaS) solution that does not require installation. It can be accessed through a secure URL using standard browsers with an active Internet connection. Therap understands that the Development Milestone will provide detailed implementation and Go Live plan along with design and implementation deliverable work products. Deliverables such as completion of the system and artifacts, milestone walkthrough, system and UAT testing, user training, R2 artifacts and system security plan will be provided. Therap will work with DHHS to provide the acceptance of the agreed pre-production activities and Go Live approval artifacts in this milestone.

3. Production Milestone

Therap is accessed through a secure URL using a standard browser with an active Internet connection. The system does not require installation. The Production Milestone will ensure that the Go Live activities are completed successfully. By this time, the EVV system will be fully operational. Therap ensures it will provide a fully operational Customer Support throughout the lifetime of the contract with DHHS. Therap is not required to be downloaded or installed by the user. Agency staff, providers, families, individuals, and other users will be given access to the

system via user accounts. This milestone will encompass the successful completion and approval by CMS of required R2 artifacts.

4. R3 Milestone Completion

After Go Live when CMS R2 and R3 certification items are completed and CMS has signed off on the solution and project, Therap will work with DHHS and complete the R3 Milestone. The R3 Milestone will include completion of agreed post-production functionality and acceptance from CMS of required R3 functionality and artifacts.

Appendix D: Sample Implementation Plan for South Dakota

Therap has recently been awarded a contract with the South Dakota Division of Long Term Services & Support. This contract includes replacing their existing case management system and legacy billing processes, and the implementation of a statewide Electronic Visit Verification system using Therap's Scheduling/EVV modules. As part of this, Therap is also implementing the interRAI Home Care Assessment tool.

Therap is working as the prime contractor and is responsible for supporting activities associated with design, implementation of the solution, maintenance, training, and ongoing support throughout the term of the contract. SD LTSS will be rolling out their EVV implementation as of January 1, 2020. EVV will be used for services as required by CMS and State policy. The project is divided into two phases.

Phase 1 involved discussions with stakeholders from the State and Therap project team members creating the final project plan along with specific implementation details and assess the staffing and training needs. This phase also accounted for the setup of the case management system and the development of functionalities specific to the South Dakota.

Administrative, user accounts and privileges were set up so that users with the appropriate permissions can start using the system for the initial "Go Live". Data migration activities were carried out based on the state specific requirements. The project management team along with the development team focused on reviewing and creating functionalities and ensuring proper testing activities were carried out, while maintaining constant communication with the State.

Phase 2 involved the implementation of EVV and Billing for the providers in South Dakota. Initial activities included the setup of the modules, creating authorizations, interfacing with MMIS along with the testing and development components.

Staff are currently completing the six months competency based training while also using the available system functionalities to carry out daily documentation. We believe that staff strengthens their competencies best when there is limited time between the training sessions and use of the system. As a result, the training period overlaps with the phasing in of many key program elements. A beta version of the production implementation with fictitious data is also provided to help users to get the feel of using a production version of the application suite and also test new functionalities. Web based and in person training has been and will be continuous during implementation to ensure users are comfortable and aware of the processes to follow for optimal use of the system.



The Project Work Plan provided below shows the activities and timeframes for Therap's recent EVV implementation for the State of South Dakota:

ID	Task Name	Start
1	SD LTSS EVV SYSTEM	
2	Phase 1	
3	Design and Implementation of Case Management System	<i>Jun-19</i>
4	Provider Initial Go Live	<i>Jun-19</i>
5	Finalize Requirements	
6	Account Set Up	
7	Initial Data Migration	<i>Jun-19</i>
8	Alpha Testing Migration	
9	Data Migration	
10	Beta Testing	
11	Training	<i>Jul-19 to Aug-19</i>
12	On site Training	
13	Web based training	
14	Final Data Migration	<i>Jul-19</i>
15	Final Data Migration for Production	
16	Data Migration Testing	
17	Ready in Production	
18	Product Go-Live	<i>Aug-19</i>
19	Ongong Support and Maintenance	
20	Phase 2	
21	Design and Implementation of EVV, Service Authorization, Billing System	<i>Jul-19</i>
22	Testing	<i>Aug-19 to Dec-19</i>
23	Testing Result	<i>Oct-19</i>
24	Acceptance Testing	<i>Nov-19</i>
25	Training	<i>Sept-19 to Nov-19</i>
26	Feature release in Beta	<i>Nov-19</i>
27	Ongong Support and Maintenance	<i>Nov-19</i>
28	Status Reports	
29	Ready in Production	<i>Dec-19</i>
30	Product Go-Live	<i>Jan-20</i>

Figure 22: Project Work Plan for South Dakota

Appendix E: Draft Communication and Training Plan

Therap's success rests, in part, on our commitment to excellent training and support. Therap's project team and training and implementation specialists will provide ongoing project management and support throughout the contract period. On-site and online training will be provided throughout the implementation process to assure successful onboarding of each user at various levels of responsibility and with various roles. These include service provider staff, administrators and family members. Therap will also accommodate training on an ongoing basis as new users are allowed to access the system. In addition to initial training, Therap offers periodic user group meetings and statewide workshops to refresh and reinforce previous training, share best practices, and discuss recent system upgrades which maximizes the utility and value of the system to users. Web-based training will be provided to the staff and other users of the system based on curriculum jointly developed by the agency and Therap Training and Implementation Specialists. Therap's Training and Implementation Specialists have extensive field experience and have been end-users of Therap. Therap ensures that users will receive a comprehensive introduction and hands-on training customized to their role and use of the system. Therap uses the "train the trainer" approach to prepare users to train new hires and provide refresher trainings in the future. Therap training sessions are grouped by discipline or job function to ensure that group members will meet role-specific documentation expectations.

