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THERAP SECURITY PRIMER

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HIPAA Compliant

ORACLE Gold Partner

AICPA SOC

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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.

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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).

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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:

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- 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

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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.

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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.

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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

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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.

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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.

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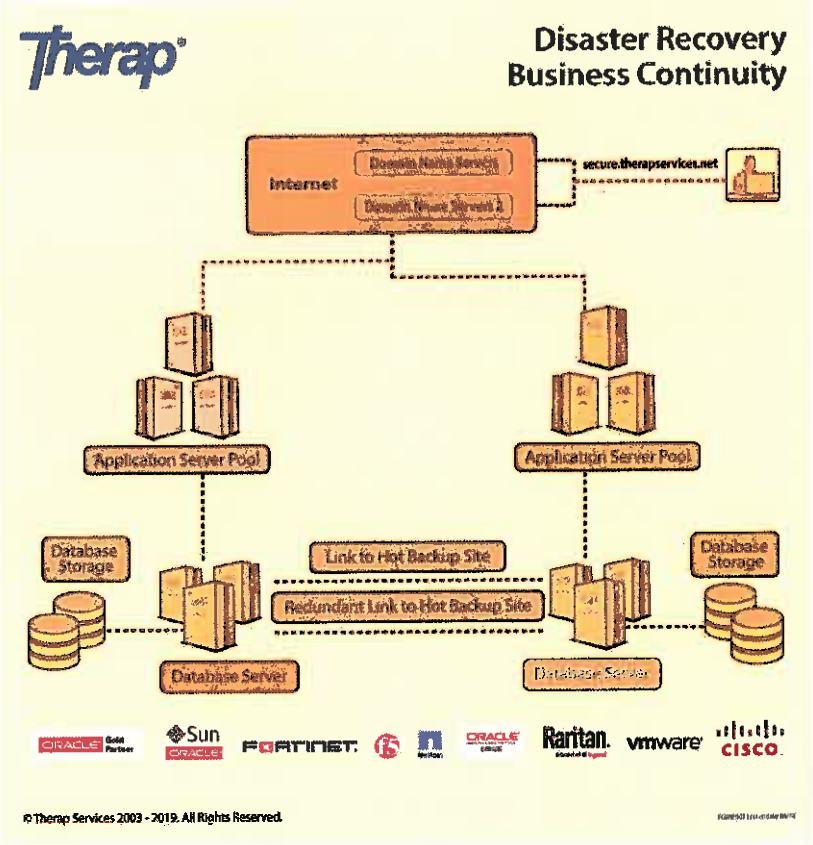
5. Business Continuity/Disaster Recovery

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.



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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

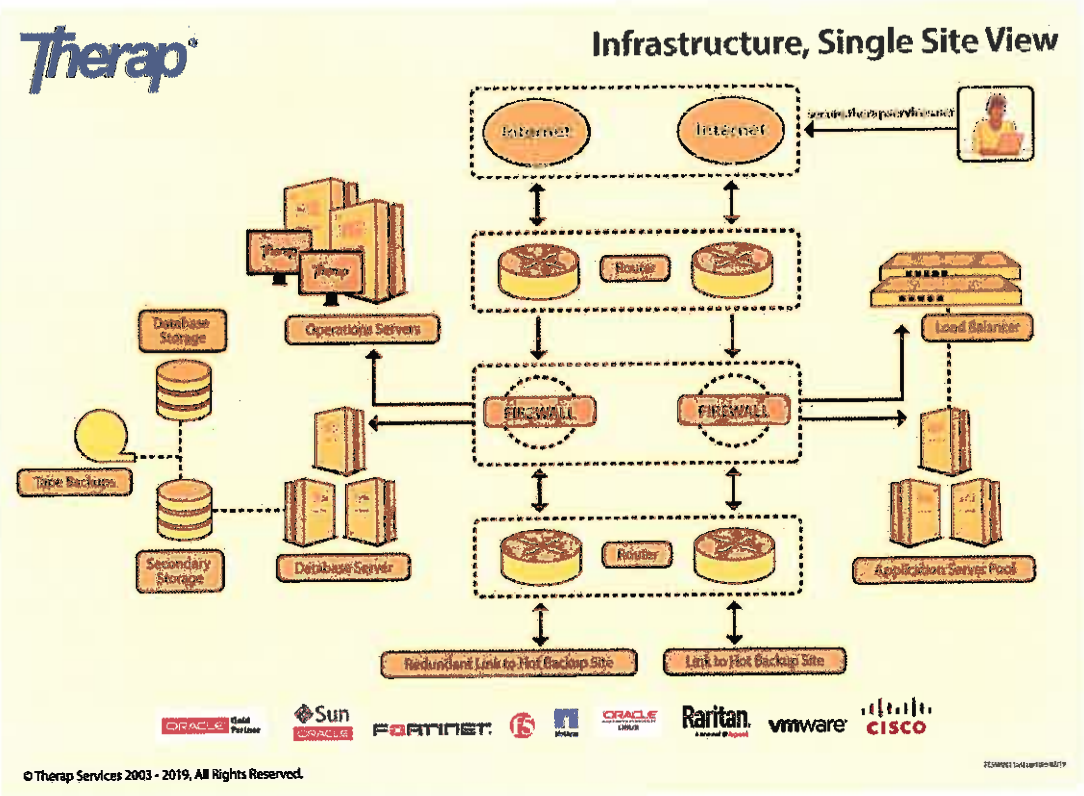
Within a given site, 4 major components comprise the network and computing infrastructure:

- 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

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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.

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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

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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).

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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

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Watertown Avenue, Suite 3, Waterbury, CT 06708-2240, USA, Phone 1-203-596-7553

Vendor Proposal

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Watertown Avenue, Suite 3, Waterbury, CT 06708-2240, USA, Phone: 1-203-596-7553

Title Page

RFP Subject: Request for Proposal for the design, development, implementation, maintenance, and operation of an Electronic Visit Verification (EVV) solution that also includes data aggregation from other third-party EW systems, which is compliant with the 21st Century Cures Act (Cures Act), to support various programs administered by DHHR.

RFP No.: CRFP 0511 BMS2000000001

Vendor's Name: Therap Services LLC

Business Address: 562 Watertown Avenue, Waterbury, CT 06708-2240, USA

Telephone No.: (203) 596-7553

Fax No.: (203) 757-5116

Name of Contact Person: Justin M. Brockie

Email Address: justin.brockie@therapservices.net

Vendor Signature:

Name (Printed): James M. Kelly

Title: Vice Chairman

Date: 03/08/2020

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFP 0511 BMS2000000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[X]	Addendum No. 1	[X]	Addendum No. 6
[X]	Addendum No. 2	[X]	Addendum No. 7
[X]	Addendum No. 3	[ ]	Addendum No. 8
[X]	Addendum No. 4	[ ]	Addendum No. 9
[X]	Addendum No. 5	[ ]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Therap Services LLC
Company

Authorized Signature

3/8/2020
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

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DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Justin M. Brockie, COO
(Name, Title)

Justin M. Brockie, COO
(Printed Name and Title)

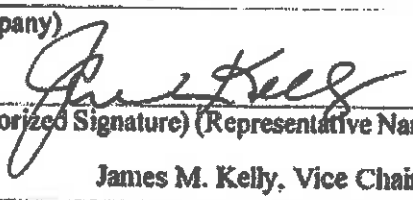
562 Watertown Avenue, Suite 3, Waterbury, CT 06708
(Address)

203 568 1362
(Phone Number) / (Fax Number)

justin.brockie@therapservices.net
(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Therap Services LLC
(Company)


(Authorized Signature) (Representative Name, Title)

James M. Kelly, Vice Chairman
(Printed Name and Title of Authorized Representative)

1/14/2020
(Date)

203 568 1361
(Phone Number) (Fax Number)

Executive Summary

Provide a high-level summary of the Vendor's response and proposed solution.

Therap Services LLC is pleased to respond to CRFP 0511 BMS2000000001RFP issued by The West Virginia Department of Administration (DOA), Purchasing Division for the West Virginia Department of Health and Human Resources Bureau for Medical Services.

Therap proposes to provide an overall EVV solution that combines high performing off-the-shelf software, third-party EW vendor integration, and complete data aggregation services. The fully vendor-hosted and supported solution will enable providers, agencies, members, direct care workers, and DHHR to become compliant with the Cures Act. These critical services will help minimize fraud, waste, and abuse while improving quality of services rendered in the home under Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), Personal Care Services (PCS), and Home Health Care Services (HHCS).

Therap is confident of its ability to fully deploy all EVV PCS functionality by January 1, 2021 and all EVV HHCS functionality by January 1, 2023.

Therap Services LLC was founded in 2003 as the developer of a web-based Commercial off the Shelf (COTS), Software as a Service (SaaS) solution. Therap has over 17 years of experience in providing COTS, SaaS software, specifically designed for organizations addressing the needs of special needs individuals and other populations requiring services and supports. Therap is used by over 6,000 providers and 19 state governments. We have more than 300,000 users using the system across 50 states and other jurisdiction. The Therap system supports case management, documentation, family support and direct services, scheduling, billing, and compliance activities. We are able to quickly implement our solution for states and have experience helping state agencies come into compliance with federal reporting and other quality assurance requirements.

Therap is a comprehensive and web based Electronic Health Record (EHR) system, offering a mobile application equipped with Electronic Visit Verification technology. Therap's mobile apps address the growing mobility of staff and offer intuitive data entry to prevent errors, provide data in near real-time, and offer ease of access for all levels of an 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. Support professionals directly record service data (e.g., date, duration of contact, scores and location) from their handheld devices. Each action taken by the user is marked with an electronic signature. The 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.

Therap's Electronic Visit Verification technology solution is integrated into the Therap suite of applications. Therap's applications provide the capability to verify visits. Therap validates data in real-time and stores it in the secure cloud with 24/7 accessibility. Service providers enter information at the point-of-care including begin and end times of service, location of service delivery, and other relevant information. We have read and understood the requirements and will work with to meet the needs.

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Therap has been studying the EVV requirements being issued in each state to determine the route of implementation being selected. We are aware of the aggregator requirements and the data capture requirements at the point of delivery. We have also taken part in working with aggregators in a number of states due to the recent emergence of the 21st Century Cures Act. With extensive research and knowledge in this aspect, we are confident in our ability to create an aggregator system which would meet the needs of the Department and help them meet state EVV requirements.

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Attachment 3
Vendor Qualification and Experience

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1. Organization Overview

This section of the Vendor's Technical Proposal should include details of the Vendor and subcontractor overview.

1.1 The Vendor's Technical Proposal should include: organization overview, corporate background, Vendor's experience in public sector, and certifications.

1.2 Vendor Overview

1.2.1 Provide all relevant information regarding the general profile of the Vendor.

Vendors are NOT to change any of the pre-filled cells in the following tables.

Table 18: Vendor Overview

Vendor Overview	
Company Name	Therap Services LLC
Name of Parent Company (If Applicable)	Not applicable
Industry (North American Industry Classification System [NAICS])	511210
Type of Legal Entity	Limited Liability Company
Company Ownership (e.g., Private/Public, Joint Venture)	Limited Liability Company
Number of Full-Time Employees	280
Last Fiscal Year Company Revenue	[redacted]
Last Fiscal Year Company Net Income	[redacted]
% of Revenue From State and Local Government Clients in the United States	The percentage of revenue from government clients in the US is challenging to identify due to a number of our government contracts that are at no cost and/or have been provided a very low rate as a special offer. However, the percentage of Therap's business based on the number of records of persons served is approximately 69% government contracts vs. other non government customers.
% of Revenue From IT Design and Implementation Services	As a SaaS COTS system Therap's cost model is based on an all inclusive, fixed subscription price. Therefore, we do not isolate and track revenue generation for IT Design and Implementation.
Number of Years in Business	17 years

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Number of Years Vendor has been Providing the Type of Services Specified in the request for proposal (RFP)	15 years
Number of Employees Providing the Type of Services Specified in the RFP	280
Headquarters in the United States	562 Watertown Avenue, Waterbury, CT 06708-2240, USA
Locations in the United States	562 Watertown Avenue, Waterbury, CT 06708-2240, USA

1.3 Subcontractor Overview (if applicable)

1.3.1 If the proposal includes the use of Subcontractor(s), provide all relevant information regarding the profile of each Subcontractor. This section may be duplicated in its entirety and a page created per Subcontractor included.

Vendors are NOT to change any of the pre-filled cells in the following tables.

Therap will not be using subcontractors for the work to be performed under this contract. We have not filled out Table 19: Subcontractor Overview.

Table 19: Subcontractor Overview

Subcontractor Overview	
Company Name	
Name of Parent Company (if applicable)	
Industry NAICS	
Type of Legal Entity	
Company Ownership (e.g., Private/Public, Joint Venture)	
Number of Full-Time Employees	
Last Fiscal Year Company Revenue	
Last Fiscal Year Company Net Income	
% of Revenue From State and Local Government Clients in the United States	

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% of Revenue From IT Design and Implementation Services	
Number of Years in Business	
Number of Years Vendor Has Been Providing the Type of Services Specified in the RFP	
Number of Employees Providing the Type of Services Specified in the RFP	
Headquarters in the United States	
Locations in the United States	

2. Mandatory Qualifications

This section details the mandatory qualifications. The Vendor must complete this section to demonstrate that it has the experience needed to meet requirements set forth in this RFP.

- **2.1 Table 20: Mandatory Qualifications below lists each mandatory qualification, the Vendor must note whether it meets the qualification and provide narrative demonstrating fulfillment of the requirement.**
- **2.2 The Vendor must list each project experience separately and completely every time it is referenced.**

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Table 20: Mandatory Qualifications

Mandatory Qualification Item(s)	Provide A Brief Narrative To Demonstrate Fulfillment Of Requirement
The Vendor must demonstrate experience within the last three (3) years as the prime contractor for at least three (3) federal, state, local government or private healthcare entities where the proposed solution of similar size and scope is currently being or has been implemented.	Therap is the prime contractor for the following three state contracts that are similar in size and scope to the DHHR EVV proposal: • Therap has worked as the prime contractor for the South Dakota Department of Human Services, 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 has recently been awarded a contract with South Dakota's Division of Long Term Services & Supports to replace their existing case management system and legacy billing processes, and statewide Electronic Visit Verification using Therap's Scheduling/EVV modules. Therap is also implementing the interRAI Home Care Assessment tool. As of January 1, 2020, SD LTSS will be rolling out their EVV implementation for services as required by CMS and State policy. Over 260 agencies will be using the solution under this contract. • Therap has worked as the prime contractor for the State of Nebraska, Dept of Health & Human Services, Division of Developmental Disabilities, and is responsible for supporting activities associated with design, implementation of the solution, maintenance, training, and ongoing support throughout the term of the contract. The solution is in use by over 90 agencies and 1,600 independent providers since the contract began in March 2011. • Therap has worked as the prime contractor for the State of North Dakota, Department of Human Services, Developmental Disabilities Division, and is responsible for supporting activities associated with design, implementation of the solution, maintenance, training, and ongoing support throughout the term of the contract. The state has published to sole source Therap for their Aging Division. Therap will be including EVV as part of

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	their services beginning of 2020, as required by CMS and State policy. The solution is in use by over 40 agencies/providers since the contract began in July 2010.
The Vendor must demonstrate at least three (3) years' experience in Medicaid and Health and Human Services.	Therap is an industry leader and is built on 17 years of experience in implementing a COTS SaaS solution designed to meet the unique needs of documentation for services for patients with behavioral health needs and and in-patient care. Therap is being used by over 6,000 agencies in 50 states and other US jurisdiction. We have 18 state contracts, and are we are mandated in several states for our case management and incident reporting services.
The Vendor must include at least three (3) references from projects performed within the last three (3) years that demonstrate the Vendor's ability to perform the scope of work described in the RFP. Vendors may only use one (1) reference per project performed. DHHR strongly prefers three (3) references from different state engagements where the proposed solution is currently or has been implemented. Note, because this item is a mandatory requirement, it will not be scored.	Below are the references of three state contracts where Therap has been a prime contractor: 1. **Name & Title:** Yvette Thomas, Director **Agency:** State of South Dakota, Department of Human Services, Division of Long Term Services & Supports **Address:** 223 S. Van Eps Ave. Suite 201, Madison, SD 57042-2855 **Telephone Number:** 605-773-3656 **Email:** yvette.thomas@state.sd.us 2. **Name & Title:** Courtney Miller, State DD Director **Agency:** State of Nebraska, Dept of Health & Human Services, Division of Developmental Disabilities **Address:** 301 Centennial Mall South, Lincoln, Nebraska 68509-5026 **Telephone Number:** 402-471-8416 **Email:** courtney.miller@nebraska.gov 3. **Name & Title:** Tina M. Bay, Assistant Director **Agency:** State of North Dakota, Department of Human Services, Developmental Disabilities Division **Address:** 1237 West Divide Avenue, Bismarck, ND 58501-1208 **Telephone Number:** 701-255-2851 Ext: 111 **Email:** tbay@nd.gov

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The solution proposed by the Vendor must have been previously implemented successfully in a State environment.	Therap has extensive experience in developing large state projects, implementing the system for state and multi-state provider agencies, meeting state requirements, and providing training and support through the duration of a project. We have 18 state contracts, and are we are mandated in several states for our case management and incident reporting services.
The Vendor must have at least three (3) years' experience in operation of the proposed solution with similar size and scope to the State's in compliance with all Federal and State regulations.	Therap is being used by over 6,000 providers in 50 states and other US jurisdiction. We have 18 state contracts, and are we are mandated in several states for our case management and incident reporting services. The solution has been in use in the State of Nebraska since March 2011, and the State of North Dakota since July 2010.

3. **Existing Business Relationships with the State**
   - 3.1 **Describe any existing or recent (within the last five [5] years) business relationships the Vendor or any of its affiliates or proposed Subcontractors have with the State, the State's counties, and/or the State's local municipalities.**
   - 3.2 In the State of West Virginia, Therap's electronic health record system is being used by three medicaid provider organizations. Two of the agencies have been using the system for over a decade.

4. **Business Disputes**
   - 4.1 **Provide details of any disciplinary actions and denote any that are pending litigation or Terminated for Cause or Convenience and associated reasons. Also denote any other administrative actions taken by any jurisdiction or person against the Vendor. List and summarize all judicial or administrative proceedings involving your sourcing activities, claims of unlawful employment discrimination, and anti-trust suits in which you have been a party within the last five (5) years. If the Vendor is a subsidiary, submit information for all parent companies. If Vendor uses Subcontractors, associated companies, or consultants that will be involved in any phase of this project, each of these entities will submit this information as part of the response.**
   - 4.2 Therap currently has no business dispute with another entity. Therap does not have a parent company and will not be proposing any subcontractors for this proposal.

5. **References**

The Department of Health and Human Resources (DHHR) will conduct reference checks to verify and validate the past performance of the Vendor and its proposed Subcontractors.

- 5.1 **Vendor (Prime) References Form**
  - 5.1.1 **Include at least three (3) references from projects performed within the last three (3) years that demonstrate the Vendor's ability to perform the scope**

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of work described in this RFP.

5.1.2 The Vendor should provide three (3) different clients/projects in order to demonstrate its experience.

5.1.3 Vendor should include project description, contract dates, and contact information (customer points of contact, addresses, telephone numbers, and email addresses).

5.1.4 The Vendor should explain whether it performed the work as a prime contractor or as a subcontractor.

5.1.5 The Vendor should provide a response using Table 21: Vendor References. The Vendor may add additional Reference Tables as necessary.

Vendors are NOT to change any of the pre-filled cells in the following tables.

Table 21: Vendor References

Vendor Information		
Vendor Name: Therap Services	**Contact Name:**	Justin M. Brockie
	Contact Phone:	(203) 596-7553
Customer Information		
Customer Organization: State of South Dakota, Department of Human Services, Division of Long Term Services & Supports	**Contact Name:**	Yvette Thomas
	Contact Title:	Director
Customer Address: 223 S. Van Eps Ave. Suite 201, Madison, SD 57042-2855	**Contact Phone:**	605-773-3656
	Contact Email:	yvette.thomas@state.sd.us
Project Information		
Total Vendor Staff:	Approximately 30	
Project Objectives: The South Dakota Department of Human Services Division of Long Term Services and Supports (LTSS) was seeking an integrated web-based IT solution for Case Management documentation and Electronic Visit Verification as a replacement for their current case management system and support Document Generation and Storage, Comprehensive Service Coordination, Self-directed Service Coordination, Intake Process, Needs Analysis, Care Coordination and Planning, Provider Management, Provide Access, Service Tracking, Outcome Measures, Electronic Visit Verification, Claims Processing against Department Medicaid Waivers and Non-Medicaid Programs, Tracking of Incident Reports and Complaints, Task Tracking, Member Cost Shares and Fee Slips and Reporting.		

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Project Description: Therap has worked as the prime contractor for this project, 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 has recently been awarded a contract with South Dakota's Division of Long Term Services & Supports to replace their existing case management system and legacy billing processes, and state-wide Electronic Visit Verification using Therap's Scheduling/EVV modules. Therap is also implementing the interRAI Home Care Assessment tool. As of January 1, 2020, SD LTSS has rolled out their EVV implementation for services as required by CMS and State policy. Over 260 agencies has started using the solution under this contract.
Vendor's Involvement: Therap is a prime contractor for this project.
Project Benefits: The system provides a cost effective Case Management and Information and Referral SaaS solution for LTSS configured to meet rules, workflows, and needs of the State. It is a tool used to prevent fraud, meet 21st Century CURES Act mandates, increase efficiency, ensure that authorized users have ready access to data they need to perform their responsibility, facilitate reporting and trends analysis, improve management planning, and enhance communication system-wide.

Key Personnel	
Name: Jeffrey Covington	**Role:** Project Manager
Name: Nadine Sturgess	**Role:** Director of Billing and Special Projects
Project Measurements:	
Estimated one-time costs: $0.00	**Actual one-time costs:** $0.00
Reason(s) for change in one-time cost:	
N/A	
Original Value of Vendor's Contract: $0.00	**Actual Total Contract Value:** $0.00
Reason(s) for change in value: N/A	

Estimated Start & Completion Dates:	**From:**	January, 2018	**To:**	Present
Actual Start & Completion Dates:	**From**	January, 2018	**To:**	Present

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Reason(s) for difference between Estimated and Actual dates: N/A
If the Vendor performed the work as a subcontractor, the Vendor should describe the scope of subcontracted activities:

Vendor Information		
Vendor Name: Therap Services	**Contact Name:**	Justin M. Brockie
	Contact Phone:	(203) 596-7553
Customer Information		
Customer Organization: State of Nebraska, Dept of Health & Human Services, Division of Developmental Disabilities	**Contact Name:**	Courtney Miller
	Contact Title:	State DD Director
Customer Address: 301 Centennial Mall South, Lincoln, Nebraska 68509-5026	**Contact Phone:**	402-471-8416
	Contact Email:	courtney.miller@nebraska.gov

Project Information	
Total Vendor Staff:	Approximately 30

Project Objectives:
The State of Nebraska, Dept of Health & Human Services, Division of Developmental Disabilities was seeking an integrated web-based IT solution for statewide Case Management and Billing system. The state is now working with Therap to implement an Electronic Visit Verification (EVV) system.

Project Description:
Therap has worked as the prime contractor for the State of Nebraska, Dept of Health & Human Services, Division of Developmental Disabilities, and is responsible for supporting activities associated with design, implementation of the solution, maintenance, training, and ongoing support throughout the term of the contract. The solution is being used by over 90 agencies and 1,600 independent providers

Vendor's Involvement:
Therap is a prime contractor for this project.

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Project Benefits: The system has increased communication efficiency greatly in the state agencies along with the overall communication and quality.				
Key Personnel				
Name: Justin M. Brockie	**Role:** Project Lead			
Name: Tracy Linko	**Role:** Implementation Lead			
Project Measurements:				
Estimated one-time costs: $0.00	**Actual one-time costs:** $0.00			
Reason(s) for change in one-time cost:				
N/A				
Original Value of Vendor's Contract: Approximately $400,000 per year	**Actual Total Contract Value:** Approximately $3,600,000			
Reason(s) for change in value: Ongoing annual contract being extended due to custom satisfaction.				
Estimated Start & Completion Dates:	**From:**	March 2011	**To:**	Present
Actual Start & Completion Dates:	**From**	March 2011	**To:**	Present
Reason(s) for difference between Estimated and Actual dates: N/A				
If the Vendor performed the work as a subcontractor, the Vendor should describe the scope of subcontracted activities:				

Vendor Information		
Vendor Name: Therap Services	**Contact Name:**	Justin M. Brockie
	Contact Phone:	(203) 596-7553

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Customer Information		
Customer Organization: State of North Dakota, Department of Human Services, Developmental Disabilities Division	**Contact Name:**	Tina M. Bay
	Contact Title:	Assistant Director
Customer Address: 1237 West Divide Avenue, Bismarck, ND 58501-1208	**Contact Phone:**	701-255-2851 Ext: 111
	Contact Email:	tbay@nd.gov

Project Information	
Total Vendor Staff:	Approximately 30

Project Objectives:

The State of Nebraska, Dept of Health & Human Services, Division of Developmental Disabilities was seeking an integrated web-based IT solution for statewide Case Management and Billing system. The state is now working with Therap to implement an Electronic Visit Verification (EVV) system.

Project Description:

Therap has worked as the prime contractor for the State of North Dakota, Department of Human Services, Developmental Disabilities Division, and is responsible for supporting activities associated with design, implementation of the solution, maintenance, training, and ongoing support throughout the term of the contract. The state has published to sole source Therap for their Aging Division. Therap will be including EVV as part of their services beginning in 2020, as required by CMS and State policy.

Vendor's Involvement:

Therap is a prime contractor for this project.

Project Benefits:

The system has increased communication efficiency greatly in the state agencies along with the overall communication and quality.

Key Personnel	
Name: Sazzad Rafique	**Role:** Project Lead
Name: Deborah Brito	**Role:** Implementation Lead

Project Measurements:	
Estimated one-time costs: $0.00	**Actual one-time costs:** $0.00

Reason(s) for change in one-time cost:

N/A

Original Value of Vendor's Contract:	Actual Total Contract Value:
$762,000	$5,400,000

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Reason(s) for change in value: Ongoing annual contract extended due to customer satisfaction along with the addition of added functionality.				
Estimated Start & Completion Dates:	**From:**	July 2010	**To:**	Present
Actual Start & Completion Dates:	**From**	July 2010	**To:**	Present
Reason(s) for difference between Estimated and Actual dates: N/A				
If the Vendor performed the work as a subcontractor, the Vendor should describe the scope of subcontracted activities:				

5.2 Subcontractor References (if applicable)

5.2.1 If the Vendor's proposal includes the use of subcontractor(s), provide three (3) references for each subcontractor.

5.2.2 DHHR prefers references that demonstrate where the Prime and Subcontractors have worked together in the past.

Therap will not be using subcontractors for the work to be performed under this contract. We have not filled out Table 22: Subcontractor References.

Table 22: Subcontractor References

Subcontractor Information		
Vendor Name:	**Contact Name:**	
	Contact Phone:	
Customer Information		

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Customer Organization:	**Contact Name:**	
	Contact Title:	
Customer Address:	**Contact Phone:**	
	Contact Email:	
Project Information		
Total Vendor Staff:		
Project Objectives:		
Project Description:		
Vendor's Involvement:		
Project Benefits:		
Key Personnel		
Name: (Add more rows as needed)	**Role: (Add more rows as needed)**	
Name: (Add more rows as needed)	**Role: (Add more rows as needed)**	
Project Measurements:		
Estimated one-time costs:	**Actual one-time costs:**	
Reason(s) for change in one-time cost		
Original Value of Vendor's Contract:	**Actual Total Contract Value:**	
Reason(s) for change in value:		

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Watertown Avenue, Suite 3, Waterbury, CT 06708-2240, USA, Phone: 1-203-596-7553

Estimated Start & Completion Dates:	**From:**		**To:**	
Actual Start & Completion Dates:	**From:**		**To:**	
Reason(s) for difference between Estimated and Actual dates:				
If the Vendor performed the work as a Subcontractor, the Vendor should describe the scope of subcontracted activities:				

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Watertown Avenue, Suite 3, Waterbury, CT 06708-2240, USA, Phone: 1-203-596-7553

6. Financial Stability

The Vendor should provide the following components for this section:

6.1 Dun & Bradstreet (D&B) Ratings

6.1.1 The Vendor should provide the industry standard Dun & Bradstreet (D&B) ratings that indicate its financial strength and creditworthiness, assigned to most U.S. and Canadian firms (and some firms of other nationalities) by the U.S. firm D&B. These ratings are based on a firm's worth and composite credit appraisal. Additional information is given in credit reports (published by D&B) that contain the firm's financial statements and credit payment history.

6.1.2 Therap's D&B report generated as of January 2020 has been provided below. The report outlines the ratings that indicate Therap's financial strength and creditworthiness.

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dun&bradstreet

CreditBuilder™

THERAP SERVICES, LLC - Full Company View | **Saved by James Kelly | 01-13-2020**

Report as of: 01-13-2020

THERAP SERVICES, LLC

GLOBAL ULTIMATE

Address: 562 Watertown Ave Ste 3, Waterbury, CT, 06708, UNITED STATES

Alerts:

Risk Assessment

D&B Guidance

Overall Business Risk

LOW	LOW-MODERATE	MODERATE	MODERATE-HIGH	HIGH

Maximum Credit Recommendation

US$ 135,000

The recommended limit is based on a low probability of severe delinquency.

Dun & Bradstreet Thinks...

- Overall assessment of this company: **STABLE CONDITION**
- Based on the perceived sustainability of this company: **HIGH LIKELIHOOD OF CONTINUED OPERATIONS**
- Based on the payment behavior of this company: **LOW-POTENTIAL-FOR-SEVERELY-DELINQUENT-PAYMENTS**

PAYDEX® Score

Based on 24 months of data

80

Low Risk (100) High Risk (1)

Based on a D&B PAYDEX® Score of 80

Risk of Slow Pay
Low

Payment Behavior
Pays on time

Business and Industry Trends

Understand My Score

Payment History

Total Last 24 Months: 37

View All

Date of Experience	Payment Status	Selling Terms	High Credit (US$)	Now Owes (US$)	Past Due (US$)	Months Since Last Sale
12/19	-	Cash account	50	0	0	1
12/19	-	Cash account	50	0	0	Between 6 and 12 Months
12/19	-	Cash account	100	-	-	Between 2 and 3 Months
12/19	-	Cash account	500	0	0	Between 6 and 12 Months
12/19	-	-	100,000	0	0	1

Keys

PAYDEX®	Payment Practices
100	Anticipate
90	Discount
80	Prompt
70	15 Days Beyond Terms
60	22 Days Beyond Terms
50	30 Days Beyond Terms
40	60 Days Beyond Terms
30	90 Days Beyond Terms
20	120 Days Beyond Terms
1-19	Over 120 Days Beyond Terms
UN	Unavailable

Delinquency Predictor Score

88

Low Risk (100) High Risk (1)

Based on a D&B Delinquency Predictor Percentile of 33

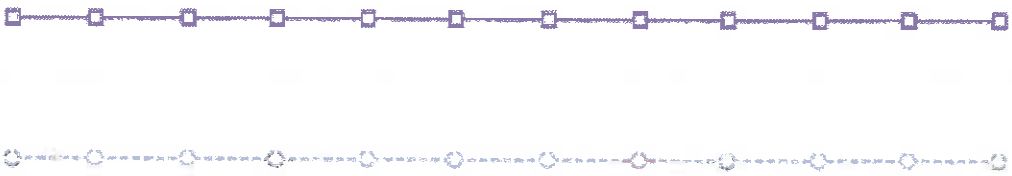
Score	Class
572 --	2

Factors Affecting Your Score:

- Higher risk industry based on delinquency rates for this industry
- Evidence of open liens

Level of risk	Probability of Delinquency	Compared to Businesses in D&B Database
Low-Moderate	1.76%	10.2%

Business and Industry Trends



Financial Stress Score

87

Low Risk (100) High Risk (1)

Based on a D&B Financial Stress Percentile of

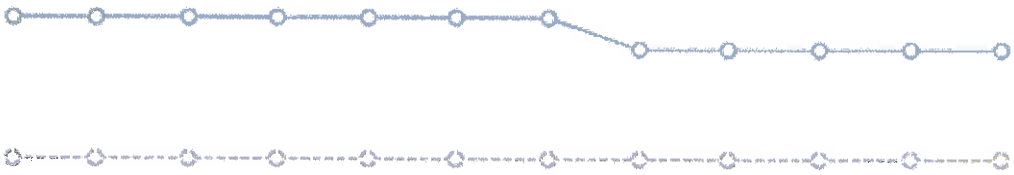
Score	Class
1546	2

Factors Affecting Your Score:

- Low proportion of satisfactory payment experiences to total payment experiences
- UCC Filings reported
- Composite credit appraisal is rated fair
- Business does not own facilities
- Higher risk legal structure

Level of risk	Probability of Failure	Average Probability of Failure for Businesses in D&B Database
Low-Moderate	0.08%	0.48%

Business and Industry Trends



Supplier Evaluation Risk Rating

Based on 24 months of data

1

Low Risk (1) High Risk (9)

Factors Affecting Your Score:

- Evidence of open liens

Business and Industry Trends

D&B Rating

Current Rating as of 12 03 2015		Previous Rating	
Employee Size	**Risk Indicator**	**Employee Size**	**Risk Indicator**
1R	3	1R	2 Low Risk
10 employees and over	Moderate Risk	10 employees and over	

D&B Viability Rating

Portfolio Comparison Score

1

Low Risk (1) High Risk (9)

Level of risk
Low

Rating Confidence Level
Robust Predictions

Probability of becoming no longer viable	Percentage of businesses ranked with this score	Average probability of becoming no longer viable
2%	11%	5%

Viability Score

2

Low Risk (1) High Risk (9)

Level of risk
Low

Probability of becoming no longer viable	Percentage of businesses ranked with this score
2%	14%

Average probability of becoming no longer viable
4%

Data Depth Indicator

B

Predictive (5) Descriptive (6)

- Rich Firmographics
- Extensive Commercial Trading Activity
- Basic Financial Attributes

Company Profile

	Financial Data	Trade Payments	Company Size	Years in Business
G	Not Available	Available	Large	Established

Compared to ALL US Businesses within the D&B Database:

- Financial Data : Not Available
- Trade Payments : Available: 3+Trade
- Company Size : Large: Employees:50+ or Sales: $500K+
- Years in Business : Established: 5+

Trade Payments

Trade Payments Summary

Overall Payment Behavior
0
Pays on time

% of Trade Within Terms
100%

Highest Past Due
US$ 0

Highest Now Owing:
US$ 15,000

Total Trade Experiences:
37
Largest High Credit:
US$ 100,000
Average High Credit:
US$ 4,996

Total Unfavorable Comments :
0
Largest High Credit:
US$ 0

Total Placed in Collections:
0
Largest High Credit:
US$ 0

Trade Payments By Credit Extended

Dispute Payments

Range of Credit Extended (US$)	Number of Payment Experiences	% Within Terms
100,000 -	0	0
50,000 - 99,999	0	0
15,000 - 49,999	2	100
5,000 - 14,999	4	100
1,000 - 4,999	4	100
- 999	4	100

Trade Payments By Industry

Industry Category	Number of Payment Experiences	Largest High Credit (US$)	% Within Terms (Expand to View)
48 - Communications	2	7,500	
4812 - Radiotelephone commun	1	7,500	100
4813 - Telephone communictns	1	500	100
59 - Miscellaneous Retail	1	100	
5943 - Ret stationery	1	100	100
60 - Depository Institutions	1	100	
6021 - Natnl commercial bank	1	100	100
61 - Nondepository Credit Institutions	1	15,000	
6159 - Misc business credit	1	15,000	100
73 - Business Services	5	0	
7389 - Misc business service	5	0	100
87 - Engineering Accounting Research Management and Related Services	1	25,000	
8741 - Management services	1	25,000	100
96 - Administration of Economic Programs	1	250	
9651 - Reg misc comi sector	1	250	100
99 - Nonclassifiable Establishments	2	7,500	
9999 - Nonclassified	2	7,500	100

Trade Lines

Date of Experience	Payment Status	Selling Terms	High Credit (US$)	Now Owes (US$)	Past Due (US$)	Months Since Last Sale
12/19	-	Cash account	50	0	0	1
12/19	-	Cash account	50	0	0	Between 6 and 12 Months
12/19	-	Cash account	100	-	-	Between 2 and 3 Months
12/19	-	Cash account	500	0	0	Between 6 and 12 Months
12/19	-	-	100,000	0	0	1
12/19	Pays Promptly	-	100	0	0	Between 6 and 12 Months
12/19	Pays Promptly	-	7,500	100	0	1
12/19	Pays Promptly	-	-	5,000	0	1
12/19	Pays Promptly	-	-	5,000	0	1
12/19	Pays Promptly	-	-	1,000	0	1
12/19	Pays Promptly	-	-	1,000	0	1
12/19	Pays Promptly	-	-	1,000	0	1
11/19	-	Cash account	50	-	-	Between 6 and 12 Months
11/19	-	Cash account	100	-	-	1
11/19	-	Cash account	750	-	-	1
11/19	Pays Promptly	-	500	0	0	1
11/19	Pays Promptly	-	7,500	7,500	0	1
10/19	-	Cash account	50	-	-	1
10/19	-	Cash account	350	-	-	Between 6 and 12 Months
10/19	-	Cash account	-	-	-	Between 6 and 12 Months

10/19	Pays Promptly	-	15,000	15,000	0	1
09/19	-	Cash account	500	-	-	Between 2 and 3 Months
09/19	-	Cash account	1,000	-	-	Between 2 and 3 Months
07/19	-	Cash account	100	-	-	1
06/19	-	Cash account	50	-	-	Between 4 and 5 Months
06/19	-	-	5,000	0	0	1
05/19	-	Cash account	50	-	-	Between 4 and 5 Months
05/19	-	Cash account	2,500	-	-	1
04/19	-	Cash account	50	-	-	1
04/19	-	Cash account	50	-	-	1
02/19	-	Cash account	0	0	0	Between 6 and 12 Months
11/18	Pays Promptly	-	1,000	0	0	Between 6 and 12 Months
10/18	-	Cash account	250	-	-	1
08/18	cash own option	Cash account	50	-	-	Between 6 and 12 Months
08/18	satisfactory	-	250	-	-	1
04/18	Pays Promptly	NSO	100	0	0	Between 6 and 12 Months
01/18	Pays Promptly	-	25,000	0	0	Between 6 and 12 Months

Legal Events

The following Public Filing data is for information purposes only and is not the official record. Certified copies can only be obtained from the official source.

Judgments	Liens	Suits	UCC Filings
0	5	0	14

Latest Filing: -	Latest Filing: 09-16-2019	Latest Filing: -	Latest Filing: 04-25-2017

Events

Lien - Tax Lien — Dispute Lien

Filing Date	09-16-2019
Filing Number	2428/3173
Status	Open
Date Status Attained	09-16-2019
Received Date	11-06-2019
Amount	
Debtors	THERAP SERVICES LLC
Creditors	SOUTH CAROLINA DEPARTMENT OF REVENUE
Court	RICHLAND COUNTY REGISTER OF DEEDS, COLUMBIA, SC

Lien - Tax Lien

Filing Date	06-13-2019
Filing Number	2401/2072
Status	Open
Date Status Attained	06-13-2019
Received Date	07-11-2019
Amount	
Debtors	THERAP SERVICES LLC
Creditors	SOUTH CAROLINA DEPARTMENT OF REVENUE
Court	RICHLAND COUNTY REGISTER OF DEEDS, COLUMBIA, SC

Lien - Tax Lien

Filing Date	05-31-2018

Filing Number	A-67250933
Status	Open
Date Status Attained	05-31-2018
Received Date	06-08-2018
Amount	
Debtors	THERAP SERVICES LLC
Creditors	DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
Court	HONOLULU COUNTY BUREAU OF CONVEYANCES, HONOLULU, HI

Lien - Tax Lien

Filing Date	12-27-2016
Filing Number	A-62050612
Status	Open
Date Status Attained	12-27-2016
Received Date	06-07-2018
Amount	
Debtors	THERAP SERVICES LLC
Creditors	DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
Court	HONOLULU COUNTY BUREAU OF CONVEYANCES, HONOLULU, HI

Lien - Tax Lien

Filing Date	12-02-2016
Filing Number	1616-MC18056
Status	Open
Date Status Attained	12-02-2016
Received Date	06-07-2018
Amount	
Debtors	THERAP SERVICES LLC

Creditors	DEPARTMENT OF REVENUE-COLLECTION ENFORCEMENT
Court	JACKSON COUNTY CIRCUIT COURT, KANSAS CITY, MO

UCC Filing - Original

Dispute UCC Filing

Filing Date	04-25-2017
Filing Number	0003175869
Received Date	05-02-2017
Collateral	Leased Equipment and proceeds
Secured Party	CISCO SYSTEMS CAPITAL CRP, WAYNE, PA
Debtors	THERAP SERVICES, LLC
Filing Office	UCC COMMERCIAL RECORDING DIVISION, HARTFORD, CT

UCC Filing - Assignment

Filing Date	01-19-2016
Filing Number	20160361760
Received Date	02-18-2016
Original Filing Date	11-12-2015
Original Filing Number	2015 5308225
Secured Party	BANC OF AMERICA LEASING & CAPITAL, LLC, CHICAGO, IL
Secured Party	ORACLE CREDIT CORPORATION, REDWOOD SHORES, CA
Debtors	THERAP SERVICES, LLC
Filing Office	SECRETARY OF STATE/UCC DIVISION, DOVER, DE

UCC Filing - Original

Filing Date	11-12-2015
Filing Number	2015 5308225
Received Date	02-09-2016
Secured Party	ORACLE CREDIT CORPORATION, REDWOOD SHORES, CA

Debtors	THERAP SERVICES, LLC
Filing Office	SECRETARY OF STATE/UCC DIVISION, DOVER, DE

UCC Filing - Original

Filing Date	02-20-2015
Filing Number	0003041052
Received Date	03-24-2015
Collateral	Computer equipment - Equipment
Secured Party	LEAF CAPITAL FUNDING, LLC AND/OR ITS ASSIGNS, PHILADELPHIA, PA
Debtors	THERAP SERVICES, LLC
Filing Office	UCC COMMERCIAL RECORDING DIVISION, HARTFORD, CT

UCC Filing - Original

Filing Date	01-14-2015
Filing Number	0003036128
Received Date	02-06-2015
Collateral	Equipment and proceeds
Secured Party	CISCO SYSTEMS CAPITAL CRP, WAYNE, PA
Debtors	THERAP SERVICES, LLC
Filing Office	UCC COMMERCIAL RECORDING DIVISION, HARTFORD, CT

UCC Filing - Original

Filing Date	11-07-2014
Filing Number	2014 4503389
Received Date	12-05-2014
Collateral	Computer equipment
Secured Party	ORACLE CREDIT CORPORATION, REDWOOD SHORES, CA
Debtors	THERAP SERVICES, LLC

Filing Office	SECRETARY OF STATE/UCC DIVISION, DOVER, DE

UCC Filing - Assignment

Filing Date	11-07-2014
Filing Number	2014 4503942
Received Date	12-05-2014
Original Filing Number	2014 4503389
Secured Party	BANC OF AMERICA LEASING & CAPITAL, LLC, CHICAGO, IL
Secured Party	ORACLE CREDIT CORPORATION
Debtors	THERAP SERVICES, LLC
Filing Office	SECRETARY OF STATE/UCC DIVISION, DOVER, DE

UCC Filing - Original

Filing Date	09-15-2014
Filing Number	0003015573
Received Date	10-31-2014
Collateral	Equipment and proceeds
Secured Party	CISCO SYSTEMS CAPITAL CRP, WAYNE, PA
Debtors	THERAP SERVICES, LLC
Filing Office	UCC COMMERCIAL RECORDING DIVISION, HARTFORD, CT

UCC Filing - Original

Filing Date	09-11-2014
Filing Number	0003009865
Received Date	09-29-2014
Collateral	Equipment and proceeds
Secured Party	CISCO SYSTEMS CAPITAL CRP, WAYNE, PA
Debtors	THERAP SERVICES, LLC

Filing Office	UCC COMMERCIAL RECORDING DIVISION, HARTFORD, CT

UCC Filing - Original

Filing Date	12-19-2013
Filing Number	2013 5031753
Received Date	01-10-2014
Collateral	AGREEMENT
Secured Party	ORACLE CREDIT CORPORATION, REDWOOD SHORES, CA
Debtors	THERAP SERVICES, LLC
Filing Office	SECRETARY OF STATE/UCC DIVISION, DOVER, DE

UCC Filing - Assignment

Filing Date	12-19-2013
Filing Number	2013 5035275
Received Date	01-10-2014
Original Filing Date	12-19-2013
Original Filing Number	2013 5031753
Secured Party	BANC OF AMERICA LEASING & CAPITAL, LLC, CHICAGO, IL
Secured Party	ORACLE CREDIT CORPORATION, REDWOOD SHORES, CA
Debtors	THERAP SERVICES, LLC
Filing Office	SECRETARY OF STATE/UCC DIVISION, DOVER, DE

UCC Filing - Original

Filing Date	08-12-2013
Filing Number	0002952231
Received Date	09-26-2013
Collateral	Equipment and proceeds
Secured Party	CISCO SYSTEMS CAPITAL CRP, WAYNE, PA

Debtors	THERAP SERVICES, LLC
Filing Office	UCC COMMERCIAL RECORDING DIVISION, HARTFORD, CT

UCC Filing - Assignment

Filing Date	11-03-2011
Filing Number	2011 4248939
Received Date	11-28-2011
Collateral	AGREEMENT and proceeds
Original Filing Date	10-04-2011
Original Filing Number	2011 3803197
Secured Party	BANC OF AMERICA LEASING & CAPITAL, LLC, CHICAGO, IL
Secured Party	ORACLE CREDIT CORPORATION, REDWOOD SHORES, CA
Debtors	THERAP SERVICES, LLC
Filing Office	SECRETARY OF STATE/UCC DIVISION, DOVER, DE

Special Events

There have been no Special Events reported for your company. If you have had a change in ownership or with officers of the company, please call customer service at 800-333-0505.

Ownership

Family Tree

Members in the Tree	Subsidiaries of this Company	Branches of this Company
2	1	0

Exclude Branches

Company Profile

Company Overview

D-U-N-S
14 219 0417

Mailing Address
United States

Employees
50

Legal Form
Corporation (US)

Telephone
(203) 596 7553

Age (Year Started)
17 years (2003)

Date Incorporated
January 7, 2003

Website
www.therapservices.net

Named Principal
RICHARD A ROBBINS, CEO CHM MGR

State of Incorporation
Delaware

Line of Business
Information retrieval services

Ownership
Not publicly traded

Business Registration

Corporate and business registrations reported by the secretary of state or other official source as of: 10-28-2006
This data is for informational purposes only, certification can only be obtained through the Office of the Secretary of State.

Registered Name	THERAP SERVICES, LLC
Corporation Type	Corporation (US)
Business Commenced On	2003
State of Incorporation	DELAWARE
Registration ID	3811702
Registration Status	STATUS NOT AVAILABLE
Filing Date	01-07-2003
Where Filed	SECRETARY OF STATE/CORPORATIONS DIVISION

Registered Agent

Name	NATIONAL CORPORATE RESEARCH, LTD.
Address	615 SOUTH DUPONT HWY, DOVER, DE, 199010000

Principals

Officers

RICHARD A ROBBINS, CEO-CHM-MBR
JUSTIN BROCKIE, COO-MBR
JAMES M KELLY, V CHM-MBR

Directors

DIRECTOR(S): THE OFFICER(S)

Company Events

The following information was reported on: 06-15-2018

The Delaware Secretary of State's business registrations file showed that Therap Services, LLC was registered as a Limited Liability Company on January 7, 2003, under the file registration number 3611702. Although this company operates as a Limited Liability Company, the members have elected to use officer titles to denote areas of responsibility.

Business started 2003.

RICHARD A ROBBINS. 2003-present active here.

JUSTIN BROCKIE. 2005-present active here.

JAMES M KELLY. 2003-present active here.

AFFILIATES: The following are related through common principals, management and/or ownership: THERAP (BD.) LIMITED, Dhaka, Bangladesh Started '2004'. DUNS #731588061. Operates as provides computer software development.

Business Activities And Employees

The following information was reported on: 06-15-2018

Business Information

Description	Provides information retrieval services, specializing in data base information (100%). All sales cash. Sells to mostly non-profit agencies, some for-profit agencies and state government. Territory : United States.
Employees	50 which includes officer(s). Undetermined employed here.
Financing Status	Unsecured
Seasonality	Nonseasonal.

SIC/NAICS Information

SIC Codes	SIC Description	Percentage of Business
7375	Information retrieval services	-
73759901	Data base information retrieval	-

NAICS Codes	NAICS Description
519190	All Other Information Services

Government Activity Dispute Government Activity

Activity Summary

Borrower(Dir/Guar)	No
Administrative Debt	No
Contractor	No
Grantee	No
Party excluded from federal program(s)	No

Possible candidate for socio-economic program consideration

8(A) Firm	Yes
Labor Surplus Area	Yes (2019)
Small Business	Yes (2019)

Financials

D&B currently has no financial information on file for this company

Inquiries

Inquiries-Summary - 12 Month

Total number of Inquiries	Unique Customers
57	21

Inquiries-Summary

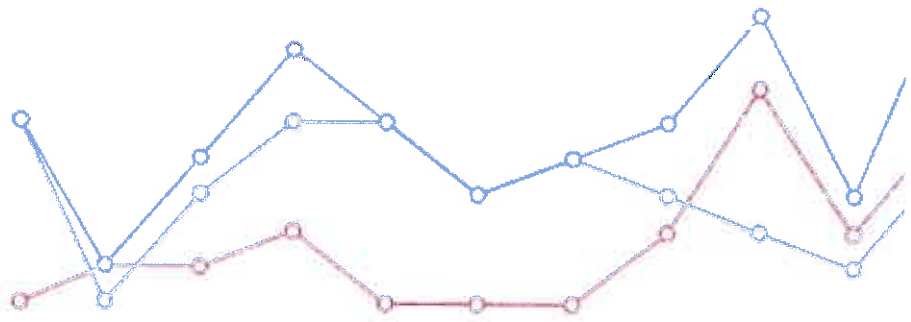
Over the past 12 months ending 1-2020, 57 individual requests for information on your company were received. The 57 inquiries were made by 21 unique customers indicating that some companies have inquired on your business multiple times and may be monitoring you. Of the total products purchased, 20, or 35 % came from the Finance, Insurance and Real Estate; 16, or 28 % came

from the Services; 10, or 17 % came from the Retail Trade; 5, or 8 % came from the Manufacturing; 4, or 7 % came from the Transportation, Communications, Electric, Gas and Sanitary Services;

SIC/Sector Type *Date*		
SERV - Services		
- Commercial nonphysical research	Sales & Marketing Solution	2019-12-24
- Commercial nonphysical research	D&B Risk Solution	2019-12-24
- Equipment rental and leasing, nec	General Data Request	2019-12-20
- Equipment rental and leasing, nec	D&B Risk Solution	2019-12-20
- Commercial nonphysical research	D&B Risk Solution	2019-12-15
- Commercial nonphysical research	Sales & Marketing Solution	2019-12-15
- Business services, nec	D&B Risk Solution	2019-12-12
- Commercial nonphysical research	D&B Risk Solution	2019-11-08
- Commercial nonphysical research	Sales & Marketing Solution	2019-10-19
- Commercial nonphysical research	D&B Risk Solution	2019-10-19
- Legal services	Sales & Marketing Solution	2019-10-10
- Legal services	Corporate Linkage Request	2019-10-10
- Custom computer programming services	D&B Risk Solution	2019-05-20
- Employment agencies	D&B Risk Solution	2019-04-11
- Employment agencies	General Data Request	2019-04-07
- Legal services	Corporate Linkage Request	2019-03-14
MANUF - Manufacturing		
- Electronic computers	Sales & Marketing Solution	2019-11-24
- Electronic computers	Sales & Marketing Solution	2019-11-06
- Electronic computers	Sales & Marketing Solution	2019-10-27
- Electronic computers	Sales & Marketing Solution	2019-10-26
- Radio and t.v. communications equipment	D&B Risk Solution	2019-05-17
PUBADMIN - Public Administration		
- General government, nec	D&B Risk Solution	2020-01-08
- General government, nec	Corporate Linkage Request	2020-01-07
RETLTRD - Retail Trade		
- Computer and software stores	D&B Risk Solution	2019-07-08
- Computer and software stores	D&B Risk Solution	2019-07-08
- Computer and software stores	D&B Risk Solution	2019-06-19
- Computer and software stores	D&B Risk Solution	2019-06-19
- Computer and software stores	D&B Risk Solution	2019-06-18
- Computer and software stores	D&B Risk Solution	2019-06-18
- Computer and software stores	D&B Risk Solution	2019-06-06
- Computer and software stores	D&B Risk Solution	2019-05-13
- Computer and software stores	D&B Risk Solution	2019-02-10
- Computer and software stores	D&B Risk Solution	2019-02-10
TCEGS - Transportation, Communications, Electric, Gas and Sanitary Services		
- Telephone communication, except radio	Sales & Marketing Solution	2019-12-31
- Telephone communication, except radio	Sales & Marketing Solution	2019-12-24
- Telephone communication, except radio	D&B Risk Solution	2019-04-13
- Telephone communication, except radio	D&B Risk Solution	2019-04-09
FIR - Finance, Insurance and Real Estate		

- National commercial banks	General Data Request	2019-10-03
- National commercial banks	D&B Risk Solution	2019-10-03
- Miscellaneous business credit institutions	D&B Risk Solution	2019-09-20
- Miscellaneous business credit institutions	D&B Risk Solution	2019-09-12
- Miscellaneous business credit institutions	D&B Risk Solution	2019-09-12
- Miscellaneous business credit institutions	General Data Request	2019-09-12
- Miscellaneous business credit institutions	Compliance Solution	2019-09-12
- Insurance agents, brokers, and service	D&B Risk Solution	2019-08-21
- Insurance agents, brokers, and service	Payment Report	2019-08-21
- Insurance agents, brokers, and service	D&B Risk Solution	2019-08-21
- Life insurance	D&B Risk Solution	2019-08-16
- Fire, marine, and casualty insurance	D&B Risk Solution	2019-07-31
- Miscellaneous business credit institutions	D&B Risk Solution	2019-05-13
- Miscellaneous business credit institutions	General Data Request	2019-05-13
- Miscellaneous business credit institutions	Compliance Solution	2019-05-13
- Miscellaneous business credit institutions	D&B Risk Solution	2019-05-13
- Accident and health insurance	D&B Risk Solution	2019-02-12
- Accident and health insurance	D&B Risk Solution	2019-02-12
- Accident and health insurance	D&B Risk Solution	2019-02-08
- Life insurance	D&B Risk Solution	2019-01-15

Inquiries Trends - 12 Month



Top-Five-Inquiries

By SIC Sector

Finance, Insurance and Real Estate	20
Services	16
Retail Trade	10
Manufacturing	5
Transportation, Communications, Electric, Gas and Sanitary Services	4

By Report Type

D&B Risk Solution	36
Sales & Marketing Solution	10
General Data Request	5
Corporate Linkage Request	3
Compliance Solution	2

All-Inquiries

Industry	Total Inquiries	Last 30 Days	Last 90 Days	Last 180 Days	Last 365 Days
Manufacturing	5	0	4	4	5
Transportation, Communications, Electric, Gas and Sanitary Services	4	2	2	2	4
Retail Trade	10	0	0	0	10
Finance, Insurance and Real Estate	20	0	0	12	20
Services	16	6	10	12	16
Public Administration	2	2	2	2	2

Peers Inquiries

Please add a peer from peers page to start the comparison.

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Therap has reviewed the requirement with the request id of 'MR001' outlined in Attachment 6: Mandatory Requirements, the response to which has been provided below.

MR001	All provided services must comply with the Department rules	Therap's applications are currently being used by over 6,000 providers across 50 states and other U.S. jurisdictions. Therap is mandated in 19 states through our state contracts. Our comprehensive solution can be used for tracking services, supports, health data, medical information, assessments, case management activities, and EVV. For each contract, we ensure that the agency policies, procedures, rules and workflows are incorporated into the business processes surrounding the usage of the system. Similarly, Therap will work with the Department to ensure that the services to be performed under a contract from this RFP will comply with Department rules. Notwithstanding anything to the contrary contained herein, the parties to this Agreement hereby acknowledge and agree that: (i) 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 software as a service in the field of maintenance of electronic health records in connection with monitoring the care and services provided to individuals; and (ii) in any and all circumstances Therap retains exclusive rights and ownership over all of its proprietary applications, software, know-how and information, including enhancements and improvements thereto, whether patentable or unpatentable, whether already developed or only proposed, and whether created during the term of this Agreement or at some other time. Although Therap's customers are permitted to use and benefit from its software and applications while they are customers of Therap, all ownership rights therein are retained by Therap.

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Attachment 4
Project Organization and Staffing Approach

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1. Instructions

Staffing strategies are to be employed by the Vendor to ensure all requirements and service levels are met to the satisfaction of the Department of Health and Human Resources (DHHR).

1.1 The evaluation of the Vendor's staffing approach shall be based on the ability of the Vendor to satisfy the requirements stated herein. Therefore, the Vendor should present detailed information regarding the expertise of the proposed staff and an Initial Staffing Plan.

1.2 For ease of formatting and evaluation, *Attachment 4: Project Organization and Staffing Approach* provides the required outline for the Vendor's response to staffing.

1.2.1 The Vendor's response to the following should not exceed 25 pages, excluding key personnel resumes and the forms provided in this Attachment.

1.2.2 Refer to request for proposal (RFP) *Section 4.7.1 Qualifications and Experience* for the details pertaining to staff qualifications, experience, and responsibilities.

2. Initial Staffing Plan

2.1 As part of the Vendor's bid response, the Vendor should provide an Initial Staffing Plan. In addition to the requirements described in *Appendix 1: Detailed Specifications*, the Vendor's narrative description of its proposed Initial Staffing Plan should include the following:

2.1.1 A succinct description of the Vendor's proposed project team and should exhibit the Vendor's ability and capability to provide knowledgeable, skilled, and experienced personnel to accomplish the Scope of Work (SOW) as described in this RFP.

2.1.2 A detailed proposal for providing all resources necessary to fulfill the requirements as specified in this RFP. This includes details covering both key and support staff.

2.1.3 Organization charts for implementation and maintenance stages showing both the Vendor staff and their relationship to DHHR staff that will be required to support the project. The organization chart should denote all key staff for this project, and a summary of each key member's high-level responsibilities.

2.1.4 A narrative describing tools and processes used to screen available staff to fill positions. In addition, a narrative describing the process for replacing key staff within defined timeframes and procedures for backfilling key staff during any transition.

2.1.5 Resumes (maximum two pages each) for the key staff and any additional staff members the Vendor will have assigned to this project including their licenses, credentials, and experience. DHHR considers the key staff resumes as a key indicator of the Vendor's understanding of the skill sets required for each staffing area.

2.1.6 A letter of intent for each proposed staff member not currently employed by the Vendor. Each letter of intent should be signed by the named

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individual, indicating that the individual is willing to accept employment if the Vendor is awarded the contract.

2.1.7 A description and organizational diagram of the proposed staffing for each phase of the project.

2.1.8 Identification of subcontractor staff, if applicable.

2.2 Therap's project management team has extensive experience in successfully developing and implementing large projects. Based on Therap's experience of 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 that 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.

We have attached a draft Initial Staffing Plan below that shows the staffing levels estimated by different staff by month for the duration of this project.

