



MAXIM HEALTHCARE SERVICES, INC.

California Health and Human Services Agency – RFI
#32236 Case Management, Information, and
Payrolling System (CMIPS) Electronic Visit Verification
Due by: December 13, 2017 – 3:00 P.M.



Submitted by:

Matt Diaz
Director of Business Development
151 N. Sunrise Avenue, Suite 905
Roseville, California. 95661
Maxim Healthcare Services, Inc.
Phone: 443-860-5523
E-mail: madiaz@maxhealth.com

Submitted to:

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

TABLE OF CONTENTS

8. RFI FORMAT & SUBMISSION	5
1. COVER LETTER	5
PHASE ONE:	5
PHASE TWO (BY 2023):	5
2. NARRATIVE.....	6
A. VENDOR’S PRIMARY BUSINESS FOCUS, AREAS OF EXPERTISE, CERTIFICATIONS, CREDENTIALS RELEVANT TO THE CONTENT OF THIS RFI AND EXPERIENCE WITH SIMILAR SYSTEMS.....	6
INDUSTRY LEADER OF COMPLIANCE AND ETHICS	7
ACHC ACCREDITATION	7
B. VENDOR’S EXPERIENCE DOING BUSINESS WITH THE STATE OF CALIFORNIA.....	8
3. ANY ADDITIONAL RECOMMENDATIONS THAT THE VENDOR DETERMINES ARE RELEVANT TO EVV.	9
ATTACHMENT A – CMIPS RFI #32236 QUESTIONS	10
1. DESCRIBE HOW YOUR COMPANY DELIVERS THIS TYPE OF ELECTRONIC VERIFICATION SOLUTION OR SERVICE IN SIMILAR MEDICARE AND MEDICAID SETTINGS, OR OTHER SIMILAR HEALTH CARE SETTINGS FOR CONSUMER DIRECTED PERSONAL CARE AND/OR HOME CARE SERVICE DELIVERY.	10
INCLUDE A DESCRIPTION OF THE POPULATION CHARACTERISTICS OF INDIVIDUALS CURRENTLY SERVED BY YOUR SYSTEM(S) AND INCLUDE THE NUMBER OF MEMBERS.....	10
2. PROVIDE A DETAILED DESCRIPTION OF THE EVV SYSTEM:.....	11
A. FUNCTIONALITY OF THE SYSTEM INCLUDING THE DEVICES, METHODS OF DATA COLLECTION, TECHNOLOGY AND INFRASTRUCTURE REQUIREMENTS FOR BOTH INDIVIDUALS RECEIVING SERVICES (RECIPIENTS) AND SERVICE PROVIDERS (PROVIDERS), (E.G., LAND-LINE TELEPHONES, CELL PHONES, IN-HOME FIXED DEVICE, TABLET, INTERNET, GPS).	11
B. DESCRIBE HOW YOUR EVV SOLUTION COULD MEET CHALLENGES INHERENT TO CALIFORNIA. INCLUDE CHALLENGES SPECIFIC TO THE LARGE VOLUME OF RECIPIENTS AND PROVIDERS AND HOW TO ADDRESS THE FACT THAT APPROXIMATELY HALF OF IHSS AND WPCS PROVIDERS ARE FAMILY MEMBERS AND/OR LIVE IN THE HOUSEHOLD WITH THE RECIPIENT.	14
C. SECURITY FEATURES OF THE SYSTEM THAT CONFIRMS THE IDENTITY OF BOTH THE PROVIDERS AND RECIPIENTS AND HOW THAT DATA IS KEPT SECURE.	15
D. DATA COLLECTION, INCLUDING INFORMATION IDENTIFIED IN THIS RFI SECTION 5 PROPOSED ENVIRONMENT.	15
E. FEATURES THAT ADDRESS THE REQUIREMENT THAT ALLOWS PROVIDERS TO MODIFY OR “FIX” INFORMATION (I.E., IF THEY FORGET TO CHECK IN/OUT).	16
F. FEATURES THAT CONFORM TO THE CONCEPT OF BEING MINIMALLY BURDENSOME.....	16

G. FEATURES OF THE SYSTEM THAT CONFORM TO THE AMERICANS WITH DISABILITIES ACT (ADA) AND ADDRESS NEEDS OF SPECIAL POPULATIONS OF PROVIDERS AND RECIPIENTS, SUCH AS DEVELOPMENTAL DISABILITIES AND VISUAL/HEARING DISABLED..... 17

H. FEATURES OF THE SYSTEM THAT ADDRESS THE NEEDS OF SPECIAL POPULATIONS THAT CANNOT BE NEAR ELECTRONIC DEVICES. 17

I. FEATURES OF THE SYSTEM THAT ADDRESS THE PROVISION OF EVV IN RURAL AREAS WHERE TECHNOLOGY INFRASTRUCTURE MAY BE LIMITED OR UNAVAILABLE..... 18

J. ADDITIONAL FEATURES THE SYSTEM OFFERS OUTSIDE OF EVV..... 18

K. SERVICE LEVEL METRICS INCLUDING SYSTEM AVAILABILITY AND SYSTEM CAPACITY. 18

L. CONTINGENCY PLANS FOR SYSTEM OUTAGES OR UNAVAILABILITY..... 18

M. FLEXIBILITY OF THE SYSTEM TO IMPLEMENT CHANGES AND HOW QUICKLY CHANGES CAN BE MADE. DESCRIBE HOW THE SYSTEM HAS BUILT IN FLEXIBILITY SUCH AS THE ABILITY TO MEET BUSINESS NEEDS OR MAKE CHANGES THROUGH SIMPLE CONFIGURATION SET UP AND/OR CONFIGURATION CHANGES. 19

O. TYPICAL ACCOUNT SET UP TIME AND CHECK IN/OUT TIME FOR PROVIDERS AND RECIPIENTS..... 20

FEEDBACK AND COMMENTS 23

AGENCY FEEDBACK 24

PROVIDER FEEDBACK..... 24

8. DESCRIBE THE RESPONSE TO YOUR EVV FROM A WIDE RANGE OF RECIPIENTS AND PROVIDERS WITH A WIDE RANGE OF DISABILITIES INCLUDING BLIND AND DEAF AND/OR LOW LITERACY LEVELS..... 24

9. DISCUSS ONGOING MAINTENANCE OF EVV SYSTEMS..... 24

10. DESCRIBE IF/HOW THE EVV SOLUTION CAN LEVERAGE THE CURRENT IHSS PORTAL WITH THE ETS FEATURE AND THE PROS AND CONS OF DOING SO..... 25

11. DESCRIBE HOW AN EVV SOLUTION CAN BE EFFECTIVELY IMPLEMENTED FOR BOTH THE INDIVIDUAL PROVIDER AND AGENCY PROVIDER EMPLOYMENT MODELS. 25

12. DESCRIBE YOUR BUSINESS MODEL (E.G., SOFTWARE AS A SERVICE, COMMERCIAL OFF-THE-SHELF, MODIFIED OFF-THE-SHELF, CUSTOM BUILT, TRANSACTIONAL)..... 26

13. DESCRIBE THE COSTS AND FEE STRUCTURE OF EVV SOLUTION(S) FOR CUSTOMERS WITH REQUIREMENTS COMPARABLE TO THE IHSS, WPCS, AND OTHER HCBS WAIVER PROGRAMS. DIFFERENTIATE BETWEEN INDIVIDUAL PROVIDER AND AGENCY PROVIDER EMPLOYMENT MODELS. IDENTIFY BOTH ONE-TIME AND ON-GOING COSTS. DESCRIBE HOW THE COST MODEL WOULD SCALE UP TO ACCOMMODATE THE LARGE NUMBER OF IHSS AND WPCS PROVIDERS. 26