Therap will ensure users of the software receive a comprehensive introduction and hands-on training customized to their role and use of the system. Therap's Training and Implementation Specialists have extensive experience working in the DD/ID, Mental Health and Special Education fields and also have experience as end users of Therap. Making sure all users are trained is a high priority for Therap. We have augmented our successful training and support efforts with a Certified Trainer program - bringing the expertise of qualified users into the mix of training options available to users. We facilitate user groups at the regional and local level. Therap also sponsors many conferences across the United States throughout the year, bringing users together to learn, share successes, and shape future directions. Our Implementation Specialists work directly with agencies and also facilitate regional and topical on-line user groups.

Trainers will present hands on training sessions on-site, in user group meetings and conferences, applying the principles of adult learning theory, to new users based on professional roles and as determined by the approved Implementation Plan. Throughout training sessions, modules are covered in a step-by-step manner, so the staff being trained are able to practice and obtain the skills and knowledge needed to become competent users of the system. Each training session is delivered in a consistent and reliable manner. This training will include developing training skills for designated the Agency training personnel ("train the trainer"). Additionally, competency tests and course evaluations will be completed to ensure new users receive consistent quality of training. As part of our ongoing implementation and support there will be weekly conference calls and regular onsite meetings.

Therap regularly organizes webinars and user group meetings to provide online training to users, where users can ask questions and share knowledge with other service providers across the US. Therap also sponsors many conferences across the country throughout the year, where users learn together, share successes, and shape future directions. Our Implementation Specialists work directly with agencies and also facilitate regional and topical online user groups and webinar sessions. In addition, Therap also provides free, on-demand, self-paced video training from Therap instructors at the Therap Training Academy. Agency users can be assigned as Training Academy Managers, who may then manage and view the progress of their staff's training. Training Academy courses include quizzes to test competency and retention, as well as certificates of course completion. Agency specific training and support materials can be provided based on discussions with the agency. Training and Implementation Specialists from Therap's support team will provide onsite and remote training and support to users throughout the life of the contract. In addition to the training provided during initial implementation, we provide ongoing onsite trainings, user groups, webinars and conferences to reinforce previous training and ensure that all users are fully aware of the existing and new features offered by Therap.

The Therap Help and Support website is a dedicated support portal that offers a search capability to help provide ease of access to our training and support materials. Therap's training and support materials are designed to take into account the widely differing job responsibilities, computer skills, and educational backgrounds of our users. Therap maintains a library of training material for user reference on the Therap Help and Support website. There are state-specific guidelines and materials linked into the main Therap website. The training and support team has developed materials to ensure that users with varying job responsibilities can easily locate support materials regarding any functionality in the system. Support materials include user guides, quick guides, FAQs, training courses, training videos, webinars, guided assistance and more, which are accessible online. The written materials are also viewable in printable PDF versions. User guides and quick guides provide step-by-step instructions for completing tasks in the system. The Guided Assistance feature guides users through a series of questions and provides solutions based on the answers provided by the user. Support materials include:

- Recorded webinars hosted by Therap team members or Therap Certified Trainers (expert Users) on various modules, their functionalities and recent enhancements.
- Guided Assistance is a powerful troubleshooting tool. A step by step questionnaire where the user is asked a series of Yes/No or multiple choice questions through a decision tree, leading to the source of the issue and its solution.
- User Guides with step-by-step instructions on how to use the applications with visual images to guide the user in completing documentation.
- Quick Guides which act as short references to particular functionalities of modules.
- FAQ categorized by varying disciplines and professional roles.
- Therap Training Academy featuring on-demand, self-paced courses on various modules with an on-screen Therap instructor
- State-specific guidelines and resources including state specific features and updates.

Appendix F: Draft Solution Customer Support Plan

Therap staff is readily available to provide technical support and Help Desk services to users at every level, including advanced users. In the 16 years of being a documentation software leader, Therap has come across various types of issues including complaints, suggestions, problems and general comments. The medium through which these issues have been conveyed are Feedback, Issue Tracker, Live Help and also verbally to our Training and Implementation specialists during conferences, training sessions, webinars and user group meetings.

Live Help, Feedback, and Telephone support is provided up to 24 hours a day. This level of support is designed for quick answers to common questions. Live Help is staffed by Training and Implementation Specialists from our customer support team, who are based in all regions of the country. Billing Specialists and Training and Implementation Specialists also provide telephone support to users for billing related issues and time sensitive issues.

