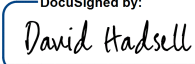
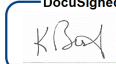



**CONTRACT AMENDMENT #21****SIGNATURE AND COVER PAGE**

<b>State Agency</b> Department of Health Care Policy and Financing	<b>Original Contract Number</b> 14-64254
<b>Contractor</b> DXC MS LLC	<b>Amendment Contract Number</b> 14-64254A21
<b>Current Contract Maximum Amount</b>	<b>Contract Performance Beginning Date</b> The Effective Date of this amendment.
<b>Initial Term</b> State Fiscal Year 2013-14                      \$9,201,096.00	<b>Current Contract Expiration Date</b> October 31, 2021
<b>Extension Terms</b>	
State Fiscal Year 2014-15                      \$25,491,547.00	
State Fiscal Year 2015-16                      \$25,851,971.00	
State Fiscal Year 2016-17                      \$24,876,103.97	
State Fiscal Year 2017-18                      \$36,497,277.57	
State Fiscal Year 2018-19                      \$34,090,860.84	
State Fiscal Year 2019-20                      \$40,742,733.64	
State Fiscal Year 2020-21                      \$51,068,992.18	
State Fiscal Year 2021-22                      \$22,251,837.39	
State Fiscal Year 2022-23                      \$5,769,900.50	
State Fiscal Year 2023-24                      \$1,041,245.50	
<b>Total for All State Fiscal Years</b> \$276,883,565.59	

**THE PARTIES HERETO HAVE EXECUTED THIS AMENDMENT**

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

<b>CONTRACTOR</b> DXC MS LLC David Hadsell, Vice President of Sales, Global Healthcare  DocuSigned by:  By: _____ FE9920C2BF8C429... Date: <u>11/4/2020</u>	<b>STATE OF COLORADO</b> <b>Jared S. Polis, Governor</b> Department of Health Care Policy and Financing Kim Bimestefer, Executive Director  DocuSigned by:  By: _____ 0B6A84797EA8493... Date: <u>11/6/2020</u>
In accordance with §24-30-202 C.R.S., this Amendment is not valid until signed and dated below by the State Controller or an authorized delegate.  <b>STATE CONTROLLER</b> <b>Robert Jaros, CPA, MBA, JD</b>  DocuSigned by:  By: _____ BBE0F4C030DC45C... Amendment Effective Date: <u>11/6/2020</u>	

Contract Number 14-64254A21

**CONTRACT AMENDMENT NO. 21**

Original Contract Number 14-64254

**1. PARTIES**

This Amendment to the above-referenced Original Contract (hereinafter called the “Contract”) is entered into by and between DXC MS LLC, 1775 Tysons Blvd., Tysons, Virginia, 22102, (hereinafter called “Contractor”), and the STATE OF COLORADO, acting by and through the Department of Health Care Policy and Fin, 1570 Grant Street, Denver, Colorado 80203 (hereinafter called “Department” or “State”).

**2. EFFECTIVE DATE AND ENFORCEABILITY**

This Amendment shall not be effective or enforceable until it is approved and signed by the Colorado State Controller or designee (hereinafter called the “Effective Date”). The Department shall not be liable to pay or reimburse Contractor for any performance hereunder, including, but not limited to, costs or expenses incurred, or be bound by any provision hereof prior to the Effective Date.

**3. FACTUAL RECITALS**

The Parties entered into the Contract for Contractor to develop and install the Colorado interChange and to provide services related to the Colorado interChange.

Care and Case Management requirements are contained in Sections 74.1 – 74.36.3 of the original base Contract, and Amendment 11 added additional Care and Case Management solution services to the Contract. The Contract, as amended, requires Contractor to complete all requirements as added in Amendment 11, and no subsequent amendment has modified the Contractor’s obligation to satisfy the Care and Case Management requirements contained in the Contract. The following requirements contained in the following sections of the Contract have not been met: 74.1, 74.3, 74.4, 74.5, 74.6, 74.7, 74.8, 74.9, 74.12, 74.14, 74.15, 74.16, 74.17, 74.18, 74.19, 74.20, 74.21, 74.22, 74.23, 74.24, 74.25, 74.26, 74.27, 74.28, 74.29, 74.30, 74.32, 74.35, and 74.36.

The purpose of this Amendment is to modify Exhibit C, REQUIREMENTS, to add additional functionality to the Care and Case Management solution still to be satisfactorily provided by Contractor.

**4. CONSIDERATION**

The Parties acknowledge that the mutual promises and covenants contained herein and other good and valuable consideration are sufficient and adequate to support this Amendment.

## 5. LIMITS OF EFFECT

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments thereto remain in full force and effect except as specifically modified herein.

## 6. MODIFICATIONS

The Contract and all prior amendments thereto are modified as follows:

- A. Section 7, PAYMENTS TO CONTRACTOR, subsection A., Maximum Amount, is hereby deleted in its entirety and replaced with the following:**

**A. Maximum Amount**

The maximum amount payable under this Contract to Contractor by the State is shown in the following table, as determined by the State from available funds. Payments to Contractor are limited to the unpaid obligated balance of the Contract at the rates set forth in Exhibit E, Compensation and Quality Maintenance Payments. The maximum amount payable by the State to Contractor is:

State Fiscal Year 2013-14	\$9,201,096.00
State Fiscal Year 2014-15	\$25,491,547.00
State Fiscal Year 2015-16	\$25,851,971.00
State Fiscal Year 2016-17	\$24,876,103.97
State Fiscal Year 2017-18	\$36,497,277.57
State Fiscal Year 2018-19	\$34,090,860.84
State Fiscal Year 2019-20	\$40,742,733.64
State Fiscal Year 2020-21	\$51,068,992.18
State Fiscal Year 2021-22	\$22,251,837.39
State Fiscal Year 2022-23	\$5,769,900.50
State Fiscal Year 2023-24	\$1,041,245.50
<b>Total for All State Fiscal Years</b>	<b>\$276,883,565.59</b>
<b><i>Funding Changes in Contract Amendment 21</i></b>	
<ul style="list-style-type: none"> <li>• Added \$6,654,752.00 to State Fiscal Year 2020-21 for Care and Case Management solution.</li> <li>• Added \$971,000.00 to State Fiscal Year 2021-22 for Care and Case Management solution.</li> <li>• Added \$2,803,688.00 to State Fiscal Year 2022-23 for Care and Case Management solution.</li> </ul>	

The State Fiscal Year amounts in the table in this section are based on State appropriations. Based on the timing of the invoicing and payment, the Contractor may receive amounts paid in a different State Fiscal Year than when the amounts were actually earned by the Contractor.

Any changes to the maximum amount payable under the Contract or Quality Maintenance Payments Specified in Exhibit E, shall require a formal written amendment, in accordance with State Fiscal Rules and State Controller Policies and Guidelines

The Contractor shall work collaboratively with the Department throughout the activities described in this amendment. The Contractor shall discuss issues, timelines, and prioritization of tasks with the Department and shall obtain the Department's approval on issue resolution or any changes. The Contractor shall discuss any changes to tasks or decisions that had already received approval and shall obtain the Department's approval on any changes.

**B. Exhibit C, Requirements, Section 74 Case Management Tool, subsection 74.38, is hereby added, as follows:**

74.38. Reference Amendment 21-2020: The Contractor shall configure, customize and deliver the Care and Case Management Tool (CCM Tool) in accordance with all Section 74 requirements, no later than June 30, 2021. The CCM Tool shall have all of the following functionality:

**74.38.1. Reference Amendment 21-2020: General Requirements**

- 74.38.1.1. Reference Amendment 21-2020: Contractor shall incorporate a flexible configurable solution, where possible, on any functionality/features added to the CCM Tool to support requirements in this amendment (rather than hard coding) such as the following: drop down selections, summary tables, and start/end dates.
- 74.38.1.2. Reference Amendment 21-2020: Contractor shall provide the Department staff with the ability to perform configuration functions and workflow changes within the CCM Tool and applicable systems based on user security roles.
- 74.38.1.3. Reference Amendment 21-2020: Contractor shall provide the Department staff with training on how to perform the configuration functions and workflow changes in the CCM Tool and applicable systems.
- 74.38.1.4. Reference Amendment 21-2020: Contractor shall ensure that access to the CCM Tool shall utilize a single sign-on solution through the Medicaid Enterprise User Provisioning System (MEUPS).
- 74.38.1.5. Reference Amendment 21-2020: Contractor shall configure the functionality of the CCM Tool to ensure that the CCM Tool shall provide the capability for case managers with partial sight or other disabilities to access and use the CCM Tool. Contractor shall ensure that the CCM Tool is compliant with the Americans with Disabilities Act (ADA), specifically outlined in the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA standards.

- 74.38.1.6. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to identify PACE pending clients that are presumptively eligible for the PACE Program after meeting level of care prior to approval through CBMS.
- 74.38.1.7. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows for changes when required by regulation, audit findings, or other process improvements. These changes will be handled as change orders per the agreed upon change management plan.
- 74.38.1.8. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool provides the Department with the CCM Tool business reports within mutually agreed upon frequency.
- 74.38.1.9. Reference Amendment 21-2020: Contractor shall implement all existing interfaces and alerts as currently allowed and configured in Axis Point at no additional charge.
- 74.38.1.10. Reference Amendment 21-2020: Contractor shall provide documentation, evidence, and support to the Department during the process for certifying the Care and Case Management System for CMS. If the Department does not receive certification from CMS, the Contractor shall provide support in resubmitting the certification.
- 74.38.1.11. Reference Amendment 21-2020: Contractor shall conduct formal system testing on the CCM Tool prior to the Department's UAT.
- 74.38.1.12. Reference Amendment 21-2020: Contractor shall design, implement, and document detailed test cases. Test cases should include identifications, detailed steps, expected results, actual results, and be traceable to the requirements listed in the RTM.
- 74.38.1.13. Reference Amendment 21-2020: Contractor shall develop such test cases in accordance with the requirements of this amendment and provide access to the Department through the Contractor's Change Management tool.
- 74.38.1.14. Reference Amendment 21-2020: Contractor shall train Department staff on the UAT and other testing tools as required by the Department.
- 74.38.1.15. Reference Amendment 21-2020: Contractor shall make available all test results within the testing tool for the Department's review. Test results shall include the following:
  - 74.38.1.15.1. Reference Amendment 21-2020: Summary of testing results,
  - 74.38.1.15.2. Reference Amendment 21-2020: Pass/Failure Rate,
  - 74.38.1.15.3. Reference Amendment 21-2020: Defect IDs and severity level of failed test cases, and
  - 74.38.1.15.4. Reference Amendment 21-2020: Proposed resolution for identified defects.
- 74.38.1.16. Reference Amendment 21-2020: Contractor shall provide support for the Department's User Acceptance Testing (UAT) of the CCM Tool, as described and approved in the Master Test Plan.

- 74.38.1.17. Reference Amendment 21:2020: Contractor shall, at no additional cost to the Department, provide the Department with 793 new enhancement hours for the Department to utilize for the Care and Case Management tool. It shall be within the Department's sole discretion how these new enhancement hours will be utilized.
- 74.38.1.18. DELIVERABLE: System test results and summary reports, including identified defects
- 74.38.1.19. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.2. Reference Amendment 21-2020: Project Management and Project Schedule**

- 74.38.2.1. Reference Amendment 21-2020: Contractor shall propose and submit to the Department for approval a formal System Development Life Cycle (SDLC) process which shall include industry standard project artifacts, as agreed to by the Department, which shall include the following:
  - 74.38.2.1.1. Reference Amendment 21-2020: Master Test Plan,
  - 74.38.2.1.2. Reference Amendment 21-2020: Operational Readiness Checklist,
  - 74.38.2.1.3. Reference Amendment 21-2020: Operational Transition Plan,
  - 74.38.2.1.4. Reference Amendment 21-2020: Implementation Plan (including a post implementation checklist),
  - 74.38.2.1.5. Reference Amendment 21-2020: Requirement Traceability Matrix (RTM),
  - 74.38.2.1.6. Reference Amendment 21-2020: Requirements Specification Document (RSD),
  - 74.38.2.1.7. Reference Amendment 21-2020: System Test Plan,
  - 74.38.2.1.8. Reference Amendment 21-2020: System Test Cases and Results available through testing tool,
  - 74.38.2.1.9. Reference Amendment 21-2020: System Test Metrics Reporting,
  - 74.38.2.1.10. Reference Amendment 21-2020: Defect Management Plan, and
  - 74.38.2.1.11. Reference Amendment 21-2020: Design Specification Document (DSD).
- 74.38.2.2. Reference Amendment 21-2020: Contractor shall utilize the approved, SDLC process throughout all stages of the Care and Case Management project.
- 74.38.2.3. Reference Amendment 21-2020: Contractor shall submit for approval standard project management artifacts, specific to the Care and Case Management project, as agreed to by the Department, which shall include the following:
  - 74.38.2.3.1. Reference Amendment 21-2020: Change Management Plan,
  - 74.38.2.3.2. Reference Amendment 21-2020: Communication Management Plan,
  - 74.38.2.3.3. Reference Amendment 21-2020: Configuration Management Plan,
  - 74.38.2.3.4. Reference Amendment 21-2020: Data Conversion Plan,
  - 74.38.2.3.5. Reference Amendment 21-2020: Decision Management Plan,