14. DESCRIBE HOW THE EVV SOLUTION FOR PERSONAL CARE SERVICE THAT MUST BE IMPLEMENTED IN 2019 COULD BE EXPANDED TO ACCOMMODATE THE 21ST CENTURY CURES ACT HOME HEALTH CARE SERVICE EVV REQUIREMENT BY JANUARY 1, 2023. 28

15. DESCRIBE THE DIFFERENT MEANS OF COMMUNICATION (E.G., NOTIFICATIONS) THE SYSTEM IS CAPABLE OF PRODUCING SUCH AS LETTERS, E-MAIL, TEXT, AND PHONE IN

MULTIPLE LANGUAGE FORMATS FOR VISUALLY AND HEARING DISABLED INCLUDING LARGE FONT, BRAILLE, AND AUDIO TEXT.28

16. DESCRIBE HOW YOUR SYSTEM IS KEPT CURRENT AND HOW IT KEEPS UP WITH TECHNOLOGY CHANGES.28

8. RFI FORMAT & SUBMISSION

1. Cover Letter

December 6, 2017

Mr. Albert De Leòn , Acquisitions & Contracting Services Division
Office of Systems Integration
Subject: Maxim Health Systems Response: RFI #32236 CMIPS EVV

Dear Mr. Leòn,

Maxim Healthcare Services Inc. (Maxim) is pleased to submit the enclosed proposal in response to RFI #32236 Case Management, Information and Payrolling System (CMIPS) Electronic Visit Verification (EVV).

We affirm our ability to meet all proposed criteria set forth in RFI #32236. Maxim proposes the use of our EVV system, MaximCare Mobile, to support the following program options in a phased approach as set forth in the RFI:

Phase One:

- ◆ **Option 1:** Leverage IHSS Portal for Individual Provider Model
- ◆ **Option 3:** Agency Provider model
- ◆ **Option 5:** Leverage Solution for Home Healthcare

Phase Two (by 2023):

- ◆ **Option 2:** Replace all Timesheet Processes for the Individual Provider Model
- ◆ **Option 5:** Leverage Solution for Home Healthcare

MaximCare Mobile, our proposed EVV, was developed by Maxim to support our providers. As one of the State's largest and most respected providers of home health and personal care services, Maxim feels confident that our solution will drive agency efficiencies. This significant provider experience, coupled with our understanding of the implementation process for these kinds of programs make us confident that we are uniquely positioned to support the State's program initiative.

As a provider with over fifteen years' experience providing a wide variety of services to the State, Maxim is familiar with the State's healthcare marketplace, and is able to anticipate common barriers to care that may arise.

Mr. Matthew Diaz, Director of Business Development, will serve as Maxim's representative to the State during the RFI process, and will be able to address any further questions or requests for clarification/additional information that may arise. The State may contact Mr. Diaz at any time:

Mr. Matthew Diaz, Director of Business Development

Maxim Healthcare Services

Office: 443-860-5523

Cell: 916-220-6288

Email: madiaz@maxhealth.com

Maxim feels confident that the enclosed responses to the RFI appropriately outline our ability to support the State's program. We appreciate the opportunity to participate in the RFI process, and we look forward to a continued relationship with the State.

Sincerely,

Bryant Moshang, Regional Financial Controller

Maxim Healthcare Services

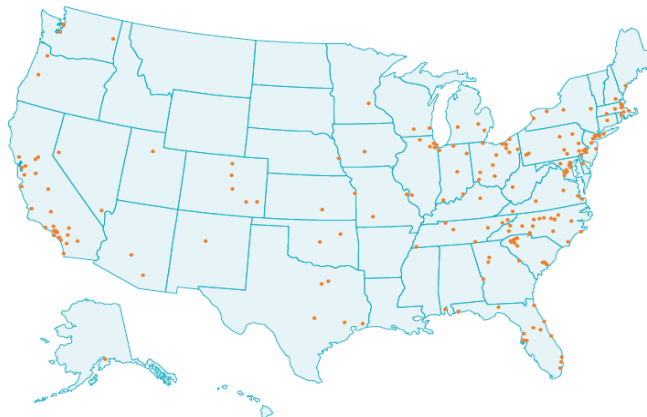
(410) 910-1553 | bryant@maxhealth.com

2. Narrative

A. Vendor's primary business focus, areas of expertise, certifications, credentials relevant to the content of this RFI and experience with similar systems

PRIMARY BUSINESS FOCUS

Maxim Healthcare Services, Inc. is a patient-centered organization providing home healthcare, healthcare staffing, and wellness services across the United States. Our focus on our patients and our healthcare professionals make Maxim one of the most dependable and service-oriented healthcare companies in the industry. Our commitment to collaborating with our customers to design innovative solutions to solve complex healthcare challenges differentiates us amongst our competitors.



Established in 1988 with a focus on addressing the nursing shortage through the recruitment and staffing of nurses to healthcare organizations, Maxim has evolved along with the healthcare industry over the past two decades.

Today we work with our customers to develop and deliver solutions centered upon highly effective healthcare delivery, clinical excellence and outstanding patient and caregiver experience. Maxim is committed to developing plans that uphold the highest level of compliance, while simultaneously reducing fraud, waste, and abuse.

Our strong understanding of the healthcare marketplace, our three decades of experience, and our expertise in delivering quality solutions enables Maxim to service nearly every sector of the healthcare industry.

AREA OF EXPERTISE

Maxim's key service delivery areas are as follows:

MaximCare Mobile: Maxim has leveraged our 30 years of experience as a direct provider of care to develop our proprietary EVV application, MaximCare Mobile (MCM).

We developed MaximCare Mobile based on the assessed needs of our providers, and it is now the tool exclusively used by our providers to document their patient visits. Through MCM, we have experience managing a mobile application, clinical processes, and claims/billing/payroll processes as the end-to-end solution. With recent EMR implementation, we have implemented change management for over 180 offices nationally, transitioning them from legacy applications to the latest EMR system, and have managed all corresponding training and program implementations.

Specifically, Maxim is experienced in providing direct care in the following key service areas:

Maxim Health Information Services: This service line offers a new direction for Health Information Management (HIM) and Clinical Documentation Improvement (CDI). Our extensive coding and auditing services position us as a leader in the industry, and our CDI solutions provide support for healthcare facilities nationwide.

Homecare: Maxim has more than 20 years' experience providing **skilled medical care** and **non-medical services** ("Personal Care") for adults, seniors, and children.

Nurse Staffing: To supplement the staffing needs of healthcare facilities and corporate partners nationwide, Maxim is able to offer per diem, contract, temp-to-hire, and direct hire options for the following medical professional specialties:

- ◆ RNs
- ◆ LPNs
- ◆ LVNs
- ◆ CNA

Allied Health Staffing: Through this service line, Maxim staffs healthcare professionals in a range of allied health specialties, including but not limited to:

- ◆ Pharmacy
- ◆ Therapy
- ◆ Laboratory
- ◆ Radiology/Imaging
- ◆ Behavioral/Mental Health

Physician Staffing: Maxim specializes in staffing locum tenens physicians, advanced practice nurses, and physician assistants in private practices, outpatient clinics, hospitals, government facilities, universities, etc. nationally.