Support is available seven days a week, during, and typically beyond, Pacific and Eastern working times, during which users can chat or consult with specialists to resolve issues they may be facing. Whether users access support from Therap Live Help or telephone support they will reach a support team member with a background in the long term services and disability community who can communicate with users effectively about their needs and requirements. Therap's Live Help service is encrypted and secure.

Questions or issues requiring more extensive expertise about a Therap module or feature may be referred to a Therap Subject Matter Expert (SME). Subject Matter Experts may use a phone call or a Webinar to address a complex issue.

For issues which are straightforward and require very little investigation, users receive responses almost instantly with guidelines on how to achieve what they are looking for. Some issues require investigation and/or the input from Therap's technical teams. These are generally handled through Therap's HIPAA Compliant Issue Tracker system as they may require the exchange of Protected Health Information.

Therap currently provides, and will continue to provide, the three tier levels of support as outlined in the table below:

Tier 1	Therap Live Help, Feedback, and Telephone support. Available 24 hours a day. Tier 1 support is designed to provide quick answers to common questions. Live Help is staffed by Implementation Team members located around the country.
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Tier 2	Tier 1 staff refers questions or issues requiring more extensive expertise about a Therap module or feature or state specific features to a Therap Subject Matter Expert. For example, if the issue was about a specific module in an agency, Tier 1 staff will refer such questions to an SME. A phone call or webinar can be scheduled, if needed.
Tier 3	Expert and Technical Support. Some issues require investigation and/or the input from Therap's technical teams. These are generally handled through Therap's HIPAA Compliant Issue Tracker system as they may require the exchange of Protected Health Information.

Table 3: Support Tiers

The draft version of the Solution Customer Support Plan will be submitted to DHHS for review and approval within thirty (30) calendar days of the contract effective date.

Appendix G: Draft Turnover Plan

The turnover plan, as per discussion with the State, will outline the comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks, and process to officially finish and close all work for the project and delivered documents that confirm the project has met its assigned objectives.

Therap has the experience of successfully completing projects of a similar nature. The DHHS staff can download their data from the system as Excel reports and other industry standard formats at any time during the contract. This makes the state's data easily accessible for importing into a new system. Once the contract ends, Therap will not retain the state agency data, and ownership of the software and its source code will not be transferred to the state agency.

Therap will work with DHHS to submit a final version of the Turnover plan and ensure consistency in communications with end users and take other steps necessary to ensure that the turnover process goes smoothly and that the end user experiences minimal disruption to their daily routines.

Appendix H: Acknowledgement of Addendums

Therap acknowledges the receipt of the following addendums:

- Addendum 1 - Revised Schedule of Events
- Addendum 2 - Questions and Answers
- Addendum 3 - Revised Schedule of Events

We have reviewed the aforementioned addendums and understand that the requirements stated will become part of the proposal.

THERAP SECURITY PRIMER

Table of Contents

1. Governance	3
2. Technical Controls and Countermeasures	4
2.1 Firewall	4
2.2 Network Segmentation	5
2.3 Anti-Malware	5
2.4 Load Balancers	5
2.5 Hardening of services/elimination of inert services	5
2.6 Centralized Logging and Event Management	5
2.7 Code Review	5
2.8 Mobile Application Security	6
3. Physical Controls and Countermeasures	7
3.1 Site Access	7
3.2 Physical Control of Data Devices	7
3.2.1 Backup Tapes	7
3.2.2 Disk Drives	7
4. Administrative Controls	8
4.1 Creation of Application User IDs	8
4.2 Creation of Operations User IDs	8
4.3 Role-based Access Control	9
4.4 Third Party Vulnerability Assessments	9
4.5 Self-Performed Vulnerability Assessments	9
4.6 Change Management	9
4.7 Patch Management	10
4.8 Log Analysis and Review	10
4.9 Event and Performance Review	10
4.10 Third Party Audits	11
5. Business Continuity/Disaster Recovery	12
5.1 Inter-site Redundancy	12
5.2 Intra-site Redundancy	13
5.2.1 WAN and Environmental Redundancy	14
5.2.2 Infrastructure Redundancy	14
5.2.3 Database and Storage Redundancy	15
5.2.4 Application Server Redundancy	15
5.3 Event Monitoring	15
5.4 Event Management	15



I. GOVERNANCE

At Therap Services, emphasis is placed upon the confidentiality, integrity and availability of the services (and associated data) provided to customers. The network and computing infrastructure that has been designed and developed to deliver these services is assessed on an ongoing basis to ensure compliance with the stated goals. This is accomplished by a combination of physical, technical and administrative controls, as well as ongoing research to identify and address updates to recommended best practices.