- 74.38.2.3.6. Reference Amendment 21-2020: Deliverables Expectation Document (DED),
- 74.38.2.3.7. Reference Amendment 21-2020: Issue Management Plan,
- 74.38.2.3.8. Reference Amendment 21-2020: Project Management Plan,
- 74.38.2.3.9. Reference Amendment 21-2020: Quality Management Plan,
- 74.38.2.3.10. Reference Amendment 21-2020: Release Management Plan,
- 74.38.2.3.11. Reference Amendment 21-2020: Resource Management Plan,
- 74.38.2.3.12. Reference Amendment 21-2020: Risk Management Plan, and
- 74.38.2.3.13. Reference Amendment 21-2020: Training Plan.
- 74.38.2.4. Reference Amendment 21-2020: Contractor shall develop and submit for approval the DED ahead of actual deliverables. The DED shall contain, at a minimum, a template design, table of contents, acceptance criteria, requirements and preparation, and review schedule for each deliverable.
- 74.38.2.5. Reference Amendment 21-2020: Contractor shall provide a project schedule for the CCM Tool implementation to the Department. The project schedule for the CCM Tool shall include the following:
  - 74.38.2.5.1. Reference Amendment 21-2020: All deliverables included in Section 74.38.
  - 74.38.2.5.2. Reference Amendment 21-2020: All tasks and subtask level detail to be completed for the CCM Tool. In listing all of the tasks, the CCM Tool project schedule shall identify which tasks are to be completed by the Contractor, which tasks are to be completed by the Contractor's subcontractor, and which tasks are to be completed by the Department.
  - 74.38.2.5.3. Reference Amendment 21-2020: A scheduled start date and end date of each identified task.
  - 74.38.2.5.4. Reference Amendment 21-2020: In listing all of the tasks and subtasks required under this amendment, the CCM Tool project schedule shall identify which tasks are deliverables, milestones, etc.
  - 74.38.2.5.5. Reference Amendment 21-2020: Identified Critical Path on the CCM Tool project schedule.
- 74.38.2.6. Reference Amendment 21-2020: Contractor shall submit the CCM Tool project schedule for the Department's review and approval. The Department must approve of and sign off on the project schedule prior to Contractor starting on tasks identified therein, with the exception of any project start-up tasks.
- 74.38.2.7. DELIVERABLE: SDLC process documentation and workflow for the Care and Case Management project
- 74.38.2.8. DUE: Within twenty (20) Business Days after the execution of this Amendment
- 74.38.2.9. DELIVERABLE: CCM Tool specific Project Management Plans (including DED), as described in Sections 74.38.2.3 and 74.38.2.4

- 74.38.2.10. DUE: Staggered delivery starting within 15 business days after the execution of this amendment, and completed no later than 60 business days after the execution of this amendment
- 74.38.2.11. DELIVERABLE: SDLC project artifacts approved under requirement 74.38.2.1
- 74.38.2.12. DUE: According to the Department approved project schedule for the CCM Tool
- 74.38.2.13. DELIVERABLE: CCM Tool project schedule
- 74.38.2.14. DUE: Within thirty (30) Business Days after the execution of this Amendment

**74.38.3. Reference Amendment 21-2020: Care and Case Management Weekly Status Report and Project Meetings**

- 74.38.3.1. Reference Amendment 21-2020: The Contractor shall provide a Care and Case Management System Weekly Status Report (“CCM Weekly Status Report”) that details the status of all CCM schedule tasks. The CCM Tool Weekly Status Reports shall include the following:
  - 74.38.3.1.1. Reference Amendment 21-2020: A list of all tasks that were completed during the week prior to the date of the CCM Weekly Status Report in which the tasks are listed.
  - 74.38.3.1.2. Reference Amendment 21-2020: A list of all tasks that were supposed to be completed during the week prior to the date of the CCM Weekly Status Report in which the tasks are listed but were not completed. The list of uncompleted tasks shall include an explanation of why the tasks were not completed as scheduled.
  - 74.38.3.1.3. Reference Amendment 21-2020: A list of all tasks that are yet to be completed in the month corresponding with the date of the CCM Weekly Status Report and the following month. The list of all tasks that are yet to be completed in the current and following month shall list the projected date of completion and current status of each task.
  - 74.38.3.1.4. Reference Amendment 21-2020: A summary that provides information for the purpose of projecting whether the CCM project is on schedule or behind schedule.
  - 74.38.3.1.5. Reference Amendment 21-2020: An ongoing, updated list of risks and issues that are impacting the completion of tasks by the agreed-upon completion dates as set forth in the CCM project schedule. The list shall include an explanation of what the Department and/or the Contractor has done or plans to do in response to each risk or issue, per the approved Risk Management Plan and Issue Management Plan.
- 74.38.3.2. Reference Amendment 21-2020: Contractor shall develop and distribute agendas and all meeting related materials in advance of the scheduled meeting.
- 74.38.3.3. Reference Amendment 21-2020: Contractor shall develop and distribute detailed written meeting minutes including, but not limited to a high-level summary of the discussion for each agenda topic, documentation of action items and decisions.



- 74.38.3.4. DELIVERABLE: Care and Case Management System Weekly Status Report
- 74.38.3.5. DUE: Twenty-four hours (24) prior to the weekly CCM status meeting
- 74.38.3.6. DELIVERABLE: CCM meeting agendas and related meeting materials
- 74.38.3.7. DUE: Twenty-four hours (24) prior to the scheduled meeting
- 74.38.3.8. DELIVERABLE: Detailed CCM meeting minutes
- 74.38.3.9. DUE: Forty-eight (48) hours upon the completion of the meeting

**74.38.4. Reference Amendment 21-2020: Review Function**

- 74.38.4.1. Reference Amendment 21-2020: Contractor shall include a Review Function in the CCM Tool that allows users to request reviews from other users. Other users may include, Department stakeholders, supervisors, contractors, or state staff based on specific criteria, including other case management activities such as critical incidents or support plans as provided by the Department.
- 74.38.4.2. Reference Amendment 21-2020: Contractor shall ensure that a Review from another user generated from the Review Feature is communicated back to the original user through the CCM Tool.
- 74.38.4.3. Reference Amendment 21-2020: Contractor shall complete development of the Review Function and have the Review Function available for all system applications and/or system components within the care and case management tool by their respective development due date. Contractor shall identify the date by which the Review Function must be complete and functional. The completion date for the Review Function shall be expressly identified in the CCM schedule.
- 74.38.4.4. DELIVERABLE: Complete the development of the Review Feature
- 74.38.4.5. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.5. Reference Amendment 21-2020: “Enrollment” Status and Waiting Lists Feature**

- 74.38.5.1. Reference Amendment 21-2020: Contractor shall configure the CCM Tool to ensure that Waiting Lists (including Department and/or agency based managed waitlist) shall have their own role-based and permission based tab and functionality separate from other “programs.”
- 74.38.5.2. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool Waiting Lists Feature shall have the ability to do all of the following:
  - 74.38.5.2.1. Reference Amendment 21-2020: Create, track, maintain, and start/end date multiple waiting lists that are identified by program.
  - 74.38.5.2.2. Reference Amendment 21-2020: Assign members to multiple waiting lists based on criteria set by the business/program rules.
  - 74.38.5.2.3. Reference Amendment 21-2020: Manual override the priority on the waiting lists assigned by the CCM Tool based on specific criteria provided by the Department, based on permission.

- 74.38.5.2.4. Reference Amendment 21-2020: Restrict a user’s ability to view waiting list assignments based on that user’s role, as determined by the Department. This includes as an example, development of a view for a Case Management Agency (CMA) or development of a statewide view for Department staff.
- 74.38.5.2.5. Reference Amendment 21-2020: Prohibit individuals from placement on any waiting lists for a benefit plan in which they are actively enrolled.
- 74.38.5.2.6. Reference Amendment 21-2020: Provide an automated workflow for case managers to submit “enrollment” requests to the Department and for Department staff to process those requests.
- 74.38.5.3. Reference Amendment 21-2020: The automated workflow shall include:
  - 74.38.5.3.1. Reference Amendment 21-2020: Notification to the Department’s work queue, based on security role, when a Case Manager submits an “enrollment” request.
  - 74.38.5.3.2. Reference Amendment 21-2020: Notification to Case Manager of the Department’s status in processing the “enrollment” request.
  - 74.38.5.3.3. Reference Amendment 21-2020: Notification to the Department’s work queue, based on security role, if a member accepts or declines the “enrollment” authorized by the Department.
  - 74.38.5.3.4. Reference Amendment 21-2020: Notification to the Department’s work queue, based on security role, when a member accepts the offer to enroll but are not yet enrolled or terminates from a waiver with a waiting list.
  - 74.38.5.3.5. Reference Amendment 21-2020: Notification to the Department’s work queue, based on security role, when a waiting list’s record status is “closed.”
- 74.38.5.4. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool includes data fields to indicate the types of authorization granted by the Department for a member such as the enrollment authorization types listed below. The CCM Tool shall allow the ability to select only one primary enrollment authorization type.
  - 74.38.5.4.1. Reference Amendment 21-2020: “Waiting Lists”
  - 74.38.5.4.2. Reference Amendment 21-2020: “Emergency.” (the CCM Tool shall allow the ability to select at least one sub-categories, multiple selections shall be allowed)
    - 74.38.5.4.2.1. Reference Amendment 21-2020: “Homeless”
    - 74.38.5.4.2.2. Reference Amendment 21-2020: “Abusive or Neglectful Situation”
    - 74.38.5.4.2.3. Reference Amendment 21-2020: “Danger to Others”
    - 74.38.5.4.2.4. Reference Amendment 21-2020: “Danger to Self”
    - 74.38.5.4.2.5. Reference Amendment 21-2020: “Loss or Incapacitation of Primary Caregiver”

- 74.38.5.4.3. Reference Amendment 21-2020: “Deinstitutionalization.” (the CCM Tool shall allow the ability to select only one sub-category)
- 74.38.5.4.3.1. Reference Amendment 21-2020: “Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).”
- 74.38.5.4.3.2. Reference Amendment 21-2020: “Skilled Nursing Facility (SNF)”
- 74.38.5.4.3.3. Reference Amendment 21-2020: “Mental Health Institute”
- 74.38.5.4.4. Reference Amendment 21-2020: “Youth Transitions” (the CCM Tool shall allow the ability to select only one sub-category)
- 74.38.5.4.4.1. Reference Amendment 21-2020: HCBS-CES
- 74.38.5.4.4.2. Reference Amendment 21-2020: HCBS-CHRP
- 74.38.5.4.4.3. Reference Amendment 21-2020: Foster Care
- 74.38.5.5. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows entry and storage of the following data fields:
  - 74.38.5.5.1. Reference Amendment 21-2020: “Dates of Authorization.”
  - 74.38.5.5.2. Reference Amendment 21-2020: “Dates of Acceptance.”
  - 74.38.5.5.3. Reference Amendment 21-2020: “Dates of Declination.”
  - 74.38.5.5.4. Reference Amendment 21-2020: “Dates of Enrollment.”
- 74.38.5.6. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool automatically notifies the Department when an “enrollment” request” is submitted by a Case Manager.
- 74.38.5.7. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool automatically notifies the Department when an “enrollment” is “accepted” or “declined” by a member.
- 74.38.5.8. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to keep a system-generated, historical record of changes made to any and all waiting lists and “enrollment” records.
  - 74.38.5.8.1. Reference Amendment 21-2020: Contractor shall ensure that a historical record of changes is in a waiting list window function formatted as a table, or a mutually agreed upon alternative solution, and not through a filtered audit function.
- 74.38.5.9. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool sends a warning notification to the Department when “enrollment” numbers by “program,” including “active,” “authorized,” and “reserved capacity figures” are nearing the maximum for a program. Contractor shall ensure that the CCM Tool allows for the Department to change, at its discretion, the maximum number of members permitted by program and by authorization type.
- 74.38.5.10. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to capture, store, and create a notification for the capacity of each

program (as referenced in Section 74.38.6.4) as defined by business/program rules.

- 74.38.5.11. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool, in processing waitlist applicants, calculates the length of time from the “order of selection” date and the “date need identified” to the current date.
- 74.38.5.12. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool will not allow the creation of a waiting list record for a member without first having a completed level of care assessment for that member as defined by business/program rules.
- 74.38.5.13. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool will allow for the creation of a waiting list record without a completed level of care if the member is between the ages of 14 and 18. The waiting list record shall have a timeline of Safety Net until the member is 18 years old, at which time the member can have either a Safety Net, See Date, or As Soon as Available as a timeline and must have a level of care on file.
- 74.38.5.14. DELIVERABLE: Complete the development of the “Enrollment” Status and Waiting Lists feature in the CCM Tool
- 74.38.5.15. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.6. Reference Amendment 21-2020: Member Record Open and Close Feature**

- 74.38.6.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool includes an over-arching status of a member record (i.e., Open, Close, or Pending).
- 74.38.6.2. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool only allows for one-member record per member and prohibit duplicate member records.
- 74.38.6.3. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows read only access to a “Closed” record, unless the case manager reopens the record.
- 74.38.6.4. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows users, based on the user’s security role, to override the “closure” of a “member record.”
- 74.38.6.5. DELIVERABLE: Complete the development of the “Member Record Open” and “Close” Feature
- 74.38.6.6. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.7. Reference Amendment 21-2020: “Program” Status and “Program” Assignment**

- 74.38.7.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to assign and change a member’s “program status,” as defined by business/program rules. Contractor shall ensure that the CCM Tool is programmed to recognize that only one (1) status can be assigned to a Member at

a time per “program” combination. “Program” status classifications include: “Open,” “Closed,” “Pending,” “Denied,” “Withdrawn,” and “Waiting List.”

- 74.38.7.2. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to have more than one Program associated to a member, as defined by business/program rules.
- 74.38.7.3. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool confirms that there is a member identified prior to assigning a Program status for that member.
- 74.38.7.4. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool generates an alert which prompts the Case Managers to take appropriate action to update the status of the “program” after a designated number of days following Member notification of an adverse action. Contractor shall ensure that the CCM Tool generates a secondary alert after a designated number of days prompting Case Managers to take appropriate action to update the status of the program if appropriate.
- 74.38.7.5. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows users, based on the user’s security role, to override the “closure” of a benefit plan/“program.”
- 74.38.7.6. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to assign a benefit plan and/or “program” to a member.
- 74.38.7.7. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool supports the business rules associated with LTSS Programs, benefits, and State Funded Programs.
- 74.38.7.8. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to assign an HCBS, PACE, ICF, or NF benefit plan once a member meets the level of care and financial eligibility requirements.
- 74.38.7.9. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool links a Member’s assigned “program” to the “certification dates” outlined in the Member’s level of care assessment.
- 74.38.7.10. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool includes a table, or a mutually agreed upon alternative solution, that tracks the history of the level of care certification spans and “program” assignments. The table shall be visible to the CCM Tool user (not solely through audit function). The table shall include at a minimum the following:
- 74.38.7.10.1. Reference Amendment 21-2020: All Program Assignment fields as identified below:
- 74.38.7.10.1.1. Reference Amendment 21-2020: Program Name.
- 74.38.7.10.1.2. Reference Amendment 21-2020: Program Open Date that allows for an open end date based on business/program rules.
- 74.38.7.10.1.3. Reference Amendment 21-2020: Program Status.