Orbis Clinical: Through Orbis, Maxim provides highly specialized drug safety, risk management, regulatory affairs, and quality assurance consulting services to companies in the pharmaceutical and biotechnology industries.

CERTIFICATIONS/CREDENTIALS

MaximCare Mobile has recently received the certification from State of Ohio as an alternate EVV system. MaximCare Mobile has to go through a rigorous testing and validation process with state of OH to be certified as an alternative EVV system. MaximCare Mobile is successfully integrated with Maxim's own EMR system, a nationally recognized patient management software for long term care and hospice.

Industry Leader of Compliance and Ethics

In 2016, Maxim's Compliance Department received recognition from the Health Ethics Trust (HET), a division of the Council of Ethical Organizations. HET awarded Maxim the Best Practice Awards for Legal Billing Analysis in 2016. In 2015, Maxim was recognized for Best Practices in Compliance Issues Management, Claims Testing Processes, and Field Auditing and Monitoring Processes, and were recognized for Compliance and Ethics Education and Training in 2014. These awards serve to showcase every area of Maxim's comprehensive Compliance and Ethics program, and cement Maxim as a leader in compliance and ethics in the healthcare industry.

ACHC Accreditation

Maxim's homecare services are accredited by the Accreditation Commission for Health Care, Inc. A symbol of quality since 1986, the ACHC is a not-for-profit corporation offering accreditation programs for home health, home medical equipment, home infusion, hospice and other homecare services. This distinction demonstrates Maxim's compliance with industry standards and healthcare requirements

EXPERIENCE WITH SIMILAR SYSTEMS

Maxim built and developed MaximCare Mobile internally as a response to the demonstrated needs of our providers with the intent to effectively streamline processes and enhance both the patient and provider experience. As previously mentioned, MCM is certified as an alternate EVV system in Ohio, and we are planning to integrate/utilize as our EVV solution in Florida, New Jersey, and Pennsylvania.

B. Vendor's experience doing business with the State of California

Maxim has been a provider of choice for a number of State of California entities for over 15 years, including:

- ◆ **San Diego County**
 - Maxim provides Hepatitis A vaccinations to the homeless populations in the county. We also provide nursing services to staff clinics and administer vaccines.
- ◆ **Aging and Independent Services**
 - Maxim provides housekeeping and personal care services for seniors in San Diego County.
- ◆ **San Diego County - Child Welfare Services**
 - Maxim provides respite care services for all foster children and parents throughout San Diego County
- ◆ **In-Home Respite – CA Regional Centers**
 - **Maxim works with over 18 CA Regional Centers to provide In-Home Respite services both as an agency respite provider and as an employer of record (EOR). Currently Maxim provides in-home respite services to over 8,000 consumers through 6,300 providers.**
- ◆ **Care Transitions**
- ◆ **San Diego County Pharmacy – Temporary Staffing**
- ◆ **Medi-Cal**
 - Maxim is the largest Private Duty Nurse (PDN) provider in the State of California for Medi-Cal recipients under EPSDT and HCBA waiver programs.
- ◆ **Flu/Vaccination Services**
 - In 2009-2010 Maxim has provided comprehensive Flu/H1N1 vaccination services to the State of California for over a decade.

3. Any additional recommendations that the vendor determines are relevant to EVV.

As previously mentioned, Maxim has extensive experience both as a provider of care to the State of California, and in the successful integration and implementation of EVV in State's with varying needs, complexities, and goals.

Based on this experience and our understanding of the State's goals, Maxim proposes an "open vendor model" EVV system to the State that effectively combines **Option 1: Leverage IHSS Portal for Individual Provider Model** and **Option 3: Agency Provider Model**. Maxim feels that this model would meet all of the State's needs, and allow for greater flexibility and scalability as a program.

This model would allow for the State to select a vendor to provide EVV solutions, while simultaneously allowing all providers and MCOs with an existing system to maintain that process, thus eliminating any disruptions to service delivery. Providers who do not currently have an EVV in place can select the system that best suits their individual needs.

This model allows the State to establish the technology requirements, configuration, rules, and policies regarding the program. Through this model, the State will purchase an EVV system on behalf of and at no cost to their providers without an existing EVV system in place. States may then elect to "open the model" to third party EVV systems.

Once a visit is completed in the Open Model, a vendor neutral system takes in data from all EVV systems and applies standardized business rules to ensure the visits are properly verified and ultimately paid, generates alerts as needed, and provides comprehensive program oversight, regardless of the EVV system used.

OPEN MODEL BENEFITS

- ◆ All EVV systems must meet specific minimum technology standards
- ◆ Some system costs may be shared with providers and MCOs that maintain their own systems
- ◆ Impact to provider and MCO systems is minimal, especially when all MCOs use the state-sponsored system
- ◆ State achieves higher level of EVV compliance
- ◆ State can measure utilization through policy, and can add incentives/penalties as needed
- ◆ High level of care coordination is achieved through data aggregation, resulting in improved health outcomes for beneficiaries.
- ◆ Aggregated data allows alerts to be triggered to state or MCO managers for late/missed visits, additional beneficiary needs
- ◆ Higher savings and return on investment (expected) as compared to the unfunded mandate

ATTACHMENT A – CMIPS RFI #32236 QUESTIONS

1. Describe how your company delivers this type of electronic verification solution or service in similar Medicare and Medicaid settings, or other similar health care settings for consumer directed personal care and/or home care service delivery.

Include a description of the population characteristics of individuals currently served by your system(s) and include the number of members.

In 2016, Maxim Healthcare Services (Maxim) introduced the MaximCare Mobile app and its EVV extension to give our providers a functional tool based on their needs after extensive research and practices with other technology options. Maxim has built this solution based on its decades of experience in providing service to Medicaid and Medicare recipients, its in-depth knowledge on clinical quality management and its strength in compliance. At this moment, MaximCare Mobile and its EVV solution has been implemented across most of Maxim's 200 Offices and been used on daily basis with thousands of caregivers.

Since implementation, Maxim has noted the following MCM benefits:

- ◆ **Customizable Solutions:** Maxim is able to offer a highly flexible, scalable solution to our customers that can be modified based on their needs and expectations
- ◆ **Enhanced Efficiencies and Reduction in Administrative Burden** through the reduction of the number of paper timecards and manual entry to the EMR system
- ◆ **Accuracy of Data Capturing at the Point of Service** through the visit capture data that occurs during the visit
- ◆ **Improved Patient/Provider Experience**
- ◆ **Increased Timeliness of Submission of Timecards/Reduction in Late Timecards**
- ◆ **Greater Accuracy in Billing**
- ◆ **No Subcontractors** – all work associated with MCM is performed in-house by Maxim, without the need of subcontracted work, which ensures the quality of development and integration, and speed of implementation and delivery.

Maxim is one of the nation's leading Homecare and Personal Care providers, with a patient and provider population that covers 44 states. We work with hundreds of different payers, including state Medicaid systems, insurance companies of all sizes, and private pay settings.

Over 20,100 providers utilize Maxim's Electronic Medical Record (EMR) nationally. These providers support our skilled and unskilled services to over 30,000 active patients nationally.

During the week of November 25, 2017, more than 2,600 providers used MCM to schedule upwards of 8,500 shifts.