At the corporate level, multiple security-focused programs have been established to ensure that the protection of customer data is a constant priority. Security reviews are conducted on a regular basis, involving multiple external organizations including compliance with SOC2 reporting. The purpose of the review is to evaluate the effectiveness of existing controls, identify new or emerging risks, and begin the process of developing or modifying mitigation controls. A security-specific meeting is held weekly, where the status of the program is reviewed with the CEO and other senior management. At weekly management meetings, security is one of the topics covered, where information about new or modified controls is discussed. A combination of post-mortems and incident response investigations are conducted when indicated, where new or modified controls may be suggested. The investigations are not limited to infrastructure events, and could involve situations such as employee conduct or third-party vendor activity.

Since any strong security program starts with employees that are prepared to protect the assets under Therap's care, a full security awareness program has been implemented. This consists of formal training that can be tracked and informal training via informational emails and/or presentations by senior management to employees. The effectiveness of this training is evaluated through the use of user-focused tests (phishing tests, etc), and ongoing reviews of tickets and system events. The training focus and methods are evaluated and adjusted as necessary to address ongoing or new security threats.

A number of sources are referenced by Therap to develop the security program, most notably HIPAA. Other key sources include various NIST publications (SP 800-53, et al), industry entities such as HITRUST, CHIME, SANS, and RSA, and training provided by product vendors. Multiple news sources are monitored for emerging risks that might require an accelerated mitigation response, or for a re-calibration of current priorities.

The remainder of this document provides high-level descriptions of key physical, technical, and administrative controls that have been implemented. These controls are systematically reviewed to identify and address modifications that can be implemented to improve the overall security posture of the platform and associated services.

2. TECHNICAL CONTROLS AND COUNTERMEASURES

Multiple mechanisms and controls are in place to ensure the safety and availability of the platform. Some controls enable Therap to control access to platform components, monitor both access and attempted access activities, and address issues that could compromise the integrity of the platform. Other controls are implemented with the objective of maximizing platform reliability, by proactively identifying events or trends that could threaten availability or performance requirements.

Examples of Technical Controls include:

- Routers and Firewalls
- Network Segmentation
- Anti-Malware
- Load Balancers
- Hardened Configurations
- Centralized Logging and Event Monitoring
- Third Party Vulnerability Assessments
- Self-Performed Vulnerability Assessments

Each of these controls provides a combination of protection and visibility that enables Therap to maintain a highly available profile for the services.

2.1 Firewall

As the first line of defense in protecting the Therap infrastructure, routers and firewalls have been installed at all production sites. All inbound access to the services provided by Therap must traverse the router, and then the firewall at the appropriate site. Communications from internet-facing web servers to the internal infrastructure are tightly controlled and monitored. The firewalls have been configured under the philosophical guideline “that which is not expressly permitted is denied”, informally known as ‘default deny’. This guideline is also applied to outbound communications from Therap: all outbound activity is denied, except as permitted by an appropriate firewall rule.

The firewall rulesets are subject to strong change management controls:

- The ability to change firewall rules is restricted to all but lead firewall operations staff
- Modifications to production rule sets are limited to specifically identified maintenance windows
- Existing firewall rule sets are reviewed at least once a year to identify obsolete entries
- Logging servers are monitored for notification of configuration changes

In addition to tight controls and monitoring of communications, the firewalls include Unified Threat Management (UTM) functionality. The firewall will inspect packets traversing defined networks for suspicious activity, and can terminate specific sessions if configured to do so. Examples of UTM functionality include: detection of ‘attack vector’ sessions such as Heartbleed or POODLE, identification of unauthorized application on a given port (e.g., running SSH through an HTTP port).

2.2 Network Segmentation

As an extension of the firewall implementation, multiple network 'zones' have been created. Both inbound and outbound traffic between any two zones is controlled by a combination of Access Control Lists (ACL) and firewall rules. This configuration affords maximum protection of sensitive data and associated operations upon that data.

2.3 Anti-Malware

As part of the data protection strategy, any files uploaded into the application by users are scanned for malware prior to being accepted. If a file is found to contain malware, the user is notified and the file is rejected.

2.4 Load Balancers

The purpose of a load balancer is to ensure continued user-level access to services in the event that an application server has become unavailable or unstable. To ensure service reliability at a production site, multiple application servers are installed. The load balancer monitors the health of the application servers/services, and can participate in a transparent redirection of live sessions away from a specific server. Control of the load balancer and its associated components is limited to specific members of the platform operations team. The load balancer provides additional security benefits through its ability to control packets that traverse its interfaces, similar to what is performed by a traditional firewall.

2.5 Hardening of services/elimination of inert services

As a standard practice, unused services on production servers are disabled, providing improved platform reliability and integrity. Unused services, if enabled, would need to be monitored for inappropriate usage, and are therefore an unnecessary security risk. A service that becomes unstable might require a restart of a higher-level service or server reboot; there is no reason to risk platform availability due to the misbehavior of a superfluous service.

The same philosophy is applied to network devices (routers, firewalls, switches): only services required by the platform are activated.

2.6 Centralized Logging and Event Management

Various system log and event activity for all platform components are aggregated to a central monitoring station. The accumulated logs are analyzed for both performance and behavioral anomalies. This is done through a combination of third party and internally developed tools. Where applicable, the ability to generate alerts is leveraged. The alert sources are monitored on a 24x7x365 basis by Therap operations staff.