- 74.38.7.10.1.4. Reference Amendment 21-2020: Program Close Date.
- 74.38.7.10.1.5. Reference Amendment 21-2020: Reason for Program Closure (if applicable).
- 74.38.7.10.2. Reference Amendment 21-2020: Program Assessor's Name.
- 74.38.7.10.3. Reference Amendment 21-2020: Case Management Agency's Name.
- 74.38.7.10.4. Reference Amendment 21-2020: Assessment Type (e.g., Initial, Continued Stay Review, etc.).
- 74.38.7.10.5. Reference Amendment 21-2020: Date Assessment Held.
- 74.38.7.10.6. Reference Amendment 21-2020: Date Assessment Verified (i.e., all required items completed).
- 74.38.7.10.7. Reference Amendment 21-2020: Date Assessment Completed (i.e., assessment is final).
- 74.38.7.10.8. Reference Amendment 21-2020: Enrollment Authorization Type (if applicable based on business/program rules).
- 74.38.7.10.9. Reference Amendment 21-2020: Certification Date Span.
- 74.38.7.10.10. Reference Amendment 21-2020: Certification Outcome.
- 74.38.7.10.11. Reference Amendment 21-2020: Assessed Program Name.
- 74.38.7.10.12. Reference Amendment 21-2020: Date Program Authorized.
- 74.38.7.11. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool prevents "open program enrollment" for Members with an inactive member record. The CCM Tool shall have the ability to allow for a status change based on user security role.
- 74.38.7.12. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool deactivates "programs" to correspond with an inactive Member record. The CCM Tool shall provide a confirmation dialogue pop-up message, or a mutually agreed upon alternative solution.
- 74.38.7.13. Reference Amendment 21-2020: The Contractor shall ensure that the CCM Tool is programmed to recognize that a Member enrolled in an HCBS "program" may not simultaneously be enrolled in PACE or reside in a Long-Term Care Facility. This function shall allow for an override based on a user's security role. Contractor shall ensure that the CCM Tool recognizes all of the permissible combinations of benefit plans/"programs" that a Member may be eligible for and shall prompt the user to confirm the action.
- 74.38.7.14. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows authorized users to edit current and historical "program" "enrollment spans."
- 74.38.7.15. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to perform edits that prevent "program enrollment" for Members

deemed ineligible under Department rules, such as, those not meeting age restrictions.

- 74.38.7.16. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool prevents “program” “enrollment spans” from exceeding the allowable time limits specified by Department rules.
- 74.38.7.17. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows users, based on the user’s security role, to override CCM Tool-generated “certification dates.”
- 74.38.7.18. DELIVERABLE: Complete the development of the “Program” Status and “Program” Assignment feature
- 74.38.7.19. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.8. Reference Amendment 21-2020: Log Notes Feature**

- 74.38.8.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool creates system-generated “log notes” when certain specific activities are completed by the user in other parts of the CCM Tool. Those specific activities requiring system-generated log notes shall be defined by the Department at its discretion.
- 74.38.8.2. Reference Amendment 21-2020: Contractor shall ensure that the “log notes” generated by the CCM Tool include, at a minimum, the following fields: date, time, type of log note, person contacted, event date, author/user’s name, and narrative boxes that allow the user to enter relevant information into the log note.
- 74.38.8.3. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool generates an automated time stamp when a log note entry is entered.
- 74.38.8.4. Reference Amendment 21-2020: Contractor shall include any additional fields in the log notes feature as defined by the Department rules.
- 74.38.8.5. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to filter “log notes” across multiple data fields, as specified by the Department.
- 74.38.8.6. Reference Amendment 21-2020: Contractor shall ensure that all log note data fields can be included in reports, such as narrative and type of contact.
- 74.38.8.7. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to specify the relationship of the “associated member contact person” to the Member.
- 74.38.8.8. Reference Amendment 21-2020: Contractor shall ensure that all fields within the log notes feature are searchable within the CCM Tool based on criteria and security roles specified by the Department.
- 74.38.8.9. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows for any “log note” to be designated as “confidential.” Once a “log note” is designated as “confidential,” Contractor shall ensure that the CCM Tool restricts

the ability of other users to view the “confidential” “log note” based on a user’s security role.

- 74.38.8.10. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to grant varying levels of user access and security based on a user’s role. Access levels shall vary based on whether a user’s role is that of a “Case Manager,” “Contractor,” “State Staff/Administrators,” and/or “Agency Administrator.”
- 74.38.8.11. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows users to add, edit, void, or print “log notes,” and authorizes this capability for certain users based on their security role. Each security role’s authority to add, edit, void, or print “log notes” shall be defined by the Department at its discretion. Contractor shall ensure the CCM Tool retains an audit trail of all log notes, including voided.
- 74.38.8.12. DELIVERABLE: Complete the development of the Log Notes Feature
- 74.38.8.13. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.9. Reference Amendment 21-2020: Notice of Action and Appeals Features**

- 74.38.9.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows for the creation and editing of an appeal and manual entry of dates and/or populates with auto-calculated dates associated with each step of the “Appeals process,” as defined by the business/program rules.
- 74.38.9.2. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows a user, based on security roles, to modify any date in the “Notice of Action.”
- 74.38.9.3. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool captures all appropriate dates associated with “Notice of Action,” as defined by the business/program rules.
- 74.38.9.4. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool links a “Notice of Action” to a Member’s record and “Appeal.”
- 74.38.9.5. Reference Amendment 21-2020: Contractor shall ensure that each “Notice of Action” includes the reason for generating that Notice of Action. The reasons shall include, but are not limited to, “Denial,” “Approval,” “Waiting List,” “Discontinuation of Service,” and “Decrease of Service.”
- 74.38.9.6. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool includes editable text fields for case managers to capture the explanation supporting the case manager action and to select or enter the relevant rule citation(s) that must be included in the “Notice of Action.”
- 74.38.9.7. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool generates alerts to case managers for any appeals in which they are involved and that those alerts are based on certain dates associated with the “Appeals process” as defined by business rules/program.



- 74.38.9.8. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows for the case manager to edit the “Notice of Action” after it has been finalized, but before the “mail by date.” The window of time between finalizing and “mail by date” shall be determined by the Department. Contractor shall ensure that the CCM Tool allows the case management agency to have the option to “Save,” “Finalize,” and “Reopen” the “Notice of Action” during the editing window based on security roles (e.g., case manager or case manager supervisor).
- 74.38.9.9. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool tracks and monitors any and all Members’ “Appeals Process.” The Department shall provide Contractor with the data fields necessary to implement the tracking and monitoring capability for any and all “Appeals Process.”
- 74.38.9.10. DELIVERABLE: Complete the development of the Notice of Action and Appeals Features
- 74.38.9.11. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.10. Reference Amendment 21-2020: Data Migration**

- 74.38.10.1. Reference Amendment 21-2020: Contractor shall migrate historical data from Benefits Utilization System (BUS), Bridge, and DDDWeb legacy systems to the CCM Tool in appropriate formats (“the migration”), as specified by the Department. Three (3) years of member data and two (2) years plus the current year of assessment data from the BUS, Bridge, and DDDWeb tools will be migrated to the CCM Tool. **Additionally, the Department requires Contractor to migrate all disability determination data from DDDWeb to the CCM Tool.**
- 74.38.10.2. Reference Amendment 21-2020: Contractor shall ensure the CCM Tool has the ability to display the “first assessment date” on the Assessment List Page.
- 74.38.10.3. Reference Amendment 21-2020: Contractor shall follow the “Data Conversion Plan” and the “Change Management Plan,” as defined and approved by the Department under requirement 74.38.2.3, to lead the Department through the mapping process for the migration of data from Bridge and DDDWeb to the CCM Tool.
- 74.38.10.4. DELIVERABLE: Complete Data Migration Tasks
- 74.38.10.5. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.11. Reference Amendment 21-2020: Correspondence Feature and Functionality**

- 74.38.11.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to electronically share letters, forms, and any other documents generated by the CCM Tool to Members, case managers, providers, and other stakeholders. Electronic sharing includes email, and the ability to save-to-PDF.
- 74.38.11.2. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool generates forms, standard letters (including any letters requiring regulatory citations), demographic information of Members, and any other information from assessments, support plans, and other system information within the CCM Tool, as defined by the Department.

- 74.38.11.3. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool provides users, based on their security role, with the ability to modify any system-generated letters through the use of a free form text field.
- 74.38.11.4. Reference Amendment 21-2020: Contractor shall provide the ability to create and modify templates (such as letters and forms) based on user security role.
- 74.38.11.5. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool provides users, based on their security role, with the ability to add or delete letters from the CCM Tool that were not mailed to a Member. If a letter is voided/deleted, Contractor shall ensure that a reason for the deletion is required by the CCM Tool as an audit trail.
- 74.38.11.6. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to upload documents received from external sources. Contractor shall also ensure that the CCM Tool has the ability to attach these documents from external sources to a Member's record.
- 74.38.11.7. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool requires case managers to provide summary data for each uploaded document such as subject, date of correspondence, and from whom the data was received. Any additional summary data for uploaded documents shall be defined by business/program rules.
- 74.38.11.8. Reference Amendment 21-2020: Contractor shall ensure that all fields in the summary data of the CCM Tool shall be searchable.
- 74.38.11.9. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool maintains all correspondence in an accessible and searchable format for Member records.
- 74.38.11.10. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows users, based on a user's security role, to delete correspondence that is incorrectly attached to a record and to upload the document to the correct member record. Contractor shall ensure that a reason for the deletion is required by the CCM Tool as an audit trail.
- 74.38.11.11. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to print and save all documents in .pdf format.
- 74.38.11.12. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to accept and upload documents in multiple file formats as agreed to by Department.
- 74.38.11.13. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to generate all letters and forms with data from the CCM Tool as defined by business/program rules. This functionality includes, but is not limited to, generating the following documents: "Notice of Action," "Signature Sheet," "Assessments," "Assessment Outputs," "Support Plans," "Roles and Responsibilities," and "Complaint Process," in addition to the letters previously developed on Axis Point that are still needed.

- 74.38.11.14. Reference Amendment 21-2020: Contractor shall ensure that any member documents provided by the Department contained and produced in the CCM Tool shall be accessible in three languages.
- 74.38.11.15. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool generates a letters and/or forms that contains information about the Member's appeal rights. The content of the "Notice of Action" letters generated by the CCM Tool shall be defined by the Department.
- 74.38.11.16. Reference Amendment 21-2020: The Contractor shall ensure that the CCM Tool also allows a user to modify the letters and/or forms to add clarification to the action taken identified in the correspondence.
- 74.38.11.17. DELIVERABLE: Complete the development of the Correspondence Feature and Functionality
- 74.38.11.18. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.12. Reference Amendment 21-2020: Report Feature**

- 74.38.12.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool provides the ability to transmit all data elements stored in the CCM Tool to the reporting tool universe (or comparable solution) regardless of data element type or status regardless of the source of entry.
- 74.38.12.2. Reference Amendment 21-2020: Contractor shall provide the ability for the CCM Tool users, based on security role as defined by the Department, to create predefined reports (including ad hoc) from the CCM Tool and associated subsystems and applications, if any. The reports shall be downloadable in MS Excel and .pdf formats.
- 74.38.12.3. Reference Amendment 21-2020: Contractor shall provide the Department with forty (40) customized reports, as defined by the Department during future requirements and design sessions, based on security roles. The reports shall be based on all fields within the CCM Tool and associated subsystems, and be downloadable in MS Excel and .pdf formats. The customized reports shall include at a minimum the following:
  - 74.38.12.3.1. Reference Amendment 21-2020: Log Notes Detailed Report
  - 74.38.12.3.2. Reference Amendment 21-2020: Case Manager Face to Face Log Notes Report
  - 74.38.12.3.3. Reference Amendment 21-2020: Face to Face Log Notes Monthly Summary Report
  - 74.38.12.3.4. Reference Amendment 21-2020: Log Notes Report
  - 74.38.12.3.5. Reference Amendment 21-2020: Monthly Wait List Report
  - 74.38.12.3.6. Reference Amendment 21-2020: Wait List Summary Report by Agencies, by Program, by Status, by Timeline
  - 74.38.12.3.7. Reference Amendment 21-2020: Wait List Client Detail Report

- 74.38.12.3.8. Reference Amendment 21-2020: Appeals Process Reports
- 74.38.12.3.9. Reference Amendment 21-2020: Critical Incident Reports (CIRs) in real time
- 74.38.12.3.10. Reference Amendment 21-2020: Monitoring Reports
- 74.38.12.3.11. Reference Amendment 21-2020: Member Choice Reports
- 74.38.12.4. DELIVERABLE: Complete the development of the Report Feature
- 74.38.12.5. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.13. Reference Amendment 21-2020: Train, UAT, and Production Environments**

- 74.38.13.1. Reference Amendment 21-2020: Contractor shall implement the Care and Case Management System and establish the three (3) environments: 1) Train, 2) User Acceptance Testing (UAT), and 3) Production. Contractor shall provide any required services and maintenance to all three (3) environments to support all training, testing, and production activities.
- 74.38.13.2. Reference Amendment 21-2020: The Contractor shall maintain a training environment, that is separate from the production and UAT environments, that supports various scenarios for use with training purposes, as well as a user practice area. This environment shall be monitored and controlled by the Contractor and shall receive regular application updates to stay in sync with the Production Environment.
- 74.38.13.3. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has a UAT environment to enable different users, as defined by security roles, and has the same functionality that mirrors Production data and all functionality including batch jobs, as mutually agreed upon between Contractor and the Department.
- 74.38.13.4. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has a Train environment to enable different users, as defined by security roles, to access de-identified data that has the same functionality that mirrors Production data and all functionality including batch jobs, as mutually agreed upon between Contractor and the Department.
- 74.38.13.5. Reference Amendment 21-2020: Contractor shall ensure that the UAT and Train environment data is refreshed at a frequency defined by the Department, but not more often than quarterly.
- 74.38.13.6. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool application within the Train environment is updated concurrently with the changes implemented in Production.
- 74.38.13.7. DELIVERABLE: Activate Train, UAT, and Production Environments
- 74.38.13.8. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.14. Reference Amendment 21-2020: Search Functionality and System Navigation**

- 74.38.14.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool provides users with the capability to efficiently navigate the CCM Tool. This includes the ability for users to navigate quickly within the CCM Tool across

different sections of the Assessment to the Person-Centered Support Plan (“Support Plan”) and to navigate within member record and across multiple functions/applications to allow for data collection. Efficient user navigation of the CCM Tool may require Assessment items to be arranged in tables, to allow for scrolling left to right rather than scrolling up and down, with follow-up questions cued by response to primary question. The Department may require Contractor to make changes to the CCM Tool navigation capabilities, as it determined necessary, to satisfy this requirement (as agreed to and documented during design sessions) for efficient and user-friendly navigation.

