STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:	**HP ENTERPRISE SERVICES**
Contractor Address:	195 Scott Swamp Road, Farmington, CT .06032
Contract Number:	05DSS6701IW / 052EDS-MOP-01
Amendment Number:	A8
Amount as Amended:	$208,546,470.00
Contract Term as Amended:	8/17/2005 - 9/30/2016

The contract between HP Enterprise Services (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 9/18/14, is hereby further amended as follows:

1. The total maximum payable under this contract is increased by $15,737,029.00 from $192,809,441 to $208,546,470.00.
    a. $1,737,029.00 of the total funds added to this contract are to support the design, development, implementation and operation of the Electronic Visit Verification (EVV) System as described in paragraph 3 of this amendment.
    b. The remaining $14,000,000.00 is to accurately reflect the maximum value of this contract following a reconciliation of services rendered and payments made for services rendered throughout the term of the contract. Specifically, it was determined that when calculating the maximum contract value we failed to include payments that had been made for Design Development Implementation (DDI) services, thereby understating the contract's maximum value.

2. Effective November 1, 2015 Hewlett Packard Company became two legal entity companies. Hewlett Packard Enterprise (HPE) and Hewlett Packard Inc. (HPI). HP Enterprise Services (HPES) is a wholly owned subsidiary of HPE.

3. Part 1, Section IX. Titled OPERATION PHASE-GENERAL REQUIREMENTS in the original contract shall be supplemented by inserting after section 9.5 the following new 9.6:

    9.6 Electronic Visit Verification (EVV) System:

    a. HPES and the Department mutually agree to modify the MMIS Scope of Work to implement and manage an Electronic Visit Verification (EVV) system for Connecticut's home care programs. HPES will subcontract with Sandata Technologies to configure, implement and operate their commercial Santrax® Payer Management (SPM) Electronic Visit Verification system to support Connecticut's Medicaid home care programs and to interface with the Connecticut MMIS. The

proposal for the EVV Scope of Work has been included as Exhibit A. In the event of a conflict between this Amendment and Exhibit A, the terms of this Amendment shall control.

b. Electronic Visit Verification is a visit scheduling, tracking and billing system that employs controls within the delivery of home based services. Using the telephone registered to the recipient, or other approved devices, caregivers are required to "check-in" when they arrive at a recipient's home and "check out" when the service visit is complete and they leave the home. This check-in and check-out data is used to systematically build claims that are submitted to the MMIS to reimburse the provider agency. The provider is reimbursed only for the time spent rendering service to the recipient.

   i. The following functionality will be implemented for the Connecticut EVV system:

      a. Electronic Visit Verification – including Telephonic Visit Verification™, Mobile Visit Verification™, and Fixed Visit Verification™.

      b. Provider EVV Web Portal – home care visits can be reviewed and confirmed by provider agency staff including validating the electronic visit data and making approved corrections to common errors.

      c. Provider Scheduling Module – allows providers to create schedules based on staffing availability, proximity to the member, and so on, using a quick and easy scheduling tool.

      d. Provider Billing Module – for the automatic generation and submission of 837 claims to the MMIS for those services that match the submission criteria as defined by DSS. Providers can generate billing and payroll records after the visit is properly verified.

      e. Jurisdictional View – enables the Department to have visibility to services through a jurisdictional, HIPAA compliant web portal. This jurisdictional model enables the Department to have a single composite view of the schedules, services and data collected by all participating homecare providers.

      f. Member Status Data Collection and Notification – ability for caregivers to document and alert care coordinators that a client's health status has changed

      g. Plan of Care Change Notification and Attestation – alerts to providers that there has been a change to a client's plan of care.

      h. Santrax Payer Manger Fiscal Agent Setup – allows fiscal agent to act as the client and the caregiver's provider agency. This will be utilized for the initial implementation of EVV for the PCA (Personal Care Assistant) program.

c. The EVV implementation will include both medical services and non-medical in-home services available under the programs listed below.

   i. Home Care Program (CHC)
   ii. Personal Care Assistant (PCA) (PCA Waiver eligible clients only)
   iii. Acquired Brain Injury (ABI) CT

   The client population eligible for these programs has been estimated at 19,000 and the number of providers serving this population is estimated at 390.

d. HPES will manage the Design, Development and Implementation (DDI) and the on-going operations phases of the EVV project. The duration of the DDI phase of the project is scheduled for five (5) months. The on-going Operations phase that will follow the DDI phase and will continue throughout the term of the MMIS contract, or until an agreed upon termination date. Any projected cost savings from the EVV project are estimates only and are not guaranteed. Notwithstanding any other provision of the contract, subject to the term of this Amendment, the Department shall have a nonexclusive, nontransferable, license to use, display and perform the Santrax Payer Management EVV system, in executable format, through Sandata's software as a

service, in accordance with applicable documentation, and except for the limited, non-exclusive, non-transferable license granted in this section, State is not granted any right, title or interest in any intellectual property of Sandata and, for the avoidance of doubt, the Santrax Payer Management EVV system constitutes intellectual property of Sandata. State shall have a license to use any reports or documentation prepared for it under this Amendment.

e. EVV Project Payment terms:

i. DDI Phase Payment - For the implementation phase of the project, HPES will bill the Department two payments. The first payment will be for the EVV software license fees, and will be billed at project startup upon contract execution. The second payment will be the one-time implementation fee and will be billed at system go-live contingent on DSS acceptance of the system into the production environment. This implementation fee will include the EVV system implementation and configuration, provider setup and on-boarding, and building the interface between the MMIS and the SPM system. The table below documents the EVV implementation fees.

EVV PRICING SCHEDULE - DDI PHASE		
Description	Cost	Terms
EVV License Fee	$352,113	Billed at project startup, upon contract execution
Implementation Fee	$894,557	Billed at project go-live, upon DSS acceptance of the system
Total DDI Cost	$1,246,670	

ii. Operations Phase Payment - For the EVV operational phase of the project, HPES and the Department have mutually agreed to amend MMIS Contract section 12.7 Operations Phase – Payment and contract section 12.8 - Adjustment of Operations Payment to include the EVV transaction pricing. The EVV transactions will be added as Pricing Schedule 2 Part 7, and will follow the payment billing structure defined below.

iii. On a monthly basis, HPES will invoice the Department the fixed monthly price of $144,453.00 for the Anticipated Monthly Volume Range of EVV transactions. A monthly volume adjustment will be calculated if the EVV transactions go over or under the anticipated range (unless the EVV transaction monthly volume falls with the Minimum Range defined in line 2 of the Pricing Schedule). If the Anticipated Monthly Volume Range is exceeded, HPES will invoice for the number of transactions over the range in addition to the fixed monthly price on the monthly invoice. If the Anticipated Monthly Volume Range in not met, a per transaction credit for the number of transactions below the range will be deducted from the fixed monthly price on the monthly invoice. A Minimum Range corridor has been included in the pricing schedule. If the EVV monthly transaction volume falls within the Minimum Range, the fixed monthly price of $76,408.00 associated with the Minimum Range will be invoiced for the impacted months in lieu of the Anticipated Monthly Volume Range fixed monthly price and any volume adjustment as described in this paragraph (iii).

iv. The operations fixed monthly price (and the adjustments described in (iii) above) covers the on-going cost of supporting the program which includes EVV transaction cost, help desk/call center staffing, on-going provider training and education, and license renewal fees. HPES and

DSS have mutually agreed to re-evaluate the anticipated EVV transaction threshold range after EVV go-live and periodically thereafter to make adjustments based on actual volumes.

Pricing Schedule 2 Part 7 Operations Phase July 2016 - September 2016								
	Monthly Transaction Volume Range	Transaction Adjustment Range			Fixed Price Per Txn for Volume Range Adjustment	Fixed Monthly Price for Anticipated Transaction Volume Range	Total Price	
1	Minimum Range	0	-	455,297		$ 76,408	$	-
2	- Volume Range Adjustment	455,298	-	607,062	$ 0.13			
3	Anticipated Monthly Volume Range	607,063	-	910,595		$ 144,453	$	433,359
4	+ Volume Range Adjustment		>	910,596	$ 0.13			
	Monthly Fixed Price for EVV Transactions					*$ 144,453*	*$*	*433,359*

v. Operations Phase Payment Fixed Visit Verification (FVV) Fee: For the situations where EVV cannot be supported though a home telephone or a mobile device, FVV devices can be deployed. The FVV device fee is $10 per unit per month, in addition to the monthly fixed fee documented in the Operations Phase pricing schedule. FVV device fees begin on the date the device is received by the agency, ends on the date the device is returned to HPE, and are not dependent on device usage during the month. The Department can determine if clients are eligible to use this device. HPES will invoice the department monthly for the FVV devices is use. There is a $30 replacement fee for lost, stolen, or damaged FVV devices.

vi. HPES and the Department have mutually agreed to an include funding for FVV devices assuming a deployment to ten percent (10%) of the home care population for the anticipated operational period of July 2016 through September 2016. As sum not to exceed $57,000 is included for this purpose, as shown below.

FVV Pricing Estimate Operations Phase July 2016 - September 2016				
Monthly FVV per Device Fee	Clients	Estimated Devices to Deploy (10%)	Estimated Monthly Fee	Total Fee
$ 10	19,000	1,900	$ 19,000	$ 57,000

All terms and conditions of the original contract, and any subsequent amendments thereto, which were not modified by this Amendment remain in full force and effect.

SIGNATURES AND APPROVALS

05DSS6701IW/052EDS-MOP-01 A8

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

Documentation necessary to demonstrate the authorization to sign must be attached.

CONTRACTOR – HP ENTERPRISE SERIVCES

Greg Jackson, Account Executive — Date: 3/16/2016

DEPARTMENT OF SOCIAL SERVICES

Kathleen M. Brennan, Deputy Commissioner — Date: 3/17/16

RODERICK L. BREMBY, *Commissioner*

OFFICE OF THE ATTORNEY GENERAL

~~ASST.~~ Assoc. Attorney General (Approved as to form) Joseph Rubin — Date: 3/22/16

EXHIBIT A

TO AMENDMENT 8
TO DSS CONTRACT
052EDS-MOP-01/05DSS6701IW

HP Solution for Electronic Visit Verification and Monitoring

State of Connecticut Department of Social Services

January 11, 2016 Revision

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Executive Summary

For 30 plus years, HP Enterprise Services has worked side-by-side with the Department of Social Services (DSS) in building, enhancing, and operating the Medicaid system to support the needs of the State, the provider community, and the recipient population. Our experience and expertise with the Connecticut Medicaid program provides us unique insight into opportunities that could bring value to DSS. We have identified such an opportunity with Electronic Visit Verification (EVV) for home care services. Throughout this proposal we will present a validation, monitoring and reporting solution that has saved other States millions of benefit dollars without cutting reimbursement rates to Providers, or restricting services to Recipients.

Connecticut's Medicaid population is growing, and the State has aggressive goals to reduce/rebalance the cost of the Long Term Services and Supports by continuing to move recipients out of high cost facilities into home care environments. Properly administering resource dollars is becoming more and more of a challenge, and an absolute necessity with shrinking budgets and growing demands. The EVV solution we are presenting provides technology that significantly reduces billing errors and fraudulent billing behavior, reduces the administrative process for Providers to manage scheduling and claims submission, and provides the Department additional insight into how, when, and where home care services are being provided. These controls and jurisdictional oversight of the home care programs will provide cost savings to DSS, and additional assurance that recipients are receiving the services the State is providing for them.

HP is pleased to provide a proposal to implement and manage an Electronic Visit Verification and monitoring system for Connecticut's home care programs. HP with Sandata, a leading supplier of EVV solutions. Today, Sandata processes $2 billion Medicaid transactions annually, serves over 4,500 customers nationwide, and verifies over 110 million visits each year through their data centers. Our combined solution HP and Sandata have previously had great success partnering in Florida to provide this solution, generating over $23 million in savings during State Fiscal Year 2010. States using the Sandata solution have seen savings of 5 to 20% of their service dollars.

As documented in the Pricing and Assumptions section of this proposal, a gross annual cost savings of over $9.8M can be achieved by implementing the EVV program in Connecticut. This cost reduction is assuming the lower end (5%) of savings experienced in other States.

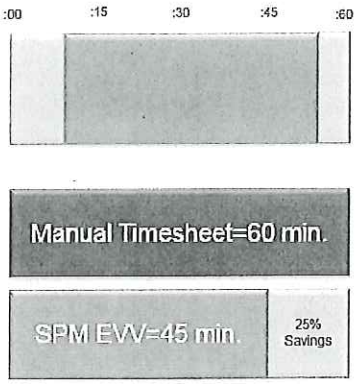
We look forward to working with DSS on taking the next steps in evaluating if this program is right for Connecticut. We, with our partner Sandata, are available to answer any questions you have on this proposal or the EVV solution.

Solution Overview

For the Connecticut Medicaid program, HP proposes the use of Sandata's Santrax® Payer Management (SPM) Electronic Visit Verification system. SPM Electronic Visit Verification is a visit scheduling, tracking and billing system that employs controls within the delivery of home based services. Using the telephone registered to the recipient, or other approved devices, caregivers are required to "check-in" when they arrive at a recipient's home and "check out" when the service visit is complete and they leave the home. This check-in and check-out data is used to systematically build the claims that are submitted to the Medicaid claims processing system to reimburse the provider agency. The provider is reimbursed only for the time spent rendering service to the recipient.

