

1. ISSUED BY/ADDRESS OFFER TO: <b>DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH (DMH) CONTRACTS AND PROCUREMENT SERVICES 609 H STREET NE, 4<sup>th</sup> FLOOR WASHINGTON, DC 20002</b>		2. PAGE OF PAGES: <b>1 of 232</b>	
		3. CONTRACT NUMBER:	
		4. SOLICITATION NUMBER: <b>RM-12-RFP-093-BY3-IT-iCAMS-TH</b>	
		5. DATE OF AWARD: ____/____/____	
		6. OPENING/CLOSING TIME: <b>May 21, 2012/July 20, 2012 @ NOON (OPTIONAL) PRE-PROPOSAL CONFERENCE: JUNE 21, 2012 @ 11:00 AM – 1:30 PM</b>	
7. TYPE OF SOLICITATION: N/A <input type="checkbox"/> SEALED <input checked="" type="checkbox"/> NEGOTIATION (RFP)		8. DISCOUNT FOR PROMPT PAYMENT: N/A	
NOTE: IN SEALED QUOTATION SOLICITATION "OFFER AND CONTRACTOR" MEANS "QUOTATION AND QUOTATIONDER"			
10. FOR INFORMATION CONTACT	NAME: <b>Samuel J Feinberg, CPPO, CPPB Director, Contracts and Procurement Agency Chief Contracting Officer</b>	TELEPHONE NUMBER: <b>(202) 671-3188</b>	B. E.MAIL ADDRESS: <b>Samuel.Feinberg@dc.gov</b>

**11. TABLE OF CONTENTS**

(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART 1 – The Schedule				PART II – Contract Clauses			
x	A	Solicitation/Contract Form	1	x	I	Contract Clauses	73-80
x	B	Supplies/Services and Price/Costs	2-7	PART III – List of Documents, Exhibits and Other Attach			
x	C	Description/Specs/Work Statement	8-37	x	J	List of Attachments	81-82
x	D	Packaging and Marking	38-39	PART IV – Representations and Instructions			
x	E	Inspection and Acceptance	40-41	x	K	Representations, Certifications and other Statements of Contractors	83-84
x	F	Deliveries or Performance	42-51	X	L	Instrs. Conds., & Notices to Contractors	85-93
x	G	Contract Administration	52-56	X	M	Evaluation Factors for Award	94-105
x	H	Special Contract Requirements	57-72	x		Appendix A through N	106-232

**OFFER (TO BE COMPLETED BY CONTRACTOR)**

12. In compliance with the above, the undersigned agrees, if the offer is accepted within **180** calendar days (unless a different period is inserted by Contractor) from the date for receipt of offers specified above, that with respect to all terms and conditions by the DMH under "AWARD" below, this offer and the provisions of the RFP/RFP shall constitute a Formal Contract. All offers are subject to the terms and conditions contained in the solicitation.

13. ACKNOWLEDGEMENT OF AMENDMENTS (Contractor acknowledge receipt of amendments to the SOLICITATION for Contractors and related documents numbered and dated):			AMENDMENT NO:	DATE:
14. NAME AND ADDRESS OF CONTRACTOR:			15. NAME AND TITLE OF PERSONAL AUTHORIZED TO SIGN OFFER: (Type or Print)	
14A. TELEPHONE NUMBER:			15A. SIGNATURE:	15B. OFFER DATE:
AREA CODE:	NUMBER:	EXT:		

**AWARD (To be completed by the DMH)**

16. ACCEPTED AS TO THE FOLLOWING ITEMS:		17. AWARD AMOUNT:	
18. NAME OF CONTRACTING OFFICER: (TYPE OR PRINT) <b>Samuel J. Feinberg, CPPO, CPPB Director, Contracts and Procurement Agency Chief Contracting Officer</b>		19. CONTRACTING OFFICER SIGNATURE:	20. AWARD DATE:

IMPORTANT NOTICE: AWARD SHALL BE MADE ON THIS FORM, OR ON DMH FORM 26, OR BY OTHER AUTHORIZED OFFICIAL WRITTEN NOTICE

**SECTION B**  
**SUPPLIES OR SERVICES AND PRICE**  
**TABLE OF CONTENTS**

<b>SECTION NO.</b>	<b>SECTION TITLE</b>	<b>PAGE NO.:</b>
B.1	PURPOSE OF SOLICITATION	3
B.2	CONTRACT TYPE	3
B.3	ORDERING PROCEDURES	3
B.4	PRICING SCHEDULE	4 - 7

## SECTION B

### SUPPLIES OR SERVICES AND PRICE

#### **B.1 PURPOSE OF SOLICITATION**

The District of Columbia Department of Mental Health (DMH) is seeking to enhance the administration of services provided through its fee for service Mental Health Rehabilitation Services (MHRS) program offering<sup>1</sup>. As a part of this objective, DMH is seeking to procure a web based Care Management System to perform specific functions related to DMH's MHRS programs. These functions shall include but not be limited to clinical data capture via a single care platform for authorizing, capturing, tracking, reporting and claiming for care provided to eligible residents of Washington, D.C. as identified and approved by the Economic Security Administration (ESA). The System shall be utilized by all DMH/MHRS service providers. Once completed, DMH shall have a fully Integrated Care Applications Management System, identified as "iCAMS".

#### **B.2 CONTRACT TYPE**

The District of Columbia is seeking to Award a Firm Fixed Price/ Labor Hour Contract. This Contract shall be for Two (2) Base Years from Date of Award through 730 days with Three One Year Option Periods.

#### **B.3 ORDERING PROCEDURES**

Delivery or performance shall be made only as authorized by orders issued in accordance with ordering instructions from the District. The Contractor shall furnish to the District, when and if ordered, the supplies or services specified in the Schedule C as agreed upon in the contract. There is no limit on the number of orders that may be issued; The District may issue orders requiring delivery to multiple destinations or performance at multiple locations. Any order issued during the effective period of performance of this Contract and not completed within that period of performance shall be completed by the Contractor within the time specified in the order. The Contract shall govern the Contractor's and District's rights and obligations with respect to that order to the some extent as if the order were completed during the Contract's effective period; provided that the Contractor shall not be required to make any deliveries under this contract after the Contract expiration date.

---

<sup>1</sup> Which may in the future include Free Standing Mental Health Clinic Services

**SCHEDULE B – PRICING SCHEDULE**

**B.4.1 The Contractor shall bid on all or none of the following Contract Line Items.**

Integrated Care Applications Management System (iCAMS)						
Contract Line Item Numbers (CLIN)	Item Description	Quantity	Unit	Unit Price	Extended Price	
0001	<u>Phase One</u> Section C.1, Chart, and Appendix F Phase One Description	1	Each			
0002	<u>Phase Two</u> Section C.1, Chart, and Appendix F Phase Two Description	1	Each			
0003	<u>Phase Three</u> Section C.1, Chart, and Appendix F Phase Three Description	1	Each			
0004	<u>Phase Four</u> Section C.1, Chart, and Appendix F Phase Four Description	1	Each			
0005	Allowance	100000	Each	\$1.00	\$100,000.00	
					Grand Total	\$

(Base Year 730 Days)

\_\_\_\_\_  
Print Name of Contractor

\_\_\_\_\_  
Print Name of Authorized Person

\_\_\_\_\_  
Signature of Authorized Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**SCHEDULE B – PRICING SCHEDULE**

**B.4.2 The Contractor shall bid on all or none of the following Contract Line Items.**

Integrated Care Applications Management System (iCAMS)						
Contract Line Item Numbers (CLIN)	Item Description	Quantity	Unit	Unit Price	Extended Price	
0001	Development Rate	1	Hour	\$	\$	
0002	Implementation Rate	1	Hour	\$	\$	
0003	Training Rate	1	Hour	\$	\$	
0004	System Support Rate	1	Each	\$	\$	
0005	One Year Maintenance	1	Each	\$	\$	
Grand Total						\$

(Option Year One 365 Days)

\_\_\_\_\_  
Print Name of Contractor

\_\_\_\_\_  
Print Name of Authorized Person

\_\_\_\_\_  
Signature of Authorized Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**B.4.3 The Contractor shall bid on all or none of the following Contract Line Items.**

Integrated Care Applications Management System (iCAMS)						
Contract Line Item Numbers (CLIN)	Item Description	Quantity	Unit	Unit Price	Extended Price	
0001	Development Rate	1	Hour	\$	\$	
0002	Implementation Rate	1	Hour	\$	\$	
0003	Training Rate	1	Hour	\$	\$	
0004	System Support Rate	1	Each	\$	\$	
Grand Total						\$

(Option Year Two 365 Days)

\_\_\_\_\_  
Print Name of Contractor

\_\_\_\_\_  
Print Name of Authorized Person

\_\_\_\_\_  
Signature of Authorized Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**B.4.4 The Contractor shall bid on all or none of the following Contract Line Items.**

Integrated Care Applications Management System (iCAMS)						
Contract Line Item Numbers (CLIN)	Item Description	Quantity	Unit	Unit Price	Extended Price	
0001	Development Rate	1	Hour	\$	\$	
0002	Implementation Rate	1	Hour	\$	\$	
0003	Training Rate	1	Hour	\$	\$	
0004	System Support Rate	1	Each	\$	\$	
Grand Total						\$

(Option Year Three 365 Days)

\_\_\_\_\_  
Print Name of Contractor

\_\_\_\_\_  
Print Name of Authorized Person

\_\_\_\_\_  
Signature of Authorized Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

SECTION C

DESCRIPTION/SPECIFICATIONS/STATEMENT OF WORK

TABLE OF CONTENTS

CLAUSE NO.:	CLAUSE TITLE	PAGE NO.:
C.1	INTRODUCTION	9 - 13
C.2	BACKGROUND/ STATEMENT OF WORK	13-14
C.3	ORGANIZATION	14-15
C.4	TECHNOLOGY OVERVIEW	15
C.5	PROPOSED HIGH LEVEL WORKFLOW	16-19
C.6	REQUIREMENTS/CONTRACTOR RESPONSE NOTES	20-23
C.7	KEY REQUIREMENTS	24
C.8	SPECIFIC REQUIREMENTS	24
C.9	TECHNOLOGY REQUIREMENTS	25
C.10	ADDITIONAL CONTRACTOR DELIVERABLES	26- 30
C.11	STANDARD PERFORMANCE	32
C.12	ADVERTISING AND PUBLICITY	33
C.13	CONFIDENTIALITY	33
C.14	RIGHTS IN DATA	33 - 37



## C.1 INTRODUCTION/GOALS

The District of Columbia Department of Mental Health (DMH) is seeking to enhance the administration of services provided through its fee for service Mental Health Rehabilitation Services (MHRS) program offering<sup>2</sup>. As a part of this objective, DMH is seeking to procure a web based Care Management System to perform specific functions related to DMH's MHRS programs. These functions shall include but not be limited to clinical data capture via a single care platform for authorizing, capturing, tracking, reporting and claiming for care provided to eligible residents of Washington, D.C. as identified and approved by the Economic Security Administration (ESA). The System shall be utilized by all DMH MHRS service providers. Once completed, DMH shall have a fully Integrated Care Applications Management System, identified as "iCAMS".

The purpose of this Request for Proposal (RFP) is to obtain detailed information regarding services, approaches and costs offered by qualified Contractors to support DMH's objectives stated in **Section C.5.0** Proposed High Level Workflow.

This is a multiphase project that in general involves the following (see **Appendix F Project Phasing for details**).

Phase	Description
1	<p>Replacement of DMH's current Practice Management System (Anasazi) and its Claims Management System (eCura). Providing a single care platform for authorizing, capturing, tracking and claiming care provided by DMH's Providers. The system shall be fully operational and functioning within three hundred sixty five (365) days from date of award of Contract.</p> <p>The System shall utilize the District of Columbia's Medicaid Management Information System (MMIS) for all claims payment.</p> <p>The System must offer interoperability with D.C. Access via the Department of Health Care Finance (DHCF) for Medicaid Eligibility as identified under the Affordable Care Act by January 1, 2014.</p> <p>This phase shall include the consolidation of DMH's Mental Health Services Division (MHSD's) Panacea Rx System and to the Saint Elizabeths Hospital (SEH) Mediware Worx Rx System to allow CPOE (demographics, orders and results) to be interfaced to the new System via HL7.</p>
2	<p>Integration of the new System with other DMH and/or DC based Systems which may include the Agency's Health Information System (HIS) (Avatar) currently utilized by Saint Elizabeths Hospital and the ambulatory Pharmacy System (Mediware).</p>

<sup>2</sup> Which may in the future include Free Standing Mental Health Clinic Services

3	This phase shall include system updates stemming from both the Contractors “road map” and updates necessary due to the changing environment of the provision of mental health care services, as directed by local and Federal government, The Center’s for Medicaid and Medicare Services (CMS) as well as other governing and accrediting bodies. This will included all essential maintenance, training and support for the System for continuous quality improvement for treatment of eligible consumers residing in the District of Columbia.
4	By virtue of new common platform, DMH and the MHRS Providers shall become data sources for “exchanges” as identified moving forward. Other district care Providers in the private sector would also be data Providers to the “exchange” making it a centralized and complete database for treatment history available to DMH or DMH’s Providers and hospitals.  The final phase of this Project shall include coordination with the Districts Health Information Exchange (HIE), DC Primary Care Association (DCPCA) as a part of the DC Regional Health Information Exchange (DC RHIO) and or other data “exchange” entities.

C.1.1 DMH envisions two modes of use, which are *Fully Integrated Providers* (FIPs) and *Partially Integrated Providers* (PIPs). DMH expect to have Providers that opt to use the full iCAMS suite without using any other internal practice management Systems (PMS’s). These Providers shall be referred to as the *Fully Integrated Providers* (FIPs). There shall also be those Providers that shall be partially using iCAMS, opting instead to use real-time interfacing that they shall implement, pay and support. These Providers shall be referred to as *Partially Integrated Providers* (PIPs). DMH shall, within this Statement of Work (SOW), draw distinctions when necessary between those two modes of use; how the system shall work (or not) what the available functions shall be (or not) and areas of responsibility (or not) between the two modes of use.

C.1.2 DMH intends to take advantage of significant advancements in technology that have occurred since the implementation of the current systems being utilized, DMH’s current Practice Management System (Anasazi) and its Claims Management System (eCura). As well, to provide a single care platform for authorizing, capturing, tracking, reporting and claiming for care provided by all DMH’s MHRS providers to eligible residents of Washington, D.C. as identified and approved by the Economic Security Administration (ESA); and moving forward, to utilize the District of Columbia’s MMIS system for all claims payments as authorized and appropriately billed for by the provider network.