- 74.38.14.2. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows users to view previous assessment/support plan responses while creating a new assessment/support plan. These previous responses are only visible for purposes of copy, paste, edit, and/or delete data into new assessments/support plan.
- 74.38.14.3. DELIVERABLE: Complete the development of Search Functionality and System Navigation
- 74.38.14.4. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.15. Reference Amendment 21-2020: Member Choice Referral**

- 74.38.15.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows Member choice for a Case Management Agency by including the following:
- 74.38.15.1.1. Reference Amendment 21-2020: The Contractor shall ensure that the CCM Tool generates an alert when initial member eligibility has been confirmed for specified HCBS programs to a Department contractor who will assist the member with selecting a case management agency.
- 74.38.15.1.2. Reference Amendment 21-2020: The Contractor shall allow for the CCM Tool to capture the Member choice information such as the following fields:
- Date referral received
  - Time referral received
  - Referred by “user name”
  - Referred by “agency name”
  - Received by “user name”
  - Received by “agency name”
  - Program
  - Date and time Member contacted
  - Agency Member selected
  - Date and time of selection
  - Ability for receiving agency to select status (e.g., accepted, declined)
- 74.38.15.2. Reference Amendment 21-2020: Contractor shall ensure that the summary of historical records of Member choice is documented and formatted as a table.
- 74.38.15.3. Reference Amendment 21-2020: The Contractor shall ensure the CCM Tool generates an alert to the Department contractor who supports members with

choice when a member has been redetermined eligible for specified HCBS programs to enable the Department’s contractor to conduct outreach to a member.

- 74.38.15.4. DELIVERABLE: Complete the development of Member Choice Referral functionality
- 74.38.15.5. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.16. Reference Amendment 21-2020: Prior Authorization**

- 74.38.16.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool automatically sends data from the support plan to the interChange in real time.
- 74.38.16.2. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool supports the existing PETI functionality contained in the Bridge, which shall include an automated rate update process.
- 74.38.16.3. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool runs an error check/system edits before a Support Plan is finalized and a Prior Authorization Request (PAR) is autogenerated in interChange.
- 74.38.16.4. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows users, based on a user’s security role, to view claims information, claim details, and decrementation of service.
- 74.38.16.5. Reference Amendment 21-2020: Contractor shall ensure that case managers, when using the CCM Tool, have direct access to a provider data table from the Support Plan view and for the ability to query and easily identify and select providers for each identified service in the Support Plan without having to navigate to other software “programs.”
- 74.38.16.6. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the ability to create PARs in interChange for foster care clients based on the level of care assessment and support plan outcome (foster care clients do not require approval through CBMS).
- 74.38.16.7. Reference Amendment 21-2020: Contractor shall ensure that capitation claims are not being created for PACE clients in interChange.
- 74.38.16.8. Reference Amendment 21-2020: Contractor shall provide the ability for approved users to see real-time PAR status upon submission of PARs to understand the PARs disposition (Approved/Partially Approved/Suspended).
- 74.38.16.9. DELIVERABLE: Complete the development of the Prior Authorization Capability
- 74.38.16.10. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.17. Reference Amendment 19-2019: BRIDGE Functionality**

- 74.38.17.1. Reference Amendment 21-2020: Due to the Department’s intent to retire the Bridge after one year of operations, Contractor shall ensure that the existing Bridge functionality to support historical PAR processing remains in production to support case management activities.

- 74.38.17.2. Reference Amendment 21-2020: The CCM Contractor shall ensure that the Bridge does not allow the creation of new Pre-Prior Authorizations (PPAs), but shall continue to allow for edits and revisions.
- 74.38.17.3. Reference Amendment 21-20: Contractor shall ensure that the Bridge creates new edits and informational messages to the users in support of the updated workflow.
- 74.38.17.4. Reference Amendment 21-2020: Contractor shall ensure that the current processes, including, but not limited to, Support Levels and Service Plan Authorization Limits (SPALs), support levels, Consumer Directed Attendant Support Services (CDASS) Task Worksheet, CDASS Monthly Allocation Worksheet, and Prior Authorization Requests (PARs) that exist in the Bridge shall be maintained during the CCM Tool implementation through a future date as defined by the Department.
- 74.38.17.5. DELIVERABLE: Complete the development of the Bridge functionality
- 74.38.17.6. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.18. Reference Amendment 21-2020: State Funded “Programs”**

- 74.38.18.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool identifies where a member is eligible for state-funded “programs.”, such as Support Planning for Family Support Services Program (FSSP), Home Care Allowance (HCA), State-Funded SLS, and OBRA. The CCM Tool shall identify eligibility based on specific data fields stored within the CCM Tool as defined by business/program rules.
- 74.38.18.2. Reference Amendment 21-2020: Contractor shall provide a solution that tracks, per member, the service authorization and billing detail for specified state-funded “programs.”
- 74.38.18.3. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool supports Case Management activities for state-funded programs such as entering log notes, assessments, CIRs, or support plan creation.
- 74.38.18.4. Reference Amendment 21-2020: Contractor shall allow viewing of claims/encounters for members enrolled in State SLS and OBRA.
- 74.38.18.5. Reference Amendment 19-201: Contractor shall ensure that the CCM Tool does not allow a member to be enrolled in HCA and an HCBS program simultaneously as defined by business/program rules. For all other state funded programs, the Department shall specify which state funded programs allow members to be simultaneously enrolled in other LTSS programs.
- 74.38.18.6. Reference Amendment 21-2020: Contractor shall allow for all agencies to bill up to a set budget allocation determined by the Department annually on a fiscal year basis.
- 74.38.18.7. Reference Amendment 21-2020: Contractor shall allow the Department to have the ability to adjust individual CCB budget allocations as needed throughout the fiscal year.

74.38.18.8. Reference Amendment 21-2020: Contractor shall allow for State Funded Program member eligibility and member utilization information to be accessed through the Provider Web Portal based on security roles.

74.38.18.9. DELIVERABLE: Complete the development of the State Funded “Programs” functionality

74.38.18.10. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.19. Reference Amendment 21-2020: Critical Incident Reporting System (CIRS)**

74.38.19.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool collects, tracks, and maintains necessary data required for CIRS, as defined by business/program rules.

74.38.19.2. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool creates a unique system identifier and shall link all information for a specific CIR, “CIRs ID”, and allows users to easily track a Member’s CIR.

74.38.19.3. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has a critical incident workflow that includes: (1) CIRs template for all Members, irrespective of the enrolled “programs.” The Department shall define the data fields required for the CIRs template for all members.

74.38.19.4. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool automatically populates certain fields for the CIRs form is created, including “Entry date,” “Entry time,” “Member Name,” “Member ID,” “Date of Birth,” “Program,” “Case Manager Name,” and “Agency name.” The Department shall define any additional fields required for the CIRs form.

74.38.19.4.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has additional sections and/or forms, such as: “Persons Involved,” “HCPF Review,” and “Follow up.”

74.38.19.4.2. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool accommodates for multiple “Department Review” and “Follow Up” sections for a member’s CIR.

74.38.19.4.3. Reference Amendment 21-2020: Contractor shall ensure that all CIRs information, including the 3 primary data forms “Initial Report,” “HCPF Review,” and “Follow up,” is entered and located in one (1) section of the CCM Tool.

74.38.19.4.4. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool displays the CIRs Initial Report, along with relevant “HCPF Review” and “Follow Up” sections, in the sequence in which they were entered into the CCM Tool.

74.38.19.4.5. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool automatically dates and time stamps all “CIRs Activities” using system date and time.

74.38.19.5. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows users access to CIRs functions based on a user’s security level. Contractor shall



ensure user access to functions such as: “Add CIRs,” “View CIRs,” “Edit CIRs,” “Delete CIRs,” “Follow-up Add/View,” and “HCPF Review Add/View,” The Department will inform Contractor of any additional CIRs functions to be added to this list.

- 74.38.19.6. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows users to edit, delete, void, or re-assign (with an edit description included and visible), and if necessary, “flag CIRs.” for an action or task to be performed. Contractor shall ensure that the CCM Tool automatically generates a “log note” documenting a user’s edit or flag of a CIRs. The Department shall provide Contractor with the criteria used to define what users, based on a user’s security role and permissions, shall have access to the edit and flag and/or task function in the CCM Tool.
- 74.38.19.7. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool generates automatic notifications to the appropriate users whenever an “Initial CIR,” “HCPF Review,” or “Follow-up” is entered into the CCM Tool. The automatic notification generated by the CCM Tool may be in the form of an email with a hyperlink to a specific CIR, with subject line language to be determined by the Department. Appropriate users such as: “CIR Policy Specialists,” “UM Contract vendors,” and “Case Managers.” The criteria for the CCM Tool to generate automatic notifications to certain appropriate users as defined by business/program rules. Contractor shall ensure that, based on certain criteria as defined by the Department, some of the automatic notifications generated by the CCM Tool will require additional security features, for example, encryption.
- 74.38.19.8. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool captures any and all changes made to the CIR and that this information is visible to the CIR Policy Specialists and to the Department in a “History View” (list page of all CIRs summary information) and not through the “Audit” functionality.
- 74.38.19.8.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool retains an audit trail/history of all CIR changes.
- 74.38.19.9. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool displays all the necessary member CIRs data elements and questions as defined by business/program rules.
- 74.38.19.10. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool includes certain mandatory fields in CIRs as defined by the business/program rules.
- 74.38.19.11. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool prompts users to answer additional questions within the CIRs form when a user selects certain answers to specific questions, as defined by the business/program rules.
- 74.38.19.12. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool tracks all dates and times related to a critical incident in the following format: DD/MM/YYYY + HH:MM. Contractor shall ensure that this is NOT a text field in the CCM Tool.

- 74.38.19.13. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the necessary critical incident system edits and business/program rules validation.
- 74.38.19.14. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows for certain CIRs such as natural/expected death of the member to be automatically closed by the CCM Tool.
- 74.38.19.15. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows for the ability to re-open CIRs based on user security roles.
- 74.38.19.16. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool can search any CIRs by CIRs ID without entering into the Member record.
- 74.38.19.17. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool grants users access to CIRs and to CIRs process, based on a user's security role and permissions as defined by the Department.
- 74.38.19.18. DELIVERABLE: Complete the development of the Critical Incident Functionality
- 74.38.19.19. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.20. Reference Amendment 21-2020: Electronic Signature Feature**

- 74.38.20.1. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows for the electronic signature of required documents for Members, case managers, contractors, providers, and others, as defined by the support planning process.
- 74.38.20.2. DELIVERABLE: Complete the development of the Electronic Signature Feature
- 74.38.20.3. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.21. Reference Amendment 21-2020: Resource Allocation**

- 74.38.21.1. Reference Amendment 21-2020: The Resource Allocation Methodology will be used for all members being assessed for Home and Community Based Waiver (HCBS) Programs. The development of algorithms and decision criteria will act as a fiscal cap for the amount of support recommended based on the member's assessed need, support plan, and demographic items. Components of the assessment, support plan, and demographic items will be assigned differentiated significance (e.g., weights) to inform a scoring system that will drive individual budgets for members. It is the expectation that the individual budget could change with the completion of an assessment. The Resource Allocation Methodology will be comparable to the algorithms currently used for the Support Levels and SPALs as determined by the Supports Intensity Scale (SIS) assessment or the algorithms for the Nursing Home Resource Utilization Groups (RUGs).

Contractor shall automate the Resource Allocation Methodology to support the creation of individual budgets for HCBS members to include, but not be limited to, the following:

- 74.38.21.1.1. Reference Amendment 21-2020: Contractor shall Work cooperatively with the Department's Resource Allocation (RA) Contractor, Optumas, hereby referred

to as the RA Contractor, who is developing the resource allocation methodology that includes, but is not limited to, algorithms based on the assessment, support plan, and demographic items in the CCM Tool.