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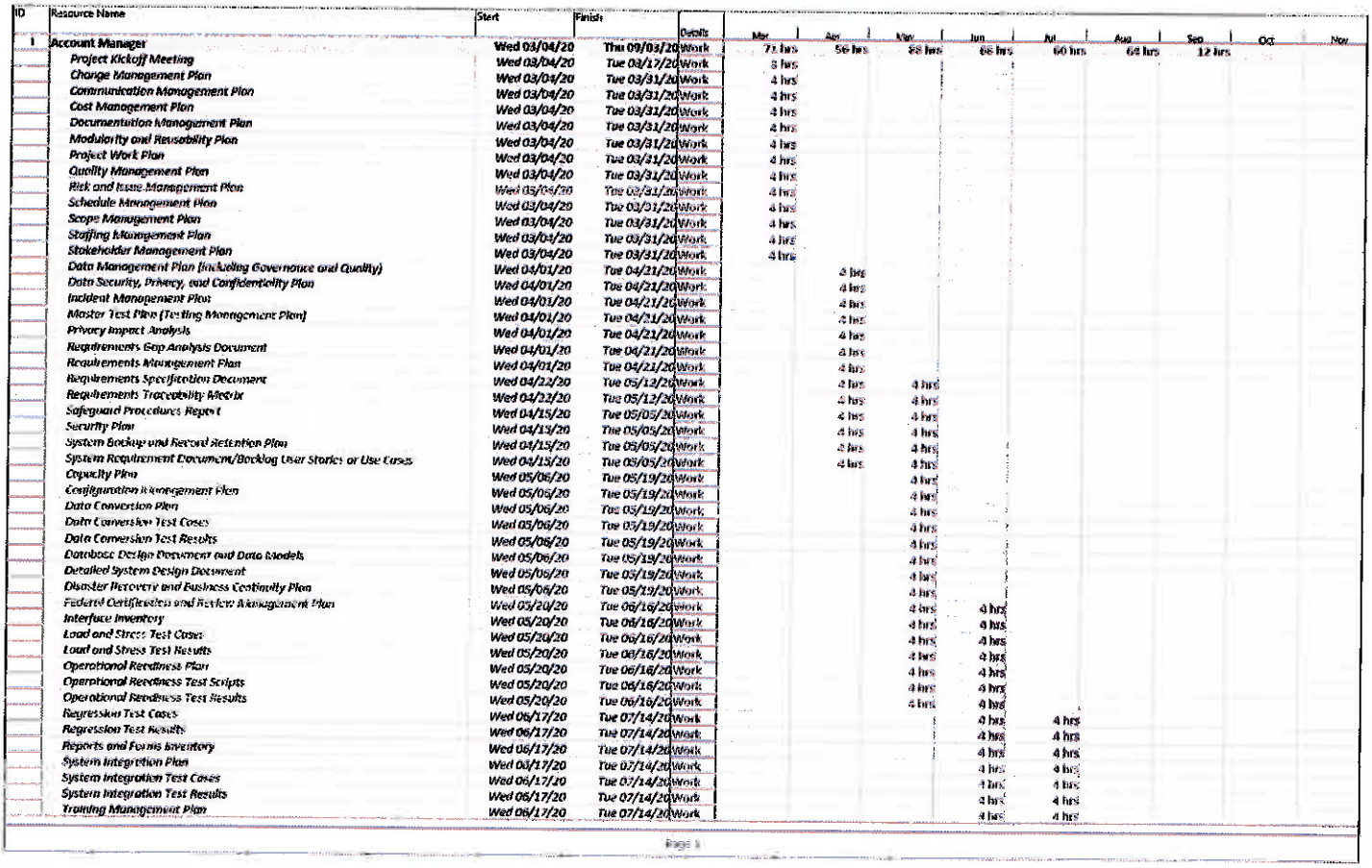

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	Project Kickoff Meeting	Wed 03/04/20	Tue 03/17/20	Work	8 hrs								
	Change Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Communication Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Cost Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Documentation Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Modularity and Reusability Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Project Work Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Quality Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Risk and Issue Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Schedule Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Scope Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Staffing Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Stakeholder Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Data Management Plan (including Governance and Quality)	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Data Security, Privacy, and Confidentiality Plan	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Incident Management Plan	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Master Test Plan (Testing Management Plan)	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Privacy Impact Analysis	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Requirement's Gap Analysis Document	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Requirements Management Plan	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Requirements Specification Document	Wed 04/22/20	Tue 05/12/20	Work		4 hrs	4 hrs						
	Requirements Traceability Matrix	Wed 04/22/20	Tue 05/12/20	Work		4 hrs	4 hrs						
	Safeguard Procedures Report	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						
	Security Plan	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						
	System Backup and Record Retention Plan	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						
	System Requirement Document/Backlog User Stories or Use Cases	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						
	Capacity Plan	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Configuration Management Plan	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Data Conversion Plan	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Data Conversion Test Cases	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Data Conversion Test Results	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Database Design Document and Data Models	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Detailed System Design Document	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Disaster Recovery and Business Continuity Plan	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Federal Certification and Review Management Plan	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Interface Inventory	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Load and Stress Test Cases	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Load and Stress Test Results	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Operational Readiness Plan	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Operational Readiness Test Scripts	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Operational Readiness Test Results	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Regression Test Cases	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	Regression Test Results	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	Reports and Forms Inventory	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	System Integration Plan	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	System Integration Test Cases	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	System Integration Test Results	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	Training Management Plan	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				

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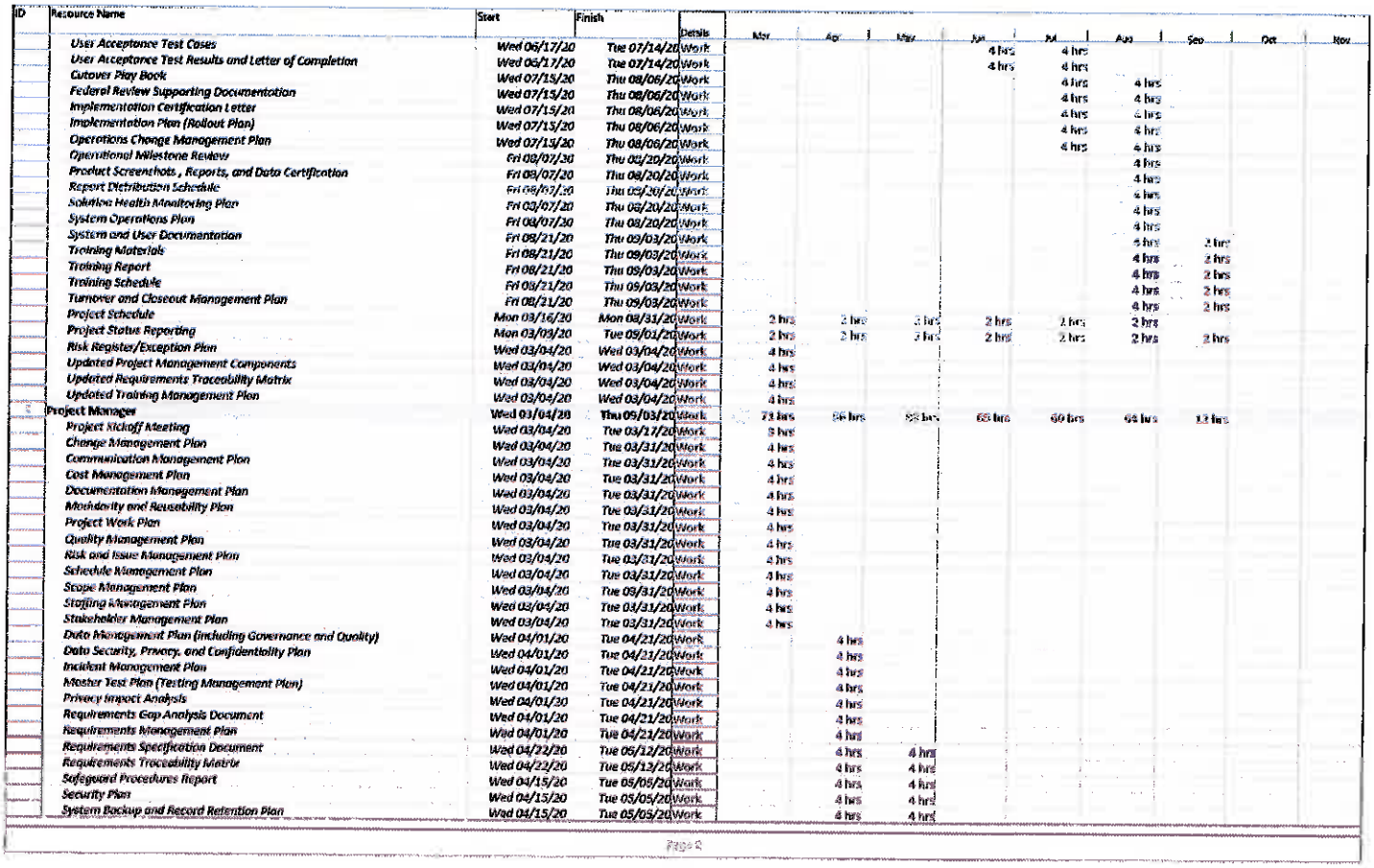

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	User Acceptance Test Results and Letter of Completion	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	Cutover Play Book	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Federal Review Supporting Documentation	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Implementation Certification Letter	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Implementation Plan (Rollout Plan)	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Operations Change Management Plan	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Operational Milestone Review	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	Product Screenshots, Reports, and Data Certification	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	Report Distribution Schedule	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	Solution Health Monitoring Plan	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	System Operations Plan	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	System and User Documentation	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Training Materials	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Training Report	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Training Schedule	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Turnover and Closeout Management Plan	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Project Schedule	Mon 03/16/20	Mon 08/31/20	Work	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs			
	Project Status Reporting	Mon 03/09/20	Tue 09/01/20	Work	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs		
	Risk Register/Exception Plan	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Project Management Components	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Requirements Traceability Matrix	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Training Management Plan	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Project Manager	Wed 03/04/20	Thu 09/03/20	Work	73 hrs	86 hrs	88 hrs	68 hrs	60 hrs	68 hrs	13 hrs		
	Project Kickoff Meeting	Wed 03/04/20	Tue 03/17/20	Work	8 hrs								
	Change Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
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	Security Plan	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						
	System Backup and Record Retention Plan	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						

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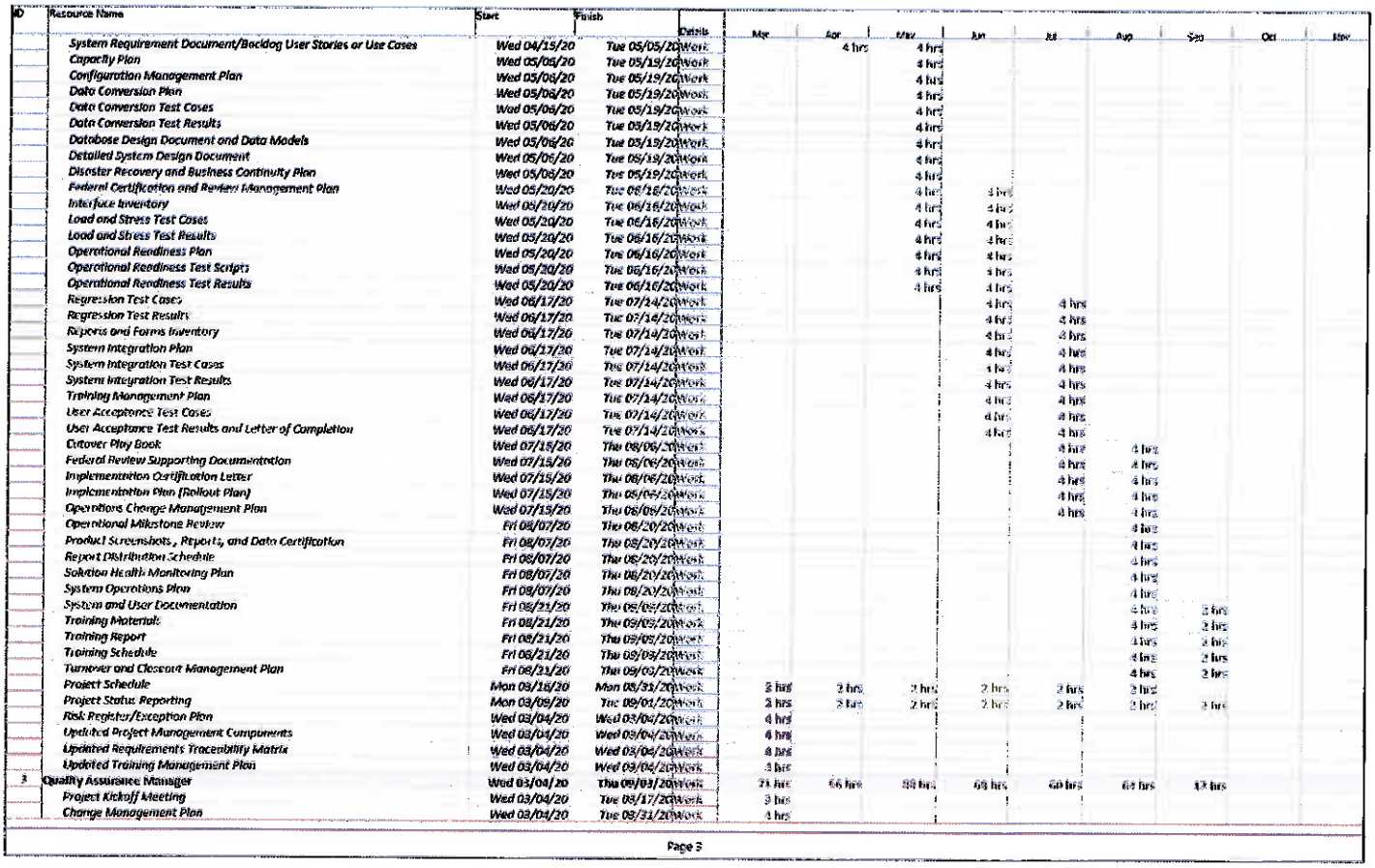

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	Training Material	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Training Report	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Training Schedule	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Turnover and Closeout Management Plan	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Project Schedule	Mon 03/16/20	Mon 05/31/20	Work	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs			
	Project Status Reporting	Mon 03/09/20	Tue 09/01/20	Work	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs		
	Risk Register/Exception Plan	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Project Management Components	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Requirements Traceability Matrix	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Training Management Plan	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
3	Quality Assurance Manager	Wed 03/04/20	Thu 09/03/20	Work	71 hrs	66 hrs	88 hrs	66 hrs	66 hrs	64 hrs	13 hrs		
	Project Kickoff Meeting	Wed 03/04/20	Tue 03/17/20	Work	8 hrs								
	Change Management Plan	Wed 03/04/20	Tue 09/01/20	Work	4 hrs								

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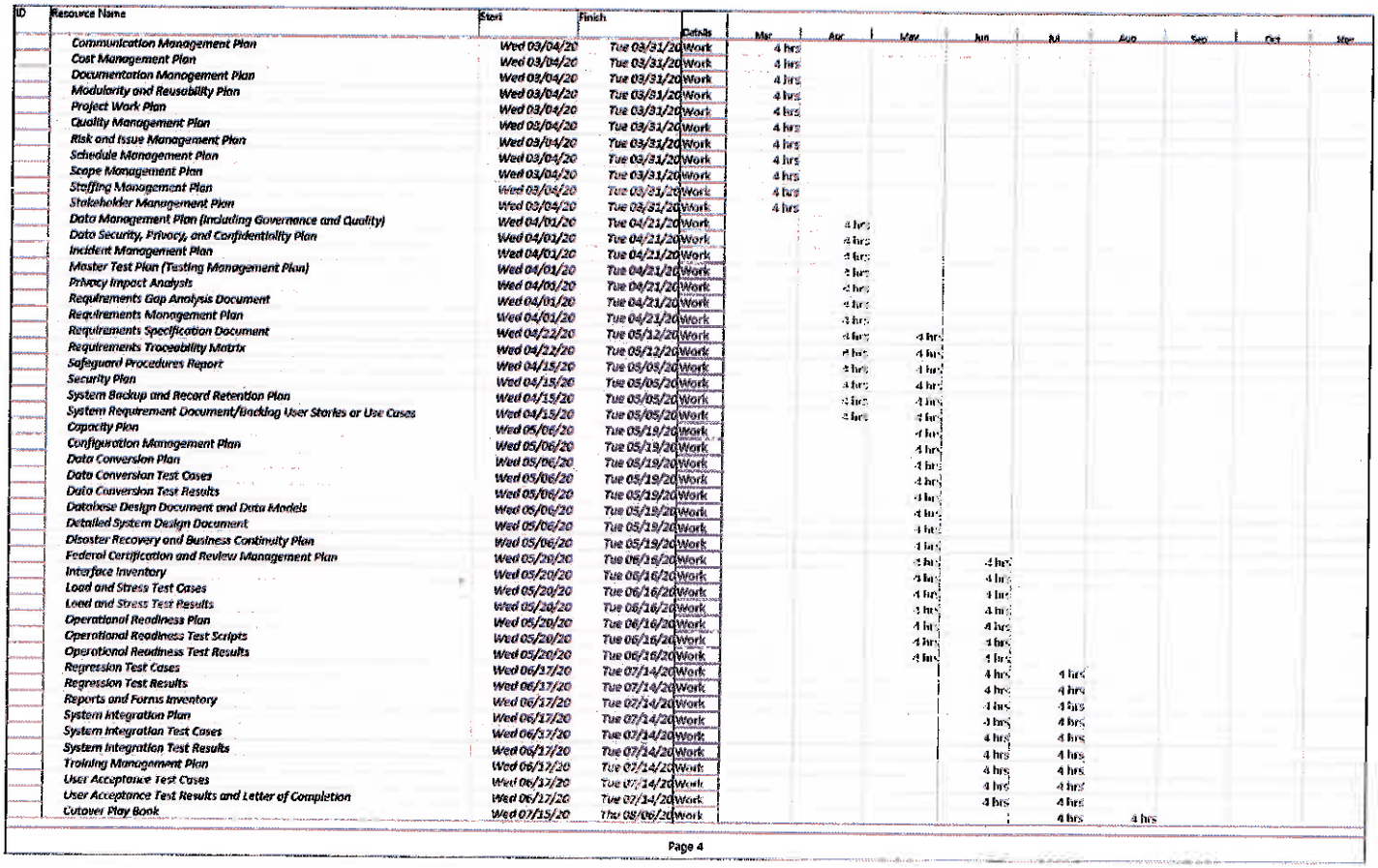

ID	Resource Name	Start	Finish	Details	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
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	Cost Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Documentation Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Modularity and Reusability Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Project Work Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
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	Schedule Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
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	Data Security, Privacy, and Confidentiality Plan	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Incident Management Plan	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Master Test Plan (Testing Management Plan)	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Privacy Impact Analysis	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Requirements Gap Analysis Document	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Requirements Management Plan	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Requirements Specification Document	Wed 04/22/20	Tue 05/12/20	Work		4 hrs	4 hrs						
	Requirements Traceability Matrix	Wed 04/22/20	Tue 05/12/20	Work		4 hrs	4 hrs						
	Safeguard Procedures Report	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						
	Security Plan	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						
	System Backup and Record Retention Plan	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						
	System Requirement Document/Backlog User Stories or Use Cases	Wed 04/15/20	Tue 05/05/20	Work		4 hrs	4 hrs						
	Capacity Plan	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Configuration Management Plan	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Data Conversion Plan	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Data Conversion Test Cases	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Data Conversion Test Results	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Database Design Document and Data Models	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Detailed System Design Document	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Disaster Recovery and Business Continuity Plan	Wed 05/06/20	Tue 05/19/20	Work			4 hrs						
	Federal Certification and Review Management Plan	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Interface Inventory	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Load and Stress Test Cases	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Load and Stress Test Results	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Operational Readiness Plan	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Operational Readiness Test Scripts	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Operational Readiness Test Results	Wed 05/20/20	Tue 06/16/20	Work			4 hrs	4 hrs					
	Regression Test Cases	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	Regression Test Results	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	Reports and Forms Inventory	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	System Integration Plan	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	System Integration Test Cases	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	System Integration Test Results	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	Training Management Plan	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	User Acceptance Test Cases	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	User Acceptance Test Results and Letter of Completion	Wed 06/17/20	Tue 07/14/20	Work				4 hrs	4 hrs				
	Cutover Play Book	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			

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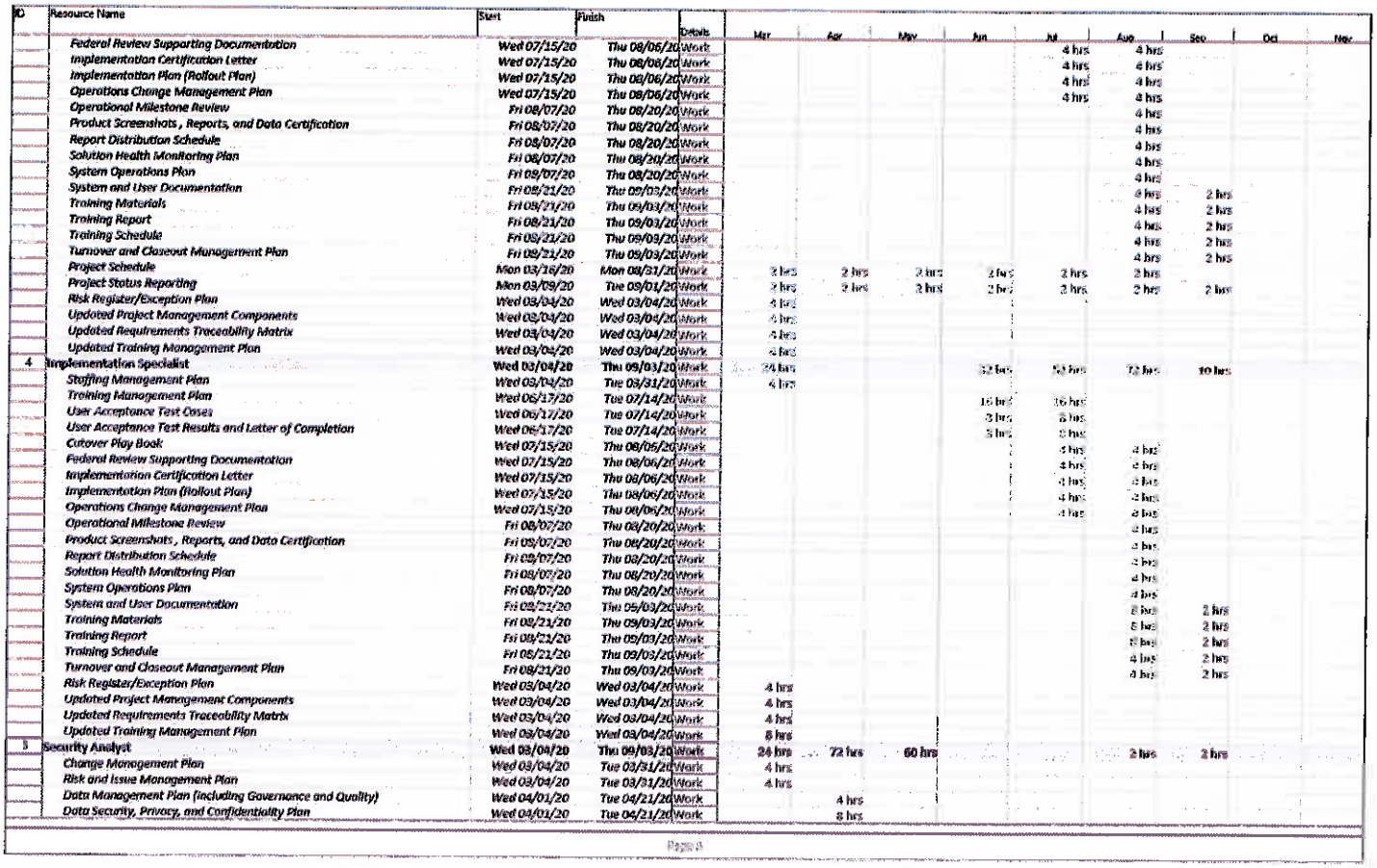

ID	Resource Name	Start	Finish	Details	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
	Federal Review Supporting Documentation	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Implementation Certification Letter	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Implementation Plan (Rollout Plan)	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Operations Change Management Plan	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Operational Milestone Review	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	Product Screenshots , Reports, and Data Certification	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	Report Distribution Schedule	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	Solution Health Monitoring Plan	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	System Operations Plan	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	System and User Documentation	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Training Materials	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Training Report	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Training Schedule	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Turnover and Closeout Management Plan	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Project Schedule	Mon 03/16/20	Mon 08/31/20	Work	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs			
	Project Status Reporting	Mon 03/09/20	Tue 09/01/20	Work	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs		
	Risk Register/Exception Plan	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Project Management Components	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Requirements Traceability Matrix	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Training Management Plan	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
4	**Implementation Specialist**	Wed 03/04/20	Thu 09/03/20	Work	24 hrs			32 hrs	52 hrs	72 hrs	10 hrs		
	Staffing Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Training Management Plan	Wed 06/17/20	Tue 07/14/20	Work				16 hrs	16 hrs				
	User Acceptance Test Cases	Wed 06/17/20	Tue 07/14/20	Work				8 hrs	8 hrs				
	User Acceptance Test Results and Letter of Completion	Wed 06/17/20	Tue 07/14/20	Work				8 hrs	8 hrs				
	Cutover Play Book	Wed 07/15/20	Thu 08/06/20	Work					8 hrs	4 hrs			
	Federal Review Supporting Documentation	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Implementation Certification Letter	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Implementation Plan (Rollout Plan)	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Operations Change Management Plan	Wed 07/15/20	Thu 08/06/20	Work					4 hrs	4 hrs			
	Operational Milestone Review	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	Product Screenshots , Reports, and Data Certification	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	Report Distribution Schedule	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	Solution Health Monitoring Plan	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	System Operations Plan	Fri 08/07/20	Thu 08/20/20	Work						4 hrs			
	System and User Documentation	Fri 08/21/20	Thu 09/03/20	Work						8 hrs	2 hrs		
	Training Materials	Fri 08/21/20	Thu 09/03/20	Work						8 hrs	2 hrs		
	Training Report	Fri 08/21/20	Thu 09/03/20	Work						8 hrs	2 hrs		
	Training Schedule	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Turnover and Closeout Management Plan	Fri 08/21/20	Thu 09/03/20	Work						4 hrs	2 hrs		
	Risk Register/Exception Plan	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Project Management Components	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Requirements Traceability Matrix	Wed 03/04/20	Wed 03/04/20	Work	4 hrs								
	Updated Training Management Plan	Wed 03/04/20	Wed 03/04/20	Work	8 hrs								
5	**Security Analyst**	Wed 03/04/20	Thu 09/03/20	Work	24 hrs	72 hrs	60 hrs			2 hrs	2 hrs		
	Change Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Risk and Issue Management Plan	Wed 03/04/20	Tue 03/31/20	Work	4 hrs								
	Data Management Plan (including Governance and Quality)	Wed 04/01/20	Tue 04/21/20	Work		4 hrs							
	Data Security, Privacy, and Confidentiality Plan	Wed 04/01/20	Tue 04/21/20	Work		8 hrs							

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ID	Resource Name	Start	Finish	Details	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
	Incident Management Plan	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Master Test Plan (Testing Management Plan)	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Privacy Impact Analysis	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Requirements Gap Analysis Document	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Requirements Management Plan	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Requirements Specification Document	*Wed 04/22/20*	*Tue 05/12/20*	Work		4 hrs	4 hrs						
	Requirements Traceability Matrix	*Wed 04/22/20*	*Tue 05/12/20*	Work		8 hrs	4 hrs						
	Safeguard Procedures Report	*Wed 04/15/20*	*Tue 05/05/20*	Work		8 hrs	4 hrs						
	Security Plan	*Wed 04/15/20*	*Tue 05/05/20*	Work		8 hrs	8 hrs						
	System Backup and Record Retention Plan	*Wed 04/15/20*	*Tue 05/05/20*	Work		8 hrs	4 hrs						
	System Requirement Document/Backlog User Stories or Use Cases	*Wed 04/15/20*	*Tue 05/05/20*	Work		4 hrs	4 hrs						
	Capacity Plan	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Configuration Management Plan	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Data Conversion Plan	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Data Conversion Test Cases	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Data Conversion Test Results	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Database Design Document and Data Models	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Detailed System Design Document	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Disaster Recovery and Business Continuity Plan	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Turnover and Closeout Management Plan	*Fri 08/21/20*	*Thu 09/03/20*	Work						2 hrs	2 hrs		
	Risk Register/Exception Plan	*Wed 03/04/20*	*Wed 03/04/20*	Work	4 hrs								
	Updated Project Management Components	*Wed 03/04/20*	*Wed 03/04/20*	Work	4 hrs								
	Updated Requirements Traceability Matrix	*Wed 03/04/20*	*Wed 03/04/20*	Work	4 hrs								
	Updated Training Management Plan	*Wed 03/04/20*	*Wed 03/04/20*	Work	4 hrs								
6	**Technical Solutions Architect**	**Wed 03/04/20**	**Thu 09/03/20**	Work	4 hrs	73 hrs	39 hrs	64 hrs	88 hrs	2 hrs	2 hrs		
	Change Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	4 hrs								
	Data Management Plan (including Governance and Quality)	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Data Security, Privacy, and Confidentiality Plan	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Incident Management Plan	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Master Test Plan (Testing Management Plan)	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Privacy Impact Analysis	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Requirements Gap Analysis Document	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Requirements Management Plan	*Wed 04/01/20*	*Tue 04/21/20*	Work		4 hrs							
	Requirements Specification Document	*Wed 04/22/20*	*Tue 05/12/20*	Work		4 hrs	4 hrs						
	Requirements Traceability Matrix	*Wed 04/22/20*	*Tue 05/12/20*	Work		4 hrs	4 hrs						
	Security Plan	*Wed 04/15/20*	*Tue 05/05/20*	Work		4 hrs	4 hrs						
	System Backup and Record Retention Plan	*Wed 04/15/20*	*Tue 05/05/20*	Work		4 hrs	4 hrs						
	System Requirement Document/Backlog User Stories or Use Cases	*Wed 04/15/20*	*Tue 05/05/20*	Work		4 hrs	4 hrs						
	Capacity Plan	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Configuration Management Plan	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Data Conversion Plan	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Data Conversion Test Cases	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Data Conversion Test Results	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Database Design Document and Data Models	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Detailed System Design Document	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Disaster Recovery and Business Continuity Plan	*Wed 05/06/20*	*Tue 05/19/20*	Work			4 hrs						
	Federal Certification and Review Management Plan	*Wed 05/20/20*	*Tue 06/16/20*	Work			4 hrs	4 hrs					
	Interface Inventory	*Wed 05/20/20*	*Tue 06/16/20*	Work			4 hrs	4 hrs					
	Load and Stress Test Cases	*Wed 05/20/20*	*Tue 06/16/20*	Work			4 hrs	4 hrs					

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ID	Resource Name	Start	Finish	Details	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
	Load and Stress Test Results	*Wed 05/20/20*	*Tue 06/16/20*	Work			4 hrs	4 hrs					
	Operational Readiness Plan	*Wed 05/20/20*	*Tue 06/16/20*	Work			4 hrs	4 hrs					
	Operational Readiness Test Scripts	*Wed 05/20/20*	*Tue 06/16/20*	Work			4 hrs	4 hrs					
	Operational Readiness Test Results	*Wed 05/20/20*	*Tue 06/16/20*	Work			4 hrs	4 hrs					
	Regression Test Cases	*Wed 06/17/20*	*Tue 07/14/20*	Work				4 hrs	4 hrs				
	Regression Test Results	*Wed 06/17/20*	*Tue 07/14/20*	Work				4 hrs	4 hrs				
	Reports and Forms Inventory	*Wed 06/17/20*	*Tue 07/14/20*	Work				4 hrs	4 hrs				
	System Integration Plan	*Wed 06/17/20*	*Tue 07/14/20*	Work				4 hrs	4 hrs				
	System Integration Test Cases	*Wed 06/17/20*	*Tue 07/14/20*	Work				4 hrs	4 hrs				
	System Integration Test Results	*Wed 06/17/20*	*Tue 07/14/20*	Work				4 hrs	4 hrs				
	Training Management Plan	*Wed 06/17/20*	*Tue 07/14/20*	Work				4 hrs	4 hrs				
	User Acceptance Test Cases	*Wed 06/17/20*	*Tue 07/14/20*	Work				4 hrs	4 hrs				
	User Acceptance Test Results and Letter of Completion	*Wed 06/17/20*	*Tue 07/14/20*	Work				4 hrs	4 hrs				
	Turnover and Closeout Management Plan	*Fri 08/21/20*	*Thu 09/03/20*	Work						2 hrs	2 hrs		
7	**Business Analyst**	**Wed 03/04/20**	**Thu 09/03/20**	Work	56 hrs	4 hrs	4 hrs	7 hrs	22 hrs	46 hrs	10 hrs		
	Project Kickoff Meeting	*Wed 03/04/20*	*Tue 03/17/20*	Work	3 hrs								
	Change Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Communication Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Cost Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Documentation Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Modularity and Reusability Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Project Work Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Quality Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Risk and Issue Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Schedule Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Scope Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Staffing Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Stakeholder Management Plan	*Wed 03/04/20*	*Tue 03/31/20*	Work	3 hrs								
	Training Management Plan	*Wed 06/17/20*	*Tue 07/14/20*	Work				3 hrs	3 hrs				
	Cutover Play Book	*Wed 07/15/20*	*Thu 08/06/20*	Work					3 hrs	3 hrs			
	Federal Review Supporting Documentation	*Wed 07/15/20*	*Thu 08/06/20*	Work					3 hrs	3 hrs			
	Implementation Certification Letter	*Wed 07/15/20*	*Thu 08/06/20*	Work					3 hrs	3 hrs			
	Implementation Plan (Rollout Plan)	*Wed 07/15/20*	*Thu 08/06/20*	Work					3 hrs	3 hrs			
	Operations Change Management Plan	*Wed 07/15/20*	*Thu 08/06/20*	Work					3 hrs	3 hrs			
	Operational Milestone Review	*Fri 08/07/20*	*Thu 08/20/20*	Work						3 hrs			
	Product Screenshots, Reports, and Data Certification	*Fri 08/07/20*	*Thu 08/20/20*	Work						3 hrs			
	Report Distribution Schedule	*Fri 08/07/20*	*Thu 08/20/20*	Work						3 hrs			
	Solution Health Monitoring Plan	*Fri 08/07/20*	*Thu 08/20/20*	Work						3 hrs			
	System Operations Plan	*Fri 08/07/20*	*Thu 08/20/20*	Work						3 hrs			
	Training Materials	*Fri 08/21/20*	*Thu 09/03/20*	Work						3 hrs	3 hrs		
	Training Report	*Fri 08/21/20*	*Thu 09/03/20*	Work						3 hrs	3 hrs		
	Training Schedule	*Fri 08/21/20*	*Thu 09/03/20*	Work						3 hrs	3 hrs		
	Turnover and Closeout Management Plan	*Fri 08/21/20*	*Thu 09/03/20*	Work						3 hrs	2 hrs		
	Project Schedule	*Mon 03/16/20*	*Mon 08/31/20*	Work	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs			
	Project Status Reporting	*Mon 08/03/20*	*Tue 09/01/20*	Work	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs		
	Risk Register/Exception Plan	*Wed 03/04/20*	*Wed 03/04/20*	Work	3 hrs								
	Updated Project Management Components	*Wed 03/04/20*	*Wed 03/04/20*	Work	3 hrs								
	Updated Requirements Traceability Matrix	*Wed 03/04/20*	*Wed 03/04/20*	Work	3 hrs								
	Updated Training Management Plan	*Wed 03/04/20*	*Wed 03/04/20*	Work	3 hrs								

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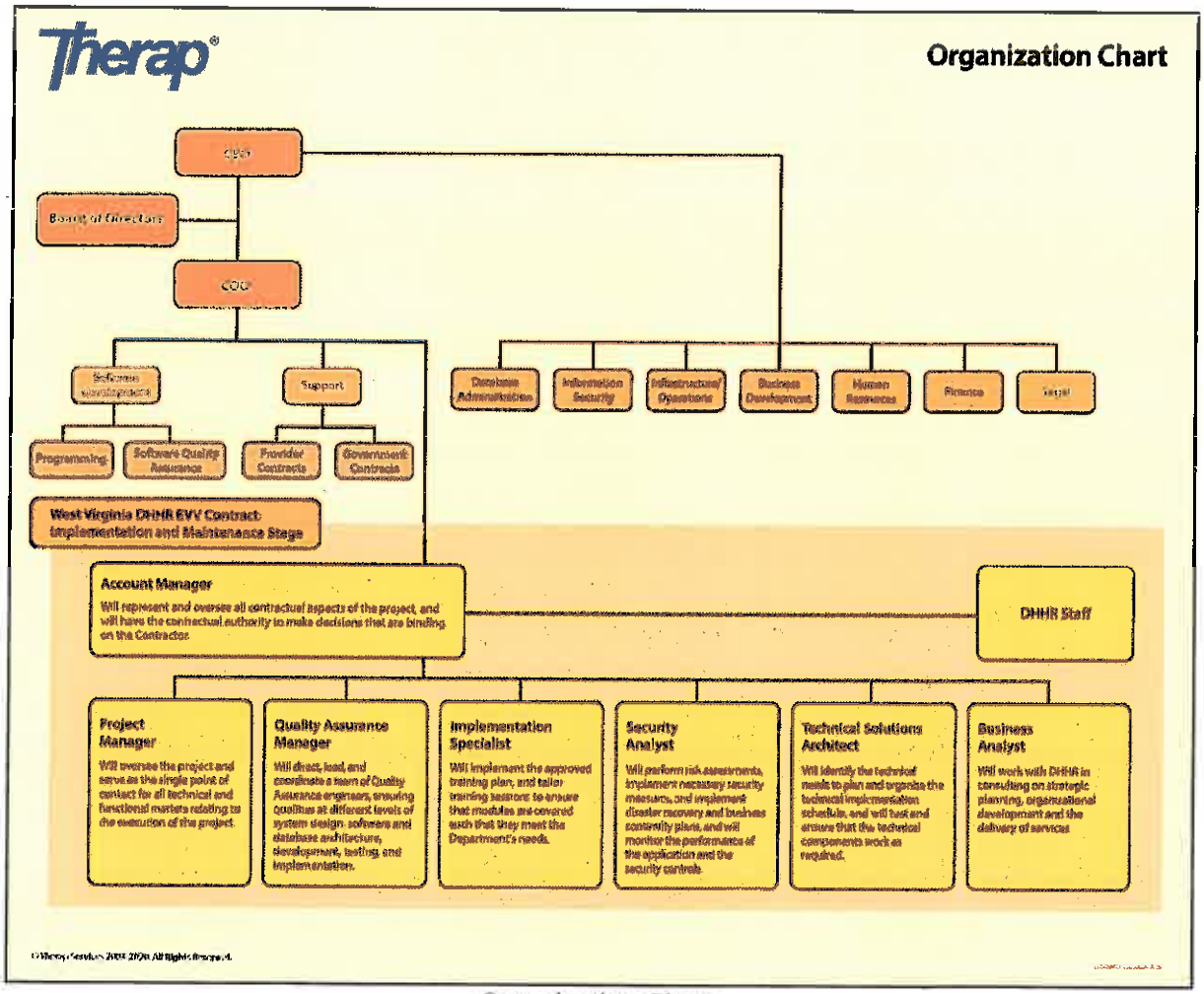
The organizational chart below outlines how the project management team fits into the organization. The same organizational structure will be used throughout each of the different phases of the contract.



Organization Chart

Therap's CEO is in charge of the system's database administration, information security, human resources, financial and legal matters. The COO oversees the more technical aspects, including software development, quality assurance, support, and project implementation, comprised of operations, implementation, security, billing, and business functions. Therap will not be using subcontractors for this project. The Account Manager for this project will be the point of contact for any communications with DHHR.

Based on our extensive successful project implementation experience, Therap has established processes and procedures for managing the project and required activities throughout the duration of the project contract term. Our highly skilled personnel have wide-ranging expertise in project management activities and support over the years with our company. Therap has designated staff who will work during each of the stages of this project. Therap has highly-skilled personnel with

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wide-ranging expertise in project management activities, so we can immediately fill positions if vacancies occur. All the proposed staff for this project are employed by Therap. Resumes of the key staff and additional personnel have been provided below.

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Account 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. Justin has 7 patents about information security and privacy granted under by the United States Patent and Trademark Office (USPTO), with other Therap team members. He is working on a number of other patent applications.

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 has completed the Charting the Lifecourse Ambassador Program and actively works with providers for implementing the program.

Professional Experience:

Therap Services LLC, Waterbury, CT
Chief Operating Officer (COO) (November 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.

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.

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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 SaaS/COTS 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 a Registered Nurse for the Mentally Handicapped from Lothian College of Nursing and Midwifery, Edinburgh. 1988-1991

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Project Manager:
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. Jeff has completed the Charting the Lifecourse Ambassador Program and actively works with providers for implementing the program.

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. He Formulated, analyzed, and adjusted the financial goals of the department, designed program growth and development, carried out agency wide employee recognition and morale initiatives, communicated department activities to board of directors and supervisors, and developed and dispensed competency based training to agency employees and volunteers.

Direct Support Professional Evaluation Re-Vamp
(January 2012 – July 2012)
Lead agency initiative of stakeholders to revamp Direct Support Professional Evaluation Tool based on NADSP Core Competencies and Code of Ethics.

Center for Disability Services
Director of Residential Services (June 1996 – August 2004)
Jeff supervised the overall operation of several community based programs for adults and children with developmental disabilities, developed detailed grant reports for New York State oversight

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agency, collaborated with agency stakeholders to meet organizational objectives, and reduced departmental spending to eradicate large budget deficit.

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 the SDDHSDDD 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

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Quality Assurance Manager:
Stephanie Masters Norton
Senior Training & Implementation Specialist, Therap Services LLC

Stephanie joined Therap Services as a Training and Implementation Specialist in 2015. She previously worked at United Cerebral Palsy of Greater Birmingham as the Manager of Adult Services. In this role, she oversaw the implementation of Therap as the electronic documentation and communication system agency wide and played an integral role in training, monitoring, and quality assurance.

Stephanie has worked in the Health & Human Services field since 2008. The majority of her career has been spent supporting individuals with developmental and intellectual disabilities, in Louisiana and Alabama, working in various capacities: Case Manager, QIDP, Employment Specialist, and Program Manager. Stephanie has a passion for improving quality of life for individuals with disabilities. She has seen first hand the impact Therap has in streamlining communication and documentation which allows staff to focus more energy directly on the individual being supported.

Professional Experiences:

Therap Services, LLC, Waterbury, CT
Senior Training & Implementation Specialist (May 2018 – Present)
Stephanie is the Product Manager for Scheduling/EVV module; her responsibilities include training and implementation of modules across the nation, and collecting feedback from users to communicate with the Development Team. She is a State Team member; she performs support, training, and project management tasks for State-wide implementation of Therap. As a member of the Quality Assurance Team, she reviews customer contacts to ensure accuracy, efficiency, and quality of support team communication with customers.

Training and Implementation Specialist (November 2015 - May 2018)
Stephanie 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 client training sessions. She trained and consulted single and multi-state providers, families, self-advocates, and anyone else using Therap, provided in-person, on-site, and web based training to users, and provided live customer support in person, via computer, at conferences, and over the phone.

United Cerebral Palsy of Greater Birmingham, AL
Manager of Adult Services (January 2011 – October 2015)
Stephanie managed Day Habilitation program serving over 150 individuals with intellectual and physical disabilities, supervised 10 direct reports including Nurses, Therapists, QDDP, and front line managers, planned implementation and provided training for initial launch of Therap across the organization, and collaborated with an interdisciplinary team to address issues regarding care and support of individuals receiving services. Stephanie provided conflict resolution in dealing with families, caregivers, and individuals in services, worked with the Department of Mental Health and local case management agencies giving assurance that each individual receiving

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services has necessary supports and is satisfied with services, and ensured compliance with regulations and standards outlined by Department of Mental Health, Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Quality and Leadership (CQL), and Department of Labor. She also participated in budgeting process for respective department in a large non-profit organization and acted as Interim Director of Adult Services for six months (June 2011-October 2011, January 2012-May 2012).

Employment Specialist (August 2010 – December 2010)
Stephanie built relationships within the business community through networking, matched candidates' abilities and job requirements with positions in the community, counseled candidates and family/caregivers on expectations of employment, trained candidates on interviewing skills and assisted with job interviews, provided on-site job coaching until new employees were stabilized on the job, provided ongoing advocacy between new employees, coworkers, and employers, and maintained monthly contact with employers and employees to ensure job retention.

PHP of Alabama, Inc., Birmingham, AL
QMRP (September 2009 – July 2010)
Stephanie supervised overall quality of life for 18 individuals on caseload through weekly monitoring of homes and care received. She completed routine paperwork, daily QMRP notes, monthly progress reports, monthly meal time assessments, and monthly internal monitoring. She developed individualized support plans while ensuring compliance with certification guidelines. She collaborated with interdisciplinary team on matters regarding clients' wellbeing. She advised staff regarding policies and procedures and administered disciplinary actions, conducted weekly staff meetings, taught monthly new hire orientation and routine training sessions, and trained in serious incident investigations and experienced in conducting investigations.

Caldwell Council on Aging Support Coordination, Columbia, LA
Support Coordinator (July 2008 – August 2009)
Stephanie managed caseload of 35 Medicaid waiver recipients in rural, economically depressed areas with limited resources, assisted recipients in gaining access to medical, social, educational, and other support services, developed individualized, comprehensive plans of care, and maintained documentation required by the Department of Health and Hospitals and Medicaid. She transitioned individuals from group home/developmental center into supervised independent
Living, coordinated recipient services through Office of Citizens with Developmental Disabilities, completed monthly phone contacts, quarterly observations of services, quarterly home visits, and annual planning meetings, and used social skills, fieldwork, and meticulous record keeping to provide timely follow-up on a daily basis and meet monthly/quarterly deadlines.

Education:

- Bachelor of Arts in Psychology from the University of Louisiana at Monroe, 2003-2007

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Implementation Specialist:
Chelsea Lloyd
Training & Implementation Specialist, Therap Services LLC

Professional Experiences:

Therap Services, LLC, Waterbury, CT
Senior Training and Implementation Specialist (September 2012 - September 2016, October 2019 - Present)
Chelsea provides project management, training, onboarding, and technical support for Therap Services LLC. The project deliverables include custom implementation plans for large-scale agencies in accordance with their MSA/SOW, and analysis of monthly usage stats. As a Senior Training and Implementation Specialist, Chelsea oversees EVV implementation, provides onsite training to users, and facilitates trade conferences. As part of the implementation process, she has researched long term software utilization issues across departments and established workarounds, ensured proper customer transition, provided guidance to numerous stakeholders to ensure HIPAA, Medicaid, Medicare, HITECH, SOC 1, and ACA compliance. Chelsea also works on technical project management plans, provides consultative services to administrators regarding policies, and overall workflows, and creates usage reports. Chelsea has collaborated with state government and community groups to develop sustainable implementation strategies/policies in accordance with CMS.

Hi-Hope Service Center, Lawrenceville, GA
Director of Residential Services (November 2017 - Present)
Chelsea's primary responsibilities revolve around Medicaid (Federal and State) compliance. She provides leadership and development, assists with onboarding, oversees compliance and facilitates training of managers and directs support employees. She also maintains continuity of care across program areas, and fosters collaborative relationships with internal and external entities.

She utilizes PMP standards in project supervision and leadership. This responsibility also deals with ensuring that all services are rendered within full-compliance of DBHDD/Medicaid guidelines, and cultivating new networking relationships that ensure optimum utilization of agency resources.

iControl Data Solutions, Burtonsville, MD
Senior Implementation Specialist (September 2016 - November 2017)
Chelsea's responsibilities included providing project management activities (leadership, SOP recommendations, software implementation and training) by providing data, payments, and analytics software to alcohol suppliers and retailers, and their suppliers in the food, mass, drug, convenience store market. She was responsible for developing training material, coordinating with end-users and providing timely updates to them for product releases and updates, assisting with internal help desk in application setup and troubleshooting issues, and escalating client requests.

She also deployed PMP standards in project supervision and implementation, and provided timely feedback to sales initiatives on account opportunities and changes. Chelsea also performed

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"technical contact calls" to introduce different data standards, file transmission protocols, and testing procedures. She was involved in preparing custom usage reports, and communicated end-user requests and issues to development teams.

United Cerebral Palsy, Atlanta, GA
Exceptional Rate Fund Coordinator (January 2010 - October 2012)
Chelsea was responsible for planning and coordinating needs analysis in identifying candidates requiring additional Medicaid funding. She successfully created the "exceptional rate" process which resulted in the acquisition of over 800k in additional funding. She performed quality assurance reporting, and provided training to Directors to ensure additional funds were correctly monitored and accounted for in compliance with the State of Georgia. Lastly, Chelsea directly assisted with special projects as assigned by the Associate Assistant Executive Director.

Walton Community Services, Inc. Powder Springs, GA
Executive Director (January 2009 - January 2010)
Chelsea provided a broad range of leadership, management, and strategic business solutions. She successfully facilitated operational restructure, identified strategies to increase census, organized community events, spearheaded HIV/AIDs community based support program (in partnership with Grady medical center), and coordinated referral processes. She also coordinated service delivery workflow, provided ongoing staff training and supervision, and thoroughly maintained a 1 million dollar annual budget.

The Arc of Baltimore, Towson, MD
Program Manager (January 2007 - January 2009)
Chelsea provided supervision to direct care staff and house managers, developed and recorded individual care plans, assisted with planning and implementation of community activities, and ensured overall health and safety of adults with developmental disabilities.

CIGNA Behavioral Health. Timonium, MD
Senior Triage Associate (2005 - 2007)

Chelsea provided customers and employees with employee benefits, expertise and services that improved their health, well-being and productivity. She triaged emergent mental health calls and coordinated community support to prevent hospitalization.

Education:

- Completed the Foundations of Project Management course from Kennesaw State, Kennesaw, GA, 2017
- MPA from Capella University, Minneapolis, MN, 2012
- BS in Psychology from Stevenson University, Stevenson, MD, 2005

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Security Analyst:
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. 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. His organizational experience ranges from start-up firms through Fortune 500 corporations.

Professional Experiences:

Therap Services, LLC, Waterbury, CT
Chief Information Security Officer* (November *2010 - Present)
Tony's 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.
- 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 process and is part of lead team to design, plan and execute a migration to Fortinet-based firewall, authentication, and analysis platform.
- Implemented Tenable Security Center platform for internal system vulnerability management and 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.
- 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

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Director, Technical Solutions (November 2008 - November 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 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, Security Infrastructure (June 2006 - October 2008)
Tony was responsible for the planning and execution of security-based initiatives designed to improve the overall security profile of the corporation. Specific target areas include: Network Segmentation, Disaster Recovery/Business Continuity, Intrusion Detection, System Architecture, Policy Development, and Standards Compliance. Specific technologies include: IP Networking, Unix/Linux, Windows, IM, SAN, NAS, IDS, firewalls, and associated software applications for monitoring and auditing platform activity. His responsibilities included the following:

- Investigations of fraud and other non-compliant activities
- Compliance initiatives include being the corporate Payment Card Initiative (PCI) compliance officer, and
- Ongoing interaction with both technical and audit staff regarding Sarbanes-Oxley requirements.

Vice President, Information Technology and Security (January 2000 - July 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. His responsibilities included the following:

- Developed and implemented disaster recovery and business continuity plans.
- 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 (February 1996 - December 1999)
Tony reported directly to the President, oversaw development and delivery of state-of-the-art computer/telephony unified communications product suite, supervised design, installation, and designed specifications and managed validation testing.

Education:

- MS in Computer Information Science from New Jersey Institute of Technology, 1987
- BS in Computer Information Science from New Jersey Institute of Technology, 1983

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Technical Solutions Architect:
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.

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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

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Business Analyst:
Barry Pollack
Regional Director, Therap Services LLC

Barry Pollack joined Therap in 2010 and has been supporting providers in the implementation and use of their industry leading I-DD specialized electronic documentation and reporting solution. Barry served on the State Board of the Florida Association of Rehabilitation Facilities and was the Board President just prior to coming to Therap Services.

Barry started his career in California with the United Cerebral Palsy national network, working in behavior management group homes. He ran one of the largest respite care programs in the Country in the 1990s and led the creation of both the North Carolina & South Carolina Respite Care Coalitions. Since the 1980's, Barry has worked with State & County Government, State Provider Associations and Private Non-Profit Organizations in the planning, development and delivery of services to individuals of all ages and disabilities and other special needs.

Professional Experience:

Therap Services LLC, Waterbury, CT
Regional Director (2010 - Present)
Barry established a new Southeast Region Sales Territory and supports a business customer base. He remains abreast of regulatory and licensure requirements and function as a liaison between Therap Services and our Southeast customers to assure Therap Services EHR system is updated to remain in compliance for customer needs. He coordinates Customer Regional Conferences and Exhibit for Company at external trade shows. As a previous Customer, Barry also assisted in the design and functionality development of Therap applications.

United Cerebral Palsy of East Central Florida
President/CEO (2003 - 2010)
Barry successfully led a "turn-around" of this fiscally challenged health and human services organization through the development and implementation of a comprehensive strategic plan. He grew organization from a $1.4 budget with 38 employees serving 2 counties to a $3.2 budget with 92 employees serving 6 counties, led organization through 2 national accreditation reviews resulting in commendations and a rating that placed the organization in the top 3% in the U.S, and led a successful re-branding of the organization leading to an increased diversity of funding streams and donor support.

Easter Seals/United Cerebral Palsy of North Carolina
Sr. Executive Vice President (1996 - 2003)
Barry successfully led the merger of Carolinas Caring Connection with United Cerebral Palsy of North Carolina increasing the capacity of both organizations to provide services in over 62 counties across North Carolina. He led the Sr. Management Team in the delivery of services including: Early Intervention, Specialized Child Care Centers, Physical Therapy, Speech Therapy, Habilitation Services, Respite Care, Residential and Foster Care, Vocational, and Supported Employment Services.

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Carolinas' Caring Connection, Inc., Charlotte, North Carolina
President/CEO (1996 - 2003)
Barry led the growth of this nonprofit human services organization in 7 years from an annual budget of 1 million to a budget of 7.2 million through the development and ongoing implementation of a strategic planning process. He expanded geographic service area from one county to nine counties and multiple offices in North Carolina.

Organizational Consultation Services, Charlotte, North Carolina
Organizational Consultant (1992 - 1996)
Barry provided organizational consultation and support to nonprofit agencies specializing in advocacy and services for children and adults with disabilities, provided training in areas including: client rights, case management, documentation, person centered planning, goal writing, and other specific areas, and developed policies, procedures, training programs, and medical record systems in compliance with local and state standards and licensure rules.

Goodwill Industries of the Southern Piedmont
Associate Vice President of Support Services (1990 - 1992)
Barry managed a human services department consisting of Residential, Supported Employment, Educational, and Case Management services for individuals with developmental disabilities and deafness. He developed and received the first HUD grant for a specialized group home for this organization.

Mecklenburg County Mental Health, Developmental Disabilities and Substance Abuse Services
Contracts Services Manager (1987 - 1990)
Barry administered the County's department responsible for contracting with agencies for the provision of services for developmental disabilities. He designed a new department and hired 3 staff to work as a team to provide technical assistance to the contract agencies in the areas of children's services, residential services, vocational and educational services.

Client Representative (1987 - 1990)
Barry pioneered this new pilot position of serving as an ombudsman for the County. He provided advocacy for families and individuals with disabilities seeking assistance through the County system of care.

Education:
- BA in Social Work, Minor in Psychology from California State University Northridge, 1983
- AA in Sociology, Minor in Psychology from Pierce College, Woodland Hills, California, 1980

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3. **Key Staff, Resumes, and References**

3.1 Key Staff

Key staff consist of the project's senior leadership for the Electronic Visit Verification (EVV) project. These resources are responsible for providing leadership, and creating the standards and processes required for the successful implementation, operation, maintenance.

3.1.1 The Vendor should make the proposed key staff available for an in-person interview upon DHHR's request.

3.1.2 To ensure successful transition to the operations phase, the implementation activities should be led by key staff identified in the list below:

3.1.2.1 Account Manager
3.1.2.2 Project Manager
3.1.2.3 Quality Assurance Manager

3.1.3 The qualifications, experience, and responsibilities for each key staff role are defined in RFP *Section 4.7.1 Qualifications and Experience:* Table 8: Staff Qualifications, Experience, and Responsibilities.

Therap has proposed the following key staff for this project, with their corresponding roles:

Account Manager: The Account Manager will represent and oversee all contractual aspects of the project, and will have the contractual authority to make decisions that are binding on the Contractor.

Project Manager: The Project Manager will oversee the project and serve as the single point of contact for all technical and functional matters relating to the execution of the project.

Quality Assurance Manager: The Quality Assurance Manager will direct, lead, and coordinate a team of Quality Assurance engineers, ensuring qualities at different levels of system design, software and database architecture, development, testing, and implementation.

Implementation Specialist: The Implementation Specialist will implement the approved training plan, and tailor training sessions to ensure that modules are covered such that they meet the Department's needs.

Security Analyst: The Security Analyst will perform risk assessments, implement necessary security measures, and implement disaster recovery and business continuity plans, and will monitor the performance of the application and the security controls.

Technical Solutions Architect: The Technical Solutions Architect will identify the technical needs to plan and organize the technical implementation schedule, and will test and ensure that the technical components work as required.

Business Analyst: The Business Analyst will work with DHHR in consulting on strategic

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planning, organizational development and the delivery of services.

3.2 Resumes

3.2.1 Resumes for key staff named in the Vendor proposal should indicate the role of the staff on the EVV project and demonstrate how each staff member's experience and education will contribute to the successful implementation of the EVV.

3.2.2 Each resume should demonstrate experience relevant to the position proposed. If applicable, resume should include work on projects cited under the Vendor's corporate experience, and the specific functions performed on such projects.

3.2.3 The Vendor should complete Table 23: Resumes for Proposed Key Staff and include in this section Proposed Key Staff resumes and any additional staff members' resumes the Vendor will have assigned to this project.

Table 23: Resumes for Proposed Key Staff

Name	Proposed Role	Experience in Proposed Role
Justin Brockie	Account Manager	Justin has over 20 years of experience in the I/DD industry, over 15 years of experience as the COO of Therap, and over 12 years of experience in working with 18 States to implement Therap system. He has an in-depth knowledge of the services provided in the I/DD, Case Management, LTSS, Aging, and other industries.
Jeff Covington	Project Manager	Jeff has 20 years of experience in the I/DD industry and over 5 years of experience in working with States to implement Therap system. He has an in-depth knowledge of the services provided in the I/DD, Case Management, LTSS, Aging, and other industries.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.
Stephanie Masters Norton	Quality Assurance Manager	Stephanie has been with Therap for over 5 years and has worked in the Health & Human Services field for over 12 years. She performs support, training, and project management tasks for State-wide implementation of Therap. As a member of the Quality Assurance Team, she reviews customer

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		contacts to ensure accuracy, efficiency, and quality of support team communication with customers.
Chelsea Lloyd	Implementation Specialist	Chelsea has extensive experience in project management, training, onboarding, and technical support deliverables including custom implementation plans for large-scale agencies. She has also collaborated with state government and community groups to develop sustainable implementation strategies/policies in accordance with CMS.
Anthony G. Tobey	Security Analyst	Tony has over 25 years of experience in the Information Technology industry and over 9 years of experience in Therap. He has extensive knowledge in executive management in infrastructure and data security, technology, and IT operations. He also has extensive experience in the areas of policy development, business continuity, disaster recovery, compliance, cloud security, and platform availability.
Sazzad Rafique	Technical Solutions Architect	Sazzad has over 15 years of experience in System Design, Project Management and Software Development. He oversaw the technical aspect of Therap's implementation in 18 States. He attends regular meetings with States and Providers using Therap, assessing changes in requirements, and implementing changes to meet State and Federal requirements.
Barry Pollack	Business Analyst	Barry has been working with Therap for over 10 years and has been supporting providers in the implementation and use of their industry leading I-DD specialized electronic documentation and reporting solution. Since the 1980's, Barry has worked with State & County Government, State Provider Associations and Private Non-Profit Organizations in the planning, development and delivery of services to individuals of all ages and disabilities and other special needs. Barry continues to contribute to the I-DD industry through consulting in strategic planning, organizational development and the delivery of services to individuals of all ages and disabilities.

3.3 References

3.3.1 The Vendor should provide three (3) references for which each proposed key staff candidate has successfully demonstrated meeting the requirements of the RFP. The name of the person to be contacted, phone

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number, client name, address, brief description of work, and date (month and year) of employment should be given for each reference. These references should be able to attest to the candidate's specific qualifications.

3.3.2 The reference given should be a person within a client's organization and not a co-worker or a contact within the Vendor's organization.