This consumer population includes adult and pediatric personal care service patients who need assistance with ADL's and iADL's. Maxim participates in both consumer directed programs as the employer of record and as an agency provider of personal care services. These patients typically have intellectual and developmental disabilities, and receive support through various state funded programs to keep them safe and socially integrated in the community. Maxim caregivers traditionally perform the following tasks:

- ◆ Bathing assistance
- ◆ Ambulation assistance
- ◆ Light Housekeeping
- ◆ Supervision
- ◆ Companionship
- ◆ Dressing
- ◆ Transportation to Appointments
- ◆ Medication Reminders
- ◆ Meal Preparation

POPULATION CHARACTERISTICS

Maxim’s consumer population includes respite recipients who receive services through CA Regional Centers and skilled home health services through the Medicaid state plan. The respite population includes adults and children who have developmental disabilities and are candidates to receive personal care services from other state programs.

The Home Health consumer population includes medically fragile pediatric and adult patients whom are typically dependent on others for all their health care needs and in some cases technology dependent for life sustainment. Maxim’s clinical staff collaborates with the primary care physician to determine the appropriate plan of care for the consumer and works with the consumer or their primary caregiver to render these medically necessary services.

Currently Maxim provides in-home respite services to 4,088 consumers through California Regional Centers, and provides skilled home health services to an additional 1,000 patients enrolled in the following CA programs:

- ◆ In-Home Respite (DDS – CA Regional Centers)
- ◆ Medi-Cal EPSDT
- ◆ CA Children’s Services (CCS)
- ◆ Home and Community Based Alternatives Waiver (HCBA)
- ◆ NF/AH Waiver
- ◆ IHO Waiver

2. Provide a detailed description of the EVV System:

a. Functionality of the system including the devices, methods of data collection, technology and infrastructure requirements for both individuals receiving services (Recipients) and service providers (providers), (e.g., land-line telephones, cell phones, in-home fixed device, tablet, internet, GPS).

FUNCTIONALITY OF THE SYSTEM

Developed by Maxim, MCM is the tool that our providers use on a daily basis. This application provides visit management and verification functionality in a simple, easy-to-use mobile platform. The app works on iOS and Android devices, and is available as a free download on the Apple Store and Android Marketplace.

The app was designed and developed based on industrial best practices and leveraging state-of-art loosely coupled architecture. This design provides flexibility to configure multiple service delivery models. It also complies with the 21st Century Cures Act, and offers seamless integration with provider systems and a user-friendly, self-explanatory GUI.

The app captures all pertinent visit data, including:

- ◆ **Visit Start Time**
- ◆ **Visit End Time**
- ◆ **Services Performed During Visit**
- ◆ **Patient and Provider Electronic Signatures**
- ◆ **GPS Locations at various data collection points**
- ◆ **Rejection Reasons**
 - (if the patient refuses to sign after the visit is completed)

The Visit data is synchronized to a centralized processing system and will be later used for billing, claim submission and payroll.

DEVICES SUPPORTED

Cell Phones and Tablets

The MaximCare Mobile app is compatible with iPhones, iPads, and Android devices. The device can be a smart phone or tablet to use the app and an internet connection or cellular signal is required to log into the app and perform the visit electronically. The MaximCare Mobile app maximizes cost-efficiency and manageability by leveraging a “Bring Your Own Device” approach. Allowing the caregiver to utilize their own smartphone eliminates the cost of purchasing and managing devices by the payer.

- ◆ The app allows for timestamp capture at the **Visit Start** and **Visit End**, and it logs **Services** or Type of **Tasks Performed** during the visit.
- ◆ **The Tasks to be Performed** on the visit can be retrieved from the patient’s Plan of Care - if the Plan of Care exists in the originating EMR system.
- ◆ The app allows us for a full capture of all necessary visit data electronically, using a secure channel to the Maxim server.

In-Home Fixed Tablet Devices

While intended to work on portable mobile devices, the app can be loaded and used on in-home fixed devices. The device needs to meet the basic requirements of the minimum Operating System (OS) versions for the app = iOS 9.2 (or higher), and Android 5.0 (or higher).

As with the mobile version, the in-home device must have an internet or cellular signal to send and receive visit data.

Landline Telephone

For those patients and/or providers that do not have access to smart phones or tablets, Maxim also utilizes a Telephony service. This service captures visit data via a landline telephone at the patient’s resident.

Method of Data Collection

The MaximCare Mobile app electronically captures all of the visit information listed below, and sends it to a centralized processing system for storage in our Microsoft Azure-hosted Database farm. This data is stored and managed in a relational DB schema, and is directly available for real-time integration with provider and Agency systems.

Visit data captured and stored for reporting and integration is inclusive of the following key metrics:

- ◆ **Service(s) Performed:** Types of service(s) performed during the visit are recorded, including the details about the tasks performed per the patient's Plan of Care (POC).
- ◆ **Date and Time of Visit:** The app captures the date of the visit with precision to HH: MM:SS..
- ◆ **Date and Time Exceptions** – The app has flexibility to capture updated check in/check out times in case there are any exceptions.
- ◆ **Location of Service Delivery:** The app captures place of service information using GPS coordinates. Logic within the app identifies any discrepancies between the service location and the patient address. These discrepancies are logged as exceptions, and are reviewed in reports to check for frequency patterns.
- ◆ **Service Provider:** The provider must log into the app with their credentials to begin the visit. The app will allow them to continue with the scheduled or unscheduled visit only after a successful login.
- ◆ **Patient Review and Response:** The app provides a review summary screen at the end of the visit. This is where the patient has the capability to review and accept or reject the information captured during the Visit. The patient can also select a Rejection Reason to submit with the visit if they decide to reject the visit information. The patient will also apply their e-signature at this point to validate the visit.
- ◆ **Provider Signature:** After all visit information has been captured, the provider will capture their e-signature to the visit. This finalizes the shift documentation for the visit.

For Providers, a mobile device with data connection will be needed to support the MaximCare Mobile. The mobile device can be either iOS or Android device. The data connection will be used for location management and data submission.

For Agencies, a technology platform is available for integration leverage API technology so Agency's EMR system can leverage the integration platform for patient/provider synchronization and management.

GPS & GeoFencing Technology

The app can capture GPS location at various visit checkpoints, including but not limited to,

- ◆ **Start of Care (Visit Start)**
- ◆ **End of Care (Visit End)**

The App can also utilize Geo-fencing technology to ensure that the visit takes place within a specific distance of the patient's designated service location. If the app has a cellular and/or internet signal available, visit details are uploaded to the server at the same checkpoints.

b. Describe how your EVV solution could meet challenges inherent to California. Include challenges specific to the large volume of Recipients and providers and how to address the fact that approximately half of IHSS and WPCS providers are family members and/or live in the household with the Recipient.

With such a large and diverse patient/provider population, the EVV solution for California must be flexible enough to meet the unique and individual and program needs of each patient, while also being robust enough to apply the necessary business rules. The solution must also be scalable for individual providers, and for agency providers of all sizes and with different levels of technology capabilities.

As a nationally respected healthcare provider, Maxim is able to help other providers maximize efficiency while providing payers the assurance of accurate shift times. The benefits allow for easier provider adoption.

The MaximCare Mobile app and the Maxim EVV solution are currently functioning with the Maxim EMR to provide end-to-end (E2E) management of a large volume of visits for a sizeable patient population, and the associated payroll management for the provider population.