- 74.38.21.1.2. Reference Amendment 21-2020: Contractor shall review and become familiar with the RA Contractor's scope of work to understand the business need for the resource allocation methodology.
- 74.38.21.1.3. Reference Amendment 21-2020: Contractor shall use the data fields (e.g., questions, responses, etc.) identified and provided by the RA Contractor in the algorithms and decision criteria.
- 74.38.21.1.4. Reference Amendment 21-2020: Contractor shall assign weighted scores to each data field (e.g., questions, responses, etc.) or grouping of data fields from the assessment, support plan, and demographic items as specified by the RA Contractor.
- 74.38.21.1.5. Reference Amendment 21-2020: Contractor shall identify the specified items that auto-calculate the total score for specified sections from the assessment, support plan, and demographic items involved in the resource allocation algorithms and decision criteria provided by the RA Contractor.
- 74.38.21.1.6. Reference Amendment 21-2020: Contractor shall ensure that the amounts for the individual budgets should be linked to risk scores that will be provided by the RA Contractor and that are derived from the weighted total scores of each section of the assessment, support plan and demographic involved in the resource allocation methodology and associated decision criteria.
- 74.38.21.1.7. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool provides the ability for a new individual budget to be created (calculated) with the completion of an assessment.
- 74.38.21.1.8. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool provides the ability that historical budgets must be maintained within the CCM Tool.
- 74.38.21.1.9. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool has the functionality to incorporate a resource allocation algorithm, provided by the RA Contractor, and may also include but not be limited to the functionality and features of cost containment, In-Home Support Services (IHSS) plan calculator, SPALs, the CDASS Task Worksheet, support levels, and the CDASS Monthly Allocation Worksheet.
- 74.38.21.1.10. Reference Amendment 21-2020: Contractor shall ensure that the Department will have the ability to identify which services are excluded and not included in the total individualized budget amount. The total amount of services in the Support Plan shall not exceed the total of the individualized budget plus the total cost of the excluded services.
- 74.38.21.1.11. Reference Amendment 21-2020: Contractor shall ensure that that the CCM Tool has the capability to base total Resource Allocation amounts on appropriated amounts approved by the General Assembly. Should there be upward or

downward adjustments to either individual services or entire allocations, the CCM Tool must be able to prorate the total amounts on a per diem/daily basis that reflects the allowable allocation amount across an individual member's certification period. The need to make adjustments to allocations will be based on the address of the member, or the location of where the service was provided. Total allocations are only prorated based on either member relocation or reductions or increases to total available funds.

- 74.38.21.1.12. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows for the ability to include correspondence templates/letters in plain language (provided by the RA Contractor), which includes an explanation of the results of the resource allocation methodology including, but not limited to, risk score and support level or an equivalent to support level and include an explanation of the process to request an exception to assigned individual budget.
- 74.38.21.1.12.1. Reference Amendment 21-2020: Contractor shall ensure that assessment, support plan, and demographic items used to calculate the resource allocation algorithms and decision criteria shall auto-populate data in the corresponding templates / letters.
- 74.38.21.1.13. Reference Amendment 21-2020: Contractor shall ensure that the Department has the ability to update the algorithms and decision criteria as the program needs change.
- 74.38.21.1.14. Reference Amendment 21-2020: Contractor shall ensure that the system track changes to the algorithms and decision criteria and any history of updates made to the algorithms, including effective dates and end dates for each iteration of the Resource Allocation algorithms and associated decision criteria.
- 74.38.21.1.14.1. Reference Amendment 21-2020: Contractor shall ensure that historical algorithms and decision criteria must be maintained within the CCM Tool.
- 74.38.21.1.14.2. Reference Amendment 21-2020: Contractor shall ensure that version control and accessibility to previous versions throughout the CCM Tool .
- 74.38.21.1.15. Reference Amendment 21-2020: Contractor shall ensure that the CCM Tool allows a user, based on role permissions, to assign budgets that exceed an Individual budget caps when the member has been approved for a higher budget amount based on exceptions criteria that will be provided by the RA Contractor to include, but not be limited to, the following:
  - 74.38.21.1.15.1. Reference Amendment 21-2020: Contractor shall allow the CCM Tool the ability for users to capture criteria that would allow for exceptions to the individual budget amount and request an exception.
  - 74.38.21.1.15.2. Reference Amendment 21-2020: Create an automated workflow in the CCM Tool to support the processing of requests for exceptions to include, but not be limited to

- 74.38.21.1.15.2.1. Reference Amendment 21-2020: The CCM Tool shall allow the case managers to submit the request including the option to attach/upload supporting documentation for review at an agency level and Department-level based on security roles as defined by the Department.
- 74.38.21.1.15.2.2. Reference Amendment 21-2020: The CCM Tool shall allow Case Management Agency administrators ability to review and determine exception submissions and submit to the Department for review if appropriate.
- 74.38.21.1.15.2.3. Reference Amendment 21-2020: The CCM Tool shall allow the ability for the Department to approve or deny requests for an exception.
- 74.38.21.1.15.2.4. Reference Amendment 21-2020: The CCM Tool shall maintain historical information of exception requests including, but not limited to, status, approvals/denials, user that initiated request, dates, time stamping, etc.
- 74.38.21.1.15.2.5. Reference Amendment 21-2020: The CCM Tool shall ensure that the approved exceptions capture the start and end dates.
- 74.38.21.1.15.2.6. Reference Amendment 21-2020: The CCM Tool shall allow the ability for the system to inform the member of the outcome of the exception review of the request, including electronically.
- 74.38.21.1.15.2.7. Reference Amendment 21-2020: The CCM Tool shall allow the alert at a minimum include that the exception was approved or denied, and if approved, the start and end date for the exception. The content will be provided by the Department.
- 74.38.21.1.15.2.8. Reference Amendment 21-2020: The CCM Tool shall allow a system alert to be generated to the case manager notifying the case manager to update the support plan if an exception is approved.
- 74.38.21.1.15.2.9. Reference Amendment 21-2020: The CCM Tool shall allow a system alert to be generated to the case manager when the end date for an exception is nearing.
- 74.38.21.1.16. Reference Amendment 21-2020: Contractor shall update the resource allocation methodology, as it's amended by the Department or RA Contractor, within a mutually agreed upon timeframe. The Department requires the ability to update the CCM Tool to include, but not be limited to, assessment, support plan, and demographic items, or any part of the CCM Tool, to accommodate the resource allocation algorithms and decision criteria.
- 74.38.21.1.17. DELIVERABLE: Complete the development of the Resource Allocation functionality
- 74.38.21.1.18. DUE: According to the Department approved project schedule for the CCM Tool

**74.38.22. Reference Amendment 21-2020: CCM Tool Licenses**

- 74.38.22.1. Reference Amendment 21-2020: The Contractor shall provide 2,000 named user licenses to the Department for the Care and Case Management System. The Contractor shall receive payment for the CCM Tool Licenses according to the amounts in Exhibit E, Compensation and Quality Maintenance Payments, Section 1.1.15, Care and Case Management System.
- 74.38.22.2. Reference Amendment 21-2020: The Contractor shall renew the CCM Tool Licenses annually according to the following terms:
  - 74.38.22.2.1. Reference Amendment 21-2020: CCM Tool License SFY 21-22: 7/1/21 – 6/30/22.
  - 74.38.22.2.2. Reference Amendment 21-2020: CCM Tool License SFY 22-23: 7/1/22 – 6/30/23.

**D. Exhibit E, COMPENSATION AND QUALITY MAINTENANCE PAYMENTS, Section 1.1.15 through Section 1.1.15.4.4. is hereby added as follows:**

- 1.1.15** Reference Amendment 21-2020: Timeliness and Quality Performance Standards
  - 1.1.15.1** Reference Amendment 21-2020: Contractor shall complete each deliverable as outlined in Section 74, Case Management Tool, subsection 74.38, according to each deliverable standard set forth in such subsection, and specified in the DED, section 74.38.2.4.
  - 1.1.15.2** Reference Amendment 21-2020: Project Payment Deliverables
    - 1.1.15.2.1 Reference Amendment 21-2020: The Department shall compensate Contractor for each deliverable, as specified in the Payment Upon Delivery and Acceptance column contained in the Project Payment Deliverable Table, section 1.1.15.2.3 when Contractor meets the Acceptance Criteria for Payment described in that table for that deliverable. Acceptance shall not be unreasonably withheld or delayed and shall be provided for each deliverable submission that meets the acceptance criteria set forth in the Acceptance Criteria for Payment column contained in the Project Payment Deliverable Table, section 1.1.15.2.3.
    - 1.1.15.2.2 Reference Amendment 21-2020: The Department shall pay the holdback amount for each deliverable, as specified in the Approval Criteria for Holdback Payment column contained in the Project Payment Deliverable Table, section 1.1.15.2.3 when Contractor meets the Approval Criteria for Holdback Payment in that table for that deliverable. Acceptance shall not be unreasonably withheld or delayed and shall be provided for each deliverable submission that meets the deliverable acceptance criteria set forth in the Approval Criteria for Holdback Payment column contained in the Project Payment Deliverable Table below and specified in the DED, as described in section 74.38.2.4.

## 1.1.15.2.3 Reference Amendment 21-2020: Project Payment Deliverable Table

<b>Deliverable</b>	<b>Acceptance Criteria for Payment</b>	<b>Approval Criteria for Holdback Payment</b>	<b>Payment Upon Delivery and Acceptance</b>	<b>Holdback</b>
SDLC process documentation and workflow for the Care and Case Management project.	Department high-level review to validate that deliverable contains content for all sections outlined in the applicable DED.	Department approval of the SDLC process documentation and workflow	\$123,512	\$6,501
CCM Tool specific Project Management Plans (including DED)	Department high-level review to validate that deliverables contain content for all sections outlined in the applicable DED.	Department approval of the Project Management Plans (including DED)	\$154,390	\$8,126
SDLC project artifacts approved under requirement 74.38.2.1	Department high-level review to validate that deliverables contain content for all sections outlined in the applicable DED.	Department approval of the SDLC project artifacts identified and approved under requirement 74.38.2.1	\$250,456	\$13,182
Project Schedule for the CCM Tool	Department high-level review to validate that deliverable contains content for all sections outlined in the applicable DED.	Department approval of the project schedule for the CCM Tool	\$68,618	\$3,611
Activate UAT Environment	Department approval of the UAT environments after verifying through	N/A	\$31,300	

	direct access. Content and business function configurations will be reviewed in later project stages.		
Activate Train Environment	Department approval of the Train environment after verifying through direct access. Content and business function configurations will be reviewed in later project stages.	N/A	\$31,300
Activate Production Environment	Department approval of the Production environment after verifying through direct access. Content and business function configurations will be reviewed in later project stages.	N/A	\$31,300



### **1.1.15.3 Reference Amendment 21-2020: Business Function Payment Deliverables**

1.1.15.3.1 Reference Amendment 21-2020: For each business function deliverable described in Table 1.1.15.3.3, the Contractor shall demonstrate, at a minimum, prior to delivery to the Department, the following:

1.1.15.3.1.1 A ninety-percent (90%) system test pass rate, per results from deliverable outlined in requirement

1.1.15.3.1.2 No severity 1 or severity 2 defects, as defined by the Defect Management Plan, based upon Department approved system test results.

1.1.15.3.2 Reference Amendment 21-2020: For all deliverables described in this section, the deliverable shall be considered to be received by the Department on the date that the version of the deliverable that complies with section 1.1.15.3.1 and is not rejected by the Department during the applicable review period due to the Contractor's error or omission when first received by the Department. If a version of a deliverable is submitted that does not comply with section 1.1.15.3.1 and is rejected by the Department during the applicable review period due to the Contractor's error or omission, then that version of the deliverable, and any submission or receipt date of that version of the deliverable, shall not be considered when determining the date the deliverable is received by the Department.

1.1.15.3.2.1 Reference Amendment 21-2020: The Department shall pay the Contractor the Tier 1 Payment Amount outlined in Table 1.1.15.3.3 where the business function deliverable submission is received by the Department by the due date agreed upon in the CCM Tool project schedule described in section 74.38.2.5 or such due date as updated and mutually agreed upon through the project change control process

1.1.15.3.2.2 Reference Amendment 21-2020: The Department shall pay the Contractor the Tier 2 Payment Amount outlined in Table 1.1.15.3.3 where the business function deliverable submission is received by the Department after the due date but no later than seven (7) calendar days following the due date agreed upon in the CCM Tool project schedule described in section 74.38.2.5 or such due date as updated and mutually agreed upon through the project change control process.

1.1.15.3.2.3 Reference Amendment 21-2020: The Department shall pay the Contractor the Tier 3 Payment Amount outlined in Table 1.1.15.3.3 where the business function deliverable submission is received by the Department between eight (8) and twenty-one (21) calendar days following the due date agreed upon in the CCM Tool project schedule described in section 74.38.2.5 or such due date as updated and mutually agreed upon through the project change control process.

1.1.15.3.2.4 Reference Amendment 21-2020: The Department shall pay the Contractor the Tier 4 Payment Amount outlined in Table 1.1.15.3.3 where the business function deliverable submission is received by the Department twenty-two (22) or more calendar days following the due date agreed upon in the CCM Tool project schedule described in

section 74.38.2.5 or such due date as updated and mutually agreed upon through the project change control process.

1.1.15.3.2.5 Reference Amendment 21-2020: If the Contractor was paid either a Tier 2 or Tier 3 payment amount on a business function deliverable, as shown on the table in section 1.1.15.3.3, the Department shall pay the Contractor the difference between the amount of the Tier 1 payment and the amount of the Tier 2 or Tier 3 payment actually paid by the Department for that deliverable if the CCM Tool Go-Live Date occurs on or before the due date agreed upon in the CCM Tool project schedule described in section 74.38.2.5 or such due date as updated and mutually agreed upon through the project change control process.

1.1.15.3.2.6 Reference Amendment 21-2020: If the Contractor was paid a Tier 4 payment amount on a business function deliverable, as shown on the table in section 1.1.15.3.3, the Department shall pay the Contractor fifty percent (50%) of the difference between the Tier 1 payment and the Tier 4 payment for that deliverable if the CCM Tool Go-Live occurs on or before the due date agreed upon in the CCM Tool project schedule described in section 74.38.2.5 or such date as updated and mutually agreed upon through the project change control process.