The collection and aggregation of performance and event data is executed via multiple protocols, including Syslog, SNMP and vendor-specific logging mechanisms.

2.7 Code Review

As part of the software development process, code analysis and review takes place at multiple points in the process. Specific examples include:

- Use of toolkits within the Integrated Development Environment (IDE) tool used by developers
- Extensive use of peer-based code review
- Static code analysis by various tools

The code review process is followed by testing by the Quality Assessment (QA) group.

2.8 Mobile Application Security

Therap does the following to maintain a secure environment during each session:

- Option to enable mobile application by administrative request only
- Using unique login credentials to log into mobile applications based on configuration by administrative staff consistent with the full application
- Session timeout limitations apply to mobile sessions as indicated by the device operating system: iOS is ten minutes, Android is thirty minutes
- Users will be locked and unable to login after three failed attempts using the offline pin which is configured for each device
- Photographs are not stored on the device
- Therap's Electronic Visit Verification offline accessibility option does not contain PHI. For offline information, Therap is only storing slot id, time and latitude, longitude for geo-location purposes
- The application specifies the internal install location and will not be installed in the external storage of the device

3. PHYSICAL CONTROLS AND COUNTERMEASURES

To ensure the physical safety of the data that resides on the Therap infrastructure, multiple controls have been implemented. These include items such as: access to the facility, access to equipment, movement of assets, and disposition of obsolete or damaged equipment. To support system availability requirements, multiple layers of redundancy have been designed into the infrastructure to avoid or minimize the impact of a service interruption due to the failure of a physical or logical component.

Key physical controls include:

- Site Access
- Control of Data Devices

3.1 Site Access

Access to the data centers that host Therap's equipment is controlled by a key card system, starting at the main gate to enter the facility. Within Therap, access is limited to certain members of the operations staff. Upon gaining entry to the site, Therap's equipment racks are contained inside an isolated cage. Movement within the facility, up to and including cage access, is controlled by a combination of badge and biometric access at various checkpoints (main entrance, elevator access, datacenter access).

Additional features of the facility:

- Onsite security personnel 24x7x365
- The use of 'people traps' to isolate entry and exit activities
- Extensive presence of cameras to monitor facility
- Log reports that detail access activity to cage
- Certified against ISO 27001 standards

3.2 Physical Control of Data Devices

Therap maintains control of all data-containing objects, specifically disk drives and tapes. Control mechanisms are noted for each.

3.2.1 Backup Tapes

Data backups are performed to protect Therap production facilities. The tapes and tape storage containers reside in the secure infrastructure facility at each production site. In support of off-site storage, tapes containing encrypted data backups are removed from the primary facility and stored at a secure location. Access to the tapes is restricted to members of Therap's operational staff responsible for system backup activities.

3.2.2 Disk Drives

When disk drives are removed from the storage infrastructure, they are returned to the vendor where a detailed data destruction policy is followed. The data on the disks is encrypted, and is therefore not exposed during this process.

4. ADMINISTRATIVE CONTROLS

Therap has developed and maintains methods and procedures that are followed in the day-to-day operation of the platform. These controls are designed to establish a consistent and stable environment, by designating procedures to be followed when making modifications to or monitoring the platform.

These are a few of the key administrative controls that Therap has implemented:

- Creation of user ids: Application
- Creation of user ids: Operations
- Role-based access control for devices (network, database, various categories of servers)
- Third-party vulnerability assessments
- Self-performed vulnerability assessments
- Change Management
- Patch Management
- Log analysis/review
- Event Management (both platform-identified and user-identified)
- Third-party audits

4.1 Creation of Application User IDs

User IDs are created within the application by individual agency (customer) administrators. Initial, temporary passwords must be changed upon login. Password policies are set by the customer administrator. Each user has a unique, three field login (Login Name, Password, Provider Code). Login Names are only displayed within with application to users with administrative privileges.

A limited number of Therap staff are able to access provider data as a secure method to investigate provider-reported issues containing PHI. Each user has a unique ID, and access to the application is based on administrative assignment which is tailored to respective responsibilities and reviewed on a regular basis. All Therap users accessing secure data are required to utilize two factor authentication as well as document their purpose at the start of each session. User actions are recorded within the application and evident via Activity Tracking.

If a staff member ceases employment with Therap, their user ids and associated access are immediately terminated.

4.2 Creation of Operations User IDs

The creation of user ids for access to production equipment is tightly controlled. When access is requested for an individual, approval is required by the Chief of System Operations. Upon approval, an id is only created on the end devices within the scope of the staff member's role.

For each server or network device within the scope of the staff member's role, an ID is created. If there is a need for escalated privileges (e.g., 'root' or 'admin'), a separate id or escalation path is created. There is no ability to log on to a switch or server with a 'shared id' set of credentials; all login activity is via individual login id and password.

If a staff member ceases employment with Therap, their user ids and associated access are immediately terminated.