DMH expects:

1. To improve Consumer service through the use of a System that possesses a web-based interface, robust System navigation with inquiry capabilities and flexibility for defining rate structures and billing methods.
  2. To improve business processes through the use of a System that has electronic healthcare records capabilities, System flexibility for responding efficiently to policy changes and for accommodating the billing of other DMH services with features for ad hoc reporting.
  3. To employ proven state of the art Systems and practices available. A preferred solution is one that has been used successfully in human services or behavioral healthcare organizations, with proven technology based on industry standards and practices. The solution must provide flexibility to allow for further advances in technology and for increasing, along with changing business practices.
  4. To incorporate outcome measures to continuously improve the quality of services. DMH endorses organizational-wide efforts to achieve high quality Consumer care, optimal Consumer care outcomes and processes, along with efficient uses of resources while both improving compliance with applicable regulations and decreasing organizational risk. The selected Contractor must provide an overview of the key strategies and major System processes that the product provides to ensure consistent implementation throughout the entire organization. The selected Contractor shall provide a System that must be organized around key goals that are designed to provide a measurable approach to achieving improved performance obtainable goals. The System must promote ongoing evaluation for the important governance, management, clinical and support functions of the organization.
  5. To ensure efficient and effective internal controls and regulatory compliance. The selected Contractor's plan must include the development of internal organizational controls that promote adherence to applicable federal, state and local laws, along with rules and regulations. The selected Contractor's System must improve the organization's compliance with these regulations as well as serving to prevent fraud, abuse and waste while simultaneously improving the quality of care to Consumers. The System must be designed to promote the prevention, detection and resolution of any instances of conduct which do not conform to federal, state and local laws, rules and regulations, along with federal, state, local and private payer behavioral healthcare program requirements and the organization's business/ethical policies.
- C.1.3 The overarching objective is that regardless of which mode of use the Providers select use (please refer to Section C.1.4) in interacting with DMH, the iCAMS System shall be

the focal point for the collection of claim and clinical data as close to real time as possible.

C.1.4 Specifically, the table below summarizes the major changes that DMH is seeking to achieve with the implementation of the iCAMS System:

CURRENT PROCESS / FEATURE	FIPS PROPOSED NEW (iCAMS) PROCESS / FEATURE	PIPS PROPOSED NEW (iCAMS) PROCESS / FEATURE
Providers use whatever PMS they prefer to track care provided to DMH Consumers.	Providers shall use the iCAMS Applications to track MHRS and other DMH authorized services provided to DMH Consumers <sup>3</sup> or:	Continue to use their current practice management Applications interfaced in real time <sup>4</sup> to iCAMS.
Providers use and manage their own Accounts Receivable (A/R) Systems.	Providers using iCAMS shall use and manage their own "logical" A/R under the single iCAMS System.	Providers using their own Applications shall continue to manage their own A/R's as they do today.
Medicaid claims are paid by the District. Local claims are paid by DMH.	All claims shall be paid by the District (MMIS). System shall retain ability to pay local claims if necessary <sup>5</sup> .	Same as Fully Integrated Providers (FIP) Providers.
All claims are submitted from Provider to DMH via 837P transactions. 835's are provided to the Providers for upload to their respective Systems.	No submissions of 837P shall be necessary since Providers shall be using iCAMS. However, Providers shall be responsible for releasing (thus approving) their respective claims for billing and payment. iCAMS shall bill released claims in an 837P to MMIS. 835's from MMIS shall be provided to the Provider for upload to their logical A/R for reconciliation and claim denial re-processing etc.	All claims are submitted from Provider to DMH via 837P transactions. 835's are provided to the Providers for upload to their respective Systems. Note: DMH must be able to review and adjudicate claims as necessary.
Providers use internally created electronic or paper forms for clinical data capture. This data is not available to DMH.	Clinical <sup>6</sup> and administrative <sup>7</sup> data capture shall be standardized on universal electronic forms in the iCAMS System.	Providers shall use their current forms providing data collected meets DMH data/interface requirements. Providers shall create corresponding real-time interfaces on their current PMS <sup>3</sup> and provide clinical data to iCAMS via web services.
No clinical criteria System.	Integrated clinical criteria System.	Same as FIPs.

<sup>3</sup> Providers may have other non-DMH services that they also provide to District residents that iCAMS shall not support.

<sup>4</sup> Assumes that the Providers PMS and technical infrastructure can support the requirements.

<sup>5</sup> At the time of this writing we do not know what kind of modifications (if any) would be needed with the MMIS. Preliminary conversations with DHCF were positive.

<sup>6</sup> Example: Assessment

<sup>7</sup> Example: Consumer Consent form

Mix of client server and web based access.	Full web access.	Providers shall use Applications web front end for those features and functions allowed by DMH.
No workflow.	Rich, robust workflow capability across the full Applications/platform.	Limited perhaps no workflow capabilities.
Limited reporting capability.	Standardized reports, dashboards, alerts and scorecards shall be used to provide complete longitudinal access to all care provided by DMH Providers. Back end (database tables) accessible by DMH and Providers based on Health Insurance Portability and accountability Act of 1996 (HIPAA).	Same as FIPs.

## C.2 BACKGROUND INFORMATION / MISSION

- C.2.1 The Department of Mental Health (DMH) was established as a Cabinet-level Agency in the District of Columbia government, in 2001 established under DCMR §34 Title 22 of the District of Columbia Code of Municipal Regulations. DMH provides comprehensive mental health services to adults, children, youths and their families. DMH also evaluates and treats individuals referred through the criminal justice System. The mission of the DMH is to support prevention, resiliency and recovery for District residents in need of public mental health services.
- C.2.2 DMH serves more than 16,000 people annually through the Mental Health Rehabilitation Services (MHRS) program. DMH also contracts with a number of community Providers for mental health services not funded through MHRS and operates several community based programs including school-based services, Community Psychiatric Emergency Program (CPEP), Homeless Outreach Program and court ordered assessments. In addition, DMH operates Saint Elizabeths Hospital (SEH), a Public Psychiatric Hospital for both forensic and civil committed Consumers and the Mental Health Services Division (MHSD) which is a public mental health clinic providing MHRS mental health services.
- C.2.3 DMH's overarching goal is to deliver mental health services that promote a Consumer's full recovery, respect cultural and linguistic diversity and are choice-driven. To achieve these goals, DMH has transformed its service delivery System with the goal that every Consumer shall have a recovery-oriented treatment plan that is developed with respect to the Consumer's choices and every Provider shall have a singular practice management platform to manage and optimize care delivery.
- C.2.4 The MHRS System is based on individual services and supports that meet standards set for quality, accessibility, timeliness, accountability, cost and location. There are distinct services that DMH reimburses through MHRS and they include diagnostic/assessment services, medication, counseling, intensive day treatment, crisis/emergency services and specialized services for adults and children. Supports include rehabilitation programs,

residential and housing assistance, peer supports and family/home-based alternatives to facility-based care. No one shall be turned away because of inability to pay for service. A detailed description of services provided by DMH is provided in Appendix B. DMH is responsible for providing MHRS services for both Medicaid and non-Medicaid populations. Medicaid services are reimbursed back to DMH at \$.70 per every dollar spent while “local” services are paid 100% by DMH and are not reimbursable when DMH is the Provider.

- C.2.5 DMH coordinates with the Department of Health (DOH) Economic Security Administration (ESA<sup>8</sup>) to receive Federal Financial Participation (FFP) for Medicaid eligible populations. For non-Medicaid eligible individuals, DMH uses solely District funds to pay for MHRS.

### **C.3 ORGANIZATION**

**DMH has three major operating entities that, together, create a comprehensive mental health System for the District of Columbia (see Appendix C for a high level Organizational Chart of DMH). A brief description of these entities follows:**

#### C.3.1 The Mental Health Authority (MHA or the Authority)

MHA plans for and develops necessary mental health services; ensures there is access to services; monitors the service System; supports service Providers by operating DMH’s Fee For Service (FFS) System; provides funding for services not covered through the FFS System; regulates the Providers within the District’s public mental health System; and identifies the appropriate mix of programs, services and supports necessary to meet the Mental Health needs of the District of Columbia residents. The MHA uses an Applications called eCura by InfoMC for its business processing needs. The eCura System shall be replaced as part of the functionality stated within this document.

#### C.3.2 Saint Elizabeths Hospital (SEH)

SEH provides psychiatric, medical and psycho-social inpatient psychiatric treatment to adults to support their recovery and return to the community. The goal is to maintain an active treatment program that fosters recovery and independence as much as possible. The current EMR System being used is Avatar. Among other Systems, SEH uses the Mediware Worx Pharmacy Management System for inpatient pharmacy services. DMH plans to extend the use of this System to consolidate the current Mental Health Services Division (MHSD) Pharmacy Applications (called PanaceaRx) and provide ambulatory Rx services to MHSD Consumers.

#### C.3.3 Mental Health Services Division (MHSD)

MHSD provides for the design, delivery and evaluation of mental health services and support for children, youth, families, adults and special populations to maximize their ability to lead productive lives. The MHSD uses an Applications called Anasazi by Anasazi Software for its

---

<sup>8</sup> The ESA, recently renamed, used to be the Income Maintenance Administration or IMA

practice management needs and PaanceaRX for ambulatory pharmacy management. Both the PanaceaRx and the Anasazi Systems shall be replaced as part of the functionality stated within this document.

## **C.4 TECHNOLOGY OVERVIEW**

### **C.4.1 Role of Office of the Chief Technology Officer (OCTO)**

OCTO is the central IT authority for the District of Columbia. Among its many functions, it sets the standards for technology acquisitions, network security, software, hardware and other procurements that could have a technical impact on the Districts technical infrastructure.

### **C.4.2 DMH Applications Overview**

DMH currently has three core Applications that support each of its three lines of business. The table below provides information and details about the underlying technologies that support these Applications.

**Example 1: DMH Core Applications Profile**

	<b>Anasazi</b>	<b>eCura</b>	<b>Avatar</b>
Manufacturer	Anasazi Software, Phoenix AZ	InfoMC Conshohocken, PA	Netsmart Inc New York, NY
Install Date	2004-2006	2001-2002	2008-2010
Users (approx)	60	300	800
Primary Function	Practice Management Applications (Scheduling, Treatment, Billing)	Managed Care Applications <sup>9</sup> (enrollment, eligibility, service authorization, claim adjudication)	Hospital Information System <sup>10</sup> (admissions, treatment, census, discharge, billing, clinical data capture)
Support Window	5 x 8	5 x 8	7 x 24
Hardware	Dell / Intel Server	Dell / Intel Server	Dell / Intel Server
O/S	Windows 2003	Windows 2003	Windows 2003
Database	MS-SQL	MS-SQL	Caché
Type	Physical	Physical	Physical / Virtual
Client Access	Thick client	Thick Client/Browser <sup>11</sup>	Browser

<sup>9</sup> Not shown is the Agencies level of care assessment System called LOCUS/CALOCUS. No active interface currently exists between these Systems.

<sup>10</sup> Not shown in this table are two ancillary Systems that are used by the Hospital. There is a Lab Information System from Lawson Software called TDSynergy and a Pharmacy Management System called Worx from MediWare. Both are interfaced in real time via HL7 to the Avatar Applications. Note that the Worx System, as seen later in this document, is the System that shall need to be interfaced to the selected Contractor Applications to received Rx orders and return Rx results. Also the hospital uses the IBM/FileNet Applications to store the bulk of the paper based historical clinical records. This System is not currently interfaced to Avatar but we are placing the development of this interface in scope.

<sup>11</sup> For Provider access. Limited functionality.

## **C.5 PROPOSED HIGH LEVEL WORKFLOW**

- C.5.1 Providers, including the DMH MHSD group, that are currently using their own practice management Systems to manage the DMH Consumer population shall now be required to use the iCAMS System to serve the DMH Consumer population or can continue to use their own System and develop real-time interfaces to the iCAMS Applications. At a high level, it is the intent of this design to be extensible, standardizing the data collection and processes used by the participating Providers while, at the same time, insuring that HIPAA, the Mental Health Information Act (MHIA), general confidentiality and consent requirements are met and recorded by all of the Providers.
- C.5.2 DMH is responsible for serving primarily indigent Mental Health Consumers who meet 200% of the federal poverty level or less. Present departmental processes do not allow DMH to exclusively serve this population, resulting in Consumers being served who do not really fall within federal poverty guidelines. With the advent of iCAMS the department plans to work more exclusively with the intended indigent population. To accomplish this, DMH has entered into an agreement with the District of Columbia's Economic Security Administration (ESA formerly known as IMA), which is the entity responsible for certifying DC's indigent population for various Medicaid administered income maintenance programs, including Medicare, Medicaid, Food Stamps, Temporary Assistance for Needy Families (TANF), Alliance, etc. that are paid for from Medicaid and District funds. When iCAMS is implemented, DMH shall work with ESA to only serve certified ESA Consumers in Medicaid administered programs that are paid from Medicaid or District funds, also called "local dollars" or "local funds". The majority of Medicaid administered programs are eligible for Medicaid payment but there are a few that are paid for with Local funds and they are as follows:
- **010Q AND 050Q** = Reimbursement for co- insurance and/or deductible claims only, are not eligible for Medicaid.
  - **420** = Undocumented Alien Child under 19, Managed Care Only (MCO), are not eligible for fee-for-service benefits while MCO assignment are pending.
  - **470** = Adults in Health Care Alliance are not Medicaid Eligible.

Under the new System, the goal is that DMH shall no longer adjudicate and pay for locally funded claims in its Managed Care Only (MCO) System. Instead the locally funded Medicaid program claims shall be sent along with the Medicaid payable claims to Department of Health Care Finance (DHCF) for payment. However, DMH shall retain the ability to pay, or warrant for payment, locally funded Medicaid claims.

Once this process begins, iCAMS shall receive an eligibility file from ESA via the DHCF on a nightly and quarterly basis. The quarterly file shall contain all of the Medicaid eligible Consumers in the District and shall be used to ensure both Systems are synchronized and verified accordingly. The nightly files shall contain updates to existing records and new additions that occur on a daily basis. iCAMS therefore shall contain the District's entire Medicaid eligible population. While this population shall be present in iCAMS, only 16 - 20 thousand Consumers shall actually be enrolled with and



served by the Department of Mental Health. iCAMS shall hold this information to facilitate accurate eligibility and efficient enrollment.

The files that are received nightly, through an automatic, scheduled process, are consolidated into upload files and imported into iCAMS. Each Consumer record is imported with a Medicaid number and a program code that identifies which program the Consumer is a part of. The import also contains a coverage span for the Consumer record as well as other demographic data. If the Consumers record exists in iCAMS, the import shall insert any changes, if there are any. If the record does not exist, the import shall add the new record. If the record imports with a program code other than 010q, 050q, 420 or 470, the import program shall load the record with MEDICAID insurance and the coverage span. Claims authorized to this insurer shall be paid for with MEDICAID funds. If the record imports with a program code equal to 010q, 050q, 420 or 470, the import program shall load the record with MEDILOC insurance and the coverage span. Claims linked to this insurer shall be paid for with Local funds. The import program shall automatically add LOCMED insurance along with each MEDICAID/MEDILOC insurance that is added to cover any non-Medicaid reimbursable services a Medicaid eligible Consumer might receive. The LOCMED shall be assigned the same coverage span as the MEDICAID/MEDILOC insurance. Claims authorized to this insurer shall be paid from Local funds.