3.3.3 Vendors should use the format provided in Table 24: Key Staff References. Repeat the rows and tables as necessary.

Table 24: Key Staff References

Key Personnel Reference Form 1							
Key Personnel Name:	Justin M. Brockie	**Proposed Role:**	Account Manager				
Reference 1							
Client Name:	Idaho Division of Health and Welfare	**Client Address:**	450 West State Street, 5th floor, P.O. Box 83720, Boise, ID 83720-0036 208-334-5701				
Contact Name:	Rebecca Fadness	**Contact Title:**	Policy Program Manager				
Contact Phone:	208-334-5701	**Contact E-mail:**	rebecca.fadness@dhw.idaho.gov				
Project Name: Idaho Children's Case Management			**Start Date:**	November 2014	**End Date:**	Ongoing	
Project Description: 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.							
Project Role and Responsibilities: Therap has implemented a number of services/modules to this provider, including but not limited to Case Management, Case Note, Individual Data, Individual Support Plan, Secure Communications (SComm), Document Storage, Employment History, Business Intelligence.							
Reference 2							
Client Name:	Nebraska Department of Health and Human Services	**Client Address:**	301 Centennial Mall South, Lincoln, NE 68509				
Contact Name:	Anna Bromberg	**Contact Title:**	Quality Management Administrator				
Contact Phone:	531-739-9091	**Contact E-mail:**	Anna.Bromberg@nebraska.gov				
Project Name: Nebraska DD Case Management			**Start Date:**	March 2011	**End Date:**	Ongoing	

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Project Description: Therap initially implemented statewide incident management in Nebraska very quickly to assist (successfully) with DoJ oversight. Following that, Therap's proposal for a Case Management and billing system was accepted. The first phase of this was annual plans, followed by budgets, followed by full cycle billing. Now every DD authorization, claim and adjudication flows through Therap. Therap is fully implemented by all Nebraska's providers including up to 2000 independent providers. Nebraska's self advocates and families also have access to Therap.

In order to facilitate these processes, Therap has built several interfaces to Nebraska's legacy NFOCUS system. This has involved working with numbers of teams from different state departments and contractors and managing potentially difficult relationships and processes.

Therap has assisted the Division in implementing new regulations and is currently working alongside the Division to design and implement the practical workings of their new rate structure.

Project Role and Responsibilities: 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.

Reference 3

Client Name:	North Dakota Department of Human Services, Developmental Disabilities Division	**Client Address:**	1237 W. Divide Ave. Suite 1A Bismarck, ND 58503			
Contact Name:	Tina M. Bay	**Contact Title:**	Assistant Director			
Contact Phone:	701-328-8966	**Contact E-mail:**	tbay@nd.gov			
Project Name: North Dakota DD Case Management				**Start Date:**	July 2010	**End Date:**	Ongoing

Project Description: Therap's work in North Dakota includes an interface to the state's central Master Client Index, which the Therap System both queries and adds to as clients are enrolled. Therap has continued to build out, enhance, and adapt the North Dakota implementation to include functionality developed with other states and to adjust to new regulations and policies. Therap was awarded a sole source contract in June 2010 to replace North Dakota's ASSIST DB2/Lotus Notes legacy system that handled intake, eligibility, referral, slot management, service authorizations, licensing, case management, support planning, and early intervention. Therap was also tasked with implementing Incident Management and a full provider Electronic Health Record. Within the first six months, Therap replaced ASSIST and was able to migrate data from DB2 and Lotus notes in a way that it was usable within Therap.

Project Role and Responsibilities: 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.

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Key Personnel Reference Form 2			
Key Personnel Name:	Jeff Covington	**Proposed Role:**	Project Manager

Reference 1

Client Name:	South Carolina Department of Disabilities and Special Needs	**Client Address:**	3440 Harden Street Extension, Columbia, SC 29203
Contact Name:	David Foshee	**Contact Title:**	IT Manager
Contact Phone:	803-898-9781	**Contact E-mail:**	DFoshee@ddsn.sc.gov

Project Name: Statewide DD/Early Intervention/Brain Injury Case Management	**Start Date:**	March 2015	**End Date:** Ongoing

Project Description: Therap has been working with DDSN since 2015 and is now mandated for DDSN providers in South Carolina. The case management system is currently being implemented in South Carolina, including the following components:

- Level of Care
- Eligibility
- Individual Intake
- Case Notes
- Case Management Assessment, Worksheet, and Support Plan
- Employment

Individual demographic information tracking, service plan tracking and monitoring, health records, medication administration, and behavior monitoring information have also been implemented.

Project Role and Responsibilities: 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.

Reference 2

Client Name:	Alabama Department of Mental Health, Division of Mental Health and Substance Abuse Services	**Client Address:**	P.O. Box 301410, Montgomery, AL 36130-1410
Contact Name:	Angie Astin	**Contact Title:**	RN
Contact	334-353-3981	**Contact E-**	angie.astin@mh.alabama.gov

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Phone:		**mail:**				
Project Name: Statewide MH/SA Incident Reporting			**Start Date:**	August 2016	**End Date:**	Ongoing
Project Description: Therap has implemented a statewide incident reporting system administered by the Division of Mental Health and Substance Abuse Services.						
Project Role and Responsibilities: 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.						
Reference 3						
Client Name:	South Dakota Division of Developmental Disabilities	**Client Address:**	3800. E. Hwy 34 - Hillsview Plaza. Pierre, SD 57501			
Contact Name:	Ashley Schlichenmayer-Okroi	**Contact Title:**	Program Specialist II			
Contact Phone:	605-773-3438	**Contact E-mail:**	Ashley.SchlichenmayerOkroi@state.sd.us			
Project Name: South Dakota Division of Developmental Disabilities Statewide Case Management			**Start Date:**	July 2016	**End Date:**	Ongoing
Project Description: Therap has successfully implemented Conflict Free Case Management, incident reporting, Personal Focus Worksheet, ISP Agenda, ISP Plans, and Case Notes across South Dakota.						
Project Role and Responsibilities: 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.						

Key Personnel Reference Form 3						
Key Personnel Name:	Stephanie Masters Norton	**Proposed Role:**	Quality Assurance Manager			
Reference 1						
Client Name:	UCP of Greater Birmingham	**Client Address:**	120 Oslo Circle, Birmingham, AL 35211			
Contact Name:	Janis Braue	**Contact Title:**	Former Director of Adult Services			
Contact Phone:	205-420-2393	**Contact E-mail:**	jbraue@charter.net			
Project Name: Agency-wide Therap implementation			**Start Date:**	March 2014	**End Date:**	October 2015
Project Description: Implementation of Therap applications.						

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Project Role and Responsibilities: Implementation of Therap across a multi service provider (Adult Day, Employment, Therapy Services, etc).							
Reference 2							
Client Name:	United Ability	**Client Address:**	120 Oslo Circle, Birmingham, AL 35211				
Contact Name:	Mary Roth	**Contact Title:**	Director of Adult Services				
Contact Phone:	205-943-5205	**Contact E-mail:**	mroth@unitedability.org				
Project Name: Agency-wide Therap implementation			**Start Date:**	May 2018	**End Date:**	Ongoing	
Project Description: Implementation of Therap applications.							
Project Role and Responsibilities: Continued Implementation of Therap across Employment Services, Day Services, Community Services, etc.							
Reference 3							
Client Name:	Alabama Department of Mental Health	**Client Address:**	P.O. Box 301410, Montgomery, AL 36130-1410				
Contact Name:	Anna McConnell	**Contact Title:**	Autism Services Director				
Contact Phone:	800-499-1816	**Contact E-mail:**	anna.mcconnell@mh.alabama.gov				
Project Name: Alabama Autism Services Case Management			**Start Date:**	March 2019	**End Date:**	Ongoing	
Project Description: Implementation of Therap for a new State program for Autism Services - utilizing Therap for Information & Referral, Eligibility, Priority List, Case Management Documentation, Referrals, Service Documentation and Billing.							
Project Role and Responsibilities: 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.							

Key Personnel Reference Form 4			
Key Personnel Name:	Chelsea Lloyd	**Proposed Role:**	Implementation Specialist
Reference 1			
Client Name:	The Institute of Professional Practice, Inc.	**Client Address:**	80 Erdman Way – Suite 103A Leominster, MA 01453
Contact Name:	Ryan Sullivan	**Contact Title:**	Business System Analyst
Contact Phone:	978-868-3113	**Contact E-mail:**	rsullivan@ippi.org

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Project Name: Agency-wide Therap implementation			**Start Date:**	January 2014	**End Date:** September 2016
Project Description: Implementation of Therap applications.					
Project Role and Responsibilities: Key account related tasks that included retention, utilization, and multi-state usage.					
Reference 2					
Client Name:	Kindred Hearts, LLP	**Client Address:**	219 McClellan St, Philadelphia, PA 19148		
Contact Name:	Mikail Powell	**Contact Title:**	COO		
Contact Phone:	267-226-8960	**Contact E-mail:**	mpowell@kindredheartsllp.com		
Project Name: Agency-wide EVV implementation			**Start Date:**	October 2019	**End Date:** Ongoing
Project Description: Implementation of Therap applications.					
Project Role and Responsibilities: EVV implementation which included admin training on the Scheduling/EVV module, Billing setup/training, communication with Sandata for testing and validation, interface setup, and monitoring/tracking of EVV visit data.					
Reference 3					
Client Name:	King Family Enterprise, LLC	**Client Address:**	922 N 9th St, Philadelphia, PA 19141		
Contact Name:	Barbara King	**Contact Title:**	CFO		
Contact Phone:	215 456-1640	**Contact E-mail:**	bking_enterprise@comcast.net		
Project Name: Agency-wide EVV implementation			**Start Date:**	October 2019	**End Date:** Present
Project Description: Implementation of Therap applications.					
Project Role and Responsibilities: EVV implementation which included admin training on the Scheduling/EVV module, Billing setup/training, communication with Sandata for testing and validation, interface setup, and monitoring/tracking of EVV visit data.					

Key Personnel Reference Form 5			
Key Personnel Name:	Anthony G. Tobey	**Proposed Role:**	Security Analyst
Reference 1			
Client Name:	A-LIGN	**Client Address:**	Rivergate Tower, 400 N Ashley Dr #1325, Tampa, FL 33602
Contact Name:	Michael Brown	**Contact Title:**	Senior Project Manager

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Contact Phone:	1-888-702-5446 x473	**Contact E-mail:**	michael.brown@a-lign.com				
Project Name: SOC 2 Compliance and Certification				**Start Date:**	January 2015	**End Date:**	Ongoing
Project Description:							
Project Role and Responsibilities:							
Reference 2							
Client Name:	CoreSite Realty Corporation	**Client Address:**	1001 17th Street, Suite 500, Denver, CO 80265				
Contact Name:	Gabe Pannella	**Contact Title:**	Senior Director				
Contact Phone:	201-993-9005	**Contact E-mail:**	Gabe.Pannella@coresite.com				
Project Name: Data center services				**Start Date:**	November 2016	**End Date:**	Ongoing
Project Description:							
Project Role and Responsibilities:							
Reference 3							
Client Name:	Infogressive, Inc.	**Client Address:**	1560 S. 70th Street, Lincoln, NE 68506				
Contact Name:	Robert Frickel	**Contact Title:**	Vice President of Engineering				
Contact Phone:	402-261-0123 x109	**Contact E-mail:**	robert.frickel@infogressive.com				
Project Name: Managed Security Services				**Start Date:**	January 2014	**End Date:**	Ongoing
Project Description:							
Project Role and Responsibilities:							

Key Personnel Reference Form 6			
Key Personnel Name:	Sazzad Rafique	**Proposed Role:**	Technical Solutions Architect
Reference 1			
Client Name:	North Dakota Department of Human Services, Developmental	**Client Address:**	1237 W. Divide Ave. Suite 1A Bismarck, ND 58503

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	Disabilities Division					
Contact Name:	Wendy Dannenfelzer	**Contact Title:**	Assistant Director			
Contact Phone:	701-328-8784	**Contact E-mail:**	wdannenfelzer@nd.gov			
Project Name: North Dakota DD Case Management			**Start Date:**	July 2010	**End Date:**	Ongoing
Project Description: Therap's work in North Dakota includes an interface to the state's central Master Client Index which the Therap System both queries and adds to as clients are enrolled. Therap has continued to build out, enhance, and adapt the North Dakota implementation to include functionality developed with other states and to adjust to new regulations and policies. Therap was awarded a sole source contract in June 2010 to replace North Dakota's ASSIST DB2/Lotus Notes legacy system that handled intake, eligibility, referral, slot management, service authorizations, licensing, case management, support planning, and early intervention. Therap was also tasked with implementing Incident Management and a full provider Electronic Health Record. Within the first six months, Therap replaced ASSIST and was able to migrate data from DB2 and Lotus notes in a way that it was usable within Therap.						
Project Role and Responsibilities: 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.						
Reference 2						
Client Name:	South Carolina Department of Disabilities and Special Needs	**Client Address:**	3440 Harden Street Extension, Columbia, SC 29203			
Contact Name:	David Foshee	**Contact Title:**	IT Manager			
Contact Phone:	803-898-9781	**Contact E-mail:**	DFoshee@ddsn.sc.gov			
Project Name: Statewide DD/Early Intervention/Brain Injury Case Management			**Start Date:**	March 2015	**End Date:**	Ongoing
Project Description: Therap has been working with DDSN since 2015 and is now mandated for DDSN providers in South Carolina. The case management system is currently being implemented in South Carolina, which includes the following: • Level of Care • Eligibility • Individual Intake • Case Notes • Case Management Assessment, Worksheet, and Support Plan • Employment						

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Individual demographic information tracking, service plan tracking and monitoring, health records, medication administration, and behavior monitoring information have also been implemented.							
Project Role and Responsibilities: 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.							
Reference 3							
Client Name:	Nebraska Department of Health and Human Services, Region II Services	**Client Address:**	PO Box 732 North Platte, NE. 69103-0732				
Contact Name:	Pamela J. Mann	**Contact Title:**	Executive Director				
Contact Phone:	308-535-8072	**Contact E-mail:**	pamela.mann@region2services.org				
Project Name: Nebraska DD Case Management				**Start Date:**	March 2011	**End Date:**	Ongoing
Project Description: Therap initially implemented statewide incident management in Nebraska very quickly to assist (successfully) with DoJ oversight. Following that, Therap won an RFP for a Case Management and billing System. The first phase of this was annual plans, followed by budgets, followed by full cycle billing so now every DD authorization, claim and adjudication flows through Therap. Therap is fully implemented by all Nebraska's providers including up to 2000 independent providers. Nebraska's self advocates and families also have access to Therap. In order to facilitate these processes, Therap has built several interfaces to Nebraska's legacy NFOCUS system. This has involved working with numbers of teams from different state departments and contractors and managing potentially difficult relationships and processes. Therap has assisted the Division in implementing new regulations and is currently working alongside the Division to design and implement the practical workings of their new rate structure.							
Project Role and Responsibilities: 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.							

Key Personnel Reference Form 7			
Key Personnel Name:	Barry Pollack	**Proposed Role:**	Business Analyst
Reference 1			
Client Name:	South Carolina Department of	**Client Address:**	3440 Harden Street Extension, Columbia, SC 29203

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	Disabilities and Special Needs		
Contact Name:	David Foshee	**Contact Title:**	IT Manager
Contact Phone:	803-898-9781	**Contact E-mail:**	DFoshee@ddsn.sc.gov

Project Name: Statewide DD/Early Intervention/Brain Injury Case Management	**Start Date:**	March 2015	**End Date:** Ongoing

Project Description: Therap has been working with DDSN since 2015 and is now mandated for DDSN providers in South Carolina. The case management system is currently being implemented in South Carolina, which includes the following:

- Level of Care
- Eligibility
- Individual Intake
- Case Notes
- Case Management Assessment, Worksheet, and Support Plan
- Employment

Individual demographic information tracking, service plan tracking and monitoring, health records, medication administration, and behavior monitoring information have also been implemented.

Project Role and Responsibilities: 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.

Reference 2

Client Name:	Alabama Department of Mental Health	**Client Address:**	P.O. Box 301410, Montgomery, AL 36130-1410
Contact Name:	Anna McConnell	**Contact Title:**	Autism Services Director
Contact Phone:	800-499-1816	**Contact E-mail:**	anna.mcconnell@mh.alabama.gov

Project Name: Alabama Autism Services Case Management	**Start Date:**	March 2019	**End Date:** Ongoing

Project Description: Implementation of Therap for a new State program for Autism Services - utilizing Therap for Information & Referral, Eligibility, Priority List, Case Management Documentation, Referrals, Service Documentation and Billing.

Project Role and Responsibilities: 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.

Reference 3

Client Name:	Division of Developmental	**Client Address:**	100 N Union Street PO Box 301410 Montgomery, AL 36130-1410

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	Disabilities Alabama Department of Mental Health					
Contact Name:	Jeffery E. Williams	**Contact Title:**	Executive Assistant to the Associate Commissioner			
Contact Phone:	334-242-3701	**Contact E-mail:**	jeff.williams@mh.alabama.gov			
Project Name: Alabama Department of Mental Health (ADMH) Electronic Documentation System			**Start Date:**	March 2019	**End Date:**	Ongoing
Project Description: Therap has implemented a state-wide incident reporting system.						
Project Role and Responsibilities: 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.						

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Attachment 5
Initial Work Plan

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- Technical Solutions Architect: TSA
- Business Analyst: BA

The draft Gantt chart is based on the Task Groups identified in this RFP:

- **Task Group 1 - Project Initiation and Project Management Plan:** This phase encompasses the project kickoff meetings, initial project planning and set up activities. This phase includes the Payment Milestone 1. Therap will discuss with the department to provide the final plans and deliverables mentioned in ***4.5 Project Task Groups, Payment Milestones, and Deliverables*** for this phase.
- **Task Group 2 - Solution Planning:** This phase is divided into two stages: Payment Milestone 2 and Payment Milestone 3. The initial stage will encompass the plans related to the Data Management, Incident Management, Master Test and Requirements Management and others defined in the Project Task Groups. The second state will encompass the Requirements Specification Document, Requirements Traceability Matrix and other documents related to the system security and backup.
- **Task Group 3 - Solution Design, Testing, and Operational Readiness:** This phase is divided into three stages: Payment Milestone 4, Payment Milestone 5 and Payment Milestone 6. This phase includes the test cases, test plan, test results and other documents related to the different testing activities. Plans such as the Capacity Plan, Configuration Management Plan, Data Conversion Plan, Operational Readiness plan and Training Management Plan are also included in this phase. Therap is a browser-based COTS SaaS solution and does not require installation on devices. Prior to the solution deployment, the testing activities will be done to ensure that all the configuration on the production system is done correctly and the system is working properly.
- **Task Group 4 - Solution Deployment:** This phase is divided into three stages: Payment Milestone 7, Payment Milestone 8 and Payment Milestone 9. Tasks such as the review of Supporting Documentation, Operational Milestone and Implementation Plan roll out will be performed. Additionally, training activities such as the Training Schedule, Training Materials, System and User Documentation and Training Report will be provided. Therap will work with the Department to finalise the Turnover and Closeout Management Plan.
- **Task Group 5- Project Monitor & Control:** As the Contractor, Therap will provide operational support and maintenance of the EVV solution until the end of the contract.

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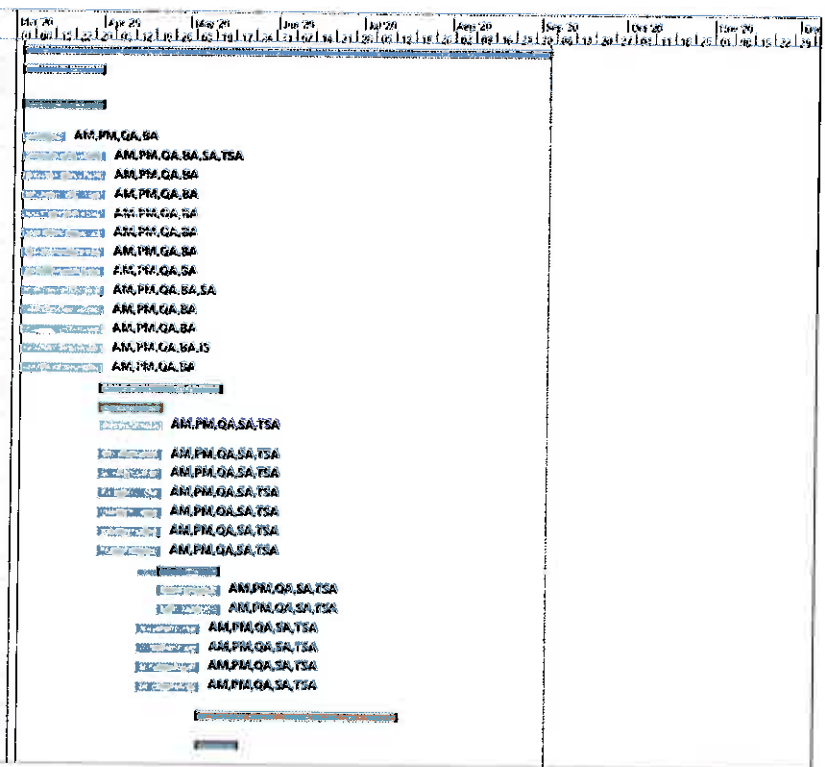
ID	Task Name	Duration	Start	Finish
1	**Electronic Visit Verification (EVV) System**	**132 days**	**Wed 03/04/20**	**Thu 09/03/20**
2	**Task Group 1 - Project Initiation and Project Management Plan**	**20 days**	**Wed 03/04/20**	**Tue 03/31/20**
3	***Payment Milestone 1: Project Initiation Complete***	***20 days***	***Wed 03/04/20***	***Tue 03/31/20***
4	Project Kickoff Meeting	10 days	Wed 03/04/20	Tue 03/17/20
5	Change Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
6	Communication Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
7	Cost Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
8	Documentation Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
9	Modularity and Reusability Plan	20 days	Wed 03/04/20	Tue 03/31/20
10	Project Work Plan	20 days	Wed 03/04/20	Tue 03/31/20
11	Quality Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
12	Risk and Issue Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
13	Schedule Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
14	Scope Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
15	Staffing Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
16	Stakeholder Management Plan	20 days	Wed 03/04/20	Tue 03/31/20
17	**Task Group 2 - Solution Planning**	**30 days**	**Wed 04/01/20**	**Tue 05/12/20**
18	***Payment Milestone 2: Solution Planning 2***	***15 days***	***Wed 04/01/20***	***Tue 04/21/20***
19	Data Management Plan (including Governance and Quality)	15 days	Wed 04/01/20	Tue 04/21/20
20	Data Security, Privacy, and Confidentiality Plan	15 days	Wed 04/01/20	Tue 04/21/20
21	Incident Management Plan	15 days	Wed 04/01/20	Tue 04/21/20
22	Master Test Plan (Testing Management Plan)	15 days	Wed 04/01/20	Tue 04/21/20
23	Privacy Impact Analysis	15 days	Wed 04/01/20	Tue 04/21/20
24	Requirements Gap Analysis Document	15 days	Wed 04/01/20	Tue 04/21/20
25	Requirements Management Plan	15 days	Wed 04/01/20	Tue 04/21/20
26	***Payment Milestone 3: Solution Planning 2***	***15 days***	***Wed 04/22/20***	***Tue 05/12/20***
27	Requirements Specification Document	15 days	Wed 04/22/20	Tue 05/12/20
28	Requirements Traceability Matrix	15 days	Wed 04/22/20	Tue 05/12/20
29	Safeguard Procedures Report	15 days	Wed 04/15/20	Tue 05/05/20
30	Security Plan	15 days	Wed 04/15/20	Tue 05/05/20
31	System Backup and Record Retention Plan	15 days	Wed 04/15/20	Tue 05/05/20
32	System Requirement Document/Backlog User Stories or Use Cases	15 days	Wed 04/15/20	Tue 05/05/20
33	**Task Group 3 - Solution Design, Testing, and Operational Readiness**	**50 days**	**Wed 05/06/20**	**Tue 07/14/20**
34	***Payment Milestone 4: Solution Design, Testing, and Operational Readiness 1***	***10 days***	***Wed 05/06/20***	***Tue 05/19/20***



Project: WV EVV BNP Project Pla
Date: Sun 07/05/20

Task		Project Summary		Manual Task		Start only		Deadline	
Split		Inactive Task		Duration only		Finish only		Progress	
Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress	
Summary		Inactive Summary		Manual Summary		External Milestone			

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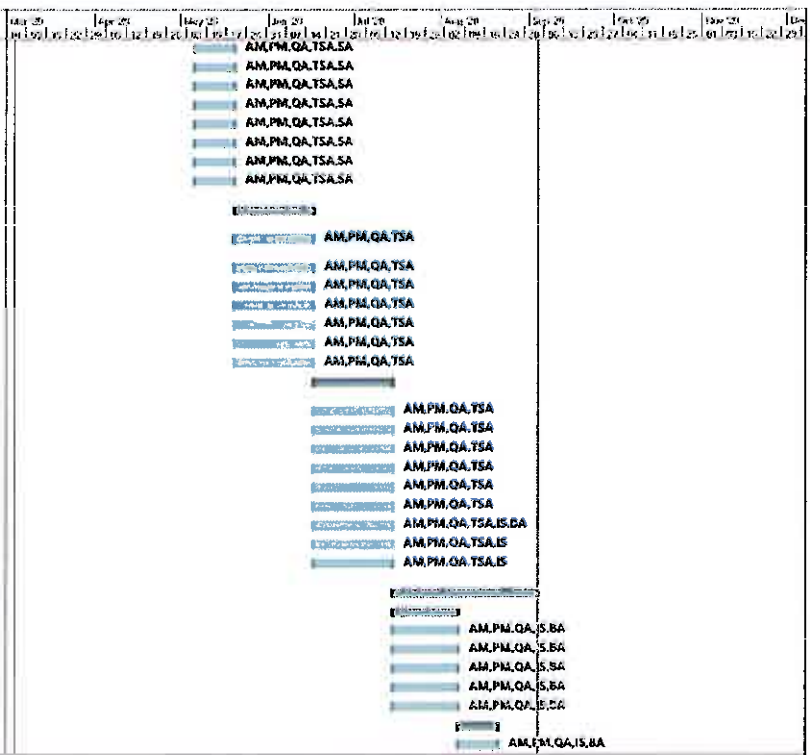
ID	Task Name	Duration	Start	Finish
35	Capacity Plan	10 days	Wed 05/06/20	Tue 05/19/20
36	Configuration Management Plan	10 days	Wed 05/06/20	Tue 05/19/20
37	Data Conversion Plan	10 days	Wed 05/06/20	Tue 05/19/20
38	Data Conversion Test Cases	10 days	Wed 05/06/20	Tue 05/19/20
39	Data Conversion Test Results	10 days	Wed 05/06/20	Tue 05/19/20
40	Database Design Document and Data Models	10 days	Wed 05/06/20	Tue 05/19/20
41	Detailed System Design Document	10 days	Wed 05/06/20	Tue 05/19/20
42	Disaster Recovery and Business Continuity Plan	10 days	Wed 05/06/20	Tue 05/19/20
43	***Payment Milestone 5: Solution Design, Testing, and Operational Readiness 2***	***20 days***	***Wed 05/20/20***	***Tue 06/16/20***
44	Federal Certification and Review Management Plan	20 days	Wed 05/20/20	Tue 06/16/20
45	Interface Inventory	20 days	Wed 05/20/20	Tue 06/16/20
46	Load and Stress Test Cases	20 days	Wed 05/20/20	Tue 06/16/20
47	Load and Stress Test Results	20 days	Wed 05/20/20	Tue 06/16/20
48	Operational Readiness Plan	20 days	Wed 05/20/20	Tue 06/16/20
49	Operational Readiness Test Scripts	20 days	Wed 05/20/20	Tue 06/16/20
50	Operational Readiness Test Results	20 days	Wed 05/20/20	Tue 06/16/20
51	***Payment Milestone 6: Solution Design, Testing, and Operational Readiness 3***	***20 days***	***Wed 06/17/20***	***Tue 07/14/20***
52	Regression Test Cases	20 days	Wed 06/17/20	Tue 07/14/20
53	Regression Test Results	20 days	Wed 06/17/20	Tue 07/14/20
54	Reports and Forms Inventory	20 days	Wed 06/17/20	Tue 07/14/20
55	System Integration Plan	20 days	Wed 06/17/20	Tue 07/14/20
56	System Integration Test Cases	20 days	Wed 06/17/20	Tue 07/14/20
57	System Integration Test Results	20 days	Wed 06/17/20	Tue 07/14/20
58	Training Management Plan	20 days	Wed 06/17/20	Tue 07/14/20
59	User Acceptance Test Cases	20 days	Wed 06/17/20	Tue 07/14/20
60	User Acceptance Test Results and Letter of Completion	20 days	Wed 06/17/20	Tue 07/14/20
61	Task Group 4 - Solution Deployment	37 days	Wed 07/15/20	Thu 09/03/20
62	***Payment Milestone 7: Deployment 1***	***17 days***	***Wed 07/15/20***	***Thu 08/06/20***
63	Cutover Play Book	17 days	Wed 07/15/20	Thu 08/06/20
64	Federal Review Supporting Documentation	17 days	Wed 07/15/20	Thu 08/06/20
65	Implementation Certification Letter	17 days	Wed 07/15/20	Thu 08/06/20
66	Implementation Plan (Project Plan)	17 days	Wed 07/15/20	Thu 08/06/20
67	Operations Change Management Plan	17 days	Wed 07/15/20	Thu 08/06/20
68	***Payment Milestone 8: Deployment 2***	***20 days***	***Fri 08/07/20***	***Thu 08/20/20***
69	Operational Milestone Review	10 days	Fri 08/07/20	Thu 08/20/20



Project: WV EVV BFP Project Pla
Date: Sun 07/05/20

Task		Project Summary		Manual Task		Start-only		Deadline	
Split		Inactive Task		Duration-only		Finish-only		Progress	
Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress	
Summary		Inactive Summary		Manual Summary		External Milestone			

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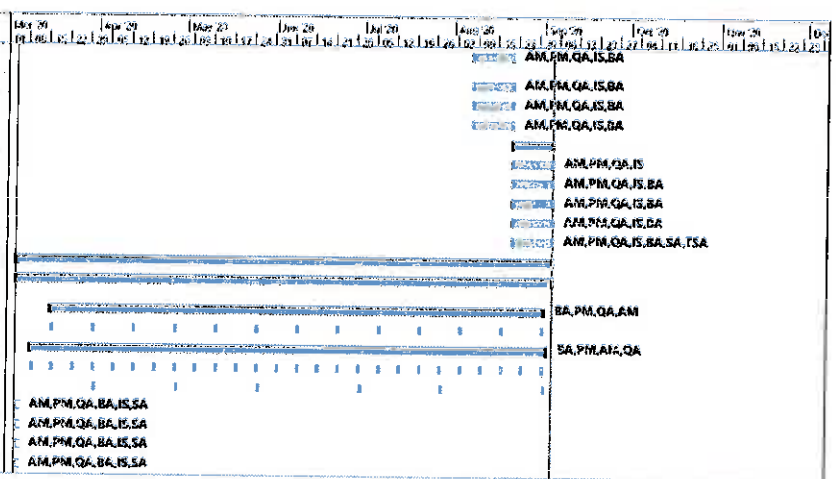
ID	Task Name	Duration	Start	Finish
70	Product Screenshots , Reports, and Data Certification	10 days	Fri 08/07/20	Thu 08/20/20
71	Report Distribution Schedule	10 days	Fri 08/07/20	Thu 08/20/20
72	Solution Health Monitoring Plan	10 days	Fri 08/07/20	Thu 08/20/20
73	System Operations Plan	10 days	Fri 08/07/20	Thu 08/20/20
74	***Payment Milestone 9: Deployment 3***	***10 days***	***Fri 08/21/20***	***Thu 09/03/20***
75	System and User Documentation	10 days	Fri 08/21/20	Thu 09/03/20
76	Training Materials	10 days	Fri 08/21/20	Thu 09/03/20
77	Training Report	10 days	Fri 08/21/20	Thu 09/03/20
78	Training Schedule	10 days	Fri 08/21/20	Thu 09/03/20
79	Turnover and Closeout Management Plan	10 days	Fri 08/21/20	Thu 09/03/20
80	Task Group 6- Project Monitor & Control	132 days	Wed 03/04/20	Thu 09/03/20
81	***Payment - Monthly Implementation Project Management Invoice***	***132 days***	***Wed 03/04/20***	***Thu 09/03/20***
82	Project Schedule	121 days	Mon 03/16/20	Mon 08/31/20
83	Bi-weekly	121 days	Mon 03/16/20	Mon 08/31/20
97	Project Status Reporting	127 days	Mon 03/09/20	Tue 09/01/20
98	Weekly	126 days	Mon 03/09/20	Mon 08/31/20
125	Monthly	111 days	Mon 03/30/20	Tue 09/01/20
132	Risk Register/Exception Plan		Wed 03/04/20	On going basis
133	Updated Project Management Components		Wed 03/04/20	On request basis
134	Updated Requirements Traceability Matrix		Wed 03/04/20	On going basis
135	Updated Training Management Plan		Wed 03/04/20	On going basis



Project: NW BW BEP Project Pla
Date: Sun 03/05/20

Task | Split | Milestone | Summary | Project Summary | Inactive Task | Inactive Milestone | Inactive Summary | Manual Task | Duration-only | Manual Summary Rollup | Manual Summary | Start-only | Finish-only | External Tasks | External Milestone | Deadline | Progress | Manual Progress

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Attachment 6
Mandatory Requirements

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1. **Instructions**

1.1 The Vendor must meet the mandatory requirements as a part of the submitted proposal. Failure on the part of the Vendor to meet any of the mandatory requirements will result in its proposal's disqualification, at the sole discretion of the Department of Health and Human Resources (DHHR). The terms "must", "shall", or "will" stipulates and identifies a mandatory requirement.

1.2 The Vendor must demonstrate compliance with mandatory requirements in its proposal. If the Vendor's proposal meets the mandatory requirements, the Vendor's Proposal may be included in the next part of the technical evaluation of this request for proposal (RFP).

1.3 For mandatory requirements that involve documentation, Vendors should include the documentation with their technical proposal. If the documentation is not provided in the technical proposal, Vendors must provide a written commitment in their proposal to provide the documentation prior to contract execution. When appropriate, Vendors must provide narrative responses in the area below.

1.3.1 See the attached Microsoft Excel* file titled, *Attachment 6: Mandatory Requirements.*

1.4 Therap has reviewed each requirement outlined in Attachment 6: Mandatory Requirements and has provided specific responses for each requirement below.

MR002	The Vendor must agree to adhere to the performance measures and penalties outlined within the service level agreements (SLAs) included in the request for proposal (RFP)	Therap agrees to adhere to the performance measures and penalties outlined within the service level agreements (SLAs) included in the request for proposal (RFP).
MR003	The Vendor must ensure that solution modules and applications integrate successfully and effectively with minimal or no customization	Therap is a fully-integrated COTS SaaS solution that requires minimal customization. The solution is highly configurable, and allows users to configure a number of system features. Therap implements a standards-based approach to its technology design and interoperability that includes service-oriented architecture (SOA), that allows effective integration with external systems.
MR004	The solution must securely capture and electronically verify	Therap's Scheduling/EVV module is a comprehensive EVV solution that allows for the secure capture and electronic verification of components identified in the 21st Century Cures Act which include the component identified in MR005 to MR012.
MR005	The identity of the member receiving services	The identity of the member receiving services is identified on the Schedule slot form.
MR006	The identity of the direct care worker making the visit	The identity of the direct care worker making the visit is available on the Scheduling/EVV form.

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MR007	The identity of the provider agency	The identity of the provider agency will be available upon logging in to the system.
MR008	The date the visit begins and ends	The date the visit begins and ends will be displayed on the Scheduling/EVV form.
MR009	The time the visit begins and ends	The time the visit begins and ends will be displayed along with the date on the Scheduling/EVV form.
MR010	The location of the visit	The location of the visit can be identified when creating a schedule. The location will also be captured with the help of geolocation when checking in and out to verify the location information.
MR011	The services being delivered	The services beings delivered will be noted on the Scheduling/EVV form. Users can add service related information in the comments field as well.
MR012	The waiver program or plan name	The waiver program or plan name will be available on the form as part of the identification data sets.
MR013	The solution must uniquely identify each user	Each user is identified through a unique combination of login name and provider code. Each provider has a unique provider code, and within a provider, each user has a unique login name.
MR014	The solution must have the ability to receive data from approved electronic visit verification (EVV) data partners and aggregate the external data into the overall solution, through the Department's approved file format and transfer method(s)	Therap has extensive experience in interfacing with various external systems and enterprises. The Therap system is highly flexible and is capable of receiving data from approved electronic visit verification (EVV) data partners. Therap will work with the Department to aggregate the external data into the overall solution through an approved file format and transfer method(s).
MR015	The solution must be accessible for individuals with physical disabilities and vision impairments and satisfy the accessibility requirements of Section 508 of the Rehabilitation Act and the Americans with Disabilities Act (ADA)	Therap employs several self-advocates with physical disabilities and vision impairments who are accessing and managing their own data using our solution. Therap complies with the Section 508 of the Rehabilitation Act and Americans with Disabilities Act (ADA).
MR016	The Vendor must establish business associate agreements (BAA) or contractual agreements with the Department and any subcontractors according to Federal agency requirements that have access to data which is subject to protection by the Health Insurance Portability and Accountability Act (HIPAA) (Reference https://www.hhs.gov/hipaa/index.html)	Therap will establish required agreements with the Department as required. Therap is not proposing the use of any subcontractors for this proposal.

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MR017	The Vendor must agree to enter into applicable Business Associate Agreements (BAA) with external electronic visit verification (EVV) data partners as directed by the Department prior to accepting or exchanging protected health information (PHI) and/or personally identifiable information (PII) data from the EVV solution	Therap will establish required agreements with EVV data partners as directed by the Department.
MR018	The Vendor must ensure that all data submitted to or collected by the solution will remain the property of the Department	Data entered by Department provider/agency users will remain property of the Department.
MR019	The Vendor must agree to abide by all the Department security and privacy policies to protect confidential and sensitive information	Therap complies with Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) requirements. Therap will work with the Department to meet security and privacy policies to protect confidential and sensitive information.
MR020	The solution must have the ability to receive, store, and exchange protected health information (PHI) and personally identifiable information (PII) through authentication, along with encryption methods to secure sensitive information following nationally recognized standards, including the privacy and security controls outlined within National Institute of Standards and Technology (NIST) Security and Privacy Controls for Federal Information Systems and Organizations special publication (SP) 800-53 (moderate) and NIST SP 800-111, Guide to Storage Encryption Technologies for End User Devices (Reference https://csrc.nist.gov/publications/detail/sp/800-111/final and https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf)	When logging into Therap, a user will need to enter a valid login name, password, and provider code for authentication. Data communication during transmission and data at rest are 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. Therap has 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. Therap's Security Primer addresses, at a technical level, many of the issues identified by higher order document sets, such as NIST Special Publication 800-53. We have provided a copy of our Security Primer as a separate attachment with our proposal.
MR021	The solution must use only Federal Information Processing Standard (FIPS) Pub 140-2 validated (or higher) encryption or equivalent. (Reference https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-2.pdf, and https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-3.pdf)	Within Therap, data communication during transmission and data at rest are 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.
MR022	The Vendor must remain in alignment with all future updates to Centers for Medicare & Medicaid Services' (CMS') certification processes and any future updates to the Medicaid Enterprise Certification Toolkit (MECT). (Reference https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html)	Therap will cooperate and collaborate with the Department to remain in alignment with future updates to CMS certification, including the MECT.

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MR023	The Vendor must design the solution to support the Medicaid Information Technology Architecture (MITA) goals for the Department as defined in the Department's MITA State Self-Assessment (SS-A) and other West Virginia MITA artifacts provided in the WV EVV RFP Procurement Library.	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 will assist the Department to align with its MITA technical goals.
MR024	The Vendor must coordinate with the Department to develop all documentation required by Centers for Medicare & Medicaid Services' (CMS') Certification process as defined in the most recent Medicaid Enterprise Certification Toolkit (MECT) (Reference https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html)	Therap will cooperate and collaborate with the Department to develop documentation required for CMS certification, including the MECT.

The 'Attachment 6: Mandatory Requirements' workbook has been completed and provided below with the 'Section' and 'Page#' columns indicating the location of the corresponding responses throughout this RFP.

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Mandatory Requirements

Req ID #	RTM ID	Hierarchy Level	Requirement Text	Type	Attachment	Section	Page #
MR001	5207	1	All provided services must comply with the Department rules.	Program Management	Attachment 3 - Vendor Qualifications and Experience	2	46
MR002	5296	1	The Vendor must agree to adhere to the performance measures and penalties outlined within the service level agreements (SLAs) included in the request for proposal (RFP).	Project Management	Attachment 6 - Mandatory Requirements	5	94
MR003	4762	1	The Vendor must ensure that solution modules and applications integrate successfully and effectively with minimal or no customization.	Hardware and Infrastructure	Attachment 6 - Mandatory Requirements	5	94
MR004	4333	1	The solution must securely capture and electronically verify:	Visit Verification	Attachment 6 - Mandatory Requirements	5	94
MR005	4334	2	The identity of the member receiving services	Visit Verification	Attachment 6 - Mandatory Requirements	5	94
MR006	4339	2	The identity of the direct care worker making the visit	Visit Verification	Attachment 6 - Mandatory Requirements	5	94
MR007	4181	2	The identity of the provider agency	Visit Verification	Attachment 6 - Mandatory Requirements	5	95
MR008	4335	2	The date the visit begins and ends	Visit Verification	Attachment 6 - Mandatory Requirements	5	95
MR009	4336	2	The time the visit begins and ends	Visit Verification	Attachment 6 - Mandatory Requirements	5	95
MR010	4337	2	The location of the visit	Visit Verification	Attachment 6 - Mandatory Requirements	5	95
MR011	4338	2	The services being delivered	Visit Verification	Attachment 6 - Mandatory Requirements	5	95
MR012	5180	2	The waiver program or plan name	Visit Verification	Attachment 6 - Mandatory Requirements	5	95
MR013	4341	1	The solution must uniquely identify each user.	Security Management	Attachment 6 - Mandatory Requirements	5	95
MR014	3984	1	The solution must have the ability to receive data from approved electronic visit verification (EVV) data partners and aggregate the external data into the overall solution, through the Department's approved file format and transfer method(s).	Data Sources, Delivery, and Display	Attachment 6 - Mandatory Requirements	5	95
MR015	4342	1	The solution must be accessible for individuals with physical disabilities and vision impairments and satisfy the accessibility	Project Management	Attachment 6 - Mandatory Requirements	5	95

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			requirements of Section 508 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).				
MR016	4221	1	The Vendor must establish business associate agreements (BAA) or contractual agreements with the Department and any subcontractors according to Federal agency requirements that have access to data which is subject to protection by the Health Insurance Portability and Accountability Act (HIPAA). (Reference: https://www.hhs.gov/hipaa/index.html)	Security Management	Attachment 6 - Mandatory Requirements	5	95
MR017	4343	1	The Vendor must agree to enter into applicable Business Associate Agreements (BAA) with external electronic visit verification (EVV) data partners as directed by the Department prior to accepting or exchanging protected health information (PHI) and/or personally identifiable information (PII) data from the EVV solution.	Security Management	Attachment 6 - Mandatory Requirements	5	96
MR018	4340	1	The Vendor must ensure that all data submitted to or collected by the solution will remain the property of the Department.	Security Management	Attachment 6 - Mandatory Requirements	5	96
MR019	5216	1	The Vendor must agree to abide by all the Department security and privacy policies to protect confidential and sensitive information.	Security Management	Attachment 6 - Mandatory Requirements	5	96
MR020	4841	1	The solution must have the ability to receive, store, and exchange protected health information (PHI) and personally identifiable information (PII) through authentication, along with encryption methods to secure sensitive information following nationally recognized standards, including the privacy and security controls outlined within National Institute of Standards and Technology (NIST) Security and Privacy Controls for Federal Information Systems and Organizations special publication (SP) 800-53 (moderate) and NIST SP 800-111, Guide to Storage Encryption Technologies for End User Devices. (Reference: https://csrc.nist.gov/publications/detail/sp/800-111/final and https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf)	Security Management	Attachment 6 - Mandatory Requirements	5	96
MR021	5155	1	The solution must use only Federal Information Processing Standard (FIPS) Pub 140-2 validated (or higher) encryption or equivalent. (Reference: https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-2.pdf, and https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-3.pdf)	Security Management	Attachment 6 - Mandatory Requirements	5	96
MR022	4346	1	The Vendor must remain in alignment with all future updates to Centers for Medicare & Medicaid Services' (CMS') certification processes and any future updates to the Medicaid Enterprise Certification Toolkit (MECT). (Reference: https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html)	CMS Certification	Attachment 6 - Mandatory Requirements	5	96

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MR023	4344	1	The Vendor must design the solution to support the Medicaid Information Technology Architecture (MITA) goals for the Department as defined in the Department's MITA State Self-Assessment (SS-A) and other West Virginia MITA artifacts provided in the WV EVV RFP Procurement Library.	CMS Certification	Attachment 6 - Mandatory Requirements	5	97
MR024	4345	1	The Vendor must coordinate with the Department to develop all documentation required by Centers for Medicare & Medicaid Services' (CMS') Certification process as defined in the most recent Medicaid Enterprise Certification Toolkit (MECT). (Reference: https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html)	CMS Certification	Attachment 6 - Mandatory Requirements	5	97

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Attachment 7
Business Specifications Approach

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1. **Instructions**
   - **1.1** **The Vendor should provide a narrative overview of how the proposed system will meet the business specifications. Use the response sections to provide specific details of the proposed approach to meeting the business specifications in each subject matter area.**
   - **1.2** **Responses should reference specifications and relevant mandatory requirements using the appropriate IDs from *Appendix 1: Detailed Specifications* and *Attachment 6: Mandatory Requirements.***
   - **1.3** **DHHR also expects the Vendor to propose its approach for meeting any specifications included in RFP *Section 4: Project Specifications.***
   - **1.4** **Responses in this section should be highly focused on the business processes and specifications and not simply provide generic or marketing descriptions of solution capabilities.**
   - **1.5** **If the Vendor is proposing a phased implementation, the Vendor should indicate how that approach may or may not affect functionality. Additionally, the Vendor should indicate exception handling processes where appropriate and any dependencies on existing systems or components of the new system to provide the specified functionality.**

2. **Visit Verification**
   - **2.1** **Refer to the relevant business specifications located in *Appendix 1: Detailed Specifications* and pertinent narrative in *Section 4: Project Specifications* in this RFP to cover solution capabilities in this area. The Vendor should describe its approach to Visit Verification below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications.***
   - **2.2** 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:

     1. The type of service performed;
     2. The individual receiving the service;
     3. Date of the service;
     4. Location of service delivery;
     5. Individual providing the service; and,
     6. The time the service begins and ends.

     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. Administrators will be able to configure

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details of module use (e.g., scheduling options, staff assignments). Administratively assigned roles and caseloads will define how each user will be able to use the module.

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 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.

Therap understands that business rules may change during the contract. We are confident in our ability to meet the requirements stated by the Department. 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.

The system can be accessed from Therap's secure URL using any device 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. Therap has been able to anticipate and absorb increased resource and functionality requirements, while currently supporting the data being entered by over 6,000 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.

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.

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

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operational activities. Therap will be able to provide adequate training to users who will be furnishing varying services to individuals.

Therap has extensive experience in interfacing with various systems across different states to meet both state and federal regulations for documentation and storage of information for individuals receiving long term services and supports. Therap's EVV module and our Aggregator Interface has been created based on careful review of the EVV requirements. The versatility of our solution ensures that the modules can be used in a streamlined process, while still meeting specific state requirements across the country. As a result, our system can be used to collect EVV data. We will be able to collect data from other approved third party electronic visit verification (EVV) systems. Therap will develop data aggregation functionality for this project according to needs and specifications of the Department.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and Section 4: Project Specifications, and has provided specific responses for each 'Visit Verification' subject matter area requirement below.

VV001	The solution should have the ability to verify the delivery of electronic visit verification (EVV) services for multiple programs with different rules and edits	Therap's EVV module offers a number of ways to verify the delivery of electronic visit verification services for multiple programs. Program rules can be defined when setting up the module and creating service authorizations. Data can then be collected based on those rules for each program. Additional verification abilities include the option to collect a signature or a voice recording during the service delivery. The location information is also automatically collected when carrying out EVV.
VV002	The solution should have the ability to make a complete set of visit-related data elements submitted for verification available for monthly reporting and as requested by the Department, including, but not limited to	Therap's EVV module provides the ability to make a complete set of visit-related data elements to be submitted for verification available for monthly reporting and also to meet state regulations regarding EVV.
VV003	Individual receiving services	The name of the individual receiving services is displayed on the Schedule Slot form.
VV004	Direct care worker	Once assigned to provide a specific service on a Schedule Slot form, the name of the direct care worker will be displayed on the Schedule Slot form.
VV005	Billing provider agency	The Service Authorization form contains billing related information about each particular service that is being provided. The form also contains the billing provider agency.
VV006	Location of visit	Users are able to designate start and end addresses for each schedule for visit verification. Additionally, the exact address and the GPS coordinates are tracked and stored when staff check in and out for the schedules using the EVV module.

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VV007	Date of visit	The date of visit is stamped on each schedule, along with other identifying information (e.g., individual name, staff name, service to be provided).
VV008	Visit start time	The start time of the visit is stamped on each schedule, along with other identifying information (e.g., individual name, staff name, service to be provided, and date of visit).
VV009	Visit finish time	The end time of the visit is stamped on each schedule, along with other identifying information (e.g., individual name, staff name, service to be provided, date of visit, start time).
VV010	Missed visits	The EVV module maintains a color code for differing statuses of visits, including missed visits.
VV011	Late visits	The EVV module maintains a color code for differing statuses of visits, including missed visits.
VV012	Services delivered, including billing code and modifiers	"The service description and code is stamped on each schedule along with other identifying information (e.g., individual name, staff name, service to be provided, date of visit, start time, end time). The Service Authorization form associated with that service contains additional details such as billing codes and modifiers."
VV013	Independent verification by individual receiving services	Independent verification by individual receiving services can be collected and tracked using the mobile ISP Data module and also the EVV module. Both the ISP Data and EVV modules allow for the collection of signatures from the individuals once a service is completed. The EVV module also has the ability to collect voice verification. For either of the methods, no PHI is stored on devices.
VV014	Payer	Payer information is collected and stored on the Service Authorizations created for each service to be provided.
VV015	Manual or electronic verification	Manual verifications can be entered into the system at a convenient time for the user. They can be entered as an attachment to the Schedule Slot form.

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VV016	Data collection system, including the Department solution and other approved third party electronic visit verification (EVV) systems	Therap has extensive experience in interfacing with various systems across different states to meet both state and federal regulations for documentation and storage of information for individuals receiving long term services and supports. Therap's EVV module and our Aggregator Interface has been created based on careful review of the EVV requirements. The versatility of our solution ensures that the modules can be used in a streamlined process, while still meeting specific state requirements across the country. As a result, our system can be used to collect EVV data. We will be able to collect data from other approved third party electronic visit verification (EVV) systems.
VV017	The solution should have the ability to integrate the scheduling, authorization monitoring, visit verification, and billing	Therap's EVV module is a comprehensive solution that integrates scheduling, authorization monitoring, visit verification, and billing. Administrators will need to set up Service Authorizations with billing information before schedules can be created. Visit verification can only be carried out once schedules are finalized and approved. Billing data can then be generated from schedules for which vist verification has been carried out.
VV018	The solution should verify visit components are within program requirements when a visit verification service is initiated and ignore, warn, or stop the user from entering data into the solution as determined by Department	Therap EVV module is a comprehensive solution that integrates scheduling, authorization monitoring, visit verification, and billing. As a result, checks for ensuring visit components are within program requirements is carried out while scheduling for those services. The checks ensure 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 fields on the form.
VV019	The solution should securely capture an independent verification of the service delivery from the member receiving services	Independent verification by individual receiving services can be collected and tracked using the mobile ISP Data module and also the EVV module. Both the ISP Data and EVV modules allow for the collection of signatures from the individuals once a service is completed. The EVV module also has the option to collect voice verification. For either of the methods, no PHI is stored on devices.
VV020	The solution should have the ability to allow a direct care worker and/or provider agency to record visits to multiple members within a 24 hour period	Schedules can be created for multiple members within a 24 hour period. Direct care workers and/or provider agency staff with appropriate roles will then be able to record visits on the associated schedules.
VV021	The solution should account for living arrangements in which multiple members receiving services reside at a single address	The Scheduling module allows for the creation of two types of the schedules: Program based and Individual based. Users can choose to create a Program based screenshot to account for multiple members receiving services at a single address. However, if billing is associated to each individual,

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		Individual based schedules can be created and the living arrangements can be noted on the form.
VV022	The solution should have the ability to allow multiple direct care workers and/or provider agencies to record visits to a member within a 24 hour period.	Schedules can be created that would allow multiple direct care workers and/or provider agencies to record visits to a member within a 24 hour period. **Therap provides checks for overlapping slots, but** does not prevent users from bypassing those checks.
VV023	The solution should have the ability to account for situations in which services are provided to a group of members during a single visit	The Scheduling module allows for the creation of two types of the schedules: Program based and Individual based. Users can choose to create a Program based screenshot to account for multiple members receiving services at the same time. However, if billing is associated to each individual, Individual based schedules can be created for each individual in the group.
VV024	The solution should have the ability to account for situations in which the member and the direct care worker reside at the same address	The address an individual is residing in can be entered on the Schedule Slot form. Additional information pertaining to a situation in which a member and the direct care worker resides in the same address can be noted on the Schedule Slot form as well.
VV025	The solution should account for situations in which a visit starts and/or ends away from the member's place of residence.	The Schedule Slot form that designated fields for entering the start and end address for a visit. Users will also have to define the address when checking in and out for that visit so address comparison can be carried out.
VV026	The solution should be configurable to either allow or prevent multiple direct care workers and/or provider agencies from providing services to a member at the same time	The scheduling and EVV solution is highly configurable. Users with appropriate privileges will be able to update the configuration of the module to either allow or prevent multiple direct care workers and/or provider agencies from providing services to a member at the same time.
VV027	The solution should verify that the agency providing the service has a valid pre-authorization for each member served on file	The system ensures a Service Authorization is available before visits can be scheduled when a schedule is created. Only services for which an active Service Authorization form is available will populate on the list of services. The schedule verifies that the agency providing the service has a valid pre-authorization for each member served.
VV028	The solution should verify that the time of the visit is within the parameters outlined on the prior authorization and recorded in a format that can be sorted. The format should be YYYY-MM-DDTHH:MM:SS or equivalent	Therap's Scheduling module allows for the record of the time of the visit and is connected to the service authorization for comparison. Therap will be able to provide the information in YYYY-MM-DDTHH:MM:SS format or equivalent.
VV029	The solution should have the ability to allow the Department to identify circumstances in which visit verification is not necessary	Users with appropriate privileges will be able to update the configuration of the module and the user privileges in circumstances in which visit verification is not necessary. If scheduled, administrators can also add comments or

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		attachments pertaining to such circumstances to ensure staff associated are aware of the requirements.
VV030	The solution should send real-time alerts when a visit documented in the prior authorization system is not initiated at the scheduled time	The color coded nature of the Scheduling module allows for real time alerts to be provided when a visit documented in the prior authorization system is not initiated at the scheduled time. Therap is able to provide additional notification options.
VV031	The solution should have the ability to account for circumstances in which a visit crosses calendar days	The Scheduling module allows for the creation of schedules which span over a day.
VV032	The solution should accommodate different definitions of pending, late, and missed visits by the status types as defined by the applicable program and/or waiver service	Therap uses a color coded system to accommodate different definitions of pending, late, and missed visits by the status types as defined by the applicable program and/or waiver service.
VV033	The solution should allow a direct care worker and/or provider agency to receive messages indicating a possible problem with a visit verification	Therap's Secure Communication (SComm) module allows for the exchange of HIPAA compliant messages within an agency. SComm messages allow a direct care worker and/or provider agency to send and receive messages indicating a possible problem with a visit verification.

3. Program Management

3.1 Refer to the relevant business specifications located in *Appendix 1: Detailed Specifications* and pertinent narrative in *Section 4: Project Specifications* in this RFP to cover solution capabilities in this area. The Vendor should describe its approach to Program Management below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications.*

3.2 Therap is a web-based application suite that is designed to provide a comprehensive solution for the planning, documentation, reporting, communication and billing needs of organizations providing long term services and supports to individuals in home and community-based services (HCBS) and other settings. Therap proposes its COTS, SaaS solution which is a web-based, turnkey system that will provide a highly secure and reliable system which can be configured to the state's specific workflows and terminology with minimal programming and new development required. Therap's SaaS based model is an intuitive and flexible application with a high-performance infrastructure to provide a solution that is reliable, scalable and secure. The system can be accessed from Therap's secure URL using any device with a standard web browser and an active Internet connection at a speed that supports basic web browsing. Therap has extensive experience and expertise building web service based interfaces. We will be able to provide near real time data transfer through web service once requirements are identified and agreed upon by the state and Therap.

Therap provides a fully integrated billing system that captures electronically-signed service delivery documentation as close to the point of service delivery as possible and uses that data and rule based billing calculations to process electronic claims.

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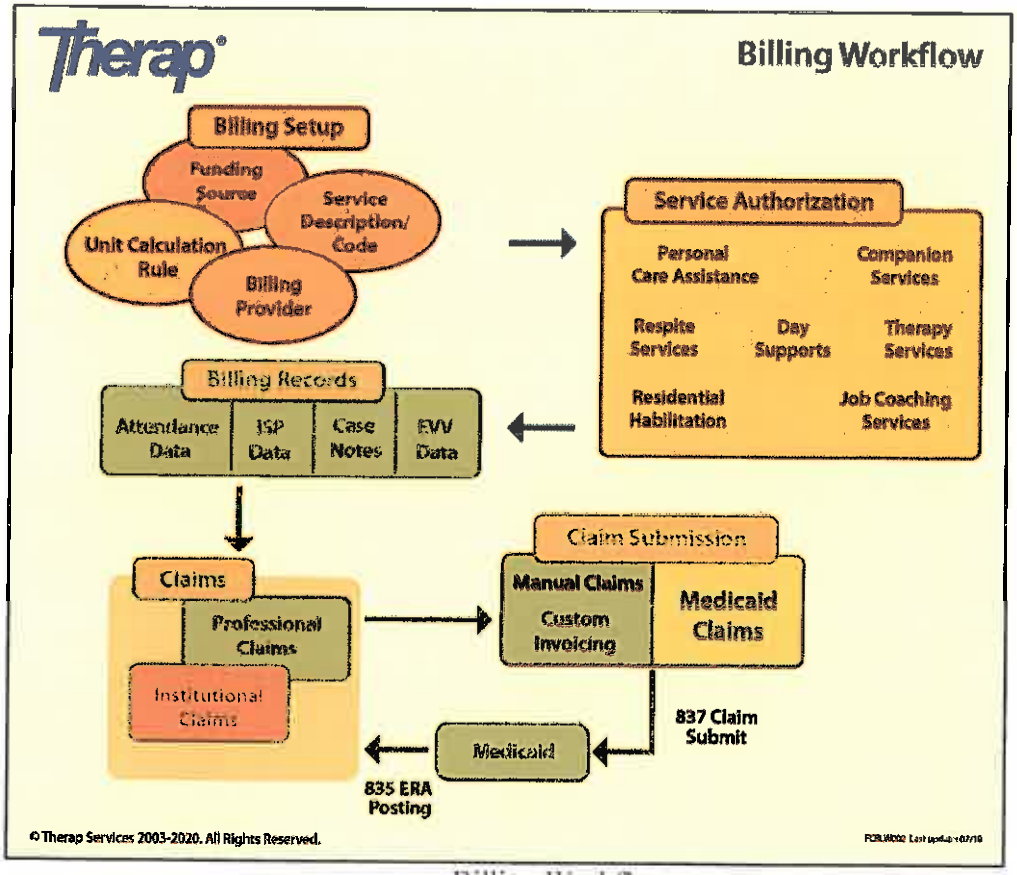
Therap's highly-configurable Billing workflow seamlessly integrates financial assessment data with service data. It ensures that services are tracked according to stated outcomes, billed, and sent as claims to the appropriate payers by different levels of users with specific roles and permissions.