4.3 Role-based Access Control

When access is requested by a staff member, the concept of ‘least privilege’ is employed. Access is only granted to the servers and devices that are within the scope of the staff member’s role. For example, a network engineer would not receive access to a database server. Or, a server engineer may be granted access to the operating system on a database server, but will not have the ability to access the database itself. Conversely, a database admin would be granted access on that server, but would not have administrator capabilities at the operating system level.

4.4 Third Party Vulnerability Assessments

To obtain an outside perspective on the effectiveness of the controls and configurations that have been implemented, Therap contracts with a third party to perform vulnerability assessments and penetration tests. These tests are performed on a scheduled basis, and can also be performed as an on-demand service. The results are reviewed with the vendor that performed the analysis, actionable issues are identified, and remediation plans for those issues are developed.

In addition to these tests, weekly application-level scans are performed by a third party. These are used to confirm the consistency of the application’s security posture.

4.5 Self-Performed Vulnerability Assessments

As part of Therap’s internal security infrastructure, the ability to perform self-initiated vulnerability tests on supported devices is a key factor in identifying potential weaknesses. The products used can perform both active and passive scanning, and can additionally perform device-level assessments through the use of provided credentials. Examples of the capabilities of the vulnerability platform include:

- **Active Scans:** On-demand or scheduled scans, initiated from the platform. These scans range in capability from simple topology scans, to port-scanning and assessment, to credentialed in-depth assessment scans. These scans are used to validate new devices, the security posture of all devices, and a given device’s level of compliance with industry-standard hardening best practices (e.g., Center for Internet Security, et al).
- **Passive Scans:** All packets in specific LANs are fed via span or tap port to devices that monitor and report activity. The passive scan servers are used as an additional tool to identify new devices and/or suspicious traffic. These scans provide additional intra-lan visibility that the firewalls (which are inter-lan monitors) will not see.
- **Device-level Scans:** For devices identified for a deeper level of inspection, credentials can be provided so the scanning tool can perform ‘authenticated scans’. In this type of scan, Therap can identify weaknesses that can be exploited if someone was able to establish a user/terminal session on the device.

4.6 Change Management

There is a defined set of procedures for proposing, scheduling and executing changes to the production environment. These changes include activation of new equipment, operating system

or infrastructure software patches or upgrades, application software patches or upgrades, network device configuration changes and storage platform changes. Essentially, any modification that can impact the production environment is subject to the Change Management process.

Under normal circumstances, changes are implemented only during approved maintenance windows. In the event of a platform or service outage, changes can be made as necessary to restore proper operation of the device or service.

4.7 Patch Management

For each variant of firmware, operating system, middleware and third-party software, timely notification about updates are sought and received. The updates are received from multiple sources, including vendor updates, patch management software, and industry sources (CERT, CIS, etc). Each update is evaluated to determine the features added or issues addressed. If the determination is made that the new version of software or firmware should be implemented, an assessment is made regarding the urgency of the update.

Upon determining the urgency, the update is prepared for implementation. In most cases, the update will be applied to the test environment, for inclusion in the next application software release. If the nature of the update indicates that it should be implemented on a more aggressive schedule (e.g., a critical security patch, a firmware patch that avoids a system outage, etc), the update would be applied at the site not currently designated as 'live'. Once the secondary site has successfully completed verification tests, the update can be applied to the 'live' site.

Depending on the nature of the update, functionality may be transferred to the backup site before upgrading the primary site. For example, if an operating system patch requires a reboot, it is likely that a controlled failover would be indicated.

4.8 Log Analysis and Review

For all network, server and utility devices, logs are forwarded to a central server at each site. These logs are reviewed, and questionable entries are investigated. During the course of the investigation, the nature of the entry will dictate the next set of procedures to follow.

A number of third party and internally developed tools are used to perform the log analysis. The initial analysis is automated: if the analysis indicates a potential issue, a deeper and more manually intensive analysis may be warranted.

4.9 Event and Performance Review

As part of the overall infrastructure, performance metrics are compiled about system performance. This compilation is done through a combination of third-party and internally developed toolkits. This data is reviewed on a regular basis to map performance and resource usage trends against existing platform capacities. The goal of this analysis is to identify upcoming resource shortfalls that could impact system performance, and address them in a timely manner.