## 1.1.15.3.3 Reference Amendment 21-2020: Business Function Payment Deliverables Table

<b>Deliverable</b>	<b>Acceptance Criteria for Payment</b>	<b>Tier 1 Payment Amount</b>	<b>Tier 2 Payment Amount</b>	<b>Tier 3 Payment Amount</b>	<b>Tier 4 Payment Amount</b>
Complete the development of the Functional Review Feature	Department acceptance and approval of the functional review feature after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$85,349	\$83,215	\$81,082	\$76,814
Complete the development of the “Enrollment” Status and Waiting Lists feature	Department acceptance and approval of the enrollment status and waiting list features after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$256,045	\$249,644	\$243,243	\$230,441
Complete the development of the “Member Record Open” and “Close” Feature	Department acceptance and approval of the member record open and close features after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and	\$85,349	\$83,215	\$81,082	\$76,814

	confirmation of quality as defined in section 1.1.15.3.1.				
Complete the development of the “Program” Status and “Program” Assignment feature	Department acceptance and approval of the program status and program assignment features after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$256,045	\$249,644	\$243,243	\$230,441
Complete the development of the Log Notes Feature	Department acceptance and approval of the log notes feature after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$256,045	\$249,644	\$243,243	\$230,441
Complete the development of the Notice of Action and Appeals Features	Department acceptance and approval of the notice of actions and appeals features after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$256,045	\$249,644	\$243,243	\$230,441

Complete Data Migration Tasks	Department acceptance and approval of the data migration task upon verification notice of actions and appeals features after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$533,429	\$520,093	\$506,758	\$480,086
Complete the development of the Correspondence Feature and Functionality	Department acceptance and approval of the correspondence feature and functionality after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$85,349	\$83,215	\$81,082	\$76,814
Complete the development of the Report Feature	Department acceptance and approval of the report feature after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$533,429	\$520,093	\$506,758	\$480,086
Complete the development of Search	Department acceptance and approval of the notice of actions and appeals	\$85,349	\$83,215	\$81,082	\$76,814

Functionality and System Navigation	features after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.				
Complete the development of Member Choice Referral functionality	Department acceptance and approval of the member choice referral functionality after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$85,349	\$83,215	\$81,082	\$76,814
Complete the development of the Prior Authorization Capability	Department acceptance and approval of the prior authorization capability after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$256,045	\$249,644	\$243,243	\$230,441
Complete the development of the Bridge functionality	Department acceptance and approval of the Bridge functionality after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met	\$256,045	\$249,644	\$243,243	\$230,441

	based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.				
Complete the development of the State Funded “Programs” functionality	Department acceptance and approval of the state funded programs functionality after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$85,349	\$83,215	\$81,082	\$76,814
Complete the development of the Critical Incident Functionality	Department acceptance and approval of the critical incident functionality after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$533,429	\$520,093	\$506,758	\$480,086
Complete the development of the Electronic Signature Feature	Department acceptance and approval of the electronic signature feature after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$85,349	\$83,215	\$81,082	\$76,814

Complete the development of the Resource Allocation functionality	Department acceptance and approval of the resource allocation functionality after delivery to UAT and confirmation that the applicable Business Function requirements from 74.38 have been met based on the approved configuration design and confirmation of quality as defined in section 1.1.15.3.1.	\$533,429	\$520,093	\$506,758	\$480,086
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#### 1.1.15.4 Reference Amendment 21-2020: Quality Maintenance Payments (QMP) & Performance Standards by Phase

1.1.15.4.1 The Department will pay the Contractor the following Quality Maintenance Payments, as described in this section:

1.1.15.4.2 The Contractor may earn the amounts shown in the One-Time QMP Table as follows:

1.1.15.4.2.1 One-Time QMP: Department shall pay the Payment Amount for each deliverable shown on the One-Time QMP Table after the Contractor has met the release criteria shown in that table for deliverable.

##### 1.1.15.4.2.1.1 One-Time QMP Table

<b>Deliverable</b>	<b>Release Criteria</b>	<b>Payment Amount</b>
Requirements and Design Phase	Business Requirements Document and Technical Design Specifications are complete for all requirements and approved by the Department.	\$158,444
User Acceptance Testing Phase Begins	DXC attests each of the 17 Business Functions have achieved the 90% pass rate with no Severity 1 or Severity 2 defects and the CCM Tool is ready for the Department to begin UAT.	\$158,444
Operational Readiness and Go Live	Regression, parallel like activities, data migration, and operational readiness activities are completed and approved by the Department.	\$158,444
Post Implementation	Achievement of steady state operations through Department approval of post implementation activities included in the post implementation checklist.	\$158,445

1.1.15.4.3 Once the release criteria is satisfied for each deliverable, the Department will provide the Contractor with Authorization to invoice for that deliverable.

1.1.15.4.4 If the Contractor believes that the Contractor is not at fault for a failure that results in the Department delaying or not making the payment of any deliverable shown on the One-Time QMP Table, including any disagreement as to whether the release criteria has been satisfied, then the Contractor may dispute the Department's decision through the Dispute Process. The Dispute Process related to the delay of a payment of a QMP shall not begin until at least sixty (60) Business Days have passed from when the Contractor has notified the Department in writing that Contractor disputes the Department's determination that the applicable release criteria has been satisfied or the

Contractor believes the delay in paying the QMP is because of circumstances beyond the Contractor's control, as applicable.

**1.1.15.5** Reference Amendment 21-2020: In relation to the CCM project, within thirty (30) calendar days following the Amendment Effective Date of Amendment 21, the Contractor shall procure AssureCare MedCompass software development licenses and initiate application hosting arrangements as detailed in subsections 1.1.15.5.1 and 1.1.15.5.2. The Department acknowledges that the development licenses and hosting services to be obtained by Contractor hereunder are solely for use by Contractor and the Department's authorized users (subject to applicable end user license terms) during the implementation phase of project, and from project commencement through the go-live date, as documented in the approved project schedule (the "Go-Live Date"). The Department shall pay the additional licensing and hosting service fees, as described below for the implementation phase, for the use of the MedCompass product as a service after the implementation phase. The Contractor shall be responsible for any additional development licensing and hosting service fees during the implementation phase resulting from a delay caused solely by the Contractor. The Department will be responsible for the payment of any additional licensing and hosting service fees resulting from any action or inaction by the Department. The Department and Contractor shall negotiate in good faith a contract amendment or option letter to include any additional amounts into this Contract for any such additional licensing and hosting fees resulting from any action or inaction by the Department, subject to the availability of funds. Relevant software license and hosting service fees are excluded from the deliverable-based performance payment requirements described in Sections 1.1.15.2 and 1.1.15.3. The Contractor is authorized to invoice the Department upon procurement of the following licensing and hosting services:

1.1.15.5.1 CCM Tool Development License Fee: Contractor shall procure development licenses for AssureCare's hosted MedCompass product, up to a maximum of 200 user licenses, for use by both the Contractor and the Department's authorized users during and in support of the project implementation phase. The Contractor will invoice the Department the development license fee of \$450,000.00, upon procurement of the licenses.

1.1.15.5.2 CCM Tool Hosting: The Contractor shall procure application hosting services, upon the Amendment Effective Date of Amendment XX, through AssureCare's third-party Infrastructure as a Service (IaaS) hosting provider, to support the implementation through the project Go-Live date. The Contractor shall invoice the Department for the IaaS hosting fee of \$581,250.00 upon the procurement of these services.

**E. Exhibit F-1, TERMINOLOGY, is hereby deleted in its entirety and replaced with Exhibit F-2, TERMINOLOGY, attached hereto and incorporated by reference into the Contract. All references within the Contract to Exhibit F and F-1 shall be deemed to reference Exhibit F-2.**

## **7. START DATE**

This Amendment shall take effect on its Effective Date.

**8. ORDER OF PRECEDENCE**

Except for the Special Provisions and the HIPAA Business Associates Addendum in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The most recent version of the Special Provisions incorporated into the Contract or any amendment shall always control other provisions in the Contract or any amendments.

**9. AVAILABLE FUNDS**

Financial obligations of the state payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted, or otherwise made available to the Department by the federal government, state government and/or grantor.

## **EXHIBIT F-2, TERMINOLOGY**

### **1. TERMINOLOGY**

- 1.1. The following list is provided to assist the reader in understanding terminology, acronyms and abbreviations used throughout this Contract.
  - 1.1.1. ACA Provider Screening Rules – The rules implemented and published in 42 CFR Parts 405, 424, 447 et al.
  - 1.1.2. Affordable Care Act (ACA) – The Patient Protection and Affordable Care Act, Pub. L. No. 111-148, enacted March 23, 2010, and the Health Care and Education Reconciliation Act of 2010 enacted March 30, 2010.
  - 1.1.3. Accountable Care Collaborative (ACC) – The Colorado Medicaid program, established to improve clients’ health care and reduce costs, that is administered by the Department through contracted regional vendors.
  - 1.1.4. Address Confidentiality Program (ACP) – The Colorado Address Confidentiality Program described in C.R.S. §24-30-2101.
  - 1.1.5. Americans With Disabilities Act (ADA) – The Americans With Disabilities Act of 1990, 42 U.S.C. §12101 *et. seq.*
  - 1.1.6. Adjusted Claim – A submitted Claim that has been processed with a resulting status of either paid or denied.
  - 1.1.7. All Patient Refined Diagnosis Related Groups (APR/DRG) – An expanded DRG that adds two sets of subclasses to each base APR/DRG.
  - 1.1.8. American Recovery and Reinvestment Act (ARRA) – The American Recovery and Reinvestment Act of 2009, Pub. L. No. 111-5.
  - 1.1.9. Authorization – The official approval for action taken for, or on behalf of, a Medicaid client. The Authorization only valid if the client is eligible on the date or dates of service for the applicable Claim.
  - 1.1.10. Average Length of Stay (ALOS) – The arithmetic mean length of stay experienced by a patient in the inpatient hospital setting within a chosen DRG.
  - 1.1.11. Benefits Utilization System (BUS) – The Department’s Case Management system for Home and Community Based Long Term Care clients and Nursing Facilities. Business Analyst – An individual responsible for requirements gathering and problem definition staff for Configuration and Customization activities.
  - 1.1.12. Business Intelligence and Data Management (BIDM) – The contractor and system that will replace the Department’s current Medicaid decision support system, Data Warehouse, and Statewide Data Analytics Contractor.
  - 1.1.13. Business Process Reengineering (BPR) – The activities associated with optimizing the MMIS related business processes.
  - 1.1.14. Capitation – A payment arrangement for health care service providers that pays the provider a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

- 1.1.15. Case Management (CM) – The facilitation of treatment plans to ensure the appropriate services are provided to Clients.
- 1.1.16. Case Management Agency Broker (Enrollment Broker) - An individual or entity that performs choice counseling or enrollment activities, or both.
- 1.1.17. Category of Service (COS) – Broad types of medical services for which federal reimbursement is allowed under the Medicaid Act.
- 1.1.18. Centers for Medicare and Medicaid Services (CMS) – An agency of the United States Department of Health and Human Services that provides federal oversight of the Medicaid program.
- 1.1.19. Change Management or Change Management Process – A process that facilitates the organized planning, development, and execution of modifications and Enhancements to the Core MMIS and Supporting Services so that changes to the System are introduced in a controlled and coordinated manner, and the possibility that unnecessary changes will be introduced to a system without proper planning is reduced.
- 1.1.20. Change Request – A document detailing the addition or modification to the functionality of the MMIS.
- 1.1.21. Child Health Plan *Plus* (CHP+) – Public health insurance for children and pregnant women who earn too much to qualify for Medicaid, but cannot afford private health insurance.
- 1.1.22. Claim – A bill for services that is appropriate for the provider type and type of service(s), whether submitted as a paper claim or electronically, and identified by a unique claim control number. A single claim is defined as a billing comprised of a single beneficiary with the same Date of Service (or range of dates for service), submitted by a single billing provider which may include one or more service(s) or document(s).
- 1.1.23. Clean Claim – A Claim that complies with the following definitions:
  - 1.1.23.1. A Claim that does not contain any Defect requiring the Contractor to investigate or develop prior to adjudication.
  - 1.1.23.2. A Claim that has no Defect, impropriety or special circumstance, including incomplete documentation that delays timely payment.
  - 1.1.23.3. A Claim that can be processed without obtaining additional information from the provider of the service or from a third party.
  - 1.1.23.4. A Clean Claim does not include a Claim from a provider who is under investigation for Fraud or abuse, or a Claim under review for medical necessity.
- 1.1.24. Client – Any individual eligible for or enrolled in a public health insurance program administered by the Department such as the Colorado Medicaid program, Colorado’s CHP+ program, the Colorado Indigent Care Program or other program as determined by the Department.
- 1.1.25. Client Healthcare Portal – The secured Web site that is used by Clients to review their Medicaid related health information.

- 1.1.26. Client Service Plan – A plan of service for clients under one of the HCBS waiver programs within the Colorado Medical Assistance program.
- 1.1.27. Code on Dental Procedures and Nomenclature (CDT) – The HIPAA standard code set to achieve uniformity, consistency and specificity in accurately reporting dental treatment and process dental claims.
- 1.1.28. Colorado Benefits Management System (CBMS) – The State of Colorado’s single integrated system for determining eligibility and calculating benefits for the State’s major welfare programs, including Medicaid.
- 1.1.29. Colorado Financial Reporting System (COFRS) – The financial system that maintains the official accounting records for the State of Colorado government.
- 1.1.29.1. As of the Effective Date, the State is working on replacing COFRS with a new financial reporting system commonly referred to as the Colorado Operations Resource Engine (CORE), which is intended to be operational as of July 1, 2014. For the purposes of this contract, all references to COFRS shall be deemed to reference CORE once the CORE system is operational.
- 1.1.30. Colorado Health Benefits Exchange (COHBE) – A marketplace for Coloradans to shop for and purchase health insurance based on quality and price.
- 1.1.31. Colorado Registry and Attestation – Colorado’s State Level Registry that supports HITECH and is making available incentive payments to eligible Medicaid providers that adopt and successfully demonstrate Meaningful Use of a certified Electronic Health Records technology
- 1.1.32. Commercial Off-The-Shelf (COTS) – A product that is sold in substantial quantities in the commercial marketplace that does not require additional software or hardware development or Customization for general use.
- 1.1.33. Community Centered Board (CCB) – A private corporation, for-profit or not-for profit, that is designated pursuant to section 25.5-10-209, C.R.S.
- 1.1.34. Computer-Based Training (CBT) – A type of education in which the individual learns by executing special training programs on a computer.
- 1.1.35. Configurable/Configuration – Modification of System functionality, which does not require development changes to the software and can be modified by non-technical (e.g., non-programmer or developer) staff.
- 1.1.36. Continuity of Care Document (CCD) – A document, created as a joint effort by Health Level Seven International and the American Society for Testing and Materials, to allow physicians to send electronic medical information to other providers without loss of meaning and enabling improvement of patient care.
- 1.1.37. Coordination of Benefits (COB) – A provision establishing an order in which health care plans pay their claims, and permitting secondary plans to reduce their benefits so that the combined benefits of all plans do not exceed total allowable expenses.
- 1.1.38. Copayment – The Client’s financial responsibility for a service, procedure or Prescription assigned by the Department.