Caregivers are no longer able to pad their time and agencies are unable to bill for visits that did not occur

- In this example, rather than a standard rounded entry of 60 minutes, the EVV tracks that only 45 minutes are spent on site
- Program savings, reduced fraud, understanding of services rendered



SPM is a modular solution comprised of the following:

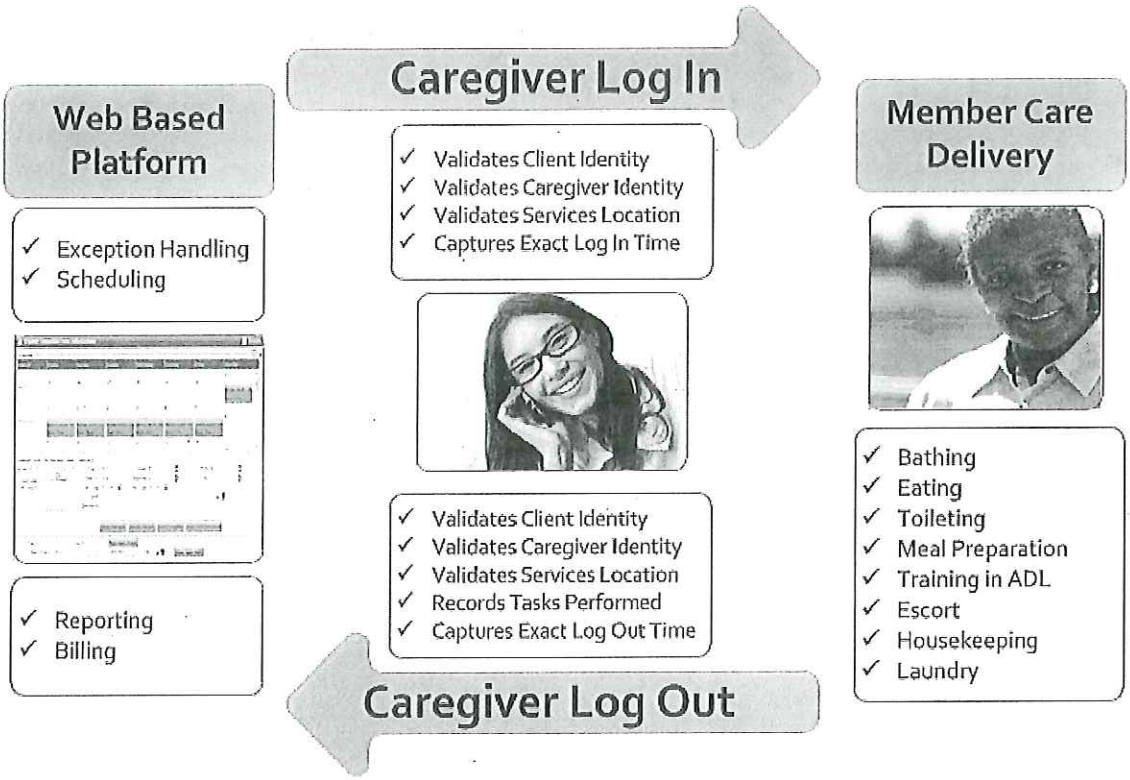
1. ***Electronic Visit Verification*** – including Telephonic Visit Verification™, Mobile Visit Verification™, Fixed Visit Verification™ and Speaker Verification, to make sure visit verification is occurring at the point-of-care.
2. ***Provider EVV Web Portal*** – all aspects of the home care visit can be reviewed and confirmed by provider agency staff including validating the electronic visit data and making approved corrections to common errors.
3. ***Provider Scheduling Module*** – allows providers to create schedules based on staffing availability, proximity to the member, and so on, using a quick and easy scheduling tool.
4. ***Provider Billing Module*** – for the automatic generation of 837 claims for those services that match the submission criteria as defined by DSS. Providers can generate billing and payroll records after the visit is properly verified.
5. ***Jurisdictional View*** – enables the Department to have visibility to services through a jurisdictional, HIPAA compliant web portal. This jurisdictional model enables the Department to have a single composite view of the schedules, services and data collected by all participating care providers.

SPM provides the foundation necessary for greater control and insight into clinical, financial and operational processes. With the implementation of SPM the Department will receive the following benefits

- **Prevent Fraud, Realize Cost Savings:** SPM helps to reduce fraud in home care delivery by removing the elements most closely associated with improper recordkeeping, including paper timesheets. By introducing automation, caregivers/attendants are no longer able to bill for more time than actually spent with the client.
- **Payer Oversight and Monitoring:** This model provides real-time jurisdictional views for the Department, allowing them to track service delivery. This type of data drives increased compliance and quality of care, and supports safety net models to make sure care is provided to those most in need.
- **Visit Verification:** Providers have a web-based visit maintenance application that is used by home care agency personnel to review and correct any missing visit data and exceptions. Any discrepancies are immediately flagged for further review. Visits edited in this matter are captured with an audit trail, indicating which user made the edit with a mandatory reason code. A complete audit trail of changes is available to support any and all audit functions. SPM automatically matches actual visits against scheduled visits. Visits are scheduled directly from the authorization for services, for the closest possible compliance with the plan of care. Any deviation from the schedule is flagged as an exception for both the State and the Providers.
- **Access to Task Data:** This gives the State a view of the tasks that are actually being done for clients during the home visit.
- **Analytics and Reporting:** The solution provides reporting tools that enable the Department to have near real time data and dashboards as well as retrospective reporting capabilities.
- **Automated Delivery Verification and Alerts:** SPM tracks incoming authorizations so visits are scheduled in compliance with the plan of care. Missed visits generate alerts, informing the Department, and Providers that the care plan is not being followed. This real time electronic monitoring improves compliance and verifies the delivery of necessary care.
- **Authorization – Claims Matching:** A consistent rules based billing and scheduling software platform across all Providers makes sure the only claims sent to HP are claims where the authorization matches the service delivery. This process significantly reduces the number of fraudulent or incorrect claims that enter the MMIS for payment processing.

Providing an end-to-end electronic solution to automate home care delivery.

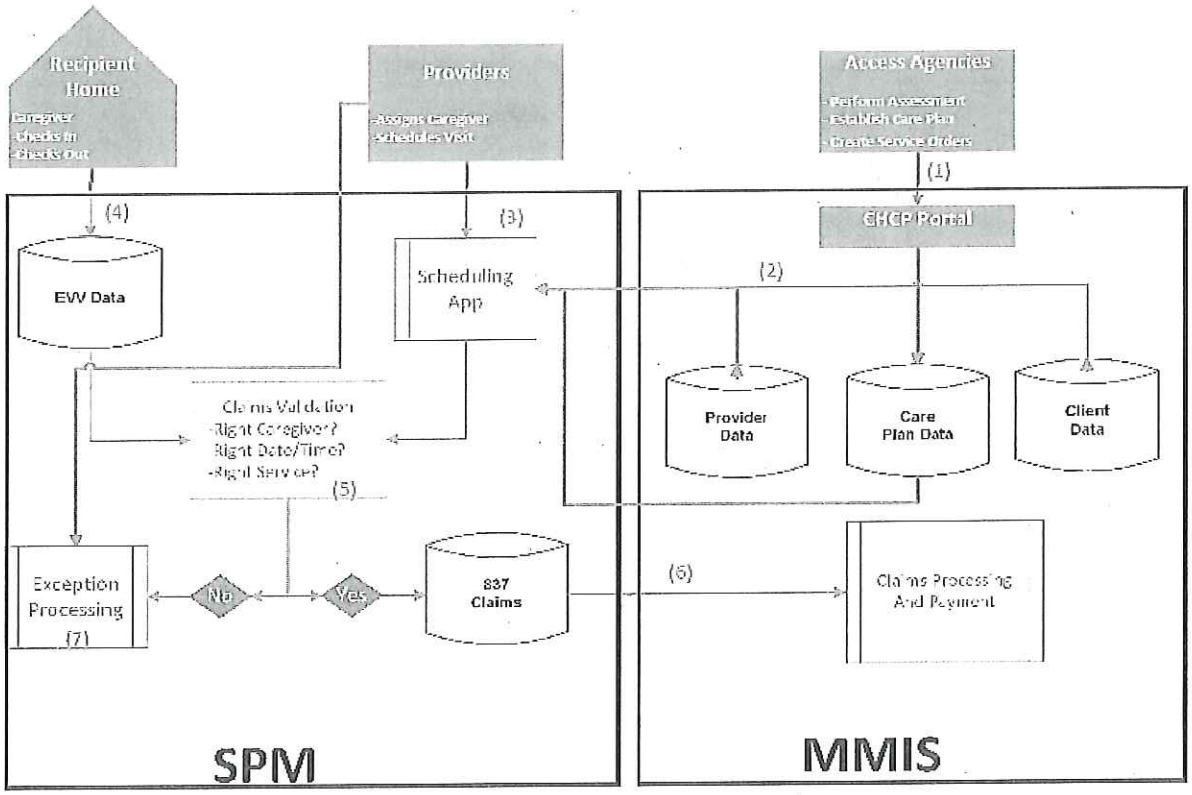
Home care agencies will receive immediate benefit from the end-to-end, streamlined process and improved efficiencies provided by SPM for billing. SPM empowers agencies to proactively manage caregivers' schedules and their recipient base and provides a user-friendly tool to electronically bill for home health services. Provider agencies have a powerful new tool to optimize schedules and know if a member is receiving the care they need.



Home Care agencies and the Department each realize cost savings through efficiencies and fraud, waste and abuse mitigation.

Santrax Payor Management and MMIS Integration

The diagram below shows the end to end EVV flow and how the SPM will integrate with the Connecticut MMIS. This is a proven integration approach that HP has successfully worked to implement with its partner, San Data.



1. Care plan data is entered into the MMIS.
2. Extracts of care plan data, recipient data, and provider data are transmitted from the MMIS to the SPM Scheduling application.
3. Providers use the scheduling application to schedule their recipient visits.
4. Caregivers' check-in/check-out of the recipient home care service visit.
5. The check-in/check-out data is captured and edited against the recipients care plan.
6. Valid data is used to build claims that are transmitted to the MMIS for processing.
7. Exceptions are presented to the Provider for resolution.

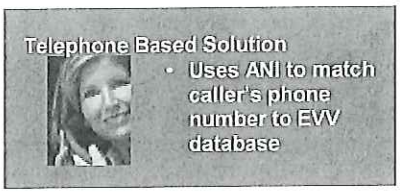
Solution Details

ELECTRONIC VISIT VERIFICATION

Santrax® Electronic Visit Verification™ is a leading time and attendance solution for home care agencies. Santrax EVV verifies visits, improves quality of care, and streamlines back-office processes. EVV supports the entire home care continuum as it validates data instantaneously in real-time and stores the data via the web with 24/7 accessibility. Caregivers provide information at the point-of-care via EVV. Arrival and departure times, location of service delivery, client and direct care provider IDs, and tasks performed during a visit are documented and tracked.

SPM provides multiple technologies for your providers to ensure that visit verification is occurring at the point-of-care; helping to guard against allegations of fraud and abuse, while improving care including: Santrax® Telephonic Visit Verification™ ("TVV™"), Fixed Visit Verification™ ("FVV™"), Speaker Verification.

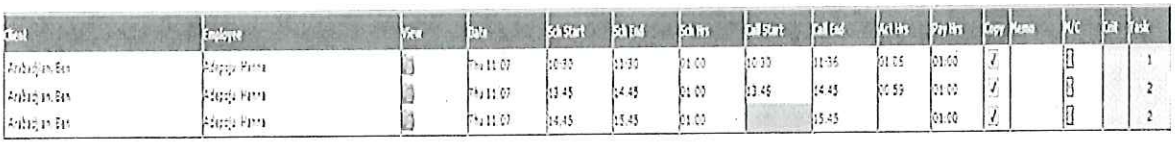
Telephonic Visit Verification



Santrax Telephonic Visit Verification offers a 24/7 telephony solution whereby a provider staff dials a United States based toll free number and inputs their personal identification number. In Santrax TVV, valid and acceptable home phone numbers for each recipient are loaded into the system. Then, the system uses Automatic Number Identification technology to validate the location where the call originates.

The number called from, the call time(s), the client, and the unique staff ID are captured on each call. If the number does not match to a pre-loaded and acceptable phone number for the recipient, it is automatically flagged as an unknown number.

At the end of the visit, the provider staff will make a second call, enter a PIN number, and the system will again conduct the caller ID match. The provider staff can also enters tasks performed during the visit. Once the provider staff has properly called in and out of the system, the visit is automatically flagged, as confirmed as shown below.



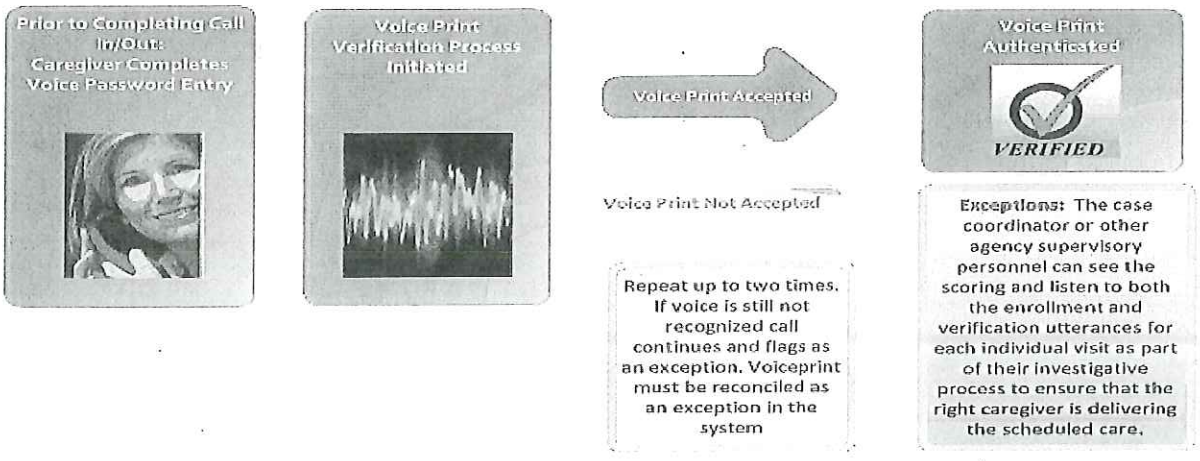
Confirmed visits are ready to be sent to HP via an electronic 837 claim record.