Lastly, if the record imports with a transition program code, the import program shall load the record with DCLOC insurance. Claims authorized to this insurance shall be paid from DCLOC for up to 90 days of enrollment. If the Consumer is not eligible after 90 days, no further services shall be paid for by Medicaid. DCLOC is also assigned by the import program, when the insurance of an existing Consumer record has lapsed.

- C.5.3 iCAMS shall have a retro eligibility feature that shall realign a Consumer record to reflect the new insurer that is added by the import program everywhere insurance affects the record. Most Consumers shall become part of the ESA database by presenting at the ESA office and being qualified for one or more of a sundry of Medicaid programs. Others shall become a part of ESA's database because they have presented at the Department of Mental Health's Access Help Line (AHL) or one of its 36 community based mental health centers, referred to as Core Service Agencies (CSA), for care. Additional enrollment/eligibility scenarios are detailed in Appendix L.

Functions such as; appointment scheduling, assignment to a clinical home, eligibility verification, treatment planning, pre-authorization approval, authorization management, clinical data capture (assessments, progress notes, etc.), as well as billing information for claims management and audit ability are captured in each of these independent Systems currently used by Partially Integrated Providers (PIPs). For the Fully Integrated Providers (FIPs) the functionality shall be handled and processed through iCAMS. For both PIPs and FIPs, iCAMS shall maintain, via role based security or other framework, the ability for the individual Providers to function independently of

each other, while using globally defined views, screens, reports etc. set forth via rules of use by DMH for Consumer continuity of care.

FIPs shall use the scheduling features of the iCAMS to arrange treatment schedules for the Consumers that they serve and to ensure that the appropriately credentialed staff members are present during the treatment. FIPs schedules shall be independent of each other and only DMH Site Users with appropriate access control shall be able to see one or more or all schedules for any Consumer or group of Consumers<sup>12</sup>. PIPs may be required to send scheduling information over the real-time interface.

As Consumers receive treatment, the rendering FIPs shall be required to document the services provided as well as the diagnostic information and other observations that are determined. The data collected during this process is both structured (like a diagnosis code or the amount of time spent with a Consumer) and unstructured<sup>13</sup> (paraphrased information or “progress notes”) – all of which are captured in a variety of pre-fabricated electronic forms. The Consumer attending the scheduled treatment, the completion of a specific set of forms and a review by members of the Providers billing team shall create the requirements necessary to bill for the services rendered. It is important to note that the requirements are both statutory and regulatory. They are statutory in that the Center for Medicaid and Medicare Services (CMS) requires that sufficient documentation be present to ensure against fraudulent payment of claims. Likewise, from a regulatory perspective, DMH requires that certain information be present so that when claim data is presented for adjudication, the claim can process cleanly<sup>14</sup> and be paid. FIPs shall be required to pass clinical information that they have input into their Pharmacy Managed System (PMS) over the real-time interface for incorporation into the Consumer’s record in iCAMS.

In the current process, once a service is flagged for billing it is assembled in a standardized file format. In most PMS that would be an EDI837P. These are bundled with other claims and submitted for adjudication and payment. Claim submission is directly from the PMS, executed by each of the Providers, to DMH to be adjudicated and if there are no errors, paid. Today there are two payors; DMH for “local” claims and the MMIS System for Medicaid claims.

In the current System, local claims go through an adjudication process and if approved the claim is “warranted” for payment. With each payment run for local claims, the aggregate total of the paid dollars for each Provider are received into the District’s procurement Applications called Procurement Automated Support System (PASS) (See Appendix J). Once in PASS, received claims are approved via workflow and a check is cut by the District’s financial System called SOAR Supplier Maintenance Request. Medicaid claims are also warranted but are not, as an entitlement program, received into PASS. They are forwarded to the MMIS for adjudication and payment.

In the System that DMH are proposing, since the FIPs are all using the same platform, submission of the claims shall be based on a discrete release action by the individual Providers indicating that their claims are ready for claim processing. This release action

---

<sup>12</sup> For example, show a schedule for all Providers for all Consumers scheduled to receive ACT between x and y.

<sup>13</sup> Unstructured data collection shall be kept to a minimum to allow for discrete data analysis

<sup>14</sup> Also called “Clean Claim” laws

shall include Systematic rule based checks on Consumer eligibility, service authorization, timely filing and documentation compliance. The new System shall then forward these claims, based on System defined release dates/times, to the MMIS for adjudication and payment. DMH must have the ability to override the submission rules if there is the need to do so. PIPs shall continue to send in claims as they do today.

The MMIS is now going to pay for both local and Medicaid claims. The MMIS shall have to access the necessary enrollment, eligibility and processing rules to allow for local claims adjudication. For local claims, the MMIS shall provide a “warrant report” back to the DMH Claims department for manual entry into the PASS System<sup>15</sup> and subsequent payment by the SOAR<sup>16</sup> Applications. As 835 Remittance Advice files become available from the MMIS, Providers shall be responsible for posting and processing their individual remittance files on the selected System. FIPs shall have a unique Accounts Receivable that shall allow that Provider to report on and resubmit denied claims as well as maintain the appropriate balance information for paid and denied claims. Each Provider shall manage and maintain these account balances. PIPs shall access and download their 835’s for posting and reconciliation activities on their current PMS. In addition, as programs are added to DMH, the System would have the flexibility to track any or all of these programs, by use of user customizable forms, the delivery, outcomes, approvals, measures, etc with transactional audit capability that ties back to the individual Consumer.

The scope of this project also includes HL7 Pharmacy Integration between DMH’s MHSD division and the Worx Pharmacy Management System<sup>17</sup>, currently used by Saint Elizabeths Hospital and shall be in a production status by the time the interface needs to be built<sup>18</sup>.

Currently, Consumer data is stored on multiple Systems. Each Provider has its own PMS where data is stored and sometimes Consumer data spans more than one Providers System. As well, Consumer data is stored on DMH’s legacy Applications. The implementation of iCAMS shall change that; in that Consumer related data, both claim based and clinical, shall be stored on a single platform – via that actions of the FIPs or via the use of the System and interface activity of the PIPs. This single container approach must have a data sharing model that is flexible, easy to manage<sup>19</sup> and HIPAA compliant based on the Providers “need to know” and other rules established by the Agency. Please refer to the example provided in Appendix K.

---

<sup>15</sup> Or the journaling of claims payments shall be done by DHCF staff – this is a TBD.

<sup>16</sup> The District is looking to replace the current SOAR Applications and DMH intends, at some time in the future, to create a real-time interface between the selected System and the new SOAR Applications if applicable. All Contractors must review Appendix K for a current list of supported XML transactions that the new SOAR System shall support and be prepared to provide a detailed response in Section 9.4.

<sup>17</sup> By Mediware, Lenexa, KS.

<sup>18</sup> The MHSD division also inventories and dispenses medications from a single location at 35 K Street NE. Currently, MHSD uses a pharmacy management System from PanaceaRX that is not integrated into their Anasazi Applications but provides standalone functionality for inventory, order, re-order, label generation and dispensing. Note that it is possible that with recent changes to PanaceaRX, DMH may chose to integrate ICAMS to that Applications. See Appendix E

<sup>19</sup> Preferably rule based. Example/Sample: Jon Doe gets services from Acme Provider. Designated staff at Acme must be able to view/edit (based on Provider setup) Jon Doe’s record. Jon also is referred for service at Red Room Provider. Since Jon is now getting services from Red Room, they also can assign view/edit capability to staff based on the rule that allows view/edit determination if there is a service provisioning.

## C.6 REQUIREMENTS / CONTRACTOR RESPONSE / NOTES

### C.6.1 Requirements

The Contractor shall provide and implement a new Electronic Health Record (EHR), reimbursement/billing and Consumer Information System to meet the functional requirements set forth in this RFP. Please refer to Section C.7, Key Requirements.

The Contractor shall provide the necessary staff to install, configure, test and implement the System along with assigned DMH Subject Matter Experts (SMEs), along with constructing and implementing the required interfaces and conversion programs. The Contractor's staff shall certify that the System is free of defects, is implemented completely, fully functioning and is ready for use. The Contractor's staff shall also provide the necessary training, documentation and ongoing support of the system. iCAMS shall possess the full scope and breadth of "State of the Art" functionality found in leading practice management Systems.

### C.6.2 Type of Questions and How to Respond

It is important to note the following:

*The requirements included herein consist of statements representing specific deliverables sought by DMH and questions that are asked to allow the Contractor the freedom to respond to specific functions or capabilities. As you shall see in the example that follows there is a column called "type" that shall distinguish between those items that are required and those that are optional.*

All of the requirements herein, whether they are "yes/no" or require a "response" or both, are stated in the grids (see below):

#### Example 2: Requirements in Grid Format

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The System allows for electronic signature by client via electronic signature pads.	___ Yes ___ No		
2	The system is web based; compatible with major	___ Yes ___ No		

- (1) **Line:** A sequential number assigned to each requirement for that specific section. For example to refer to line two in Section C.7.3 you could say "...in Section C.7.3.2..."
- (2) **Requirement:** The function that DMH is seeking. The requirement can be "P-Preferred" or "O - optional" (see below)
- (3) **Description/Response:** Area on the requirements tables that allows Contractors to respond. Responses for each of the questions must be answered as noted making sure that the original question has been addressed.
- (4) **Type:** The requirement is "P - Preferred" meaning that DMH may put a stronger emphasis on Applications that contain this stated functionality. "O - Optional"

requirements represent functionality that is desirable but not necessary to the organization.

(5) **Internal Use Only:** Do not use this cell within the grid. This is for internal use only.

Responding Contractors must use the grid format within this SOW for supplying textual responses using the area marked as “Response” under those functional requirements where a textual response is appropriate (See Example Question # 3 below):

**Example 3: Contractor Response (Detailed Response)**

3	Please describe in detail how this process will work and what file formats are used?	Please fill in answer below.	P	
Response:				

If you want to attach graphics, design documents, flow charts etc that would not fit or display well in the grid format, simply note them as “Appendix 1, 2, ...8” etc and place them in a separate section. Please indicate the section marked as your response marked as Appendices.

**Example 4: Contractor Response (Yes/No and Detailed Response) showing Appendix**

Item	Requirement	Response
1	Web Based	<i>“My System is web based. It can use all versions of IE as well as ....”</i>
2	Data Centric/Data Accessibility	<i>“The X Applications uses the Acme Database which shall allow full read access to all database tables. A schema of the database shall be supplied...” (See Appendix 24)</i>

You shall also see “Yes/No” types of questions or questions that have a quantitative response (Ex: “How many”, or “provide the number of...”). In the instance of those types of “Yes/No” questions you must answer with either Yes or No and you have the option to put in a very brief statement within the cell below (see Example Question # 3 above). If the question is quantitative and you must provide a specific answer, then you must add any explanatory comments within the row cell marked “Response” (see Example Question #3 above). Note: Please be as concise as possible with your comments.

**Example 5: Contractor Response (Yes/No and Detailed Response)**

### C.6.2.1 Specific Requirements

Item	Requirement	Response
1	Uses group profiles	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>"The X Applications uses hierarchical group profiles to allow for ... "</i>
2	How many government entities use your software?	Answer: <u>11</u>  <i>"In addition we have over 80 not for profit and other entities using our software such as ..."</i>

Lastly, in Section 10 Other Contractor Deliverables, you shall note a slight change to the grid format used in Sections 7-9. Please respond to these questions in detail and by expanding on and using the grids as indicated below. Add additional lines as needed to provide a detailed descriptive response using quantitative information where possible.

**Example 6: Sample of Section 10.0 and Contractor Response (red)**

No	Requirement	Description
1	Historical Data Conversion / Base Table Uploads	<p>DMH has elected not to convert historical consumer related data from the current Anasazi and eCura platforms. The current plan is to do a side by side implementation of the new system uploading whatever base information (for example patient master files) can be automatically and reliably moved from the current system. In addition, the eCura claim history will be moved to the selected systems treatment history module. The selected vendor will be expected to provide technical assistance in the data extract, transformation, load and error correction for records that do not load.</p> <p>The contractor shall:</p> <ul style="list-style-type: none"> <li>• Provide expert technical support on the any of the load procedures available for their application i.e data extraction, data mapping, data loading.</li> <li>• Design, develop and test any specific high volume load procedures required by DMH</li> <li>• Assist in the identification and remediation of data exception errors that occur during the table loads.</li> </ul> <p><b>Response: Our system allows for historical conversion to take place .....</b></p>

Additional lines added here:

The word Response was added and the additional space used to provide a detailed response

### C.6.3. Hosted Software as a Service (SaaS) vs. Purchased Option

The advent of SaaS has allowed software Contractors increased flexibility to offer the use of their products on a “pay-as-you-go” or “software on demand” which does not require the using organization to make the more traditional infrastructure investments in hardware, secure/environmentally controlled space and support staff but rather outsources this to a

central service Provider that hosts the System at their facilities and delivers the Applications services over the internet via browser based access.

Sections 7-8 seek information related to the Applications. Whether you are a Contractor that sells a SaaS based solution or a solution that would be purchased by DMH (and hosted by DMH) all of these questions need to be answered. If you are a Contractor that sells your Applications both ways and there are differences between each version of the Applications, then you shall need to make that clear in your response.

Section 9 seeks information relating to the underlying technology supporting the Applications. Attempts were made to note where questions geared toward a hosted environment would not be appropriate for a Contractor who has only the purchase option. For those Contractors, you are not obligated to answer those specific questions but must answer all others.

All questions must follow the submission guidelines set forth in the RFP. Since most of the requirements are stated within the grids, each question must be preceded by the Section Number of the document and the specific line number of the question found on the grid for explanation.

**Example: Question about NDC codes**

*8.9 Medication*

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The System has a medication/ electronic prescribing module which is completely integrated and not a third party product.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
2	The medication module includes access to the National Drug Classification database.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
3	The System supports multiple drug	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

Contractor Question (Sample): **8.9.2** Can you provide additional clarification to .....

The 8.9 refers to Section 8.9 and the .2 refers to requirement #2.

If the question involves a portion of the document that is not in the grid format then use the page number and paragraph to identify the section where the question being asked.

## **C.7.0 Key Requirements (Contractors Complete the Questionnaire in APPENDIX N)**

Key requirements for any system under consideration.