Prior to billing and claims processing, the Pre-Authorization module can be used to calculate rates for services, incorporating the necessary waiver, service date range, assessment scores, and unit information. Once rates are calculated, a Service Authorization form is delivered to the appropriate service providers, who can then acknowledge the Service Authorization forms created from the Pre-Authorizations and initiate the billing process for services they are authorized to deliver.

The billing workflow provided below is a sample of the Therap billing process. Therap will be able to customize this workflow to meet the requirements outlined by the State of Missouri.



Billing Workflow

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,

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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.

Therap's Billing applications provide an integrated billing data system for claim generation, using the same system for both manual and electronic claim submission. The system is able to manage multiple billing providers, including necessary identifying information.

Once a Service Authorization is approved, users can generate the Billing Data for the service, which is then linked to the claim form. Therap uses requirements from Medicaid and/or other payment sources, to define rules for claim amount calculations. The module contains claim forms, specifically designed for creating Institutional Claims and Professional Claims.

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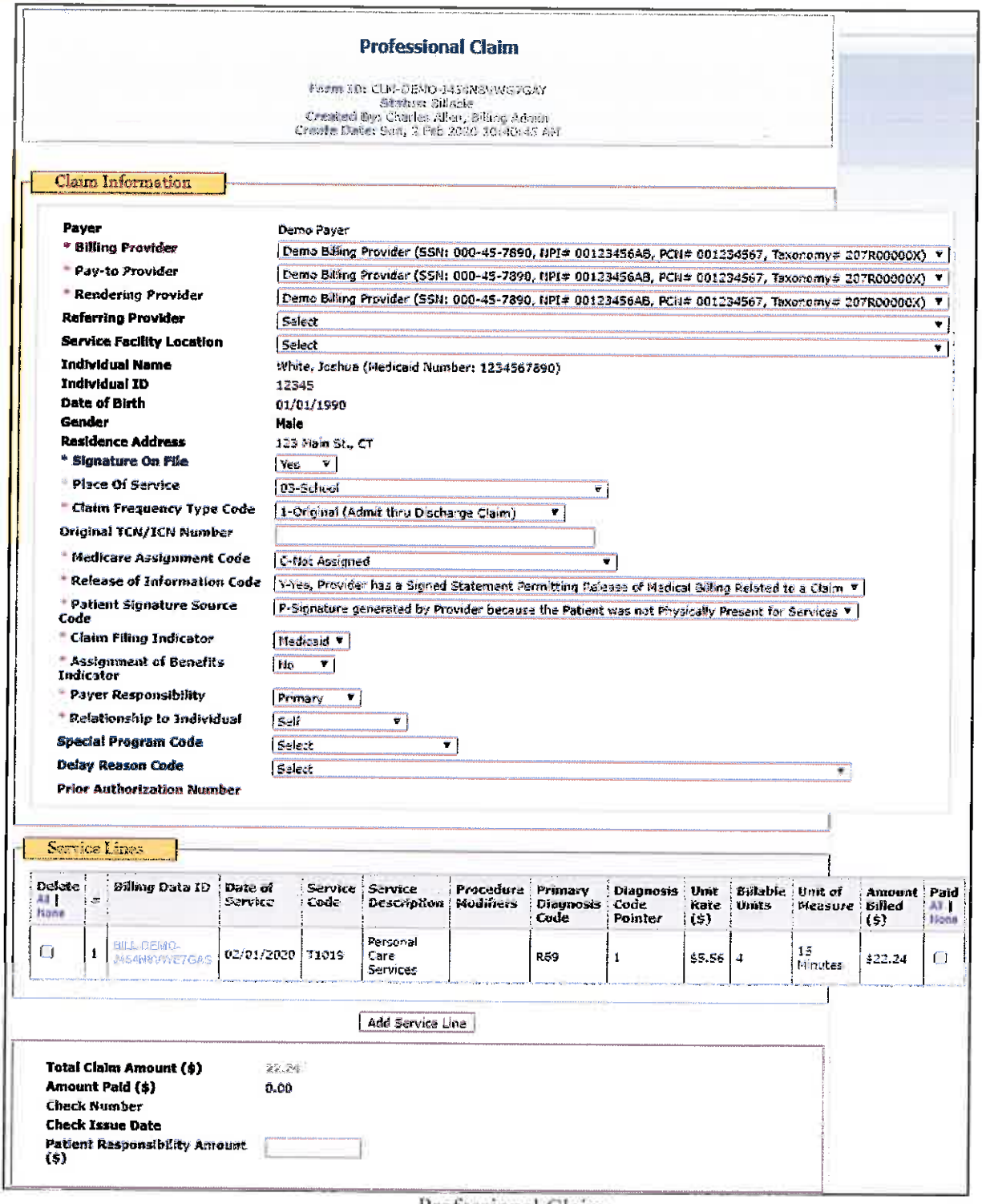

Professional Claim

Form ID: CLM-DEMO-J454N8VWE7GAY
Status: Billable
Created By: Charles Allen, Billing Admin
Create Date: Sun, 2 Feb 2020 10:40:45 AM

Claim Information

Payer	Demo Payer
* **Billing Provider**	Demo Billing Provider (SSN: 000-45-7890, NPI# 00123456AB, PCN# 001234567, Taxonomy# 207R00000X)
* **Pay-to Provider**	Demo Billing Provider (SSN: 000-45-7890, NPI# 00123456AB, PCN# 001234567, Taxonomy# 207R00000X)
* **Rendering Provider**	Demo Billing Provider (SSN: 000-45-7890, NPI# 00123456AB, PCN# 001234567, Taxonomy# 207R00000X)
Referring Provider	Select
Service Facility Location	Select
Individual Name	White, Joshua (Medicaid Number: 1234567890)
Individual ID	12345
Date of Birth	01/01/1990
Gender	Male
Residence Address	123 Main St., CT
* **Signature On File**	Yes
* **Place Of Service**	03-School
* **Claim Frequency Type Code**	1-Original (Admit thru Discharge Claim)
Original TCN/ICN Number	
* **Medicare Assignment Code**	C-Not Assigned
* **Release of Information Code**	Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Related to a Claim
* **Patient Signature Source Code**	P-Signature generated by Provider because the Patient was not Physically Present for Services
* **Claim Filing Indicator**	Medicaid
* **Assignment of Benefits Indicator**	No
* **Payer Responsibility**	Primary
* **Relationship to Individual**	Self
Special Program Code	Select
Delay Reason Code	Select
Prior Authorization Number	

Service Lines

Delete All | None	#	Billing Data ID	Date of Service	Service Code	Service Description	Procedure Modifiers	Primary Diagnosis Code	Diagnosis Code Pointer	Unit Rate ($)	Billable Units	Unit of Measure	Amount Billed ($)	Paid All | None
☐	1	BILL-DEMO-J454N8VWE7GAS	02/01/2020	T1019	Personal Care Services		R69	1	$5.56	4	15 Minutes	$22.24	☐

Add Service Line

Total Claim Amount ($)	22.24
Amount Paid ($)	0.00
Check Number	
Check Issue Date	
Patient Responsibility Amount ($)	

Professional Claim

The system is able to create multiple claims within a billing period if there is an authorization change or unit rate change within that period. The system is able to create

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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, and monthly cycles. For 837I claims, the billing system allows for template billing for recurring claims. Replacement and voided claims can be sent in order to correct claims. The associated TCN/ICN numbers are automatically updated electronically or can be added manually. Therap allows HCPC codes to be assigned on the claims and will be able to ensure 837 claim transaction flow to MassHealth.

For each claim, Therap allocates a Patient Responsibility Amount to be paid by the individual. Patient Responsibility Amounts can be defined when setting up billable services for each individual. Users can also limit the amount of services units to be billed by daily, monthly, quarterly, semi-annual, and yearly periods. Claims submitted by a billing provider are sent to the state.

The billing system can send Void and Replacement claims. Associated TCN/ICN numbers can be added to the Void or Replacement claim. The claim can be marked billable, and any corrections that have been made will be automatically applied to the resubmitted claim. Reason Codes for changes and delayed submissions are provided.

Users can generate billing reports to verify service tracking accuracy throughout the billing cycle. These reports include:

- Billing Summary Report: Exportable reports that allow users to create ad-hoc reports by selecting which output columns (e.g. Authorization Number, Funding Source, and Service Description/Code) to be included in a report.
- Utilization Report: Charts the utilization percentage of the total units of a service. Output columns of this report include total authorized units, total used units, unit cost, and remaining units. This report can be generated for yearly or monthly duration.
- Denied Claim Report: Report can be generated showing a list of claims that have been denied for both Professional Claims and Institutional Claims. A typical Denied Claim Report will show Claim ID, Queued Date, and Total Amount.
- Reconciliation Report: Report contains TCN/ICN number, sent date, and paid date.

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. Users, depending on their access privileges, are able to generate reports from the Therap system. Administrators may send requests to Therap support for additional reports specific to their purpose.

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.

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Using Individual Budgeting tools within the system, the State can track budgets in various status levels, funding components and other categories. This allows for developing reports on total funding commitments, both approved and requested, and review by state, region, waiver, service, provider agency, or other classification.

Therap's Individual Budget is designed to manage multiple funding streams, from federal matching funds to state funded programs, special grants, cost share responsibilities, special class populations, and the wide variety of eligibility requirements that go along with each. The system manages multiple waiver packages and service options, blending these funding streams together to support individuals in service models, including agency based, and consumer directed models. Administrators can manage varying rates for each service or a rate range depending on the service options within or across waivers and other programs. In addition, administrators have the ability to centrally approve individual budget amounts and budget plans, and can manage requests for exceptions to the budget rules.

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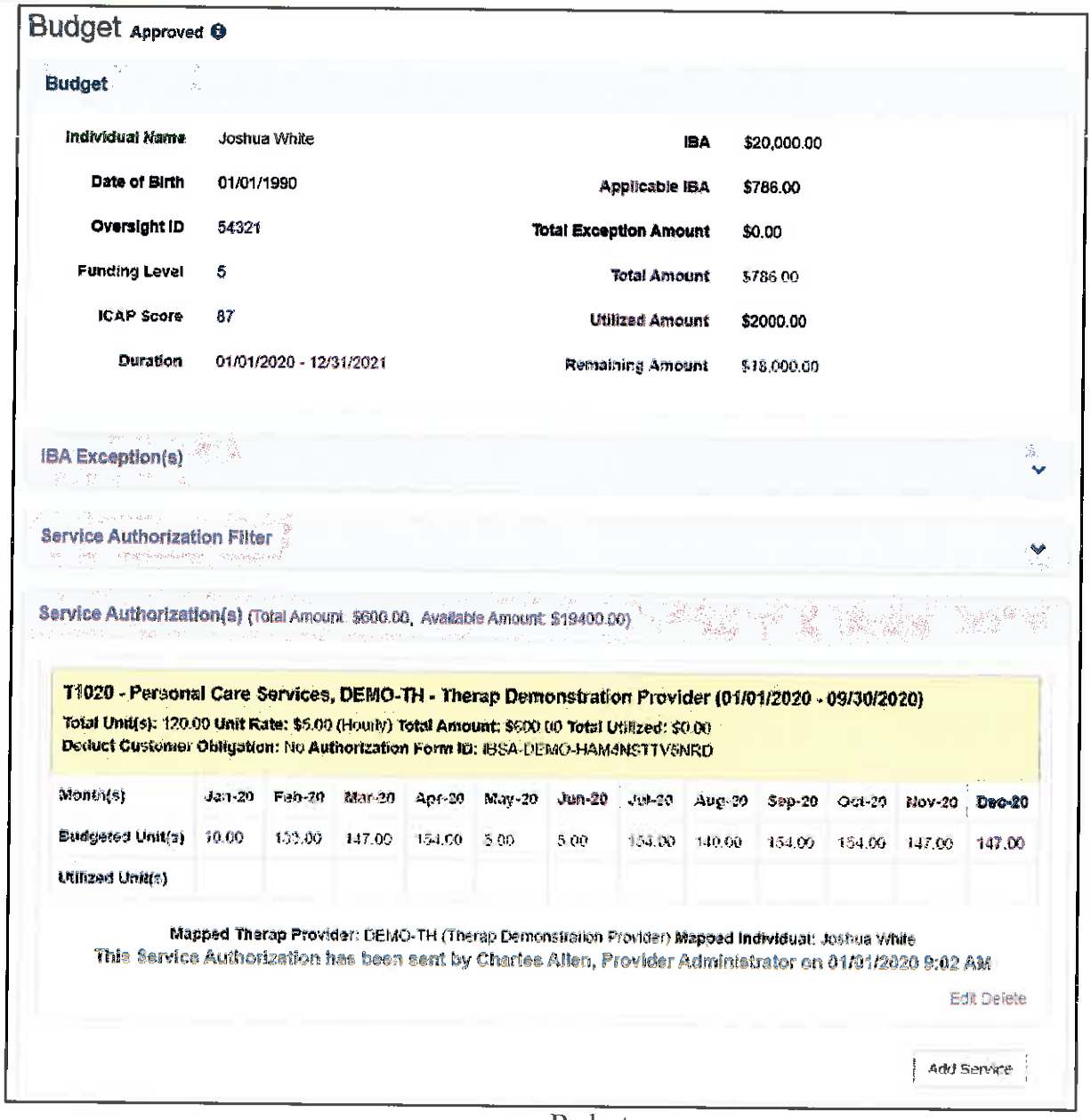

Budget

The EVV features provided by Therap allow 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. In addition, comment boxes are available where users can enter other 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.

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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. The checkout button does not appear until a user has checked in for a service. Whenever actions such as submission, alteration, or approval occur, 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.

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.

These features augment quality assurance and audit activity. Administrators can verify that service delivery is carried out by appropriate staff as scheduled, documenting the service location and other pertinent information.

We are currently in the process of integrating our Billing module with our EVV functionality. Scheduling, authorization and visit verification are already integrated within the system. Scheduling can only be carried out by authorized users and for those services that have an approved service authorization. Only when these criteria are met can the appropriate user check in and out of services enabling visit verification.

The Electronic Billing service provided by Therap assists providers funded by Medicaid. Agencies can create and send professional claims for a single or multiple individuals and for one or more of their service lines. The Billing module allows for HIPAA compliant submission of professional and institutional claims.

Therap is a billing agent for a number of states where providers use our Billing module to carry out their billing procedures and requirements. Moreover, Therap has been selected as the EVV vendor for a state contract and is currently in discussion with other states regarding EVV utilization. Therap's EVV will be able to meet the requirements for integrating billing with our EVV functionality to meet the needs of State, TCMs, and provider agencies.

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Therap provides an extensive reporting mechanism allowing users to generate comprehensive standardized reports that can be used for quality assurance, tracking utilization, and to capture the efficacy of services. Reports include standard and module-specific reporting options, and supplementary reports in Therap's 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, 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.

The Report Library contains an array of comprehensive reports that have been created over time to meet the requirements of States and users across the country who provide HCBS services. Reports can be generated from data entered into various modules. Reports in the Report Library can be exported to Excel for tracking and trend analysis. For more specific reporting requirements, Therap can provide additional reports, as requested by the State. The system reports and custom reports can be run daily and as many times as an agency desires.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and Section 4: Project Specifications, and has provided specific responses for each 'Program Management' subject matter area requirement below.

PG001	The solution rules/procedures should allow and enforce multiple service limits for different service ranges including, but not limited to:	Therap's Billing module includes Service Authorizations that automate the process of tracking services authorized for members using a rule based system that provides flexibility and tracks utilization and other factors. In the Service Authorizations, users are able to authorize units per period (daily, weekly, monthly, quarterly, half-yearly, yearly) and apply validation rules to ignore, restrict or block the units billed if the billable units exceed the defined units.
PG002	Day	Please refer to PG001
PG003	Week	Please refer to PG001
PG004	Month	Please refer to PG001
PG005	Year	Please refer to PG001

PG006	The solution rules/procedures should accommodate retroactive prior authorizations and changes to prior authorizations based on revisions to recipients' plans of care/service plans	Therap's highly-configurable Billing workflow seamlessly integrates financial assessment data with service data. Prior to billing and claims processing, the Pre-Authorization module can be used to calculate rates for services, incorporating the necessary waiver, service date range, assessment scores, and unit information. Therap supports accommodation of retroactive prior authorizations. Users assigned with specific roles and privileges are able to update information related to prior authorization based on revisions to service plans.

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PG007	The solution should have the ability to round service delivery time	Therap's Billing module allows users to define rounding algorithm, unit measure calculation of services in the Service Authorizations.
PG008	The solution should provide a master client index of client information, including a single unique identifier (that is not the Social Security Number), for all clients	Therap has experience in interfacing with external systems, including Master Client Index (MCI) using SOAP-based service integration.
PG009	The solution should maintain an integrated repository of provider agency information, including a single unique identifier, for all providers	Therap maintains and manages a repository of provider agency information of all the agencies, including assigning each agency with a Provider Code that uses as a unique identifier.
PG010	The solution should be able to capture, verify, and support billing for in-home and community based setting service visits	Therap's Scheduling/Electronic Visit Verification (EVV) module has been designed to meet the needs of states and providers that 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.
PG011	The solution should have the ability to create Health Insurance Portability and Accountability Act (HIPAA)-compliant electronic 837 claim file submission to the State MMIS for claims processing in compliance with all Medicaid filing requirements	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. For 837I claims, the billing system allows for template billing for recurring claims. The system also has the ability to convert ANSI x 12 835 files to CSV or PDF format and includes information regarding adjustments made to the claim, displaying rejection and error codes.
PG012	The solution should automatically generate all required correspondence to individuals	Therap's Billing applications provide an integrated billing data system for claim generation, using the same system for both manual and electronic claim submission. The system is capable of generating required correspondence to users.
PG013	The Vendor should provide correspondence metric reports upon request by the Department	Therap's Activity Tracking feature can be used to audit and monitor user activities and produce metric usage reports. Therap has the capability to provide reports based on user requirements.
PG014	The solution should assist users in identifying which sections of forms should be filled in manually	The solution interface has been developed to be consistent across the system and as user friendly as possible based on years of user feedback. Users are able to identify and understand easily which sections of Therap's forms need to be filled in manually. For example, the required fields in various Therap forms are indicated with a red asterisk, where users will

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		need to complete required fields in order to be able to submit or approve forms.
PG015	The solution should provide the ability to deliver reports as mutually agreed-upon with the Department	Therap has the capability to create and deliver reports to users as requested and mutually agreed upon with the Department.
PG016	The solution should provide flexible web based reporting, including ad hoc reporting of all data stored within the solution.	The Therap application has a proprietary built-in reporting mechanism. It allows users to generate comprehensive standardized reports that can be used for quality assurance, tracking utilization, and tracking efficacy of services offered. Therap allows users to generate reports using the information recorded and stored in the system. Most modules in the Therap system have ad hoc reporting options as well. These options allow users to generate reports by selecting output columns, dates, individuals and other parameters. Users can generate reports specific to their requirements. In the same way, entry of information about an individual in other modules is also reportable. Module specific search functions allow users to specify parameters that define the scope of the search. Results can be exported to Excel for further analysis. Therap's Report Library contains a set of custom reports that have been created in response to user requests. These reports can be specific to certain modules and/or include multidisciplinary information to assist users in generating data for individuals that they support. These reports can be exported to Excel and PDF.
PG017	The solution should have the ability to make a complete set of data related to visits submitted for verifications available for reporting, including, but not limited to the following elements:	Therap's EVV module provides the ability to make a complete set of visit-related data elements to be submitted for verification available for reporting and also to meet state regulations regarding EVV.
PG018	Member receiving services	The name of the member receiving services is displayed on the Schedule Slot form when staff are carrying out electronic visit verification.
PG019	Direct care worker	The name of the direct care worker is displayed on the Schedule Slot form, when assigned to provide a specific service on a Schedule Slot form.
PG020	Provider	The name of the provider will be displayed on each screen within the system. The provider name will also be available on generated PDFs and Excels from the system.
PG021	Location of visit	Users are able to designate start and end addresses for each schedule for visit verification. Additionally, the exact address and the GPS coordinates are tracked and stored when staff check in and out for the schedules using the EVV module.

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PG022	Date of visit	The date of visit is stamped on each schedule along with other identifying information (e.g., individual name, staff name, service to be provided).
PG023	Start time of visit	The start time of the visit is stamped on each schedule along with other identifying information (e.g., individual name, staff name, service to be provided, and date of visit).
PG024	Missed visits	The EVV module maintains a color code for differing statuses of visits, including missed visits.
PG025	Late visits	The EVV module maintains a color code for differing statuses of visits, including late visits.
PG026	End time of visit	The end time of the visit is stamped on each schedule along with other identifying information (e.g., individual name, staff name, service to be provided, date of visit, start time).
PG027	Visit late time	Therap does not provide restrictions to checking in and out at times later than the scheduled time. Schedules will have a different color code when a user has checked in or out more than 15 minutes after the scheduled time to help differentiate it from the other schedules in Therap's Scheduling/EVV module. Users are able to get the visit late time from each schedule. Users will also be able to differentiate between the scheduled and actual check in or out times from existing reports in the system.
PG028	Services provided	The service description and code is stamped on each schedule for the service that is provided along with authorized units users are able to provide for a certain period of time.
PG029	Manual or electronic verification	Manual verifications can be entered into the system at a time that is convenient for the user. Such verifications can be entered as an attachment to the Schedule Slot form.
PG030	The solution should have the ability to use identifiers, mathematical functions, formatting, and manipulate data within reports	Users are able to select search parameters prior to generating various system reports, including identifiers such as appointed form IDs. The generated reports will list information based on the search criteria selected. Most modules in Therap system have ad hoc reporting options as well. These options allow users to generate reports by selecting output columns, dates, individuals and other parameters. Users can generate reports specific to their requirements.

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		Search results and standard reports can be exported to Excel for further modification and formatting.
PG031	The solution rules/procedures should have the ability to ensure the direct care services do not overlap with other direct care services	When creating Scheduling slots for members, administrative users are able to define the services that will be provided. The selection of a specific service is dependent upon the corresponding Service Authorization for that member. This ensures that direct care services do not overlap with other direct care services.
PG032	The solution should compile information from all EVV data sources and calculate total daily and weekly hours worked by direct care workers and agencies	Therap's EVV module is capable of compiling information from all EVV data visits and calculate total daily and weekly hours worked by direct care workers and agencies.
PG033	The solution should have the ability for the Department to allow and/or not allow retroactive care plan changes for specific services and/or programs through a configurable interface	Therap's ISP Program module allows users to be able to edit and update care plans retroactively. Only users assigned with specific roles and privileges are able to update approved ISP Programs through a configurable interface.
PG034	The solution should allow the Department to define and limit the circumstances in which a manual verification can be made	Therap is a module based application where each module allows for a specific set of actions that can be performed by users, depending on their level of access privileges. The Department will be able to define privileges for manually entering EVV Data, such as Check-In time and Check-Out time for scheduled slots.
PG035	The solution should use eligibility data transferred from the Medicaid Management Information System (MMIS) to determine if any waiver requirements apply. If no waiver requirements apply, the solution should assume that state plan requirements specific to the service being provided apply	Therap's Eligibility module provides tracking and workflow from intake through eligibility determination. This module helps determine whether an individual is eligible for waiver services. Case managers and/or support coordinators use these templates to create eligibility forms for the members they support. Therap can also manage HIPAA 270/271 electronic eligibility enquiry transactions to obtain information on Medicaid and private health insurance.
PG036	The Vendor should review the Department waivers and other state plan program requirements to develop and propose system edits that will meet the need of the Department. The Vendor should propose system settings for the Department to consider during the initial solution configuration and during operations. The review and proposal process should happen at an interval defined by the Department	Therap will work with the Department to develop and propose system settings regarding waivers and other state plan program requirements as needed.
PG037	The Vendor should provide web portal functionality that addresses the needs of	The Therap documentation system is COTS SaaS, rule based, and integrated. Users will be able to access the system using any device with a standard web browser and an active internet connection. They

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		may also use the Therap mobile applications which are available for both Android and iOS devices.
PG038	Provider agencies and their direct care workers	Users will need an active user account and appropriate roles and privileges to access the system online. Users and direct care workers from an agency can utilize various modules within the application to record service hours for members.
PG039	Members	When a member who is applying for services is entered in the Therap system, the member is automatically assigned a unique case number, which is the Individual Data form ID. Members' identification information, address, health information, insurance, contacts and other necessary information can be tracked using the Individual Data form.
PG040	Waiver program and/or legal representatives	The ISP Program module can be used to support different types of service plans based on the member's individual program. Based on the eligibility determination, the members can be enrolled in the appropriate program(s).
PG041	State program staff	Users with active user accounts and appropriate roles and privileges are able to access the application online.

4. Program Integrity

4.1 Refer to the relevant business specifications located in *Appendix 1. Detailed Specifications* and pertinent narrative in *Section 4. Project Specifications* in this RFP to cover solution capabilities in this area, The Vendor should describe its approach to Program Integrity below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications.*

4.2 Therap is a secure HIPAA compliant system. The Therap System incorporates security measures in adherence with each update to HIPAA standards, to maintain the most current and secure site possible. Additionally, Therap's applications are compliant with HIPAA OMNIBUS ACT of 2013 which incorporates HITECH and ARRA standards. Therap complies with NIST guidelines related to security, interconnection of systems, risk mitigation, security planning, and cloud environments.

Therap has a highly configurable role based access control mechanism. Access to information is dependent on the roles and privileges assigned to a specific user. Without the required roles and access rights, users will not be able to carry out actions within the system or view information entered by other users.

The 'Update History' feature ensures the archival of previous versions of the forms each time they are updated. This allows users to view previously entered data and review the changes made and the user responsible for the updates. Therap's "logical delete" feature

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flags records as deleted but retains them within the database for viewing by users with the appropriate privileges. Therap's Activity Tracking module can be used to view audit logs of users accessing information in the system. Each log may display activity date/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 member whose data was affected, program/site, additional information regarding the activity, and time zone. In the system, each action (including viewing a form) is recorded in the system with a time and date stamp and the electronic signature of the person performing the action. This helps prevent users from making false claims regarding information they entered or viewed within the system.

Therap's Business Intelligence module provides dashboards for generating reports in real-time and trends on data for user-selected parameters. Users can generate trends for various ranges and in different graphical formats (e.g,. bar chart, pie chart, stacked bar chart, line chart). The generated graphs can be downloaded and saved in Excel, PDF, PowerPoint, XML, CSV and other formats. Users can analyze program specific and provider specific data and identify trends for quality assurance activities. The dashboards consist of interactive and an easy-to-use graphical interface, through which users can generate reports based on user-selected parameters. Therap's Demographic Dashboard provides aggregated reports on member's demographic data. Reports allow comparison of data across providers and programs. Providers can recognize and respond to patterns using the Demographic Dashboard.

Demographic Dashboard in Business Intelligence module

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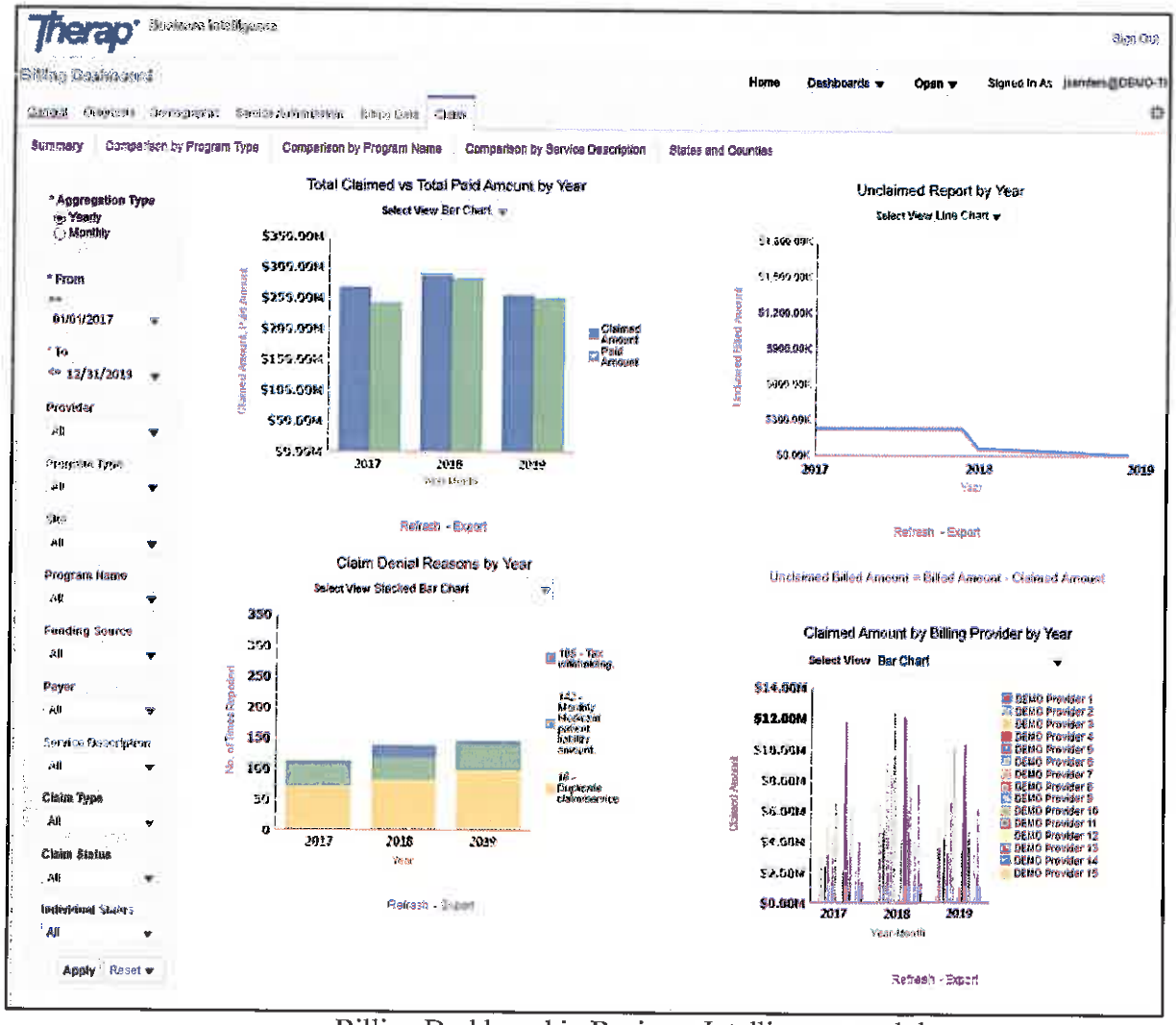
The Business Intelligence Billing Dashboard provides statistical representation of Billing data containing detailed Billing information for services provided at Oversight and provider levels. With this dashboard, agencies can create meaningful aggregate data reports that allow for identification of trends, execution of quality assurance activities, and assessment of overall agency performance. Users can select ranges and elements to view trends. The information can be exported to multiple formats.



Billing Dashboard in Business Intelligence module

Therap's Report Library has a collection of supplemental reports that have been developed by Therap after extensive requirement analysis to meet specific reporting needs. The roles and privileges assigned to users determine their reporting capabilities within the system. Reports in the Report Library are updated periodically to reflect changes in reporting requirements.

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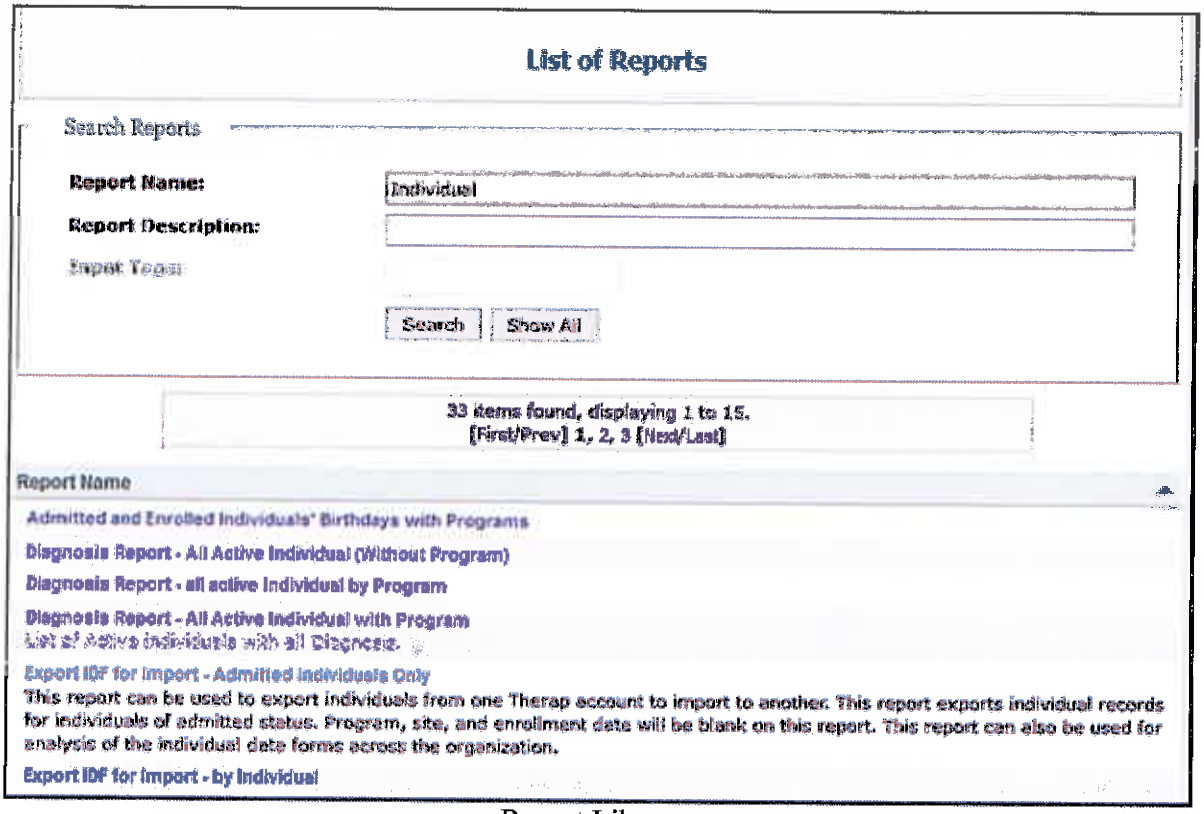

Report Library

For more specific reporting requirements, Therap provides additional reports, if requested by a Provider Administrator. After a Provider Administrator makes a report modification request, Therap evaluates the request by considering factors such as usability by a wide variety of users, the purpose of the report, and how often the report would be utilized.

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. Therap's EVV module can track the time and location of a service provided along with details and comments of the task performed. The system retains the scheduled time vs the check-in and check-out times of a visit. When creating Schedule slots for services, users are able to specify scheduling start and end date/time, service, staff member and address where the service will be provided. The Schedule Slot information can be viewed from a calendar grid to review if the same staff is providing services to multiple individuals at the same time at different locations.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and Section 4: Project Specifications, and has provided specific responses for each 'Program Integrity' subject matter area requirement below.

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PI001	The solution should allow the Department the ability to view the same information as a service provider	The system uses a sophisticated role based access mechanism. Access to various modules and forms in the system is dependent upon assigned roles and privileges. Administrative users are able to setup and configure privileges of users throughout the agency.
PI002	The Vendor should provide a summary of direct care workers and/or provider agencies who demonstrate a high level of missed and late visits, potentially fraudulent services, or potentially fraudulent billing patterns monthly and as requested by the Department	Therap's Report Library is a report inventory. It includes reports that users can use to view late and/or missed visits, along with the service that was provided. Therap also has the capability of creating custom reports based on user requirements.
PI003	The solution should track the time, location, and task performance of direct care workers during service delivery in order to safeguard against fraud, as well as to improve service delivery and program oversight	The Schedule Slot form in the Scheduling module can track the time and location of a service provided and other details and comments about the task performance and of direct care workers during service delivery in order to safeguard against fraud, as well as to improve service delivery and program oversight.
PI004	The solution rules/procedures should have the ability to ensure the same direct care worker is not providing services to multiple recipients at the same time at different locations	When creating Schedule slots for services, users are able to specify scheduling start and end date/time, service, staff member and address where the service will be provided. The Schedule Slot information can be viewed from a calendar grid to ensure the same Staff is not providing services to multiple individuals at the same time at different locations.
PI005	The solution should have the ability to provide role-based reporting to review, analyze, and report all data across categories on a monthly basis and as requested by the Department, including, but not limited to:	Therap's Report Library is a report inventory, accessible by users with the appropriate privileges. Administrators will also be able to give users access to access to specific reports instead of the entire Report Library and certain module specific reports. Various reports in the system include Payers, Programs, Provider Agency, Direct Care workers, Members and other necessary information. Therap also has the capability of creating custom reports based on user requirements.
PI006	Payers	Please refer to PI005
PI007	Programs	Please refer to PI005
PI008	Provider Agency	Please refer to PI005
PI009	Direct care workers	Please refer to PI005
PI010	Members	Please refer to PI005
PI011	The solution should track and report modifications to the solution data input elements after the direct care worker has documented their time or services, including the name of the user making the changes and the reason for the changes	The module 'Archive' features and 'Update History' option at the top of Therap forms contain archived versions of forms within the system. Users with appropriate privileges can view the before and after edits, date and time of the change, and the user making the change. Users will also able to specify a reason prior to making updates to various forms throughout the application.

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Attachment 8
Technical Specifications Approach

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1. Instructions

Technical specifications include those that drive how systems should be designed and built in a way that provides for long-_term use and reuse, in compliance with related standards (e.g., service oriented architecture, State, and the Department of Health and Human Resources (DHHR) adopted standards, Medicaid Information Technology Architecture (MITA), and the Centers for Medicare & Medicaid Services (CMS) Conditions and Standards), as well as defining the minimum set of technical capabilities expected from certain infrastructure components.

1.1 Vendor should provide a narrative overview of how the proposed system will meet the specifications and narrative in this request for proposal (RFP). Use the response sections to provide specific details of the proposed approach to meeting the technical specifications in each subject matter area. Responses should reference specifications and relevant mandatory requirements using the appropriate IDs from Appendix I: Detailed Specifications and Attachment 6: Mandatory Requirements. DHHR also expects the Vendor to propose its approach for meeting any narrative in Section 4: Project Specifications in this RFP.

1.2 Responses in this section should be highly focused on DHHR business processes and specifications.

1.3 If the Vendor is proposing a phased implementation, indicate how that approach may or may not impact functionality.

1.4 Additionally, the Vendor should indicate exception handling processes where appropriate and any dependencies on existing systems or components of the new system to provide the specified functionality.

1.5 The Vendor's proposal should include one (1) or more diagrams where necessary that detail the proposed design and the relationships between key technical components.

2. Data Sources, Delivery, and Display

Refer to the relevant technical specifications located in Appendix 1: Detailed Specifications and pertinent narrative in Section 4: Project Specifications in this RFP to cover solution capabilities in this area.

2.1 Vendor should describe its approach to Data Sources, Delivery, and Display below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications.*

2.2 Therap adheres to industry best practices. We are committed to ensure that we remain up to date with regulatory changes. Therap has extensive experience with converting and migrating data from state legacy systems. Based on our experience with other states, successful data conversion and migration relies upon clean data. The data cleansing process can take extensive time and may result in additional charges. At the start of the project, Therap will work with the State to identify data sets, formats, types of data, and other factors needed for data conversion and migration. Most of Therap's state-wide implementations have involved data conversion and migration. This has included some very large and complex migrations. Therap also supports extract, transform, and load (ETL) functionalities. Therap has experience employing an FTP-based file transfer and a batch-data processing approach for updating member demographic data and caseload assignment between Therap and state systems. Therap will develop the required

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interfaces with MMIS and other third party EVV systems.

Therap's applications suite currently interfaces with a number of external systems. We have extensive experience in developing interfaces to meet Federal and State requirements. The system's internet connectivity, power, location, cage space, bandwidth capability, storage equipment, and database capability have been designed to be scalable to meet the demands of a rapidly growing customer and user base. Therap is capable of developing the required interfaces for data sharing, including high-speed data transfer functionality to send and receive information.

The Therap system is a COTS SAAS application suite. It can be accessed from the secure URL using any device that has a standard web browser and an active internet connection. Therap can be securely accessed using a connection speed that supports basic web browsing. Therap implements a standards-based approach to its technology design and interoperability that includes integration and orchestration through an Enterprise Service Bus (ESB), and secure standards-based approach to data exchange.

Therap forms provide context-sensitive help messages about required and missing data elements. Therap pages also have links to the Therap Help and Support site, which is a dedicated support portal with a search capability. Therap forms, pages, and subsections on forms and pages are intuitively titled and labelled for ease of navigation and so that users are able to understand what part of the workflow they are in. 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 descriptive real-time form validation messages are displayed that require users to rectify data entry errors if conditions are not satisfied.

Users can download blank Offline Forms from the website and print them for manual data entry. Forms and reports within the application can be downloaded for printing as well. Therap's Report Library, a report inventory, can be accessed by users with appropriate privileges. Administrators will be able to give access to specific reports instead of the entire Report Library. Reports can be downloaded and opened in Excel, from where users can see page number previews and print the reports. The solution is able to export forms and reports into a variety of appropriate formats.

Therap has a HIPAA compliant internal messaging system, Secure Communications (SComm) module. Users with the appropriate module roles will be able to send messages via SComm, or enter data for other modules to communicate with Department, fiscal/employer agents, and providers. Messages specific to members that may contain PHI will also require the appropriate caseload configuration.

Users can be notified about various events in the application with Therap's Notification Profile. Users are able to configure the options based on their roles. They receive notifications based on their caseloads. Users may configure their profile to receive notifications according to the notification level (High, Medium, or Low) and choose to

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receive them via email, text, and/or SComm messages. Users can configure their notification profiles to receive system-generated messages regarding events within the solution. In Therap, users input data into modules forms. The To Do tab on the Dashboard also lists notices about the forms which need review or acknowledgement from the users.

Therap has extensive experience creating interfaces with Medicaid Management Information Systems (MMIS), Third Party payors, and other state systems. The system is capable of providing visit information to the MMIS systems by individual and/or in batch format. Therap has interfaced with many state MMIS systems and exchange the following ANSI X12 transactions: 837I, 837P, 835, 270, 271, 999, 277 transactions. Therap has extensive experience working with and interfacing with state legacy systems. Therap has 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. The system is also capable of supporting batch 270/271 transactions. The Therap system is capable of accepting individual and/or batch visit verification inquiries from the Medicaid Management Information System (MMIS).

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.

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 organizes webinars, conferences and workshops to provide online training to users, where users can ask questions and share knowledge with other Therap users across the US. Our Implementation Specialists work directly with agencies and also facilitate regional and topical online user groups.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and Section 4: Project Specifications, and has provided specific responses for each 'Data Sources, Delivery, & Display' subject matter area requirement below.

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DD001	The Vendor should develop and provide to the Department a Logical Data Model (LDM) that includes, but is not limited to:	Therap has a Logical Data Model (LDM) to support identification of data classes, attributes, relationships, standards, and code sets for intrastate exchange.
DD002	Data classes	Please refer to DD001
DD003	Attributes	Please refer to DD001
DD004	Relationships	Please refer to DD001
DD005	Standards	Please refer to DD001
DD006	Other data elements identified by the Department	Please refer to DD001

DD007	The Vendor should provide a complete list of data elements along with corresponding definitions for reporting purposes, upon request	A data dictionary of the system will be available through our Oracle data visualization suites. The required data elements and definitions can be provided upon request.

DD008	The solution should provide real-time access to data entered into the system to provide insight for the services being provided and oversee user activity	Users with the appropriate privileges will have real time access to the information successfully entered in the system. When users enter data, the next level of users are notified of anything that requires their review, approval or acknowledgement.

DD009	The solution should employ online real-time or batch updates of data between the solution and other systems including, but are not limited to, the Medicaid Management Information System (MMIS) and other third-party Electronic Visit Verification (EVV) systems	Therap has experience employing an FTP-based file transfer and a batch-data processing approach for updating member demographic data and caseload assignment between Therap and state systems. Therap will develop the required interfaces with MMIS and other third party EVV systems.

DD010	The solution should have the ability to integrate client data for all programs served by the solution into the Master Data Management (MDM) platform	Therap's application suite currently interfaces with a number of external systems and we have extensive experience in developing interfaces. Therap will work with the Department to gather the requirements and will develop the required interface.

DD011	The solution should allow users to extract data, manipulate the extracted data, and specify the desired format of the output	Users with the appropriate privileges will be able to extract data using reports, and then export the reports to Excel for further data manipulation. Module reports are available where users will be able to specify the report parameters, including the columns of the report.

DD012	The solution should provide required Federal and Department data sharing including high-speed data transfer functionality to send and receive information	Therap has extensive experience interfacing with external systems to meet Federal and State requirements. The system's internet connectivity, power, location, cage space, bandwidth capability, storage equipment, and database capability have been designed to be scalable to meet the demands of a rapidly growing customer and user base. Therap will develop the required interfaces for data sharing, including high-speed data transfer functionality to send and receive information

DD013	The solutions rules/procedures should allow for electronic communication between the Department, fiscal/employer agents, and providers	Users with the appropriate module roles will be able to send messages via SComm, or enter data for other modules to communicate with Department, fiscal/employer agents, and providers. Messages

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		specific to members that may contain PHI will also require the appropriate caseload configuration.
DD014	The solution should have the ability to store member communications	Modules are available in Therap to record/attach member communications. Users with the appropriate roles and caseloads will be able to access the stored data.
DD015	The solution should exchange information through interfaces including, but not limited to the Medicaid Management Information System (MMIS), other Electronic Visit Verification (EVV) systems, and others as agreed upon by the Department	Therap has interfaced with many state MMIS systems and exchange the following ANSI X12 transactions: 837I, 837P, 835, 270, 271, 999, 277 transactions. Therap has extensive experience working with and interfacing with state legacy systems. Therap has 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.
DD016	The solution should have the ability to interface with West Virginia's Enterprise Service Bus (ESB)	Therap implements a standards-based approach to its technology design and interoperability that includes integration and orchestration through an Enterprise Service Bus (ESB), and secure standards-based approach to data exchange.
DD017	The Vendor should complete, subject to approval by the Department, the interface with the Medicaid Management Information System (MMIS)	Therap has extensive experience interfacing with external systems to meet Federal and State requirements. Therap will develop the interface with MMIS based on the Department's approval.
DD018	The solution should be able to receive information in batch and in individual transactions on a schedule agreed upon by the Department	Therap has experience employing an FTP-based file transfer and a batch-data processing approach for updating member demographic data and caseload assignment between Therap and state systems. Information entered into the system is updated across the system in near real time. The solution will be able to receive information as required by the Department.
DD019	The solution should have the ability to receive provider, member, and prior authorization data from the Medicaid Management Information System (MMIS) at a frequency and format determined by the Department	Therap has experience developing interfaces with state systems to update member demographic data and caseloads. We will develop the required interface to be able to receive data from MMIS at a frequency and format determined by the Department.
DD020	The solution's data aggregation component should be able to receive a response transaction in a format that is used by the Medicaid Management Information System (MMIS) for the purpose of verifying edits to claims	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's billing module is capable of exchanging trade files 999, 277CA, 835s, 270s/271s and 278s.

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DD021	The solution should have the ability to apply pre-edit information and serve as a data source for purposes of applying edits during claims processing. The disposition of the edit including, but not limited to deny or suspend, should be determined by the Medicaid Management Information System (MMIS).	The Therap system is able to send replacement claims in case of incorrect information provided in Claims forms. The billing system will send Void and Replacement claims, with associated TCN/ICN numbers that can be added to the void or replacement claim. When a Claim is denied the denial code along with the denial reason is specified at the top of the claim form. Users assigned with specific roles and privileges are able to update billing information for denied and rejected claims and resubmit as necessary. Therap's Billing system is able to resend Denied or Rejected claims in a bulk.

DD022	The solution should accept individual and/or batch visit verification inquiries from the Medicaid Management Information System (MMIS)	The Therap system is capable of accepting individual and/or batch visit verification inquiries from the Medicaid Management Information System (MMIS). The Excel import feature available in the EVV module allows users to import visit verification information such as member's name, program where the member is enrolled, by uploading an Excel file. Using the import feature in the EVV module, users are also able to specify service description, service code, service provider, schedule start date, end date, and schedule start time and end time of the visit verification.
DD023	Member name	Please refer to DD022
DD024	Billing provider	Please refer to DD022
DD025	Name	Please refer to DD022
DD026	Date	Please refer to DD022
DD027	Time of service delivery	Please refer to DD022

DD028	The solution should have the ability to provide visit information to the Medicaid Management Information System (MMIS) by individual and/or in batch format at the discretion of the Department	Therap has extensive experience creating interfaces with Medicaid Management Information Systems (MMIS), Third Party payors, and other state systems. The system is capable of providing visit information to the MMIS systems by individual and/or in batch format.

DD029	The solution should support obtaining member eligibility information through the current Medicaid Management Information System (MMIS) solution using industry standard data interfaces and exchanges as defined by X12N 270/271 transactions. (Reference: http://www.wpc-edi.com/)	Therap currently supports batch 270/271 transactions in Florida and Colorado. Real time 270/271 transactions in New Jersey are currently in testing phase. The system can generate a report comparing two inquiry dates and the changes identified on that report.

DD030	The solution should conform to ASC X12 Technical Reports Type 3 (TR3), Version 005010. (Reference: http://www.wpc-edi.com/)	Therap's Billing module handles the billing requirements of agencies in the ASC X-12 v5010 format and a HIPAA compliant manner.

DD031	The solution should generate all forms and notices as necessary	In Therap, users input data into modules forms. The To Do tab on the Dashboard also lists notices about any forms that need review or acknowledgement.

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DD032	The solution should have the ability to schedule alerts and user notifications.	Events can be scheduled ahead of time on the Therap Calendar. Users can also configure their Notification Profile to receive notifications regarding user actions and events within the application via email, phone/text, and SComm.
DD033	The solution should allow printing of blank and completed documents including, but not limited to:	Users can download blank Offline Forms from the website and print them out for manual data entry. Forms and reports within the application can be downloaded for printing as well.
DD034	All forms	Therap forms can be exported to PDF and printed.
DD035	All system-generated correspondence	Therap forms containing correspondence data can be exported to PDF and printed.
DD036	Reports	Reports generated in the system can be exported to Excel and printed.
DD037	The solution should generate and supply forms in the following methods, including, but not limited to:	The solution provides forms for data entry. These forms can be exported/downloaded by users with the appropriate roles.
DD038	Email	Forms can be attached to Therap's internal HIPAA-compliant emailing system (SComm).
DD039	Download from Portal	Therap is a web-based SaaS solution that users can access using a standard web browser. Users will be able to download forms from the web portal.
DD040	Postal Mail, upon request by the Department	Users will be able to download forms and generate letters from the Letter module and print them for mailing.
DD041	The solution should allow the ability to modify field attributes on a form as identified by the Department via the Change Management Plan.	Forms such as ISP Programs, Questionnaires, and IDF allow administrators to modify field attributes and define data collection formats. As an extensible software solution with a modular architecture, the solution allows field attributes to be modified.
DD042	The solution should allow updates to form templates as directed by the Change Management Plan.	The solution will allow the Department to develop templates as directed by the Change Management Plan.
DD043	The solution should group related correspondence to ensure materials are delivered in a single mailing or posted to a portal account.	Therap will work with the Department to gather their requirements for correspondence, and group related correspondence to ensure materials are delivered in a single mailing or posted to a portal account as required. Necessary messages and notifications can be viewed by users once logged into the system.

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DD044	The solution should generate the data file containing forms and notices for delivery to the printing vendor for monthly distribution and as requested by the Department.	The Department will be able to generate and download reports at their convenience in order to be printed.
DD045	The solution should automatically populate information on notices or forms being issued.	Data recorded in the system, such as a member's demographic information, is reused in other forms across the system, reducing redundancy, and increasing accuracy.
DD046	The solution should generate batch forms.	The Therap system allows generation of batch forms for various modules throughout the system. Therap also supports batch input of adjustments and correction transactions.
DD047	The solution should save delivered forms to the user's account.	A form that is successfully saved by a user will have the user's electronic signature on the form. They will be able to access it from their account as long as their privileges are maintained.
DD048	The solution should deliver data files containing all correspondence to the designated printing entity within 24 hours of the correspondence becoming final according to the Department's business rules.	Therap will work with the Department to gather their requirements for correspondence, and provide functionalities in the solution for delivering the data files for printing as required.
DD049	The solution should post finalized correspondence to the web portal, according to the Department's business rules.	Therap is a web-based SaaS solution that users can access using a standard web browser. Users will be able to access correspondence entered into the system from the web portal.
DD050	The solution should have the ability to produce all correspondence in a printer-friendly 8.5" x 11" format in landscape or portrait orientation.	Therap forms and pages are displayed as web pages, which can be downloaded as PDF to be printed in the required dimensions and orientation.
DD051	The solution should have the ability to automatically save a Portable Document Format (PDF) copy of each final correspondence.	PDF export options are available on Therap forms.
DD052	The solution should allow users to choose their preferred method of correspondence including, but not limited to, email, post mail, text, or phone.	Users can communicate with each other using HIPAA-compliant SComm messages within the solution. They can receive notifications of these messages via phone and email. The notifications do not contain PHI. Therap's Letter module can also be used to generate letters based on templates and sent via post mail.
DD053	The solution should generate correspondences using pre-defined templates.	Therap's Letter module allows for the creation of letter templates and generation of letters using those templates.
DD054	The solution should include automatic system-generated correspondence with output capabilities including, but not limited to:	Users can configure their notification profiles to receive system-generated messages regarding events within the solution.

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DD055	Email	Users can configure their notification profiles to receive system-generated emails regarding events within the solution.
DD056	Users can configure their notification profiles to receive system-generated SComm messages regarding events within the solution	Users can configure their notification profiles to receive system-generated SComm messages regarding events within the solution.
DD057	Queue for printing	Printing options are available for both user and system-generated SComm messages.
DD058	The solution should be able to schedule distribution of correspondence	Therap will work with the Department to gather their requirements for correspondence, and provide functionalities in the solution for scheduling the distribution of correspondence as required.
DD059	The solution should provide flexible web-based reporting that meets external reporting needs and requirements defined by the Department.	After logging into the Therap web portal, users will be able to generate reports from module search results, module-specific reports, and thousands of comprehensive reports for each module available in The rap's Report Library.
DD060	The solution should include a standard library of reports that can be generated by any user with appropriate access	Therap's Report Library, a report inventory, can be accessed by users who have the appropriate privileges. Administrators will also be able to give a user access to specific reports instead of the entire Report Library.
DD061	The solution should have the ability to display the number of pages that should be printed before the user proceeds with printing a report	Reports can be downloaded and opened in Excel, from where users can see page number previews and print the reports.
DD062	The solution should have the ability to export reports directly from the solution into the user-specified format including, but not limited to	The solution is able to export forms and reports into a variety of appropriate formats.
DD063	Excel	Module-specific user-defined reports, module search reports and reports in the Report Library can be exported and downloaded as Excel files.
DD064	Word	Therap's Letter module allows letter templates to be created from Word files.
DD065	Hyper Text Markup Language (HTML)	Pages displayed on Therap can be saved as HTML files.
DD066	Comma-Separated Value (CSV)	Remittance 835 reports and graphs in the Business Intelligence module can be exported in CSV format.
DD067	Portable Document Format (PDF)	Therap forms can be exported to PDF. Pages in Therap can also be saved as PDF from the browser.

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DD068	The solution should provide reporting functionality capable of drilling down from summarized data to detailed data as agreed upon by the Department	The Therap Business Intelligence module contains reports that allow drilling down from summarized data to detailed data. Reports can be created with the data granularity required by the Department.
DD069	The solution should have an integrated web portal designed to interface, receive, send, and download specified content and reporting information directly from/to entities such as provider agencies, EVV Vendors, contractors, and other state and Federal agencies as part of a fully integrated solution	Therap is a web-based SaaS solution that users can access from Therap's web portal using a standard web browser.
DD070	The solution should contain the following features and capabilities including, but not limited to:	Therap provides look up and multi-tab capabilities.
DD071	Drill down and look up functionality to minimize re-entry of information across multiple screens	Data recorded in the system, such as a member's demographic information, is reused in other forms across the system, reducing redundancy, and increasing accuracy. The module search functions can be used to look up and drill down prepopulated data on forms.
DD072	Multi-tasking and multiple window capability, including split screens	Therap is a web-based SaaS solution that users can access using a standard web browser. The solution allows users to work in multiple browser tabs.
DD073	The solution should provide context-sensitive help to users on all screens	Therap forms provide context-sensitive help messages about required and missing data elements. Therap pages also have links to the Therap Help and Support site, a dedicated support portal with a search capability, to access training and support materials.
DD074	The solution should provide menus that are understandable by non-technical users and provide secure access to all functional areas	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 what part of the workflow they are in. When a user logs into Therap, they will have access to all the Therap modules they have the privileges for.
DD075	The solution should provide a user interface that allows users to move easily throughout the system	Understanding the diversity of its user base, Therap system's user interfaces have been designed to be consistent and user-friendly across the system, keeping in mind the expectations of different users. The user interface is designed to fit into multiple devices including smartphones and tablets. The interface has intuitive titles and labels for ease of navigation and so that users are able to understand what part of the workflow they are in.
DD076	The solution should have the ability to provide public information without requiring authentication for the web portal	The login page for Therap's Live site displays links to Help and Support materials, upcoming Conferences and Webinars, Frequently Asked Questions (FAQs), Release Notes, and Report Library updates. Therap maintains a library of training material for user reference on the Therap Help and Support website, where state-specific

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		guidelines and materials are linked to the main Therap website. Support materials include State-specific guidelines and resources including state specific features and updates.
DD077	The solution should provide user interface features and capabilities including, but not limited to:	The solution provides a variety of appropriate user interface features across the system.
DD078	Pull-down menus and window tabs	Therap is a web-based SaaS solution that users can access using a standard web browser. The solution allows users to work in multiple browser windows and tabs. Pull-down menus are available in the system to choose from existing data.
DD079	Scalable, true-type screen and printing fonts	The solution meets the font requirements. Users can zoom in and out of Therap pages using their web browser.
DD080	Uppercase and lowercase alphabetic characters	The solution supports both uppercase and lowercase alphabetic characters.
DD081	Ability to tab and mouse-click through data fields and screens	Users will be able to navigate the solution using the tab key and mouse-clicks.
DD082	Consistent theme throughout the site and standardize all headings and footers with index tabs as identified by the Department	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.
DD083	Generated messages that are clear and sufficiently descriptive to provide enough information for problem correction and be written in full English text	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 descriptive real-time form validation messages are displayed that require users to rectify data entry errors if conditions are not satisfied.
DD084	The solution should provide the capability to display confirmation messages for response and request transactions when interfacing with other systems	Therap will work with the Department to gather interfacing requirements, and provide functionalities in the solution to display confirmation messages for interface transactions.
DD085	The solution should have the ability to allow users to download or print a copy of completed submitted forms	Therap forms and reports can downloaded in a variety of formats and printed.
DD086	The solution should have the ability to perform the following functions including, but not limited to:	The solution is able to integrate flags and alerts into the user's workflow. Users with Administrative privileges are able to utilize the Activity Tracking module to track users' workflow activities taken within the application.
DD087	Create flags	Forms in Therap have validation checks, and the system flags the fields that may be causing errors, along with the appropriate validation messages.

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DD088	Send alerts	Users can configure their Notification Profile to receive notifications regarding user actions and events within the application via email, phone/text, and SComm. Alerts of data entry that a user may need to review, approve, or acknowledge are also sent to the user's 'To Do' tab.

DD089	Integration of alerts into the workflow	System alerts are integrated into the Therap workflow. When users enter data, the next level of users are notified of anything that requires their review, approval or acknowledgement by sending alerts to their 'To Do' tabs.

DD090	Seamlessly integrate the generation of alerts in the workflow management process to a system user-defined group or individual	Administrators will be able to configure the privileges of a user or a group of users so that they receive alerts and notifications for only the members in their caseloads and the modules they are assigned to.

3. Data Quality

Refer to the relevant technical specifications located in *Appendix 1: Detailed Specifications* and pertinent narrative in *Section 4: Project Specifications* in this RFP to cover solution capabilities in this area.