- 1.1.39. Core DXC MAPIR Team – The DXC team that is responsible for the design, development, implementation, and support of the core MAPIR application. Coordinates the deployment and assists in resolving deployment issues with each collaborative State DXC Project Team.
- 1.1.40. Core MMIS – See “Medicaid Management Information System”
- 1.1.41. Current Procedural Terminology (CPT) – A code set maintained by the American Medical Association through the CPT Editorial Panel.
- 1.1.42. Customer Relationship Management (CRM) – A software or system used the Contractor to organize, automate and synchronize customer service and technical support.
- 1.1.43. Customization – Any modification, alteration or extension to software requiring changes to the existing source code for such software to achieve new or modified functionality and that requires dedicated technical staff (e.g., a programmer or developer).
- 1.1.44. Dashboard – A subset of information delivery that includes the ability to publish formal, web-based reports with intuitive displays of information. It has an easy to read, often single page, real-time User Interface, showing a graphical presentation of the current status and historical trends of an organization’s Key Performance Indicators to enable instantaneous and informed decisions to be made at a glance.
- 1.1.45. Data Dictionary – A centralized repository of information about data such as meaning, valid values, relationships to other data, origin, usage and format.
- 1.1.46. Data Warehouse (DW) – A database used for reporting and analysis.
- 1.1.47. Date Need Identified – The date that an individual or CCB identified that a Member had a need for HCBS-DD waiver services.
- 1.1.48. Date Client Must Respond – The last date a client may appeal and request a hearing.
- 1.1.49. Date of Service (DOS) – The calendar date on which a specific medical service is performed.
- 1.1.50. Defect – An error, flaw, mistake, failure or fault in a computer program or system that produces an incorrect or unexpected result that differs from an agreed-to Specification, or causes the computer program or system to behave in unintended ways that differ from an agreed-to Specification.
- 1.1.51. Design, Development and Implementation (DDI) – The portion of the Work required to identify, design, develop and implement technical and business services.
- 1.1.52. Diagnosis Related Group (DRG) – A system that classifies hospital cases.
- 1.1.53. Dispute Process – The process described in the Contract for the Contractor and the Department to follow to resolve all debates or disagreements between the Department and Contractor.
- 1.1.54. Drill-Down – Functionality that allows a user to move from summary information to detailed data by focusing on a specific criteria.

- 1.1.55. Drug Utilization Review (DUR) – A program designed to measure and assess the proper use of outpatient drugs in the Medicaid program.
- 1.1.56. Durable Medical Equipment (DME) – Medical equipment used in the home to aid in a better quality of living.
- 1.1.57. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) – Federal Medicaid requirement that the State’s Medicaid agency cover services, products or procedures, for Medicaid recipients under 21 years of age, if the service is medically necessary health care to correct or improve a Defect, physical or mental illness, or a condition identified through a screening examination.
- 1.1.58. Effective Date of Change – The date the adverse action in the Notice of Action will become effective.
- 1.1.59. Electronic Data Interchange (EDI) – The structured transmission of data between organizations by electronic means, which is used to transfer electronic documents or business data from one computer system to another computer system.
- 1.1.60. Electronic Document Management System (EDMS) – Software that manages documents for electronic publishing.
- 1.1.61. Electronic Funds Transfer (EFT) – An electronic transfer of money, also known as direct deposit.
- 1.1.62. Electronic Health Records (EHR) – A systematic collection of electronic health information about individual patients or populations.
- 1.1.63. Electronic Medical Record (EMR) – A computerized medical record created in an organization that delivers care, such as a hospital or physician's office.
- 1.1.64. Eligibility Verification System (EVS) – A real time, online system that provides timely and accurate information regarding a recipient’s eligibility for services.
- 1.1.65. Eligible Hospital (EH) – Hospitals eligible to meet the system capability requirements of the Meaningful Use incentive program, as defined in 42 CFR Parts 412, 413, 422, and 495.
- 1.1.66. Eligible Professional (EP) – Professionals eligible to meet the system capability requirements of the Meaningful Use incentive program, as defined in 42 CFR Parts 412, 413, 422, and 495.
- 1.1.67. Encounter – A claim submitted by a Managed Care Entity for reporting purposes only.
- 1.1.68. Encounter Data – Data collected to track use of provider services by managed care health plan enrollees.
- 1.1.69. Enhanced Ambulatory Patient Groups (EAPG) – A system to classify and calculate reimbursement for outpatient services.
- 1.1.70. Enhancement – Functional changes or performance improvements that require Configuration or Customization to the System and follow the Change Management Process described in the Change Management Plan.



- 1.1.71. Enterprise Application Integration (EAI) – The collection of technologies and services that enable integration of systems and applications across the enterprise.
- 1.1.72. Enrolled Provider (EP) – A provider whose enrollment status is active and has billed a claim within the past twelve (12) calendar months.
- 1.1.73. Episodes of Care – A health problem, from its first Encounter with a health care provider through the completion of the last Encounter related to the problem, typically encompassing the patient’s reason for the Encounter, the diagnosis code and the resulting therapeutic intervention.
- 1.1.74. Excluded Party List System (EPLS) – Part of the federal System for Award Management, the EPLS is an electronic, web-based system that identifies those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and nonfinancial assistance and benefits.
- 1.1.75. Explanation of Benefits (EOB) – A statement sent by a health insurance company to covered individuals explaining what medical treatment and/or services were paid for on their behalf.
- 1.1.76. Explanation of Medical Benefits (EOMB) – See “Explanation of Benefits.”
- 1.1.77. Extract, Transform and Load (ETL) – A database and data warehousing process used to extract data from outside sources, transform it to fit operational needs, and load it into the end target.
- 1.1.78. Family Support Services Program (FSSP) – A program to assist families with costs beyond those normally experienced by other families, to avoid or delay costly out of home placements and reduce stress.
- 1.1.79. Federal Financial Participation (FFP) – Federal matching funds for State expenditures relating to assistance payments for certain social services, and State medical and medical insurance expenditures.
- 1.1.80. Fee-For-Service (FFS) – A payment model where services are unbundled and paid for separately.
- 1.1.81. Fiscal Agent (FA) – An entity that acts on behalf of the State Medicaid agency in respect to claims processing, Provider Enrollment and relations, utilization review, and other functions.
- 1.1.82. Fiscal Agent Operations (FAO) – All contractual activities and responsibilities associated with the Fiscal Agent.
- 1.1.83. Fiscal Year (FY) – A period used for calculating annual financial statements in businesses and other organizations.
- 1.1.84. Fraud – An intentional deception or misrepresentation that could result in the payment of an unauthorized benefit.
- 1.1.85. Full Time Equivalent (FTE) – A unit of measure that equates to the workload of an individual who works a full time schedule, regardless of the actual number of individuals who perform that work or the actual number of hours worked by those individuals.

- 1.1.86. Health Benefit Plan (HBP) – A health care plan provided by the Department that includes a standard set of services, such as hospital and outpatient care, mental health, prevention, well-child care and maternity care.
- 1.1.87. Health Care Common Procedure Coding System (HCPCS) – A standardized coding system used to describe the items and services provided in health care, comprised of three levels.
- 1.1.88. Health Information Exchange (HIE) – A system that that provides the capability to electronically move clinical information among disparate health care information systems while maintaining the meaning of the information being exchanged.
- 1.1.89. Health Information Technology for Economic and Clinical Health Act (HITECH) - The Health Information Technology for Economic and Clinical Health Act provisions of ARRA.
- 1.1.90. Health Insurance Buy-In (HIBI) – A program that pays the Medicaid client’s portion of commercial health insurance premiums when it would be cost-effective for Medicaid to do so.
- 1.1.91. Health Insurance Portability and Accountability Act (HIPAA) – The Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- 1.1.92. Health Maintenance Organization (HMO) – See Managed Care Organization.
- 1.1.93. Healthcare Effectiveness Data and Information Set (HEDIS) – A tool to measure performance on important dimensions of care and service, produced by the National Committee for Quality Assurance.
- 1.1.94. Healthcare Portal – This term includes both the Client Healthcare Portal and the Provider Healthcare Portal.
- 1.1.95. Home and Community Based Services (HCBS) – The federal designation for the waiver for alternatives to institutionalization waiver programs under section 1915(c), administered by the Department.
- 1.1.96. Implementation Contract Stages – All of the following stages within this Contract:
  - 1.1.96.1. BPR Contract Stage.
  - 1.1.96.2. Implementation Contract Stage I.
  - 1.1.96.3. Implementation Contract Stage II.
  - 1.1.96.4. Implementation Contract Stage III.
- 1.1.97. Independent Verification and Validation (IV&V) - Processes and products to ensure adherence to Contract requirements and sound engineering practices to meet the Department’s objectives.
- 1.1.98. Interactive Voice Response (IVR) – A technology that allows a computer to interact with humans through the use of voice and Dual-tone multi-frequency tones input via keypad.
- 1.1.99. Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) – A disability benefit that is offered through Medicaid funding for institutions, consisting

of four (4) or more beds, for individuals with mental retardation or developmental disabilities.

- 1.1.100. International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9) – The 9<sup>th</sup> revision to the International Classification of Diseases promulgated by the World Health Organization.
- 1.1.101. International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification (ICD-10) – The 10<sup>th</sup> revision to the International Classification of Diseases promulgated by the World Health Organization.
- 1.1.102. Interoperability – The ability to exchange and use information from multiple machines from multiple different entities.
- 1.1.103. Key Personnel – The position or positions that are specifically designated as such in this Contract.
- 1.1.104. Labor Category – A grouping of similar skills, knowledge, ability, experience and education specific to the labor to be provided.
- 1.1.105. Learning Management System (LMS) – A software application that allows for the administration, documentation, tracking, delivery, and reporting of online training or education programs.
- 1.1.106. Legacy System – The Department’s existing MMIS and supporting systems as of the Effective Date.
- 1.1.107. Level of Care (LOC) – The intensity of medical care being provided by a physician or health care facility.
- 1.1.108. List of Excluded Individuals & Entities (LEIE) – The list maintained by the federal Office of the Inspector General that provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.
- 1.1.109. Long-Term Care (LTC) – A variety of services that help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time.
- 1.1.110. Long-Term Services and Supports (LTSS) – A Medicaid program allowing for the coverage of LTC services, such as Institutional Care and Home and Community Based Long Term Services and Supports.
- 1.1.111. Mailed Date – The date the case manager mails any correspondence to the Member.
- 1.1.112. Maintenance – Routine activities required to sustain normal operations of the Fiscal Agent Operations and the System, including COTS utilized by the Contractor under this Contract and the upkeep of servers and software patches. These activities are not considered Enhancements and do not require a formal Change Management Process to complete.
- 1.1.113. Managed Care Entity (MCE) – An entity that supports the administration of a variety of different managed care service delivery models, including PPO agreements, PHP agreements, vendor contracting arrangements, ACO, Intermediary Service

Organizations, utilization-controlled Fee-For-Service arrangements, PIHP, PAHP, MCO and PCCM.

- 1.1.114. Managed Care Organization (MCO) – A health care system that assumes both the financial risk associated with providing comprehensive medical services and the responsibility for health care delivery in a particular geographic area to MCO members, in return for a fixed, prepaid fee. Formerly referred to as an HMO.
- 1.1.115. MAPIR Collaborative – Representatives from each of the states that have chosen to participate in the collaborative, not including DXC staff.
- 1.1.116. MAPIR Collaborative Change Management Committee (CMC) - The group of individuals responsible for reviewing MAPIR enhancement requests, defects, and makes recommendations for prioritization and scheduling in MAPIR release schedules. Recommendations are brought to the MAPIR Steering Committee for final approval and prioritization.
- 1.1.117. MAPIR Collaborative Subject Area Focus Work Groups – Comprised of Comprised of state staff members from the MAPIR Collaborative. Subject area focus work groups are formed on an as needed basis and take the lead in analyzing business requirements for a specific topic or function for the core MAPIR application.
- 1.1.118. MAPIR Steering Committee – The group of individuals responsible for making high-level decisions regarding the design and development of the core MAPIR application. The committee consists of a representative from each state that agreed to share the core MAPIR application development costs. Pennsylvania leads the Steering Committee, sets the agenda, brings open issues to the meeting and records all decisions related to the MAPIR implementation. In the event Pennsylvania can no longer lead the collaborative the remaining members of the MAPIR Collaborative will nominate and elect a lead state to replace Pennsylvania.
- 1.1.119. Meaningful Use (MU) – A qualification to receive federal funding for health information technology, specifically, the use of Electronic Health Records.
- 1.1.120. Medicaid – The Medical assistance program authorized under Title XIX of the Social Security Act.
- 1.1.121. Medicaid Enterprise – The organizing logic for business processes and information technology infrastructure reflecting the integration and standardization requirements of the Colorado Medical Assistance program’s operating model, which includes the MMIS.
- 1.1.122. Medicaid Enterprise Certification Toolkit (MECT) – A tool created by CMS to assist states in all phases of the MMIS life cycle.
- 1.1.123. Medical Assistance Provider Incentive Repository (MAPIR) – Open sourced software developed and maintained by DXC.
- 1.1.124. Medical Service Questionnaire (MSQ) – A letter sent to Clients, based on Claims payment, to allow the Client to verify that they received the services billed to the Department.