## **C.8.0 SPECIFIC REQUIREMENTS**

The specific requirements for this RFP are listed in the sections that follow. DMH shall be using the grid format to elaborate the requirements and require that the Contractors use the same grid format to provide their responses. Some questions may require detailed verbal responses. Others may require quantitative responses while still others may simply require yes or no. Contractors shall elaborate on any question while ensuring the original question is answered using the format requested (*see Section 6.4 Questions on this SOW*).

### ***C.8.1 Demographics***

### ***C.8.2 Enrollment / Eligibility / Benefits***

### ***C.8.3 Scheduling***

### ***C.8.4 Service Authorization / Management***

### ***C.8.5 Treatment Planning***

### ***C.8.6 Progress Notes***

### ***C.8.7 Service / Clinical Data Capture***

### ***C.8.8 Diagnosis***

### ***C.8.9 Medication***

### ***C.8.10 Claims, Billing and Accounts Receivable***

### ***C.8.11 Workflow***

### ***C.8.12 Staff Productivity***

### ***C.8.13 Human Resources / Credentialing***

### ***C.8.14 Funding***

### ***C.8.15 Consumer Portal***

### ***C.8.16 Reporting / Analytics***

### ***C.8.17 Treatment History***

### ***C.8.18 Call / Grievance Tracking***

### ***C.8.19 Provider Management***

### ***C.8.20 CPOE (Computerized Physician Order Entry)***



## ***C.9.0 TECHNOLOGY REQUIREMENTS***

***C.9.1 Hosting Environment***

***C.9.2 User Access***

***C.9.3 File Conversion / Data Upload / Code Sets***

***C.9.4 File Formats / Data Exchange / Data Schema***

***C.9.5 Applications / Security Architecture***

***C.9.6 Licensing***

***C.9.7 Post Implementation Support***

***C.9.8 Document Management / Scanning***

***C.9.9 Alerts / Notifications***

***C.9.10 Contractor / Other Data***

***C.9.11 Systems - Miscellaneous***

***C.9.12 Mobility***

### C.10.0 ADDITIONAL CONTRACTOR DELIVERABLES

The contractor shall provide both the software, fulfilling the functions and requirements in Sections 7-9, and the related technical/support services necessary for the full implementation of the System. These services may include, but are not limited to, the following items stated in the grid below.

Contractor responses must utilize the same grid format that is presented retaining the “No” and “Requirement” columns but changing the “Description” column to say “Response”. Contractor must use the response column to provide clear, concise and detailed explanation of how these requirements shall be satisfied.

No	Requirement	Description
1	Historical Data Conversion / Base Table Uploads	<p>DMH has elected not to convert historical consumer related data from the current Anasazi and eCura platforms. The current plan is to do a side by side implementation of the new system uploading whatever base information (for example patient master files) can be automatically and reliably moved from the current system. In addition, the eCura claim history shall be moved to the selected systems treatment history module. The selected Contractor shall be expected to provide technical assistance in the data extract, transformation, load and error correction for records that do not load.</p> <p>The contractor shall:</p> <ul style="list-style-type: none"> <li>• Provide expert technical support on any of the load procedures available for their Applications i.e data extraction, data mapping, data loading.</li> <li>• Design, develop and test any specific high volume load procedures required by DMH</li> <li>• Assist in the identification and remediation of data exception errors that occur during the table loads.</li> </ul>
2	Project management, implementation and planning	<p>The selected contractor shall provide the necessary expertise and manpower to oversee and perform the tasks involved to ensure the successful, timely, and within budget implementation of the electronic healthcare record, reimbursement/billing, and consumer information system. DMH’s goal is to have the new system implemented within 14-18 months of contract award.</p> <p>The contractor shall:</p> <ul style="list-style-type: none"> <li>• Prepare and submit a written work plan including a timeline and implementation schedule for the project, monitor progress against the plan on a weekly scheduled basis, and correct progress as needed to stay within the planned schedule. Maintain the work plan using MS-Project, provide copies of the .mpp or access to the project plan and produce project status narratives as requested.</li> <li>• Provide staff as necessary to complete these work activities which include but are not limited to: <ul style="list-style-type: none"> <li>○ System setup – hardware, O/S, database, and software</li> <li>○ System Configuration – tables including guidance on optimal configuration, system parameters, best practices etc</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ System Interfacing - development, implementation and testing of System to Pharmacy Management System bi-directional HL7 interface, Interfaces to other District systems for eligibility, claims processing, remittance processing etc.</li> <li>○ Data Extract, Conversion and Load where possible / practical</li> </ul> <ul style="list-style-type: none"> <li>• Communicate daily with the DMH's project manager and other business owners on progress against the plan.</li> <li>• Prepare and submit a written project status report to the DMH project manager on a weekly scheduled basis, and include progress against the plan.</li> <li>• Conduct periodic status meetings with DMH project team leadership and EHR team members to keep them apprised of progress against the plan and to discuss any issues or concerns that might affect the work schedule or work product. Status meetings shall be held a minimum of once a month. Updated copies of the plan shall be distributed at the status meetings for discussion.</li> <li>• Produce project status reports that incorporate the minutes from the status meetings and include progress against the plan. Status reports shall be prepared and distributed within three working days of the status meeting date.</li> </ul>
3	Work Hours / Space	<p>The DMH's general office hours are 7:30 AM to 5:30 PM EST, Monday through Friday. Several programs operate evening counseling sessions. Some services are provided 24/7. For the purposes of this RFP, all required interaction with DMH personnel shall be performed during the general office hours shown above however, as with all implementations there shall be periods of night and weekend work.</p> <p>Work space, during implementation, shall be provided by DMH. The Contractor must specify work space and equipment needs.</p>
4	Training	<p>The Contractor shall schedule and provide appropriate and necessary training, including all training materials. The training shall include the following levels: technical support, system administrator, internal end-users<sup>20</sup> (with appropriate emphasis placed on the individual's functional business area). Prices for initial training must be fixed. The class sizes and schedules must be acceptable to DMH. Training shall take place at a DMH location with no more than 12 attendees per class. At a minimum, the training must consist of the following:</p> <ul style="list-style-type: none"> <li>• Training for at least four technical support personnel shall be provided to ensure that DMH is able to properly maintain all software included within the System.</li> <li>• Training for at least five System administrator personnel shall be provided to ensure that DMH is able to properly perform System administrator functions including but not limited to security parameter maintenance (i.e., maintain system users and security levels) and other System parameter maintenance (i.e., define holiday dates, define security parameters, etc.).</li> <li>• Training for at least 3 training coordinators shall be provided to ensure their complete understanding of the functional and operational use of the System software proposed. These individuals, at the completion of the training, must be capable of establishing and administering a training program for external</li> </ul>

<sup>20</sup> Approximately 100 internal users. 1 class room located at 609 H St, NE Seats 12 plus 2 instructors.

		<p>clinical and administrative staff at a later date. Contractor shall provide staff during the first three days of external training for the three training coordinators to handle any questions that arise and provide constructive commentary to the DMH staff.</p> <ul style="list-style-type: none"> <li>• Intensive training for at least 200 end-users<sup>21</sup> shall be provided, with appropriate emphasis placed on “train the trainer” and the individuals’ functional business area (clinical, administration and billing), to ensure their complete understanding of the functional and operational use of the System software proposed. Contractor shall provide post training tests and respondent scores to certify trained user competency.</li> <li>• The Contractor shall describe the different types of training classes that shall be provided by the Contractor in the operation, administration, support and maintenance of the System. Include the designated audience, length of training, and recommended number of students in each class. Prior to System testing, the contractor must prepare and submit a training plan to the DMH’s EHR project manager and the IT Manager for review and approval.</li> </ul>
5	Interface Development (See Appendix G)	<p>The Contractor shall provide the necessary technical resources necessary to:</p> <p>1) Specify, evaluate, design, implement, develop and test the interfaces necessary to link the new system (see Appendix G <sup>22</sup>) to the eligibility, enrollment, authorization and claiming capabilities of the District’s MMIS and ESA systems. Contractor shall have access to the necessary subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Real-time interface(s) between the selected systems for enrollment, authorizations, claims including all changes, revisions, reversions etc.</li> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interface(s) as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>2) Specify, evaluate, design, implement, develop and test the interfaces necessary to provide fully automated CPOE capabilities out lined in Appendix E. Contractor shall have access to Mediware, OCTO and SEH subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Real-time interface between the selected systems for orders, results, patient demographics, and pharmacy validation processes</li> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interface as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>3) Specify, evaluate, design, implement, develop and test a secure interface or secure web service to the Avatar system: a) interface that allows the Avatar Applications the ability to query the selected system by last name, first name, SSN, DOB, gender, address or fragments and combinations thereof in order to return a list of selectable consumers that match the criteria including the systems unique consumer/patient id b) interface from Avatar that provides the new system with Discharge Plan of Care data. Additionally the deliverables shall include:</p>

<sup>21</sup> Train the trainer model. Trained staff shall be responsible for training respective individuals at their sites across functional areas.

<sup>22</sup> Note: Refer to only those interfaces to/from the New System

		<ul style="list-style-type: none"> <li>• Real-time query capability from multiple sources and simultaneous users</li> <li>• Secure system that requires user authentication, secure transport and is HIPAA compliant</li> <li>• Web based</li> <li>• Complete audit trail</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interfaces as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>4) Procurement, specification, joint assessment and approval, implementation, configuration, development (if any) and testing of a clinical criteria package that shall be integrated directly with the Applications for use by DMH Providers and clinical staff (if not already included). Contractor shall have access to DMH subject matter experts for the selection process and for consulting to setup the criteria customized to DMH's needs. Additionally the deliverables shall include:</p> <ul style="list-style-type: none"> <li>• Seamless integration with Contractors core system</li> <li>• Built-in functionality within the provider service request process</li> <li>• Web based</li> <li>• Full documentation in MS-Word</li> <li>• Complete audit trail</li> <li>• Inclusion of the interface as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>5) Specify, evaluate, design, implement, develop and test the interfaces necessary to provide a storage<sup>2324</sup> and retrieval interface to the Districts IBM/FileNet Applications. Contractor shall have access to OCTO subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Interface that allows the search, retrieval and other FileNet functionality for consumer specific historical images from FileNet within the selected Applications for the consumer whose screen is currently displayed.</li> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interface as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>6) Specify, evaluate, design, implement, develop and test the interfaces necessary to provide a real time interface between the selected system and the agencies LOCUS/CALOCUS<sup>25</sup> system. Contractor shall have access to DMH/IT subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Interface that allows transfer of added or changed consumer demographic</li> </ul>
--	--	---

<sup>23</sup> Though the interface chart in Appendix G shows a retrieval interface only, there is some chance that we may consider sending source documents scanned from the selected system and stored on the city-wide FileNet Applications. The responding vendor must treat this as optional.

<sup>24</sup> FileNet use for the selected system could be one of two ways: One approach might be to scan all historical (low retrieval frequency) documentation into FileNet and then all new clinical information into the new system. If this is the case, from the users perspective the selected system would show recent scanned images and would be able to retrieve consumer specific historical images from the FileNet Applications without having to leave the selected system. The second approach could be that all relevant image data, both historical and current, would be scanned into the selected systems image repository – in which case the FileNet interface would be removed as a requirement. Since the decision is still pending the responding vendor needs to provide relevant information.

<sup>25</sup> For the purposes of this SOW this is referred to as LOCUS

		<p>data consistent with the requirements necessary to add or update a LOCUS record. Allow authorized users of the new system to launch a predefined query that returns a dialog box listing, among other things<sup>26</sup>, a history of the consumers LOCUS test scores.</p> <ul style="list-style-type: none"> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interface as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>7) Specify, evaluate, design, implement, develop and test the interfaces necessary to provide a real time interface between the selected system and the providers reference labs. Contractor shall have access to DMH/IT subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Turnkey design, development, testing and documentation for up to five reference lab interfaces</li> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interfaces as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>8) Specify, evaluate, design, implement, develop and test the HL7 engine to provide a real time interface between the ICAMS Applications and the FIP providers. Contractor shall have access to DMH/IT subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Turnkey design, configuration, testing and documentation for up to ten of the standard HL7 message types including orders, results, and enrollment along with other clinical data derived from assessments, progress notes, etc.</li> <li>• Training for up to three IT personnel on HL7 interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interfaces as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul>
--	--	---

6	Documentation	<p>DMH requires the contractor to provide all manuals, documentation, guides and instructions for the software components, interfaces and modules. These must be provided both initially and for all upgrades. All documents shall be made available in hard-copy and electronic version.</p> <ul style="list-style-type: none"> <li>• DMH requires complete software, technical, and user documentation manuals for all software components and modules. Describe the contents of the manuals provided as part of the software implementation.</li> <li>• DMH requires at least two complete sets of software and technical manuals as part of software implementation, as well as an electronic version on CD, produced in a format such as Word and PDF.</li> <li>• DMH requires at least four complete sets of user manuals as part of software implementation, as well as an electronic version on CD, produced in a format</li> </ul>
---	---------------	---

<sup>26</sup> Ex: Patient demographic data

		<p>such as Word and PDF, suitable for posting to the network so as to be readily available to software users.</p> <ul style="list-style-type: none"> <li>DMH reserves the right to excerpt, summarize or otherwise reproduce the software, technical, and user manuals and other contractor-developed and supplied documentation for free distribution to its installation support personnel and to its user community.</li> </ul>
7	Personnel	<p>The Contractor must identify key personnel to be assigned to the project, their qualifications, education and representative experience. Include a brief statement (maximum three pages) concerning the recent experience of personnel from your firm who shall be actively engaged in the proposed effort. The Contractor shall pay particular attention to identifying personnel's experience in working with the proposed System and how it relates to the requirements within.</p> <p>Do not include general corporate background brochures. Do not include corporate experience unless personnel who shall work on this project participated in that experience. Include only work that can be identified with projects completed in the previous sixty (60) months.</p> <p>Proposed personnel must work on this project. All Contractor personnel data, qualifications and background information shall be reviewed by the evaluation committee. A resume and a skills summary shall be provided. Proposed personnel shall not be placed without the consent of DMH's Project Manager or designee. In the event that the Contractor's personnel for this project must be replaced by the Contractor, replacement personnel must be identified using the same guidelines established for the initial Contractor project personnel as described above and must be approved by DMH's Project Manager or designee.</p> <p>Identification is required of any contemplated third party(ies) to be employed during the project by the Contractor, with the identification of personnel to be assigned, their qualifications, education and representative experience in working with the proposed System.</p> <p>The Project Manager of DMH may require the contractor to replace any assigned personnel who are considered unacceptable in the opinion of DMH.</p> <p>DMH considers a suitable working relationship to be a product of several factors, not the least of which is the presumption of permanency of the contractor's personnel for the duration of the work effort. It is anticipated that the contractor shall use their best efforts to assure a stable work force and limit disruptive personnel changes -- those not otherwise requested by DMH. The contractor is prohibited from the unilateral removal of personnel without first providing DMH a minimum of four weeks notice. Such restriction does not include staff changes due to circumstances beyond the contractor's control such as a person's long-term illness or accident, unsolicited resignation, military mobilization, etc. Replacement personnel must be identified using the same guidelines established for the initial contractor project personnel as described above and must be approved by DMH. The contractor must further agree to work in good faith and use their best efforts to ensure the satisfactory turnover and knowledge transfer from one person to the other in the event of the removal of personnel. The contractor must also agree not to bill DMH for up to four weeks to accommodate the turnover, knowledge transfer, and for learning DMH's environment and its processes. The contractor shall keep DMH advised on a current basis as to the availability of personnel to perform work.</p>