3.1 The Vendor should describe its approach to Data Quality below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications.*

3.2 Therap is a secure HIPAA compliant system. The Therap System incorporates security measures in adherence with each update to HIPAA standards, to maintain the most current and secure site possible. Additionally, Therap's applications are compliant with HIPAA OMNIBUS ACT of 2013 which incorporates HITECH and ARRA standards. Therap complies with NIST guidelines related to security, interconnection of systems, risk mitigation, security planning, and cloud environments. Therap has information security policies that govern data and systems. Therap Information Security Policies, Acceptable Use, and Privacy policies are periodically distributed to and acknowledged by all Therap team members.

Therap is accessed through the standard URL that utilizes HTTPS. Data is encrypted through the secure SSL connection. Data communication during transmission and data at rest is encrypted using AES-256 encryption.

Therap has a highly configurable role-based access control mechanism. Access to information is dependent on the roles and privileges assigned to a specific user. Without the required roles and access rights, users will not be able to carry out actions within the system or view information entered by other users. Administrative users are able to setup and configure privileges of users throughout the agency. Therap adheres to industry standard best practices and ensures file standardization for data element, lengths, field format, and type.

Therap implements a number of security measures to ensure confidentiality, integrity, availability, authenticity, non-repudiation, and auditability of data. Therap's Activity

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Tracking module can be used in auditing and monitoring of the operations performed by users. The audit log 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 a specific individual, program/site, additional information about 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 other categories. 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 the 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.

Data entered or updated carry the electronic signature of the user, time and date stamp, and IP address, allowing error or fraud to be traced back to the originator. The 'Update History' feature contains archived versions of forms within the system. Users with appropriate privileges can find out the before and after value of the change, date and time of the change, and user ID of the person making the change.

In the system, each action (including viewing a form) is recorded with a time and date stamp and the electronic signature of the person performing the action. This helps prevent users from making false claims regarding information they entered or viewed. The system provides an activity logging feature that keeps records of operations performed by users. It shows who has been using the system, what time they were using it, and for what purpose.

Therap's Billing module includes Service Authorization that automates the process of tracking services authorized for an individual using a rule based system that provides flexibility and tracks utilization, service delivery, duration, payment and other factors. Therap adheres to industry standard best practices and can incorporate changes based on user requirements. The Billing module has the ability to record Billing Provider information, Service Description/Code, Procedure modifiers, HCPCS codes. 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. Department will be able to specify state-specific codes of ID types and ID numbers in the system.

Therap has extensive experience creating interfaces with Medicaid Management Information Systems (MMIS), and other state systems. Therap will collaborate with the Department to determine data transfers from the MMIS systems, such as data elements, data file formatting, data exchange frequency, thresholds for data quality and acceptance.

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Therap has extensive experience in interfacing with various external systems and enterprises. The Therap system is highly flexible and is capable of developing, publishing, maintaining and integrating the current EVV solution with existing and future interfaces, systems, and external partners.

Therap's Billing applications provide an integrated billing data system for claim generation, using the same system for both manual and electronic claim submission. The system is able to manage multiple billing providers, including necessary identifying information. Once a Service Authorization is approved, users can generate the Billing Data for the service, which is then linked to the claim form. Therap uses requirements from Medicaid and/or other payment sources, to define rules for claim amount calculations. The module contains claim forms, specifically designed for creating Institutional Claims and Professional Claims.

The billing system can send Void and Replacement claims. Associated TCN/ICN numbers can be added to the Void or Replacement claim. The claim can be marked billable, and any corrections that have been made will be automatically applied to the resubmitted claim. Reason Codes for changes and delayed submissions are provided. Claims that have incomplete or inaccurate information can get system rejected when the claims are being processed. The system prevents claims with incomplete information from being submitted. The information errors can be determined using the 'Submission Error' report and will also be displayed on the claim forms. Therap offers the use of reports such as Unclaimed Report, Denied Claim Report and Submission Errors Report for the identification of issues preventing billing.

Therap reports include both standard, customizable, and module specific reporting options, and supplementary reports in Therap's Report Library. Our standard reports give users the option to select information or fields to view on a report. Therap's Report Library contains a list of comprehensive reports which have been created over time based on the reporting requirements of the user base. The Report Library includes a list of all standard reports along with a brief description of the reports. Reports can be utilized to identify duplicated and unduplicated record counts. Therap's report inventory also includes exception reports in the Billing module prior to submitting data. Reports can be saved and retrieved later. Therap's standard module-based reports provide users with the option to generate reports with user selected parameters. The system is capable of detecting duplicate files or records for users with appropriate roles and privileges to review and manually process.

Therap has a standards based design interface ensuring the content written is understood easily by users. Module forms throughout the system offer multiple input options (e.g., text fields, drop down menus, date and time pickers, checkbox selections, radio buttons, and external attachment options). These parameters are configured to prevent users from entering information outside of the intended parameters. Forms in Therap have validation checks to assist users in entering complete and accurate information. For example, if required fields are not complete, users receive warning messages and will not be able to

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move forward in the workflow process until the errors are corrected. These error messages are described in an appropriate format that can be understood by users to resolve them accordingly. Required fields in the system are marked with red asterisks. When a user tries to submit the form without providing the values for all the required fields, the system displays an error message next to the field where information is missing. When a user tries to complete an action in a module and the system shows an error message, the message itself contains information about how to take corrective actions to ensure that the inconsistencies identified are corrected.

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. 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.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and Section 4: Project Specifications, and has provided specific responses for each 'Data Quality' subject matter area requirement below.

DQ001	The solution should provide a method to identify the following	Therap adheres to industry standard best practices and the listed items can be defined by users within the system.
DQ002	National Provider Identifier (NPI)	The Billing module has the ability to record the National Provider Identifier (NPI) number which is included in claim transactions.
DQ003	Healthcare Common Procedure Coding System (HCPCS)	Therap has the capability to maintain authorized Billing Codes for each Provider in the form of HCPCS codes.
DQ004	International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) and related modifiers	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 a member record consists of the present and historical diagnoses using both ICD 10 and ICD 9 codes.
DQ005	State-specific codes defined by the Department	Department will be able to specify state-specific codes of ID types and ID numbers in the system.
DQ006	The Vendor should collaborate with the Department to determine how data should be transferred to and from the Medicaid Management Information System (MMIS), including, but not limited to	Therap has extensive experience creating interfaces with Medicaid Management Information Systems (MMIS), and other state systems. Therap will collaborate with the Department to determine data transfers from the MMIS systems, such as data elements, data file formatting, data exchange

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		frequency, thresholds for data quality and acceptance.
DQ007	Definition of data elements	Please refer to DQ006
DQ008	Data file formatting	Please refer to DQ006
DQ009	Data exchange frequency	Please refer to DQ006
DQ010	Thresholds for data quality and acceptance	Please refer to DQ006

DQ011	The solution should allow the Department to review and approve data elements included in request and response data exchanges prior to Vendor development or configuration of the solution	Users with specific roles and privileges are able to view, update and approve data elements in various forms prior to development or configuration.

DQ012	The Vendor should develop, publish, and maintain a system interface standard for external electronic visit verification (EVV) data partners approved by the Department	Therap has extensive experience in interfacing with various external systems and enterprises. The Therap system is highly flexible and is capable of developing, publishing, maintaining and integrating the current EVV solution with existing and future interfaces, systems, and external partners.

DQ013	The Vendor should ensure that file standardization is supported for data element lengths, field format, and type	The Vendor should ensure that file standardization is supported for data element lengths, field format, and type.

DQ014	The solution should incorporate a method to view interface files for investigation and further processing	The 'Archive' features and the 'Update History' option on various Therap forms contain archived versions of forms within the system. Users are able to view interface files for investigation and further processing. Forms can be generated as PDFs. Search results and standard reports can be exported to Excel for further processing.

DQ015	The solution should create and retain an audit trail of all interface activity in accordance with the Department's Data Retention Policy (Reference https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf	Therap's Activity Tracking module can be used in auditing and monitoring of the operations performed by users. The audit log may display the activity time, user login name, IP address, server name, module, action, activity type, form ID of the data accessed. Each action, including any failed login, is recorded in Therap with a time and date stamp and the electronic signature of the person performing the action. Administrators or users with appropriate privileges can track the activities of each user account in the system. No user can access the data without proper privileges in the Activity Tracking module.

DQ016	The solution should make information about data exchange errors and discrepancies available to the Department and appropriate users monthly	The system prevents claims with incomplete information from being submitted. Department and appropriate users have access to information about data exchange errors and discrepancies using the 'Submission Error' report as often as needed. This information will also be displayed on the claim forms. Therap offers the use of reports such as Unclaimed Report, Denied Claim Report and Submission Errors Report for the identification of issues preventing billing.

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DQ017	The Vendor should provide searchable data schemas and data dictionaries for the solution	Therap will work with the Department to provide searchable data schemas and data dictionaries for the solution.
DQ018	The solution should report on both duplicated and unduplicated record counts	Users can identify duplicated and unduplicated record counts utilizing reports that are available in the system. Users are also able to setup rules to prevent duplication of records.
DQ019	The solution should use consistent data schemes and version control	Therap uses consistent data schemes. The version control is carried out by the system's change management process for the production environment.
DQ020	The solution should have the ability to assure data changes made in one part of the solution automatically populate other parts of the system so as to avoid duplicate data entry	The software user interfaces and data in the forms are designed to be consistent across the system. Data changes in one form will update that specific information automatically in other relative forms throughout the system.
DQ021	The Vendor should maintain a comprehensive list of all reports, their intended use, and business area supported	Therap reports include both standard, customizable, and module specific reporting options, and supplementary reports in Therap's Report Library. Our standard reports give users the option to select information or fields that they would like to view on a report. Therap's Report Library contains a list of comprehensive reports that have been created over time based on the reporting requirements of the user base.
DQ022	The solution should generate a listing of all standard online reports available, the description of each report, and a link to the most recent report for role-based report access	Users with appropriate privileges can access Therap's Report Library, a report inventory, The Report Library includes a list of all standard reports along with a brief description of each report.
DQ023	The solution should identify and use consistent report fields	The fields and columns on reports are kept consistent with the names of the data fields within the solution.
DQ024	The solution should display a consistent format on all reports	Module-specific user-defined reports, module search reports and reports in the Report Library display data in a consistent format, and can be exported to Excel for further data manipulation.
DQ025	The solution should have the ability to categorize and organize reports including, but not limited to, the following parameters	Users are able to access and generate module-specific reports from the respective module section in the system and the modules are categorized and organized on the user Dashboard. Reports in the Report Library are also organized to ensure a user friendly interface.
DQ026	Source system	When generating module-specific reports and custom reports from the Report Library, the respective module/form title is shown in the report.

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DQ027	Data content	Data shown in the module-specific and custom reports are categorized and organized according to the respective module forms. These reports can be exported to Excel for data manipulation and re-organization of data.
DQ028	Purpose	Users are able to view annotated descriptions of reports in the Report Library.
DQ029	Frequency	Therap's Activity Tracking module allows administrators to view how frequently users access reports.
DQ030	The solution should generate exception reports prior to being submitted to the receiving entity such as the Medicaid Management Information System (MMIS) or other systems receiving electronic visit verification (EVV) data to facilitate data correction by the submitting entity including, but not limited to the following	Users are able to generate exception reports in the Billing module prior to submitting EVV data to ensure data corrections. Therap will conduct interface testing with the help of Department prior to allowing external electronic visit verification (EVV) data partners to submit data to the EVV solution. As an aggregator Therap will be able to provide this functionality to third party EVV systems.
DQ031	Manual edits	Users with specific roles and privileges are able to search and manually update service units, billable units and other billing information, as necessary, prior to submitting the billing.
DQ032	Error corrections	The Billing module allows a user to perform updates to billing information after receiving a prompted error message. The user can then resubmit the corrected data.
DQ033	Additions to the interface records	Users with specific roles are able to perform edits on certain fields prior to submitting Billing to MMIS or other systems. When updating the billing information, users are able to update the recorded hours, billable units and also add comments.
DQ034	The solution should generate error reports at the summary and detail levels that include all data necessary to resolve errors monthly and as requested by the Department	Agencies can create meaningful and comprehensive reports to meet management, quality assurance, auditing and licensing needs. Therap's Activity Tracking module monitors and tracks the activities and operations performed by users within the Therap system. Therap provides a number of supplementary reports in its Report Library that can be generated and exported to Excel for further analysis. As a SaaS solution, internal system errors are sent to Therap staff and maintained within system logs and can be provided to the Department as needed.
DQ035	The solution should store reports to allow users the ability to retrieve them quickly per the Department's business rules	Users are able to search and generate reports in the ISP and MAR module, and save these reports to be retrieve later. Therap's standard module-based reports provide users with the option to generate reports with user selected parameters. Therap's Report Library includes a comprehensive set of reports. Users are able to generate reports based on

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		their privileges. Reports can be exported to PDF and Excel formats. Exported reports can be uploaded into the system to be accessed later.
DQ036	The solution should reload or resend records if they have not been applied correctly to the receiving entity	For data transaction, Therap follows security principles for integrity, authenticity and non-repudiation. The solution will reload or resend records if they have not been applied correctly.
DQ037	The solution should detect duplicate files or records and isolate them for manual review and further processing	The system is capable of detecting duplicate files or records and users with specific roles and privileges are able to review and manually process these. Reports are also available in the system that can be utilized to identify duplicated and unduplicated record counts.
DQ038	The solution should create messages that accurately describe errors received as a result of a data transfer	Forms in Therap have validation checks to assist users in entering complete and accurate information. For example, if required fields are not complete, users receive warning messages and will not be able to move forward in the workflow process until the errors are corrected. These error messages are described in an appropriate format that can be understood by users to resolve them accordingly.
DQ039	The solution should have the ability to maintain an up-to-date inventory of all forms utilized and make this inventory available to the Department upon request	Therap's Activity Tracking module can be used in auditing and monitoring of the operations performed by users by providing audit logs. For each activity, the audit log may display the activity time, user login name, IP address, server name, module, action, activity type, form ID, client form ID, program/site, additional information regarding the activity, and time zone.
DQ040	The solution should have the ability to identify which fields in forms are required and which are optional	Required fields in the system are marked with red asterisks. When a user tries to submit the form without providing the values for all the required fields, the system displays an error message next to the field where information is missing. When a user tries to complete an action in a module and the system shows an error message, the message itself contains information about how to take actions to ensure that the inconsistencies identified are corrected.
DQ041	The solution should have the ability to store the date that a correspondence was delivered for printing in a preferred date format of MM/DD/YYYY	Therap's Update History and Archive feature retains the name and title of the user who made changes to a form, and date and time stamps of those users' actions.
DQ042	The solution should provide automatic default file naming convention for saved correspondence as agreed upon with the Department	The solution has the capability to provide an automatic default file naming convention for saved correspondence as required by the Department.

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DQ043	The solution should categorize and classify types of correspondence as agreed upon with the Department	The solution has the capability to categorize and classify types of correspondence as required by the Department.
DQ044	The solution should distinguish between, and incorporate, business days, weekends, and state holidays in all time-related functions in the system	The solution has the ability to distinguish between, and incorporate, business days, weekends, and state holidays in all time-related functions in the system.
DQ045	The solution should include web-based online help functionality in searchable portable document format (PDF), that includes a searchable database of common problems	The Therap Help and Support website is a dedicated support portal that offers a search capability to easily provide access to our training and support materials. Support materials include user guides, quick guides, FAQs. training courses, training videos, webinars, and guided assistance. The tools and materials 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.
DQ046	The solution should set parameters on fields to prevent system users from entering information outside of those parameters	Module forms throughout the system offer multiple input options (e.g., text fields, drop down menus, date and time pickers, checkbox selections, radio buttons, and external attachment options). These parameters are configured to prevent users from entering information outside of the intended parameters.
DQ047	The Vendor should produce all member- and provider-facing content written at no greater than an eighth grade reading level	Therap has a standards based design interface ensuring the content is written at no greater than an eighth grade reading level.
DQ048	The solution should include email addresses in the authorization table for registration, and email addresses should be kept confidential and only used for official Department business	User email addresses can be defined in the personal details for each user. Users with administrative access and specific privileges are only able to view this information.

4 Hardware and Infrastructure

Refer to the relevant technical specifications located in *Appendix 1: Detailed Specifications* and pertinent narrative in *Section 4: Project Specifications* in this RFP to cover solution capabilities in this area.

4.1 The Vendor should describe its approach to Hardware and Infrastructure below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications*.

4.2 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. Therap is a remotely-hosted cloud-based COTS SaaS system that can be accessed from any device with a standard browser and an active internet connection.

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The Therap application suite 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. The system uses a modern Service Oriented Architecture. 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 at a minimal cost. The result is a system that is purpose-built to deliver flexibility and performance while remaining highly available, while accommodating new functionalities and growth rates as the system evolves with growing number of features, system users, individual records. Therap staff operates and maintains the hardware, software and middleware upon which the applications run. There is no third-party involvement in these processes. Each 'hands-on' action is performed exclusively by Therap personnel.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and Section 4: Project Specifications, and has provided specific responses for each 'Hardware and Infrastructure' subject matter area requirement below.

IN001	The solution should have the ability to support various current technologies for data interchange and electronic visit verification (EVV) data submission and verification including, but not limited to, web portal, application interface, telephony, quick response (QR) codes, and automated location verification	Therap's EVV technology solution is integrated into the Therap suite of applications, and is equipped with GPS location tracking. When a user checks in or out, the user's location is automatically entered into the system. The Scheduling/EVV module allows users to enter electronic visit verification data including the type of service performed, member receiving the service, date of service, location of service delivery, user providing the service, and time the service begins and ends. 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 mobile applications also allow users to add verifications in the form of signatures or voice recordings when checking in and out. User level security options include Therap's Two-Factor Authentication (2FA). With 2FA enabled, after each successful login, users will need to enter an additional One-Time Password (OTP) provided by a 2-step verification software based on a QR Code or Secret Key that was generated during their Two-Factor Authentication setup.

IN002	The Vendor should utilize open architecture standards and scalability to promote integration throughout the West Virginia technology enterprise	Therap's modular software and design 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 EVV solution will be able to integrate with the West Virginia technology enterprise.

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IN003	The solution should be flexible and readily adaptable to changing Department and federal requirements and as requested by the Department.	Therap's SaaS model integrates an intuitive and flexible application with a high-performance infrastructure. Therap continuously upgrades the system to comply with state and federal policies, and the system is flexible enough to accommodate changes required by the Department.
IN003A	The solution should address the disruption or limited availability of network connectivity, telephony, and/or cell coverage at the visit site by providing members and providers more than one method to send and receive electronic visit verification (EVV) data.	The Offline Scheduling and IVR functionalities allow users 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.
IN003B	The solution should have the ability to capture and retain electronic visit verification (EVV) data gathered when the transmission services are offline for any reason at the visit site and to send or receive queued system data when services are restored.	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 when using Offline Scheduling.
IN004	The solution should provide archival and purge processes that do not degrade performance or interrupt the system.	Therap's archival and purge process will not degrade performance.
IN005	The solution should allow centralized deployment of system updates and system maintenance.	Therap plans for two to three 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.
IN006	The solution should provide workflow functionality that supports a variety of mechanisms to initiate, execute, suspend, or terminate workflows including, but not limited to:	Therap's highly configurable role based access control mechanism allows users to set workflows by assigning and modifying profiles, roles, and caseloads to users.
IN007	Communication events (email, document upload, form submissions, or phone)	Users are able to communicate via Therap's Secure Communications (SComm) tool and attach relevant forms and documents. The Interactive Voice Response (IVR) functionality in the Scheduling/EVV module allows users to call a designated number to carry out check in and check out for services ensuring EVV data is captured.

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IN008	System-generated events	Based on the provider's configuration settings, the system will trigger events and notifications regarding high, medium or abuse/neglect notification level events, expiring Service Authorizations, Service Authorization units running out, passwords expiring, and the session timeout. Based on their **assigned privileges, users who are notified will have subsequent workflow functionalities to perform the** next step of the process.
IN009	User-triggered events	Actions taken on forms by users allow for workflows to linked events to be created. For example, if a user submits a form, the status of the form will change to show that it now requires approval.
IN010	Exception-processing events	The system provides warning messages if incorrect values or information are entered in a field. The user is prompted to make the correction and is prevented from proceeding with the action until the correction is made.
IN011	The solution should include definition and modeling of workflow processes and their constituent activities	Therap's role-based access mechanism allows administrative users to define and model workflow processes and their constituent activities.
IN012	The solution should have the ability to facilitate mass email notifications	The Secure Communications (SComm) messaging system allows sending messages to multiple users at once.
IN013	The solution should have the ability to reissue and track any correspondence or form as requested by the Department	Users assigned with the appropriate access privileges will be able to reissue and track forms as needed.
IN014	The solution should have the ability to schedule any report to be run at varying levels of frequency or on-demand	Users assigned with the appropriate access privileges will be able to run reports on demand, as frequently as needed.
IN015	The solution should provide integrated print capability within the application for any report	Therap is a browser-based COTS SaaS solution that is accessible and will function on devices with a standard browser and reliable internet connectivity. Therap forms can be exported as printable PDF and Excel files. Printers can be connected to the necessary devices as per agency policy.
IN016	The solution should have the ability to notify users of system maintenance and other information approved to be distributed by the Department	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.
IN017	The Vendor should manage, track, and report on user support services via multiple channels, including	Therap provides various levels of support via multiple channels.

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IN018	Telephone	Telephone support is provided to users.
IN019	Member portal	Therap's Live Help feature is available for instant responses, where users can chat with a Training and Implementation Specialist for support. Users can also send messages to support agents through the secure Issue Tracker ticketing system.
IN020	Email	Users are able to send us emails regarding support required with the system, to which Therap representatives will respond accordingly.
IN021	Mail	Therap also receives mail from users sent to Therap's official address, and provides the necessary type of support regarding the system as needed.
IN022	The Vendor should provide investigative results inclusive of mitigation measures to address reported incidents within 30 days of the documented incident	Therap will provide investigative results inclusive of mitigation measures to address reported incidents within 30 days of the documented incident.
IN023	The Vendor should support provider compliance through direct assistance, coaching, technical assistance, and other active outreach activities as requested by the Department	Therap team members host frequent webinars, user group sessions, and conferences where users can meet and discuss their experience of using Therap and direct their issues and questions directly to Therap team members. Therap will work with the Department to implement visit verification compliance accordingly.
IN024	The solution should provide users a description of the minimum hardware and software requirements, installation, maintenance, and enhancement of software based on role and system requirements prior to system updates	Minimum hardware and software requirements for using Therap are stated in the user guides available in our support site.
IN025	The solution should allow users to schedule and modify system events as requested by the Department	Administrative users are able to configure settings for the necessary system events as required.
IN026	The Vendor should provide a technical support call center located within the contiguous United States	Therap will meet this requirement.
IN027	The solution should document call information, as agreed upon by the Department	Therap will meet this and provide the documentation as needed by the Department.
IN028	The technical support call center hours of operation should be Monday through Friday, from 9:00 a.m. to 6:00 p.m. Eastern Time (ET) and on an emergency basis as requested by the Department. The call center may be closed for standard federal holidays and West Virginia State holidays.	Therap provides technical support via Live Help, Feedback, and Telephone from 9:00 a.m. to 6:00 p.m. (ET) seven days a week. Therap will provide support on an emergency basis accordingly as requested by the Department.
IN029	The Vendor should return all after-hour calls by the next business day, in the caller's preferred language and/or through oral interpretation services (Reference: https://www.hhs.gov/civil-rights/for-	Therap will meet this requirement.

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	individuals/section-1557/translated-resources/index.html	
IN030	The Vendor should provide functionality to manage calls to the Technical Call Center including, but not limited to	Live Help, Feedback, and Telephone support to answer general and technical support questions from users.
IN031	Creation of tickets	Therap has a built-in secure issue tracking mechanism through which users can create tickets to convey issues, requests, and suggestions in a HIPAA-compliant manner.
IN032	Editing existing tickets	Updates and new messages can be added to the existing thread of the ticket.
IN033	Sorting of call center ticket information	All tickets and Live Help chats generated by a user are accessible by the user and can be sorted and filtered as needed.
IN034	Filtering of call center tickets or electronic records	All tickets and Live Help chats generated by a user are accessible by the user and can be sorted and filtered as needed.
IN035	The Vendor's Technical Call Center should have the ability to track data including, but not limited to:	Therap's secure issue tracking mechanism timestamps the activities regarding the tickets.
IN036	The caller	Therap's issue tracking tool captures the user's name who sent the issue, and can be tracked accordingly.
IN037	The question(s) and/or issue(s)	Data in the issue tracking tool can be tracked according to the content of the question and/or issue.
IN038	The Vendor staff responding to the ticket	Data in the issue tracking tool can be tracked according to vendor staff responding to the ticket.
IN039	The date(s)	Data in the issue tracking tool can be tracked according to the date of the ticket.
IN040	The time(s)	Data in the issue tracking tool can be tracked according to the time of the ticket.
IN041	The status (opened or closed)	Data in the issue tracking tool can be tracked according to the status of the ticket.
IN042	Problem resolution	Data in the issue tracking tool can be tracked according to the problem resolution.
IN043	The Vendor's Technical Call Center should have the ability to repeat call options automatically	The phone tree during the call to the telephone support line will repeat instructions automatically
IN044	The Vendor should maintain sufficient staff and telephone lines to perform all required technical support call center functions	Sufficient staff for Live Help, Feedback, and telephone support is available 24 hours a day.

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IN045	The solution should use automated menus, including an easily accessible option for reaching a live operator	Therap's Live Help feature can be accessed by a single click of a button on the secure application, which brings up menus that users can choose from and reach a live operator.
IN046	The solution should provide assistance to inquiries received from persons who require special assistance including, but not limited to	Therap supports assistive technology provided that the hardware and software are using current web standards.
IN047	Persons with Limited English Proficiency (LEP)	Therap will work with the Department to provide capabilities to assist persons with Limited English Proficiency (LEP) provided that the hardware and software required use current web standards.
IN048	Persons with vision disabilities	Therap supports assistive technology, and will work with the Department to provide capabilities to assist persons with vision disabilities provided that the hardware and software required use current web standards.
IN049	Persons with hearing disabilities	Therap supports assistive technology, and will work with the Department to provide capabilities to assist persons with hearing disabilities provided that the hardware and software required use current web standards.
IN050	Persons with speech disabilities	Therap supports assistive technology, and will work with the Department to provide capabilities to assist persons with speech disabilities provided that the hardware and software required use current web standards.
IN051	The solution should include an online option for users to report any technical problems	Users are able to report technical problems via Therap's HIPAA-compliant issue tracking mechanism.
IN052	The Vendor should ensure the solution components that are web based have cross-browser compatibility over the life of the contract and support software utilization in the current version and two (2) prior versions at a minimum for the following browsers including, but not limited to	Therap is a COTS, SaaS suite of applications that can be accessed using standard web browser on any device with an active internet connection. 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.
IN053	Microsoft Edge	The solution is accessible from Microsoft Edge.
IN054	Apple Safari	The solution is accessible from Apple Safari.
IN055	Google Chrome	The solution is accessible from Google Chrome.
IN056	Mozilla Firefox	The solution is accessible from Mozilla Firefox.

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IN057	Microsoft Internet Explorer	The solution is accessible from Microsoft Internet Explorer.
IN058	The solution should incorporate a non-restrictive environment for experienced users to directly access a screen or to move from one screen to another without reverting to the menu structure.	Therap has intuitive navigation enabled between modules and screens. Each page has links available to access related pages and modules, and the Dashboard can be accessed from each page of the application.
IN059	The solution should generate drop-down lists to identify options available, valid values, and code descriptions by screen field	Modules in Therap have various field types including free form text fields, drop down menus, date and time pickers, checkbox selections, radio buttons, and external attachment options that identify options available, valid values, and code descriptions accordingly.
IN060	The Vendor should provide web applications that satisfy the Priority 1 Checkpoints from the Web Content Accessibility Guidelines 1.0 developed by the World Wide Web Consortium (W3C), as detailed at http://www.w3.org/TR/WCAG10/full-checklist.html	Therap uses standard and current web standards.
IN061	The solution should have the ability to include secure and public facing tabs for the web portal	State-specific pages detailing the necessary requirements based on the State are available in Therap's official website. Training materials and module-specific pages are also available in the website that can be accessed without users requiring to log into the system.
IN062	The solution should have the ability to utilize an authentication process to handle multiple layers of security levels as requested by the Department	Therap's Two-Factor Authentication (2FA) option provides encrypted authentication for users when logging into the system from either the Therap web application or from the mobile applications. With 2FA enabled, after each successful login, users will need to enter an additional One-Time Password (OTP) provided by a 2-step verification software based on a QR Code or Secret Key that was generated during their Two-Factor Authentication setup. This adds an additional layer of security.
IN063	The solution should have the ability to provide self-service password resets and mask the display of passwords at the sign-on screen when the user enters the portal	Therap's Self Password Reset option allows users to receive a password reset token via their email or phone/text message. With the token, they can change their password while logged out. The display of passwords is masked at the sign-on screen.
IN064	The solution should have the ability to mask the display of passwords at the sign-on screen when entered by the user	Therap masks the display of passwords at the sign-on screen when entered by the user.
IN065	The Vendor should ensure that web portal field definitions comply with system field definitions	The system can be accessed by password and necessary login credentials through the web portal.

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IN066	The Vendor should, for the web portal, provide internet security functionality to include firewalls, intrusion detection, and encrypted network/secure socket layer (SSL)	Routers and firewalls have been installed at all production sites to protect the Therap infrastructure. In the Therap system, data communication during transmission is encrypted using AES-256 encryption. Data at rest is encrypted using AES-256 encryption as well. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2. Security and privacy controls are well documented and management enforced.

IN067	The Vendor should provide and maintain a secure data storage solution that includes encryption of data in transit and encryption of data at rest.	In the Therap system, data communication during transmission is encrypted using AES-256 encryption. Data at rest is encrypted using AES-256 encryption as well.

5. Security Management

Refer to the relevant technical specifications located in Appendix 1: Detailed Specifications and pertinent narrative in Section 4: Project Specifications in this RFP to cover solution capabilities in this area.

5.1 The Vendor should describe its approach to Security Management below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications*.

5.2 Therap is a HIPAA-compliant web-based COTS SaaS solution accessible from standard web browsers and dedicated mobile applications. The solution applies highly configurable "least privilege" role-based access control mechanisms for data access. To be able to access the data of a member, the user must have the member in their caseload, which can be assigned via custom caseloads consisting of the specific members, or program caseloads created and maintained by the system consisting of the members actively enrolled in a program. 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, and receive notifications for the members in their caseloads. Privilege updates can be made in real-time. Users trying to access data they do not have privileges for will see an error message instead. Separate administrative roles can be assigned for actions such as member intake, user profile updates, user password reset, and session timeout lengths. An administrator will also be able to create notification profiles defining the escalation levels for module events, which can then be applied to each user's notification profiles.

Users with the appropriate administrative role will be able to create user accounts, and assign a unique Login Name, Employee ID, SSN, and EVV ID to each user. Each user account can be assigned with multiple profiles for their different responsibilities, with each profile containing separate sets of roles and caseloads. Once an account is successfully created, administrators with the appropriate roles will be able to lock,

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deactivate, or delete their accounts. When logging into the system, a user will need to enter a valid login name, password, and provider code for authentication. If Two-Factor Authentication (2FA) is enabled for the user, then they will need to enter an additional One-Time Password (OTP) provided by a 2-step verification software based on a QR Code or Secret Key that was generated during their 2FA setup.

Administrators will be able to set agency wide password policies, which include configurable values for password requirements such as minimum length, minimum number of uppercase letters, minimum number of digits, and minimum number of other characters (!@#$%^&*;:'", etc.), as well as other policies such as maximum number of incorrect passwords tolerated before the user is locked out, number of days before the password expires, starting day of warning before expiration, and number of the most recently used passwords that cannot be reused. Users will be able to change their own passwords as long as their accounts are not disabled, admin locked, or deleted.

Administrators will be able to create Splash Messages regarding privacy and security policies, which users will see during every login. Signup Agreements on privacy policies and non-disclosure agreements can also be created for users to agree to before they can access the solution after system login.

Therap's Activity Tracking module can be used to view immutable audit logs of users accessing information in the system. Administrators will be able to generate this report based on a number of search parameters, such as program/site, user, date range, source/module, action, activity type, and form ID. Each log may display activity date/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 member whose data was affected, program/site, additional information regarding the activity, and time zone.
To provide historical information, Therap retains data that was deleted or changed in an update, and users with the appropriate roles will be able to access them. Therap's 'logical delete' feature flags records as deleted but permanently retains them within the database for viewing by users with the appropriate privileges. Archived data can be searched and compared to review the changes in security role assignments.

In Therap, Data communication during transmission and data at rest are 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. As part of Therap's technical controls, routers and firewalls have been installed at all production sites. The firewalls include Unified Threat Management (UTM) functionality, and will inspect packets traversing defined networks for suspicious activity, and can terminate specific sessions. Therap also has technical controls and countermeasures in place to securely configure its hardware and software, including firewalls, network segmentation, anti-malware, load balancers, hardened configurations, centralized logging and event monitoring, and third party/self-initiated vulnerability assessments. Industry standard and updated software and hardware are used within the infrastructure. When storage drives are removed from the Therap infrastructure, they are returned to the

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vendor where a detailed data destruction policy is followed. The data on the disks is encrypted, and is therefore not exposed during this process.

The facilities and equipment used to host Therap are installed at two geographically diverse sites that undergo real-time data replication. Movement within each facility is controlled by a combination of badge and biometric access. Additional features of the facility include onsite security personnel 24x7x365, the use of 'people traps' to isolate entry and exit activities, extensive presence of cameras to monitor facility, and log reports that detail access activity to isolated cages containing equipment racks. Therap's data centers are certified against ISO 27001 standards. System log and event activity for all platform components are aggregated to a central monitoring station, where 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. Specific customer service protocols are also in place to rapidly disseminate information to end users about incidents that require escalation. Therap is a true multi-tenant SaaS suite of applications that ensure separation of customer processing environments.

Therap has the capability and will work with the Department to be compliant with State and Department Information Technology Security and Privacy Policies, and provide Security Management related reports and documentation.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and Section 4: Project Specifications, and has provided specific responses for each 'Security Management' subject matter area requirement below.

SM001	The solution should authenticate all users when establishing a connection to the solution	When logging into the system, a user will need to enter a valid login name, password, and provider code for authentication.
SM002	The solution should have the ability to automatically generate a unique user identification during the registration process for new users enrolling in the program	When creating user accounts, a selection of unique user initials are auto-generated for the administrator to choose from.
SM003	The solution should have the ability to assign a new unique user identifier (ID) for an existing user	The administrator will be able to assign a unique Employee ID, SSN, and EVV ID to each user.
SM004	The solution should use a secure file transfer protocol (i.e. SFTP, etc.), secure web interface, or other industry-standard electronic means (such as Gentran, Connect Direct, or equivalent) or encrypted media to transfer files as approved by the Department	Data communication during transmission and data at rest are 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.

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SM005	The solution should warn the user about accessing US Government Federally protected data and allow the user to confirm and proceed with such actions	Administrators will be able to set up a Signup Agreement displayed during each login. Users will have to agree to the Signup Agreement before they are able to access the system.
SM006	The Vendor should provide a secure web-based method to receive requests for authorization to access the solution	Therap is a web-based SaaS solution that users can access using a standard web browser. Users will need to enter a Login Name, Password, and Provider Code to log into the system. The session between end user and Therap is encrypted via SSL, and data in transit encryption uses TLS v1.2.
SM007	The Vendor should provide Single Sign-On (SSO) capability for authentication and authorization across the solution	The system allows users to access all the modules they have been authorized to via user privileges, after being authenticated during login.
SM008	The solution should provide Department-approved multi-factor authentication for Vendor remote access to solution environment or their contractors, if applicable	Two Factor Authentication (2FA) is available in the system, and can be enabled for each user by an administrator.
SM009	The solution should use role-based access for data and system functionality	Therap's role and caseload based access control mechanism ensures that a user can only access the modules and members as assigned.
SM010	The solution should have configurable roles by state plan and waiver program that may be created and modified by the Department through a change request as outlined in the Department approved Change Management Plan	Administrators will be able to combine distinct caseload-based roles into super roles, and then assign the super roles to groups of users.
SM011	The solution should have the ability to record specific access by users to confidential personal information (CPI) contained within the solution. The mechanism should record the following data elements and allow a role-based user to search this log for matching criteria to discern what was accessed including, but not limited to	Therap's Activity Tracking module can be used to view the audit logs of users accessing information in the system. Each log may display activity date/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 member, program/site, and additional information regarding the activity, and time zone.
SM012	User name	The Activity Tracking module will specify the login name of the user accessing information in the system.
SM013	Date of access	The Activity Tracking module will specify the date the user accessed information in the system.
SM014	Time of access	The Activity Tracking module will specify the time the user accessed information in the system.

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SM015	Name of Individual (First and Last) whose confidential personal information (CPI) was accessed	The Activity Tracking module will display the unique identifier of the member or user whose data was accessed, using which their First and Last Names can be found.
SM016	Name of computer system used to access confidential personal information (CPI)	The Activity Tracking module displays the IP Address, browser, and operating system. If the user is logging in from the Therap mobile app, their device name will be displayed as well.
SM017	Query/Transaction used	The Activity Tracking module will specify the module, action, and activity type for activity logs.
SM018	The solution should provide users role-based access to reporting functionality	Users can be assigned with roles to generate specific or all reports available in the system.
SM019	The solution should allow correspondence to be viewed based on role based access	Users must be assigned appropriate privileges to view correspondence. Users will not be able to view messages containing member data if they do not have the member in their caseload, even if the user was on the recipient list.
SM020	The solution should allow authorized users to remove view or edit access rights to any data fields or data elements within the solution based on user role	Therap modules have separate and distinct caseload-based roles for viewing, submitting, updating, and deleting data. Administrators will be able to combine these distinct roles into super roles, and then assign these super roles to groups of users. An administrator will also be able to remove specific roles from a user's privileges (e.g., to remove their view or edit access for a module).
SM021	The solution should provide role-based security through various methods, including, but not limited to	The system uses a sophisticated role based access mechanism.
SM022	Unique identifiers (IDs)	Each user is identified through a unique combination of login name and provider code. Each provider has a unique provider code, and within a provider each user will have a unique login name.
SM023	Mandatory password standards and policies for length, character requirements, and updates for all users as defined within National Institute of Standards and Technology (NIST) 800-63-3 Digital Identity Guidelines, or equivalent https://doi.org/10.6028/NIST.SP.800-63-3	Administrators will be able to set agency wide password policies, which include configurable values for password requirements such as minimum length, minimum number of uppercase letters, minimum number of digits, and minimum number of other characters (!@#$%^&*;:'", etc.), as well as other policies such as maximum number of incorrect passwords tolerated before user is locked out, number of days before the password expires, starting day of warning before expiration, and number of the most recently used passwords that cannot be reused.

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SM024	Profile or group access assignments	Groups of users can be assigned caseloads and super roles (collection of caseload-based module roles).
SM025	The solution should provide a mechanism to limit access to information based on user roles and program rules	Configurable roles and program caseloads can be assigned to each user to define and limit their access to information.
SM026	The solution should provide role-based access to all system components and control access through various methods, including, but not limited to	Roles can be assigned to users to control access to modules, forms, and pages.
SM027	Blocking specific window or screen access	Roles can be removed from a user to remove access to a specific page.
SM028	Blocking specific report views or analytics	Roles can be removed from a user to remove access to a reports or analytics.
SM029	Restrict data elements	Roles can be removed from a user to remove access to data.
SM030	Restrict viewing of specific members	A user's caseload can be defined to restrict access to specific member data.
SM031	Limit access to other fields within the system as determined by the Department	Roles can be removed from a user to remove access to forms and its fields.
SM032	The solution should update all security roles automatically when a change in the master role is made	When a super role is updated, all users assigned with that super role are affected.
SM033	The solution should allow user access and role changes to be made in real-time	Updates to user privileges are made in real-time.
SM034	The solution should have the ability to restrict concurrent logons	Administrators can update the status of users to restrict logons, as well as designate devices for users and develop device access policies.
SM035	The solution should have the ability to configure the timeout requirements for each system environment and user role.	Administrators will be able to customize the length of time before an inactive user's session is timed out.
SM036	The solution should have the ability to create multi-level escalating alerts for Department-defined events	The Department will be able to create notification profiles defining the escalation levels for module events, which can then be applied to each user's notification profiles.

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SM037	The solution should identify the recipients of alerts by alert type and user role	Users will receive alerts for only the modules whose roles they are assigned, and related to only the members in their caseloads.
SM038	The solution should have the ability to allow the Department to define which edits and rules may be overridden within the solution by the direct care worker or provider agency and how the solution will respond with warnings, alerts, or denials of the requested user action	Administraiors will be able to assign the appropriate roles to users, as required. Appropriate warning messages and alerts will be displayed when a user tries to access a page or form they do not have the privileges for.
SM039	The solution should utilize a Security Information and Event Management (SIEM) solution that generates alerts for events. Copies will be made available to the Department, including, but not limited to	Various system log and event activity for all platform components are aggregated to a central monitoring station for further analysis. Copies of the logs can be provided to the Department.
SM040	Alert generation for attempts to access unauthorized databases from internal and external systems	As part of Therap's technical controls and countermeasures, communications from internet-facing web servers to the internal infrastructure are tightly controlled and monitored. Therap's firewall will inspect packets traversing defined networks for suspicious activity, and can terminate specific sessions if configured to do so.
SM041	Monitoring and reporting of events on an ongoing basis	System log and event activity for all platform components are aggregated to a central monitoring station, where 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.
SM042	The Vendor should provide a report outlining applicable National Institute of Standards and Technology (NIST) SP 800-53 moderate security control responsibilities (reference https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf) noting which security controls are implemented and/or inherited by the Vendor, implemented by the Department, or shared by both parties. This report should be maintained by the Vendor and outline the following information, including, but not limited to	Therap is working towards a HITRUST certification, which will include a report outlining applicable NIST standards.
SM043	Non-compliant and required security and privacy controls	Please refer to SM042
SM044	Applied mitigations	Please refer to SM042
SM045	Plan to correct deficiencies	Please refer to SM042
SM046	The solution should maintain a list of users and owners of each stored report	Details related to users generating and saving reports are recorded in the system.

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SM047	The solution should retain and maintain access to reports as specified by the Department's Retention Policy. (Reference https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PC1013_DataBackup_Mar2019.pdf)	Therap retains data entered into the system, and users with the appropriate roles will be able to access them.
SM048	The solution should allow, initially, up to fifteen (15) State users to create ad hoc reports. Additional users should be added at no additional cost to the State.	The State will be able to add new user accounts at no additional cost, and assign them with the privileges to create and generate reports.
SM049	The solution should track and store detailed information regarding all reporting requests, including, but not limited to:	Therap's Activity Tracking module can be used to view the audit logs of user activities in the system.
SM050	Who requested the information	The Activity Tracking will specify the login name of the user who requested or generated the report.
SM051	Date of request	The Activity Tracking will specify the date the user who requested or generated the report.
SM052	Time of request	The Activity Tracking will specify the time the user who requested or generated the report.
SM053	What data the report included	The Activity Tracking will display additional information regarding generated reports. Generated reports can be uploaded in the system for later access.
SM054	Report storage upon completion	Generated reports can be uploaded in the system for later access.
SM055	The solution should generate a periodic report of upcoming user account terminations on a schedule approved by the Department.	User accounts can be locked before being terminated. The Department will be able to generate reports on locked users at their convenience.
SM056	The solution should maintain a record of all Integrated Eligibility Solution (IES) member information accessed.	Therap's Activity Tracking module can be used to view the audit logs of users accessing member information in the system.
SM057	The solution should maintain a record, including an audit trail, of all manually entered data queries by user, communications, and report distributions.	Therap's Activity Tracking module can be used to view the audit logs of users viewing, entering, updating, and deleting information in the system, as well as communicating with other users using SComm.
SM058	The Vendor should supply, on an annual basis, a report of the results of all security, privacy, and risk assessments, including all tools used, and an action plan detailing the approach for remediation of security risk vulnerabilities. Data and testing results,	Therap will be able to provide the required reports on security, privacy, and risk assessment on an annual basis. Data and testing results will be retained for 10 years, as required by CMS guidelines.

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	including reports, should be retained for 10 years per CMS guidelines	
SM059	The solution should log manual overrides and report on them at timed intervals determined by the Department	The Department will be able to generate Activity Tracking reports on user activity logs at their convenience. The Activity Tracking module tracks each action taken within the system and allows administrators to review and audit the actions carried out.
SM060	The solution should create a log of access attempts and generate a monthly user lock out report to the Vendor's security management team and to the Department, upon request	The Department will be able to generate Activity Tracking reports on the login attempts and user lock outs at their convenience.
SM061	The solution should have the ability to provide authorized requestors a report containing the security profile for an individual or role	Administrators will be able to generate reports on user security profiles and super roles at their convenience.
SM062	The solution should monitor, detect, and report impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information	System logs and event activity for all platform components are aggregated to a central monitoring station for further analysis, and further investigation is performed and remedial steps taken if behavioral anomalies are detected. Specific customer service protocols are also in place to rapidly disseminate information to end users about incidents that require escalation.
SM063	The Vendor should conduct annual penetration testing of the solution and provide results to the Department within 30 days of completion	Therap contracts with a third party to perform vulnerability assessments and penetration tests on a scheduled and on-demand basis. Therap will be able to provide the results to the Department.
SM064	The Vendor should provide all incident reporting to the Department immediately upon discovery per Department guidelines	Therap has specific customer service protocols in place to rapidly disseminate information to end users about incidents that require escalation.
SM065	The solution should be able to redact information contained in any form, correspondence, or report and save the redacted version as a new file	We can address this requirement by the system's configurable user privileges.
SM066	The solution should allow users to override and change pre-populated information in forms, when appropriate	Users with the appropriate roles will be able to enter or update data on forms.
SM067	The solution should maintain an inventory and store all system-generated correspondence based on Bureau for Medical Services' (BMS) Retention Policy (Reference https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Therap retains data entered into the system, and users with the appropriate roles will be able to access them.

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SM068	The solution should ensure that data, including hard copy documents, are retained, stored, imaged, archived, and protected from destruction. All data should be available according to Department and federal requirements, and in accordance with the Department's Data Retention Policy (Reference https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Therap retains data entered in the system. The system's "logical delete" feature flags records as deleted but permanently retains them within the database for viewing by users with the appropriate privileges.
SM069	The Vendor should ensure that hard copy documents are retained, stored, imaged, archived, and destroyed in accordance with applicable federal requirements and in accordance with the Department's Data Retention Policy (Reference https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Therap will be happy to discuss how the data will be managed during and after the Contract period in the implementation meetings.
SM070	The solution should prevent certain decisions and fields from having the ability to be overridden by users	Users without the appropriate roles will not be able to update or override data in the system.
SM071	The Vendor should ensure that information captured via the web portal meets the relevant data management specifications, including, but not limited to, access, inquiry, update, retention, and archival	Therap is a web-based SaaS solution that users can access using a standard web browser. The data management policies are applicable to all data entered in the system, regardless of whether they are entered from the web application or the mobile application.
SM072	The solution should have the ability to display and require the user to accept web-site terms of agreement when entering the web portal	Administrators will be able to set up a Signup Agreement displayed during each login. Users will have to agree to the Signup Agreement before they are able to access the system.
SM073	The solution should have the ability to establish user access to predefined Department levels including, but not limited to	User privileges can be configured to define access to data.
SM074	Page level	Users will require the appropriate view/edit roles to access a module page.
SM075	Field level	Users will require the appropriate module roles to perform an action on a module field.
SM076	Data element level	Only users with the appropriate administrative roles will be able to manage certain data elements such as data types, categories, templates, and codes, which can be chosen in other forms/pages.
SM077	The Vendor should provide a public facing website that provides access to a secure portal including, but not limited to	The Therap website and support site has links to the login page for the web application.

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SM078	Instructions on how to use the secure site	Therap has developed its support site 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, and webinars.
SM079	Site map	The Therap support site lists its resources under the appropriate modules, states, and categories.
SM080	Contact information	Contact information can be recorded in the system.
SM081	The solution should have the ability to send users their initial auto-generated password via email and require that they change their password upon their next sign-on	Therap sends one time passwords via email. A new password is required when signing in.
SM082	The solution should have the ability to require qualifying information to access system records via the web portal including, but not limited to	Users assigned with the appropriate privileges will be able to access information and records as required. The Service Directory module shows overall information about an agency's services and/or contracts.
SM083	Provider number	The Provider number can be accessed from the Service Directory module.
SM084	Prior authorization number	Prior authorization information can be obtained from Therap's fully integrated billing system.
SM085	Medicaid ID number	The Individual Data form (IDF) captures the members' Medicaid number, ID number, SSN, and other demographic information. Users are able to search for member records using ID Number and Medicaid Number as search parameters.
SM086	Date of service	Service dates can be entered in various modules including ISP Program, ISP Plan, Service Authorizations, Scheduling/EVV, and more.
SM087	Claim number	Therap's Billing system supports creation of 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.
SM088	The solution should allow a system administrator to reset user passwords	Administrators with the appropriate roles will be able to reset other users' passwords.

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SM089	The solution should allow users to change their passwords on demand.	Users will be able to change their own passwords as long as their accounts are not disabled, admin locked, or deleted.
SM090	The solution should have the ability to set and adjust password expiration dates	Administrators will be able to set agency wide password policies, including the number of days before the password expires, and the starting day of warning before expiration.
SM091	The solution should have the ability to warn the user that the Caps Lock is on when entering sign-on passwords	A warning message regarding Caps Lock being on is displayed when entering the login password using Internet Explorer (IE11).
SM092	The Vendor should establish an expiration schedule for system component required passwords to minimize system or user disruption	Administrators will be able to set an agency wide password expiration schedule, as well as the starting day of warning before password expiration to minimize user disruption. Users will need to enter a login password to access all the system components within the solution.
SM093	The solution should store passwords in encrypted form. The Advanced Encryption Standard (AES) 256-bit standard or equivalent should be used (Reference https //nvlpubs nist gov/nistpubs/FIPS/NIST FIPS 19 7 pdf)	Data at rest in the solution are encrypted using AES-256 encryption. Encryption is FIPS 140-2 level 1 approved.
SM094	The solution should enforce password policies for length, character requirements, and updates for all users as agreed upon by the Department	Administrators will be able to set agency wide password policies, including configurable values for password requirements (e.g. Minimum length, minimum number of uppercase letters, minimum number of digits, and minimum number of other characters - !@#$%^&*;:'"), as well as other policies such as maximum number of incorrect passwords tolerated before user is locked out, number of days before the password expires, starting day of warning before expiration, and number of the most recently used passwords that cannot be reused.
SM095	The solution should allow self-service password resets	Therap has a Self Password Reset option that allows users to reset their own passwords. Users who have this option enabled will be able to reset their own passwords as long as their accounts are not disabled, admin locked, or deleted.
SM096	The solution should send system-generated email notifications of password change events and expiration warnings at Department approved intervals	Administrators are able to get email notifications of user accounts being locked or unlocked, and for changes in password policy.

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SM097	The Vendor should deactivate all system access for users immediately upon notification of termination, departure, or reassignment	Department Administrators will be able to admin lock, deactivate, or delete user accounts at their convenience. The user account status will be updated in real-time.
SM098	The solution should have the ability to lock out a user after a pre-determined number of unsuccessful login attempts	Administrators will be able to set agency wide password policies, including the maximum number of incorrect passwords tolerated before a user is locked out.
SM099	The solution should automatically suspend all users who have not accessed the solution within a specified period of time as requested by the Department	Administrators can set user passwords to expire within a certain time range. If users don't log in during that time range and reset that password, they will be password locked and not be able to log in.
SM100	The solution should have the ability to close accounts that have been suspended more than a predetermined number of days as requested by the Department	An account that has been locked will have its password expire after a certain number of days as configured by the Department. The user will not be able to log into the account without an administrator unlocking the account and resetting the password.
SM101	The solution should have the ability to terminate authorized sessions after predetermined time period of inactivity, as requested by the Department, after a warning message is displayed to the user informing them that the session will terminate in an identified period of time.	Administrators will be able to set agency wide provider preferences, including timeout duration after which inactive users are automatically logged out. A warning message is displayed before a user session is terminated.
SM102	The solution should provide three types of controls to maintain the integrity, availability, and confidentiality of protected health information (PHI) data contained within the system. These controls should be in place at all appropriate points of processing as follows	Therap provides a rules-driven design and role-based access framework to allow administrators to define user access to PHI data.
SM103	Preventive Controls. Controls designed to prevent errors and unauthorized events from occurring	Users will only be able to access the forms and pages they have the roles for, and only for the members in their caseloads. Users trying to access a page they do not have the privileges for will see an error message instead.
SM104	Detective Controls. Controls designed to identify errors and unauthorized transactions that have occurred in the system	Users trying to perform unauthorized transactions will see error messages. Logs of user activity can be accessed from the Activity Tracking module to review transactions that had occurred in the system.
SM105	Corrective Controls. Controls designed to ensure that the problems identified by the detective controls are corrected	Error messages displayed when trying to perform unauthorized transactions include instructions on which fields or records are required for corrective actions.

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SM106	Upon login, the solution should inform users of privacy policy, including the logging of users' access attempts to personally identifiable information (PII) and/or protected health information (PHI) and other actions taken within the application that are subject to privacy reporting and disclosure notification, including the legal sanctions imposed for improper disclosure and use to be approved by the Department	Administrators will be able to create Splash Messages regarding privacy policies that users will see during every login. Signup Agreements on privacy policies can also be created so that users agree to the policies before they can access the solution after system login.
SM107	The Vendor should deliver reporting on all unauthorized disclosures of personally identifiable information (PII) and/or protected health information (PHI) immediately upon discovery	Therap will deliver reporting on these accordingly.
SM108	The Vendor should perform data mapping to identify confidential data and Protected Health Information (PHI) contained in the system, the flow of that data through the system, and where that data resides	Therap considers all the data within the system database as PHI, and treats it as such.
SM109	The Vendor staff should adhere to all Department security requirements when on-site at Department facilities and as required by the facility's security requirements	Therap staff will adhere to all Department security requirements when on-site at Department facilities and as required by the facility's security requirements.
SM110	The Vendor should protect the Vendor's data center location(s) against intrusion at all times and maintain a surveillance alarm system that is linked to a manned monitoring center	Access to the data centers that host Therap's equipment is controlled by a key card system. Therap's equipment racks are contained inside an isolated cage. Movement within the facility is controlled by a combination of badge and biometric access. Additional features of the facility include onsite security personnel 24x7x365, the use of 'people traps' to isolate entry and exit activities, extensive presence of cameras to monitor facility, and log reports that detail access activity to cage. Therap's data centers are certified against ISO 27001 standards.
SM111	The Vendor should provide the Department access to all facilities to conduct announced and unannounced visits of the Vendor's facilities	Therap will meet this requirement and will discuss with the Department regarding access to secure facilities.
SM112	The Vendor should maintain a current database of individuals who have access to its facilities and the database should be available for the Department's inspection upon request	Therap will meet this requirement.
SM113	The solution should have the ability to reassign existing records from one user identifier (ID) to another user ID in the case of fraud, errors, and omissions that affect data integrity and reporting according to the Department's business rules. All reassignment of records should be captured in audit logs	Administrators are able to assign and reassign roles and privileges to users as necessary. Reassignment of records are captured in Activity Tracking search results.

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SM114	The solution should audit and track all activity specific to each user including, but not limited to	Therap's Activity Tracking module can also be used to track operations performed by users on individual records. For each activity the audit log may display the activity time, user login name, IP address, server name, module, action, activity type, form ID, client form ID, program/site, and additional information.
SM115	Invalid login attempts	Activity Tracking will display login failures and their reasons, including incorrect credential, inactive account, expired or locked password.
SM116	Transaction activities	Activity Tracking search results include the modules in which users performed a transaction, the specific action they took, and associated form IDs.
SM117	Track adds, changes, and deletes of individual member visit verification data	User actions related to data in the EVV/Scheduling module are tracked in Activity Tracking.
SM118	Password changes	Activity logs of both users changing their own passwords and administrators changing other users' passwords are tracked in Activity Tracking.
SM119	Security question and/or Key creation	Therap's Two-Factor Authentication (2FA) feature provides encrypted authentication for users when logging into the system from either the Therap web application or from the mobile applications. Users will be able to enable Two-Factor Authentication for their Therap accounts, and administrators will be able to 'force activate' this feature for other users as well. With 2FA enabled, after each successful login, users will need to enter an additional One-Time Password (OTP) provided by a 2-step verification software based on a QR Code or Secret Key that was generated during their Two-Factor Authentication setup.
SM120	Updates to security questions	Therap's Two-Factor Authentication (2FA) feature provides encrypted authentication for users when logging into the system from either the Therap web application or from the mobile applications. Users will be able to enable Two-Factor Authentication for their Therap accounts, and administrators will be able to 'force activate' this feature for other users as well. With 2FA enabled, after each successful login, users will need to enter an additional One-Time Password (OTP) provided by a 2-step verification software based on a QR Code or Secret Key that was generated during their Two-Factor Authentication setup.
SM121	User navigation history	A history of the data users have accessed and updated are shown in the Activity Tracking in chronological order.

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SM122	The Vendor should ensure that its employees and subcontractors complete and maintain required security training and follow State and Department policies regarding security. This should be done, at a minimum, on an annual basis and for all new hires within five (5) business days of being hired (Reference https //www wv gov/Policies/Pages/default aspx#undefined)	Therap employees complete required security training and follow policies regarding security accordingly.
SM123	The solution should collect sufficient detail to produce an immutable audit log of all manual and automated system activity including, but not limited to the following elements	Activity Tracking provides an immutable audit log of user activities in the system.
SM124	User Identification	Each Activity Tracking user activity log is associated with the user's login name, which has to be unique within the agency. This helps in identifying the user performing the action.
SM125	Machine/Internet Protocol Address Identification	The User Agent (browser name, operating system, device type) and IP Address of users accessing the system are shown in Activity Tracking.
SM126	Time and Date of Action	The date, time, and time zone for each activity log is displayed in Activity Tracking.
SM127	Actions Performed	The module in which a user performed an action, the exact action performed (create, read, update, delete), the member or user whose data was affected, and more information are displayed in Activity Tracking.
SM128	The solution should record an immutable audit log of security role assignment and revocation activities performed within the solution and changes to security role assignments on servers and in databases	When an administrator changes a user's privileges, the changes are archived in the system. These archives can be searched and compared to review the changes in security role assignments.
SM129	The Vendor should disable building and system access in real-time for staff upon termination, departure, or reassignment from the project	Department Administrators will be able to admin lock, deactivate, or delete user accounts at their convenience. The user account status will be updated in real-time.
SM130	The solution should generate audit reports based on a request from authorized requestors at the Department	Department administrators will be able to generate audit reports from Activity Tracking, module searches, and archive searches using their search parameters at their convenience.
SM131	The solution should have the ability to control access to member records based on user roles and system credentials	Therap's highly configurable role-based access framework allows administrators to define what actions users will be able to take in the system, and on which members' data.