The Maxim EVV solution meets all of these requirements with the following features and options:

- ◆ Logic to sync with a patient's Plan of Care requirements in EMR systems.
- ◆ E2E visit data capture, including GPS results, e-signatures and patient Approval/Rejection features.
- ◆ Various platforms to record and transmit visit data, including mobile, in-home, landline and paper options.
- ◆ Compliant with the 21st Century Cures Act.
- ◆ Ability to integrate fully with existing EMR systems of other agencies
- ◆ Ability to create integration communications with new EMR systems of other agencies.
- ◆ Ability to fully integrate with CMIPS and other IHSS systems.

The Maxim EVV solution provides a stable network with high availability. As previously stated, this provides alternative ways to meet the required electronic visit documentation using the MaximCare Mobile app, web portal, and landline telephones (Telephony).

The following features are some of the benefits of the Maxim EVV solution:

- ◆ Ease of use.
- ◆ Providers with smart phones and tablets can use their own devices.
- ◆ Minimizes administrative work, fraud and waste.
- ◆ Saves time and stress.
- ◆ GPS verification of services meets the Federal Cures Act requirements.
- ◆ Eliminates need for manual data entry.
- ◆ Accessible from any location via a smart device with internet or cellular connection.
- ◆ Reduces errors and overlaps, minimizing staff time for corrections.
- ◆ More accurate data than manual time sheets.
- ◆ Direct integration into CMIPS system daily, allowing the billing providers to continue to bill without any changes to their current process

PREVENTION OF FRAUD & ABUSE

The most commonly assessed challenge for environments when a provider is a recipient's family member and/or lives in the same home as the recipient is that of abuse/fraud.

As a nationally recognized home healthcare provider, Maxim recognizes the serious impact that abuse and fraud can have on the integrity of our program, as well on the quality of care being provided to our patients, and as such we developed MaximCare Mobile to specifically safeguard against such issues by including the following components:

- ◆ Unique Provider Log-In Credentials & User Codes
- ◆ Geo Location/GPS Verification of Services
- ◆ E-Signatures (Patient & Provider)
 - All signatures from both the patient and the provider are timestamped and tagged accordingly
 - Digital images of the signatures are also available for an additional layer of verification

c. Security features of the system that confirms the identity of both the providers and Recipients and how that data is kept secure.

The following features and design exist in the MaximCare Mobile app and the Maxim EVV solution to provide a secure platform that also ensures the identity of the patient and provider:

- ◆ The app offers top-flight security encryption that passed a rigorous review by a 3rd party security analysis firm. The forensic analysis confirmed that the app is more secure than many popular Social Media apps.
 - *Please contact Maxim for more information on these findings.*
- ◆ All app information is securely encrypted and various advanced security measures are implemented to ensure security of data at rest, and during transport.
- ◆ Communication channel between the App and the Maxim server is secured and designed to avoid unauthorized access.
- ◆ Agency administrators can control the user authorization and access.
- ◆ The app uses authentication in the form of a unique provider User Name and Password combination.
- ◆ The app only retrieves data that is minimally required for the given task.
- ◆ Sensitive PII (such as SSN) are not part of any data requests.
- ◆ User activity, application usage and device are closely monitored and administrator can easily control and terminate access if needed.

d. Data collection, including information identified in this RFI Section 5 Proposed Environment.

The following data elements are captured by the MaximCare Mobile app and the Maxim EVV solution to provide the required information for the proposed environment to send to CMIPS:

- ◆ Service Date
- ◆ Service Start/End Times
- ◆ Service(s) Performed

- ◆ Patient receiving the Service(s)
- ◆ Individual Providing the Service(s)
- ◆ Location of the Service(s) Delivery
- ◆ All time elements are tracked in HH:MM:SS format (and in UTC time format)
- ◆ Non-Billable Time and Exceptions During the Visit
- ◆ Additional data points for security reasons.

e. Features that address the requirement that allows providers to modify or “fix” information (i.e., if they forget to check in/out).

When edits are required to a completed, signed visit, the following features are available via the MaximCare Mobile app and Maxim EVV solution:

- ◆ The app provides edit functionality to allow a provider to change the check in/check out times, and also captures the reasons for any edits.
- ◆ The app tracks the task codes performed, and any tasks that were rejected by the patient.
- ◆ The patient can reject the visit information, and is able to refuse applying their e-signature to the timesheet. The patient can also select the reason(s) for the visit rejection.
- ◆ All time corrections are tracked and flagged as exceptions.
- ◆ A dedicated team at Maxim reviews all corrections via an Agency/provider Portal. The team sends notifications to the local office when additional information is required, or when certain patterns indicate that further research and explanation is required.

f. Features that conform to the concept of being minimally burdensome.

The following features exist in the MaximCare Mobile app and Maxim EVV solution to provide a simple solution that is minimally burdensome to the patient, provider and agency:

PATIENT & PROVIDER EXPERIENCE

- ◆ For recipients and providers the app is easy to use, with a simple and self-explanatory GUI. The ease of navigation in the app helps users to quickly understand and master visit documentation and submission.
- ◆ The app is free to install on any smart phone or tablet, and available for public download. This allows patients and providers with their own device to use that device.
- ◆ Saves time and stress
- ◆ GPS verification of services meets the Federal Cures Act requirements.
- ◆ Eliminates need for manual data entry.
- ◆ Accessible from any location, via a smart device with internet or cellular connection.
- ◆ Reduces errors and overlaps, minimizing staff time for corrections.
- ◆ More accurate data than manual time sheets.
- ◆ Direct integration into CMIPS system daily, allowing the billing providers to continue to bill without any changes to their current process.
- ◆ Accommodate multiple Programs with varying lists of Services.

- ◆ This structure permits providers to be linked to multiple programs and patients.
- ◆ The app's workflow allows for review and signature/approval of both the patient and provider.
- ◆ Provides real-time submission of daily hours for payment ("timesheet").
- ◆ Functionality to modify or "fix" information (e.g., if a provider forgets to check in/out, etc.).
- ◆ Push notifications for real-time prompts to providers with visit alerts.

AGENCY EXPERIENCE

- ◆ Maxim utilizes a flexible Application Programming Interface (API) to facilitate integration between multiple Agencies and EMR systems.
- ◆ The high availability of the system provides alternative ways to meet the required electronic visit documentation via an app, web portal and landline telephone solutions.
- ◆ Minimizes the administrative work, fraud and waste.
- ◆ Flexible and robust Maxim EVV and EMR system that can easily accommodate and enforce policy changes.
- ◆ Data management within the app and Maxim EVV solution enables standard and ad hoc reports to be produced and delivered for all visit information.
- ◆ The Maxim EVV solution also provides a robust and dynamic API that can deliver and receive data to multiple Agencies in a variety of formats (e.g., XML, flat files, json, soap, etc.).
- ◆ The principle of being "Open Model" and the faithful implementation of such "Open Model" by Maxim ensures the least impact to Agency provider's downstream process and lowers its cost of adoption and transition for EVV compliance.

g. Features of the system that conform to the Americans with Disabilities Act (ADA) and address needs of special populations of providers and Recipients, such as developmental disabilities and visual/hearing disabled.

The MaximCare Mobile app utilizes large, simple icon schemes, and a high-contrast color palette of blue, orange, black and white (along with strong black and white texts). This assists those patients and providers that may be visually impaired, and avoids using red and green colors that can be hard to see for those individuals with color blindness.

All messages are short, but descriptive. This helps those app users with lower literacy rates that would struggle with large, complex text.

h. Features of the system that address the needs of special populations that cannot be near electronic devices.

MaximCare Mobile's customizable platform allows for the development and implementation of an alternate data capture and transmission processes to support the needs of populations that cannot be near electronic devices.

i. Features of the system that address the provision of EVV in rural areas where technology infrastructure may be limited or unavailable.