Fixed Visit Verification

Fixed Visit Verification is a low cost, patented technology alternative to verify visits when no landline or cellular service is available. Providers request a device for a recipient via a registration process developed with DSS and upon DSS approval, devices are uniquely assigned and provided to recipients. The assigned Fixed Visit Verification device is installed in the home or service location. Upon arrival at the recipient's location, the caregiver will push the FVV button once to generate a random number on the FVV screen. The caregiver will write down the number to represent the visit start time. At the conclusion of the visit, the caregiver will push the FVV button again, generating a second random code. This code is recorded by the caregiver. The caregiver can use any phone (land line or cell phone) at a later time to call in the visit, using the two codes to represent time in and time out any time up to seven days from the original date of service.

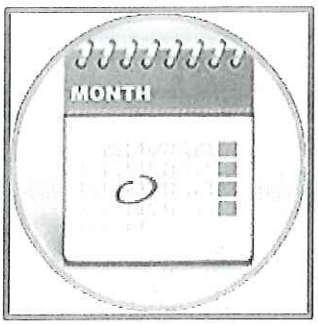
Speaker Verification

Though it is not part of our current proposed solution, an additional layer of security and compliance assurance is available with Speaker Verification. Speaker Verification uses biometric voice recognition technology to ensure the right caregiver is providing service to the right recipient. The Speaker Verification module is a simple and reliable process that enhances the time and attendance data collection process and does not impede the ability of the caregiver to record their information. Each caregiver is enrolled in the Speaker Verification system during implementation by speaking a simple passphrase three times, which is stored as his or her voiceprint. This enrollment process is generally done in the presence of supervisory personnel to ensure the identity of the individual being enrolled. The Speaker Verification process is illustrated below.



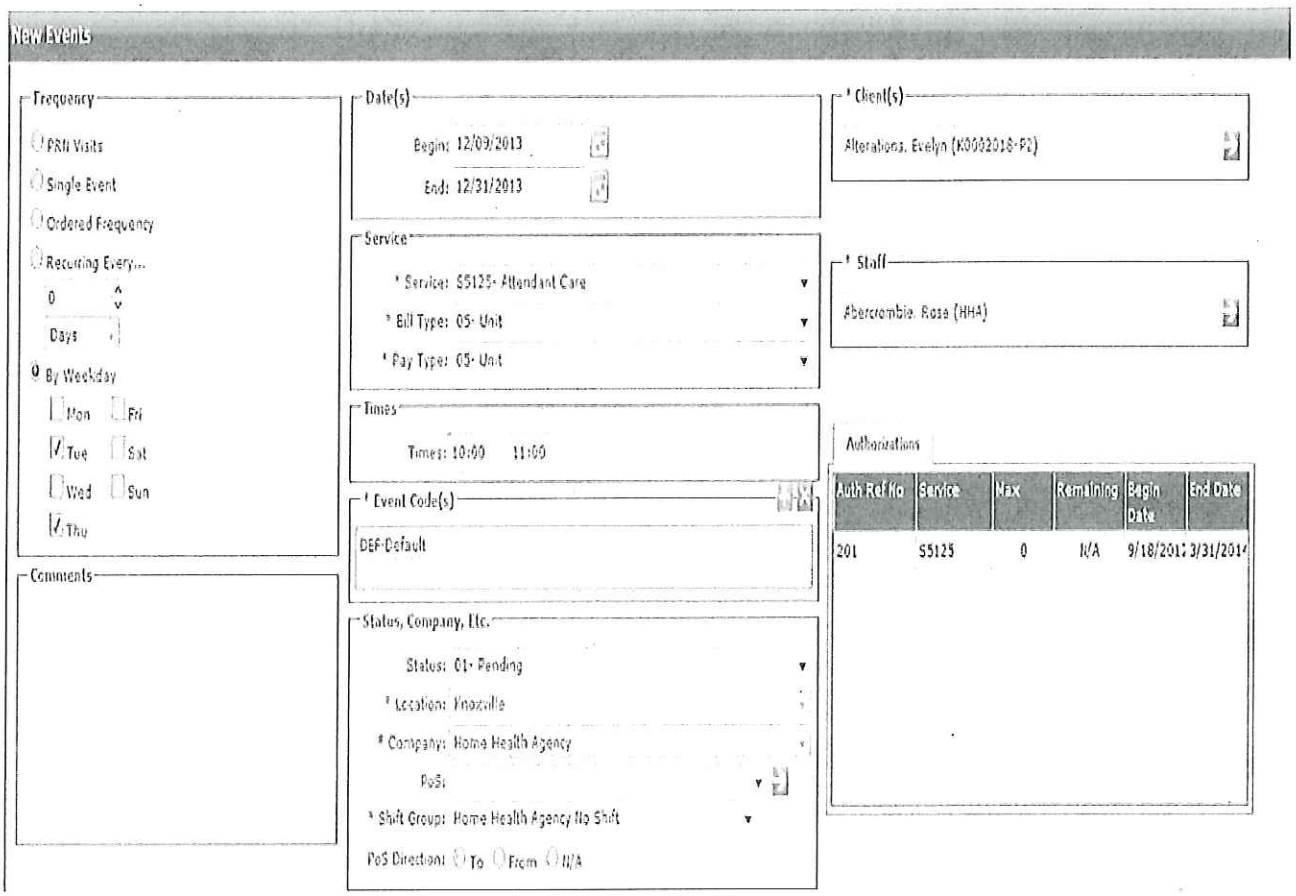
Speaker Verification adds another layer of security for caregiver identification.

Agency Management—Scheduling and Billing



Agency Management is defined as software for home care scheduling and billing, used by the providers to manage their business.

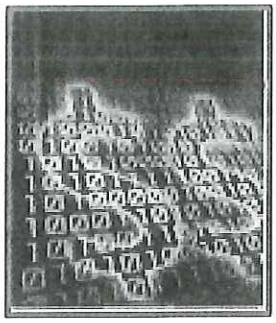
The Agency Management module is a powerful billing and scheduling engine designed to maximize efficiency for providers. It is fully integrated with the EVV module and uses MMIS authorization and data files to ensure quality assurance and improved provider workflow. The Agency Management incorporates creation of schedules from authorizations with real-time validation. The Advanced Scheduling Module provides proximity and attributes searching, with real-time validation of staff compliance. Schedules can be viewed in a calendar, weekly or detailed format. A configurable alert system provides enhanced visibility and compliance tracking for administrators of schedule variances.



The scheduling module allows providers to schedule single events, create recurring schedules, and quickly update schedules as needed.

CLAIMS VALIDATION

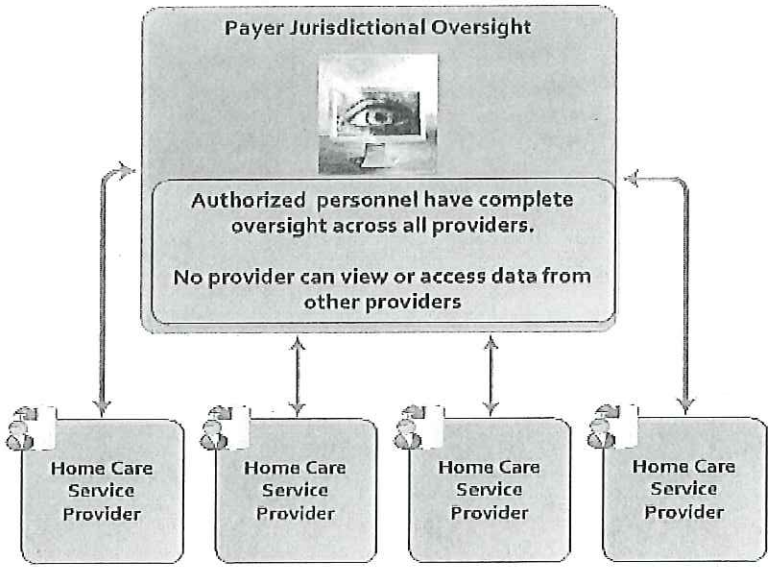
Unfortunately, billing errors and fraud are widespread in home care. Millions of dollars are lost through fraud, waste and abuse. One of the most powerful tools available to combat billing fraud is claims validation. With pre-submission claims validation, the only claims that are paid are claims that are supported with properly validated visits. Our solution ensures that the only claims that are transmitted for payment are clean claims in that they have been verified against the authorization as well as matched to a properly electronically verified visit.



JURISDICTIONAL VIEW

Jurisdictional oversight capabilities integrate powerful provider management tools, dashboards and reports to give DSS real time insight and retrospective reporting capabilities into the delivery of home care services.

The reporting engine provides the ability to build versatile reporting mechanisms from the data collected during service delivery. Data in the Santrax system is available to use for data modeling, benchmarking and tracking of quality indicators.



Connecticut Specific Enhancements

In this section we will present our understanding of the additional requirements, our proposed solution to the requirements, and pricing for the additional functionality.

The following additional requirements are presented in this enhancements section of the Document:

- Integration with Third-Party Agency Management Systems (Optional Service)
- Mobile Visit Verification Application
- Member Status Data Collection and Notifications
- Plan of Care Change Notification & Attestation
- Consumer-Direct Program Options
- Expand EVV for Home Health Services
- EVV Savings Study

MOBILE VISIT VERIFICATION

Santrax Mobile Visit Verification™ ("MVV") uses GPS technology, verifying caregiver location and visits via GPS enabled devices (smart phones and tablets).

MVV features and functionality that are currently available include:

- Mobile visit verification
- Check in / check out
- GPS based location verification
- Generic Plan of Care
- Worker notes
- GPS exception map

With MVV, caregivers access Sandata's mobile application on their own GPS-enabled device via a unique user name and password. Upon authentication, caregivers are provided access to only their assigned clients and the application verifies the identity of the service recipient as part of the clock-in process. GPS coordinates are captured and compared to the client file sent from DSS to ensure the care delivery location is approved for the client. The begin date/time are recorded once the caregiver selects the "start visit" (as shown in Figure 1) in the application and the end date/time are recorded upon selecting "end visit".

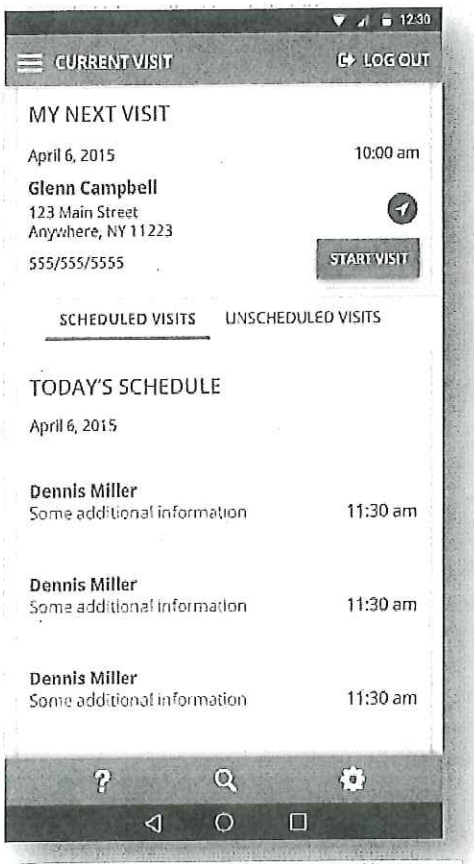


Figure 1. Sandata's MVV allows caregivers to verify caregiver visits using a mobile device.

Tasks are also available within the MVV application, and completed tasks are recorded at the conclusion of the visit. Figure 2 shows the home screen and task lists used by caregivers when documenting visits.

Santrax MVV uses cellular technology and GPS technology to pinpoint the location of each caregiver via their mobile device as shown in Figure 3. Supervisors access an online map web page through the Santrax web application.

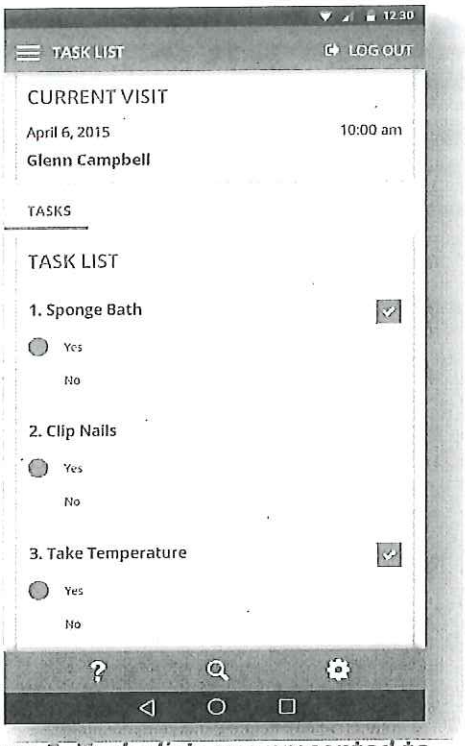


Figure 2. Tasks lists are presented to the caregiver and their completion documented at the point of care.

Figure 3. Santrax MVV pinpoints the exact location of the caregiver through our GPS application.

Our proposal assumes a 'Bring Your Own Device' (BYOD) mobile program where the caregiver downloads the Sandata application on their own device and uses their data plan for visit verification transmission.

The table below lists the price for implementing and on-going support of MVV.

Mobile Visit Verification Application		
Mobile Application Access Fee	$ 70,432	One Time Fee
Annual Maintenance Access Fee	$ 14,085	Annual (included in the on-going operational fee)
Pricing Notes		
Access Fees: Fee is for utilizing Sandata's mobile visit application SaaS (Software as a Service) solutions and does not include any custom development. These fees include annual maintenance fees to support upgrades and updates and are included in the on-going operational fee. Pricing assumes a 'Bring Your Own Device' (BYOD) mobile program where the caregiver downloads the Sandata application on their own device and uses their data plan for visit verification transmission.		

MEMBER STATUS DATA COLLECTION AND NOTIFICATION

Through the MVV application (see Mobile Visit and Verification section above), caregivers also have the capability to document any change in member status or member needs and provide feedback to the care coordinator. The question set, responses and frequency are configurable by service and payer. Please refer to Figure 4 for a sample question set.