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SM132	The solution should support member-delegated authority including, but not limited to	User accounts can be created for member-delegated authority and provided with the appropriate privileges.
SM133	Assistors	Assistors can be provided with user accounts and given access to the data of only the members they are assisting.
SM134	Authorized representatives	Authorized representatives can be provided with user accounts and given access to the data of only the members they are representing.
SM135	The Vendor should require that all employees accessing sensitive and critical member data successfully pass State and Federal fingerprint-based background checks prior to potential or actual data access. See request for proposal (RFP) Section 3, General Terms and Conditions for more information	All Therap employees are fingerprinted and have Federal background checks completed State background checks are carried out as required.
SM136	The Vendor should conduct information security assessments and audits of the solution to be conducted by the Vendor, by the Department, or by an external entity hired by the Department as directed by the Department	Therap performs third party vulnerability assessments to obtain an outside perspective on the effectiveness of the controls and configurations that have been implemented, as well as self-performed vulnerability assessments to identify potential weaknesses.
SM137	The Vendor should conduct all security, privacy, and/or risk assessments inclusive of vulnerability scans of the solution and the results of the vulnerability scan should be included with the assessment results	Therap performs vulnerability assessments and penetration tests annually. Weekly application-level scans are performed by a third party. We will include the results of the vulnerability scan with the assessment results.
SM138	The Vendor should allow for only Department approved users to enter and/or approve change request activities, per the Change Management Plan	Per the Change Management Plan, Therap will only allow Department approved users to enter and/or approve change request activities.
SM139	The solution should comply with the standards and protocols under sections 1104 and 1561 of the Affordable Care Act (ACA) (Reference https //www caqh org/core/operating-rules-mandate) (Reference https //www healthit gov/sites/default/files/rules-regulation/aca-1561-recommendations-final2 pdf)	Therap meets federally established IT standards and protocols as it relates to data security, performance, and interoperability.
SM140	The Vendor should follow Federal, State, and Department policies for receipt and removal of hardware and electronic media that contain electronic protected health information according to 45 CFR164 310 (Reference HTTPs //www hhs gov/sites/default/files/patient-protection pdf)	Therap is a web-based solution that does not require the user to store PHI in local devices. In addition, when drives are removed from the Therap 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. Therap shall follow

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		Federal, State, and Department policies for receipt and removal of hardware and electronic media.
SM141	The solution should allow local and central system security administrators to add and change permissions for local and central system access	System security administrators can be provided with the appropriate administrative roles to change permissions for local and central users within the solution. Central systems can be set up as oversight accounts, and local systems can be set up as linked provider accounts, which will help in compartmentalizing access.
SM142	The Vendor should maintain the same level of security compliance during any interruption of normal operations as outlined in the RFP Contract Deliverables and applicable federal requirements	Therap maintains its level of security compliance even during interruption of normal operations.
SM143	The solution should have the ability to securely access all data in the event of an emergency without any impacts to the confidentiality or integrity of the data	The facilities and equipment used to host Therap are installed at two geographically diverse sites that undergo real-time data replication. If the live site goes down, functionality can be transferred to the hot backup site to assure delivery services without compromising the confidentiality or integrity of the data.
SM144	The Vendor should deliver the system architectural activity and process diagrams that detail security and privacy controls to the Department upon request.	Therap will be able to provide system architectural activity and process diagrams that detail security and privacy controls upon request.
SM145	The Vendor should ensure that all Vendor-owned hardware and software are configured securely, including but not limited to	Therap has technical controls and countermeasures in place to securely configure its hardware and software, including firewalls, network segmentation, anti-malware, load balancers, hardened configurations, centralized logging and event monitoring, and third party/self-initiated vulnerability assessments.
SM146	Being protected by industry standard virus protection software, which is automatically updated according to a Department-approved schedule	The Therap infrastructure is protected by industry standard virus protecting software. As part of the data protection strategy, any files uploaded into the application by users are scanned for malware prior to being accepted.
SM147	Having all security patches installed that are relevant to the applicable operating system and all other system software and hardware	Therap keeps the devices within its infrastructure updated with operating system updates and security patches.
SM148	Maintaining compatibility with Department software and systems	Therap is a web-based COTS SaaS solution, and can be run on standard web browsers.
SM149	Utilizing only licensed software and hardware solutions that have not been classified as End-of-Life (EOL)	Therap will not use End-of-Life (EOL) software and hardware within its infrastructure.

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SM150	The Vendor should ensure they are in compliance with the State and Department Information Technology Security and Privacy Policies	Therap has the capability and will work with the Department to be compliant with State and Department Information Technology Security and Privacy Policies.
SM151	The Vendor should maintain documentation of encryption keys, interface credentials, and service account credentials, and provide the Department with updated documentation every time an update is made	Therap will maintain these and provide updated documentation to the Department accordingly.
SM152	The Vendor should provide continuous monitoring of the solution using intrusion detection software (IDS)	As part of Therap's technical controls, routers and firewalls have been installed at all production sites. The firewalls include Unified Threat Management (UTM) functionality, and will inspect packets traversing defined networks for suspicious activity, and can terminate specific sessions.
SM153	The Vendor should provide reports at intervals as agreed upon by the Bureau from the intrusion detection software (IDS)	Therap will provide these reports accordingly.
SM154	The Vendor should provide continuous monitoring of the solution using industry standard intrusion prevention software (IPS)	As part of Therap's technical controls, routers and firewalls have been installed at all production sites. The firewalls include Unified Threat Management (UTM) functionality, and will inspect packets traversing defined networks for suspicious activity, and can terminate specific sessions.
SM155	The Vendor should provide reports at intervals agreed upon by the Department from the intrusion prevention software (IPS)	Therap will provide these reports accordingly.
SM156	The solution should have the ability to support non-disclosure of information	Therap's role-based access mechanism ensures users are only able to access the member data and data type that are included in their roles and caseloads.
SM157	The Vendor's Technical Call Center should have the ability to authenticate the caller/user as required by the Department	A user can only be authenticated into the system by logging in using their unique login name, password, and Provider Code. Another level of security can be added for logging in, which is the Two-Factor Authentication method, for which after each successful login, users will need to enter an additional One-Time Password (OTP) provided by a 2-step verification software based on a QR Code or Secret Key that was generated during their Two-Factor Authentication setup.
SM158	The solution should provide complete logical and physical segregation of electronic visit verification (EVV) data and files from the data and files of other Vendor/Vendor customers	Therap is a true multi-tenant SaaS suite of applications that ensures separation of customer processing environments.

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Attachment 9
Implementation Specifications Approach

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1. **Instructions**
   - **1.1 The Vendor should provide a narrative overview of how the proposed system will meet the specifications and narrative in this request for proposal (RFP).**
   - **1.2 Use these response sections to provide specific details of the proposed approach to meeting the implementation specifications in each process area. Be advised while some sections only require narrative around specifications others may also contain pointed questions.**
   - **1.3 Responses should reference specifications and relevant mandatory requirements using the appropriate IDs from *Appendix 1:.Detailed Specifications* and *Attachment 6: Mandatory Requirements.***
   - **1.4 Responses in the sections below should be focused on the Department of Health and Human Resources (DHHR) business processes and requirements. DHHR also expects the Vendor to propose its approach for meeting the narrative included in this RFP.**
   - **1.5 The Vendor is required to respond to the headings below to provide detail regarding its methodology for each project management component.**

2. **Project Management Methodology**

2.1 The Vendor's proposal should describe the Vendor's methodology, tools, and techniques used to support projects from requirements through finished deliverables, including deployment of the new solution, project management, checkpoints, and periodic status reporting.

2.1.1 Describe policies and procedures employed to ensure timely completion of tasks in a quality fashion.

2.2 Therap's project management team has extensive experience in successfully developing and implementing large projects while supporting the requirements and processes. Based on Therap's experience of 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 that 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. Where 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.

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During the execution phase, the project managers will periodically provide weekly and monthly project status updates to DHHR to communicate the overall progress. Therap's project management team will arrange regular meetings with stakeholders. DHHR will have access to the Therap's online issue management tool. Users of this tool can submit any issues/change requests and track their progress. The Project Manager records any submitted change requests into the change/scope control log.

The project implementation process addresses quality assurance/quality control, risk management, change management, and communication strategies. Changes and upgrades are decided upon with the help of Therap's issue management and change management processes. 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.

Prior to closing of the project, each functionality will be checked and verified against the finished deliverable upon acceptance criteria and a final report will be provided.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and has provided specific responses for each 'Project Management' subject matter area requirement below.

PM001	The solution should have the ability to modify settings through the approved Change Management Plan to configure the business rules engine performing tasks, including, but not limited to	Therap provides a range of rules engines to configure the system to work according to existing local business rules. Department administrators will be able to create, update, and delete combinations of roles and caseloads. Administrators will be able to update user privileges and assign users with the roles and caseloads required to perform their job responsibilities. Users can only perform the tasks that are allowed through their roles and caseloads. Separate roles to perform tasks on forms and reports can be provided to users.
PM002	Rule deletion	Department administrators will be able to delete combinations of roles and caseloads for a user's privileges. Users can only perform the tasks that are allowed through their roles and caseloads.
PM003	Rule modification	Administrators will be able to update user privileges and assign users with the roles and caseloads required to perform their job responsibilities. Users can only perform the tasks that are allowed through their roles and caseloads.
PM004	Addition of new rules	Department administrators will be able to create new caseloads and assign new roles to a user's privilege in order to perform certain tasks. Users can only perform the tasks that are allowed through his/her roles and caseloads.

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PM005	Business edits	Users with the appropriate privilege will be able to make business edits.
PM006	Others as defined by the Department	Therap will be able to modify other settings through the approved Change Management Plan to configure the business rules engine as defined by the Department.
PM007	The Vendor should collaborate with the Department to establish the initial roles and level of access and responsibility for each class of user	Therap will collaborate with the Department to establish the initial roles and level of access and responsibility for each class of user.
PM008	The solution and supporting processes should comply with the Centers for Medicare & Medicaid Services (CMS) Seven Conditions and Standards and the most current version of CMS Medicaid Information Technology Architecture (MITA) (Reference: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf)	Therap complies with CMS standards and MITA conditions. Therap promotes an enterprise view that supports enabling technologies that align with MITA business processes and technologies.
PM009	The Vendor should conduct an overview with the Department of solution changes that are ready to be moved into the production environment as directed in the Change Management Plan	Therap will conduct an overview with the Department of solution changes that are ready to be moved into the production environment as directed in the Change Management Plan.
PM010	The Vendor should request authorization in writing from the Department prior to promoting any system changes to the production environment or solution as agreed upon by the department	Therap notifies users of upcoming features and enhancements in advance and plans for system downtimes during hours of least usage. Users are notified ahead of time via release notes, login page ads, emails, splash messages, and announcements on the official website.
PM011	The solution should have the ability to allow the modification of edits per the Change Management Plan	Administrators can assign roles and caseloads to appropriate users for accessing information in the system. A users can only perform those tasks which are allowed by the roles assigned to their user account.
PM012	The Vendor should provide a manual visit verification process that is adaptable to changes in program requirements throughout the contract period as directed by the Change Management Plan	Therap's EVV solution has a detailed and user friendly scheduling component that allows authorized users to create and configure manual visit verification process.
PM013	The solution reporting should be configurable so that standard reports and recipients of reports can be changed easily over the life of the contract without additional cost, as defined in the approved Change Management Plan	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 over the life of the contract without additional cost. Therap's Business Intelligence module is available for providing dashboards for generating reports and trends on data from user-selected parameters.

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PM014	The Vendor should update the user manual and receive Department approval each time a solution change or upgrade is implemented as directed by the Change Management Plan and within an agreed upon time-frame by the Department	Therap's Support materials are regularly monitored and updated. Release notes and release user guides are provided to users in advance of a release in order to familiarize them with the upcoming changes. Therap will work with the Department to work as directed by the Change Management Plan and within an agreed upon time-frame.
PM015	The Vendor should provide updates to the user manual and have the updated manual available to users no later than thirty (30) days prior to the date a solution change is implemented as directed by the Change Management Plan	Therap's Help and Support website contains a large number of training and support materials in electronic format. Release notes and user guides are made available ahead of time so that users can become familiar with the upcoming changes. These user manuals will be accessible through a designated state website and regular website.
PM016	The Vendor should configure the solution for specific Medicaid waivers/services at no additional cost to the Department, per the Change Management Plan	Therap's Billing module allows users to configure and define specific Medicaid waivers/services.
PM017	The solution should have the ability to support data integrity through system controls for software program changes and promotion to production as defined in the approved Change Management Plan	Therap continuously works to implement the latest security patches to ensure system security and data integrity. Patches are tested in testing environments prior to implementing them into the production environment.
PM018	The solution should support workflow development by the vendor based on new processes defined by the Department according to business needs as identified in the Change Management Plan	Therap is committed to creating efficiencies in business processes while enhancing accuracy, transparency, and accountability throughout all levels of support and service provision. Therap will work with the Department to develop a workflow based on new processes defined according to the business needs identified in the approved Change Management Plan.
PM019	The solution should have the ability for the Department to control and monitor system change requests as defined in the approved Change Management Plan	The system has the ability for the Department to control and monitor system change requests. 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.
PM020	The solution should have the ability for the Department to set and change priority levels on individual change requests as defined in the approved Change Management Plan	We will conduct discussions with the Department to set and update the priority levels of individual change requests. Any modifications that can impact the production environment are subject to the approved Change Management Plan.
PM021	The Vendor should conduct a security, privacy, and/or risk assessment of any new functionality prior to its deployment to production , the results of which should be delivered to the Department within an agreed upon timeframe by the Department. The Vendor should obtain Department approval for proposed resolutions to all assessment findings	For each new feature or functionality of the system, the developer creates a new feature branch locally. Impacts of the new feature on the overall solution are tested, risks are analyzed, and steps are taken to mitigate possible risks before the branch is pushed to the code/configuration review system. Prior to the deployment of customizations and modifications in the application, a full test cycle is performed to

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	prior to deployment to production per the Change Management Plan.	ensure that all code changes are functioning according to predefined acceptance criteria. Therap will work with the Department to review test results prior to its deployment to production.
PM022	The Vendor should coordinate all testing activities as agreed upon by the Department.	Therap performs comprehensive testing of the system before deployment into production environment. Therap will coordinate all testing activities as agreed upon by the Department.
PM023	The Vendor should prepare a comprehensive set of test scenarios, within a timeframe as agreed upon by the Department, including but not limited to	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. Upon discussion with the Department, the SQA team will assist in writing the Test Plans, Test Scenarios, Test Cases, Expected test results and other reports required for the Tested Release of Application within an agreed upon timeframe.
PM024	Applicable test cases	The applicable test cases are developed by the SQA team to test specific functionality and the potential impact of these functionalities on the entire system. Therap will be able to share the applicable test cases within a timeframe as agreed upon by the Department.
PM025	Expected test results	Therap will be able to share the expected test results within a timeframe as agreed upon by the Department.
PM026	Others as defined by the Department	Therap will work with the department to determine other test documents to be prepared, and will provide them within a timeframe as agreed upon by the Department.
PM027	The Vendor should provide the Department and/or its designees access to test cases and test data to facilitate execution of applicable testing cycles	Thrap will develop necessary Test Cases and Test Data and provide necessary system and functional information to the Department and/or its designees to facilitate execution of applicable testing cycles.
PM028	The Vendor should provide the Department with a fully tested and operations-ready User Acceptance Test environment that is isolated and separate from all other environments	Therap provides a test environment to provider agencies during implementation which mirrors the production environment, in order to perform user acceptance testing. Therap provides necessary support to provider agencies during user acceptance testing. Authorized users will be able to practice using the system, including converted data, in the separate controlled testing environment.
PM029	The Vendor should discuss and finalize with the Department the level of testing required based on the significance of the change as directed in the Change Management Plan	On a regular basis, project managers will analyze the expected versus actual outcome and take actions as outlined in the project management plans. Feedback received from users in the production will be forwarded to a team of business analysts and

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		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 will discuss with the Department and finalize the level of testing required based on the significance of the change as directed in the Change Management Plan.
PM030	The Vendor should provide the Department weekly reports of testing status, including, but not limited to:	The project managers will provide weekly reports on testing status and number of completed, deferred and cancelled tests to the Department. The reports will include the test results, identified issues and actions taken to resolve the issues.
PM031	Metrics on the number of tests completed	Therap will be able to provide weekly reports to the Department that will include metrics on the number of tests completed.
PM032	Number of deferred or canceled tests	Therap will be able to provide weekly reports to the Department that will include number of deferred or canceled tests.
PM033	Results of the tests executed	The test results will be included in the weekly reports and provided to the Department.
PM034	Defects identified by severity level	Therap will be able to provide weekly reports to the Department that will include the defects identified during the testing by severity level.
PM035	Corrective actions taken	The weekly reports to be provided to the Department will also include the corrective actions taken to resolve the defects.
PM036	Others as defined by the Department	Therap will work with the Department to provide weekly reports as defined.
PM037	The Vendor should conduct Pilot Testing to validate the capacity and processing capabilities of the solution in a tightly controlled production environment	Therap can help the Department to conduct a parallel Pilot Test to validate the capacity and processing capabilities of the solution in a tightly controlled production environment. Therap will make sure that all pilot users have active accounts in the system with correctly configured access privileges.
PM038	The Vendor should include a test of actual data processing in a full operational environment, with successful end-to-end solution functionality during Pilot Testing	For the pilot testing phase, the Therap system will be made available in a live test environment where users can log in and enter information. Therap will assist the Department by uploading and/or refreshing test data into the system. Documentation will provide clear and concise instructions in the use of the system for all staff who will be participating in the testing. Therap support staff will solicit feedback and users can send feedback to and communicate with Therap staff throughout the testing process

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PM039	The Vendor should provide written test results of the Pilot Testing to the Department within an agreed upon timeframe.	Once the Pilot Testing is conducted, Therap will provide written test results to the Department within an agreed upon timeframe.
PM040	The Vendor should provide the Department official written notification of readiness for full production operations after completion of Pilot Testing.	After completing the Pilot Testing, Therap will provide an official written notification to the Department regarding the full production operations readiness.
PM041	The Vendor should work with the Department to develop an interface testing acceptance standard to outline the minimum requirements that must be met prior to allowing external electronic visit verification (EVV) data partners to submit data to the EVV solution.	Therap will conduct interface testing with the help of Department prior to allowing external electronic visit verification (EVV) data partners to submit data to the EVV solution.
PM042	The Vendor should conduct interface testing with external electronic visit verification (EVV) data partners approved by the Department.	Upon approval from the department, Therap will conduct interface testing with external electronic visit verification (EVV) data partners
PM043	The Vendor should provide testing and training environments that include sufficient, representative data elements that are in the production environment. The Vendor should not invoke or charge the Department for license fees for any of the testing or training environments.	Therap provides several environments for training and testing purposes. A development 'Beta' context application will ensure users have an environment to adequately test while 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 which 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.
PM044	The Vendor should use a User Acceptance Testing (UAT) environment that mirrors all programs in production to allow the Department to conduct testing prior to new software updates and to serve as an ongoing training platform for users.	Therap provides a test environment to provider agencies during implementation that mirrors the production environment, in order to perform user acceptance testing.
PM045	The Vendor should create, use, and make available to the Department, representative samples for testing edits, business rules, and workflow processing.	Therap provides necessary support to provider agencies during user acceptance testing. Authorized users will be able to exercise the system, including converted data, in the separate controlled testing environment.

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PM046	The Vendor should create or modify existing data as needed for testing in a test environment, in compliance with federal guidelines. (Reference https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/TestingFramework.pdf)	The solution offers a Test Mode is from the live application. It allows users to test the application in an environment containing agency-specific content which 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.
PM047	The Vendor should maintain a clearly organized test case library that can be accessed by all testers, including Department users, with search capability that is cross-referenced to the code that it tests.	Therap will maintain a clearly organized test case library that can be accessed by all testers, including Department users, with search capability that is cross-referenced to the code that it tests.
PM048	The Vendor should ensure web portal design, development, implementation (DDI) and operations are in accordance with Department and federal regulations and guidelines related to security, accessibility, confidentiality, and auditing. (Reference https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/IS_Policy-.pdf)	Therap has read and understood the regulations and guidelines, and ensures that the web portal design, development, implementation (DDI) and operations are in accordance with Department and federal regulations and guidelines related to security, accessibility, confidentiality, and auditing.
PM049	The solution should be developed and implemented in accordance with the project work plan.	Therap will develop a draft Project Work Plan for this RFP. Once the Project Work Plan in approved by the Department, we will perform the tasks, develop and implement the solution in accordance to the approved plan.
PM050	The Vendor should conduct the following types of testing in support of the solution	Therap's Software Quality Assurance (SQA) team is responsible for the complete build and test cycle. Therap's quality control activities include code and configuration review, automated unit testing, manual functional testing by quality assurance engineers, load and performance testing, database query performance benchmarking, and user competency scoring during implementation. During releases, the major releases need to pass regression tests. These regressions tests are performed at completion of coding. Any time additional patches are added to address any identified issues, regression tests are repeated. A final regression test is performed before making the build for production, and minor releases impacting any code related to security also need to pass through regression testing before production release. Design reviews, code reviews, unit testing, stress testing, End-to-end testing, and Security testing are all part of this process. Findings are mitigated by a combination of configuration changes and updates where appropriate. In addition, Therap performs internal vulnerability assessments of the pre-production and production infrastructures on a regular basis. Findings are mitigated by a combination of configuration changes and patches where appropriate.

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		Usability/Accessibility, Browser and Acceptance testing ensures the software behaves in the way it was intended. Therap's testing process also includes System integration testing (SIT), Interface testing, Data conversion testing and Operational readiness testing (ORT). Therap provides a test environment to provider agencies during implementation which mirrors the production environment, in order to perform user acceptance testing. Therap provides necessary support to provider agencies during user acceptance testing. Authorized users will be able to exercise the system, including converted data, in the separate controlled testing environment.
PM051	Unit testing	Therap's quality control activities include code and configuration review, automated unit testing, manual functional testing by quality assurance engineers, load and performance testing, database query performance benchmarking, and user competency scoring during implementation. Unit testing the business logic and algorithms ensures the software is tested against possible glitches.
PM052	Iterative functional testing	During functional testing, the product is checked against the predefined acceptance criteria to ensure the software conforms to the original requirements.
PM053	System integration testing (SIT)	Therap will work with the Department to conduct System integration testing (SIT) to verify the ability of the solution to exchange data successfully during end-to-end processing.
PM054	Interface testing	Following preliminary development and satisfactory interface testing, Therap will release the demo/beta version of the system to collect feedback.
PM055	Regression testing	These regressions tests are performed at completion of coding. Any time additional patches are added to address any identified issues, regression tests are repeated. A final regression test is performed before making the build for production, and minor releases impacting any code related to security also need to pass through regression testing before production release.
PM056	End-to-end testing	End-to-end testing will be performed to test whether the flow of an application is performing as designed from start to finish.
PM057	Security testing	Therap regularly performs security testing, including vulnerability assessments and penetration testing. Therap is SOC 2 compliant.

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PM058	Performance testing	Therap performs comprehensive performance testing of the system before deployment into production environment.
PM059	Usability/Accessibility testing	Usability/Accessibility testing will be conducted to ensure that the software behaves in the way it was intended.
PM060	Browser testing	Therap is a browser-based COTS SaaS solution. Therap performs Browser testing to ensure the quality assurance for the applications across the supported browsers
PM061	User acceptance testing (UAT)	User acceptance testing will be carried out during implementation. Therap provides a test environments to provider agencies during implementation which mirrors the production environment, in order to perform user acceptance testing. Therap provides necessary support to provider agencies during user acceptance testing. Authorized users will be able to practice using the system, including converted data, in the separate controlled testing environment.
PM062	Data conversion testing	Therap's testing process includes system testing, integration testing, and data conversion testing. New or modified features are tested and these tests will include data conversion
PM063	Operational readiness testing (ORT)	Therap is a browser-based COTS SaaS solution and does not require installation on devices. Prior to the solution deployment, the Operational readiness testing (ORT) testing will be done to ensure that all the configuration on production system is done correctly and the system is working properly.
PM064	Other testing as identified by the Department and/or Vendor	Therap will work with the Department to conduct additional tests identified by the Department.
PM065	The Vendor should be prepared to assist the Department, as necessary, with User acceptance testing (UAT)	Therap will develop User Acceptance test cases for approval by the Department prior to performing tests. Documentation will provide clear and concise instructions in the use of the system for all staff who will be participating in the system testing. Therap will: -Allow the Department to continue to test the operational solution -Assist the Department by loading and/or refreshing test data -Provide training on the solution for all UAT test participants -Provide assistance during the Department's testing Therap staff will be available on-site or via email, telephone, etc. to assist Department staff during UAT. During and after the UAT is complete, the

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		State can send in list of issues and identify where and how the system does not conform to the design using Therap's HIPAA compliant issue tracking mechanism, Issue Tracker.
PM066	The Vendor should be prepared to conduct User acceptance testing (UAT) in all cases whereby the Department does not elect to conduct UAT	Therap will work with the Department during testing to provide additional assistance to conduct UAT as needed and specified by the Department.
PM067	The Vendor should complete regression testing subsequent to, but not limited to, the following	During releases, the major releases need to pass regression test. These regressions tests are performed at completion of coding. Any time additional patches are added to address any identified issues, regression tests are repeated. A final regression test is performed before making the build for production, and minor releases impacting any code related to security also need to pass through regression testing before production release.
PM068	Deployment of new solution components	Regression testing is conducted whenever enhancements are made to the system.
PM069	Integration of each solution component into the primary solution	Therap will ensure the integration of each solution component into the primary solution.
PM070	Every migration of new build versions to each test environment	Therap offers test environments. New release features and build versions are incorporated in the Beta site prior to the release date, giving users the opportunity to familiarize themselves with the changes.
PM071	Solution fixes	If additional fixes are made to the solution for identified issues, regression tests are repeated.
PM072	Solution patches	Any time additional patches are added to address any identified issues, regression tests are repeated.
PM073	Solution releases	Solution releases need to pass regression test before production release. This tests are performed at completion of coding.
PM074	Others as defined by the Department	Therap will perform regression testing as defined by the Department.
PM075	The Vendor should utilize a subset of system integration testing (SIT) scenarios representative of maximum functional and technical solution coverage for the purposes of regression testing	Therap will utilizes a number of scenarios representative of maximum functional and technical solution coverage for regression testing. This allies with the Department's requirements for system integration testing (SIT) scenarios. Therap will be able to meet this requirement with ease.
PM076	The Vendor should obtain approval from the Department on which scenarios should be used for regression testing	Therap will obtain approval from the Department to determine the scenario to be used for regression testing.

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PM077	The Vendor should utilize end-to-end test cases in support of regression testing	The test cases are executed each time the system is rebuilt and deployed. Therap will utilize end-to-end test cases in support of regression testing.
PM078	The Vendor should perform privacy and security testing on functional, technical, and infrastructure components to ensure the solution meets all State, Department, and Federal privacy and security requirements (Reference https //www cms gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/IS_Policy-pdf)	During functional testing, the product is checked against the predefined acceptance criteria to ensure the software conforms to the original requirements. Therap will perform privacy and security testing on functional, technical, and infrastructure components in accordance the State, Department, and Federal privacy and security requirements.
PM079	The Vendor should propose testing scenarios and/or cases to the Department for their approval	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. The team will propose testing scenarios and/or cases to the Department for final approval.
PM080	The Vendor's performance testing methodology should allow for performance tests to be representative of the expected peak period volumes for solution operation	Therap's quality control activities include load and performance testing, database query performance benchmarking, and user competency scoring during implementation. Therap will be able to represent the solution's performance test during peak operation.
PM081	The Vendor's performance testing should occur on a production ready version of the solution	Therap performs comprehensive performance testing on a production ready version of the system before deployment into production environment.
PM082	The solution's performance testing environment should mirror the final production solution specifications	Therap provides a test environment that mirrors the final production environment for performance testing to provider agencies during implementation.
PM083	The Vendor should perform usability/ accessibility testing for various types of users, including, but not limited to	Therap provides several testing environments. A development 'Beta' context application will ensure 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 testing and will be utilized on an on-going testing and training environment for development context. Therap is a COTS SaaS solution which can be accessed using a wide range any device with an active internet connection and standard browsers. Various type of users such as internal, external, users with limited computer skills and new users will be able to easily access the system. Therap also employs several self-advocates who are accessing and managing their own data using our solution. They speak at conferences and self- advocacy events. Therap is used by many family members to track their loved one's information and to communicate with agency staff.

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PM084	Internal users	Internal users are provided with access to a Beta environment in order to perform usability/ accessibility testing. Beta is a copy of the live production environment containing features that are being developed or customized. 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.
PM085	External users	External users will be required to enter a unique login name, a password that complies with the agency's password policy, a provider code, and an additional security code to log into the system. They will be able to access the Beta and Demo accounts for usability/ accessibility testing.
PM086	Users with limited computer skills	Users having limited computer skills are appropriately trained so they are able to use the system with ease. The User Guides include step-by-step instructions with visual images to guide the user in completing documentation. 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.
PM087	New user registration	Department administrators will be able to create user accounts for the staff and assign appropriate roles and caseloads.
PM088	Users with disabilities	Therap employs several self-advocates with disabilities who are accessing and managing their own data using our solution. They also speak at conferences and self- advocacy events.
PM089	Others as defined by the Department	Therap will work with the Department to define other usability/ accessibility testing for various type of users.
PM090	The Vendor should conduct an Operational Readiness Review (ORR) prior to statewide implementation of the solution	Prior to the statewide implementation of the solution, Therap team will perform an Operational Readiness Review (ORR) to ensure that the implementation will run smoothly.
PM091	The Vendor's Operational Readiness Review (ORR) testing should include a volume/stress test of at least 30 calendar days of production-capacity volumes to demonstrate that the solution and Vendor staff members are prepared for full production	As part of Therap's Software Development Life Cycle (SDLC), application modifications iterate through several levels of analysis and testing prior to being introduced to production. Stress testing and volume testing are all part of this process. Therap will ensure that the our staff members are fully prepared for full production and will include the volume/stress test in the Operational Readiness Review (ORR) at least 30 calendar days of production-capacity volumes.

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PM092	The Vendor should document and propose solutions, and timeframes for corrective actions to all issues, problems, and defects identified through the Operational Readiness Review (ORR)	Therap 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. Feedback received from users in the production will also 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.
PM093	The Vendor should prepare and submit to the Department an Operational Readiness Review (ORR) Report that demonstrates that the Vendor and solution are ready to begin operations	Therap will work with the Department to prepare and submit the Operational Readiness Review (ORR) Report demonstrating that the solution and the team are ready to begin operations.
PM094	The Vendor should correct any report errors identified by the Department or the Vendor and correct the report within an agreed upon timeframe, through additional steps as defined in the Change Management Plan, including, but not limited to	As a SaaS solution, internal system errors including the report errors are sent to Therap staff and maintained within system logs. The errors will be investigated and resolutions will be provided based on the complexity of the error after discussions with the Department and within an agreed upon timeframe.
PM095	Correct the report	Therap ensures that the identified report errors will be corrected.
PM096	Verify the report	Therap ensures that after resolving the identified errors, the report will be verified.
PM097	Distribute or re-distribute the report	Therap will distribute or re-distribute the corrected report to the Department.
PM098	Others actions as defined by the Department	Therap will discuss with the Department if additional actions are needed.
PM099	The Vendor should assist the Department with specialized research and reporting as requested	Therap provides an array of reporting tools to assist state agencies in meeting quality assurance requirements. For specific reporting requirements, Therap can provide additional reports, as requested by the Department. The system reports and custom reports can be run daily and as many times as an agency desires.
PM100	The Vendor should be able to test edits, business rules, and workflow processing and report on results	The module 'Archive' features and the 'Update History' option at the top of Therap forms contain archived versions of forms within the system. Users with appropriate privileges can test out the before and after edits, date and time of the change, and the user making the change. Users will also able to

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		define business rules in various forms and generate reports accordingly based on their privileges.
PM101	The Vendor should support either the transition of the solution to an entity designated by the Department and/or support the retirement of the solution at the end of the term of the contract, including all contract extensions as defined in the Turnover and Closeout Management Plan	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 period, Therap will work with the Department to provide data in a mutually agreed format and manner.
PM102	The Vendor should obtain Department approval of all scripts prior to implementation that will be used in the Technical Call Center	Therap will obtain Department approval of scripts prior to implementation that will be used in the Technical Call Center.
PM103	The Vendor should identify and be responsible for the implementation and integration of all third-party software used in support of the solution	Therap regularly performs independent third-party security and integration testing, including vulnerability assessments and penetration testing. 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).
PM104	The Vendor should conduct requirements validation and joint application design in support of requirements analysis and solution design activities as agreed upon by the Department	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 state staff, subject matter experts, providers and other stakeholders as appropriate. Our technical analysts will research existing systems, interfaces and processes, and will apply business process engineering to implement operational methods to ensure an efficient implementation of the system. Therap will work with the Department to conduct requirements validation and joint application design in support of requirements analysis and solution design activities.
PM105	The Vendor should maintain a requirements traceability matrix (RTM) throughout the lifecycle of the project	Therap will maintain a requirements traceability matrix (RTM) throughout the lifecycle of the project based on the requirements of the Department.
PM106	The Vendor should provide all stakeholders identified by the Department access to the requirements traceability matrix (RTM)	Therap will provide the RTM to the stakeholders identified by the Department.
PM107	The Vendor should document in the requirements traceability matrix (RTM) where each requirement is accounted for, including, but not limited to	Therap has read and understood that the RTM must contain an account of each requirements, including but not limited to the fields mentioned from PM108 to PM116.
PM108	Design documentation	Please refer to PM107
PM109	Code modules	Please refer to PM107

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PM110	Test conditions	Please refer to PM107
PM111	Test scenarios	Please refer to PM107
PM112	Test cases	Please refer to PM107
PM113	Certification criteria	Please refer to PM107
PM114	Medicaid Information Technology Architecture (MITA) business areas and processes	Please refer to PM107
PM115	Medicaid Information Technology Architecture (MITA) Standards and Conditions	Please refer to PM107
PM116	Others as defined by the Department	Please refer to PM107

PM117	The Vendor should demonstrate through the requirements traceability matrix (RTM) that all documented and approved specifications have been traced throughout the development lifecycle	Therap will use the RTM to ensure that the documented and approved specifications have been traced throughout the development lifecycle.

PM118	The Vendor should work with the Department during joint application design (JAD) sessions to validate the scope, purpose, and implications of each Request for Proposal (RFP) specification	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 the Department staff, subject matter experts, providers and other stakeholders as appropriate. During the sessions, we will validate the scope, purpose, and implications of each RFP specification.

PM119	The Vendor should identify and work to resolve gaps between the Vendor's and the Department's understanding of a specification(s) during joint application design (JAD) sessions	During JAD sessions, our technical analysts will research existing systems, interfaces and processes, and will apply business process engineering to implement operational methods to ensure an efficient implementation of the system. After the initial analysis, we provide mockups or wireframes of the user interfaces and interactions/workflows in order to convey the envisioned system. 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.

2.3 Work Plan

2.3.1 The Vendor's proposal should supply a narrative describing the Vendor's proposed processes and methodologies for providing the scope of work described in this RFP. Include any assumptions as well as the Vendor's approach to meeting the Initial Work Plan. The Vendor should include detail sufficient to give DHHR an understanding of how the Vendor's knowledge and approach will:

2.3.1.1 Manage the work
2.3.1.2 Guide work execution
2.3.1.3 Document planning assumptions and decisions
2.3.1.4 Facilitate communication among stakeholders
2.3.1.5 Define key management review as to content, scope, and schedule

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2.3.2 The Vendor should also submit an Initial Work Plan in *Attachment 5: Initial Work Plan* that demonstrates that the Vendor has a thorough understanding of the scope of work and project requirements.

2.3.3 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 propose an implementation phase lasting 6 months with the operations phase commencing in the 7th month of the contract.

Our projects have been most expedient when states have made 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, risk management, change management, user training and support, and communication strategies.

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 DHHR 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 DHHR staff, subject matter experts, providers and other stakeholders as appropriate. 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.

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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 DHHR stakeholders. Once functionalities pass the user acceptance tests, the production phase begins. Therap will require support from DHHR to assist in planning assumptions and decisions, to describe 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, to assist with data cleaning if necessary, to approve detailed training plans, and to establish communications protocols between Therap and DHHR.

Therap's project management team will attend regular meetings with stakeholders as required by DHHR. Therap's key members involved in the project are able to have onsite meetings and conference calls with stakeholders as required with the help of a video conferencing tool that allows for real-time collaboration. We would suggest designating a single agency point of contact to ensure consistency of communications. During the operational phase where development activity will be most intense, this can be expected to occupy at least 20 hours per week from the designated point of contact, although for planning purposes, it would be prudent to assume that the person will need to be available for the project full time.

We have provided a draft initial work plan in Work Breakdown Structure (WBS) with this response. The proposed draft initial work plan is set up according to the task groups and deliverables mentioned in ***4.5 Project Task Groups, Payment Milestones, and Deliverables***.

2.4 Issue Management

2.4.1 The Vendor's proposal should describe the Vendor's process for issue management, including: issue logging, resolution, tracking of unresolved problems, escalation procedures, closeout, and reporting practices.

2.4.2 The Vendor should describe its proposed approach for integration of issue management across sub-contractors, if applicable, as well as other DHHR and Vendor project stakeholders.

2.4.3 The Vendor should also detail any planned use of an automated solution to support issue management.

2.4.4 Issues within the application are first identified in several ways:

- A user reports issues or suggestions through Therap's issue tracking system, which are then directed to the Support team.
- Attendees at a Therap conference communicate with a Business Development representative or communicate via email, phone, etc. to report a certain issue.
- Specific information is received from a software or hardware vendor.

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- An issue is identified internally.

Identified issues and events 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 developed and tested by Development and sent 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 to the event 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 the QA team prior to installing in production. The Support team provides regular response updates to users regarding the status of the resolution process.

Therap staff is readily available to provide technical support and Help Desk Services to users at every level, including advanced users. Therap support team members have extensive experience with in-person and web-based support. Users can send in issues or feedback through Therap's HIPAA-compliant issue tracking mechanism, Issue Tracker. Therap staff receives the issues through Issue Tracker and starts troubleshooting as necessary and provides resolutions/workarounds in a timely manner. Live Help and telephone support are provided up to 24 hours a day. This level of support is designed for quick answers to common questions. Live Help is staffed by Therap's customer support team. Team members are trained professionals with experience using Therap and in supporting individuals with disabilities. All issues through user feedback, Live Help, and their corresponding resolutions are stored and tracked within Issue Tracker. Training and Implementation Specialists also provide telephone support to users for time sensitive issues.

2.5 Risk Management

2.5.1 The Vendor's proposal should describe the Vendor's risk management practices, the expected risk areas, and mitigation plans.

2.5.2 In addition, the response should elaborate on the Vendor's internal risk management plan. This should include reference to the use of any specific methodologies, as well as any specific tools being used.

2.5.3 Therap has an extensive track record of successfully managing risks and completing projects on time and within budget. Since Therap's EVV system is fully developed and implemented in a variety of environments, many of the risks associated with new system development are greatly diminished or eliminated. In addition, our proposed project lead has extensive experience in project management and

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functions as Therap's lead for risk management. Throughout the lifecycle of the project, we 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. 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. 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.

Our proven training and user support processes and ability to effectively communicate with end users effectively mitigate risks associated with user buy-in and proper use. Therap will maintain documentation and training materials in an area on Therap's website specifically created for this Contract and the end users. While department leadership support is crucial to the success of any new IT project and a major risk factor, our turn-key product minimizes the time commitment required from agency management. Since we constantly upgrade the system to incorporate industry best practices, risks associated with obsolescence are minimized. Having redundant hot sites as well as protocols that ensure that only authorized Therap personnel have access to servers and other hardware, address risks associated with system security and availability. Our role-based access protocols based on state-established parameters help ensure HIPAA compliance. When changes need to be implemented, 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.

2.6 Quality Management

2.6.1 The Vendor's proposal should describe the Vendor's approach to ensure the quality of the solution and include details on the management of requirements through traceability matrices, configuration management activities, organizational readiness, and deliverables and artifacts.

2.6.2 The Vendor's approach should also detail information on the proposed quality metrics as well as the Vendor's approach to managing solution defect and issue tracking

2.6.3 More specifically, the Vendor's approach to quality management should include, at a minimum, the following elements:

2.6.3.1 Management of the solution specifications. This includes the identification of inconsistencies between the specifications, project deliverables, and/or artifacts.

2.6.3.2 Management of the Requirements Traceability Matrix (RTM) that will be used for specifications management. This includes detail on how the quality management approach will support maintain

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the traceability between the specification and the proposed solution.

2.6.3.3 Management of configuration management activities, including but not limited to the control and monitoring of the software library.

2.6.3.4 Management of practices and procedures that will be followed for reporting, tracking, and resolving problems or issues identified in the solution's development, transition, and maintenance.

2.6.3.5 The Vendor's approach to business process changes resulting of requests from DHHR.

2.6.3.6 The Vendor's approach to an organizational readiness assessment of DHHR's organization. This may include a gap analysis and recommendations for organization change required to support the solution's implementation in DHHR environment. This assessment should be approved a minimum of three (3) months prior to the solution's deployment.

2.6.3.7 The Vendor's approach to the quality of work products developed and delivered by Vendor and the Vendor's subcontractors, if applicable.

2.6.3.8 The Vendor's proposed quality management approach should include detail on how the Vendor plans to deliver signature ready project deliverables. The Vendor should assume DHHR will complete its review of signature ready deliverables within ten (10) business days.

2.6.3.9 The Vendor's approach to how quality metrics and measurements will be identified, collected, and analyzed to ensure that quality goals, including management and DHHR solution goals, are being met. It should also describe the types of project metrics used.

2.6.3.10 The Vendor's organizational structure, and the roles and responsibilities of Vendor staff as they relate to quality management.

2.6.4 The Vendor's description of the processes and approach to manage solution defect and issue tracking solution for tracking and resolution of items and, if applicable, how the quality management approach will support corrective action plans (CAPS) being developed to address more significant issues.

2.6.5 Therap has integrated quality management practices into its core management and operational activities. These include code and configuration review, automated unit testing, manual functional testing by quality assurance engineers, load and performance testing, database query performance benchmarking, and user competency scoring during implementation. The latter is especially important because of the widely varying roles, responsibilities, and expectations of users from direct support providers to executive level department managers. The software user interfaces, documentation, and training materials are designed to be consistent across the system and as user friendly as possible to encourage buy-in and deliver maximum value to all users.

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Therap uses Microsoft Project for managing the complexities and defects of the project. Therap uses JIRA, an issue management tool, to track issues and their resolutions 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.

Therap understands that DHHR may identify how and where the data does not conform to the project specifications or deliverables, or where modifications have introduced errors into the original system and provide Therap with a written list of necessary revisions. Therap will work with DHHR to incorporate such revisions as necessary.

On a regular basis, project managers will analyze the expected versus actual outcome and take actions as outlined in the project management plans. Feedback received from users in the production will also 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 will provide the RTM to the stakeholders identified by DHHR and will ensure that the documented and approved specifications have been traced throughout the development lifecycle.

Our system is highly configurable to match the state's specific workflows and terminology with minimal programming and new development required, and will comply with business process changes as requested by DHHR. Therap will work with DHHR to identify quality metrics, and carry out assessments to ensure organizational readiness. Therap will not be utilizing subcontractors for this project. As a part of organizational readiness, users are provided with the Beta context, which is a copy of the live, production environment containing fictitious data that can be used to test new modules

During the execution phase, the project managers will periodically 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 Therap online issue management tools. Users of this tool can submit any issues/change requests and track their progress. The Project Manager records any submitted change requests into the change/scope control log. An Organizational Chart has been provided in ***Section 3: 2.1.3*** which shows the Therap's organizational structure, and the roles and responsibilities of our staff members which can be related to quality management.

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

2.7 Change Management

2.7.1 The Vendor's proposal should describe the Vendor's approach for change management including, but not limited to methodologies, tools, and processes required to appropriately manage and document changes to the system (including, but not limited to: impact analysis, change requests).

2.7.2 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. There are typically two to three major feature releases a year and a number of system maintenance releases. The major releases are for extensive updates to the system. Changes and upgrades are decided upon with the help of Therap's issue management and change management processes. 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. Documentation is reviewed and then made public to the users before the release of the feature allowing users to test out the functionality of the feature. Users are also informed about the dates and times of the release well ahead of time. Release notes and release user guides are provided to users in advance before a release in order to familiarize users with the upcoming changes.

Platforms are updated with patches required to enhance system performance, maintain system reliability, and reduce vulnerability to security threats. Security patches, release updates, and other fixes are reviewed, evaluated, and applied in a timely manner.

Point releases are carried out for bug fixes and for maintenance work. Release schedules are provided to users well ahead of the release. Therap has carried out extensive requirement analysis to determine downtimes that would least affect users' work. Releases or maintenance are usually planned during weekends and at times when the usage is at a minimum. Therap provides these system upgrades at no additional cost to its hundreds of thousands of users in public and private agencies. System downtimes for planned releases are communicated to users in advance through email, release notes, login page ads, splash messages, and notices on the Therap websites. Users are also provided with the Beta site to test out newer or upcoming functionalities.

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,

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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.

Therap maintains release notes and release user guides for enhancements, bug fixes, customizations, and configurations made to the system well ahead of the release to allow time for new user training. These are accessible from the Help and Support website. 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.

2.8 Organizational Change Management

2.8.1 The Vendor's proposal should describe the Vendor's methodology, tools, and techniques for communicating and accomplishing organizational change management for DHHR. Discuss how the Vendor can assist DHHR in communicating, training, and implementing organizational change to DHHR.

2.8.2 The Vendor's proposed methodology should at a minimum address the following areas;

- **2.8.2.1 The Vendor's organizational change management methodology**
- **2.8.2.2 Determination of the impact of change**
- **2.8.2.3 Methods of responding to the change, process harmonization, and approach towards potential resistance**
- **2.8.2.4 Methods for helping to promote successful change management**
- **2.8.2.5 Lessons Learned regarding change management challenges**

2.8.3 Since Therap is an online COTS SaaS system, DHHR will be provided with the most updated version of the application throughout the contract period. Therap analyzes and schedules system downtime windows during hours of least usage, and notifies users of scheduled downtimes through emails, release notes, login page ads, notices on website home pages, and splash messages. Therap has also created Offline Forms for use when the system is inaccessible.

New enhancements to the Therap system are developed on an ongoing basis to better meet user needs. The features are prioritized based on user and/or Federal and State requirements. Impacts on overall solution are tested before making the changes, risks are analyzed, and steps are taken to mitigate possible risks. Customers can send requests for functionality in future releases through feedback, email, webinars, conferences, and user group meetings. Therap tracks customers' requests for functionality, analyses the feasibility, applicability, and other factors, ensures compliance with Federal and State requirements, performs various testings and will implement changes into the system if requirements are met.

Prior to the deployment of modifications in the production version, the Therap

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Software Quality Assurance (SQA) team performs a full test cycle 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.

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 for users to test out and train on new features.

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. In order to promote successful change management, 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 state-wide workshops are offered 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. We facilitate user groups at the regional and local level.

All IT projects come with risks. Therap is well equipped to manage them in cooperation with DHHR. Among the more common are changes in scope, funding reductions, organizational resistance to change, lack of management commitment, leadership turnover, integration risk, scheduling risk, and security risks. Therap's software is highly configurable and will allow us considerable flexibility to work with DHHR to address needs that were not apparent during the procurement and to respond to unforeseen changes in state or Federal rules and regulations. Therap routinely upgrades its software to respond to changes in state and Federal rules and regulations, to incorporate the latest state-of-the-art technology, and to continuously improve user experience. All of this is provided as part of the subscription price, or, during implementation, the price we have quoted for the Implementation Phase. In the unlikely event that modifications fall outside what we can accommodate as a routine part of our service, we will work with the Department to do the work through the modification pool at the prices quoted.

Funding reductions can have an impact on the scope of work, can cause project delays, or change the priorities initially established. Therap has a long history in supporting States system needs and we are very confident that our cost proposal is sufficient barring major project changes that would necessitate using the modifications pool. We have a substantial track record of completing projects within budget and on-time.

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Organizational resistance can be among the more serious and difficult risks to manage. Since Therap is used in 50 states, a significant number of prospective system users are already familiar with Therap. More generally, Therap's background in the industry and our familiarity with industry rules, workflows, and organizational culture will provide a significant advantage in facilitating organizational buy-in. In addition, the rapid deployment we are proposing will minimize disruption to the busy schedules of DHHR employees and external stakeholders including agency managers. Onsite training geared to the role-based needs and sophistication of the various users, regular user groups, extensive online support, and user-friendly software also enhance user acceptance.

Lack of management commitment or leadership turnover are, for the most part, beyond Therap's control. However, given our extensive industry background, the rapid deployment schedule, and our flexibility to respond to changing customer needs, we can make the process as quick and simple for DHHR management as possible.

3. Implementation Methodology

3.1 The Vendor should respond to the headings below and describe the overall approach for the following areas of system development life cycle (SDLC) and support.

3.2 The Vendor's proposal should include in its response what the Vendor believes will be an effective process for each component and flow between each of the following areas:

3.2.1 Requirements Analysis and Solution Design Methodology
3.2.2 Solution Development
3.2.3 Data Conversion
3.2.4 Testing

3.3 Requirements Analysis and Solution Design Methodology

3.3.1 The Vendor's proposal should describe the Vendor's approach to requirements analysis and the design of the solution. This should include in the response a description of what the Vendor believes will be an effective System Architecture and Design methodology.

3.3.2 During the solution's design, the Vendor should conduct requirements analysis, during which it reviews, refines, and seeks approval for all preliminary requirements included in this RFP, and add requirements where gaps are identified through a detailed analysis exercise. The result should be a final set of detailed requirements to be used for configuring and building the Electronic Visit Verification (EVV) solution. These requirements should be the basis for the Vendor to create usage scenarios and detailed business process workflows.

3.3.3 During the solution's design, the Vendor should develop detailed specifications that demonstrate that the solution meets the information technology (IT) needs to support business processes. The system requirements and logical description of the entities, relationships, and

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attributes of the data that were documented during the requirements analysis should be further refined and allocated into system and database design specifications that are organized for implementation within the constraints of a physical environment.

3.3.4 The Vendor and DHHR should conduct a formal review of the high-level architectural design prior to detailed design of the automated system/application to achieve confidence that the design satisfies the system requirements and is in conformance with the enterprise architecture and prescribed design standards.

3.3.5 The solution design and its multiple components should be developed in conjunction with the Project Work Plan as follows:

3.3.5.1 The first component should be a Preliminary System Design, which outlines the overall functions that will be developed, their interactions, components, and high-level architecture.

3.3.5.2 The second component should be a Detailed System Design (DSD), which will give the planned implementation details of the design for each component, interactions, and place in the overall technical architecture.

3.3.5.3 The third component should be the Final System Design, which will give the actual implementation details of each component and sub-component from a functional and technical perspective, including the final architecture implementation.

3.3.6 The Vendor's proposal should also describe its approach to conducting requirements validation sessions and Joint Application Development (JAD) sessions. The Vendor's proposal should also include the number and topics of the sessions to be held in support of both requirements validation sessions and JAD sessions.

3.3.7 The Vendor's proposed approach to requirements analysis and solution design should also include detail on the following:

3.3.7.1 Process for identifying and resolving gaps between the Vendor's and DHHR's understanding of an RFP specification.

3.3.7.2 How the solution's design will include collaborative design with functional and technical subject matter experts.

3.3.7.3 How the Vendor intends to obtain DHHR approval on RFP specifications.

3.3.7.4 Description of how the proposed solution will fulfill the Medicaid Information Technology Architecture (MITA) requirements.

3.3.7.5 Design documentation for all those project deliverables delivered during the Solution Planning and Solution Design, Testing, and Operational Readiness task groups.

3.3.8 The Vendor should propose an approach describing how the EVV design will integrate with other EVV components and DHHR enterprise, The Vendor should also propose how design decisions will be coordinated across all functional areas and modules.

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3.3.9 Therap's project management team has extensive experience in successfully developing and implementing large projects while supporting the requirements and processes. Therap's technical and business analysts will meet the DHHR 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 designated training personnel from DHHR. Additionally, DHHR can choose to utilize competency tests and course evaluations to ensure new users receive consistent, quality training opportunities.

Therap's support team is comprised of people with a background in human service provision who can communicate effectively about needs and requirements DHHR may have. Therap is a full-service organization, and we will assess the need for resources once the contract has been awarded. Therap will allocate personnel from its pool of full-time staff members, making adjustments as needed throughout the life of the contract. 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 complies with CMS standards and MITA conditions. Therap promotes an enterprise view that supports enabling technologies that align with MITA business processes and technologies.

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 DHHR staff, subject matter experts, providers and other stakeholders as appropriate. Our technical analysts will research existing systems, interfaces and processes, and will apply business process engineering to implement operational methods to ensure an efficient implementation of the system.

During the execution phase, the project managers will periodically provide weekly and monthly project status updates to DHHR to communicate the overall progress. Therap's project management team will arrange regular meetings with stakeholders. This will help in identifying and resolving gaps between Therap and DHHR's understanding regarding the RFP specification.

Therap is a web based COTS, SaaS solution and does not require any additional software installation. Therap is confident in its ability to implement this system in a timely manner with minimal disruption to ongoing operations. The system will include functionality that exceeds the specific requirements of the RFP.

3.4 Solution Development Methodology

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3.4.1 During the Development Phase, the Vendor's system development team should take the detailed logical information documented in the System Design Phase and transform it into an executable form to ensure that all individual components of the automated system/application function correctly and interface properly with other components.

3.4.2 The Vendor's proposal should describe the Vendor's System Development methodology. Include in the response a description of what the Vendor believes will be an effective system development methodology (e.g., Waterfall, Rapid Application Development) for both the Vendor and for DHHR during the implementation of the proposed solution.

3.4.3 The Vendor's proposal should present a narrative description of the Vendor's proposed approach to solution development, including the Vendor s proposed:

3.4.3.1 Software/hardware solution, including a description of the solution's ability to accommodate the current and future business and technical needs of DHHR's Medicaid Enterprise. The solution should also describe the methodology and approach for the following:

3.4.3.1.1 Regular system maintenance, performance optimization, resource capacity utilization, capacity planning, and capacity expansion.

3.4.3.1.2 Compatibility of all hardware, software, or communications components installed for use by DHHR staff with the most current West Virginia Office of Technology (WVOT)-supported versions.

3.4.3.1.3 Methodology and approach for implementing and maintaining solution documentation, including data structures, Entity Relationship Diagrams (ERDs), user manuals, Business Rules Engine (BRE), and all other documentation related to the EVV platform, operating system, and programming language.

3.4.3.1.4 Methodology and approach to preparing, maintaining, and distributing user documentation for each business process, including a description of how it is to be used as the basis for User Acceptance Testing (UAT) and training, as well as the use of final versions for training before the start of operations.

3.4.3.1.5 Methodology and approach to programming and unit testing on all system functions to ensure that a single component can function correctly on a standalone basis.

3.4.3.1.6 Methodology and approach to ensure that the developed solution meets design criteria.

3.4.3.1.7 Methodology and approach to ensure installation and enhancement or modification of the components of the proposed solution meets the specifications developed and approved by DHHR.

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3.4.4 Based on Therap's experience of 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.

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 West Virginia has 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. Extensive planning helps minimize the risk of later changes, thus reducing the overall cost and effort.

Where 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.

After the initial analysis, we provide mockups or wireframes of the user interfaces and interactions/workflows in order to convey the envisioned system. This process 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. Tentative dates for demo release, training schedules, and other project related documents will be provided to the DHHR. Initial implementation usually takes three to six months, depending on discussions with DHHR and the level of customization.

Therap is a COTS SaaS web-based application that can be accessed using any device with a standard browser and an active internet connection. The web-based application requires no local installation on the end-user's device. Native mobile applications are also available for both Android (running Android 5.0 or higher) and iOS (running iOS 10.0+) devices. The following software are recommended when using the Therap web application:

- Internet Browser: Mozilla Firefox, Google Chrome, Microsoft Internet

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Explorer 11 onwards
- Adobe Reader: 5.0 or above
- Microsoft Office Excel 97-2003 Worksheet (*.xls) (for file imports), Microsoft Office Excel Worksheet (*.xlsx) (for file exports)
- Dynamsoft Service for the Scanner Interface

The hardware requirements for using Therap's applications depend on the specifications recommended by the Operating System vendor.

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.

Therap has an established Defect Tracking Process. On a regular basis, project managers will analyze the expected versus actual outcome and take actions as outlined in the project management plans. Feedback received from users in the production will be forwarded to a team of business analysts and technical analysts. Depending on its type or severity level, it is classified as an enhancement, a complaint, 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 periodically provide status updates to the DHHR Project Coordinator/Director. Therap's project management office will arrange regular meetings with stakeholders. System users will have access to Therap online issue management tools. Users of this tool can submit any issues/change requests and track their progress. The Project Manager records any submitted change requests into the change/scope control log.

Therap provides several environments for training and testing purposes. A development 'Beta' context application will ensure the DHHR users have an environment to adequately test as programming is being conducted for existing and

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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 which will not affect the live application. Users are trained in accordance with the access privileges assigned to them and in accordance with their job functions. Test mode is used when training providers on the basic modules.

Before the project closing phase, the functionalities will be checked and verified against the previously agreed upon acceptance criteria and a final report will be provided. Therap will maintain and share a user acceptance test result log with DHHR.

3.5 Data Conversion Strategy, Approach, and Timeline

3.5.1 The Vendor's proposal should describe what the Vendor believes to be an effective data conversion strategy and approach for supporting migration of data from the current solution *(Section 4.1: Background and Current Operating Environment)* to the proposed solution *(Section 4.2: Overview of Expected Medicaid EVV and Supporting Services).*

3.5.2 The Vendor's proposal should also describe how the Vendor will ensure data integrity and consistency through all phases of the project.

3.5.3 Therap has read and understood the requirements proposed on Section 4.1 and 4.2 for a successful Data conversion. 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. Our successful formula begins by working with the state to develop a strategy to ensure that the overall solution and features perform as intended. This includes working with the state and working on a development plan that identifies methodology, procedures, responsibilities, and schedule. Therap then performs extensive, comprehensive testing prior to implementation as agreed upon with the state. Based on our experience with other states, successful data conversion and migration relies upon clean data. The data cleansing process can take extensive time and may result in additional charges. At the start of the project, Therap will work with DHHR to identify data sets, formats, types of data, and other elements 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 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.

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3.6 Testing

The primary purpose of the Testing Phase is to determine whether the developed solution is ready for implementation. During the Testing Phase, formally controlled and focused testing is performed to detect errors, issues, and defects that need to be resolved.

DHHR envisions the stages of the Testing Phase occurring concurrently with the Development Phase, with testing for each development iteration.

3.6.1 Testing should occur throughout the development process, and the initial planning for testing activities should occur early in the project. DHHR recommends that planning for the Testing Phase occur as early in the project as possible to ensure successful testing results.

3.6.2 The DHHR defines the types of testing as follows:

3.6.2.1 Unit Testing: Unit testing assesses and corrects the functionality of individual or small groups of code or modules. Unit testing ensures the various objects and components that make up the system are individually tested, and that errors are detected and corrected prior to exiting the development environment.

3.6.2.2 Integration Testing: Developers perform integration testing after integrating completed components or modules into the overall system codebase. This testing ensures that the completed components or modules work at a level of efficiency acceptable by DHHR and that existing components and shared components have not been broken by the new module.

3.6.2.3 Iterative Functional Testing: Iterative functional testing ensures that the components developed for each logical iteration of the system meet all functional and technical requirements as defined and approved by DHHR.

3.6.2.4 System Integration Testing: System testing assesses the functionality and interoperability of the solution and the multiple other systems and subsystems it interacts with, such as databases, hardware, software, rules engine, document management system, identity management system, workflow, interfaces, and web services, and their integration with infrastructure into an overall integrated solution. This test includes a test installation and configuration of the solution, with a subsequent functional regression test to confirm the installation's success.

3.6.2.5 Interface Testing: Interface testing ensures the completeness of interface development and the readiness of developed interfaces for integration in the wider system.

3.6.2.6 Regression Testing: Regression testing assesses the integrity of the solution subsequent to the deployment of new solution components and/or fixes.

3.6.2.7 End-to-End Testing: End-to-end testing is a quality assurance testing methodology that strives to ensure correct functioning and performance of applications in production-like scenarios.

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This methodology checks if an application performs as designed on all levels and across all subsystems. It is intended to encompass testing for solution's key business and functional processes in their entirety from their start through completion.

3.6.2.8 Security Testing: Security testing is the testing of functional, technical, infrastructure, and operational solution components to ensure the solution and operations meet all security requirements.

3.6.2.9 Performance Testing: Performance testing ensures that the solution meets the minimum performance service levels required by DHHR, in terms of query and page response times under simulated load for a number of users for multiple concurrent functions in a given period. Performance testing scenarios take into account expected peak period volumes for application processing such as closing of open enrollment periods.

3.6.2.10 Usability/Accessibility Testing: Usability testing ensures the solution user interface design takes into account usability considerations for its target user groups.

3.6.2.11 Browser Testing: Browser testing ensures that the solution operates in the most likely configurations of browser versions and operating solutions. The Vendor is responsible for providing the machine configurations to perform all necessary browser testing. Browser testing also includes the testing of mobile view and mobile browsers.

3.6.2.12 User Acceptance Testing (UAT): UAT ensures that the developed system meets all expectations of DHHR and all solution users. UAT test scripts cover all facets of the system, and the Vendor should be responsible for drafting all UAT scenarios and cases per DHHR's direction. DHHR will be responsible for identifying the participants involved in UAT, for the overall execution of UAT scripts, and for any ad-hoc UAT testing.