		All personnel who are selected to work with DMH on this project shall have gone through previous HIPAA Privacy training at the expense of the Contractor. The Contractor shall also agree to complete and sign any HIPAA Business Associate Agreement deemed necessary by DMH.
8	Acceptance	<p>The successful Contractor's proposed system shall be accepted by DMH only after full integration testing has been completed, the software is installed in DMH's production/test environment, DMH's existing production data is converted to the new format, the System is fully implemented and operational, and the following items are satisfied:</p> <ul style="list-style-type: none"> <li>• The acceptance period shall consist of a minimum of one hundred twenty (120) consecutive calendar days, twenty-four (24) hours per day, and shall begin on the first workday following "go live" on the new System. The "go-live" date is anticipated to be late 2013 early 2014.</li> <li>• During the acceptance period, the System must remain fully operational, must operate without failure, must operate in conformance with DMH's functional business requirements, must operate with response times acceptable to DMH, and must adhere to the requirements for system availability set forth in Paragraph 2.11.4., "System Availability and Response."</li> <li>• If the System fails to meet any of the criteria above, DMH shall notify the contractor of such failure and the acceptance period starts over on the first workday following the correction of the failure.</li> <li>• DMH shall notify the contractor in writing of the acceptance of the System if: <ul style="list-style-type: none"> <li>○ The performance standard is attained for the duration of the acceptance period;</li> <li>○ All training has been completed;</li> <li>○ All documentation and other deliverables have been received</li> <li>○ And other items <u>which shall be defined in detail during the contract negotiation phase</u></li> </ul> </li> </ul>

## C.11 STANDARD OF PERFORMANCE

C.11.1 Contractor shall at all times, while acting in good faith and in the best interests of the DMH, use its best efforts and exercise all due care and sound business judgment in performing its duties under this Solicitation. Contractor shall at all times, comply with DMH operational policies, procedures and directives while performing the duties specified in this Solicitation.



## **C.12 ADVERTISING AND PUBLICITY**

C.12.1 Unless granted prior, express, written authority by the Director, Contracts and Procurement/ Agency Chief Contracting Officer, Contractor shall not issue or sponsor any advertising or publicity that states or implies, either directly or indirectly, that DMH endorses, recommends or prefers Contractor's services; shall not use the DMH's logo in any fashion; or use or release information, photographs or other depictions obtained as a result of the performance of services under this Solicitation, for publication, advertising or financial benefit.

## **C.13 CONFIDENTIALITY**

C.13.1 Contractor shall maintain the confidentiality and privacy of all identifying information concerning DMH clients in accordance with the confidentiality law, the privacy rule (the requirements and restrictions contained in 45 CFR part 160 and part 164, subparts A and E, as modified by any District of Columbia laws, including the Mental Health Information Act of 1978 that may have preemptive effect by operation of 45 CFR part 160, subpart B) and Section H.2 of this Solicitation.

## **C.14 RIGHTS IN DATA**

C.14.1 Any data first produced in the performance of this Solicitation shall be the sole property of the DMH. Contractor hereby acknowledges that all data, including, without limitation, produced by Contractor for DMH under this Solicitation are works made for hire and are the sole property of DMH; but, to the extent any such data may not, by operation of law, be works made for hire, Contractor hereby transfers and assigns to DMH ownership of copyright in such works, whether published or unpublished.

C.14.2 Contractor agrees to give DMH assistance reasonably necessary to perfect such rights including, but not limited to, the works and supporting documentation and the execution of any instrument required to register copyrights. Contractor agrees not to assert any rights in common law or in equity in such data. Contractor shall not publish or reproduce such data in whole or in part or in any manner or form, or authorize others to do so, without written consent of DMH at such time as to review the intent to release such data to the public. DMH shall not unreasonably withhold consent to Contractor's request to publish or reproduce data in professional and scientific publications.

C.14.3 "Data," as used herein, means recorded information, regardless of form or the media on which it may be recorded. The term includes technical data and computer software. The term does not include information incidental to Contract administration, such as financial, administrative, cost or pricing, or management information.

C.14.4 The term "Technical Data", as used herein, means recorded information, regardless of form or characteristic, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work, or be usable or used to define a design or process or to procure, produce, support, maintain, or operate material. The data may be graphic or pictorial delineations in media such as drawings or photographs, text in specifications or related performance or design type documents or computer printouts.

Examples of technical data include research and engineering data, engineering drawings and associated lists, specifications, standards, process sheets, manuals, technical reports, catalog item identifications and related information and computer software documentation. Technical data does not include computer software or financial, administrative, cost and pricing and management data or other information incidental to Contract administration.

C.14.5 The term "Computer Software", as used herein means computer programs and computer databases. "Computer Programs", as used herein means a series of instructions or statements in a form acceptable to a computer, designed to cause the computer to execute an operation or operations. "Computer Programs" include operating Systems, assemblers, compilers, interpreters, data management Systems, utility programs, sort merge programs, automated data processing equipment maintenance diagnostic programs, as well as Applications programs such as payroll, inventory control and engineering analysis programs. Computer programs may be either machine-dependent or machine-independent and may be general purpose in nature or designed to satisfy the requirements of a particular user.

C.14.6 The term "computer databases", as used herein, means a collection of data in a form capable of being processed and operated on by a computer.

C.14.7 All data first produced in the performance of this Solicitation shall be the sole property of the District. Contractor hereby acknowledges that all data, including, without limitation, computer program codes, produced by Contractor for the District under this Solicitation, are works made for hire and are the sole property of the District; but, to the extent any such data may not, by operation of law, be works made for hire, Contractor hereby transfers and assigns to the District the ownership copyright in such works, whether published or unpublished.

Contractor agrees to give the District all assistance reasonably necessary to perfect such rights including, but not limited to, the works and supporting documentation and the execution of any instrument required to register copyrights. Contractor agrees not to assert any rights in common law or in equity in such data. Contractor shall not publish or reproduce such data in whole or in part or in any manner or form, or authorize others to do so, without written consent of the District until such time as the District may have released such data to the public. The District shall not unreasonably withhold consent to Contractor's request to publish or reproduce data in professional and scientific publications.

C.14.8 The District shall have restricted rights in data, including computer software and all accompanying documentation, manuals and instructional materials, listed or described in a license or agreement made a part of this Solicitation, which the parties have agreed shall be furnished with restricted rights, provided however, notwithstanding any contrary provision in any such license or agreement, such restricted rights shall include, as a minimum the right to:

C.14.9 Use the computer software and all accompanying documentation and manuals or instructional materials with the computer for which or with which it was acquired, including use at any District installation to which the computer may be transferred by the District;

C.14.10 Use the computer software and all accompanying documentation and manuals or instructional materials with a backup computer if the computer for which or with which it was acquired is inoperative;

C.14.11 Copy computer programs for safekeeping (archives) or backup purposes; and

C.14.12 Modify the computer software and all accompanying documentation and manuals or instructional materials, or combine it with other software, subject to the provision that the modified portions shall remain subject to these restrictions.

C.14.13 The restricted rights set forth in section C.9.1 are of no effect unless:

C.14.14 The data is marked by Contractor with the following legend:

**RESTRICTED RIGHTS LEGEND**

Use, duplication, or disclosure is subject to restrictions stated in Contract No. \_\_\_\_\_

With \_\_\_\_\_ (Contractor's Name); and

C.14.15 If the data is computer software, the related computer software documentation includes a prominent statement of the restrictions applicable to the computer software. Contractor may not place any legend on the computer software indicating restrictions on the District's rights in such software unless the restrictions are set forth in a license or agreement made a part of the Contract prior to the delivery date of the software. Failure of Contractor to apply a restricted rights legend to such computer software shall relieve the District of liability with respect to such unmarked software.

C.14.16 In addition to the rights granted in Section C.9.1 below, Contractor hereby grants to the District a nonexclusive, paid-up license throughout the world, of the same scope as restricted rights set forth in Section C.9.1 below, under any copyright owned by Contractor, in any work of authorship prepared for or acquired by the District under this Solicitation. Unless written approval of the Contracting Officer is obtained, Contractor shall not include in technical data or computer software prepared for or acquired by the District under this Solicitation any works of authorship in which copyright is not owned by Contractor without acquiring for the District any rights necessary to perfect a copyright license of the scope specified in this paragraph.

C.14.17 Whenever any data, including computer software, are to be obtained from a subContractor under this Solicitation, Contractor shall use Section I.2 in the subContract, without alteration and no other clause shall be used to enlarge or diminish the District's or Contractor's rights in that subContractor data or computer software which is required for the District.

C.14.18 For all computer software furnished to the District with the rights specified in Section C.9.1, Contractor shall furnish to the District a copy of the source code with such rights of the scope specified in Section C.9.1. For all computer software furnished to the District with the restricted rights specified in Section C.9.1, the District, if Contractor, either directly or through a successor or affiliate shall cease to provide the maintenance or warranty services provided

the District under this Solicitation or any paid-up maintenance agreement, or if Contractor must be declared bankrupt or insolvent by the court if competent jurisdiction, shall have the right to obtain, for its own and sole use only, a single copy of the then current version of the source code supplied under this Solicitation and a single copy of the documentation associated therewith, upon payment to the person in control of the sources codes the reasonable cost of making each copy.

C.14.19 Contractor shall indemnify and save and hold harmless the District, its officers, agents and employees acting within the scope of their official duties against any liability, including costs and expenses for the following:

C.14.20 Violation of proprietary rights, copyrights, or rights of privacy, arising out of the publication, translation, reproduction, delivery, performance, use or disposition of any data furnished under this Solicitation, or

C.14.21 Based upon any data furnished under this Solicitation, or based upon libelous or other unlawful matter contained in such data.

C.14.22 Nothing contained in this clause shall imply a license to the District under any patent, or be construed as affecting the scope of any license or other right otherwise granted to the District under any patent.

C.14.23 Sections C.10. In this clause are not applicable to material furnished to Contractor by the District and incorporated in the work furnished under Contract, provided that Contractor identifies such incorporated material at the time of delivery of such work.

**\*\*\* END OF SECTION C \*\*\***

**SECTION D**  
**PACKING AND MARKING**  
**TABLE OF CONTENTS**

CLAUSE NO.	CLAUSE TITLE	PAGE NO.
<hr/>		
D.1 & D.2	PACKAGING AND MARKING	39

## SECTION D: PACKAGING AND MARKING

- D.1 References Standard Contract Provisions (SCP) Clause 2/Shipping Instructions-Consignment/Page  
[http://www.ocp.in.dc.gov/ocp/lib/ocp/policies\\_and\\_form/Standard\\_Contract\\_Provisions\\_0307.pdf](http://www.ocp.in.dc.gov/ocp/lib/ocp/policies_and_form/Standard_Contract_Provisions_0307.pdf) (To open, "right click on mouse," select "open hyperlink and select "OK."").
- D.2 Includes any additional instructions that are specific to the requirement of the Solicitation/Contract.

**\*\*\* END OF SECTION D \*\*\***

**SECTION E**  
**INSPECTION AND ACCEPTANCE**  
**TABLE OF CONTENTS**

CLAUSE NO.	CLAUSE TITLE	PAGE NO.
E.1	CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES	41



## SECTION E

### INSPECTION AND ACCEPTANCE

E.1 References SCP Clause 5/Inspection of Supplies and/or Clause 6/Inspection of Services/Pages 1-4.

[http://www.ocp.in.dc.gov/ocp/lib/ocp/policies\\_and\\_form/Standard\\_Contract\\_Provisions\\_0307.pdf](http://www.ocp.in.dc.gov/ocp/lib/ocp/policies_and_form/Standard_Contract_Provisions_0307.pdf)

(To open, "right click on mouse," select "open hyperlink and select "OK.")

\*\*\* END OF SECTION E \*\*\*

**SECTION F**  
**DELIVERY and PERFORMANCE**

**TABLE OF CONTENTS**

CLAUSE No.	CLAUSE TITLE	PAGE NO.
F.1	PERIOD OF PERFORMANCE (POP)	43
F.2	OPTION TO EXTEND THE TERM OF THE CONTRACT	43
F.3	DELIVERY OF DELIVERABLES	43
F.4	CONTRACT NOTICE REGARDING LATE PERFORMANCE	44
F.5	DELIVERABLES	44-51

## SECTION F

### DELIVERY AND PERFORMANCE

#### **F.1 PERIOD OF PERFORMANCE (POP)**

Performance under this Solicitation shall be in accordance with the terms and conditions set forth herein and by any modification made thereto. The Period of Performance under this Solicitation shall be Two Base Year Contract from the Date of Award through 730 days; with Three One Year Option Periods.

#### **F.2 OPTION TO EXTEND THE TERM OF THE CONTRACT**

**F.2.1** The District may extend the term of this contract for a period of three (1) One-Year Option Periods, or successive fractions thereof, by written notice to the Contractor before the expiration of the contract; provided that the District shall give the Contractor preliminary written notice of its intent to extend at least thirty (30) days before the contract expires. The preliminary notice does not commit the District to an extension. The exercise of this option is subject to the availability of funds at the time of the exercise of this option. The Contractor may waive the thirty (30) day preliminary notice requirement by providing a written waiver to the Contracting Officer prior to expiration of the contract.

**F.2.2** If the District exercises this option, the extended contract shall be considered to include this option provision.

**F.2.3** The price for the option period shall be as specified in the Section B of the contract.

**F.2.4** The total duration of this contract, including the exercise of any options under this clause, shall not exceed five (5) years.

#### **F.3 DELIVERY OF DELIVERABLES**

Contractor shall provide the following Deliverables to the COTR for this procurement as outlined in Section G.5.

**F.4 CONTRACTOR NOTICE REGARDING LATE PERFORMANCE**

In the event Contractor anticipates or encounters difficulty in complying with the terms and conditions as stated in this Solicitation, or in meeting any other requirements set forth in this Solicitation, Contractor shall immediately notify the Director, Contracts and Procurement/ Agency Chief Contracting Officer in writing giving full detail as to the rationale for the late delivery and why Contractor must be granted an extension of time, if any. Receipt of Contractor's notification shall in no way be construed as an acceptance or waiver by the DMH.