Alert capabilities are available to notify care managers that the member may require additional review by the care manager in near-real time.

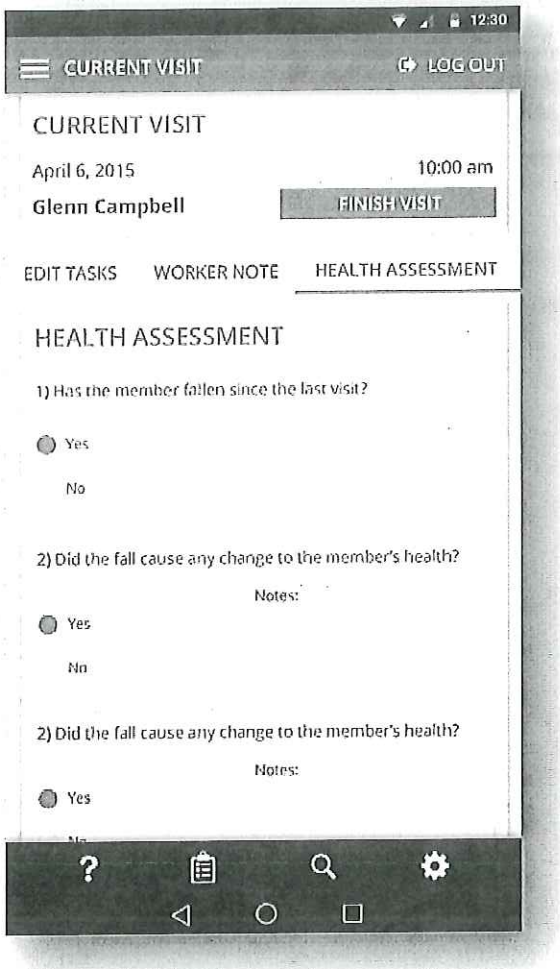


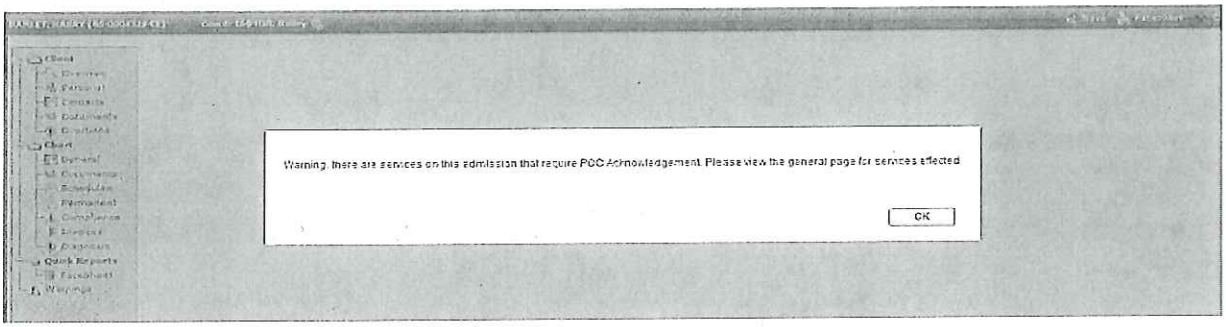
Figure 4. Member status questions are configurable and can be generated based on business rules.

The table below lists the price for implementing member status and data collection.

Member Status Data Collection and Notification - MVV Application		
Member Status Data Collection and Notification Set up	$14,085	One Time Set up Fee
Pricing Notes		
Data Collection and Notification: A one-time fee for the configuration and any required data integration for the data collection capability on the mobile application.		

PLAN OF CARE CHANGE NOTIFICATION & ATTESTATION

The EVV system can be configured to alert providers when there are changes to their recipient's plan of care. The notification function can be configured to ensure the provider attests to receipt and the delivery of home care services as detailed in the recipient's plan of care. When a new or change in authorization is detected via the MMIS to EVV authorization data file integration process, the EVV system will initiate a 'pop-up screen' similar to that in Figures 5. The messages and responses can be configured specific to DSS program requirements.



Figures 5. The provider care plan notification and attestation sample.

> *As a PROGRAM provider, I hereby attest that I have received the Plan of Care for this PROGRAM member. I acknowledge understanding of the services and will accurately and timely provide care as outlined in the plan. Failure of timely acknowledgement could result in disruption of reimbursement.*
>
> *Responses:*
> *Yes I Attest*
> *No I Do Not Attest*
> *Cancel Attestation*

DSS can access Plan of Care attestation jurisdictional reporting that allows them to monitor provider attestation compliance and response. This process can be a powerful tool in managing provider networks and holding providers accountable to service delivery that aligns with the plan of care.

The table below lists the price for implementing plan of care notification and attestation.

Plan of Care Notification & Attestation		
Implementation and Configuration	$63,571	One Time Fee
Implementation and Configuration Fees: Fee for the core attestation functionality in the Sandata SPM system based on agreed program business rules. Attestation 'pop-up' language can be configured to meet DSS program needs.		

CONSUMER-DIRECT PROGRAM OPTIONS

Verifying caregiver visits for the consumer-direct population is equally important as verifying visits documented by home care agencies. Sandata offers two mechanisms by which to verify visits:

1) ***Santrax Member Management*** portal used by Consumer-directed members or their authorized representatives
2) ***Santrax Payer Manager*** deployed for Fiscal agent to act as the member and caregiver's provider agency.

DSS has determined that the Santrax Payer Manager Fiscal Agent Setup option would be utilized for the initial implementation of EVV for the PCA (Personal Care Assistant) program. We have included information for Santrax Member Management as in the optional services section of the proposal as reference for future consideration.

SANTRAX PAYER MANAGER FISCAL AGENT SET UP AS EVV AGENCY

Fiscal Agents can be set up in the system with a distinct set of privileges limited through role-based access. Fiscal Agent system users can be authorized to access the Visit Maintenance screen (similar to an agency provider) so they can view visits, address exceptions, (i.e. missed visits), edit information and approve visits.

Santrax EVV automatically records all caregiver log in and log out calls for all visits as they occur as shown in Figure 8. Check In and Check Outs are available via the Santrax Visit Maintenance module and, via the system's dashboard. If the caregiver fails to check in or out, the EVV system automatically creates an exception and flags the visit as having a missing call. Once a successful check out is completed, the visit updates to reflect a properly verified visit.

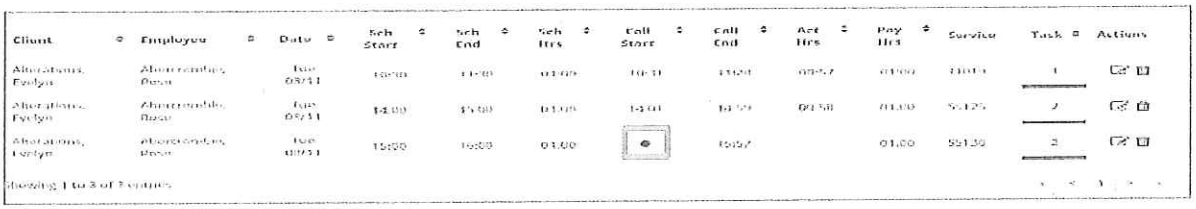


Figure 8: In this example Santrax Visit Maintenance is recording calls as they occur. For the third visit, the caregiver forgot to place an in call at the start of the visit. This visit has

The table below lists the price for implementing Santrax Payer Manager Fiscal Agent Set up.

Santrax Payer Manager Fiscal agent set up as EVV agency		
Implementation Fee Configuration	$56,719	One Time Fee

EXPAND EVV FOR HOME HEALTH SERVICES

DSS has determined that they will expand the services covered under the EVV program to include Home Health medical services. For the initial implementation, the department will include Home Health medical services for the Wavier Programs only (CHC/PCA/ABI).

The inclusion of Home Health Medical Services will add an additional 90 providers to the EVV program. To estimate the number of visits for these services HP evaluated the 2014 utilization data.

The table below documents the assumptions HP made estimating the number of visits for the Home Health Medical Services. Using these assumptions, an estimate of 88,047 monthly visits has been calculated, which equals 176,093 EVV transactions per month.

HP and DSS have mutually agreed to re-evaluate the anticipated EVV transaction threshold range after EVV go-live to make adjustments based on actual volumes.

Visit Analysis for Home Health Medical Services				
Service	Spend	*Units	Clients	Visits Assumptions
S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	$20,262,142.94	210,588	11,265	1 visit per client per month. (11,265 visits/month)
T1004 - Services of a qualified nursing aide, up to 15 minutes	$20,041,080.54	3,172,150	5,517	An average visit is 1 hour which is 4 units. (66,087 visits/month)
T1502 - Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	$4,068,737.36	67,858	865	Each unit is a visit (5,655 visits/month)
S9124 - Nursing care, in the home; by licensed practical nurse, per hour	$2,872,541.18	29,865	5,040	1 visit per client per month. (5,040 visits/month)
T1002 - Rn services, up to 15 minutes	$3,023.90	125	53	
T1503 - Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	$2,560.66	42	9	
T1003 - Lpn/lvn services, up to 15 minutes	$109.64	4	2	
				88,047 total visits/month

* Units shown are annual totals, when units were used to estimate visits, the unit value was divided by 12 to get to the monthly number

With the total anticipated number of providers that will require orientation and on-boarding to use the EVV system, HP and DSS have mutually agreed to add the cost of renting facilities to support on-site provider on-boarding/training . The facilities cost include PCs with internet connections and the internet browser software required to conduct hands on training. The cost presented in the table below assumes 24 seat class rooms in Hartford area for 30 days.

The table below documents the cost to the Department to include Home Health Medical Services in the EVV program

Expand EVV for Home Health Services		
Provider Setup, Outreach/Training	$64,583	One Time Fee
Monthly EVV Transaction Fee	$22,892	HP and DSS will evaluate if the EVV transaction corridor needs to be adjusted after go-live.
Facility rental cost for on-site provider On-boarding	$52,817	Cost for a 24 seat class rooms with PCs and Internet for 30 days of rental in Hartford area

EVV Savings Study

To provide DSS data on the effectiveness of their EVV program, Sandata will fund a third party savings outcome study for the DSS EVV program at no additional cost to DSS. The general study agreement guidelines are outlined below, and will be finalized during the EVV program implementation:

- Sandata and DSS will identify an appropriate unbiased third party entity to conduct the EVV outcomes study, such as a university or quality organization.
- The general study design will be pre and post EVV HCBS claims dollars.
- Sandata, DSS and the third party organization will mutually agree and document the study design within 3 months of EVV program launch.
- DSS will provide the necessary data to support the study design, including the HCBS program baseline data.
- Sandata will determine if the outcome study will be published and will be able to use the outcome study in future marketing materials and publications.

Experience and Qualifications

HP has partnered with Sandata because of their unmatched national and state EVV experience. They are a thought leader and employ industry best practices across their systems and business. They meet or exceeded clients' expectations as evidenced by multiple, independent, third-party published outcomes results.

AHCA

"We were very pleased with Sandata's implementation team. They did everything necessary to ensure that the Telephony Program went live on time and worked well from the start. Sandata provided comprehensive and effective training opportunities to our Medicaid enrolled home health providers before and after implementation. Sandata has continued to be responsive to our needs during the operational phase of the program."

– Beth Kidder, Bureau Chief, Medicaid Services, Florida Agency for Health Care Administration

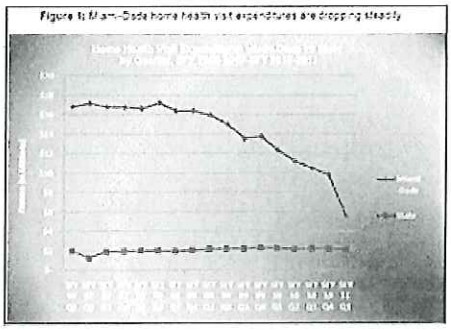
Florida's Agency for Health Care Administration Outcomes

In 2009, the Florida Legislature passed Senate Bill 1986, which authorized the Agency for Health Care Administration to implement pilot projects in Miami-Dade County to prevent the overutilization of home health services and to control, verify and monitor the delivery of home health services. The state issued an RFP on December 7, 2009, which was subsequently awarded to Sandata. The Sandata/HP jointly supported program launched March 1, 2010, on time and on schedule. The state expanded the program statewide for additional services; the expansion launched October 1, 2012, on time and on budget.

Results

The program reduced claims costs by $5M in the first seven months of operation, representing a 50% drop in claims volume as shown below.

FLORIDA MEDICAID



From AHCA's February 2, 2011 evaluation report to the Governor and Legislature:

From annual report released October 1, 2011:

"After one full year of piloting this strategy, AHCA reports a decrease of 50% in claims paid for home health visits in SFY 2010-2011 when compared to the prior year. This program also resulted in a reduction in home health care visits by 51% during the same time period."

Miami-Dade realized a 50% drop in claims volume and $5M reduction in claims cost in less than a year.

For more details on AHCA's study, the complete report can be found by clicking on this link: Florida DMV Report.

Further, the 2011 Annual report of Florida's Medicaid and Public Assistance Strike Force Report states that AHCA reported a decrease of 50% in claims paid for home health visits in

SFY 2010-2011 when compared to the prior year and that the program also resulted in a reduction in home health care visits by 51% during the same time period.

The second evaluation year, 2012, fared just as well. According to the 2012 Strike Force Annual Report, year two of the Delivery Monitoring and Verification ("***DMV***") program is expected to have generated substantial additional savings for Medicaid expenditure in Miami-Dade County. Preliminary statistics show that ***the dollar amount of claims paid in year two of the program was 15% lower than in year one, resulting in an estimated additional savings of $3.5M. The second year's savings are in addition to the $19M cost reduction (46%) achieved in the programs first year.***

Sandata and HP are proud of the benefit and savings they have brought to Florida's Medicaid program. The 2011 and 2012 reports which highlight the DMV program can be found by clicking on this link: Florida Medicaid Strike Force. AHCA is so pleased with the program's success that they have mandated EVV for MCOs as the state moves their Medicaid program to a managed care environment.