4.10 Third Party Audits

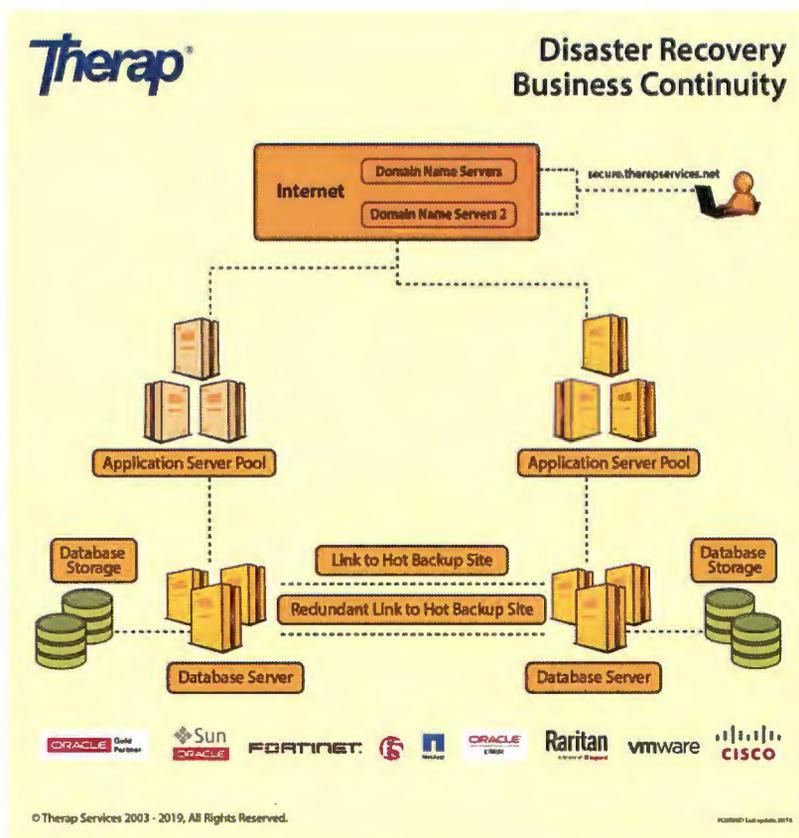
To ensure that defined policies and procedures are comprehensive and consistently executed, Therap undergoes an annual SOC2 assessment. This assessment is conducted by a licensed AICPA organization, and covers the five Trust Criteria (security, availability, processing integrity, confidentiality, and privacy). Details of the summary and detailed reports are available for examination, assuming proper non-disclosure agreements have been executed.

5. BUSINESS CONTINUITY/DISASTER RECOVERY

5.1 Inter-site Redundancy

To maximize the availability of Therap's applications, the network and computing infrastructure is installed at two sites. Each site is equipped to provide the full range of service functionality. The data between the locations are synchronized (typically within 30 seconds), so that either site can act as the 'live' host for services. If the live site becomes disabled, requires maintenance activity, or is otherwise unavailable to end users, control is transferred to the alternate site. Upon completion of the transfer process, users of Therap Services will be able to operate with full functionality, and the 'alternate' site is now the 'live' site. While clients operate on the live site, remediation or maintenance tasks can proceed on the alternate site. The site recovery process is a set of methods and procedures that will be executed to re-establish and verify proper operation of all functionality at the degraded site, including data replication. The sequence and priority of the steps will be dependent upon the specific event or events that caused the outage.

Recognizing that equipment-level failures are an infrequent yet normally occurring event, the site-level infrastructure consists of elements that contain redundancy features. These elements have been designed to anticipate and mitigate the most common causes of equipment failure (disk failure, power supply failure, etc). As a result, a site failover event would generally be triggered by a larger-scale outage, such as major power failure, fire or multiple device failure.



The general premise of the DR/BC plan is that if one or more of the major components of a live site are declared 'down', then the site is declared down. This will result in a transfer of functionality to the backup site.

5.2 Intra-site Redundancy

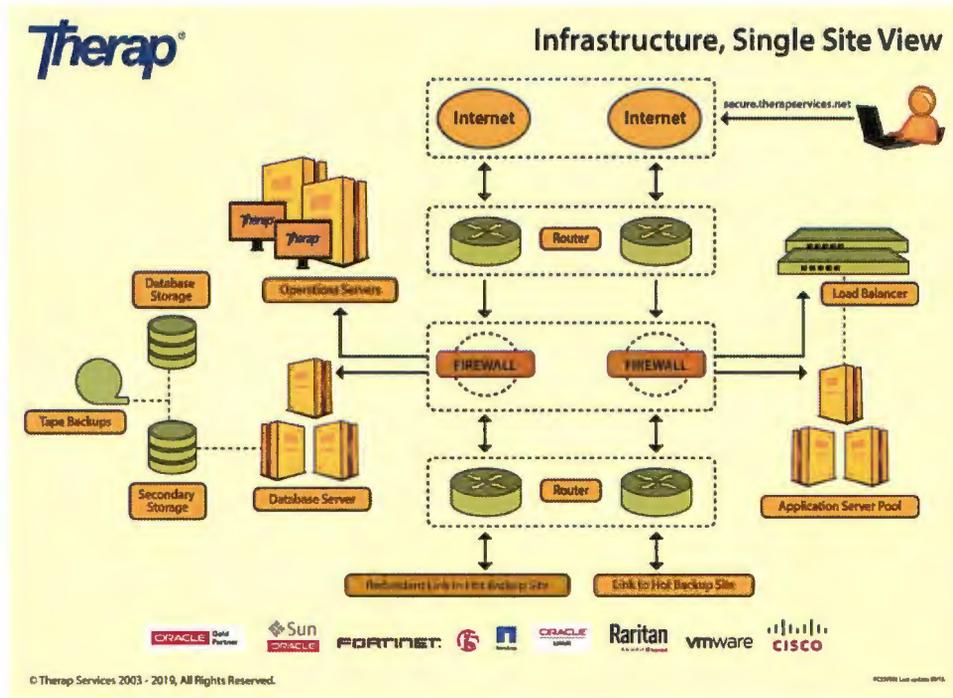
Within a given site, 4 major components comprise the network and computing infrastructure:

- WAN and Environmental
- Infrastructure
- Database and Storage
- Application

Within each major component, a number of subcomponents exist. To maximize platform availability and minimize the chances of a site failover event, the subcomponents exhibit degrees of redundancy.