3.6.2.13 Data Conversion Testing: Data conversion testing ensures that data migrated from the current solution are brought across to the new solution in a usable, complete, correct, and expected state.

3.6.2.14 Operational Readiness Testing (ORT): ORT is performed to examine the operational capability of the solution and its associated processes and procedures. ORT focuses on the validation or verification of the processes involved primarily outside of the system.

3.6.2.15 Parallel Testing: Parallel testing is a method of comparing the activities and/or data of the old solution against the new solution. In order to reduce risk, the old and new solutions run simultaneously for some period of time after which, if criteria for the new solution is met, the old solution is disabled.

3.6.3 The Vendor's proposal should describe the Vendor's understanding of the aforementioned testing types, and should include detail on the approach and methodology for the following:

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3.6.3.1 All aforementioned testing types, as well as any others the Vendor plans to deploy
3.6.3.2 Timing for execution of each testing type
3.6.3.3 Usage of tools the Vendor proposes be used in support of each testing type
3.6.3.4 Testing environments to be used in support of each testing type, and for all necessary testing activities
3.6.3.5 Validating the traceability of requirements throughout the full testing process

3.6.4 The Vendor's proposal should also include detail on the Vendor's proposed source code management tool, as well as details on the project repository that will be used to store usage scenarios, use cases, requirements, designs, test scenarios, test cases, test results, and other project artifacts.

3.6.5 The Vendor's proposal should also present a narrative description that includes the following:

3.6.5.1 Approach to completion of the Solution Design, Testing, and Operational Readiness task group's testing-related deliverables.
3.6.5.2 Approach to obtaining DHHR's approval of the testing-related project milestones including the proposed acceptance criteria for each milestone.
3.6.5.3 Approach to:

3.6.5.3.1 Working with federal partners, DHHR, the Project Management vendor, the Independent Verification and Validation (IV&V) vendor, and/or any other vendor throughout all testing phases
3.6.5.3.2 Developing test cases and scripts to thoroughly test system functionality
3.6.5.3.3 Supplying documentation of each testing type
3.6.5.3.4 Preparing data for each testing type

3.6.5.4 Details on the support the Vendor intends to supply during UAT, such as the Vendor's approach to:

3.6.5.4.1 Developing the UAT Plan, scripts, cases, timeline, and supporting processes
3.6.5.4.2 Preparing test data
3.6.5.4.3 UAT results analysis, identification of defect severity, and defect resolution
3.6.5.4.4 Defect tracking, repair, and reporting
3.6.5.4.5 UAT final report that includes:

3.6.5.4.5.1 A written certification letter certifying that UAT was successfully completed
3.6.5.4.5.2 A list of all defects and issues
3.6.5.4.5.3 A list of all resolved critical defects and/or issues

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3.6.5.5 The Vendor's proposal should also include detail on the approach to ORT including details on:

3.6.5.5.1 ORT approach
3.6.5.5.2 ORT final report that includes:

3.6.5.5.2.1 A written certification letter certifying that UAT was successfully completed
3.6.5.5.2.2 A list of all defects and issues
3.6.5.5.2.3 A list of all resolved critical defects and/or issues

3.6.6 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.

Therap's quality control activities include code and configuration review, automated unit testing, manual functional testing by quality assurance engineers, load and performance testing, database query performance benchmarking, and user competency scoring during implementation. Unit testing of the business logic and algorithms ensures the software is tested against possible glitches. The test cases are executed each time the system is rebuilt and deployed. The automated tests also help increase the confidence of the developers to refactor the existing codes and configurations and improve the overall quality of the software. Therap has defined benchmarks for database queries. While the software is being developed, the database administrators make sure that the database queries are well written and execute efficiently so that they do not cause any disruption in the production environment.

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 the production environment. We use tools like JMeter and Gatling to simulate real traffic in the test environment.

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Therap will work with the Department to conduct System integration testing (SIT) to verify the ability of the solution to exchange data successfully during end-to-end processing.

During releases, the major releases need to pass regression testing. These regression tests are performed at completion of coding. Any time additional patches are added to address any identified issues, regression tests are repeated. A final regression is performed before making the build for production, and minor releases impacting any code related to security also need to pass through regression testing before production release.

Therap uses JIRA, an issue management tool, to track issues that come up during the execution and testing phase. Reported issues tracked in JIRA are escalated according to the need or priority of the issue. Priority of bugs, faults, and issues to be fixed are treated and evaluated on the basis of their severity and complexity. In the event of a critical bug, a meeting of developers is held immediately after the discovery of the bug and plans are made for the Point Release. Then, the code is urgently developed and tested by Developers before sending it off to SQA for a complete build and test cycle. After the full Quality & Assurance cycle, the Point Release is scheduled. Lastly, the final build is delivered to Application Operations for implementation on both primary and secondary sites.

A penetration test and vulnerability assessment is performed by a third party on a yearly basis. User IDs are validated while logging into the system. The system uses prepared statements to execute any SQL which protects from SQL injection attacks. As part of Therap's Software Development Life Cycle (SDLC), application modifications iterate through several levels of analysis and testing prior to being introduced to production. Design reviews, code reviews, unit testing, stress testing and regression testing are all part of this process. Findings are mitigated by a combination of configuration changes and updates where appropriate. In addition, Therap performs internal vulnerability assessments of the pre-production and production infrastructures on a regular basis. Findings are mitigated by a combination of configuration changes and patches where appropriate.

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.

Therap's testing process also includes system testing, integration testing, and data conversion testing. New or modified features are tested and these tests will include

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data conversion. Following preliminary development and satisfactory interface testing, Therap will release the demo/beta version of the system to collect feedback. End-to-end testing will be performed to test whether the flow of an application is performing as designed from start to finish. Usability/Accessibility testing will be conducted to ensure that the software behaves in the way it was intended.

User Acceptance Testing (UAT) ensures the software behaves in the way it was intended. Therap will develop User Acceptance test cases for approval by the DHHR prior to performing tests. Documentation will provide clear and concise instructions in the use of the system for the staff who will be participating in the system testing.

Therap staff will be available on-site or via email, telephone, etc. to assist DHHR staff during UAT. During and after the UAT is complete, DHHR can send in a list of issues and identify where and how the system does not conform to the design using Therap's HIPAA compliant issue tracking mechanism, Issue Tracker.

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.

Prior to the statewide implementation of the solution, Therap team will perform an Operational Readiness Review (ORR) to ensure that the implementation will run smoothly. The functionalities will be checked and verified against the previously agreed upon acceptance criteria and a final report will be provided. Therap will maintain and share a user acceptance test result log with DHHR.

4. Deployment Methodology

4.1 Describe the Vendor's overall approach regarding the following areas of SDLC and support. The Vendor's proposal should include in its response what the Vendor believes will be an effective process for each component and flow between each of the following areas:

4.1.1 Implementation/Rollout Planning

4.1.2 Implementation Methodology and Timeline

4.1.3 Issues, Challenges, and Risks

4.1.4 Lessons Learned

4.1.5 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 and each phase is incorporated into one release cycle. Project management processes are closely integrated with and overlap with the SDLC phases.

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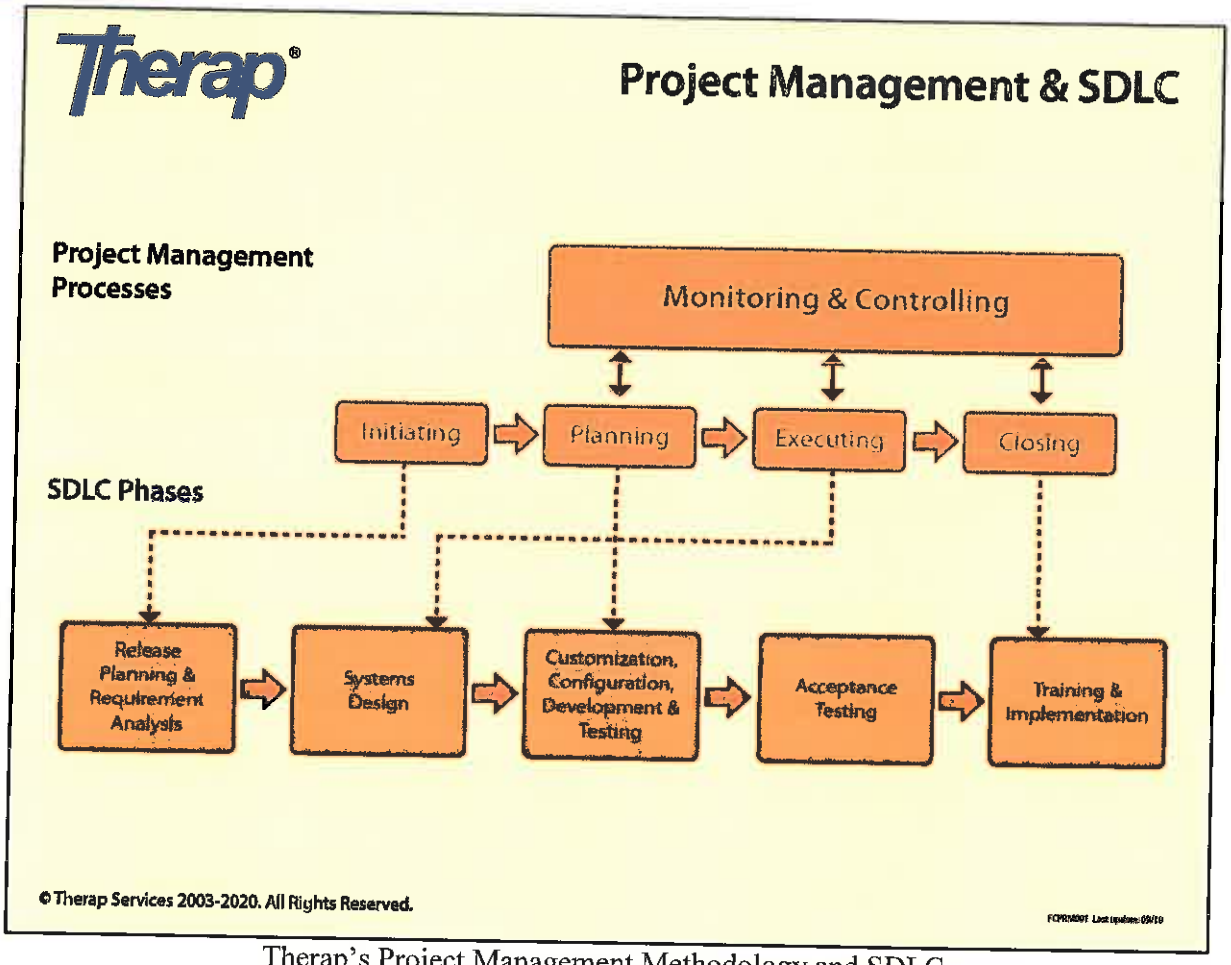

Therap's Project Management Methodology and SDLC

Based on our experience in successfully implementing projects of similar nature, we believe this approach will be an effective process for each component identified in this section.

4.2 Implementation/Rollout Planning

4.2.1 The Vendor's proposal should describe the Vendor's methodology, tools, and techniques for implementation/rollout planning. The Vendor should include what specific staging, readiness, and deployment techniques it will use to determine the proper sequencing of deployment processes and functions required for successful implementation.

4.2.2 The Vendor's proposal should include, but not be limited to, details on its approach and methodology for the following:

4.2.2.1 Completing all Solution Deployment task group-related deliverables

4.2.2.2 Obtaining approval of all Solution Deployment task group-related deliverables and milestones

4.2.2.3 Completing operational readiness and operational readiness testing CORT)

4.2.2.4 Documenting emergency back-out strategy

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4.2.2.5 Completing Pilot testing
4.2.2.6 Confirming stakeholder readiness for new solution implementation

4.2.3 The Vendor's proposal should also include details on its approach to supporting and/or supplying:

4.2.3.1 System documentation
4.2.3.2 User documentation
4.2.3.3 Reports
4.2.3.4 Report distribution schedule
4.2.3.5 Production environment, including the final production schedule
4.2.3.6 Data conversion
4.2.3.7 Pre-implementation training
4.2.3.8 Updates to project management plans for operations

4.2.4 Therap is uniquely positioned to support DHHR successfully deploy the rollout of the EVV System. Therap has thoroughly analyzed the requirements as defined in the RFP. Implementation with Therap begins as soon as the project plan is approved and finalized. Because the system has off-the-shelf functionality, several system elements will immediately be available to DHHR.

Upon completing the Solution Deployment milestones and the task group-related deliverables, they will be sent to DHHR for approval. Once the system is in place, Therap offers comprehensive support services including pilot testing, 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.

For System and User documentation, Therap maintains a library of training material for user reference on the Therap Help and Support website, where state-specific guidelines and materials are linked to 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.

Prior to Go-Live, Therap will be able to provide several environments for training including pre-implementation training and testing purposes. A development 'Beta' context application will ensure that the DHHR 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

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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 will be able to log into both environment and test out features according to their access privileges.

Successful data conversion and migration relies upon clean data based on our experience with other states. The data cleansing process can take extensive time and may result in additional charges. At the start of the project, Therap will work 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.

Therap will provide monthly and weekly update reports to DHHR during the implementation phase. The Project Management plan will be updated throughout the lifecycle of the project.

Before the project closing phase, the functionalities will be checked and verified against the previously agreed upon acceptance criteria and a final report will be provided. Therap will maintain and share a user acceptance test result log with DHHR.

4.3 Implementation Methodology and Timeline

4.3.1 The Vendor's proposal should describe an effective implementation and deployment strategy to meet DHHR's specifications and help ensure State compliance with mandatory EVV deadlines defined in the Cures Act.

4.3.2 The Vendor's Initial Work Plan and work breakdown structure (WBS) in *Attachment 5: Initial Work Plan* should include a sufficient level of detail to show the tasks and phasing strategy to deliver full solution functionality and the proposed implementation timing for both PCs and HHCS.

4.3.3 Implementation with Therap begins as soon as the project plan is approved and finalized. Several elements of the system will immediately be available to be utilized due to the off-the-shelf functionality Therap offers. This will help to avoid or, at least, minimize project delays. Therap has a track record of completing projects successfully and on time ensuring to meet DHHR's specifications and State compliance with mandatory EVV deadlines defined in the Cures Act. Therap has a shared vision of the future of service provision where the system can act as a tool to ensure effective person-centered service delivery. Therap has the vision and leadership to ensure this will be a successful project.

We have provided a draft Initial Work Plan in Work Breakdown Structure (WBS) in ***Attachment 5: Initial Work Plan*** with this response. The proposed draft initial work plan is set up according to the task groups and deliverables identified in this

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RFP. We will work collaboratively with the Department to ensure a successful go-live experience.

Therap is confident in its ability to implement this system in a timely manner with minimal disruption to ongoing operations, including functionality that exceeds the specific requirements of the RFP.

4.4 Issues, Challenges, and Risks

4.4.1 The Vendor's proposal should highlight any concerns or recommendations in this section.

4.4.2 Therap expects that the DHHR staff members and stakeholders will work and cooperate with Therap throughout the lifecycle of the project.

4.5 Lessons Learned

4.5.1 The Vendor's proposal should describe any "lessons learned" from the Vendor's relevant experience and how those lessons learned will impact the Vendor's approach to this project.

4.5.2 Therap has previously worked with projects of similar nature and has extensive experience in successfully developing and implementing large state projects while supporting state requirements and processes. The proposed implementation is built on lessons learned during our 17 years of experience in implementing a COTS SaaS solution for people and systems that support individuals needing human and educational services and supports. As the only company based in this sector with this level of experience, Therap is confident in its ability to implement the EVV solution smoothly, with many features that will exceed the requirements of the RFP.

5. Training

5.1 The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the training throughout the contract, including the Vendor's proposed:

5.1.1 Approach to the completion of the training deliverables (as listed in *Appendix 2: Deliverables and Milestones Dictionary),* including methodology for updating deliverables throughout the lifecycle of the project.

5.1.2 Approach to development, maintenance, and implementation of the Training Management Plan, including methodologies addressing:

5.1.2.1 Assessment of internal and external training needs, including gap analysis

5.1.2.2 Approach to user training, supporting all business processes as identified in the RFP

5.1.2.3 Delivery of end-user training throughout the solution's implementation

5.1.2.4 Development and use of online tutorials, online help, online policy and procedure manuals, and hard copy user manuals for the delivery of training

5.1.2.5 Development and use of live, web seminar, and video-based training

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5.1.2.6 **The target audiences for training, including DHHR staff, Vendor Staff, clients, providers, and third-party stakeholders that work in the system**

5.1.2.7 **Plan to provide and/or leverage existing DHHR training facilities to perform end-user training detailed in this section**

5.1.2.8 **Tools that the Vendor will use to support training**

5.1.2.9 **The planned curriculum for each system user role and audience**

5.1.2.10 **Initial training schedule**

5.1.2.11 **Version control and maintenance of training documentation**

5.1.2.12 **Training evaluation, including the use of evaluation survey tools to determine whether the trainings produced the expected results**

5.1.2.13 **Initial and ongoing training outcomes tracking and reporting, including information such as, but not limited to, the number of training sessions, type of training, training locations, number of trainees, and information regarding the actual training results and recommendations for follow-up training**

5.1.2.14 **Approach to "train-the-trainer" activities during the Operations phase**

5.1.3 **Approach to role-based training during both implementation, and maintenance and operations**

5.1.4 **Approach to development of training materials**

5.1.5 **Approach to training evaluations**

5.2 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. The training deliverables as listed in ***Appendix 2: Deliverables and Milestones Dictionary*** will be completed and provided to DHHR. 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 DHHR administrators, employees, and associated staff 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 state-wide 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.

Initial, onsite training is reinforced by online training resources as well as periodic on-site and webinar based user group meetings where new system features are presented to ensure that users are aware of the system functionalities and benefits of the Therap system. 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 DHHR training

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personnel ("train the trainer"). Additionally, competency tests and course evaluations will be completed to ensure new users receive consistent quality of training.

Web-based training will also be provided to users of the system based on curriculum jointly developed by the state and Therap Training and Implementation Specialists. Therap's Training and Implementation Specialists have extensive field experience and have been end-users of Therap. This approach ensures that all users will receive a comprehensive introduction and hands-on training customized to their role and use of the system. During Operations phase, Therap uses the "train-the-trainer" approach to prepare users to train new hires and provide refresher training in the future. Therap training sessions are grouped by discipline or job function to ensure that group members will meet role-specific documentation expectations.

Making sure all users are thoroughly 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 customers to also facilitate regional and topical on-line user groups.

Therap maintains a library of training material for user reference on the Therap Help and Support website, where state-specific guidelines and materials are linked to 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 other resources, which are accessible online and are updated on a regular basis. This includes Live Help. 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 along with a comprehensive understanding of the overall system and procedures. The Guided Assistance feature guides users through a series of questions and provides solutions based on the answers provided by the user. The application contains a direct link to the Help and Support website on each page. Forms in the application also contain contextual help icons to assist users in completing their tasks. Therap's Training Academy provides detailed online on-demand training courses with competency based quizzes and completion certificates. DHHR can choose to utilize competency tests and course evaluations to ensure new users receive consistent, quality training opportunities.
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.

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Therap will provide training and training materials as required by DHHR. We will develop a comprehensive solution training strategy and plan that outlines the goals, objectives, training methods, and measurements that will guide our training initiatives to ensure that each user will be comfortable with the system and competent in its use.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and Section 4: Project Specifications, and has provided specific responses for each 'Training' subject matter area requirement below.

TN001	The Vendor should provide outreach to users to ensure and document their readiness to begin using the solution. The outreach should include all user groups including, but not limited to:	Therap provides training sessions and support throughout the contract phase. Therap team members host frequent webinars, user group sessions, and conferences to ensure readiness to begin using the solution.
TN002	Members or Legal Representative	Therap will provide outreach to Members or Legal Representatives as required.
TN003	Direct Care Workers	Therap will provide outreach to Direct Care Workers as required.
TN004	Provider Agencies	Therap will provide outreach to Provider Agencies as required.
TN005	The Department	Therap will provide outreach to The Department as required.
TN006	Other as defined by the Department	Therap will provide outreach to others as defined by the Department, as required.
TN007	The Vendor should provide training at the time of registration	Training will be provided at the time of registration.
TN008	The Vendor should collaborate with the Department and the stakeholder community to develop strategies to train members receiving services	Therap will work with the Department and the stakeholder community accordingly to develop strategies to train members receiving services.
TN009	The Vendor should provide both web-based and ten (10) state-wide in-person trainings to users prior to the initial implementation of the solution based on a schedule and locations as agreed upon by the Department	Therap will work with the Department and provide both web-based and ten state-wide in-person trainings as needed.
TN010	The Vendor should provide written training materials for both in-person and web-based training options	Therap has support materials in the form of user guides, quick guides, videos, courses in our online Training Academy, Webinars, and Guided Assistance. These materials are available online on Therap's Help and Support website. Written materials can be downloaded as a PDF.

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TN011	The Vendor should submit all training materials to the Department for review and approval at least 45 calendar days prior to the date of the first training session	Therap will work with the Department and submit training materials as needed.
TN012	The Vendor should provide training materials offered in accessible formats consistent with requirements of the Americans with Disabilities Act (ADA) throughout the life of the solution (Reference https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf)	Therap has read and understood these requirements, and will provide users with training materials in accessible formats consistent with the requirements of ADA.
TN013	The Vendor should provide training materials and training courses that are accessible for users who do not speak, read, or write the English language, upon request by the Department according tohttps //www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html	Therap will meet this requirement. We currently have training materials in our support site in Spanish, and other pages can be translated with translation programs.
TN014	The Vendor should obtain independent verification of the accuracy of all translations made pursuant to language and accessibility requirements	Therap has experience in working with Spanish vendors in developing translated material.
TN015	The Vendor should provide web-based training available to users throughout the life of the solution	Therap's Training Academy, available on our support site offers flexible online courses designed for users to take during agency trainings or at their convenience. The Training Academy offers self paced, on-demand courses for both the beginner and advanced users. Courses are available 24/7, allowing users to take the courses at their own pace and schedule. The courses include review quizzes, handouts and a certificate upon training completion.
TN016	The Vendor should provide a detailed approach to user training with respect to solution modifications	User guides, webinars and videos are posted on the Therap support site for training purposes with respect to new features being introduced in the application.
TN017	The solution should maintain a record of all user training, including the name of the individual trained, the date of training, the specific training completed, and whether the training was in-person or web-based	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. Therap's Training Academy also offers flexible online courses designed for users to take during agency trainings or at their convenience. Information regarding the staff training in the Training Academy can also be exported to Excel.
TN018	The Vendor's training records should be included in the data available for reporting	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. The various TMS reports that can be generated from the system include Class Due/Overdue Report, Assignment Reports, TMS

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		Certification Report, Session Sign Up Report, Class Report Of Instructors, and Session Report of Instructors. All reports can be exported to an Excel file. Therap's Training Academy also offers flexible online courses designed for users to take during agency trainings or at their convenience. Information regarding the staff training in the Training Academy can also be exported to Excel.
TN019	The Vendor should provide a user manual to all users	Therap's support site contains user guides that have step-by-step instructions on how to use the applications. There are visual images to guide the user in completing documentation.
TN020	The user manual should be subject to Department approval	Therap will develop user guides approved by the Department.
TN021	The user manual should be available online and in hard copy upon request of the user	Therap user guides can be downloaded as PDF and printed.
TN022	The user manual should be offered in accessible formats consistent with requirements of the Americans with Disabilities Act (Reference https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf)	Therap has read and understood these requirements, and will provide users with user guides in accessible formats consistent with the requirements of ADA.
TN023	The user manual should be available in at least those languages the Department is required to accommodate, in addition to English, pursuant to 45 Code of Regulations (CFR) Section 80.3(b)(2) (Reference: https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html)	Free Translation software (Google Chrome, Microsoft) is available to users. We currently have training material in Spanish available in Therap's support site.
TN024	The solution should support workforce security awareness through such methods including, but not limited to	Therap has multiple ways to support security awareness for users:
TN025	Security reminders (at login or screen access)	An acknowledgement message is displayed at the login page, stating the acknowledgement of following good security practices in the selection and use of the password. Administrators can set security awareness messages through Signup Agreements and Splash Messages on screen access.
TN026	Training reminders	The Training Management System (TMS) module allows staff to be assigned to classes, courses, or curricula. Each class can be assigned with a certification validity period, and the TMS module will generate reports and notifications to the staff for the training classes that are due/overdue for them.

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TN027	Online training capabilities	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.
TN028	Training tracking	The TMS module allows to monitor and manage staff training, and communicate information about classes, certification, and expiration to all the people involved. Training can also be tracked for 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.
TN029	Others as defined by the Department	Therap will create other workforce security awareness through other methods as defined by the Department.

6. CMS Certification

6.1 The Vendor's proposal should describe in detail the Vendor's experience with CMS Certification including the MECT, and a proposed approach to certification of the solution.

6.2 In addition, describe the Vendor's experience in projects subjected to IV&V oversight, the approach to interaction with an IV&V team, and responding to IV&V findings.

6.3 To help states focus their efforts on achieving the business outcomes embodied in the 21st Century Cures Act ("Cures Act") and reduce the certification burden, Therap is developing a streamlined and outcomes-based Electronic Visit Verification (EVV) based on the requirements of the Centers for Medicare & Medicaid Services (CMS). This includes an EVV solution that complies with the Health Insurance Portability and Accountability Act (HIPAA), collects required data elements and uses it in claims processing and reviewing encounter data, provides training and stakeholder outreach regarding using the system, is accessible to persons with disabilities, and supports multiple languages. The solution will enhance the ability to prevent fraud, waste, and abuse through increased visibility into service programs; be reliable, accessible, and minimally burdensome on providers, beneficiaries, and their caregivers; implement and maintain appropriate safeguards of electronic protected health information (PHI) and personally identifiable information (PII).

The Therap team has extensive experience in implementing large scale projects for state providers, with users in over 6,000 providers across 50 states, and 19 state contracts. We are currently working with other states in receiving CMS certifications, including the MECT. In the states of North Dakota and South Dakota, Therap will be including EVV as part of their services beginning of 2020, as required by CMS and State policy. As part of the implementation and operational activities, we will cooperate and collaborate with

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DHHR, IV&V, and CMS to ensure that deliverables and certification artifacts and evidence are comprehensively completed and documented as required by the Department.

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Attachment 10
Maintenance and Operations Specifications Approach

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1. Instructions

Maintenance and Operations specifications ensure that the solution is fully functional and performing optimally until the end of the lifecycle.

1.1 The Vendor's response should include a narrative overview describing its approach to maintenance of its proposed solution, including updates to new versions of the underlying commercial off-the-shelf (COTS) products, and to configurations necessary to support changes in Department of Health and Human Resources (DHHR's) business needs. Use the response sections to provide specific details of the proposed approach to meeting the maintenance and operations specifications in each subject matter area.

1.2 Responses should reference specifications and relevant mandatory requirements using the appropriate identifications (IDs) from *Appendix 1: Detailed Specifications* and *Attachment 6: Mandatory Requirements.* DEER also expects the Vendor to propose its approach for meeting any narrative in *Section 4: Project Specifications* of this request for proposal (RFP).

2. Operations

Refer to the relevant maintenance and operations specifications located in *Appendix 1: Detailed Specifications* and pertinent narrative in *Section 4: Project Specifications* in this RFP to cover solution capabilities in this area.

2.1 The Vendor should describe its approach to Operations below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications.*

2.2 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, reporting 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

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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 Department 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 DHHS.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and has provided specific responses for each 'Operations' subject matter area requirement below.

OP001	The Vendor should track, and provide the Department access to, process metrics and other detail as defined in the approved Change Management Plan, including, but not limited to	Therap will create a Change Management Plan in conjunction with the Department and its requirements. Therap will track and provide the Department access to, process metrics and other detail as defined in the approved Change Management Plan, including, but not limited to the stated information.
OP002	The estimated and actual hours allocated to each change request	Please refer to OP001
OP003	Specific personnel assigned to each change request	Please refer to OP001
OP004	Scheduled completion date for each change request	Please refer to OP001
OP005	Total cost if the maximum allowed hours are exceeded on any approved change request	Please refer to OP001
OP006	Any change to current operational costs	Please refer to OP001
OP007	A separate total for equipment requirements (if applicable) related to the modification	Please refer to OP001
OP008	Others as defined by the Department	Please refer to OP001

OP009	The Vendor should assure all production software updates, releases, and patches are evaluated and approved by the Department prior to implementation as defined in the Change Management Plan	The action to assure all production software updates, releases, and patches are evaluated and approved by the Department prior to implementation will be defined in the Change Management Plan and will be adhered to during the implementation.

OP010	The Vendor should send notification to the Department when releases are available to be evaluated as defined in the Change Management Plan	Users of Therap's applications are made aware of release schedules and features well ahead of time to ensure they have ample time to review newer functionalities and to prepare for the release. Therap will inform the Department when releases are available to be evaluated as defined in the Change Management Plan.

OP011	The Vendor should provide the Department with detailed documentation that provides all fixes and functionality for each release	Release Notes detailing functionalities for each release are published on the Therap websites. Therap can also provide such detailed documentation to the Department.

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OP012	The Vendor should maintain version control and provide the Department with current system and user documentation	Therap maintains version control. We will provide the Department with current system and user documentation.

OP013	The Vendor should perform all maintenance and product upgrades for all operational and test environments and hardware at no additional cost so that the system is operating on currently supported version of each product and maintain software and security patches, based on a schedule approved by the Department	Therap will perform maintenance and product upgrades for operational and test environments and hardware at no additional cost so that the system is operating on the currently supported version of each product and maintain software and security patches, based on a schedule approved by the Department.

OP014	The solution should provide the ability for the provider agency to review billing prior to submitting for payment	Roles and privileges define access rights of users within the system. With the appropriate roles, users will be able to define the billing process in the system and also review the billing information and data collected before submitting for payment.

OP015	The solution should provide the ability for the provider agency to review and correct billing errors prior to submission	Users with appropriate roles will be able correct billing errors and resubmit claims.

OP016	The solution should provide the Department and provider agencies with reports of unbilled encounters through front-end edits including, but not limited to	Therap is a billing solution which can be used to generate reports of unbilled encounters through front-end edits and for various status, including, but not limited to the requirements stated under OP017 to OP021.
OP017	No authorization	Please refer to OP016
OP018	Expired authorization	Please refer to OP016
OP019	Reasons that prevented claims from filing	Please refer to OP016
OP020	Edits made to claims	Please refer to OP016
OP021	Others as defined by the Department	Please refer to OP016

OP022	The Vendor should provide a report of all daily transactions, including interactions via the call center, available to the Department in a variety of formats, including, but not limited to	Therap has had 17 years of experience in meeting the reporting needs to agencies using the suite of applications. We are confident in our ability to provide reports of daily transactions and call center interactions in various formats including those stated for OP023 to OP026 and also those the Department deems as necessary.
OP023	Browser-based	Please refer to OP022
OP024	Portable Document Format (PDF)	Please refer to OP022
OP025	Excel	Please refer to OP022
OP026	Comma-Separated Value (CSV)	Please refer to OP022
OP027	Others as defined by the Department	Please refer to OP022

OP028	The solution should track metrics for each type of correspondence generated in the solution	Each action is date and time stamped along with the name of the user carrying out the action. Additionally information such as the IP address, module name, and action taken are also tracked and maintained. We are confident in our ability to track metrics regarding each type of correspondence as required by the Department.

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OP029	The solution should track the status of notices that are moving through the generation process	Once a form is created in the system, it is provided with a form status (e.g., new, draft, submitted). This status will define the stage the form is in. Once further actions are taken on the form or the next step of the process is carried out, the form status changes accordingly, tracking the status of the notices through the generation process.
OP030	The solution should notify the Department when an undelivered scheduled system-generated correspondence is approaching the predetermined delivery timeframe as agreed upon by the Department	Notification options are available across the system, alerting users about documentation or review needs. Therap will be able to notify the Department when an undelivered scheduled system-generated correspondence is approaching the predetermined delivery timeframe as agreed upon by the Department. When a form or plan is about to expire, this will be communicated to the Department through SComm.
OP031	The solution should have the ability to track when any correspondence or form has been reissued or revised as agreed upon by the Department	Each action taken on a form is tracked and information regarding the action (e.g., the name of the person, date, time, action, and the IP address) are recorded. Additionally, archived versions of the forms are stored and users are able to compare the existing data to the previous one.
OP032	The Vendor should pay and arrange for an annual Statement on Standards for Attestation Engagements, System, and Organization Controls (SOC) 1, Type II audit, using the most current version of the audit, which should cover work performed by the Vendor at the Vendor's facility and data center sites (Reference https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1008_Audit_Mar2019.pdf)	Therap has read and understood the requirements stated in OP032. This conforms with our current business practices standard business practices.
OP033	The Vendor should submit the annual Statement on Standards for Attestation Engagements, System, and Organization Controls (SOC) 1, Type II audit report, using the most current version of the audit, to the Department for approval with an action plan to remediate findings within a timeframe agreed upon by the Vendor and the Department	Therap has read and understood requirements stated under OP033 and will be able to submit the annual statement according to the Department requirements.
OP034	The solution should archive and store user profiles for a period of time agreed upon by the Department	The archival and storing of user profiles will be dependent on the Department policies and procedures. The Department can choose to keep user profiles on hand for as long as they want, or they can determine to deactivate or delete the user profiles. Therap does not carry out actions regarding user profiles within the system.
OP035	The Vendor should provide its incident reporting procedures to the Department for review and approval within a timeframe agreed upon by the Department	Therap will be able to provide the incident reporting procedures to the Department for review and approval within a timeframe agreed upon by the Department.

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OP036	The Vendor should detail the performance metrics and targets used to monitor the effectiveness of technical support by phone	Basic performance metrics include the calculation of resolution time, the duration of the support related task, number and type of support resources being used during the sessions. Additional details regarding the performance metrics and targets used to monitor the effectiveness of technical support by phone will be discussed and provided to the Department to ensure proper calculation of the effectiveness of the technical support by phone.
OP037	The solution should have the ability to provide an immediate response acknowledging all email inquiries and establishing a timeframe for the response	Therap has the ability to provide an immediate response acknowledging the inquiry and providing a timeframe for the response.
OP038	The solution should have the ability to resolve all email inquiries to the Vendor's technical support within one 24 hour business day from initial receipt	Therap has the capability to meet the requirements stated under OP038. We will be able to have a designated EVV team member who will be available for technical support and will respond to EVV queries within 24 hours to meet the requirements of the Department.
OP039	The Vendor should document inquiries and provide the Department with routine reports regarding reasons for technical support requests	Reports are currently available that would allow the Department to see the technical support requests. Therap stores and maintains such inquiries and makes them available for agency review.
OP040	The Vendor should document any procedural action that occurred as a result of a complaint to the helpdesk and submit this documentation to the Department on an agreed upon schedule	Therap will document any procedural action that may occur as a result of a complaint to the helpdesk and submit the documentation to the Department on an agreed upon schedule.
OP041	The Vendor's Technical Call Center should provide a toll-free voice messaging system that is compliant with the Americans with Disabilities Act (ADA) and supports limited English proficiency as defined by the Department of Health and Human Services (HHS) (References https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf, https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html) The Technical Call Center should function 24 hours per day, 365 days per year, and provides callers information including, but not limited to	Live Help, Feedback, and Telephone support is provided often up to 24 hours a day. The messages are tracked in Therap's Issue Tracker system where they are date and timestamped. Users are able to send messages through Issue Tracker whenever it is needed, and Therap staff will investigate and respond. 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. The expected initial turnaround time for issues submitted by users is 24 hours.
OP042	Hours of operation	Please refer to OP041
OP043	Options for leaving messages after hours	Please refer to OP041
OP044	Options for leaving messages based on queue hold times and designated intervals as defined by the Department	Please refer to OP041
OP045	Recording of informational messages as defined by the Department	Please refer to OP041

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OP046	The solution should have the ability to record and report on the performance and utilization of resources within the overall system, including, but not limited to:	Therap will be able to report on the average speed of answer, interface processing time, request time for report generation, and other requirements defined by the Department.
OP047	Average speed of answer	Please refer to OP046
OP048	Interface processing time	Please refer to OP046
OP049	Request time for report generation	Please refer to OP046
OP050	Others as defined by the Department	Please refer to OP046

OP051	The Vendor should document and maintain technical specifications associated with the solution including, but not limited to:	Therap maintains documentation and technical specifications as part of its business practices. This includes documentation and specifications regarding software, hardware, configurations, environments, solutions, and systems.
OP052	Complete listing of all software, hardware, and configurations that are required to establish fully functional installations in each of the required environments	Please refer to OP051
OP053	Complete specifications for all software, environments, and hardware used to support the solution	Please refer to OP051
OP054	Others as defined by the Department	Please refer to OP051

OP055	The Vendor should provide the Department with a capacity analysis report for the solution and the hosted environment including, but not limited to:	Therap has read and will be able to provide the Department with a capacity analysis report for the solution and the hosted environment including, but not limited to the requirements stated un OP056 to OP059.
OP056	Hardware	Please refer to OP055
OP057	Environment	Please refer to OP055
OP058	Network specifications	Please refer to OP055
OP059	Others as defined by the Department	Please refer to OP055

OP060	The solution should provide real-time solution performance data	Therap's operations and the application are monitored 24/7 by a designated team to ensure each process or flow is being carried out accurately and within reuired timeframes. Identified issues are escalated for immediate attention. Therap will be able to provide real-time solution performance data when required.

OP0061	The solution should report on total processing times based on user-defined queries	Therap will be able to calculate and report on the total processing time based on user defines queries.

OP062	The solution should write all errors to an error log in a standard format and make it available for Department review upon request	Therap will be able to write all errors to an error log in a standard format and make it available for Department review upon request. Module forms also show errors on a form during form creation and some errors are displayed as messages on search pages or forms as well. Actions are tracked and can be reviewed using the Activity Tracking feature. As part of being a COTS SAAS application, application

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		errors are logged internally. They can be provided to the Department as needed.
OP063	The solution should allow the Department's administrator to view, filter, sort, and search the error log(s)	Users will appropriate privileges will be able to view, filter, sort and search the error log(s).
OP064	The Vendor should notify the Department regarding which releases of third-party software (JAVA virtual machine, Internet Explorer, Mozilla, Safari, etc) are known to create problems with the current version of the Vendor software	Therap will notify the Department regarding which releases of third-party software (JAVA virtual machine, Internet Explorer, Mozilla, Safari, etc.) are known to create problems with the current version of the Vendor software.
OP065	The solution should schedule and support file transfers as requested and agreed upon by the Department	Therap will be able to schedule and support file transfers as requested and agreed upon by the Department. We have extensive experience in providing similar services over the past 17 years.
OP066	The solution's data aggregation component should send each provider agency a verified visit report, at least once a calendar day	Therap will develop data aggregation functionality for this project according to needs and specifications of the Department.
OP067	The solution's data aggregation component should send each provider agency a visit not verified report showing visits that were not verified by the provider agency, at least once each calendar day	Therap will develop data aggregation functionality for this project according to needs and specifications of the Department.

3. Solution Backup, Disaster Recovery, and Failover

3.1 The Vendor should describe its approach to Solution Backup, Disaster Recovery, and Failover below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications.*

3.2 Therap's 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 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 will become 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 to re-establish and verify proper operation of all functionality at the degraded site, including data replication. The sequence and priority of the steps are dependent upon the specific event or events that caused the outage.

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.

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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.

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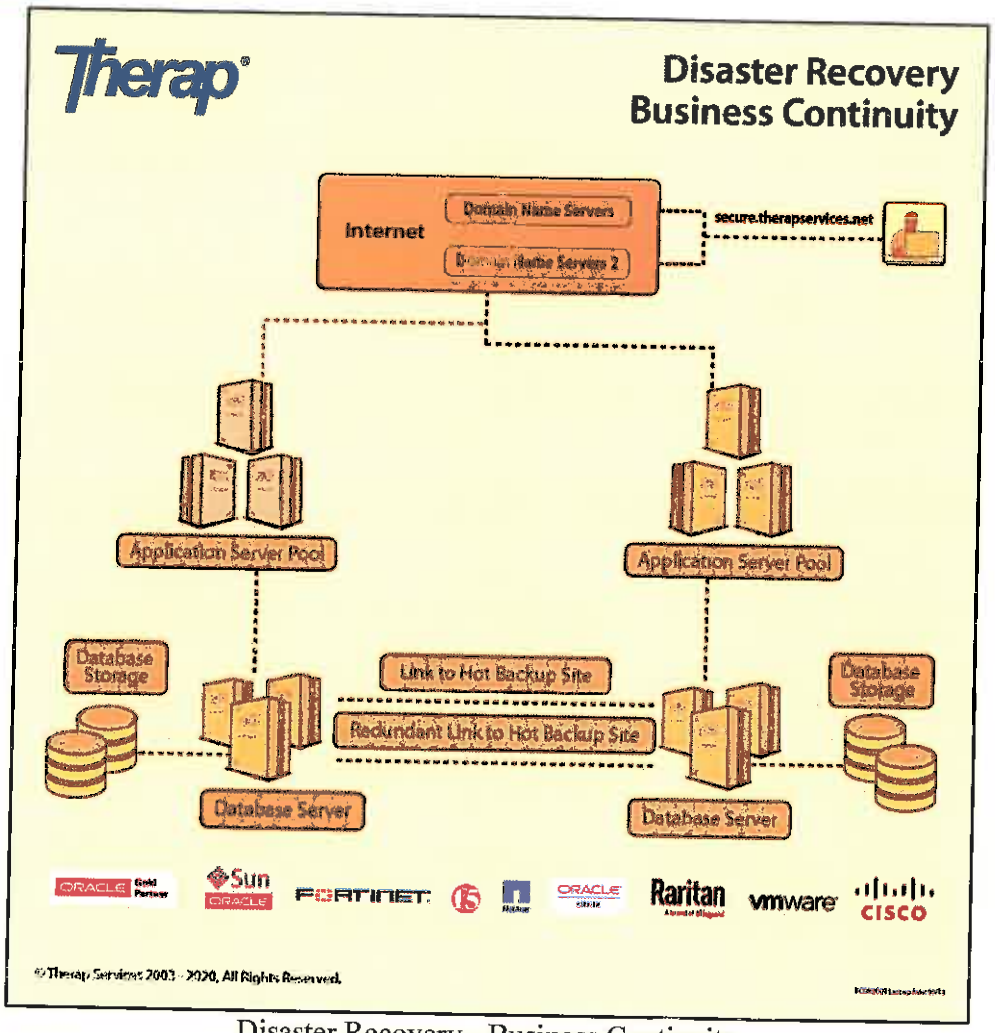

Disaster Recovery - Business Continuity

We have provided requirement specific responses below to each of the Solution Back-up, Disaster Recovery, and Failover criteria provided in Appendix 1.

Therap has reviewed each requirement outlined in Appendix 1: Detailed Specification and has provided specific responses for each 'Solution Back-up, Disaster Recovery, and Failover' subject matter area requirement below.

DR001	The solution should provide sufficient transaction logging and database back-up to allow it to be restored. If multiple databases are used for work item routing and program data, restoring the solution should ensure that databases are synchronized to prevent data corruption.	Therap's data network and computing infrastructure is installed at two sites. The data between the locations are synchronized (typically within 30 seconds) so that either site can act as the 'live' host for services and provide the full range of service functionality. If the live site becomes disabled, requires maintenance activity, or is otherwise unavailable, control is transferred to the alternate site.

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DR002	The solution should have the ability to perform online backups without interruption to production operations, according to a schedule agreed upon by the Department	A real-time data replication process has been implemented between the two Therap sites to ensure either site can provide the full range of service functionality. Data backups are also performed to protect Therap production facilities. The tapes and tape storage containers reside in the secure infrastructure facility at each production site. Production operations are not interrupted during real-time data replication and data backup activities.
DR003	The solution should allow continued use of the system during back-up and perform back-ups during non-peak processing hours, to minimize the impact to operational activities	Production operations are not impacted during real-time data replication and data backup activities.
DR004	The solution should support data freezing	Therap freezes its data when new versions of the application are being implemented during release windows.
DR005	The Vendor should maintain an operational back-up power supply capable of supporting vital functions	The Therap sites are 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. The sites are also supported by multiple feeds, from a combination of diverse grids and providers.
DR006	The Vendor should equip facilities with proper safeguards for fire prevention, fire detection, and fire suppression that are consistent with local fire codes	Therap sites have the appropriate safeguards for fire prevention, detection, and suppression consistent with local fire codes.
DR007	The Vendor should equip fire detection and alarm systems with uninterruptable power supply	Therap sites are supported by both UPS and generator-based power.
DR008	The Vendor should have a remote backup facility at least one hundred (100) miles away from the primary data center	The fundamental design of the Therap infrastructure is that the facilities and equipment used to present the application are installed at geographically diverse sites within the continental United States, any of which can independently support all application functionality.
DR009	The Vendor should conduct an annual disaster recovery exercise at a mutually agreed upon time and provide the results to the designated Department staff. Department staff should be invited to be included in these exercises	Therap provides full disaster recovery exercises as required.
DR010	The Vendor should store all backup copies in a Department-approved backup storage location for a period of time specified by the Department	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.

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Appendix 1
Detailed Specifications

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See the attached Microsoft Excel@ file titled, *Appendix 1: Detailed Specifications.* Review the following instructions:

1. **Instructions**
   - **1.1 The Vendor should self-score each requirement listed in the Capability Assessment column of Tab 3 - Specification & Responses, using only the values that appear in the drop-down list.**
   - **1.2 Capability Assessment values are outlined below:**
     - **1.2.1 "Will Meet": Vendor agrees to specification.**
     - **1.2.2 "Will Not Meet": Vendor declines to meet the specification.**
   - **1.3 All specifications should contain one of the values identified above. Any specification without a Capability Assessment response value will be considered to be "Will Not Meet."**
   - **1.4 In addition, the Vendor should provide the Attachment, Section, and Page Number(s) where its detailed narrative response for each specification resides, providing the Department of Health and Human Resources (DHHR) with a crosswalk, and ensuring that each specification is addressed. Be advised that the column has been pre-populated with the location that DHHR anticipates the requirement response to reside, however it is up to the Vendor to update that column accordingly should the Vendor respond to a requirement in a different location.**
   - **1.5 Hierarchy Level: The hierarchy level column defines relationships between parent and child specifications. DHHR refers to parent specifications as specifications that rely on the content of a subset of related specifications (children) to fully define the scope of the requirement. DHHR refers to child specifications as specifications that rely on additional context provided by a higher-level specification (parent) to fully define the scope of the specification. A hierarchy value of I denotes the highest-level specification. Any greater hierarchy value denotes a child specification. For example, a hierarchy level 2 is a child to the nearest prior hierarchy level 1 as illustrated below:**

The 'Appendix 1: Detailed Specification' workbook has been completed and provided below with the 'Section' and 'Page#' columns indicating the location of the corresponding responses throughout this RFP.

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Specifications					Vendor Response			
Req'd #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Status (In Mouse Rules)	Attachment	Section	Page #
PG001	3994	1	The solution rules/procedures should allow and enforce multiple service limits for different service ranges including, but not limited to:	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	116
PG002	5140	2	Day	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	116
PG003	5141	2	Week	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	116
PG004	5142	2	Month	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	116
PG005	5143	2	Year	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	116
PG006	3995	1	The solution rules/procedures should accommodate retroactive prior authorizations and changes to prior authorizations based on revisions to recipients' plans of care/service plans.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	116
PG007	4001	1	The solution should have the ability to round service delivery time.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	117
PG008	4767	1	The solution should provide a master client index of client information, including a single unique identifier (that is not the Social Security Number), for all clients.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	117

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PG009	4768	1	The solution should maintain an integrated repository of provider agency information, including a single unique identifier, for all providers.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	117
PG010	3957	1	The solution should be able to capture, verify, and support billing for in-home and community based setting service visits.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	117
PG011	3959	1	The solution should have the ability to create Health Insurance Portability and Accountability Act (HIPAA)-compliant electronic 837 claim file submission to the State MMIS for claims processing in compliance with all Medicaid filing requirements.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	117
PG012	4519	1	The solution should automatically generate all required correspondence to individuals.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	117
PG013	4523	1	The Vendor should provide correspondence metric reports upon request by the Department.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	117
PG014	4552	1	The solution should assist users in identifying which sections of forms should be filled in manually.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	117
PG015	4582	1	The solution should provide the ability to deliver reports as mutually agreed-upon with the Department.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	118
PG016	4381	1	The solution should provide flexible web-based reporting, including ad hoc reporting of all data stored within the solution.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	118
PG017	4887	1	The solution should have the ability to make a complete set of data related to visits submitted for verifications available for reporting, including, but not limited to the following elements:	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	118
PG018	4888	2	Member receiving services	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	118

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PG019	4889	2	Direct care worker	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	118
PG020	4890	2	Provider	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	118
PG021	4891	2	Location of visit	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	118
PG022	4892	2	Date of visit	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	119
PG023	4893	2	Start time of visit	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	119
PG024	4894	2	Missed visits	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	119
PG025	4895	2	Late visits	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	119
PG026	4896	2	End time of visit	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	119
PG027	4897	2	Visit late time	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	119
PG028	4898	2	Services provided	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	119

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PG029	4900	2	Manual or electronic verification	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	119
PG030	4604	1	The solution should have the ability to use identifiers, mathematical functions, formatting, and manipulate data within reports.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	119
PG031	3992	1	The solution rules/procedures should have the ability to ensure the direct care services do not overlap with other direct care services.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	120
PG032	4209	1	The solution should compile information from all EVV data sources and calculate total daily and weekly hours worked by direct care workers and agencies.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	120
PG033	4211	1	The solution should have the ability for the Department to allow and/or not allow retroactive care plan changes for specific services and/or programs through a configurable interface.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	120
PG034	4210	1	The solution should allow the Department to define and limit the circumstances in which a manual verification can be made.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	120
PG035	4184	1	The solution should use eligibility data transferred from the Medicaid Management Information System (MMIS) to determine if any waiver requirements apply. If no waiver requirements apply, the solution should assume that state plan requirements specific to the service being provided apply.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	120
PG036	4198	1	The Vendor should review the Department waivers and other state plan program requirements to develop and propose system edits that will meet the need of the Department. The Vendor should propose system settings for the Department to consider during the initial solution configuration and during operations. The review and proposal process should happen at an interval defined by the Department.	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	120
PG037	4834	1	The Vendor should provide web portal functionality that addresses the needs of:	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	120

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PG038	5013	2	Provider agencies and their direct care workers	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	121
PG039	5224	2	Members	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	121
PG040	5225	2	Waiver program and/or legal representatives	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	121
PG041	5014	2	State program staff	Program Management	Will Meet	Attachment 7: Business Specifications Approach	7	121
PI001	4002	1	The solution should allow the Department the ability to view the same information as a service provider.	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125
PI002	4214	1	The Vendor should provide a summary of direct care workers and/or provider agencies who demonstrate a high level of missed and late visits, potentially fraudulent services, or potentially fraudulent billing patterns monthly and as requested by the Department.	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125
PI003	4217	1	The solution should track the time, location, and task performance of direct care workers during service delivery in order to safeguard against fraud, as well as to improve service delivery and program oversight.	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125
PI004	3991	1	The solution rules/procedures should have the ability to ensure the same direct care worker is not providing services to multiple recipients at the same time at different locations.	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125
PI005	4084	1	The solution should have the ability to provide role-based reporting to review, analyze, and report all data across categories on a monthly basis and as requested by the Department, including, but not limited to:	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125
PI006	5208	2	Payers	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125

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PI007	5209	2	Programs	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125
PI008	5210	2	Provider Agency	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125
PI009	5211	2	Direct care workers	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125
PI010	**5212**	**2**	**Members**	**Program Integrity**	**Will Meet**	**Attachment 7: Business Specifications Approach**	**7**	**125**
PI011	4218	1	The solution should track and report modifications to the solution data input elements after the direct care worker has documented their time or services, including the name of the user making the changes and the reason for the changes.	Program Integrity	Will Meet	Attachment 7: Business Specifications Approach	7	125
VV001	4180	1	The solution should have the ability to verify the delivery of electronic visit verification (EVV) services for multiple programs with different rules and edits.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	104
VV002	4087	1	The solution should have the ability to make a complete set of visit-related data elements submitted for verification available for monthly reporting and as requested by the Department, including, but not limited to:	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	104
VV003	5075	2	Individual receiving services	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	104
VV004	5076	2	Direct care worker	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	104

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VV005	5077	2	Billing provider agency	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	104
VV006	5079	2	Location of visit	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	104
VV007	5080	2	Date of visit	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	105
VV008	5081	2	Visit start time	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	105
/009	5082	2	Visit finish time	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	105
VV010	5083	2	Missed visits	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	105
VV011	5084	2	Late visits	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	105

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VV012	5085	2	Services delivered, including billing code and modifiers	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	105
VV013	5086	2	Independent verification by individual receiving services	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	105
VV014	5087	2	Payer	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	105
V015	5088	2	Manual or electronic verification	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	105
VV016	5089	2	Data collection system, including the Department solution and other approved third party electronic visit verification (EVV) systems	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	106
VV017	4220	1	The solution should have the ability to integrate the scheduling, authorization monitoring, visit verification, and billing.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	106
VV018	4183	1	The solution should verify visit components are within program requirements when a visit verification service is initiated and ignore, warn, or stop the user from entering data into the solution as determined by Department.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	106

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VV019	4182	1	The solution should securely capture an independent verification of the service delivery from the member receiving services.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	106
VV020	4190	1	The solution should have the ability to allow a direct care worker and/or provider agency to record visits to multiple members within a 24 hour period.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	106
VV021	4191	1	The solution should account for living arrangements in which multiple members receiving services reside at a single address.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	106
VV022	4189	1	The solution should have the ability to allow multiple direct care workers and/or provider agencies to record visits to a member within a 24 hour period.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	107
VV023	4193	1	The solution should have the ability to account for situations in which services are provided to a group of members during a single visit.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	107
VV024	4194	1	The solution should have the ability to account for situations in which the member and the direct care worker reside at the same address.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	107
VV025	4196	1	The solution should account for situations in which a visit starts and/or ends away from the member's place of residence.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	107

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VV026	4197	1	The solution should be configurable to either allow or prevent multiple direct care workers and/or provider agencies from providing services to a member at the same time.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	107
VV027	4185	1	The solution should verify that the agency providing the service has a valid pre-authorization for each member served on file.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	107
VV028	4186	1	The solution should verify that the time of the visit is within the parameters outlined on the prior authorization and recorded in a format that can be sorted. The format should be YYYY-MM-DDTHH:MM:SS or equivalent.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	107
VV029	4202	1	The solution should have the ability to allow the Department to identify circumstances in which visit verification is not necessary.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	107
VV030	4203	1	The solution should send real-time alerts when a visit documented in the prior authorization system is not initiated at the scheduled time.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	108
VV031	4195	1	The solution should have the ability to account for circumstances in which a visit crosses calendar days.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	108
VV032	4205	1	The solution should accommodate different definitions of pending, late, and missed visits by the status types as defined by the applicable program and/or waiver service.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	108
VV033	4213	1	The solution should allow a direct care worker and/or provider agency to receive messages indicating a possible problem with a visit verification.	Visit Verification	Will Meet	Attachment 7: Business Specifications Approach	7	108
DD001	5115	1	The Vendor should develop and provide to the Department a Logical Data Model (LDM) that includes, but is not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical	8	130

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						Specifications Approach		
DD002	5116	2	Data classes	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD003	5117	2	Attributes	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD004	5118	2	Relationships	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD005	5119	2	Standards	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD006	5121	2	Other data elements identified by the Department	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD007	4088	1	The Vendor should provide a complete list of data elements along with corresponding definitions for reporting purposes, upon request.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD008	4219	1	The solution should provide real-time access to data entered into the system to provide insight for the services being provided and oversee user activity.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD009	4497	1	The solution should employ online real-time or batch updates of data between the solution and other systems including, but are not limited to, the Medicaid Management Information System (MMIS) and other third-party Electronic Visit Verification (EVV) systems.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD010	4513	1	The solution should have the ability to integrate client data for all programs served by the solution into the Master Data Management (MDM) platform.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130

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DD011	4585	1	The solution should allow users to extract data, manipulate the extracted data, and specify the desired format of the output.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD012	4769	1	The solution should provide required Federal and Department data sharing including high-speed data transfer functionality to send and receive information.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD013	3997	1	The solutions rules/procedures should allow for electronic communication between the Department, fiscal/employer agents, and providers.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	130
DD014	5138	1	The solution should have the ability to store member communications.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	131
DD015	4188	1	The solution should exchange information through interfaces including, but not limited to the Medicaid Management Information System (MMIS), other Electronic Visit Verification (EVV) systems, and others as agreed upon by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	131
DD016	4398	1	The solution should have the ability to interface with West Virginia's Enterprise Service Bus (ESB).	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	131
DD017	3966	1	The Vendor should complete, subject to approval by the Department, the interface with the Medicaid Management Information System (MMIS).	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	131
DD018	3967	1	The solution should be able to receive information in batch and in individual transactions on a schedule agreed upon by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	131
DD019	3964	1	The solution should have the ability to receive provider, member, and prior authorization data from the Medicaid Management Information System (MMIS) at a frequency and format determined by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	131
DD020	3951	1	The solution's data aggregation component should be able to receive a response transaction in a format that is used by the Medicaid Management Information System (MMIS) for the purpose of verifying edits to claims.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	131

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DD021	4068	1	The solution should have the ability to apply pre-edit information and serve as a data source for purposes of applying edits during claims processing. The disposition of the edit including, but not limited to deny or suspend, should be determined by the Medicaid Management Information System (MMIS).	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD022	3952	1	The solution should accept individual and/or batch visit verification inquiries from the Medicaid Management Information System (MMIS).	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD023	4912	2	Member name	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD024	4913	2	Billing provider	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD025	4914	2	Name	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD026	4915	2	Date	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD027	4916	2	Time of service delivery	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD028	3954	1	The solution should have the ability to provide visit information to the Medicaid Management Information System (MMIS) by individual and/or in batch format at the discretion of the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD029	5150	1	The solution should support obtaining member eligibility information through the current Medicaid Management Information System (MMIS) solution using industry standard data interfaces and exchanges as defined by X12N 270/271 transactions. (Reference: http://www.wpc-edi.com/)	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD030	5153	1	The solution should conform to ASC X12 Technical Reports Type 3 (TR3), Version 005010. (Reference: http://www.wpc-edi.com/)	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132

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DD031	4475	1	The solution should generate all forms and notices as necessary.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	132
DD032	4206	1	The solution should have the ability to schedule alerts and user notifications.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD033	4470	1	The solution should allow printing of blank and completed documents including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD034	4935	2	All forms	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD035	4936	2	All system-generated correspondence	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD036	5104	2	Reports	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD037	4481	1	The solution should generate and supply forms in the following methods, including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD038	4482	2	Email	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD039	4483	2	Download from Portal	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD040	4484	2	Postal Mail, upon request by the Department	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133

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DD041	4480	1	The solution should allow the ability to modify field attributes on a form as identified by the Department via the Change Management Plan.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD042	4478	1	The solution should allow updates to form templates as directed by the Change Management Plan.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD043	4479	1	The solution should group related correspondence to ensure materials are delivered in a single mailing or posted to a portal account.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	133
DD044	4476	1	The solution should generate the data file containing forms and notices for delivery to the printing vendor for monthly distribution and as requested by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD045	4487	1	The solution should automatically populate information on notices or forms being issued.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD046	4490	1	The solution should generate batch forms.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD047	4493	1	The solution should save delivered forms to the user's account.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD048	4521	1	The solution should deliver data files containing all correspondence to the designated printing entity within 24 hours of the correspondence becoming final according to the Department's business rules.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD049	4527	1	The solution should post finalized correspondence to the web portal, according to the Department's business rules.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD050	4535	1	The solution should have the ability to produce all correspondence in a printer-friendly 8.5" x 11" format in landscape or portrait orientation.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134