The MaximCare Mobile app can capture and store the data securely on a local device, and acts as backup when network connection is minimal or non-existent. If internet or cellular network connections are not available, all visit data/details remain preserved in local storage. Providers will submit this information once a connection becomes available.

Maxim also utilizes Telephony via landline telephones to log and report visit data if no data infrastructure is supported in the location of service.

j. Additional features the system offers outside of EVV.

In addition to the alternate data capturing and transmission feature to support special population, MaximCare Mobile has various additional features to streamline the workers upcoming schedules and to increase fill ratio and to prevent missed shift.

The Maxim EVV solution offers out-of-the-box integration with provider and Agency systems. The integration includes a full suite of the Care Management platform including Authorizations, Plan of Care and Billing information.

k. Service level metrics including system availability and system capacity.

The MaximCare Mobile app has a demonstrated 99.9% availability. With minimal downtime, the risk of service and data loss is near zero.

Maxim utilizes Azure hosting with highly secure and easily scalable options. This allows the Maxim EVV to provide full support and integration for Agencies of all sizes and architecture.

l. Contingency plans for system outages or unavailability.

The MaximCare Mobile app can be used in 'Offline' mode during times when the Maxim EVV is experiencing an outage, or is unavailable due to data infrastructure issue at point of service. In these instances, all of the visit data is securely stored, and transmitted as soon as the Maxim EVV is online.

The Telephony system can be used when the Maxim EVV is offline. This system bypasses the app, and provides data directly to the Maxim data servers via a landline telephone through telephony system.

The patient/provider Web Portal is another option for providers to submit visit data. This portal is accessible via any standard internet connection, and can receive the visit data for consumption by the Maxim data servers.

m. Flexibility of the system to implement changes and how quickly changes can be made. Describe how the system has built in flexibility such as the ability to meet business needs or make changes through simple configuration set up and/or configuration changes.

With the Azure hosting architecture, the Maxim EVV includes easily scalable capacity options, and highly secure parameters. The Maxim EMR is configured around robust, yet dynamic Global Parameters. This structure means Maxim can quickly respond to environment, Agency or legislative changes that impact our patients and providers.

The following features are customizable:

- ◆ Geo-fencing/Geolocation
 - If integrated with provider's EMR, the GeoFencing/Geo Location feature can be customized based on specific state requirements
- ◆ Care Plan
 - Allow for generic set of service codes or a service codes only allowable according to the patient's specific care plan
- ◆ Scheduled/Unscheduled Shift
 - Initiate shift/visit based on schedule or unscheduled shift
- ◆ Notes/Comments
 - Notes/Comments related to patient's general wellbeing such as patient's condition or change in condition.

Maxim uses an Agile methodology for Project Management. We work in two (2) week development, testing and delivery sprints. The short time frames allow us to quickly and efficiently deliver changes.

In addition, the MaximCare Mobile app and the Maxim EVV was developed with a loosely coupled architecture. This provides us with the ability to integrate with other Agency EMR systems, and also to develop and add new features as they are requested or required.

n. Types of analytics and reporting provided.

ANALYTICS AND REPORTING

The Maxim EVV captures and stores all visit data in a manner that makes it very easy to create standard and ad hoc reports. This allows the Maxim EVV solution to deliver detail and summary reports for any visit, patient and/or provider metric that may be needed. Reports can be created according to each Agency's requirement, and also for any specific needs of the California HHSA.

REPORT DELIVERY METHODS

The reports can be delivered via a variety of methods including (but not limited to) email distributions, Secure File Transfer Protocol (SFTP) sites, SharePoint Sites, Tableau and Microsoft SQL Reporting Server (SRS).

REPORT FORMATS AND TOOLS

The reports can be generated in any requested format including (but not limited to) text files, comma separated value (CSV) files, Microsoft Excel and PDF. The reports can also be created for review in online reporting tools like Tableau and Microsoft SQL Reporting Server (SRS). There are 4 basic Standard Reports: Visit Report, Care Report, Exception Report and Audit Report.

o. Typical account set up time and check in/out time for Providers and Recipients.

PATIENT ACCOUNTS

For individual providers, patient/recipient accounts take less than sixty seconds to create. For agency providers with an existing EMR system, MaximCare Mobile can provide seamless integration for patient account management. While our present model is primarily used for Unskilled Services, Maxim is preparing our systems for full integration with the 2023 Skilled Services EVV mandate. Our providers in the State of Florida are currently utilizing the clock in/clock out function of the app in accordance with Florida law.

PROVIDER ACCOUNTS

For Individual provider, Provider accounts can be created in less than a minute. For agency provider who has existing EMR system that's managing the provider employment lifecycle, MaximCare Mobile can extend integration so the provider account management process can be seamlessly integrated with Agency's Provider management system thus further avoids the administrative burden of maintain dual systems.

3. Describe if/how the system groups or categorizes tasks to simplify system operation, tracking, provider and Recipient use, etc.

- ◆ The MaximCare Mobile app allows providers to easily capture and visit documentation and tracking on the timecards. This includes items like Services and Tasks performed (by the provider) or refused (by the patient) for each visit.
- ◆ The patient signature capture functionality allows the patients to review the visit information and accept or reject that information.
- ◆ The patient Portal allows the Maxim Corporate Review Team to examine and approve timecards, review Visit Notes and the patient's POC.
- ◆ Integration platform with the Maxim EVV allows for a seamless integration with all provider and Agency EMR systems.
- ◆ Tasks categorization can be integrated with an Agency's individual EMR task setup. These items can be categorized (if needed). This logic is very flexible, and highly customizable.
- ◆ Tasks are currently grouped in the Agency System, however, we have flexibility to assign or remove grouping (as needed by each Agency).
- ◆ This includes the ability to add/assign Problems, Goals and Interventions.
- ◆ Tasks can include Frequencies in the Agency EMR and Maxim EVV solution. This provides a greater level of detail for managing a patient's POC and visits.

- ◆ It should be noted that Individual and Small Agency providers can leverage Maxim EVV as a “mini-EMR” (if they currently do not have one) to assist them in entering and managing the Tasks and Frequencies for their patients.

4. Describe the system’s capability to interface with other systems, for eligibility, timekeeping, payroll or data collection purposes.

Maxim’s EVV solution provides a platform for seamless integration with provider and agency EMR systems.

Maxim’s EVV will:

- ◆ Import data from agency systems
- ◆ Capture visit data
- ◆ Export data to other systems (agency systems, CMIPS and external Payroll, Billing and Claims systems)

The agency EMR uses Task Management and Care Plan Management to seamlessly administer the Tasks that are required for each patient. This functionality helps to ensure that a provider is performing only approved Tasks for each patient according to their Care Plan and authorizations.

The Agency EMR and Maxim EVV also include the ability to track and manage a patient’s Certification Periods. This helps to ensure that care is being provided for only the specific time period that is prescribed for that patient.

5. Describe your experience with implementing EVV systems including high-level timelines for implementation and training for all user populations. Describe implementation challenges and lessons-learned. Describe how to overcome implementation challenges. Distinguish implementation(s) for government entities versus private entities. If implemented for state entities, please identify which states and provide contact information.

Maxim features an incredibly knowledgeable, dedicated development and implementation team that has over 100 years combined experience in healthcare system development, implementation and project management. This includes experience with CMS, private entities, most insurance companies, Billing and Claims support, Member management, Risk adjustment and Medicare and Medicaid services systems.