**F.5 DELIVERABLES**

The Contractor shall perform the activities required to successfully complete the District's requirements and submit each deliverable to the Contract Administrator (CA) identified in section G.9 in accordance with the following:

**F.5.1** The Contractor shall submit to the District, as a deliverable, the report described in section H.5.5 that is required by the 51% District Residents New Hires Requirements and First Source Employment Agreement. If the Contractor does not submit the report as part of the deliverables, final payment to the Contractor shall not be paid pursuant to section G.3.2.

**F.5.2** The Contractor shall provide both the software, fulfilling the functions and requirements in Sections 7-9 and the related technical/support services necessary for the full implementation of the System. These services may include, but are not limited to, the following items stated in the grid below.

Contractor responses must utilize the same grid format that is presented retaining the "No" and "Requirement" columns but changing the "Description" column to say "Response". Contractor must use the response column to provide clear, concise and detailed explanation of how these requirements shall be satisfied:

No.:	Requirement	Description
1	Historical Data Conversion / Base Table Uploads	<p>DMH has elected not to convert historical Consumer related data from the current Anasazi and eCura platforms. The current plan is to do a side by side implementation of the new System uploading whatever base information (for example Consumer master files) can be automatically and reliably moved from the current System. In addition, the eCura claim history shall be moved to the selected Systems treatment history module. The selected Contractor shall be expected to provide technical assistance in the data extract, transformation, load and error correction for records that do not load.</p> <p>The Contractor shall:</p> <ul style="list-style-type: none"> <li>• Provide expert technical support on any of the load procedures available for their Applications i.e data extraction, data mapping, data loading.</li> <li>• Design, develop and test any specific high volume load procedures required by DMH</li> <li>• Assist in the identification and remediation of data exception errors that occur during the table loads.</li> </ul>
2	Project management, implementation and planning	<p>The selected Contractor shall provide the necessary expertise and manpower to oversee and perform the tasks involved to ensure the successful, timely and within budget implementation of the electronic healthcare record, reimbursement/billing and Consumer information System. DMH's goal is to have the new System implemented within 14-18 months of contract award.</p> <p>The Contractor shall:</p> <ul style="list-style-type: none"> <li>• Prepare and submit a written work plan including a timeline and implementation schedule for the project, monitor progress against the plan on a weekly scheduled basis and correct progress as needed to stay within the planned schedule. Maintain the work plan using MS-Project, provide copies of the .mpp or access to the project plan and produce project status narratives as requested.</li> <li>• Provide staff as necessary to complete these work activities which include but are not limited to: <ul style="list-style-type: none"> <li>○ System setup - hardware, O/S, database and software</li> <li>○ System Configuration - tables including guidance on optimal configuration, System parameters, best practices etc</li> <li>○ System Interfacing - development, implementation and testing of System to Pharmacy Management System bi-directional HL7 interface, Interfaces to other District Systems for eligibility, claims processing, remittance processing etc.</li> <li>○ Data Extract, Conversion and Load where possible / practical</li> </ul> </li> <li>• Communicate daily with the DMH's project manager and other business owners on progress against the plan.</li> <li>• Prepare and submit a written project status report to the DMH project manager on a weekly scheduled basis and include progress against the plan.</li> <li>• Conduct periodic status meetings with DMH project team leadership and EHR team members to keep them apprised of progress against the plan and to</li> </ul>

		<p>discuss any issues or concerns that might affect the work schedule or work product. Status meetings shall be held a minimum of once a month. Updated copies of the plan shall be distributed at the status meetings for discussion.</p> <ul style="list-style-type: none"> <li>Produce project status reports that incorporate the minutes from the status meetings and include progress against the plan. Status reports shall be prepared and distributed within three working days of the status meeting date.</li> </ul>
3	Work Hours / Space	<p>The DMH's general office hours are 7:30 AM to 5:30 PM EST, Monday through Friday. Several programs operate evening counseling sessions. Some services are provided 24/7. For the purposes of this RFP, all required interaction with DMH personnel shall be performed during the general office hours shown above however, as with all implementations there shall be periods of night and weekend work.</p> <p>Work space, during implementation, shall be provided by DMH. The Contractor must specify work space and equipment needs.</p>
4	Training	<p>The Contractor shall schedule and provide appropriate and necessary training, including all training materials. The training shall include the following levels: technical support, System administrator, internal end-users<sup>27</sup> (with appropriate emphasis placed on the individual's functional business area). Prices for initial training must be fixed. The class sizes and schedules must be acceptable to DMH. Training shall take place at a DMH location with no more than 12 attendees per class. At a minimum, the training must consist of the following:</p> <ul style="list-style-type: none"> <li>Training for at least four technical support personnel shall be provided to ensure that DMH is able to properly maintain all software included within the System.</li> <li>Training for at least five System administrator personnel shall be provided to ensure that DMH is able to properly perform System administrator functions including but not limited to security parameter maintenance (i.e., maintain System users and security levels) and other System parameter maintenance (i.e., define holiday dates, define security parameters, etc.).</li> <li>Training for at least 3 training coordinators shall be provided to ensure their complete understanding of the functional and operational use of the System software Proposed. These individuals, at the completion of the training, must be capable of establishing and administering a training program for external clinical and administrative staff at a later date. Contractor shall provide staff during the first three days of external training for the three training coordinators to handle any questions that arise and provide constructive commentary to the DMH staff.</li> <li>Intensive training for at least 200 end-users<sup>28</sup> shall be provided, with appropriate emphasis placed on "train the trainer" and the individuals' functional business area (clinical, administration and billing), to ensure their complete understanding of the functional and operational use of the System software Proposed. Contractor shall provide post training tests and respondent scores to certify trained user competency.</li> <li>The Contractor shall describe the different types of training classes that shall be provided by the Contractor in the operation, administration, support and</li> </ul>

<sup>27</sup> Approximately 100 internal users. 1 class room located at 609 H St, NE Seats 12 plus 2 instructors.

<sup>28</sup> Train the trainer model. Trained staff shall be responsible for training respective individuals at their sites across functional areas.

		<p>maintenance of the System. Include the designated audience, length of training and recommended number of students in each class. Prior to System testing, the Contractor must prepare and submit a training plan to the DMH's EHR project manager and the IT Manager for review and approval.</p>
5	<p>Interface Development (See Appendix G)</p>	<p>The Contractor shall provide the necessary technical resources necessary to:</p> <p>1) Specify, evaluate, design, implement, develop and test the interfaces necessary to link the new System (see Appendix G <sup>29</sup>) to the eligibility, enrollment, authorization and claiming capabilities of the District's MMIS and ESA Systems. Contractor shall have access to the necessary subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Real-time interface(s) between the selected Systems for enrollment, authorizations, claims including all changes, revisions, reversions etc.</li> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interface(s) as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>2) Specify, evaluate, design, implement, develop and test the interfaces necessary to provide fully automated CPOE capabilities out lined in Appendix E. Contractor shall have access to Mediware, OCTO and SEH subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Real-time interface between the selected Systems for orders, results, Consumer demographics and pharmacy validation processes</li> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interface as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>3) Specify, evaluate, design, implement, develop and test a secure interface or secure web service to the Avatar System: a) interface that allows the Avatar Applications the ability to query the selected System by last name, first name, SSN, DOB, gender, address or fragments and combinations thereof in order to return a list of selectable Consumers that match the criteria including the Systems unique Consumer/patient id b) interface from Avatar that provides the new System with Discharge Plan of Care data. Additionally the deliverables shall include:</p> <ul style="list-style-type: none"> <li>• Real-time query capability from multiple sources and simultaneous users</li> <li>• Secure System that requires user authentication, secure transport and is HIPAA compliant</li> <li>• Web based</li> <li>• Complete audit trail</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interfaces as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>4) Procurement, specification, joint assessment and approval, implementation, configuration, development (if any) and testing of a clinical criteria package that shall be integrated directly with the Applications for use by DMH Providers and clinical staff (if not already included). Contractor shall have access to DMH subject matter experts for</p>

<sup>29</sup> Note: Refer to only those interfaces to/from the New System

		<p>the selection process and for consulting to setup the criteria customized to DMH's needs. Additionally the deliverables shall include:</p> <ul style="list-style-type: none"> <li>• Seamless integration with Contractors core System</li> <li>• Built-in functionality within the Provider service request process</li> <li>• Web based</li> <li>• Full documentation in MS-Word</li> <li>• Complete audit trail</li> <li>• Inclusion of the interface as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>5) Specify, evaluate, design, implement, develop and test the interfaces necessary to provide a storage<sup>3031</sup> and retrieval interface to the Districts IBM/FileNet Applications. Contractor shall have access to OCTO subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Interface that allows the search, retrieval and other FileNet functionality for Consumer specific historical images from FileNet within the selected Applications for the Consumer whose screen is currently displayed.</li> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interface as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>6) Specify, evaluate, design, implement, develop and test the interfaces necessary to provide a real time interface between the selected System and the agencies LOCUS/CALOCUS<sup>32</sup> System. Contractor shall have access to DMH/IT subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Interface that allows transfer of added or changed Consumer demographic data consistent with the requirements necessary to add or update a LOCUS record. Allow authorized users of the new System to launch a predefined query that returns a dialog box listing, among other things<sup>33</sup>, a history of the Consumers LOCUS test scores.</li> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interface as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>7) Specify, evaluate, design, implement, develop and test the interfaces necessary to provide a real time interface between the selected System and the Providers reference labs. Contractor shall have access to DMH/IT subject matter experts for consultation. Additionally the deliverables shall include the following:</p>
--	--	---

<sup>30</sup> Though the interface chart in Appendix G shows a retrieval interface only, there is some chance that we may consider sending source documents scanned from the selected System and stored on the city-wide FileNet Applications. The responding Contractor must treat this as optional.

<sup>31</sup> FileNet use for the selected System could be one of two ways: One approach might be to scan all historical (low retrieval frequency) documentation into FileNet and then all new clinical information into the new System. If this is the case, from the users perspective the selected System would show recent scanned images and would be able to retrieve Consumer specific historical images from the FileNet Applications without having to leave the selected System. The second approach could be that all relevant image data, both historical and current, would be scanned into the selected Systems image repository – in which case the FileNet interface would be removed as a requirement. Since the decision is still pending the responding Contractor needs to provide relevant information.

<sup>32</sup> For the purposes of this SOW this is referred to as LOCUS

<sup>33</sup> Ex: Consumer demographic data



		<ul style="list-style-type: none"> <li>• Turnkey design, development, testing and documentation for up to five reference lab interfaces</li> <li>• Training for up to three IT personnel on interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interfaces as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul> <p>8) Specify, evaluate, design, implement, develop and test the HL7 engine to provide a real time interface between the ICAMS Applications and the FIPs. Contractor shall have access to DMH/IT subject matter experts for consultation. Additionally the deliverables shall include the following:</p> <ul style="list-style-type: none"> <li>• Turnkey design, configuration, testing and documentation for up to ten of the standard HL7 message types including orders, results and enrollment along with other clinical data derived from assessments, progress notes, etc.</li> <li>• Training for up to three IT personnel on HL7 interface maintenance, setup, monitoring and management</li> <li>• Documentation in MS-Word</li> <li>• Inclusion of the interfaces as a supported item in annual maintenance contracts (5 x 8, 2 hr response)</li> </ul>
6	Documentation	<p>DMH requires the Contractor to provide all manuals, documentation, guides and instructions for the software components, interfaces and modules. These must be provided both initially and for all upgrades. All documents shall be made available in hard-copy and electronic version.</p> <ul style="list-style-type: none"> <li>• DMH requires complete software, technical and user documentation manuals for all software components and modules. Describe the contents of the manuals provided as part of the software implementation.</li> <li>• DMH requires at least two complete sets of software and technical manuals as part of software implementation, as well as an electronic version on CD, produced in a format such as Word and PDF.</li> <li>• DMH requires at least four complete sets of user manuals as part of software implementation, as well as an electronic version on CD, produced in a format such as Word and PDF, suitable for posting to the network so as to be readily available to software users.</li> <li>• DMH reserves the right to excerpt, summarize or otherwise reproduce the software, technical and user manuals and other Contractor-developed and supplied documentation for free distribution to its installation support personnel and to its user community.</li> </ul>
7	Personnel	<p>The Contractor must identify key personnel to be assigned to the project, their qualifications, education and representative experience. Include a brief statement (maximum three pages) concerning the recent experience of personnel from your firm who shall be actively engaged in the Proposed effort. The Contractor shall pay particular attention to identifying personnel's experience in working with the Proposed System and how it relates to the requirements within.</p> <p>Do not include general corporate background brochures. Do not include corporate experience unless personnel who shall work on this project participated in that experience. Include only work that can be identified with projects completed in the</p>

		<p>previous sixty (60) months.</p> <p>Proposed personnel must work on this project. All Contractor personnel data, qualifications and background information shall be reviewed by the evaluation committee. A resume and a skills summary shall be provided. Proposed personnel shall not be placed without the consent of DMH's Project Manager or designee. In the event that the Contractor's personnel for this project must be replaced by the Contractor, replacement personnel must be identified using the same guidelines established for the initial Contractor project personnel as described above and must be approved by DMH's Project Manager or designee.</p> <p>Identification is required of any contemplated third party(ies) to be employed during the project by the Contractor, with the identification of personnel to be assigned, their qualifications, education and representative experience in working with the Proposed System.</p> <p>The Project Manager of DMH may require the Contractor to replace any assigned personnel who are considered unacceptable in the opinion of DMH.</p> <p>DMH considers a suitable working relationship to be a product of several factors, not the least of which is the presumption of permanency of the Contractor's personnel for the duration of the work effort. It is anticipated that the Contractor shall use their best efforts to assure a stable work force and limit disruptive personnel changes -- those not otherwise requested by DMH. The Contractor is prohibited from the unilateral removal of personnel without first providing DMH a minimum of four weeks notice. Such restriction does not include staff changes due to circumstances beyond the Contractor's control such as a person's long-term illness or accident, unsolicited resignation, military mobilization, etc. Replacement personnel must be identified using the same guidelines established for the initial Contractor project personnel as described above and must be approved by DMH. The Contractor must further agree to work in good faith and use their best efforts to ensure the satisfactory turnover and knowledge transfer from one person to the other in the event of the removal of personnel. The Contractor must also agree not to bill DMH for up to four weeks to accommodate the turnover, knowledge transfer and for learning DMH's environment and its processes. The Contractor shall keep DMH advised on a current basis as to the availability of personnel to perform work.</p> <p>All personnel who are selected to work with DMH on this project shall have gone through previous HIPAA Privacy training at the expense of the Contractor. The Contractor shall also agree to complete and sign any HIPAA Business Associate Agreement deemed necessary by DMH.</p>
8	Acceptance	<p>The successful Contractor's Proposed System shall be accepted by DMH only after full integration testing has been completed, the software is installed in DMH's production/test environment, DMH's existing production data is converted to the new format, the System is fully implemented and operational and the following items are satisfied:</p> <ul style="list-style-type: none"> <li>• The acceptance period shall consist of a minimum of one hundred twenty (120) consecutive calendar days, twenty-four (24) hours per day and shall begin on the first workday following "go live" on the new System. The "go-live" date is anticipated to be late 2013 early 2014.</li> <li>• During the acceptance period, the System must remain fully operational, must operate without failure, must operate in conformance with DMH's functional business requirements, must operate with response times acceptable to DMH and must adhere to the requirements for System availability set forth in</li> </ul>