Examples include:

- UPS and Generator Backup Power
- Redundant Storage Arrays
- Multiple Application Servers
- Redundant Routers, Firewalls, Load Balancers and Switches
- Redundant Power Supplies



Therap Site Overview

Given the redundancy that exists within each component/subcomponent, site failovers due to equipment failure are rare.

5.2.1 WAN and Environmental Redundancy

The WAN and Environmental component can be further divided into the following sub-elements:

- WAN Circuits
- Power
- Backup UPS and Generators
- Utility Power
- Heating, Ventilation, Air Conditioning (HVAC)

Examples of redundancy provided at this sub-layer include:

- WAN: Two internet circuits, from two different providers, are connected to the infrastructure. Services can be accessed via either circuit, and is transparent to end users.
- Power: All key equipment can support dual power supplies. Each power supply is plugged into a separate power circuit. The loss of a single power supply or power circuit does not result in an element failure.
- Back-up Power: The site is supported by both UPS and generator-based power, providing several layers of recoverability from power-related events. Both the UPS and generator-based power are independently redundant, and can survive multiple failure scenarios.
- Utility Power: The site is supported by multiple feeds, from a combination of diverse grids and providers.
- Cooling: Within the data center, multiple cooling/humidification units are installed. The loss of an individual unit will not result in an element failure.

5.2.2 Infrastructure Redundancy

The infrastructure component is comprised of:

- Routers
- Firewalls and Load Balancers
- Switches
- LANs
- SAN

Some examples of redundancy within this component:

- Routers: Multiple routers are used, and configured such that individual component or circuit failure can be bypassed, and service maintained.
- Firewalls, Load Balancers: These components are configured in a Highly Available (HA) mode. The failure of a component will trigger a takeover by the partner, and may require a re-login by active users.
- LAN: multiple switches are installed, providing multiple layers of both physical and logical connectivity.
- SAN/NAS: dual switches are installed, each switch contains multiple connections to upstream (i.e., storage) and downstream (i.e., database servers) devices. The loss of a single switch, cable, or network interface card will not result in an element failure.

5.2.3 Database and Storage Redundancy

The database and storage component supports the primary instance of the database/schema used by the application, and the associated storage facility. It consists of several sub-components, defined as:

- Storage Area Network (SAN) switch: dual switches have been installed, both the database server and storage array platform have connectivity to each switch. In addition, the switches are interconnected. The platform can sustain the loss of any one component (and more than one in some cases) without impacting the upstream services.
- Database Server: Multiple database servers are configured to provide resiliency. Each server contains dual power supplies, multiple CPUs, multiple network connections, and internally mirrored disk drives for the operating system. The server can lose up to half of its internal components and continue to provide full functionality to the applications. The platform can survive the failure of an individual server by migrating sessions to the remaining servers.
- Storage Controllers: Dual storage controllers are installed, the loss of an entire controller can occur without impact to database operations. Each individual storage controller contains dual power supplies, multiple network connections to its partner, and multiple network connections to the SAN.
- Storage Arrays: Each array contains dual power supplies, and multiple connections to each storage controller.
- Disk Drives: The SSD-based disk drives are organized in a RAID configuration that will withstand the loss of multiple disk drives and will automatically draw from a pool of spare drives to replace a failed disk. These operations are executed without an impact to database operations.

5.2.4 Application Server Redundancy

To provide a high level of resiliency at a site, multiple application servers are installed. The loss of an individual server will not result in the failure of the 'Application' component, as there is sufficient computing capacity to support user activity with less than the full complement of application servers. In the event of a server failure, sessions will be transparently migrated to an alternate server by the load balancer.

5.3 Event Monitoring

As part of the 24x7x365 live monitoring that is performed by Therap operations staff, system dashboards provide real-time information about the platform. The monitoring consists of both active (i.e., outbound polling of devices) and passive (receipt of traps and device alerts) transactions.

The event monitoring capabilities are also implemented at the application level, both databases and application servers are under constant observation for conditions that may impact users.

5.4 Event Management

Events are investigated by operations staff. If necessary, escalation procedures are followed to consider performance or availability impacts. If it is determined that there are impacts upon the

running service(s), remediation steps are initiated. The remediation steps will vary in response to the specific situation, ranging from simple (event was transient, and determined to be non-critical) to complex (event heavily impacts service stability, site failover recommended).