Over the last year, Maxim concluded its national, enterprise EMR rollout. This included monthly multiple, concurrent training sessions, preceded by large data imports from an older EMR that was being retired. The new EMR now serves over 100,000 patients in 44 states, making Maxim one of the largest Homecare providers in the United States.

The experience gained with the rollout effort also included on site and telephone support of the training sessions. This allowed the team to gain a deeper knowledge of industry-leading training practices, and to work in a hands-on fashion with various Operations and Clinical Training Teams. This would be a huge benefit for any agency that would require training on a new EMR and/or EVV solution.

Lessons Learned:

1. Giving agencies plenty of lead time, collaboration with them, and providing options
2. Ensuring the system has minimal administration
3. Reminding agencies the benefits that they will receive
4. Providing pre-work, preparation calls, onsite and remote training, as well as follow up support calls and online training modules
5. Ensuring timely responses to an easy to navigate ticketing system

HIGH-LEVEL TIMELINE FOR ROLLOUT/DELIVERY

The MaximCare Mobile solution was developed using Agile project methodology. This approach allowed Maxim to deliver concise, prioritized features and infrastructure in a meaningful, efficient way. Each delivery phase included functioning software and systems that could be tested for logic, usability and security.

If Maxim's proposal is accepted, we will work closely with the CMIPS and Agency Project Teams to develop a project timeline that will provide the EVV solution that meets all necessary deadlines. This includes clearly defined milestones and deliverables for pre-rollout, rollout and post-rollout activities. Maxim's unparalleled EMR and EVV development, training and rollout experience uniquely positions us to create and implement an accurate and feasible project plan, and to meet all necessary milestones.

HIGH-LEVEL TIMELINE FOR TRAINING

Training is scaled to meet the agency's needs. Training on the MaximCare Mobile app typically lasted an hour, and follow up calls were scheduled and performed. Internally Maxim held trainings by areas. Areas are comprised of either one or multiple states. Initial training is completed within a single month. As additional functionality was added training documentation, video tutorials and additional training/information sessions are held as needed.

IMPLEMENTATION CHALLENGES, LESSONS LEARNED AND HOW TO OVERCOME CHALLENGES

One of the most common challenges Maxim encountered stemmed from conducting trainings in a virtual environment. While conducting trainings at the agency level it was determined that the best practice was to break out the training into user specific sections. This not only helped all users understand the full workflow, but also allowed for specific role training.

Another challenge we experienced was dealing with a provider population who did not have technical skill sets. In order to have successful integration of the system into the provider culture, Maxim designed and delivered an application that was as user-friendly as possible. The focus was to provide simple, yet detailed messaging that the provider population would understand. As usage increased, documentation was broken down to the device OS (iOS vs. Android.) Since each OS functions differently, Maxim has assembled a team of developers with expertise in iOS and Android.

Initially, providers had to physically come into the local agency in order to view the instructional videos. As usage increased this was not scalable. The Maxim team made all instructional videos viewable from external sources, similar to our other training documentation. We found that the instructional videos

were a big key to user adoption since it showed the application from the provider's point of view while also allowing the provider access to the videos at their convenience. A central repository was created that allows agencies and providers to access all training documentation.

6. Describe how to overcome implementation challenges inherent to California such as the change management for a large and vulnerable population. Describe mitigation strategies that could be used to address challenges.

The following items describe the Maxim approach to meet and solve implementation challenges with an eye toward sound change management, while considering the need to provide support for a large and vulnerable population:

- ◆ Focus on a solution design approach that creates a simple, easy-to-use GUI with multi language support. This will provide the greatest benefit for a large, diverse user population, while also encouraging the highest level of acceptance by the users.
- ◆ A phased delivery approach in the implementation of a new solution helps the Agencies and the state to implement a large-scale system change with minimal impact to current operations.
- ◆ The use of Agile project management practices helps the project in all the phases of its lifecycle with short, productive delivery sprints, and a responsive, dynamic delivery that considers changes to requirements as they are discovered throughout the project.

One of the biggest challenges involving a large, diverse population is language. The app met this challenge by including minimal text fields, and large, simple display buttons and layouts.

The bulk of the challenges Maxim experiences occur during program training and implementation. As one of the largest most trusted providers of homecare services in the State of California, Maxim is uniquely positioned to anticipate these challenges and develop a system that assists agencies in generating efficiencies.

7. Discuss strategies you have employed to garner customer satisfaction and include any satisfaction survey data, if available.

Customer satisfaction is very important to Maxim. The majority of updates to the app have come from Agency and provider feedback. Maxim always solicits feedback when talking directly to our Agencies and providers. Another way we ensure customer satisfaction is by providing all of the app users with direct access to a Support Team. Surveys are distributed to constantly gather feedback and enhancement ideas from our user populations.

A byproduct of our user feedback collection efforts and ongoing app enhancement work is that the usage of the MaximCare Mobile app increased 85% for Agency usage, and an incredible 425% for provider usage.

FEEDBACK AND COMMENTS

The following are some comments that we received from agencies and providers regarding the MaximCare Mobile app:

Agency Feedback

"MaximCare Mobile is extremely user friendly for those that may not be as adept. "

"Maxim Care Mobile has been a success to introduce to our new hires during orientation! They're always very excited to hear that they will have the ability to upload timesheets from the client's home. "

"MaximCare Mobile has really had a positive impact on the providers that use it in our office. They feel like we are trying to make things easier for them and putting their best interests in mind. I can't even begin to describe how much they were loving not having to drive to the office to turn in their timesheets! And, they always talk about how easy it is to use! "

"Our nurses love the app. Great addition to our services. Looking forward to all the upcoming modifications as they are developed and unveiled."

Provider Feedback

"MaximCare Mobile is very easy to use. I give it a 10 on ease of use"

"It's wonderful to capture shift documentation electronically"

"I have submitted 2 nursing notes to the maxim mobile....I really like doing it this way!"

"Love Maxim, Love the app!"

8. Describe the response to your EVV from a wide range of Recipients and providers with a wide range of disabilities including blind and deaf and/or low literacy levels.

Maxim has received very positive responses from the patients and providers. The new MaximCare Mobile app and Maxim EVV solution has significantly reduced the amount of paperwork required to submit and review paper timesheets. It has also added more efficiency to the care that each patient receives, since the providers can be more responsive to changing Care Plans and available schedules. At this point, only the providers are using the app, but the effects are evident with the ease-of-use in managing and recording visit information.

The layout of the app, along with the minimal text and high-contrast palette provides a solution that is helpful for users with vision impairments and/or low literacy levels. The lack of voice prompts and sound confirmations/signals in the app are helpful for our deaf users.

9. Discuss ongoing maintenance of EVV systems.

The MaximCare Mobile app and Maxim EVV are currently in Version 3. Maxim continues to use Agile methodologies to design, develop and implement system enhancements using two (2) week sprint cycles. This quicker turnaround time allows Agencies and the state to implement any required changes quickly, and with minimal impact to current operations.

On average, Maxim delivers a major release every three (3) months. These releases include significant enhancements and ongoing upgrades to the app and EVV functionality. Maxim also engages the 3rd party security vendor to perform an annual analysis that identifies any vulnerabilities and/or security patch needs.

10. Describe if/how the EVV solution can leverage the current IHSS Portal with the ETS feature and the pros and cons of doing so.