		<p>Paragraph 2.11.4., "System Availability and Response."</p> <ul style="list-style-type: none"><li>• If the System fails to meet any of the criteria above, DMH shall notify the Contractor of such failure and the acceptance period starts over on the first workday following the correction of the failure.</li><li>• DMH shall notify the Contractor in writing of the acceptance of the System if:<ul style="list-style-type: none"><li>○ The performance standard is attained for the duration of the acceptance period;</li><li>○ All training has been completed;</li><li>○ All documentation and other deliverables have been received</li><li>○ And other items <u>which shall be defined in detail during the contract negotiation phase</u></li></ul></li></ul>
--	--	---

**\*\*\* END OF SECTION F \*\*\***

**SECTION G**  
**CONTRACT ADMINISTRATION DATA**

TABLE OF CONTENTS

CLAUSE No.	CLAUSE TITLE	PAGE NO.
G.1	CONTRACT ADMINISTRATION	53
G.2	TYPE OF CONTRACT	53-54
G.3	MODIFICATION	54
G.4	AVAILABILITY OF FUNDS	54-55
G.5	DESIGNATION OF THE CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (COTR)	55
G.6	SUBMISSION OF INVOICES	55
G.7	CERTIFICATION OF INVOICE	56
G.8	PAYMENTS	56
G.9	RESPONSIBILITY FOR AGENCY PROPERTY	56

## SECTION G

### CONTRACT ADMINISTRATION DATA

#### G.1 CONTRACT ADMINISTRATION

Correspondence or inquiries related to this Solicitation or any modifications shall be addressed to:

Samuel J. Feinberg, CPPO, CPPB

Director, Contracts and Procurement

Agency Chief Contracting Officer

Department of Mental Health

609 H Street NE, 4th Floor

Washington, DC 20002

(202) 671-3188 – Office

Email: [Samuel.feinberg@dc.gov](mailto:Samuel.feinberg@dc.gov)

#### G.2 TYPE OF CONTRACT

This shall be a Firm Fixed Price/Labor Hour Contract. Contractor shall be remunerated at a firm fixed price unit rate indicated in Section B for service performed. In the event of termination under this Solicitation, the DMH shall only be liable for the payment of all services accepted during the hours of work actually performed.

This Solicitation shall be a “non-personal services Contract”. It is therefore, understood and agreed that Contractor and/or Contractor’s employees: (1) shall perform the services specified herein as independent Contractors, not as employees of the government; (2) shall be responsible for their own management and administration of the work required to bear sole responsibility for complying with any and all technical, schedule, financial requirements or constraints attendant to the performance of this Solicitation; (3) shall be free from supervision or control by any government employee with respect to the manner or method of performance of the service specified; but (4) shall, pursuant to the Government’s right and obligation to inspect, accept or reject work, comply with such general direction of the Director, Contracts and Procurement/Agency Chief Contracting Officer, or the duly authorized representative

as the Contracting Officer's Technical Representative (COTR) as is necessary to ensure accomplishment of the Contract objectives. By accepting this order or Contract Contractor agrees, that the District, at its discretion, after completion of order or Contract period, may hire an individual who is performing services as a result of this order or Contract, with restriction, penalties or fees.

**G.3 MODIFICATIONS**

Any changes, additions or deletions to this Solicitation shall be made in writing by a formal Modification to this Solicitation and shall be signed by the Director, Contracts and Procurement/ Agency Chief Contracting Officer only.

**G.4 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR**

DMH's obligation for performance of this Solicitation beyond that date is contingent upon the availability of appropriated funds from which payment for Contract purposes can be made. No legal liability on the part of the DMH for any payment may arise for performance under this Solicitation beyond September 30, 2013, until funds are made available to the Director, Contracts and Procurement/ Agency Chief Contracting Officer for performance and until Contractor receives notice of availability of funds, to be confirmed in writing by the Agency's Chief Financial Officer.

**G.5 DESIGNATION OF THE CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE**

A COTR is a designated Contracting Officer's Technical Representative (COTR) who shall, among other duties relating to this Contract, have direct responsibility to assign work to Contractor, review Contractor's performance during the term of this Contract and make recommendations to the Director, Contracts and Procurement/ Agency Chief Contracting Officer. The COTR shall also review, approve and sign all invoices prior to payment by DMH.

G.5.1 Contracting Officer Technical Representative, (COTR) shall monitor the performance and provide technical guidance to the Contracting Officer.

#### G.5.2 COTR CONTACT INFORMATION

Travis Woodruff shall serve as the Contracting Officer's Technical Representative (COTR) for this iCAMS project:

Travis Woodruff  
Director, Information Technology Systems  
Department of Mental Health  
609 H Street NE, 1st Floor  
Washington, DC 20002  
Email: [travis.woodruff@dc.gov](mailto:travis.woodruff@dc.gov)  
Phone: (202) 671-3191  
Fax: (202) 673-1933

G.5.2 COTR shall provide oversight and all relevant necessary information concerning the Office positions, policies and procedures, along with being in full compliance with the COTR Appointment Memorandum issued by the Director, Contracts and Procurement/Agency Chief Contracting Officer.

G.5.3 COTR shall provide the final review of all work products.

#### G.6 SUBMISSION OF INVOICE

Contractor shall submit an original copy of the invoice to the Accounts Payable Office and three copies of the invoice on a monthly basis to the Accounts Payable Office Representative (COTR) (See Section G.7). The invoices shall include Contractor's name and address, invoice date, Contract number, Contract line items numbers (CLINS), description of the services, quantity, unit price and extended prices, terms of any prompt payment discounts offered, name and address of the official to whom payment is to be sent and the name, title and phone number of the person to be notified in the event of a defective invoice. Payment shall be made within forty-five (45) days after the Accounts Payable Office receives a proper invoice from the Contractor and certified invoice by the COTR, unless a discount for prompt payment is offered and payment is made within the discount periods. Any invoices deemed improper for payment shall be returned, **UNPAID** and shall be resubmitted as indicated in this clause.

**G.7 CERTIFICATION OF INVOICE**

G.7.1 Contractor shall submit one (1) original invoice including three (3) copies for payment to:

Catrina Alston  
Accounts Payable Supervisor  
64 New York Avenue NE, 6<sup>th</sup> Floor  
Washington DC 20002  
Email: [catrina.alston@dc.gov](mailto:catrina.alston@dc.gov)  
Direct: 202-671-4270 Fax: 202-671-4201

**G.8 PAYMENT**

In accordance with the Quick Payment Act, D.C. Official Code § 2-221.02, payment shall be made within forty five (45) days from the date of receipt of a properly submitted invoice, after all approvals are completed as required by the PASS System. DMH shall only pay Contractor for performing the services under this Solicitation at the prices stated in Section B.

**G.9 RESPONSIBILITY FOR AGENCY PROPERTY**

Contractor shall assume full responsibility for and shall indemnify the DMH for any and all loss or damage of whatsoever kind and nature to any and all Agency property, including any equipment, supplies, accessories, or part furnished, while in Contractor's custody during the performance of services under this Solicitation, or while in Contractor's custody for storage or repair, resulting from the negligent acts or omissions of Contractor or any employee, agent, or representative of Contractor or SubContractors. Contractor shall do nothing to prejudice the DMH's right to recover against third parties for any loss, destruction of, or damage to DMH property and upon the request of the Director, Contracts and Procurement/ Agency Chief Contracting Officer shall, at the DMH's expense, furnish to the DMH all reasonable assistance and cooperation, including assistance in the protection of suit and the execution of instruments of assignment in favor of the DMH recovery.

**\*\*\* END OF SECTION G \*\*\***



**SECTION H**  
**SPECIAL CONTRACT REQUIREMENTS**

TABLE OF CONTENTS

CLAUSE No.	CLAUSE TITLE	PAGE NO.
H.1	LIQUIDATED DAMAGES	58
H.2	PRIVACY AND CONFIDENTIALITY COMPLIANCE	58-63
H.3	COST OF OPERATION	63
H.4	CONTRACTOR LICENSE	63
H.5	HIRING OF DISTRICT RESIDENTS AS APPRENTICES AND TRAINEES	64
H.6	DEPARTMENT OF LABOR WAGE DETERMINATIONS	64
H.7	PUBILITY	64
H.8	FREEDON OF INFORMATION ACT	64-65
H.9	51% DISTRICT RESIDENTS NEW HIRES REQUIREMENTS AND FIRST SOURCE EMPLOYMENT AGREEMENT	65-67
H.10	SECTION 504 OF THE REHABILITATION ACT OF 1973, as Amended	67
H.11	AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)	67
H.12	WAY TO WORK AMENDMENT ACT OF 2006	68-69
H.13	SUBCONTRACTING REQUIREMENTS	70-72
H.14	SUBCONTRACTOR STANDARDS	72
H.15	ENFORCEMENT AND PENALTIES FOR BREACH OF SUBCONTRACTING PLAN	72

## SECTION H

### SPECIAL CONTRACT REQUIREMENTS

#### H.1 LIQUIDATED DAMAGES

H.1.1 When Contractor fails to perform the tasks required under this Contract, DMH shall notify Contractor in writing of the specific task deficiencies with a scheduled meeting and a Notice to Cure document with a cure period of Not To Exceed Ten (10) Business Days. Upon receiving the Notice to Cure document, Contractor shall provide DMH with their assessment of the identified deficiencies in order to reach an agreement on a proactive plan to resolve the matter. The assessment of Liquidated Damages as determined by the Director, Contracts and Procurement/ Agency Chief Contracting officer shall be in an amount of One Thousand Five Hundred Dollars and zero cents (**\$1500.00**) per day against Contractor until such time that the Contracts has cured its deficiencies and is able to satisfactorily perform the tasks required under this Contract.

H.1.2 When Contractor is unable to cure its deficiencies in a timely manner and DMH requires a replacement Contractor to perform the required services, Contractor shall be liable for liquidated damages accruing until the time DMH is able to award said contract to a qualified responsive and responsible Contractor. Additionally, if Contractor is found to be in default of said Contract under the Default Clause of the Standard Contract Provisions, the original Contractor is completely liable for any and all total cost differences between their Contract and the new Contract awarded by DMH to the replacement Contractor.

#### H.2 PRIVACY AND CONFIDENTIALITY COMPLIANCE

##### H.2.1 Definitions

- (a) "Business Associate" shall mean Contractor.
- (b) "DMH" shall mean the District of Columbia, Department of Mental Health
- (c) "Confidentiality law" shall mean the requirements and restrictions contained in Federal and District law concerning access to child welfare information, including D.C. Official Code §§ 4.1302.03, 1302.08, 1303.06 and 130.3.07.
- (d) "Designated Record Set" means:
  - 1. A group of records maintained by or for DMH that is:
    - (i) The medical records and billing records about individuals maintained by or for a covered health care Provider;
    - (ii) The enrollment, payment, claims adjudication and case or medical management record Systems maintained by or for a health plan; or

- (iii) Used, in whole or in part, by or for DMH to make decisions about individuals.
2. For purposes of this paragraph, the term record means any items, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for DMH.
- (e) Individual shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
  - (f) Privacy Rule. "Privacy Rule" shall mean the requirements and restrictions contained in 45 CFR part 160 and part 164, subparts A and E, as modified by any District of Columbia laws, including the Mental Health Information Act of 1978, that may have preemptive effect by operation of 45 CFR part 160, subpart B.
  - (g) "Protected information" shall include "protected health information" as defined in 45 CFR 164.501, limited to the protected health information created or received by Business Associate from or on behalf of DMH, information required to be kept confidential pursuant to the confidentiality law and confidential information concerning DMH or its employees.
  - (h) "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by the Business Associate from or on behalf of DMH.
  - (i) "Required by law" shall have the same meaning as the term "required by law" in 45 CFR 164.501, except to the extent District of Columbia laws have preemptive effective by operation of 45 CFR part 160, subpart B, or, regarding other protected information, required by District or federal law .
  - (j) "Secretary" shall mean the Secretary of the Department of Health and Human Services or designee.

## H.2.2 Obligations and Activities of Business Associate

- (a) The Business Associate agrees to not use or disclose protected information other than as permitted or required by this Section H.2 or as required by law.
- (b) The Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the protected information other than as provided for by this Section H.2.
- (c) The Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of protected information by the Business Associate in violation of the requirements of this Section H.2.

- (d) The Business Associate agrees to report to DMH any use or disclosure of the protected information not provided for by this Section H.2 of which it becomes aware.
- (e) The Business Associate agrees to ensure that any agent, including a subContractor, to whom it provides protected information received from, or created or received by the Business Associate on behalf of DMH, agrees to the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information.
- (f) The Business Associate agrees to provide access, at the request of DMH and in the time and manner prescribed by the Director, Contracts and Procurement/ Agency Chief Contracting Officer, to protected information in a Designated Record Set, to DMH or, as directed by DMH, to an individual in order to meet the requirements under 45 CFR 164.524.
- (g) The Business Associate agrees to make any amendment(s) to protected information in a Designated Record Set that DMH directs or agrees to pursuant to 45 CFR 164.526 at the request of DMH or an Individual and in the time and manner prescribed by the Director, Contracts and Procurement/ Agency Chief Contracting Officer.
- (h) The Business Associate agrees to make internal practices, books and records, including policies and procedures and protected information, relating to the use and disclosure of protected information received from, or created or received by the Business Associate on behalf of DMH, available to the DMH, in a time and manner prescribed by the Director, Contracts and Procurement/ Agency Chief Contracting Officer, for purposes of the determining DMH's compliance with the Privacy Rule.
- (i) The Business Associate agrees to document such disclosures of protected health information and information related to such disclosures as would be required for DMH to respond to a request by an Individual for an accounting of disclosures of protected health information in accordance with 45 CFR 164.528.
- (j) The Business Associate agrees to provide to DMH or an Individual, in time and manner prescribed by the Director, Contracts and Procurement/ Agency Chief Contracting Officer, information collected in accordance with Section (i) above, to permit DMH to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

### H.2.3 Permitted Uses and Disclosures by Business Associate

- (a) Refer to underlying services agreement. Except as otherwise limited in this Section H.2, the Business Associate may use or disclose protected information to perform functions, activities, or services for, or on behalf of, DMH as specified in this Solicitation, provided that such use or disclosure would not violate the confidentiality law or privacy rule if done by DMH or the minimum necessary policies and procedures of DMH.
- (b) Except as otherwise limited in this Section H.2, the Business Associate may use protected information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- (c) Except as otherwise limited in this Section H.2, the Business Associate may disclose protected information for the proper management and administration of the Business Associate, provided that disclosures are required by law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it shall remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (d) Except as otherwise limited in this Section H.2, the Business Associate may use protected information to provide Data Aggregation services to DMH as permitted by 42 CFR 164.504(e)(2)(i)(B).
- (e) The Business Associate may use protected information to report violations of law to appropriate Federal and State authorities, consistent with § 164.502(j) (1).