- 1.1.125. Medicare – A health insurance program for the aged and disabled under Title XVIII of the Social Security Act.
- 1.1.126. Medicare Buy-In – A procedure whereby the Department pays a monthly premium to the Social Security Administration on behalf of eligible medical assistance clients, enrolling them in the Medicare Part B program.
- 1.1.127. Medicare Exclusion Database (MED) – The CMS repository and distributor of all the Office of the Inspector General Sanction data that is updated monthly.
- 1.1.128. Medicaid Information Technology Architecture (MITA) – A national initiative, overseen by CMS, that is intended to foster integrated business and IT transformation across the Medicaid Enterprise to improve the administration of the Medicaid program.
- 1.1.129. Medicaid Management Information System (MMIS) - A collection of services and automated claims processing that fulfills, at a minimum, the federal requirements specified in Part 11 of the State Medicaid Manual (CMS Publication 45), program directives and memos, policy statements, and the like that serve as the basis for CMS certification and is compliant with HIPAA requirements, as modified.
- 1.1.130. Transformed Medicaid Statistical Information System (T-MSIS) – The mandatory system for States to submit raw eligibility and claims data to CMS.
- 1.1.131. Milestone – A significant point, event or achievement that reflects progress toward completion of a process, phase or project.
- 1.1.132. National Correct Coding Initiative (NCCI) – A set of coding methodologies required under the ACA.
- 1.1.133. National Council for Prescription Drug Programs (NCPDP) – An entity that creates and promotes standards for the transfer of data to and from the pharmacy services sector of the health care industry.
- 1.1.134. National Drug Code (NDC) - An eleven-digit code assigned to each drug.
- 1.1.135. National Level Repository (NLR) – A system which tracks and stores information on providers’ Meaningful Use of EHR, allowing CMS to determine appropriate HITECH incentive payments for Medicare and Medicaid programs.
- 1.1.136. National Medicaid EDI HIPAA Workgroup (NMEH) – A CMS sponsored workgroup for state collaboration in response to the original HIPAA mandates.
- 1.1.137. National Plan and Provider Enumeration System (NPPES) - The system that uniquely identifies a health care provider and assigns it an NPI.
- 1.1.138. National Provider Identifier (NPI) - A unique 10-digit identification number issued to health care providers in the United States by CMS.
- 1.1.139. National Uniform Billing Committee (NUBC) - A committee comprised of major national provider and payer organizations in order to develop a single billing form and standard data sets that could be used nationwide by institutional providers and payers for handling diagnosis codes within health care claims.
- 1.1.140. Non-Emergent Medicaid Transportation (NEMT) - transportation services for Clients to routine and urgent medical appointments.

- 1.1.141. Nursing Facility – A facility that provides Nursing Facility Services as those are defined in 42 CFR 440, Subpart A.
- 1.1.142. Office of the Inspector General (OIG) – An agency of the United States Department of Health and Human Services that protects against Fraud, waste and abuse by improving the efficiency of the Medicare and Medicaid programs.
- 1.1.143. Office of the National Coordinator (ONC) - An agency of the United States Department of Health and Human Services that is charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.
- 1.1.144. Omnibus Budget Reconciliation Act (OBRA) – The Omnibus Budget Reconciliation Act of 1990, Pub. L. No. Pub.L. 101–508 that defines Medicaid drug coverage requirements and drug rebate rules.
- 1.1.145. Online Analytical Processing (OLAP) - Tools that enable users to interactively analyze multidimensional queries and resulting data from multiple perspectives.
- 1.1.146. Open Source Software - Software that incorporates or has embedded in it any source, object or other software code subject to an “open source”, “copyleft” or other similar type of license terms (including, without limitation, any GNU General Public License, Library General Public License, Lesser General Public License, Mozilla License, Berkeley Software Distribution License, Open Source Initiative License, MIT license, Apache license, and the like).
- 1.1.147. Operational Start Date – The date on which the Department authorizes the Contractor to begin fulfilling its operations and Maintenance obligations under the Contract.
- 1.1.148. Optical Character Recognition (OCR) - The mechanical or electronic conversion of scanned images of handwritten, typewritten or printed text into machine-encoded text for the purpose of electronically searching, storing more compactly, on-line display, and text mining.
- 1.1.149. Order of Selection: The placement date used to determine an individual order on a waiting list shall be one of the following:
  - 1.1.149.1. The date on which the individual was initially determined to have a developmental disability by the CCB or
  - 1.1.149.2. The fourteenth (14th) birth date if the child is determined to have a developmental disability, by the community centered board, prior to the age of fourteen (14).
- 1.1.150. Payment Error Rate Measurement (PERM) - A program to measure improper payments in Medicaid and CHP+ and produces error rates for each program.
- 1.1.151. Pennsylvania Department of Human Services (PADHS) – Serves as the lead state of the MAPIR Collaborative and as such, provides DXC with final direction and formal approvals based on concurrence from the Collaborative.
- 1.1.152. Per Member Per Month (PMPM) - A standard unit of measure for Capitation payments that payers provide to Providers.

- 1.1.153. Personal Health Record (PHR) - Related health data and care information maintained by the patient which may include patient-reported outcome data, lab results, data from devices such as wireless electronic weighing scales, or collected passively from a smartphone.
- 1.1.154. Pharmacy Benefit Management System (PBMS) - The point-of-sale claims processing system for pharmacy benefits.
- 1.1.155. Post-Eligibility Treatment of Income (PETI) - A program for Nursing Facilities to provide services that are not a Medicaid benefit if they are medically necessary and the Client has a patient payment amount.
- 1.1.156. Pre-Admission Screening and Resident Review (PASRR) - A federally required review to help ensure that individuals are not inappropriately placed in nursing homes for long term care.
- 1.1.157. Predictive Modeling - The process by which a model is created or chosen to try to best predict the probability of an outcome to assist with forecasting and trend analysis.
- 1.1.158. Preferred Drug List (PDL) - A formal published list of specific Prescription drug products by brand and generic name that may be reimbursed without a PA.
- 1.1.159. Prescription - A written, faxed or oral order, as required by the Board of Pharmacy, from a practitioner that a certain drug, medical supply, device or service is medically necessary.
- 1.1.160. Primary Care Medical Provider (PCMP) - Health care providers that typically act as the principal point of consultation for patients within a health care system and coordinate other specialists that the patient may need. PCPs enrolled in the ACC are PCMPs.
- 1.1.161. Primary Care Provider (PCP) – A Provider that provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.
- 1.1.162. Prior Authorization (PA) - A requirement mandating that a provider must obtain approval to perform a service or prescribe a specific medication prior to performing the service or prescribing the medication, and is the record of the approved PAR.
- 1.1.163. Prior Authorization Request (PAR) - A request submitted to a health plan for review, accompanied by the necessary supporting clinical documentation for a service or medication, prior to performing the service or prescribing the medication.
- 1.1.164. Problem - A Defect, operational issue or situation regarded as unwelcome or harmful and needing to be dealt with and overcome.
- 1.1.165. Production Environment - The System hardware and software environment designated to the final stage in the release process, which serves the end-users.
- 1.1.166. Program Integrity (PI) – Activities completed by the Department or other entities concerning monitoring the utilization habits and patterns of both members and providers of the Colorado Medical Assistance Program to create a culture where there are consistent incentives to provide better health outcomes within a context that avoids over- or underutilization of services.

- 1.1.167. Program of All-Inclusive Care for the Elderly (PACE) - Comprehensive health services for individuals age 55 and over who are categorized as “nursing home eligible” by the Department.
- 1.1.168. Protected Health Information (PHI) - Individually identifiable health information or health information with data items that reasonably could be expected to allow individual identification.
- 1.1.169. Provider – An individual or entity furnishing medical, mental health, dental or pharmacy services.
- 1.1.170. Provider Enrollment - A completed capture and verification of provider demographic, licensure, disclosure information, and an executed provider participation agreement, including a Provider Revalidation.
- 1.1.171. Provider Enrollment Tool – The product of the Implementation Stage I Contract Stage that will allow providers to be enrolled, re-enrolled and validated through an automated, Web-based application.
- 1.1.172. Provider Healthcare Portal – The secured Web site that is used to submit and retrieve Provider transactions and/or reports, and includes the Provider Enrollment Tool.
- 1.1.173. Provider Preventable Conditions (PPC) – All conditions that are Health Care-Acquired Conditions and Other Provider-Preventable Conditions as defined in the final rule for Medicaid Program; Payment Adjustment for Provider-Preventable Conditions Including Health Care-Acquired Conditions 42 CFR Parts 434, 438, and 447.
- 1.1.174. Provider Revalidation - A completed evaluation verifying that a provider meets Federal and State conditions for participation in accordance with the ACA Provider Screening Rule.
- 1.1.175. Provider Screening - An evaluation that verifies that a provider meets the legal requirements in order to be reimbursed for services provided under the Medicaid or CHP+, without limitations.
- 1.1.176. Quality Assurance (QA) - The planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.
- 1.1.177. Qualified Medicare Beneficiaries (QMB) – A program that covers Medicare cost sharing requirements for certain low-income Medicare beneficiaries
- 1.1.178. Recovery Audit Contractor (RAC) – A contractor selected by the Department to identify and recover improper payments paid to health care providers.
- 1.1.179. Regional Accountability Entity (RAE) – A single regional entity responsible for implementing the Accountable Care Collaborative within its region.
- 1.1.180. Regional Care Collaborative Organization (RCCO) – A contractor, selected by the Department for each of the seven ACC regions, to help Providers communicate with Clients and with other Providers, so Clients receive coordinated care as part of the ACC.



- 1.1.181. Requirements Traceability Matrix (RTM) - A document that compares any two baseline documents that require a many-to-many relationship to determine the completeness of the relationship.
- 1.1.182. Sanction - Penalty for noncompliance with laws, rules, and policies regarding Medicaid, which may include withholding payment from a provider or terminating Medicaid enrollment.
- 1.1.183. Scorecard - A management tool used to compare actual results to business targets or goals.
- 1.1.184. Service Oriented Architecture (SOA) - Software architecture comprised of interoperable, discoverable and potentially reusable services.
- 1.1.185. Service Plan Spending Limit (SPSL) - A spending plan that includes service limits, such as caps and unit limits, included in a Client's service plan established by the Client's case manager.
- 1.1.186. Single Entry Point (SEP) – The availability of a single access or entry point within a local area where a current or potential long-term care client can obtain long-term care information, screening, assessment of need, and referral to appropriate long-term care programs and case management services.
- 1.1.187. Single Sign-On (SSO) - An access control feature of Software applications that allows a user to log in once and gain access to all associated applications, without being prompted to log in for each.
- 1.1.188. Software - A set of programs, procedures, algorithms and its documentation concerned with the operation of a data processing system.
- 1.1.189. Specification - A detailed, exact statement of particulars such as a statement prescribing materials, dimensions and quality of work.
- 1.1.190. Star Schema – A schema that typically consists of one or more fact tables that reference one or more dimension tables.
- 1.1.191. State DXC Project Team – The individual DXC state account project team that is contracted to work with each MAPIR collaborative state to implement, operate, support, upgrade and maintain each state's MAPIR system. The State DXC Project Team works in conjunction with the Core DXC MAPIR Team to integrate and configure the core MAPIR application at the state level and perform custom work requested by the state.
- 1.1.192. State Fiscal Year (SFY) - The twelve (12) month period beginning on July 1st of a year and ending on June 30th of the following year.
- 1.1.193. State Level Registry (SLR) - A system which tracks and stores information on providers' Meaningful Use of EHR at the state level and provides the necessary information for the state to pay an EHR incentive payment.
- 1.1.194. State Self-Assessment (SS-A) - A structured method used to document a state's current Medicaid business enterprise by aligning a state's business areas to the MITA business areas and business processes.

- 1.1.195. Statement on Standards for Attestation Engagements No. 16 (SSAE-16) - The authoritative guidance for reporting on service organizations promulgated by the American Institute of Certified Public Accountants.
- 1.1.196. Support Intensity Scale (SIS) - a tool used by some of the HCBS waiver programs to evaluate the severity of the Client's condition.
- 1.1.197. Supported Living Services (SLS) – A program to provide a variety of services, such as personal care or homemaking needs, employment or other day type services, helping a Client accessing his or her community, help with decision-making, assistive technology, home modification, professional therapies, transportation and twenty-four hour emergency assistance.
- 1.1.198. Surveillance and Utilization Review Subsystem (SURS) – A subsystem that allows Medicaid programs to identify program policy inconsistencies and potential Fraud or provider abuse by identifying aberrant billing patterns.
- 1.1.199. System – The collection of technical and/or automated functions within the Core MMIS and Supporting Services.
- 1.1.200. Systems Integrator - An enterprise that specializes in implementing, planning, coordinating, scheduling, testing, improving and maintaining computing operation.
- 1.1.201. Systems Development Life Cycle (SDLC) - A process of creating or altering information systems, and the models and methodologies that are used to develop these systems. The methodologies form the framework for planning and controlling the creation of an information system.
- 1.1.202. Technology Stack - A Technology Stack comprises the layers of components or services that are used to provide a software solution or application.
- 1.1.203. Third Party Liability (TPL) – The liability of an entity that is, or may be, liable to pay all or part of the medical cost of care for a Medicaid client.
- 1.1.204. TRAILS - The system used by the Colorado Department of Human Services to track foster care clients.
- 1.1.205. Transaction Control Number (TCN) - The unique claim identifier used by the Legacy System.
- 1.1.206. Transmittal - An official document from the Department authorizing the Contractor to perform a specific function that is considered within the Contractor's Scope-of-Work during the Contract, but a Transmittal may not be used for any changes that require an SDLC or follow the Change Management Process.
- 1.1.207. UAT Environment – The System hardware and software environment designated for UAT, in which the Department may perform tests prior to the System or modifications to the System being made available in the Production Environment.
- 1.1.208. Uniform Long-Term Care 100.2 (ULTC 100.2) - the current client needs assessment tool form, as of the Effective Date, used to evaluate whether long term care is appropriate for any given client or potential client.

- 1.1.209. User Acceptance Testing (UAT) - The process to obtain confirmation that a system meets mutually agreed-upon requirements prior to the Department's acceptance of the System or changes to the System.
- 1.1.210. User Interface (UI) – The interface between the Colorado interChange and users.
- 1.1.211. Utilization Management (UM) - The evaluation of the appropriateness, medical need and efficiency of health care services procedures and facilities according to established criteria or guidelines and under the provisions of an applicable health benefits plan.
- 1.1.212. Warm Hand-Off - A call center technique that ensures that if a caller must be transferred, they are passed from one person to another person without being placed on hold or speaking to an automated system.
- 1.1.213. Web Portal - A secure Internet website that contains forms and other information specific to the system and provides the Medical Assistance program enterprise a consistent look and feel for the various applications.

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