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DD051	4537	1	The solution should have the ability to automatically save a Portable Document Format (PDF) copy of each final correspondence.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD052	4540	1	The solution should allow users to choose their preferred method of correspondence including, but not limited to, email, post mail, text, or phone.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD053	4544	1	The solution should generate correspondences using pre-defined templates.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD054	4546	1	The solution should include automatic system-generated correspondence with output capabilities including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	134
DD055	4960	2	Email	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD056	4962	2	Post to user portal account	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD057	4963	2	Queue for printing	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD058	4547	1	The solution should be able to schedule distribution of correspondence.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD059	4561	1	The solution should provide flexible web-based reporting that meets external reporting needs and requirements defined by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD060	4085	1	The solution should include a standard library of reports that can be generated by any user with appropriate access.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135

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DD061	4570	1	The solution should have the ability to display the number of pages that should be printed before the user proceeds with printing a report.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD062	4574	1	The solution should have the ability to export reports directly from the solution into the user-specified format including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD063	4973	2	Excel	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD064	4974	2	Word	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD065	4975	2	Hyper Text Markup Language (HTML)	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD066	4982	2	Comma-Separated Value (CSV)	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD067	4984	2	Portable Document Format (PDF)	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	135
DD068	4702	1	The solution should provide reporting functionality capable of drilling down from summarized data to detailed data as agreed upon by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	136
DD069	4879	1	The solution should have an integrated web portal designed to interface, receive, send, and download specified content and reporting information directly from/to entities such as provider agencies, EVV Vendors, contractors, and other state and Federal agencies as part of a fully integrated solution.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	136
DD070	4815	1	The solution should contain the following features and capabilities including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	136

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DD071	4816	2	Drill down and look up functionality to minimize re-entry of information across multiple screens	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	136
DD072	4817	2	Multi-tasking and multiple window capability, including split screens	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	136
DD073	4644	1	The solution should provide context-sensitive help to users on all screens.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	136
DD074	4818	1	The solution should provide menus that are understandable by non-technical users and provide secure access to all functional areas.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	136
DD075	4859	1	The solution should provide a user interface that allows users to move easily throughout the system.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	136
DD076	4839	1	The solution should have the ability to provide public information without requiring authentication for the web portal.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	136
DD077	4862	1	The solution should provide user interface features and capabilities including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD078	4863	2	Pull-down menus and window tabs	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD079	4864	2	Scalable, true-type screen and printing fonts	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD080	4865	2	Uppercase and lowercase alphabetic characters	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137

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DD081	4866	2	Ability to tab and mouse-click through data fields and screens	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD082	4868	2	Consistent theme throughout the site and standardize all headings and footers with index tabs as identified by the Department	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD083	4875	2	Generated messages that are clear and sufficiently descriptive to provide enough information for problem correction and be written in full English text	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD084	4884	1	The solution should provide the capability to display confirmation messages for response and request transactions when interfacing with other systems.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD085	4883	1	The solution should have the ability to allow users to download or print a copy of completed submitted forms.	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD086	4347	1	The solution should have the ability to perform the following functions including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD087	4918	2	Create flags	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	137
DD088	4919	2	Send alerts	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	138
DD089	4920	2	Integration of alerts into the workflow	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	138
DD090	4921	2	Seamlessly integrate the generation of alerts in the workflow management process to a system user-defined group or individual	Data Sources, Delivery, & Display	Will Meet	Attachment 8: Technical Specifications Approach	8	138

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DQ001	3993	1	The solution should provide a method to identify the following:	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	141
DQ002	5049	2	National Provider Identifier (NPI)	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	141
DQ003	5050	2	Healthcare Common Procedure Coding System (HCPCS)	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	141
DQ004	5051	2	International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) and related modifiers	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	141
DQ005	5136	2	State-specific codes defined by the Department	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	141
DQ006	3965	1	The Vendor should collaborate with the Department to determine how data should be transferred to and from the Medicaid Management Information System (MMIS), including, but not limited to:	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	141
DQ007	5039	2	Definition of data elements	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142
DQ008	5040	2	Data file formatting	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142
DQ009	5041	2	Data exchange frequency	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142
DQ010	5042	2	Thresholds for data quality and acceptance	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142

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DQ011	3953	1	The solution should allow the Department to review and approve data elements included in request and response data exchanges prior to Vendor development or configuration of the solution.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142
DQ012	3985	1	The Vendor should develop, publish, and maintain a system interface standard for external electronic visit verification (EVV) data partners approved by the Department.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142
DQ013	4771	1	The Vendor should ensure that file standardization is supported for data element lengths, field format, and type.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142
DQ014	4781	1	The solution should incorporate a method to view interface files for investigation and further processing.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142
DQ015	4784	1	The solution should create and retain an audit trail of all interface activity in accordance with the Department's Data Retention Policy. (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142
DQ016	4498	1	The solution should make information about data exchange errors and discrepancies available to the Department and appropriate users monthly.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	142
DQ017	4511	1	The Vendor should provide searchable data schemas and data dictionaries for the solution.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143
DQ018	4569	1	The solution should report on both duplicated and unduplicated record counts.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143
DQ019	4588	1	The solution should use consistent data schemes and version control.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143
DQ020	4765	1	The solution should have the ability to assure data changes made in one part of the solution automatically populate other parts of the system so as to avoid duplicate data entry.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143

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DQ021	4571	1	The Vendor should maintain a comprehensive list of all reports, their intended use, and business area supported.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143
DQ022	4581	1	The solution should generate a listing of all standard online reports available, the description of each report, and a link to the most recent report for role-based report access.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143
DQ023	4587	1	The solution should identify and use consistent report fields.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143
DQ024	4586	1	The solution should display a consistent format on all reports.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143
DQ025	4597	1	The solution should have the ability to categorize and organize reports including, but not limited to, the following parameters:	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143
DQ026	4990	2	Source system	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	143
DQ027	4991	2	Data content	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	144
DQ028	4992	2	Purpose	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	144
DQ029	4993	2	Frequency	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	144
DQ030	4774	1	The solution should generate exception reports prior to being submitted to the receiving entity such as the Medicaid Management Information System (MMIS) or other systems receiving electronic visit verification (EVV) data to facilitate data correction by the submitting entity including, but not limited to the following:	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	144

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DQ031	5095	2	Manual edits	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	144
DQ032	5096	2	Error corrections	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	144
DQ033	5097	2	Additions to the interface records	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	144
DQ034	4778	1	The solution should generate error reports at the summary and detail levels that include all data necessary to resolve errors monthly and as requested by the Department.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	144
DQ035	4584	1	The solution should store reports to allow users the ability to retrieve them quickly per the Department's business rules.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	144
DQ036	4779	1	The solution should reload or resend records if they have not been applied correctly to the receiving entity.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	145
DQ037	4780	1	The solution should detect duplicate files or records and isolate them for manual review and further processing.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	145
DQ038	4782	1	The solution should create messages that accurately describe errors received as a result of a data transfer.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	145
DQ039	4477	1	The solution should have the ability to maintain an up-to-date inventory of all forms utilized and make this inventory available to the Department upon request.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	145
DQ040	4492	1	The solution should have the ability to identify which fields in forms are required and which are optional.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	145

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DQ041	4530	1	The solution should have the ability to store the date that a correspondence was delivered for printing in a preferred date format of MM/DD/YYYY.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	145
DQ042	4545	1	The solution should provide automatic default file naming convention for saved correspondence as agreed upon with the Department.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	145
DQ043	4553	1	The solution should categorize and classify types of correspondence as agreed upon with the Department.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	146
DQ044	4710	1	The solution should distinguish between, and incorporate, business days, weekends, and state holidays in all time-related functions in the system.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	146
DQ045	4176	1	The solution should include web-based online help functionality in searchable portable document format (PDF), that includes a searchable database of common problems.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	146
DQ046	4472	1	The solution should set parameters on fields to prevent system users from entering information outside of those parameters.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	146
DQ047	4474	1	The Vendor should produce all member- and provider-facing content written at no greater than an eighth grade reading level.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	146
DQ048	4880	1	The solution should include email addresses in the authorization table for registration, and email addresses should be kept confidential and only used for official Department business.	Data Quality	Will Meet	Attachment 8: Technical Specifications Approach	8	146
IN001	4759	1	The solution should have the ability to support various current technologies for data interchange and electronic visit verification (EVV) data submission and verification including, but not limited to, web portal, application interface, telephony, quick response (QR) codes, and automated location verification.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	147

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IN002	4763	1	The Vendor should utilize open architecture standards and scalability to promote integration throughout the West Virginia technology enterprise.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	147
IN003	4758	1	The solution should be flexible and readily adaptable to changing Department and federal requirements and as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	148
IN003A	5297	1	The solution should address the disruption or limited availability of network connectivity, telephony, and/or cell coverage at the visit site by providing members and providers more than one method to send and receive electronic visit verification (EVV) data.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	148
IN003B	5298	1	The solution should have the ability to capture and retain electronic visit verification (EVV) data gathered when the transmission services are offline for any reason at the visit site and to send or receive queued system data when services are restored.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	148
IN004	4725	1	The solution should provide archival and purge processes that do not degrade performance or interrupt the system.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	148
IN005	4748	1	The solution should allow centralized deployment of system updates and system maintenance.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	148
IN006	4668	1	The solution should provide workflow functionality that supports a variety of mechanisms to initiate, execute, suspend, or terminate workflows including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	148

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IN007	5090	2	Communication events (email, document upload, form submissions, or phone)	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	148
IN008	5091	2	System-generated events	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149
IN009	5092	2	User-triggered events	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149
IN010	5093	2	Exception-processing events	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149
IN011	4673	1	The solution should include definition and modeling of workflow processes and their constituent activities.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149
IN012	4529	1	The solution should have the ability to facilitate mass email notifications.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149
IN013	4533	1	The solution should have the ability to reissue and track any correspondence or form as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149
IN014	4565	1	The solution should have the ability to schedule any report to be run at varying levels of frequency or on-demand.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149

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IN015	4576	1	The solution should provide integrated print capability within the application for any report.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149
IN016	4000	1	The solution should have the ability to notify users of system maintenance and other information approved to be distributed by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149
IN017	4400	1	The Vendor should manage, track, and report on user support services via multiple channels, including:	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	149
IN018	4401	2	Telephone	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
I019	4402	2	Member portal	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
IN020	4403	2	Email	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
IN021	4404	2	Mail	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
IN022	5215	1	The Vendor should provide investigative results inclusive of mitigation measures to address reported incidents within 30 days of the documented incident.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150

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IN023	4177	1	The Vendor should support provider compliance through direct assistance, coaching, technical assistance, and other active outreach activities as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
IN024	3998	1	The solution should provide users a description of the minimum hardware and software requirements, installation, maintenance, and enhancement of software based on role and system requirements prior to system updates.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
IN025	4499	1	The solution should allow users to schedule and modify system events as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
IN026	4408	1	The Vendor should provide a technical support call center located within the contiguous United States.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
I027	4450	1	The solution should document call information, as agreed upon by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
IN028	4410	1	The technical support call center hours of operation should be Monday through Friday, from 9:00 a.m. to 6:00 p.m. Eastern Time (ET) and on an emergency basis as requested by the Department. The call center may be closed for standard federal holidays and West Virginia State holidays,	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
IN029	4412	1	The Vendor should return all after-hour calls by the next business day, in the caller's preferred language and/or through oral interpretation services. (Reference: https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	150
IN030	4415	1	The Vendor should provide functionality to manage calls to the Technical Call Center including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151

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IN031	4922	2	Creation of tickets	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN032	4923	2	Editing existing tickets	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN033	4924	2	Sorting of call center ticket information	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN034	4925	2	Filtering of call center tickets or electronic records	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN035	4416	1	The Vendor's Technical Call Center should have the ability to track data including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN036	4417	2	The caller	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN037	4418	2	The question(s) and/or issue(s)	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN038	4419	2	The Vendor staff responding to the ticket	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN039	4420	2	The date(s)	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN040	4421	2	The time(s)	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151

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IN041	4422	2	The status (opened or closed)	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN042	5217	2	Problem resolution	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN043	4431	1	The Vendor's Technical Call Center should have the ability to repeat call options automatically.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN044	4437	1	The Vendor should maintain sufficient staff and telephone lines to perform all required technical support call center functions.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	151
IN045	4798	1	The solution should use automated menus, including an easily accessible option for reaching a live operator.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN046	4901	1	The solution should provide assistance to inquiries received from persons who require special assistance including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN047	5031	2	Persons with Limited English Proficiency (LEP)	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN048	5032	2	Persons with vision disabilities	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152

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IN049	5033	2	Persons with hearing disabilities	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN050	5034	2	Persons with speech disabilities	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN051	4885	1	The solution should include an online option for users to report any technical problems.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN052	5190	1	The Vendor should ensure the solution components that are web based have cross-browser compatibility over the life of the contract and support software utilization in the current version and two (2) prior versions at a minimum for the following browsers including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN053	5191	2	Microsoft Edge	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN054	5192	2	Apple Safari	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN055	5193	2	Google Chrome	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN056	5194	2	Mozilla Firefox	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	152
IN057	5195	2	Microsoft Internet Explorer	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	153

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IN058	4819	1	The solution should incorporate a non-restrictive environment for experienced users to directly access a screen or to move from one screen to another without reverting to the menu structure.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	153
IN059	4820	1	The solution should generate drop-down lists to identify options available, valid values, and code descriptions by screen field.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	153
IN060	4835	1	The Vendor should provide web applications that satisfy the Priority 1 Checkpoints from the Web Content Accessibility Guidelines 1.0 developed by the World Wide Web Consortium (W3C), as detailed at: http://www.w3.org/TR/WCAG10/full-checklist.html.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	153
IN061	4838	1	The solution should have the ability to include secure and public facing tabs for the web portal.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	153
IN062	4845	1	The solution should have the ability to utilize an authentication process to handle multiple layers of security levels as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	153
IN063	4853	1	The solution should have the ability to provide self-service password resets and mask the display of passwords at the sign-on screen when the user enters the portal.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	153
IN064	4854	1	The solution should have the ability to mask the display of passwords at the sign-on screen when entered by the user.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	153
IN065	4882	1	The Vendor should ensure that web portal field definitions comply with system field definitions.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	153

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IN066	4833	1	The Vendor should, for the web portal, provide Internet security functionality to include firewalls, intrusion detection, and encrypted network/secure socket layer (SSL).	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	154
IN067	5010	1	The Vendor should provide and maintain a secure data storage solution that includes encryption of data in transit and encryption of data at rest.	Hardware and Infrastructure	Will Meet	Attachment 8: Technical Specifications Approach	8	154
SM001	4230	1	The solution should authenticate all users when establishing a connection to the solution.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	156
SM002	3972	1	The solution should have the ability to automatically generate a unique user identification during the registration process for new users enrolling in the program.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	156
M003	3975	1	The solution should have the ability to assign a new unique user identifier (ID) for an existing user.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	156
SM004	4772	1	The solution should use a secure file transfer protocol (i.e. SFTP, etc.), secure web interface, or other industry-standard electronic means (such as Gentran, Connect: Direct, or equivalent) or encrypted media to transfer files as approved by the Department.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	156
SM005	4224	1	The solution should warn the user about accessing US Government Federally protected data and allow the user to confirm and proceed with such actions.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	157
SM006	4244	1	The Vendor should provide a secure web-based method to receive requests for authorization to access the solution.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	157
SM007	4246	1	The Vendor should provide Single Sign-On (SSO) capability for authentication and authorization across the solution.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	157
SM008	4254	1	The solution should provide Department-approved multi-factor authentication for Vendor remote access to solution environment or their contractors, if applicable.	Security Management	Will Meet	Attachment 8: Technical	8	157

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						Specifications Approach		
SM009	3977	1	The solution should use role-based access for data and system functionality.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	157
SM010	3978	1	The solution should have configurable roles by state plan and waiver program that may be created and modified by the Department through a change request as outlined in the Department approved Change Management Plan.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	157
SM011	3983	1	The solution should have the ability to record specific access by users to confidential personal information (CPI) contained within the solution. The mechanism should record the following data elements and allow a role-based user to search this log for matching criteria to discern what was accessed including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	157
SM012	5043	2	User name	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	157
/013	5044	2	Date of access	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	157
SM014	5045	2	Time of access	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	157
SM015	5046	2	Name of Individual (First and Last) whose confidential personal information (CPI) was accessed	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	158
SM016	5047	2	Name of computer system used to access confidential personal information (CPI)	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	158
SM017	5048	2	Query/Transaction used	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	158
SM018	4082	1	The solution should provide users role-based access to reporting functionality.	Security Management	Will Meet	Attachment 8: Technical	8	158

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						Specifications Approach		
SM019	5218	1	The solution should allow correspondence to be viewed based on role based access.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	158
SM020	4664	1	The solution should allow authorized users to remove view or edit access rights to any data fields or data elements within the solution based on user role.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	158
SM021	4229	1	The solution should provide role-based security through various methods, including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	158
SM022	5052	2	Unique identifiers (IDs)	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	158
M023	5053	2	Mandatory password standards and policies for length, character requirements, and updates for all users as defined within National Institute of Standards and Technology (NIST) 800-63-3: Digital Identity Guidelines, or equivalent. https://doi.org/10.6028/NIST.SP.800-63-3	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	158
SM024	5054	2	Profile or group access assignments	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM025	4235	1	The solution should provide a mechanism to limit access to information based on user roles and program rules.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM026	4236	1	The solution should provide role-based access to all system components and control access through various methods, including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM027	5055	2	Blocking specific window or screen access	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM028	5056	2	Blocking specific report views or analytics	Security Management	Will Meet	Attachment 8: Technical	8	159

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						Specifications Approach		
SM029	5057	2	Restrict data elements	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM030	5058	2	Restrict viewing of specific members	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM031	5059	2	Limit access to other fields within the system as determined by the Department	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM032	4237	1	The solution should update all security roles automatically when a change in the master role is made.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
[illegible]033	4238	1	The solution should allow user access and role changes to be made in real-time.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM034	4240	1	The solution should have the ability to restrict concurrent logons.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM035	5167	1	The solution should have the ability to configure the timeout requirements for each system environment and user role.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM036	4204	1	The solution should have the ability to create multi-level escalating alerts for Department-defined events.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	159
SM037	4207	1	The solution should identify the recipients of alerts by alert type and user role.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160

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SM038	3990	1	The solution should have the ability to allow the Department to define which edits and rules may be overridden within the solution by the direct care worker or provider agency and how the solution will respond with warnings, alerts, or denials of the requested user action.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160
SM039	4319	1	The solution should utilize a Security Information and Event Management (SIEM) solution that generates alerts for events. Copies will be made available to the Department, including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160
SM040	5060	2	Alert generation for attempts to access unauthorized databases from internal and external systems	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160
SM041	5061	2	Monitoring and reporting of events on an ongoing basis	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160
SM042	5156	1	The Vendor should provide a report outlining applicable National Institute of Standards and Technology (NIST) SP 800-53 moderate security control responsibilities (reference: https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf) noting which security controls are implemented and/or inherited by the Vendor, implemented by the Department, or shared by both parties. This report should be maintained by the Vendor and outline the following information, including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160
SM043	5157	2	Non-compliant and required security and privacy controls	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160
SM044	5158	2	Applied mitigations	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160
SM045	5159	2	Plan to correct deficiencies	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160
SM046	4572	1	The solution should maintain a list of users and owners of each stored report.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	160
SM047	4573	1	The solution should retain and maintain access to reports as specified by the Department's Retention Policy. (Reference:	Security Management	Will Meet	Attachment 8: Technical	8	161

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			https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)			Specifications Approach		
SM048	4568	1	The solution should allow, initially, up to fifteen (15) State users to create ad hoc reports. Additional users should be added at no additional cost to the State.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
SM049	4590	1	The solution should track and store detailed information regarding all reporting requests, including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
SM050	4591	2	Who requested the information	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
SM051	4592	2	Date of request	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
M052	4593	2	Time of request	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
SM053	4594	2	What data the report included	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
SM054	4595	2	Report storage upon completion	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
SM055	4757	1	The solution should generate a periodic report of upcoming user account terminations on a schedule approved by the Department.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
SM056	4801	1	The solution should maintain a record of all Integrated Eligibility Solution (IES) member information accessed.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161

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SM057	4802	1	The solution should maintain a record, including an audit trail, of all manually entered data queries by user, communications, and report distributions.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
SM058	5275	1	The Vendor should supply, on an annual basis, a report of the results of all security, privacy, and risk assessments, including all tools used, and an action plan detailing the approach for remediation of security risk vulnerabilities. Data and testing results, including reports, should be retained for 10 years per CMS guidelines.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	161
SM059	4228	1	The solution should log manual overrides and report on them at timed intervals determined by the Department.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	162
SM060	4249	1	The solution should create a log of access attempts and generate a monthly user lock out report to the Vendor's security management team and to the Department, upon request.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	162
SM061	4281	1	The solution should have the ability to provide authorized requestors a report containing the security profile for an individual or role.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	162
SM062	4300	1	The solution should monitor, detect, and report impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	162
SM063	4301	1	The Vendor should conduct annual penetration testing of the solution and provide results to the Department within 30 days of completion.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	162
SM064	4303	1	The Vendor should provide all incident reporting to the Department immediately upon discovery per Department guidelines.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	162
SM065	4469	1	The solution should be able to redact information contained in any form, correspondence, or report and save the redacted version as a new file.	Security Management	Will Not Meet	Attachment 8: Technical Specifications Approach	8	162
SM066	4488	1	The solution should allow users to override and change pre-populated information in forms, when appropriate.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	162

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SM067	4524	1	The solution should maintain an inventory and store all system-generated correspondence based on Bureau for Medical Services' (BMS) Retention Policy (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	162
SM068	4722	1	The solution should ensure that data, including hard copy documents, are retained, stored, imaged, archived, and protected from destruction. All data should be available according to Department and federal requirements, and in accordance with the Department's Data Retention Policy (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163
SM069	4723	1	The Vendor should ensure that hard copy documents are retained, stored, imaged, archived, and destroyed in accordance with applicable federal requirements and in accordance with the Department's Data Retention Policy (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163
SM070	4660	1	The solution should prevent certain decisions and fields from having the ability to be overridden by users.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163
M071	4837	1	The Vendor should ensure that information captured via the web portal meets the relevant data management specifications, including, but not limited to, access, inquiry, update, retention, and archival.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163
SM072	4844	1	The solution should have the ability to display and require the user to accept web-site terms of agreement when entering the web portal.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163
SM073	4846	1	The solution should have the ability to establish user access to predefined Department levels including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163
SM074	5016	2	Page level	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163
SM075	5017	2	Field level	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163

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SM076	5018	2	Data element level	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163
SM077	4847	1	The Vendor should provide a public facing website that provides access to a secure portal including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	163
SM078	4848	2	Instructions on how to use the secure site	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM079	4849	2	Site map	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM080	4850	2	Contact information	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM081	4851	1	The solution should have the ability to send users their initial auto-generated password via email and require that they change their password upon their next sign-on.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM082	4856	1	The solution should have the ability to require qualifying information to access system records via the web portal including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM083	5021	2	Provider number	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM084	5022	2	Prior authorization number	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164

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SM085	5023	2	Medicaid ID number	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM086	5024	2	Date of service	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM087	5025	2	Claim number	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM088	4755	1	The solution should allow a system administrator to reset user passwords.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	164
SM089	4756	1	The solution should allow users to change their passwords on demand.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	165
SM090	4852	1	The solution should have the ability to set and adjust password expiration dates.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	165
SM091	5226	1	The solution should have the ability to warn the user that the Caps Lock is on when entering sign-on passwords.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	165
SM092	4231	1	The Vendor should establish an expiration schedule for system component required passwords to minimize system or user disruption.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	165
SM093	4232	1	The solution should store passwords in encrypted form. The Advanced Encryption Standard (AES) 256-bit standard or equivalent should be used. (Reference: https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.197.pdf)	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	165

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SM094	4234	1	The solution should enforce password policies for length, character requirements, and updates for all users as agreed upon by the Department	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	165
SM095	4241	1	The solution should allow self-service password resets.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	165
SM096	4243	1	The solution should send system-generated email notifications of password change events and expiration warnings at Department approved intervals.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	165
SM097	4242	1	The Vendor should deactivate all system access for users immediately upon notification of termination, departure, or reassignment.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	166
SM098	4248	1	The solution should have the ability to lock out a user after a pre-determined number of unsuccessful login attempts.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	166
SM099	4251	1	The solution should automatically suspend all users who have not accessed the solution within a specified period of time as requested by the Department.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	166
SM100	5166	1	The solution should have the ability to close accounts that have been suspended more than a predetermined number of days as requested by the Department.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	166
SM101	4252	1	The solution should have the ability to terminate authorized sessions after predetermined time period of inactivity, as requested by the Department, after a warning message is displayed to the user informing them that the session will terminate in an identified period of time.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	166
SM102	4749	1	The solution should provide three types of controls to maintain the integrity, availability, and confidentiality of protected health information (PHI) data contained within the system. These controls should be in place at all appropriate points of processing as follows:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	166
SM103	4750	2	Preventive Controls: Controls designed to prevent errors and unauthorized events from occurring	Security Management	Will Meet	Attachment 8: Technical	8	166

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						Specifications Approach		
SM104	4751	2	Detective Controls: Controls designed to identify errors and unauthorized transactions that have occurred in the system.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	166
SM105	4752	2	Corrective Controls: Controls designed to ensure that the problems identified by the detective controls are corrected.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	166
SM106	4250	1	Upon login, the solution should inform users of privacy policy, including the logging of users' access attempts to personally identifiable information (PII) and/or protected health information (PHI) and other actions taken within the application that are subject to privacy reporting and disclosure notification, including the legal sanctions imposed for improper disclosure and use to be approved by the Department.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	167
SM107	4295	1	The Vendor should deliver reporting on all unauthorized disclosures of personally identifiable information (PII) and/or protected health information (PHI) immediately upon discovery.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	167
SM108	4296	1	The Vendor should perform data mapping to identify confidential data and Protected Health Information (PHI) contained in the system, the flow of that data through the system, and where that data resides.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	167
SM109	4258	1	The Vendor staff should adhere to all Department security requirements when on-site at Department facilities and as required by the facility's security requirements.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	167
SM110	4262	1	The Vendor should protect the Vendor's data center location(s) against intrusion at all times and maintain a surveillance alarm system that is linked to a manned monitoring center.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	167
SM111	4263	1	The Vendor should provide the Department access to all facilities to conduct announced and unannounced visits of the Vendor's facilities.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	167
SM112	4264	1	The Vendor should maintain a current database of individuals who have access to its facilities and the database should be available for the Department's inspection upon request.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	167

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SM113	3976	1	The solution should have the ability to reassign existing records from one user identifier (ID) to another user ID in the case of fraud, errors, and omissions that affect data integrity and reporting according to the Department's business rules. All reassignment of records should be captured in audit logs.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	167
SM114	4265	1	The solution should audit and track all activity specific to each user including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	168
SM115	4266	2	Invalid login attempts	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	168
SM116	4267	2	Transaction activities	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	168
M117	4268	2	Track adds, changes, and deletes of individual member visit verification data	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	168
SM118	4269	2	Password changes	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	168
SM119	4270	2	Security question and/or Key creation	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	168
SM120	4271	2	Updates to security questions	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	168
SM121	4272	2	User navigation history	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	168

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SM122	4225	1	The Vendor should ensure that its employees and subcontractors complete and maintain required security training and follow State and Department policies regarding security. This should be done, at a minimum, on an annual basis and for all new hires within five (5) business days of being hired (Reference: https://www.wv.gov/Policies/Pages/default.aspx#undefined)	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	169
SM123	4275	1	The solution should collect sufficient detail to produce an immutable audit log of all manual and automated system activity including, but not limited to the following elements:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	169
SM124	4276	2	User Identification	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	169
SM125	4277	2	Machine/Internet Protocol Address Identification	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	169
SM126	4278	2	Time and Date of Action	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	169
SM127	4279	2	Actions Performed	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	169
SM128	4282	1	The solution should record an immutable audit log of security role assignment and revocation activities performed within the solution and changes to security role assignments on servers and in databases.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	169
SM129	4257	1	The Vendor should disable building and system access in real-time for staff upon termination, departure, or reassignment from the project.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	169
SM130	4283	1	The solution should generate audit reports based on a request from authorized requestors at the Department.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	169
SM131	5288	1	The solution should have the ability to control access to member records based on user roles and system credentials.	Security Management	Will Meet	Attachment 8: Technical	8	169

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						Specifications Approach		
SM132	4247	1	The solution should support member-delegated authority including, but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	170
SM133	5161	2	Assistors	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	170
SM134	5162	2	Authorized representatives	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	170
SM135	5295	1	The Vendor should require that all employees accessing sensitive and critical member data successfully pass State and Federal fingerprint-based background checks prior to potential or actual data access. See request for proposal (RFP) Section 3: General Terms and Conditions for more information.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	170
M136	4315	1	The Vendor should conduct information security assessments and audits of the solution to be conducted by the Vendor, by the Department, or by an external entity hired by the Department as directed by the Department.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	170
SM137	4318	1	The Vendor should conduct all security, privacy, and/or risk assessments inclusive of vulnerability scans of the solution and the results of the vulnerability scan should be included with the assessment results.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	170
SM138	3989	1	The Vendor should allow for only Department approved users to enter and/or approve change request activities, per the Change Management Plan.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	170
SM139	5151	1	The solution should comply with the standards and protocols under sections 1104 and 1561 of the Affordable Care Act (ACA). (Reference: https://www.caqh.org/core/operating-rules-mandate) (Reference: https://www.healthit.gov/sites/default/files/rules-regulation/aca-1561-recommendations-final2.pdf)	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	170
SM140	5154	1	The Vendor should follow Federal, State, and Department policies for receipt and removal of hardware and electronic media that contain electronic protected health information according to 45 CFR164.310. (Reference: HTTPs://www.hhs.gov/sites/default/files/patient-protection.pdf)	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	170

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SM141	4754	1	The solution should allow local and central system security administrators to add and change permissions for local and central system access.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	171
SM142	4288	1	The Vendor should maintain the same level of security compliance during any interruption of normal operations as outlined in the RFP Contract Deliverables and applicable federal requirements.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	171
SM143	4289	1	The solution should have the ability to securely access all data in the event of an emergency without any impacts to the confidentiality or integrity of the data.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	171
SM144	4305	1	The Vendor should deliver the system architectural activity and process diagrams that detail security and privacy controls to the Department upon request.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	171
SM145	4307	1	The Vendor should ensure that all Vendor-owned hardware and software are configured securely, including but not limited to:	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	171
SM146	4308	2	Being protected by industry standard virus protection software, which is automatically updated according to a Department-approved schedule.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	171
SM147	4309	2	Having all security patches installed that are relevant to the applicable operating system and all other system software and hardware.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	171
SM148	4310	2	Maintaining compatibility with Department software and systems.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	171
SM149	4311	2	Utilizing only licensed software and hardware solutions that have not been classified as End-of-Life (EOL).	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	171
SM150	4312	1	The Vendor should ensure they are in compliance with the State and Department Information Technology Security and Privacy Policies.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	172

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SM151	4320	1	The Vendor should maintain documentation of encryption keys, interface credentials, and service account credentials, and provide the Department with updated documentation every time an update is made.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	172
SM152	4321	1	The Vendor should provide continuous monitoring of the solution using intrusion detection software (IDS).	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	172
SM153	4322	1	The Vendor should provide reports at intervals as agreed upon by the Bureau from the intrusion detection software (IDS).	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	172
SM154	4323	1	The Vendor should provide continuous monitoring of the solution using industry standard intrusion prevention software (IPS).	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	172
SM155	4324	1	The Vendor should provide reports at intervals agreed upon by the Department from the intrusion prevention software (IPS).	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	172
SM156	4328	1	The solution should have the ability to support non-disclosure of information.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	172
SM157	4429	1	The Vendor's Technical Call Center should have the ability to authenticate the caller/user as required by the Department.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	172
SM158	4313	1	The solution should provide complete logical and physical segregation of electronic visit verification (EVV) data and files from the data and files of other Vendor/Vendor customers.	Security Management	Will Meet	Attachment 8: Technical Specifications Approach	8	172
PM001	3963	1	The solution should have the ability to modify settings through the approved Change Management Plan to configure the business rules engine performing tasks, including, but not limited to:	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	175

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PM002	5036	2	Rule deletion	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	175
PM003	5037	2	Rule modification	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	175
PM004	5038	2	Addition of new rules	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	175
PM005	**5146**	**2**	**Business edits**	**Project Management**	**Will Meet**	**Attachment 9: Implementation Specifications Approach**	**9**	**176**
PM006	5147	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	176
PM007	3979	1	The Vendor should collaborate with the Department to establish the initial roles and level of access and responsibility for each class of user.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	176
PM008	3982	1	The solution and supporting processes should comply with the Centers for Medicare & Medicaid Services (CMS) Seven Conditions and Standards and the most current version of CMS Medicaid Information Technology Architecture (MITA). (Reference: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf)	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	176
PM009	4130	1	The Vendor should conduct an overview with the Department of solution changes that are ready to be moved into the production environment as directed in the Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	176
PM010	4711	1	The Vendor should request authorization in writing from the Department prior to promoting any system changes to the production environment or solution as agreed upon by the department.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	176
PM011	4199	1	The solution should have the ability to allow the modification of edits per the Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation	9	176

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						Specifications Approach		
PM012	4212	1	The Vendor should provide a manual visit verification process that is adaptable to changes in program requirements throughout the contract period as directed by the Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	176
PM013	4083	1	The solution reporting should be configurable so that standard reports and recipients of reports can be changed easily over the life of the contract without additional cost, as defined in the approved Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	176
PM014	4174	1	The Vendor should update the user manual and receive Department approval each time a solution change or upgrade is implemented as directed by the Change Management Plan and within an agreed upon time-frame by the Department.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	177
PM015	4175	1	The Vendor should provide updates to the user manual and have the updated manual available to users no later than thirty (30) days prior to the date a solution change is implemented as directed by the Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	177
M016	3999	1	The Vendor should configure the solution for specific Medicaid waivers/services at no additional cost to the Department, per the Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	177
PM017	5113	1	The solution should have the ability to support data integrity through system controls for software program changes and promotion to production as defined in the approved Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	177
PM018	4676	1	The solution should support workflow development by the vendor based on new processes defined by the Department according to business needs as identified in the Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	177
PM019	4712	1	The solution should have the ability for the Department to control and monitor system change requests as defined in the approved Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	177
PM020	4714	1	The solution should have the ability for the Department to set and change priority levels on individual change requests as defined in the approved Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	177
PM021	4317	1	The Vendor should conduct a security, privacy, and/or risk assessment of any new functionality prior to its deployment to production , the results of which should be delivered to the Department	Project Management	Will Meet	Attachment 9: Implementation	9	177

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			within an agreed upon timeframe by the Department. The Vendor should obtain Department approval for proposed resolutions to all assessment findings prior to deployment to production per the Change Management Plan.			Specifications Approach		
PM022	4116	1	The Vendor should coordinate all testing activities as agreed upon by the Department.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	178
PM023	4117	1	The Vendor should prepare a comprehensive set of test scenarios, within a timeframe as agreed upon by the Department, including but not limited to:	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	178
PM024	5198	2	Applicable test cases	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	178
PM025	5199	2	Expected test results	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	178
M026	5200	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	178
PM027	4118	1	The Vendor should provide the Department and/or its designees access to test cases and test data to facilitate execution of applicable testing cycles.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	178
PM028	4119	1	The Vendor should provide the Department with a fully tested and operations-ready User Acceptance Test environment that is isolated and separate from all other environments.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	178
PM029	4129	1	The Vendor should discuss and finalize with the Department the level of testing required based on the significance of the change as directed in the Change Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	178
PM030	4131	1	The Vendor should provide the Department weekly reports of testing status, including, but not limited to:	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	179

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PM031	5201	2	Metrics on the number of tests completed	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	179
PM032	5202	2	Number of deferred or canceled tests	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	179
PM033	5203	2	Results of the tests executed	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	179
PM034	5204	2	Defects identified by severity level	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	179
PM035	5205	2	Corrective actions taken	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	179
PM036	5206	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	179
PM037	4141	1	The Vendor should conduct Pilot Testing to validate the capacity and processing capabilities of the solution in a tightly controlled production environment.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	179
PM038	4142	1	The Vendor should include a test of actual data processing in a full operational environment, with successful end-to-end solution functionality during Pilot Testing.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	179
PM039	4144	1	The Vendor should provide written test results of the Pilot Testing to the Department within an agreed upon timeframe.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	180
PM040	4145	1	The Vendor should provide the Department official written notification of readiness for full production operations after completion of Pilot Testing.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	180

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PM041	3986	1	The Vendor should work with the Department to develop an interface testing acceptance standard to outline the minimum requirements that must be met prior to allowing external electronic visit verification (EVV) data partners to submit data to the EVV solution.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	180
PM042	3987	1	The Vendor should conduct interface testing with external electronic visit verification (EVV) data partners approved by the Department.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	180
PM043	4785	1	The Vendor should provide testing and training environments that include sufficient, representative data elements that are in the production environment. The Vendor should not invoke or charge the Department for license fees for any of the testing or training environments.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	180
PM044	4786	1	The Vendor should use a User Acceptance Testing (UAT) environment that mirrors all programs in production to allow the Department to conduct testing prior to new software updates and to serve as an ongoing training platform for users.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	180
PM045	4788	1	The Vendor should create, use, and make available to the Department, representative samples for testing edits, business rules, and workflow processing.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	180
PM046	4789	1	The Vendor should create or modify existing data as needed for testing in a test environment, in compliance with federal guidelines. (Reference: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/TestingFramework.pdf)	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	181
PM047	4790	1	The Vendor should maintain a clearly organized test case library that can be accessed by all testers, including Department users, with search capability that is cross-referenced to the code that it tests.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	181
PM048	4836	1	The Vendor should ensure web portal design, development, implementation (DDI) and operations are in accordance with Department and federal regulations and guidelines related to security, accessibility, confidentiality, and auditing. (Reference: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/IS_Policy-.pdf)	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	181
PM049	5227	1	The solution should be developed and implemented in accordance with the project work plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	181
PM050	5244	1	The Vendor should conduct the following types of testing in support of the solution:	Project Management	Will Meet	Attachment 9: Implementation	9	181

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						Specifications Approach		
PM051	5245	2	Unit testing	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	182
PM052	5247	2	Iterative functional testing	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	182
PM053	5248	2	System integration testing (SIT)	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	182
PM054	5249	2	Interface testing	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	182
M055	5250	2	Regression testing	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	182
PM056	5251	2	End-to-end testing	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	182
PM057	5252	2	Security testing	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	182
PM058	5253	2	Performance testing	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	183
PM059	5254	2	Usability/Accessibility testing	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	183
PM060	5255	2	Browser testing	Project Management	Will Meet	Attachment 9: Implementation	9	183

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						Specifications Approach		
PM061	5256	2	User acceptance testing (UAT)	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	183
PM062	5257	2	Data conversion testing	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	183
PM063	5258	2	Operational readiness testing (ORT)	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	183
PM064	5259	2	Other testing as identified by the Department and/or Vendor	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	183
M065	5260	1	The Vendor should be prepared to assist the Department, as necessary, with User acceptance testing (UAT).	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	183
PM066	5261	1	The Vendor should be prepared to conduct User acceptance testing (UAT) in all cases whereby the Department does not elect to conduct UAT.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
PM067	5262	1	The Vendor should complete regression testing subsequent to, but not limited to, the following:	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
PM068	5263	2	Deployment of new solution components	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
PM069	5264	2	Integration of each solution component into the primary solution	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
PM070	5265	2	Every migration of new build versions to each test environment	Project Management	Will Meet	Attachment 9: Implementation	9	184

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						Specifications Approach		
PM071	5266	2	Solution fixes	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
PM072	5267	2	Solution patches	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
PM073	5268	2	Solution releases	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
PM074	5269	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
M075	5270	1	The Vendor should utilize a subset of system integration testing (SIT) scenarios representative of maximum functional and technical solution coverage for the purposes of regression testing.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
PM076	5271	1	The Vendor should obtain approval from the Department on which scenarios should be used for regression testing.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	184
PM077	5272	1	The Vendor should utilize end-to-end test cases in support of regression testing.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	185
PM078	5273	1	The Vendor should perform privacy and security testing on functional, technical, and infrastructure components to ensure the solution meets all State, Department, and Federal privacy and security requirements. (Reference: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/IS_Policy-.pdf)	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	185
PM079	5274	1	The Vendor should propose testing scenarios and/or cases to the Department for their approval.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	185

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PM080	5276	1	The Vendor's performance testing methodology should allow for performance tests to be representative of the expected peak period volumes for solution operation.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	185
PM081	5277	1	The Vendor's performance testing should occur on a production ready version of the solution.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	185
PM082	5278	1	The solution's performance testing environment should mirror the final production solution specifications.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	185
PM083	5279	1	The Vendor should perform usability/ accessibility testing for various types of users, including, but not limited to:	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	185
PM084	5280	2	Internal users	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	186
PM085	5281	2	External users	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	186
PM086	5283	2	Users with limited computer skills	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	186
PM087	5284	2	New user registration	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	186
PM088	5286	2	Users with disabilities	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	186
PM089	5287	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9: Implementation	9	186

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						Specifications Approach		
PM090	4133	1	The Vendor should conduct an Operational Readiness Review (ORR) prior to statewide implementation of the solution.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	186
PM091	4136	1	The Vendor's Operational Readiness Review (ORR) testing should include a volume/stress test of at least 30 calendar days of production-capacity volumes to demonstrate that the solution and Vendor staff members are prepared for full production.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	186
PM092	4138	1	The Vendor should document and propose solutions, and timeframes for corrective actions to all issues, problems, and defects identified through the Operational Readiness Review (ORR).	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	187
PM093	4140	1	The Vendor should prepare and submit to the Department an Operational Readiness Review (ORR) Report that demonstrates that the Vendor and solution are ready to begin operations.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	187
M094	4566	1	The Vendor should correct any report errors identified by the Department or the Vendor and correct the report within an agreed upon timeframe, through additional steps as defined in the Change Management Plan, including, but not limited to:	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	187
PM095	4969	2	Correct the report	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	187
PM096	4970	2	Verify the report	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	187
PM097	4971	2	Distribute or re-distribute the report	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	187
PM098	4972	2	Others actions as defined by the Department	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	187
PM099	4089	1	The Vendor should assist the Department with specialized research and reporting as requested.	Project Management	Will Meet	Attachment 9: Implementation	9	187

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						Specifications Approach		
PM100	4787	1	The Vendor should be able to test edits, business rules, and workflow processing and report on results.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	187
PM101	5171	1	The Vendor should support either the transition of the solution to an entity designated by the Department and/or support the retirement of the solution at the end of the term of the contract, including all contract extensions as defined in the Turnover and Closeout Management Plan.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	188
PM102	4448	1	The Vendor should obtain Department approval of all scripts prior to implementation that will be used in the Technical Call Center.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	188
PM103	4508	1	The Vendor should identify and be responsible for the implementation and integration of all third-party software used in support of the solution.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	188
M104	5228	1	The Vendor should conduct requirements validation and joint application design in support of requirements analysis and solution design activities as agreed upon by the Department.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	188
PM105	5229	1	The Vendor should maintain a requirements traceability matrix (RTM) throughout the lifecycle of the project.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	188
PM106	5230	1	The Vendor should provide all stakeholders identified by the Department access to the requirements traceability matrix (RTM).	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	188
PM107	5231	1	The Vendor should document in the requirements traceability matrix (RTM) where each requirement is accounted for, including, but not limited to:	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	188
PM108	5232	2	Design documentation	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	188
PM109	5233	2	Code modules	Project Management	Will Meet	Attachment 9: Implementation	9	188

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						Specifications Approach		
PM110	5234	2	Test conditions	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	189
PM111	5235	2	Test scenarios	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	189
PM112	5236	2	Test cases	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	189
PM113	5237	2	Certification criteria	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	189
M114	5238	2	Medicaid Information Technology Architecture (MITA) business areas and processes	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	189
PM115	5239	2	Medicaid Information Technology Architecture (MITA) Standards and Conditions	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	189
PM116	5240	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	189
PM117	5241	1	The Vendor should demonstrate through the requirements traceability matrix (RTM) that all documented and approved specifications have been traced throughout the development lifecycle.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	189
PM118	5242	1	The Vendor should work with the Department during joint application design (JAD) sessions to validate the scope, purpose, and implications of each Request for Proposal (RFP) specification.	Project Management	Will Meet	Attachment 9: Implementation Specifications Approach	9	189
PM119	5243	1	The Vendor should identify and work to resolve gaps between the Vendor's and the Department's understanding of a specification(s) during joint application design (JAD) sessions.	Project Management	Will Meet	Attachment 9: Implementation	9	189

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						Specifications Approach		
TN001	3973	1	The Vendor should provide outreach to users to ensure and document their readiness to begin using the solution. The outreach should include all user groups including, but not limited to:	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218
TN002	5176	2	Members or Legal Representative	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218
TN003	5177	2	Direct Care Workers	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218
TN004	5178	2	Provider Agencies	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218
N005	5197	2	The Department	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218
TN006	5179	2	Other as defined by the Department	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218
TN007	3974	1	The Vendor should provide training at the time of registration.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218
TN008	4146	1	The Vendor should collaborate with the Department and the stakeholder community to develop strategies to train members receiving services.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218
TN009	4149	1	The Vendor should provide both web-based and ten (10) state-wide in-person trainings to users prior to the initial implementation of the solution based on a schedule and locations as agreed upon by the Department.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218

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TN010	4152	1	The Vendor should provide written training materials for both in-person and web-based training options.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	218
TN011	4153	1	The Vendor should submit all training materials to the Department for review and approval at least 45 calendar days prior to the date of the first training session.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	219
TN012	4154	1	The Vendor should provide training materials offered in accessible formats consistent with requirements of the Americans with Disabilities Act (ADA) throughout the life of the solution. (Reference: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf)	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	219
TN013	4155	1	The Vendor should provide training materials and training courses that are accessible for users who do not speak, read, or write the English language, upon request by the Department according tohttps://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	219
TN014	4156	1	The Vendor should obtain independent verification of the accuracy of all translations made pursuant to language and accessibility requirements.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	219
TN015	4158	1	The Vendor should provide web-based training available to users throughout the life of the solution.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	219
TN016	4160	1	The Vendor should provide a detailed approach to user training with respect to solution modifications.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	219
TN017	4161	1	The solution should maintain a record of all user training, including the name of the individual trained, the date of training, the specific training completed, and whether the training was in-person or web-based.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	219

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TN018	4162	1	The Vendor's training records should be included in the data available for reporting.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	219
TN019	4168	1	The Vendor should provide a user manual to all users.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	220
TN020	4169	1	The user manual should be subject to Department approval.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	220
TN021	4170	1	The user manual should be available online and in hard copy upon request of the user.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	220
TN022	4171	1	The user manual should be offered in accessible formats consistent with requirements of the Americans with Disabilities Act. (Reference: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf)	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	220
TN023	4172	1	The user manual should be available in at least those languages the Department is required to accommodate, in addition to English, pursuant to 45 Code of Regulations (CFR) Section 80.3(b)(2). (Reference: https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html)	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	220
TN024	5289	1	The solution should support workforce security awareness through such methods including, but not limited to:	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	220
TN025	5290	2	Security reminders (at login or screen access)	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	220
TN026	5291	2	Training reminders	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	220

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TN027	5292	2	Online training capabilities	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	221
TN028	5293	2	Training tracking	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	221
TN029	5294	2	Others as defined by the Department.	Training	Will Meet	Attachment 9: Implementation Specifications Approach	9	221
DR001	4735	1	The solution should provide sufficient transaction logging and database back-up to allow it to be restored. If multiple databases are used for work item routing and program data, restoring the solution should ensure that databases are synchronized to prevent data corruption.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	232
R002	4453	1	The solution should have the ability to perform online backups without interruption to production operations, according to a schedule agreed upon by the Department.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	233
DR003	4737	1	The solution should allow continued use of the system during back-up and perform back-ups during non-peak processing hours, to minimize the impact to operational activities.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	233
DR004	4331	1	The solution should support data freezing.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	233
DR005	4261	1	The Vendor should maintain an operational back-up power supply capable of supporting vital functions.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	233
DR006	4290	1	The Vendor should equip facilities with proper safeguards for fire prevention, fire detection, and fire suppression that are consistent with local fire codes.	Solution Back-up,	Will Meet	Attachment 10: Maintenance and	10	233

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				Disaster Recovery, and Failover		Operations Specifications Approach		
DR007	4291	1	The Vendor should equip fire detection and alarm systems with uninterruptable power supply.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	233
DR008	4293	1	The Vendor should have a remote backup facility at least one hundred (100) miles away from the primary data center.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	233
DR009	4292	1	The Vendor should conduct an annual disaster recovery exercise at a mutually agreed upon time and provide the results to the designated Department staff. Department staff should be invited to be included in these exercises.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	233
R010	5114	1	The Vendor should store all backup copies in a Department-approved backup storage location for a period of time specified by the Department.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	233
OP001	4715	1	The Vendor should track, and provide the Department access to, process metrics and other detail as defined in the approved Change Management Plan, including, but not limited to:	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225
OP002	4716	2	The estimated and actual hours allocated to each change request	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225
OP003	4717	2	Specific personnel assigned to each change request	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225
OP004	4718	2	Scheduled completion date for each change request	Operations	Will Meet	Attachment 10: Maintenance and	10	225

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						Operations Specifications Approach		
OP005	4719	2	Total cost if the maximum allowed hours are exceeded on any approved change request	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225
OP006	4720	2	Any change to current operational costs	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225
OP007	4721	2	A separate total for equipment requirements (if applicable) related to the modification	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225
OP008	5008	2	Others as defined by the Department	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225
OP009	4743	1	The Vendor should assure all production software updates, releases, and patches are evaluated and approved by the Department prior to implementation as defined in the Change Management Plan.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225
OP010	4744	1	The Vendor should send notification to the Department when releases are available to be evaluated as defined in the Change Management Plan.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225
OP011	4745	1	The Vendor should provide the Department with detailed documentation that provides all fixes and functionality for each release.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	225

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OP012	4747	1	The Vendor should maintain version control and provide the Department with current system and user documentation.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP013	3988	1	The Vendor should perform all maintenance and product upgrades for all operational and test environments and hardware at no additional cost so that the system is operating on currently supported version of each product and maintain software and security patches, based on a schedule approved by the Department.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP014	3960	1	The solution should provide the ability for the provider agency to review billing prior to submitting for payment.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP015	5130	1	The solution should provide the ability for the provider agency to review and correct billing errors prior to submission.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP016	3961	1	The solution should provide the Department and provider agencies with reports of unbilled encounters through front-end edits including, but not limited to:	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP017	5131	2	No authorization	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP018	5132	2	Expired authorization	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP019	5133	2	Reasons that prevented claims from filing	Operations	Will Meet	Attachment 10: Maintenance and Operations	10	226

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						Specifications Approach		
OP020	5134	2	Edits made to claims	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP021	5135	2	Others as defined by the Department	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP022	3955	1	The Vendor should provide a report of all daily transactions, including interactions via the call center, available to the Department in a variety of formats, including, but not limited to:	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP023	5100	2	Browser-based	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP024	5101	2	Portable Document Format (PDF)	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP025	5102	2	Excel	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP026	5103	2	Comma-Separated Value (CSV)	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP027	5172	2	Others as defined by the Department	Operations	Will Meet	Attachment 10: Maintenance and Operations	10	226

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						Specifications Approach		
OP028	4522	1	The solution should track metrics for each type of correspondence generated in the solution.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	226
OP029	4526	1	The solution should track the status of notices that are moving through the generation process.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	227
OP030	4528	1	The solution should notify the Department when an undelivered scheduled system-generated correspondence is approaching the predetermined delivery timeframe as agreed upon by the Department.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	227
OP031	4534	1	The solution should have the ability to track when any correspondence or form has been reissued or revised as agreed upon by the Department.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	227
OP032	4902	1	The Vendor should pay and arrange for an annual Statement on Standards for Attestation Engagements, System, and Organization Controls (SOC) 1, Type II audit, using the most current version of the audit, which should cover work performed by the Vendor at the Vendor's facility and data center sites. (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1008_Audit_Mar2019.pdf)	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	227
OP033	4903	1	The Vendor should submit the annual Statement on Standards for Attestation Engagements, System, and Organization Controls (SOC) 1, Type II audit report, using the most current version of the audit, to the Department for approval with an action plan to remediate findings within a timeframe agreed upon by the Vendor and the Department.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	227

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OP034	4253	1	The solution should archive and store user profiles for a period of time agreed upon by the Department.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	227
OP035	5214	1	The Vendor should provide its incident reporting procedures to the Department for review and approval within a timeframe agreed upon by the Department.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	227
OP036	4164	1	The Vendor should detail the performance metrics and targets used to monitor the effectiveness of technical support by phone.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228
OP037	4165	1	The solution should have the ability to provide an immediate response acknowledging all email inquiries and establishing a timeframe for the response.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228
OP038	4166	1	The solution should have the ability to resolve all email inquiries to the Vendor's technical support within one 24 hour business day from initial receipt.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228
OP039	4167	1	The Vendor should document inquiries and provide the Department with routine reports regarding reasons for technical support requests.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228
OP040	4178	1	The Vendor should document any procedural action that occurred as a result of a complaint to the helpdesk and submit this documentation to the Department on an agreed upon schedule.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228
OP041	4447	1	The Vendor's Technical Call Center should provide a toll-free voice messaging system that is compliant with the Americans with Disabilities Act (ADA) and supports limited English proficiency as defined by the Department of Health and Human Services (HHS). (References: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf, https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228

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			proficiency/index.html). The Technical Call Center should function 24 hours per day, 365 days per year, and provides callers information including, but not limited to:					
OP042	4928	2	Hours of operation	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228
OP043	4929	2	Options for leaving messages after hours	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228
OP044	4930	2	Options for leaving messages based on queue hold times and designated intervals as defined by the Department	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228
OP045	4931	2	Recording of informational messages as defined by the Department	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	228
OP046	5107	1	The solution should have the ability to record and report on the performance and utilization of resources within the overall system, including, but not limited to:	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP047	5108	2	Average speed of answer	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP048	5109	2	Interface processing time	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229

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OP049	5110	2	Request time for report generation	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP050	5111	2	Others as defined by the Department	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP051	4500	1	The Vendor should document and maintain technical specifications associated with the solution including, but not limited to:	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP052	4501	2	Complete listing of all software, hardware, and configurations that are required to establish fully functional installations in each of the required environments.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP053	4502	2	Complete specifications for all software, environments, and hardware used to support the solution.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP054	4939	2	Others as defined by the Department	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP055	4504	1	The Vendor should provide the Department with a capacity analysis report for the solution and the hosted environment including, but not limited to:	Operations	Will Meet	Attachment 10: Maintenance and Operations **Specifications Approach**	10	229
OP056	4940	2	Hardware	Operations	Will Meet	Attachment 10: Maintenance and Operations	10	229

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						Specifications Approach		
OP057	4941	2	Environment	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP058	4942	2	Network specifications	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP059	5106	2	Others as defined by the Department	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP060	4661	1	The solution should provide real-time solution performance data.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP061	4663	1	The solution should report on total processing times based on user-defined queries.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP062	4739	1	The solution should write all errors to an error log in a standard format and make it available for Department review upon request.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	229
OP063	4740	1	The solution should allow the Department's administrator to view, filter, sort, and search the error log(s).	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	230

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OP064	4746	1	The Vendor should notify the Department regarding which releases of third-party software (JAVA virtual machine, Internet Explorer, Mozilla, Safari, etc.) are known to create problems with the current version of the Vendor software.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	230
OP065	4773	1	The solution should schedule and support file transfers as requested and agreed upon by the Department.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	230
OP066	3946	1	The solution's data aggregation component should send each provider agency a verified visit report, at least once a calendar day.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	230
P067	3948	1	The solution's data aggregation component should send each provider agency a visit not verified report showing visits that were not verified by the provider agency, at least once each calendar day.	Operations	Will Meet	Attachment 10: Maintenance and Operations Specifications Approach	10	230

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Signed Attachments

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STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Therap Services LLC

Authorized Signature: [signature] Date: JAN 14, 2020

State of Connecticut

County of New Haven, to-wit:

Taken, subscribed, and sworn to before me this 14 day of January, 2020

My Commission expires 2/28, 2020

AFFIX SEAL HERE

NOTARY PUBLIC [signature]

West Virginia Ethics Commission

Disclosure of Interested Parties to Contracts

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of $1 million or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation, but does not include publicly traded companies listed on a national or international stock exchange.

"Interested party" or *"Interested parties"* means:

(1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
(2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
(3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of W. Va. Code § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

West Virginia Ethics Commission

Disclosure of Interested Parties to Contracts

(Required by *W. Va. Code* § 6D-1-2)

Name of Contracting Business Entity: Therap Services LLC **Address:** 562 Watertown Avenue, Waterbury, CT 06708-2240, USA

Name of Authorized Agent: _____ **Address:** _____

Contract Number: 0511 BMS2000000001 **Contract Description:** EVV

Governmental agency awarding contract: State of West Virginia Purchasing Division

☐ **Check here if this is a Supplemental Disclosure**

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below *(attach additional pages if necessary)*:

1. **Subcontractors or other entities performing work or service under the Contract**
   ☑ Check here if none, otherwise list entity/individual names below.

2. **Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)**
   ☐ Check here if none, otherwise list entity/individual names below.

   100% Human Services Technology Investment Group LLC EIN 43-2039823

3. **Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)**
   ☑ Check here if none, otherwise list entity/individual names below.

Signature: _____ Date Signed: Jan. 14, 2020

Notary Verification

State of Connecticut, County of New Haven:

I, Cindy Weitzler, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 14th day of January, 2020.

_____
Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency: _____

Date submitted to Ethics Commission: _____

Governmental agency submitting Disclosure: _____

Revised June 8, 2018

Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Request for Proposal
34 — Service - Prof

Proc Folder: 623121

Doc Description: Addendum #7 Electronic Visit Verification(EVV) RFP

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-03-06	2020-03-12 13:30:00	CRFP 0511 BMS2000000001	8

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Name, Address and Telephone Number:

Vendor Name: Therap Services LLC
Address: 562 Watertown Avenue, Waterbury, CT 06708-2240, USA
Telephone Number: 1-203-596-7553

FOR INFORMATION CONTACT THE BUYER

Brittany E Ingraham
(304) 558-0067
brittany.e.ingraham@wv.gov

Signature X [signature] FEIN # 06-1695356 DATE 3/8/2020

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION:

Addendum No. 7 is issued to:

1. Provide Agency response to additional Vendor question.

Bid opening remains 3/12/2020 at 1:30 PM ET.

No other changes.

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Implementation-Payment Milestones	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Implementation-Payment Milestones (DDI)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Implementation-Project Management Recurring	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Implementation-Project Management Recurring (DDI)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Implementation-Training and Meeting	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :
Implementation-Training and Meeting(DDI)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Base Year One Operations (6 months)	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :
Base Year One Operations (6 months)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Base Year One Operations (6 months) Additional Services	2000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Base Year One Operations (6 months) Additional Services
from 07/01/2020-12/31/2020

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Base Year Two Operations	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Base Year Two Operations

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Base Year Two Operations Additional Services	4000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Base Year Two Operations Additional Services
from 01/01/2021-12/31/2021

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Base Year Three Operations	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Base Year Three Operations

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Base Year Three Operations Additional Services	4000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Base Year Three Operations Additional Services
from 01/01/2022-12/31/2022

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Base Year Four Operations	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :
Base Year Four Operations

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Base Year Four Operations Additional Services	4000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :
Base Year Four Operations Additional Services
from 01/01/2023-12/31/2023

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Base Year Five Operations	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :
Base Year Five Operations

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
13	Base Year Five Operations Additional Services	4000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Base Year Four Operations Additional Services
from 01/01/2024-12/31/2024

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
14	Optional Renewal Year One Operations	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Optional Renewal Year One Operations

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
15	Optional Renewal Year One Operations-Additional Services	4000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Optional Renewal Year One Operations-Additional Services
from 01/01/2025-12/31/2025

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
16	Optional Renewal Year Two Operations	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Optional Renewal Year Two Operations

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
17	Optional Renewal Year Two Operations-Additional Services	4000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Optional Renewal Year One Operations-Additional Services
from 01/01/2026-12/31/2026

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
18	Optional Renewal Year Three Operations	0.00000			

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Optional Renewal Year Three Operations

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
19	Optional Renewal Year Three Operations-Additional Services	4000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description :

Optional Renewal Year One Operations-Additional Services from 01/01/2027-12/31/2027

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Prebid Meeting	2019-12-16
2	Questions Due	2019-12-23