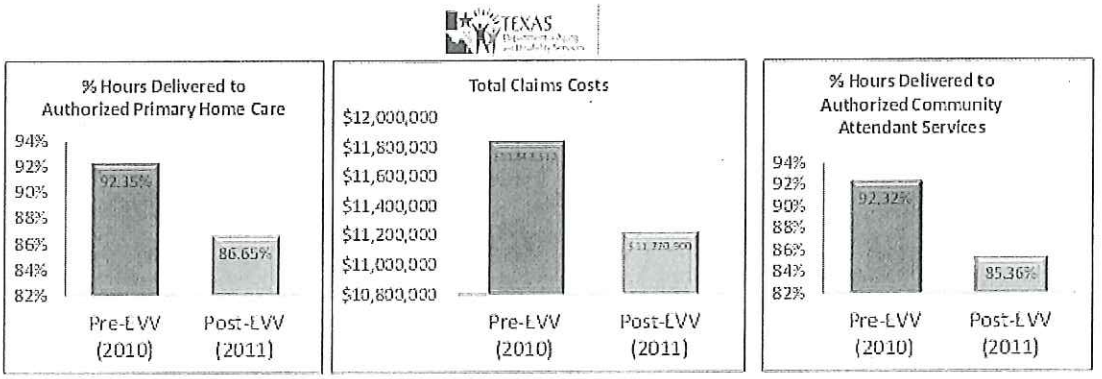
Texas Department of Aging and Disability Services ("DADS") Outcomes

On March 1, 2011, the Texas DADS launched a pilot program for EVV in Region 9. The program has since expanded and over 900 Texas providers use our EVV solution.

Results

Preliminary results showed the following:

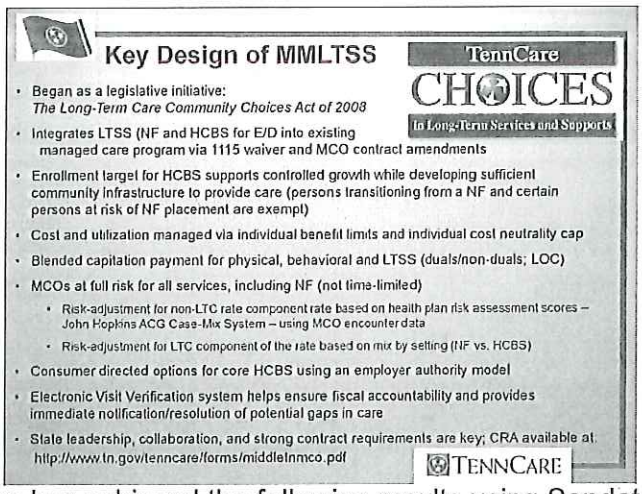
- ✓ 5% - 7.75% savings in the first four months of operations;
- ✓ 5% decrease in hours delivered to authorized hours; and
- ✓ 4.8% net savings.



We understand that today the program savings are approaching 8%.

TennCare Program Outcomes

As Tennessee moved to Managed Care, TennCare required their MCOs to choose an EVV Vendor. All three TennCare MCOs independently selected Sandata as their EVV vendor.



Results

The TennCare MCO EVV program was launched in August 2010. According to their presentation for the National Association of Medicaid Directors, Fall 2012 Meeting, October 29, 2012, TennCare states that their Electronic Visit Verification system helps provide fiscal accountability and provides immediate notification/resolution of potential gaps in care. In just two years, TennCare has achieved the following results using Sandata's EVV system:

- ✓ 97% of all in-home services scheduled over the last year were provided; of those visits that did not occur as scheduled, the overwhelming majority (roughly 75%) were initiated by the member (not the provider); back-up plans are required in either case; and
- ✓ > 99.75% of all scheduled in-home services provided over the last year were on time.

This presentation can be found or by clicking on this link: **Trends in Medicaid LTSS**, beginning on page 53.

Training, Education & Outreach

OUTREACH PLAN

HP will develop an outreach plan that is appropriate for the target audiences. We will offer a variety of channels and tools to support outreach communications efforts provider bulletins, surveys, targets stakeholder meetings. Outreach efforts are conducted both during and after the implementation and training phases of the project.

Outreach discussions begin early on in the project, starting at the kick-off meeting, until the plan and the communications materials themselves are developed. The plan will outline specific outreach activities and timing and audience for each activity. The plan will also contain the approved communications materials including provider bulletins, letters, presentations, welcome packet materials, etc. No communications materials will be distributed without approval from the Department.

TRAINING AND SUPPORT

Training and outreach activity is core to the success of the program to confirm all stakeholders are aware of the program, the impact to them, and are fully trained to successfully use the SPM system. User training of the SPM system will include content focused on web based system access, user set up, caregiver training, scheduling, visit corrections, and billing and submitting claims. Training can be provided a variety of ways, including independent computer based training, trainer led web based training, and trainer led classroom training. Designated providers must participate in training prior to program launch in order to access and prepare their SPM system.

As we move from implementation to operations, we will continue to support the provider community and provide on-going training and support required to achieve success this this program. HP is proposing adding 3 call center agents to answer questions about the new program and to provide ongoing support. We will maintain this staffing level throughout the operations phase of the contract, or until a mutually agreed upon time between HP and DSS. We will provide the flexibility to adjust the staffing levels to meet the program needs with a minimum 30 day lead time.

For post-launch support, Providers will also have access to a toll-free support line for level 2 technical support. The Technical Support service line will be available Monday through Friday, 8:00 a.m. - 5:00 p.m.

Implementation Approach

STAFFING

Implementation Team

A strong and smoothly run implementation helps provide for overall program success. We will use a work stream approach to project management. At each stage in the implementation, different groups are responsible for specific tasks within a functional area. Once the tasks are complete, the Project Manager confirms that the individuals responsible for the next phase are notified and receive the data they need to execute their stage of the process. Through this discipline of planning, organizing, securing and managing resources, and dividing the implementation tasks into distinct work streams, HP can confirm the successful, on-time completion of specific project goals and objectives.

Each implementation project is assigned a lead project manager and a team of work stream resources representing all key areas of the process including technology, data exchange, reporting, training, documentation, and account management. The table below illustrates each key staff member and their associated roles.

Project-Specific Implementation Team

Key Staff		Primary Responsibilities
Executive Sponsor		• Regularly updates leadership team; • Establishes scorecards and tracking of milestones; and • Escalates implementation issues to confirm project receives the highest level of priority and appropriate resources.
Program Manager		• Primary point of contact during implementation period; • Provides implementation management leadership, thought leadership and guidance throughout project; and • Meets with DSS and HP staff on a regular basis both telephonically and on-site to review project status, business rule options and configurations, and maintains issues log.
Work Stream Managers	Technology/Data Exchange Lead	• Works with HP's IT staff to confirm that all imported and exported data are available and in the correct format for processing.
	Project Analyst	• Documents end-to-end processes to confirm that all contractual reporting requirements are met; • Assists with business requirements gathering and development of the business rules for system configuration; and • Assists in the system configuration process.
	Project Management Office ("PMO")	• Develops and manages project plan for implementation

Key Staff		Primary Responsibilities
		• Works closely with Program Manager and Workstream managers to oversee deliverable due dates and implementation progress
	Outreach Lead	• Develops outreach plan for all key stakeholders; and • In conjunction with HP and DSS, coordinates and executes on all activities within approved outreach plan.
	Training and Documentation Lead	• Responsible for developing and executing the training plan; and • Assess the scope, methodologies and documentation needs for all training constituents. • Responsible for all training documentation and outreach materials; • Confirms user guides and training materials reflect all project requirements; and • Confirms all marketing and outreach materials adhere to customer's communications standards.

PHASED APPROACH AND SCHEDULE

Phased Implementation Approach

A phased implementation approach will be used for this project. This phased approach to deployment helps break down many tasks into key milestone phases. By segregating the work into these distinct phases and work streams, Project teams from DSS, HP and Sandata can easily distinguish the phases and track the implementation's success.

Each phase of the project is further detailed below.

Project Preparation Phase

This phase of the implementation includes:

- ✓ Sales to Implementation Transition
- ✓ Pre-Kick-off Activities

Sales to Implementation Transition: Throughout the sales process, the sales team communicates closely with operations to confirm all internal stakeholders are aware of upcoming new business and implementation timelines. Once the contract is executed, the sales team meets with the assigned implementation team and jointly moves into the next phase.

Pre-Kick-Off Activities: A series of internal preparatory activities begin, resources are finalized, and a project SharePoint is established for storing all project- and contractual-related documentation. Key preparatory activities include the creation of a cross-functional work stream team, finalization of project control process and development of a functional design outline. Lastly, an official internal kick-off meeting is held with the sales team, Executive Project Sponsor, Senior Executive Leadership, and the Project Manager.

Project Review Phase

The Project Review Phase begins with an onsite kick-off meeting to review the project tools and documentation. The sales and implementation teams jointly participate in the kick-off meeting to confirm a smooth transition between the contracting process and the ongoing implementation.

At this time, key assumptions and plans for requirements management are reviewed. During the Joint Requirements Sessions (JRS), our team will work closely with all stakeholder groups to review, finalize and document all requirements and configuration options. Configuration options are many and include, but are not limited to:

- ✓ **Data** – assumptions are documented including types of files (add, change, delete) and timeframes for submitting data;
- ✓ **Claims Submission** – configuration options include rollup rules for visits occurring for one member on the same day, claim data requirements, and billing rules for more than one patient in the same household;
- ✓ **Payroll Rounding** – There are multiple options for rounding minutes for payroll purposes; and
- ✓ **Alerts** – configuration options include conditions for receiving an alert, timeframe for alert following a scheduled visit, and alert recipient(s).

The functional design and finalization of the business requirements document are iterative processes. Upon receiving initial sign-off, we will work with Sandata's product team reviews the configuration options for validity and timeframes to complete. The business requirements document is further refined, as needed. Once the Functional Design is complete, we will develop use cases and test plans.

Configuration Phase

The configuration phase includes establishing the business rules within SPM, any systems configuration activities, unit testing, and code reviews. These activities are followed by multiple stress tests that are reviewed by the Project Manager, and DSS.

System Testing

System testing begins with the creation of the Quality Assurance environment, followed by execution of the test plans. SPM configuration testing, interface testing and user acceptance testing also occurs as part of the larger process. Once testing is concluded, the production environment is finalized to confirm compliance and security. Networking security, load balancing and system testing are performed on the production environment.

Outreach and Training

HP will provide a variety of appropriate channels and tools to support outreach communication efforts to all key stakeholders. Outreach activities begin at kick-off and continue throughout the implementation period.

Representatives from both Sandata and HP will participate in all program design sessions during the implementation process to capture configuration rules and identify any needs for new or revised training materials to match the program design. This team works closely with the Project Manager to update and/or create training materials that are specifically tailored to this program.

Go-Live Phase

This phase marks the date that all systems are available for full use. Providers will begin to input data in the system through the SPM web platform.

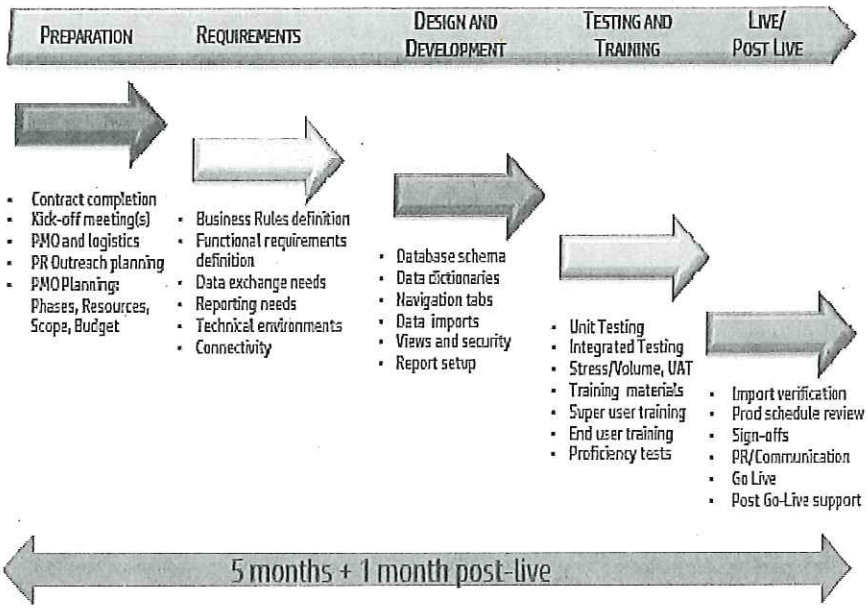
Implementation to Account Management Transition

Approximately 30 to 45 days post go live; the implementation team completes the transition from active implementation to ongoing account management. During the implementation phase, the long-term program manager is incorporated into the process as early as possible. This allows for continuity and reduces the learning curve for transition.

Operations

This phase moves the project from the implementation phase and transitions it to routine operations. A post project review is performed with DSS by the Program Manager to confirm all requirements have been met and all open issues are closed out. Formal project completion sign off is obtained from DSS.

Timeline—High Level



DATA EXCHANGE

The Sandata software solutions .net architecture, Oracle database and XML data schema facilitate virtually any type of interface or customized data exports required. Data interfacing can be accomplished in multiple fashions, including, but not limited to, bi-direction data exchange via web service utilizing an XML data format and batch interfacing using files with Comma Separated Values (CSV) via secure FTP (SFTP) sites.

HP will work with DSS to confirm all data extracts meet the needs of the EVV program. The program data files are outlined below.

Imports from HP to Sandata: The following imports will be provided as agreed in the program design finalized during the implementation phase.

- Recipients
- Service Providers
- Authorizations/Care Plans

Exports from Sandata to HP: The following export will be scheduled to be sent to the HP MMIS system as agreed in the program design finalized during the implementation phase.