The Maxim EVV system can leverage the IHSS Portal as follows:

- ◆ It is an out-of-the box flexible integration platform that allows it to easily integrate with the IHSS Portal, and other CMIPS components.
- ◆ The integration, content and security will provide a solution to quickly and thoroughly comply with Medicare EVV mandate.
- ◆ It provides a relatively low cost implementation with a shorter project time than traditional software, Waterfall methodology implementations.
- ◆ It requires minimum change to existing systems and processes. This provides a faster rollout, along with better adaptability and acceptance by patients and providers.

PROS

- ◆ It is a quick, cost-effective solution.
- ◆ This approach requires the least amount of change to the portal, and to the patients and providers that depend on the California HHS services.
- ◆ Minimal impact to Agencies and providers that currently interact with the IHSS Portal.

CONS

- ◆ Using the IHSS Portal (representing the current legacy process) raises question about scalability of any enhancements or new features of the EVV solution.
- ◆ Working on the integration between EVV and the future system will require additional work, and extra re-work.

11. Describe how an EVV solution can be effectively implemented for both the Individual provider and Agency provider employment models.

INDIVIDUAL PROVIDER

The Maxim EVV system with integration into the existing IHSS Portal will allow the individual provider to download and immediately use the app for electronic visit documentation and verification. This means that Billing will be handled by the Maxim EVV system, and allow the providers to receive the payments via the existing IHSS.

PROVIDER AGENCY

The Maxim EVV system helps the provider Agency with integration of their existing EMR systems to the IHSS Portal. This allows them to import patient information (e.g., authorizations, POC, etc.) to the app, and to receive electronic visit documentation and verification from their providers. Billing will be handled by the Maxim EVV system, and will enable the provider Agency to download the 835 files.

SUMMARY

The Maxim EVV is a flexible, open model easily leveraged by individual providers and smaller agencies. Larger agencies can leverage the Maxim EVV data to integrate into their current EMR for payroll and billing. This creates a “minimally burdensome” solution to both Individual and Agency providers.

12. Describe your business model (e.g., Software as a Service, Commercial Off-the-Shelf, Modified Off-the-Shelf, custom built, transactional).

The Maxim EVV and MaximCare Mobile app provides custom-built software as a service solution. The dynamic, adaptable nature of the solution allows the state to tailor a solution that best suits its needs.

13. Describe the costs and fee structure of EVV solution(s) for customers with requirements comparable to the IHSS, WPCS, and other HCBS Waiver programs. Differentiate between Individual provider and Agency provider employment models. Identify both one-time and on-going costs. Describe how the cost model would scale up to accommodate the large number of IHSS and WPCS providers.

Fee Schedule: The cost and fee structure for an EVV solution that serves the requirements of this customer base vary between an individual provider and agency provider model.

While the technical administration, support, maintenance and implementation costs are similar in both models, other variables factor into the development of price for each model. Maxim has provided the components of the cost model and the accompanying fee structure descriptions broken out by employer model type.

Cost Structure: The corresponding fee structure related to the EVV solution is inclusive of the following program components:

Cost Structure			
Service	One-Time Fee	Ongoing Fee	Service Description
Program Implementation	X	X	Dedicated time, resources, and team to train and educate providers, agencies, and recipients on how to access and utilize the EVV solution. The majority of the cost will be realized upon initial program implementation, with lower ongoing costs to ensure that new individual and agency providers who join the program under IHSS, WPCS, and HCBS waiver programs are appropriately trained.
Support Desk		X	Dedicated team available to manage tickets received and resolved in relation to user error, system glitches, login credential problems, time ticket inaccuracies, and system integration issues.
Maintenance		X	Dedicated support to continuously update the system and account for errors, bugs, glitches, security updates, and application feature enhancements.

Reporting		X	Inclusive of dash boarding and customized reports that include: number of time tickets captured, individual shift detail, geo location information on completed shifts/shifts submitted, hours submitted by provider per recipient, point in time users, etc.
Hardware/Software		X	Inclusive of costs related to capital equipment and additional software needed for various methods of time capture.

INDIVIDUAL

The fee structure for individual providers in a consumer directed or self-directed environment would include an annual fee assessed to the governing entity (i.e. State of CA DDS or DHCS) requesting a specific platform. This annual fee is inclusive of the reoccurring costs mentioned above and would be tiered over the life of the contract where the highest cost would occur in year one of the contract due to the high volume of implementation, training, and integration activities with the IHSS portal and CMIPS systems.

As adoption over the system by providers and recipients is scaled over time, the annual fee will level off for the remaining life of the contract. Depending on forecasts for user growth (provider and recipient utilization), the rate would eventually become more predictable.

AGENCY PROVIDERS

The agency provider’s fee structure is predicated on a **Per Member per Month (PMPM)** pricing model.

Agencies that either adopt the EVV platform or be required to integrate their own EVV platform with the state chosen vendor would pay a fee per recipient of IHSS or Waiver services.

The PMPM pricing is inclusive of all the aforementioned costs and provide the agency with all required ticket and integration support needed for implementation with their employees. This pricing is scaled based on the number of recipients provided services under the IHSS or various other waiver programs.

As the number of recipients receiving services increases and crosses certain volume thresholds, there will be a possible pricing discount in correlation with the volume of recipient receiving services.

Please note that Maxim is amenable to alternative pricing structures dependent upon the State’s evolving needs. This narrative is based on our understanding of the State’s existing programmatic needs and goals as set forth in the RFI.

14. Describe how the EVV solution for personal care service that must be implemented in 2019 could be expanded to accommodate the 21st Century Cures Act home health care service EVV requirement by January 1, 2023.

MaximCare Mobile app and EVV solution was implemented for Maxim, which is one of the largest Homecare providers in the United States. The quick adoption with minimal disruptions demonstrates the flexible, configurable design of the solution to provide the same services for Personal Care Services, as well as Homecare Services.

The Maxim EVV system can be implemented as an add-on integrated system with the current IHSS Portal. This will allow Agency administrators to follow current business operations with minimal interruption in service to their patients and providers. The current Unskilled Services model that is managed by the MaximCare Mobile app will lay the foundation to be used for Skilled Service EVV with the January 1, 2023 deadline. Maxim has a project roadmap to include Skilled Service management within app for use in the Maxim Homecare Services area.

15. Describe the different means of communication (e.g., notifications) the system is capable of producing such as letters, e-mail, text, and phone in multiple language formats for visually and hearing disabled including large font, braille, and audio text.

The MaximCare Mobile app and Maxim EVV system have design options that will send custom push notifications in multiple languages via the app, through email notifications and by paper letters.

These options are customizable in the app, they are future enhancements that have yet to be delivered. These items can be customized upon request, and incorporated into future releases and enhancements.

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

The following items are utilized by Maxim to keep the MaximCare Mobile app and Maxim EVV solution as an industry-leading product in the current market:

- ◆ Maxim creates and manages a definitive IT strategy to provide continuous enhancements and improvements.
- ◆ Maxim has an active Technology Committee that closely monitors and analyzes the latest trends.
- ◆ Maxim develops proof of concept products using new technology, before reviewing and adapting into the product suite.
- ◆ Maxim has dedicated resources for Research and Development, Project Management and QA.
- ◆ Maxim Software Development believes that keeping updated with the latest technology is essential for continued product development.
- ◆ Maxim follows a technology awareness strategy by determining the business and client needs, monitoring and assessing available resources, and prioritizing resources that are assigned to each project.
- ◆ The Maxim EVV system has continuous development cycles using Agile methodologies and annual security analysis to stay current with the latest technology trends.