1. 837 Claims File

✓ Sandata, in concert with HP, will initiate a series of test imports for each category of data (members, service providers). The results of the testing will be provided to the State for final sign-off.
✓ Sandata will setup a timed script to manage the import of files and the processing of them to the service providers' appropriate data tables.

2. In addition, Sandata can provide a full data extract from our EVV system in our standard format which can be transmitted to HP or DSS to be loaded into the Data Warehouse or other tools if desired. This file will include key data of each EVV transaction such as recipient ID, caregiver ID, time in, time out, tasks and GPS positioning data.

REPORTING

STANDARD REPORTING

Sandata will provide the ability for users to generate standard reporting from within the SPM application which includes static report generation, reporting dashboards, drill down capabilities, and report export features.

SPM includes extensive reporting capabilities for the State and the providers.
All data is written in real time to tables and live processes execute on demand. This combination confirms maximum availability of up-to-the-minute data for reporting. The

State has the added benefit of jurisdictional oversight and reporting over *ALL* home care service providers, while providers will only have access to their own data.

All reports are available on-line and can be generated by any authorized user from any computer without the need for special system setup. Reports can be viewed without printing, saving time and resources. Since SPM provides "live" reports, users can run reports and leave them open while working in other areas of the system. Live reports can be updated (refreshed) with current data with a single button.

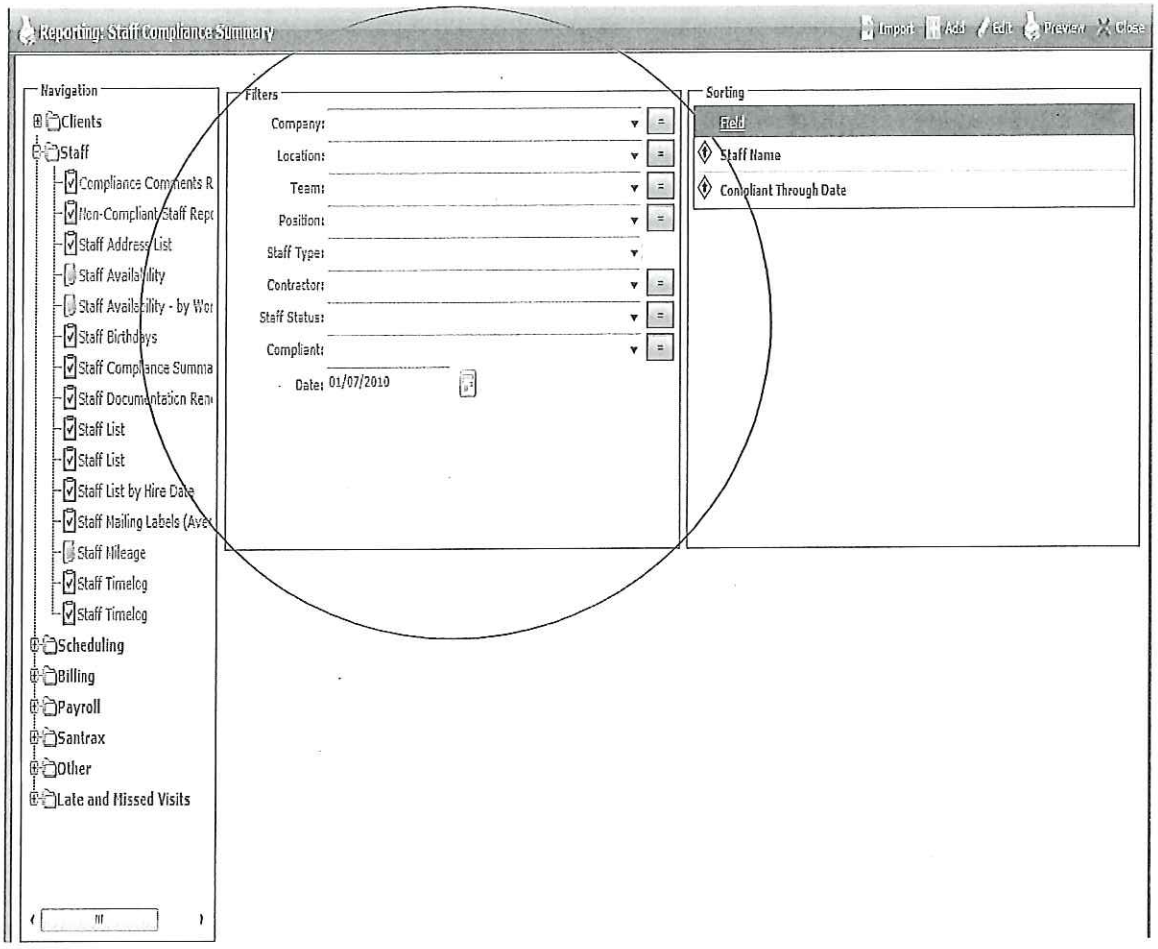
All Santrax reporting is available on demand and can be run in detail and summary format. Reports can be reviewed on the screen, printed, and saved to a file. Exported files can be saved to caregivers' local systems for their use. Once generated, a live report can be exported in any of several standard formats:

Report Export Formats
Crystal Reports (.rpt)
Adobe Acrobat (.pdf)
Microsoft Excel (.xls)
Microsoft Excel Data Only (.xls)
Microsoft Word (.doc)
Rich Text Format (.rtf)

Reporting Filters

SPM uses Microsoft SQL Server SSRS and Crystal reports to store data and generate system reports. SPM provides a simple and easy to use reporting screen, allowing the user to filter and select the exact data needed.

For example, the illustration below shows available filters for compliance reporting, allowing the user to modify the report for their specific caregiver to show profile by location, by staffing levels, etc.



Reporting filters allow users to narrow or expand the data queries quickly and easily.

Reports Targeting Fraud and Abuse

Our solution will help Connecticut focus in on fraudulent activities in our monthly Executive Summary report. All of the data below has been blinded to provide confidentiality for our existing clients. The figures are proxies for actual savings achieved in a similar state SPM program.

Examples of Fraud Monitoring include:

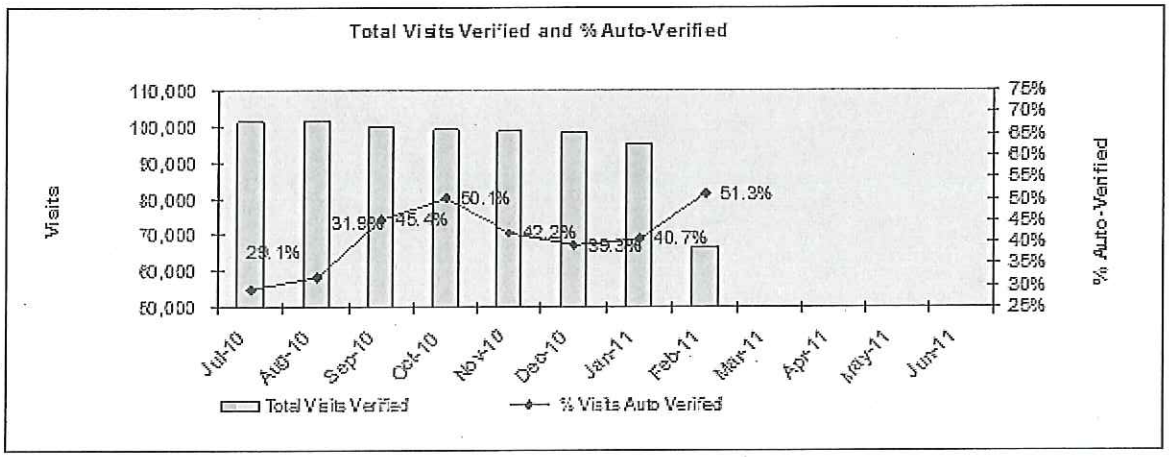
✓ Claims dollar and volume comparisons pre and post go live over time

State SPM Program Home Care Visits Reimbursement - Monthly Decreases

	Monthly Reimbursement			% Change
July-09	$3,495,087	July-10	$2,689,449	-23%
August-09	$3,347,109	August-10	$2,456,879	-26%
September-09	$3,189,506	September-10	$2,345,663	-26%
October-09	$3,258,869	October-10	$2,017,744	-38%
November-09	$3,654,906	November-10	$1,844,755	-49%
December-09	$3,554,289	December-10	$1,766,443	-50%

Sandata's Executive Summary shows the monthly decreases in claims reimbursements as SPM addresses elements of fraud and abuse.

✓ Data on the number of visits automatically verified vs. those that required a manual adjustment by a provider for missing data.



The State can track verified vs. auto-verified visits, an aid to monitoring potential fraud.

We can also provide a client specific data file of currently available SPM data elements to support the loading of SPM data into the Connecticut Medicaid Data Warehouse. Frequency and format will be agreed upon during the program design phase of the implementation process.

Assumptions and Pricing

ASSUMPTIONS

Based on January 7th – 11th 2016 correspondence between DSS and HP related to DSS's ability to mandate EVV for home care services for self-directed consumers. HP and DSS have mutually agreed remove these services from the base proposal. Modifications have been made to the Operational fee section and the cost saving section. The Self-Directed services have been added to the optional services section on the proposal.

The following high-level assumptions were made to develop the operations phase pricing schedule.

- The EVV program will be initially implemented for the following programs
  - CT Home Care Program (CHC)
  - Personal Care Assistant (PCA) (PCA Waiver eligible clients only)
  - Acquired Brain Injury (ABI)
  - Home Health Medical Services for Waiver Programs
- An authorization/plan of care will be in place for all services that will be managed under EVV.
- Each home care visit generates 2 transactions, clock-in and clock-out
- Fixed Visit Verification devices would be used by 10% of the client population

Using data from the Data Warehouse, HP performed analysis of the Connecticut home care services for 2014.

The tables in the section summarize the utilization analysis for the non-medical and medical services the will be included in the EVV. The anticipated cost savings and our proposal pricing is based upon data derived from this analysis. The following assumptions have been made:

- 19,000 recipients will be receiving home care service that will be monitored by EVV
- each recipient will receive 20 non-medical home care visits per month
- for the medical services we are estimating 88,000 home health visits per month for this population of recipients
- 390 providers will on-boarded, configured ,and set up to use SPM application

2014 Utilization Data - Medicial and Non-Medication Home Care Services				
Procedure Description	**Paid Amount**	**Units**	**Recipients**	**Claims**
Non-Medical Services (Excludes Individual PCA Services)				
1021Z - PERSONAL CARE SERVICES: PER 15 MINUTES	$ 51,599,103	11,021,003	3,340	62,622
1210Z - COMPANION SERVICE - AGENCY PER 1/4 HOUR	$ 44,587,559	12,795,515	9,772	184,165
1023Z - PERSONAL CARE SERVICES: PER DIEM, AGENCY	$ 43,028,586	244,542	1,637	44,180
1214Z - HOMEMAKER SERVICE - AGENCY - PER 1/4 HOUR	$ 42,492,536	10,556,962	13,737	260,561
T1004 - Services of a qualified nursing aide, up to 15 minutes	$ 20,041,081	3,172,150	5,517	109,151
1536P - Companion Services Per 1/4 Hour (18-Hour/Day Max.)	$ 12,371,990	3,409,432	400	7,752
1022Z - PERSONAL CARE SERVICES: OVERNIGHT, AGENCY	$ 1,696,583	13,256	185	2,460
1206Z - CHORE SERVICE AGENCY 1/4 HOUR	$ 378,418	95,676	516	2,839
1208Z - CHORE SERVICE - HIGHLY SKILLED / HOUR	$ 39,477	119	53	53
1230Z - RESPITE CARE IN THE HOME 1/4 HOUR - HOME HEALTH AIDE	$ 31,550	5,902	8	165
1244Z - RESPITE CARE OUT OF THE HOME-PER HOUR-OTHER/RESPITE CARE OUT OF TTHE HOME PER HOUR OTHER	$ 20,620	1,944	5	12
1236Z - RESPITE CARE- CHRONIC CONVALESCENT NURSING FACILITY-PER DAY/RESPITE CARE-CHRONIC CONVALESENT NURSING FACILITY-PER DAY	$ 7,793	35	4	6
1226Z - RESPITE CARE IN THE HOME 1/4 HOUR- COMPANION/RESPITE CARE IN THE HOME- 1/4 HR. COMPANION	$ 5,924	1,632	1	2
1240Z - RESPITE CARE LICENSED HOME FOR THE AGED-PER DAY/RESPITE CARE- LICENSED HOME FOR THE AGED PER DAY	$ 5,460	71	4	6
1228Z - RESPITE CARE IN THE HOME 1/4 HOUR - HOMEMAKER/RESPITE CARE IN THE HOME 1/4 HOUR-HOMEMAKER	$ 1,795	764	1	34
Non Medical Services Total	$ 216,308,475			
Medical Services				
S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	$ 20,262,143	210,588	11,265	143,441
T1004 - Services of a qualified nursing aide, up to 15 minutes	$ 20,041,081	3,172,150	5,517	109,151
T1502 - Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	$ 4,068,737	67,858	865	9,442
S9124 - Nursing care, in the home; by licensed practical nurse, per hour	$ 2,872,541	29,865	5,040	24,361
T1002 - Rn services, up to 15 minutes	$ 3,024	125	53	61
T1503 - Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	$ 2,561	42	9	19
T1003 - Lpn/lvn services, up to 15 minutes	$ 110	4	2	2
Medical Services Total	$ 47,250,196			
Grand Total	$ 263,558,671			

The table documents recipient counts, average home care visits per week, and the services that will be monitored with EVV for non-medical services.

Home Care Program Assumptions

Program	Clients	Average Visits per Week	Services
CT Home Care Program (CHC)	17,000	20	1021Z - PERSONAL CARE SERVICES: PER 15 MINUTES 1210Z - COMPANION SERVICE - AGENCY PER 1/4 HOUR 1023Z - PERSONAL CARE SERVICES: PER DIEM, AGENCY 1214Z - HOMEMAKER SERVICE - AGENCY - PER 1/4 HOUR T1004 - Services of a qualified nursing aide, up to 15 minutes 1536P - Companion Services Per 1/4 Hour (18-Hour/Day Max.) 1022Z - PERSONAL CARE SERVICES: OVERNIGHT, AGENCY 1206Z - CHORE SERVICE AGENCY 1/4 HOUR 1208Z - CHORE SERVICE - HIGHLY SKILLED / HOUR 1230Z - RESPITE CARE IN THE HOME 1/4 HOUR - HOME HEALTH AIDE 1244Z - RESPITE CARE OUT OF THE HOME-PER HOUR-OTHER/RESPITE CARE OUT OF TTHE HOME PER HOUR OTHER 1236Z - RESPITE CARE- CHRONIC CONVALESCENT NURSING FACILITY- PER DAY/RESPITE CARE-CHRONIC CONVALESENT NURSING FACILITY-PER DAY 1226Z - RESPITE CARE IN THE HOME 1/4 HOUR-COMPANION/RESPITE CARE IN THE HOME- 1/4 HR. COMPANION 1240Z - RESPITE CARE LICENSED HOME FOR THE AGED-PER DAY/RESPITE CARE- LICENSED HOME FOR THE AGED PER DAY 1228Z - RESPITE CARE IN THE HOME 1/4 HOUR - HOMEMAKER/RESPITE CARE IN THE HOME 1/4 HOUR-HOMEMAKER
Personal Care Assistant (PCA) The initial implementation will include the 1,500 clients currently in the PCA Waiver that are moving to CFC. The additional 1,700+ non-waiver CFC clients will be included in EVV on a future release	1,500	20	1227Z PCA Individual Per Diem Prorated Hourly 2040Z Support Broker 2042Z Support and Planning Coach, Individual 2043Z Support and Planning Coach, Agency 3020Z PCA Individual Overnight Prorated Hourly

Home Care Program Assumptions				
Program	Clients	Average Visits per Week	Services	
Acquired Brain Injury (ABI)	500	20	1021Z	Personal Care Services
			1232Z	Respite Care In The Home
			1531P	Community Living Support
			1533P	Chore Service Individual
			1536P	Companion Services Per 1/4
			1537P	Companion Individual
			1546P	Independent Living Skill
			1560P	Pre-Vocational Services Per Hour

PRICING

IMPLEMENTATION FEES

For the implementation phase of the project, HP will bill the Department two payments. The first payment will be for the EVV software license fees and will be billed at upon contract execution at project startup. The second payment will be the one-time implementation fee and will be billed at system go-live contingent on DSS acceptance of the system.

The table below documents the EVV implementation fees.

EVV Pricing Schedule - DDI Phase		
Description	Cost	Terms
EVV License Fee	$352,113	Billed at project startup, upon contract execution
Implementation Fee	$894,557	Billed at project go-live, upon DSS acceptance of the system
Total DDI Cost	$1,246,670	

This pricing includes the pricing for implementing the standard Sandata solution, and the DSS requested enhancements documented in this proposal. It does not include any custom development work. Custom development includes any reporting or system changes requested by the Department that are outside of the solution presented in this proposal. Any requests for custom development must be approved by the Department and HP through the Change Management Process. HP will track, report, and invoice these services to the Department.

The Implementation fees include the following items:

Software License Fees: License fee for Sandata software is included in the implementation price. License fees are for using Sandata's SaaS (Software as a Service) solutions.

SPM Technical Implementation Fee and Provider Set Up: This includes setup and configuration the EVV portion of the SPM system, including any visit verification methodologies selected by the Department (TVV, MVV, FVV, and Speaker Verification), and includes standard jurisdictional reporting.

The implementation fee also includes set up, testing and deployment of 390 Provider agency accounts. A Provider Agency is defined as having a single NPI or Tax ID number, and will be set up with a single Sandata account. If a Provider Agency has more than one NPI or Tax ID number, OR has a single NPI or Tax ID number and determines they want more than one account to support multiple locations, lines of business, or training needs, the Agency must notify the Department/HP of that request. If the Department and HP approve the request, additional accounts will be created.

Provider Onboarding: Onboarding services to Provider Agencies are included in the Implementation fee. This includes development of program materials to the Department's and HP's mutually defined program specifications for the EVV program (once Business Rules are finalized). Additionally, an environment will be created to be accessed and used by provider agencies during training classes. Training materials and training classes are available in English; if additional languages are required for materials, translation fees will apply.

HP Technical Implementation: Development and testing of the Recipient, Provider and Authorization/Care Plan extract files from the MMIS to the SPM system, and the development and testing effort to load Sandata EVV data into the DSS Data Warehouse.

OPERATIONAL FEES

For the operational phase of the project, HP is proposing a fixed fee billing structure that aligns with the MMIS contract transaction fee schedule structure. This fixed fee will cover the on-going costs of supporting the program which include: EVV transaction cost, help desk/call center staffing, ongoing provider training and education, on-going maintenance and monitoring of the data exchange between the MMIS and the SPM system, and SPM license maintenance fees.

We have calculated an anticipated monthly volume of 936,000 EVV transactions using the anticipated number of recipients from our 2014 analysis, and the number of visit assumptions for non-medical and medical services.

For non-medical services we assumed each client will receive the industry standard 20 visits per month. For each home care visit, 2 EVV transactions are required, a check-in transaction and a check-out transaction. The calculation used in determining the anticipated monthly EVV transaction count for non-medical services: (Recipient count * monthly visit count * EVV transactions per visit) = (19,000 * 20 * 2) = 760,000.

For medical services, the number of visits was estimated using the 2014 utilization data. 88,000 medical visits were calculated using this data (refer to the table in the "Expand EVV for Home Health Services" section of this proposal for the details on this determination). The calculation used to determine the anticipated monthly EVV transactions for medical services: (monthly medical visits * EVV transactions per visit) = (88,000 * 2) = 176,000.

To allow for program growth and volume fluctuation, an anticipated volume range like those in place in the MMIS base contract, has been calculated for the EVV Pricing schedule. Also included in the pricing schedule is a per transaction fee if the volume of transactions go above or below the anticipated range. DSS will receive a per transaction charge in addition to the fixed monthly fee if the number of EVV transactions go over the anticipated threshold. DSS will receive a per transaction credit if the number of EVV transaction are below the anticipated range. A minimum monthly fee with the minimum EVV transaction volume is being proposed and is presented in line 1 of the fee schedule shown below.

The following table contains the proposed fixed monthly pricing schedule for the operations phase.

Pricing Schedule 2 Part 7 Operations Phase							
	Monthly Transaction Volume Range	Transaction Adjustment Range			Fixed Price Per Txn for Volume Range Adjustment	Fixed Monthly Price for Anticipated Transaction Volume Range	Annual Price
1	**Minimum Range**	0	-	455,297		$ 76,408	$ -
2	- Volume Range Adjustment	455,298	-	607,062	$ 0.13		
3	**Anticipated Monthly Volume Range**	607,063	-	910,595		$ 144,453	$ 1,733,439
4	+ Volume Range Adjustment		>	910,596	$ 0.13		
	Monthly Fixed Price for EVV Transactions					***$ 144,453***	***$ 1,733,439***

Operations Phase Payment Fixed Visit Verification (FVV) Fee: For the situations where EVV cannot be supported though a home telephone or a mobile device, FVV devices can be deployed. The FVV device fee is $10 per unit per month, in addition to the monthly fixed fee documented in the Operations Phase pricing schedule. FVV device fees begin on the date the device is received by the agency, ends on the date the device is returned to HPES, and are not dependent on device usage during the month. The Department can determine if clients are eligible to use this device. HPES will invoice the department monthly for the FVV devices is use. There is a $30 replacement fee for lost, stolen, or damaged FVV devices. Pricing assumes standard deployment of FVV.

For budgeting purposes HP assumed that 10% of the client population would require FVV devices. Table below presents the proposed pricing for the EVV project by state fiscal year.

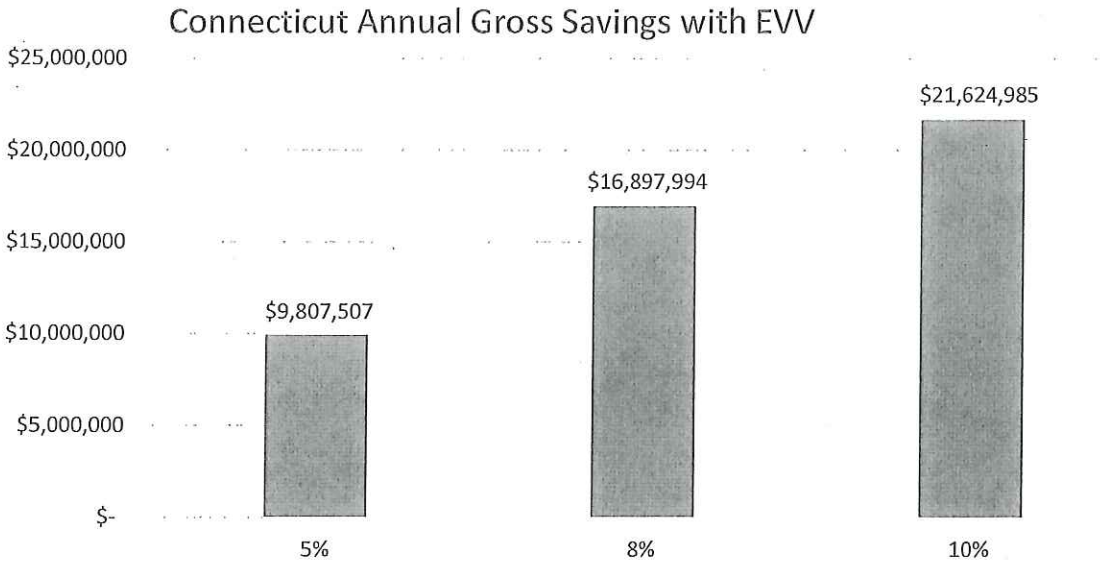
		EVV Cost by State Fiscal Year								
		Project Total			SFY16 (07/01/2015 - 06/30/2016)		SFY17 (07/01/2016 - 6/30/2017)			
	FFP	Total	State	Federal	Q3 (1/16 - 3/16)	Q4 (4/16 - 6/16)	Q1 (7/16 - 9/16)	Q2	Q3	Q4
License Fees	75/25	352,113	88,028	264,085	352,113					
One Time Implementation (DDI)	90/10	894,557	223,639	670,918	-	894,557				
Monthly EVV Fee	75/25	433,360	108,340	325,020	-		433,360			
Monthly Fixed Visit Verification Devices	75/25	57,000	14,250	42,750	-		57,000			
Totals		1,737,029	434,257	1,302,772	352,113	894,557	490,360			
					SFY 16 Total	1,246,669				

All recurring fees are invoiced monthly. All pricing presented in this proposal is effective for the current contract period 10/1/2014 – 9/30/2016.

SAVINGS PROJECTIONS

Based on the analysis of the utilization data, we calculated the Connecticut spend for in-home care services was $263M in 2014. Factoring in the characteristics of that spend, a conservative 5% savings projection represents a saving impact of over $9.8M dollars annually for the state.

In other programs, higher levels of savings have been observed. The chart below shows a medium and high projection of gross savings to the state.



RETURN ON INVESTMENT

The following table illiterates the value of the EVV program can bring to the State in the form of Return on Investment (ROI). We have calculated the program savings at a conservative 5%. This information is being provided to demonstrate the ROI for the administrative cost for EVV, and how quickly DSS can achieve cost savings for the program.

Return on Investment Analysis				
Time Frame	EVV Admin Cost	Monthly Program Cost	EVV Savings (@ 5%)	ROI
Month 1 - 5 (DDI)	$ 1,246,669			
Month 6 (Start up)	$ 144,453	$ 21,963,223	$ 420,168	$ (970,954)
Month 7	$ 144,453	$ 21,963,223	$ 840,337	$ 13,835
Month 8	$ 144,453	$ 21,963,223	$ 840,337	$ 998,625

Optional Services

The following fees are for optional services the Department may elect to deploy for the Connecticut EVV program.

Speaker Verification Registration Fee: A one-time registration fee of $4.20 for each registered caregiver at each agency.

Speaker Verification per Transaction Fee: The Speaker Verification transaction fee is $.042 in addition to the monthly fixed fee.

Integration with Third-Party Agency Management Systems

Our EVV solution offers an option for providers to use any third party scheduling solution that they may have currently in place. Via integration with third-party systems, providers can create schedules in their existing system and send them over to Santrax via a data exchange.

Sandata will provide a standard data exchange specification and work with the third party vendor to verify data is moving correctly between the scheduling and EVV system. Data exchanges to and from third-party agency management systems can be implemented to support overall EVV program operations, streamline provider workflows, and ensure accurate claims payment. We have extensive experience integrating with other systems and have proven ability to support providers who use third-party agency management systems.

A visit data export can also be implemented to export visit data into providers' third-party scheduling systems, payroll systems or Fiscal Agent systems (for consumer directed programs) to allow payroll processing once visits have been properly verified. This will ensure effective, accurate and timely payroll for employees.

The table below lists the price for implementing 3rd party integration functionality.

Data Integration with 3rd party Agency Management systems			
Vendor Third Party Software Data to EVV Interface Fee	$	12,676	Per Vendor/3rd Party Data Interface
Per Provider Interface Deployment	$	620	Per Provider Data Interface Deployment
Pricing Notes			
Vendor Third Party Software Data to EVV Interface Fee: This fee is charged per third party vendor for individual/client data and schedule data interface development, and does not include third party development costs. The Interface Fee is per unique version of each third party agency management software system. Interface assumes that the third party vendor can accept the data in a consolidated fashion and distribute the data to their provider customers. In the event that the third party software vendor cannot accept data in a consolidated fashion and individual provider interfaces are necessary, additional costs per interface will apply. This development fee will not be applied to any vendor data interfaces that are already developed with Sandata, assuming the data interface requirements remain the same.			

Per Provider Third Party Software Fee: This fee covers the deployment and support of the vendor interface at the provider account level.
The fees presented do not include any fees the 3rd party vendors would charge providers

SANTRAX MEMBER MANAGEMENT

The Santrax Member Management portal allows self-directed members or their authorized representatives who co-employ their direct care providers to view, make corrections, and electronically approve caregiver timesheets via an ADA Section 508 compliant web system. As self-directed members need to be keenly aware of the status of their service "budget", Santrax Member Management also provides monthly information about the services authorized and quantity remaining in an easy to read dashboard. See Figure 6. Santrax Member Management provides tools to assist the member or their authorized designee with the management of timesheets, hours worked, and managing authorized services. Sandata has a step-by-step technology process to ensure services are electronically verified, and then confirmed by the member. This process helps to ensure that the only services submitted for payment are those services that have been properly validated and confirmed.

Santrax® Member Management

Capabilities:

- *Login* through ADA Section 508 compliant portal
- *Access* personal HCBS record
- *Review, modify, and approve* caregiver timesheets
- *Track* authorized service hours/units remaining

Benefits:

- *Automation* – end-to-end electronic timesheet workflows
- *Accuracy* – in caregiver hours and services submitted for payment
- *Accountability* – on the part of caregiver ***and*** member/recipient

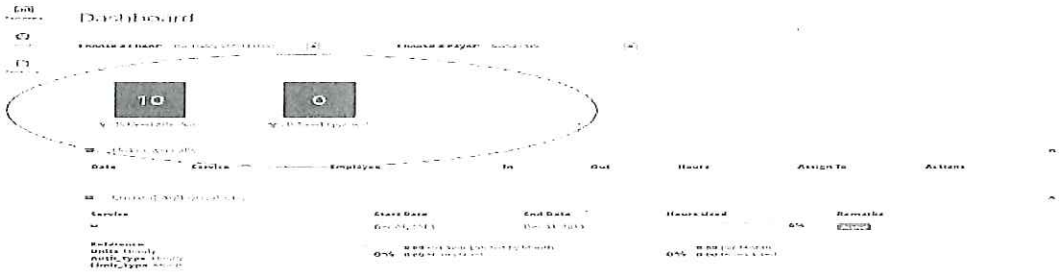


Figure 6. Santrax Member Management portal provides an ADA compliant

Santrax Member Management is developed to adapt to a majority of disabilities by offering:

- Text equivalents for images, audio, and other forms of multimedia;

- Time-based media including audio, video and captioning for hard of hearing populations where applicable;
- Content that can be presented in different ways to accommodate meaningful sequence;
- Distinguishable content through use of color, context or markup, and audio control to make it easier for users to see and hear content;
- Keyboard accessible functionality;
- Enough/extended time for users to read and use content;
- Easy navigation to find content;
- Content that is readable and understandable;
- Predictability in how web pages appear and operate;
- Input assistance to help users avoid and correct mistakes; and
- Compatibility with assistive technologies such as Jaws Readers, etc.

To support the members who manage their home care, Santrax Member Management also provides information about the services authorized and budget and/or authorization status in an easy to read dashboard. See Figure 7.

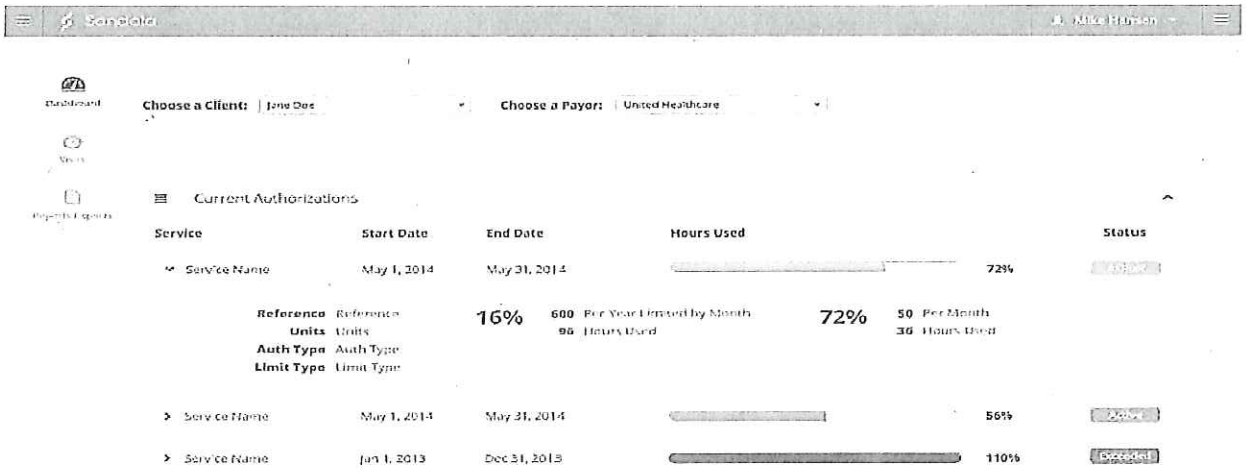


Figure 7. Members can view their remaining authorization balances at a glance with our easy to read dashboard.

The table below lists the price for implementing Santrax Member Management

Santrax Member Management Portal		
Santrax Member Management Access Fees	$ 70,423	One Time Fee
Annual Maintenance Access Fee	$14,085	Annual
Implementation Fee Configuration	$ 70,423	One Time Fee
Consumer Training		
Training Material Development	$14,085	One Time Fee
Sandata Onsite Training	$ 2,465	Per onsite training session
Webinar Training	$ 930	Per Webinar Training session
Access Fees: Fee for utilizing Sandata's Santrax Member management SaaS (Software as a Service) solutions and does not include any custom development. These fees include annual maintenance fees to support upgrades and updates and will be billed at contract anniversary date.		
Santrax Member Management Implementation Fee: This fee includes implementation fees for the Santrax Member Portal across the HHSC EVV program. DSS or designee will be required to provide additional support for Self Directed EVV members that are unable to use the Santrax member portal.		
Training Material Development: A one-time training fee to develop consumer specific program training materials to DSS program specifications. Consumer training materials and training sessions are available in English; if additional languages are required for materials, CBT, or training delivery, translation fees will apply.		
Instructor-led training - In-person classroom session: Sandata offers on site trainers to support payer train the trainer and/or consumer classroom training. Sandata's train the trainer standard is five (5) days of on-site trainer time. If Sandata provides onsite classroom trainers, the Payer must pay for the trainers, the computer rental and facility charges for each classroom training session as well as the trainers' travel expenses. Provider training materials and training sessions are available in English; if additional languages are required for training delivery, additional fees will apply.		
Instructor-led training - Webinar Training Session: This fee is for each consumer program webinar session that is provided by Sandata's training staff. Each webinar training session is two (2) hours. It may be necessary for consumers to attend more than one webinar session to complete training.		

EVV Future Phase Enhancements

It is the Departments goal to expand the EVV to include more services and programs over time. Currently DSS has identified expanding EVV for the following services

- Home Health Medical Services for the Medicaid population. This expansion is contingent on changing the business rules require PA for all Home Health Aid Services for the Medicaid program
- Personal Care Assistant services for the non-waiver CFC recipients.

It is anticipated that the monthly EVV transaction volumes will be the primary cost increase to DSS for these enhancements. For each EVV expansion HP and SanData will evaluate if the number of providers are increasing, if there are programmatic changes required to the systems, and what will be the increase in the number of EVV transactions. Pricing for provider setup fees, system enhancements, and EVV transaction volumes will be determined and presented to DSS.

STATE OF CONNECTICUT

CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE AUTHORIZED TO EXECUTE CONTRACT

Certification to accompany a State contract, having a value of $50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

CERTIFICATION:

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

HP Enterprise Services
Contractor Name

Department of Social Services
Awarding State Agency

Kathleen M. Brennan
State Agency Official or Employee Signature

3-17-16
Date

KATHLEEN M. BRENNAN
Printed Name

Deputy Commissioner
Title

Sworn and subscribed before me on this 17th **day of** March, **20** 16

Commissioner of the Superior Court or Notary Public Juris # 416183

My Commission Expires

FORM C
07-08-2009

STATE OF CONNECTICUT

NONDISCRIMINATION CERTIFICATION – Affidavit By Entity For Contracts Valued at $50,000 or More

Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

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INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at $50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath. I am VP & Deputy General Counsel and Assistant Secretary of Hewlett Packard Enterprise Company, an entity duly formed and existing under the laws of Delaware. I certify that I am authorized to execute and deliver this affidavit on behalf of Hewlett Packard Enterprise Company and that Hewlett Packard Enterprise Company has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1)and 4a-60a(a)(1), as amended.

Authorized Signatory

Kristin Major

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA)

Subscribed and sworn (or affirmed) before me on this 2nd day of March, 2016, by Kristin Major, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Angela Hogate

Commissioner of the Superior Court/
Notary Public

November 11, 2016

Commission Expiration Date

ANGELA HOGATE
Commission # 1997833
Notary Public - California
Santa Clara County
My Comm. Expires Nov 11, 2016

(SEAL)

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of $50,000 or more, pursuant to C.G.S. §§ 4-250, 4-252(c) and 9-612(f)(2) and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE: ☐ Initial Certification ☒ 12 Month Anniversary Update (Multi-year contracts only.)

☐ Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

1) "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Contractor;
3) "Contractor" means the person, firm or corporation named as the contactor below;
4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
5) **"Gift"** has the same meaning given that term in C.G.S. § 4-250(1);
6) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(f)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(f)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(f)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date	Name of Contributor	Recipient	Value	Description
None				

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date	Name of Contributor	Recipient	Value	Description
None				

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

HP Enterprise Services
Printed Contractor Name

Signature of Authorized Official

Gregory J Jackson
Printed Name of Authorized Official

Julia A. Lynch
Notary Public
Connecticut
My Commission Expires September 30, 2019

Subscribed and acknowledged before me this 16 **day of** 03 **, 20**16

Julia A. Lynch
Commissioner of the Superior Court (or Notary Public)

9/30/2019
My Commission Expires

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

_____ _____
Consultant's Name and Title Name of Firm (if applicable)

_____ _____ _____
Start Date End Date Cost

Description of Services Provided: _____

_____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: _____ _____
Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

HP Enterprise Services
Printed Name of Bidder or Contractor

_____ 3/16/2016
Signature of Principal or Key Personnel **Date**

Gregory J Jackson
Printed Name (of above)

Department of Social Services
Awarding State Agency

Sworn and subscribed before me on this 16 **day of** March, **20**16.

_____
Commissioner of the Superior Court or Notary Public

9/30/2019
My Commission Expires

Julia A. Lynch
Notary Public
Connecticut
My Commission Expires September 30, 2019

STATE OF CONNECTICUT
AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

Written or electronic affirmation to accompany a large State construction or procurement contract, having a cost of more than $500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq

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INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

☐ I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]

☐ I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]

☐ I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

☒ I am a contractor who has already filed an affirmation, but I am updating such affirmation either (i) no later than thirty (30) days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

IMPORTANT NOTE:

Within fifteen (15) days after the request of such agency, institution or quasi-public agency for such affirmation contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website.

Signature | Date: 3/16/2016

Gregory J Jackson
Printed Name

Account Executive
Title

HP Enterprise Services
Firm or Corporation (if applicable)

195 Scott Swamp Road
Street Address

Farmington CT 06032
City State Zip

Department of Social Services
Awarding State Agency

STATE OF CONNECTICUT
Written or electronic PDF copy of the written certification to accompany a large state contract pursuant to P.A. No. 13-162 (Prohibiting State Contracts With Entities Making Certain Investments In Iran)

Respondent Name: HP Enterprise Service

INSTRUCTIONS:

CHECK ONE: ☒ Initial Certification.
☐ Amendment or renewal.

A. Who must complete and submit this form. Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.

Pursuant to P.A. No. 13-162, upon submission of a bid or prior to executing a large state contract, **the certification portion of this form must be completed** by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization or other business organization **whose principal place of business is located outside of the United States.** United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one that is organized and incorporated outside the United States of America.

Check applicable box:

☒ Respondent's principal place of business is within the United States or Respondent is a United States subsidiary of a foreign corporation. Respondents who check this box **are not required to complete the certification portion of this form,** but must submit this form with its Invitation to Bid ("ITB"), Request for Proposal ("RFP") or contract package if there was no bid process.

☐ Respondent's principal place of business is outside the United States and it is not a United States subsidiary of a foreign corporation. **CERTIFICATION required.** Please complete the certification portion of this form and submit it with the ITB or RFP response or contract package if there was no bid process.

B. Additional definitions.

1) "Large state contract" has the same meaning as defined in section 4-250 of the Connecticut General Statutes;
2) "Respondent" means the person whose name is set forth at the beginning of this form; and
3) "State agency" and "quasi-public agency" have the same meanings as provided in section 1-79 of the Connecticut General Statutes.

C. Certification requirements.

No state agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any Respondent whose principal place of business is located outside the United States and is not a United States subsidiary of a foreign corporation unless the Respondent has submitted this certification.

Complete all sections of this certification and sign and date it, under oath, in the presence of a Commissioner of the Superior Court, a Notary Public or a person authorized to take an oath in another state.

CERTIFICATION:

I, the undersigned, am the official authorized to execute contracts on behalf of the Respondent. I certify that:

☐ Respondent has made no direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010.

☐ Respondent has either made direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, or Respondent made such an investment prior to October 1, 2013 and has now increased or renewed such an investment on or after said date, or both.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

HP Enterprise Services
Printed Respondent Name

Gregory J Jackson
Printed Name of Authorized Official

Gregory J Jackson
Signature of Authorized Official

Subscribed and acknowledged before me this 16 **day of** March, **20** 16.

Julia A. Lynch
Notary Public
Connecticut
My Commission Expires September 30, 2019

Julia A Lynch
Commissioner of the Superior Court (or Notary Public)

9/30/2019
My Commission Expire