### H.2.4 Obligations of DMH

- (a) DMH shall notify the Business Associate of any limitation(s) in its notice of privacy practices of DMH in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected information.
- b) DMH shall notify the Business Associate of any changes in, or revocation of, permission by Individual to use or disclose protected information, to the extent that such changes may affect the Business Associate's use or disclosure of protected information.

- (c) DMH shall notify the Business Associate of any restriction to the use or disclosure of Protected information that DMH has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of Protected information.

#### H.2.5 Permissible Requests by DMH

- (a) DMH shall not request the Business Associate to use or disclose protected information in any manner that would not be permissible under the confidentiality law or privacy rule if done by DMH.

#### H.2.6 Term and Termination

- (a) Term. The requirements of this HIPAA Privacy Compliance Clause shall be effective as of the date of Contract award and shall terminate when all of the protected information provided by DMH to the Business Associate, or created or received by the Business Associate on behalf of DMH, is destroyed or returned to DMH, or, if it is infeasible to return or destroy Protected information, protections are extended to such information, in accordance with the termination provisions in this Section.
- (b) Termination for Cause. Upon DMH's knowledge of a material breach of this Section H.2 by the Business Associate, DMH shall either:
  - (1) Provide an opportunity for the Business Associate to cure the breach or end the violation and terminate the Contract if the Business Associate does not cure the breach or end the violation within the time specified by DMH;
  - (2) Immediately terminate the Contract if the Business Associate has breached a material term of this HIPAA Privacy Compliance Clause and cure is not possible; or
  - (3) If neither termination nor cure is feasible and the breach involves protected health information, DMH shall report the violation to the Secretary.
- (c) Effect of Termination.
  - (1) Except as provided in Section H.2.6(c)(2), upon termination of the Contract, for any reason, the Business Associate shall return or destroy all protected information received from DMH, or created or received by the Business Associate on behalf of DMH. This provision shall apply to protected information that is in the possession of SubContractors or agents of the Business Associate. The Business Associate shall retain no copies of the protected information.
  - (2) In the event that the Business Associate determines that returning or destroying the protected information is infeasible, the Business Associate shall provide to DMH notification of the conditions that make return or destruction

infeasible. Upon determination by the Director, Contracts and Procurement/Agency Chief Contracting Officer that return or destruction of protected information is infeasible, the Business Associate shall extend the protections of this Agreement to such protected information and limit further uses and disclosures of such protected information to those purposes that make the return or destruction infeasible, for so long as the Business Associate maintains such protected information.

#### H.2.7 Miscellaneous

- (a) Regulatory References. A reference in this Section H.2 to a section in the Privacy Rule means the section as in effect or as amended.
- (b) Amendment. The Parties agree to take such action as is necessary to amend this Section H.2 from time to time as is necessary for DMH to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Public Law No. 104.191.
- (c) Survival. The respective rights and obligations of the Business Associate under Section H.2.6 of this Clause and Sections 9 and 20 of the Standard Contract Provisions for use with District of Columbia Government Supply and Services Contracts, effective March 2007, shall survive termination of the Contract.
- (d) Interpretation. Any ambiguity in this Section H.2 shall be resolved to permit DMH to comply with the Privacy Rule.

### H.3 COST OF OPERATION

All costs of operation under this Solicitation shall be borne by Contractor. This includes but is not limited to taxes, surcharges, licenses, insurance, transportation, salaries and bonuses.

### H.4 CONTRACTOR LICENSE/CLEARANCES

- H.4.1 Contractor shall maintain documentation that he/she possesses adequate training, qualifications and competence to perform the duties to which he/she is assigned and hold current licenses or certification as appropriate.

## **H.5 HIRING OF DISTRICT RESIDENTS AS APPRENTICES AND TRAINEES**

H.5.1 For all new employment resulting from this contract or subcontracts hereto, as defined in Mayor's Order 83-265 and implementing instructions, the Contractor shall use its best efforts to comply with the following basic goal and objectives for utilization of bona fide residents of the District of Columbia in each project's labor force:

H.5.1.1 At least fifty-one (51) percent (%) of apprentices and trainees employed shall be residents of the District of Columbia registered in programs approved by the District of Columbia Apprenticeship Council.

H.5.2 The Contractor shall negotiate an Employment Agreement with the Department of Employment Services ("DOES") for jobs created as a result of this contract. The DOES shall be the Contractor's first source of referral for qualified apprentices and trainees in the implementation of employment goals contained in this clause.

## **H.6 DEPARTMENT OF LABOR WAGE DETERMINATIONS**

The Contractor shall be bound by the Wage Determination No. 13, dated 06/13/2011, issued by the U.S. Department of Labor in accordance with the Service Contract Act, 41 U.S.C. §351 *et seq.* and incorporated herein as Section J.2. The Contractor shall be bound by the wage rates for the term of the contract subject to revision as stated herein and in accordance with Section 24 of the SCP. If an option is exercised, the Contractor shall be bound by the applicable wage rates at the time of the option. If the option is exercised and the CO obtains a revised wage determination, the revised wage determination is applicable for the option periods and the Contractor may be entitled to an equitable adjustment.

## **H.7 PUBLICITY**

The Contractor shall at all times obtain the prior written approval from the CO before it, any of its officers, agents, employees or subContractors, either during or after expiration or termination of the contract, make any statement, or issue any material, for publication through any medium of communication, bearing on the work performed or data collected under this contract.

## **H.8 FREEDOM OF INFORMATION ACT**

The District of Columbia Freedom of Information Act, at D.C. Official Code §2-532 (a-3), requires the District to make available for inspection and copying any record produced or collected pursuant to a District contract with a private Contractor to perform a public function, to the same extent as if the record were maintained by the Agency on whose behalf the contract is made. If the Contractor receives a request for such information, the Contractor shall immediately send the request to the CA who shall provide the request to the FOIA Officer for the Agency with programmatic responsibility in accordance with the D.C. Freedom of Information Act. If the Agency with programmatic responsibility receives a request for a record maintained by the



Contractor pursuant to the contract, the CA shall forward a copy to the Contractor. In either event, the Contractor is required by law to provide all responsive records to the CA within the timeframe designated by the CA. The FOIA Officer for the Agency with programmatic responsibility shall determine the releasability of the records. The District shall reimburse the Contractor for the costs of searching and copying the records in accordance with D.C. Official Code §2-532 and Chapter 4 of Title 1 of the *D.C. Municipal Regulations*.

## **H.9 51% DISTRICT RESIDENTS NEW HIRES REQUIREMENTS AND FIRST SOURCE EMPLOYMENT AGREEMENT**

H.9.1 The Contractor shall comply with the First Source Employment Agreement Act of 1984, as amended, D.C. Official Code §2-219.01 *et seq.* (“First Source Act”).

H.9.2 The Contractor shall enter into and maintain, during the term of the contract, a First Source Employment Agreement, (Section J.4) in which the Contractor shall agree that:

- (1) The first source for finding employees to fill all jobs created in order to perform this contract shall be the DOES; and
- (2) The first source for finding employees to fill any vacancy occurring in all jobs covered by the First Source Employment Agreement shall be the First Source Register.

H.9.3 The Contractor shall submit to DOES, no later than the 10<sup>th</sup> of each month following execution of the contract, a First Source Agreement Contract Compliance Report (“contract compliance report”) to verify its compliance with the First Source Agreement for the preceding month. The contract compliance report for the contract shall include the:

- (1) Number of employees needed;
- (2) Number of current employees transferred;
- (3) Number of new job openings created;
- (4) Number of job openings listed with DOES;
- (5) Total number of all District residents hired for the reporting period and the cumulative total number of District residents hired; and
- (6) Total number of all employees hired for the reporting period and the cumulative total number of employees hired, including:
  - (a) Name;
  - (b) Social security number;
  - (c) Job title;
  - (d) Hire date;

(e) Residence; and

(f) Referral source for all new hires.

H.9.4 If the contract amount is equal to or greater than \$100,000, the Contractor agrees that 51% of the new employees hired for the contract shall be District residents.

H.9.5 With the submission of the Contractor's final request for payment from the District, the Contractor shall:

- (1) Document in a report to the CO its compliance with section H.5.4 of this clause; or
- (2) Submit a request to the CO for a waiver of compliance with section H.5.4 and include the following documentation:
  - (a) Material supporting a good faith effort to comply;
  - (b) Referrals provided by DOES and other referral sources;
  - (c) Advertisement of job openings listed with DOES and other referral sources; and
  - (d) Any documentation supporting the waiver request pursuant to section H.5.6.

H.9.6 The CO may waive the provisions of section H.5.4 if the CO finds that:

- (1) A good faith effort to comply is demonstrated by the Contractor;
- (2) The Contractor is located outside the Washington Standard Metropolitan Statistical Area and none of the contract work is performed inside the Washington Standard Metropolitan Statistical Area which includes the District of Columbia; the Virginia Cities of Alexandria, Falls Church, Manassas, Manassas Park, Fairfax and Fredericksburg, the Virginia Counties of Fairfax, Arlington, Prince Shalliam, Loudoun, Stafford, Clarke, Warren, Fauquier, Culpeper, Spotsylvania and King George; the Maryland Counties of Montgomery, Prince Georges, Charles, Frederick and Calvert; and the West Virginia Counties of Berkeley and Jefferson.
- (3) The Contractor enters into a special workforce development training or placement arrangement with DOES; or
- (4) DOES certifies that there are insufficient numbers of District residents in the labor market possessing the skills required by the positions created as a result of the contract.

H.9.7 Upon receipt of the Contractor's final payment request and related documentation pursuant to sections H.5.5 and H.5.6, the CO shall determine whether the Contractor is in compliance with section H.5.4 or whether a waiver of compliance pursuant to section H.5.6 is justified. If the CO determines that the Contractor is in compliance, or that a waiver of compliance is justified, the CO shall, within two business days of making the

determination forward a copy of the determination to the Agency Chief Financial Officer and the CA.

H.9.8 Shallful breach of the First Source Employment Agreement, or failure to submit the report pursuant to section H.5.5, or deliberate submission of falsified data, may be enforced by the CO through imposition of penalties, including monetary fines of 5% of the total amount of the direct and indirect labor costs of the contract. The Contractor shall make payment to DOES. The Contractor may appeal to the D.C. Contract Appeals Board as provided in this contract any decision of the CO pursuant to this section H.5.8.

H.9.9 The provisions of sections H.5.4 through H.5.8 do not apply to nonprofit organizations.

**H.10 SECTION 504 OF THE REHABILITATION ACT OF 1973, as amended.**

During the performance of the contract, the Contractor and any of its subContractors shall comply with Section 504 of the Rehabilitation Act of 1973, as amended. This Act prohibits discrimination against disabled people in federally funded programs and activities. See 29 U.S.C. § 794 *et seq.*

**H.11 AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)**

During the performance of this contract, the Contractor and any of its subContractors shall comply with the ADA. The ADA makes it unlawful to discriminate in employment against a qualified individual with a disability. See 42 U.S.C. §12101 *et seq.*

## **H.12 WAY TO WORK AMENDMENT ACT OF 2006**

- H.12.1 Except as described in H.8.8 below, the Contractor shall comply with Title I of the Way to Work Amendment Act of 2006, effective June 8, 2006 (D.C. Law 16-118, D.C. Official Code §2-220.01 *et seq.*) (“Living Wage Act of 2006”), for contracts for services in the amount of \$100,000 or more in a 12-month period.
- H.12.2 The Contractor shall pay its employees and subContractors who perform services under the contract no less than the current living wage published on the OCP website at [www.ocp.dc.gov](http://www.ocp.dc.gov).
- H.12.3 The Contractor shall include in any subcontract for \$15,000 or more a provision requiring the subContractor to pay its employees who perform services under the contract no less than the current living wage rate.
- H.12.4 The DOES may adjust the living wage annually and the OCP shall publish the current living wage rate on its website at [www.ocp.dc.gov](http://www.ocp.dc.gov).
- H.12.5 The Contractor shall provide a copy of the Fact Sheet attached as J.6 to each employee and subContractor who performs services under the contract. The Contractor shall also post the Notice attached as J.5 in a conspicuous place in its place of business. The Contractor shall include in any subcontract for \$15,000 or more a provision requiring the subContractor to post the Notice in a conspicuous place in its place of business.
- H.12.6 The Contractor shall maintain its payroll records under the contract in the regular course of business for a period of at least three (3) years from the payroll date and shall include this requirement in its subcontracts for \$15,000 or more under the contract.
- H.12.7 The payment of wages required under the Living Wage Act of 2006 shall be consistent with and subject to the provisions of D.C. Official Code §32-1301 *et seq.*
- H.12.8 The requirements of the Living Wage Act of 2006 do not apply to:
- (1) Contracts or other agreements that are subject to higher wage level determinations required by federal law;
  - (2) Existing and future collective bargaining agreements, provided, that the future collective bargaining agreement results in the employee being paid no less than the established living wage;
  - (3) Contracts for electricity, telephone, water, sewer or other services provided by a regulated utility;
  - (4) Contracts for services needed immediately to prevent or respond to a disaster or eminent threat to public health or safety declared by the Mayor;

- (5) Contracts or other agreements that provide trainees with additional services including, but not limited to, case management and job readiness services; provided that the trainees do not replace employees subject to the Living Wage Act of 2006;
- (6) An employee under 22 years of age employed during a school vacation period, or enrolled as a full-time student, as defined by the respective institution, who is in high school or at an accredited institution of higher education and who works less than 25 hours per week; provided that he or she does not replace employees subject to the Living Wage Act of 2006;
- (7) Tenants or retail establishments that occupy property constructed or improved by receipt of government assistance from the District of Columbia; provided, that the tenant or retail establishment did not receive direct government assistance from the District;
- (8) Employees of nonprofit organizations that employ not more than 50 individuals and qualify for taxation exemption pursuant to section 501(c)(3) of the Internal Revenue Code of 1954, approved August 16, 1954 (68A Stat. 163; 26 U.S.C. § 501(c)(3));
- (9) Medicaid Provider agreements for direct care services to Medicaid recipients, provided, that the direct care service is not provided through a home care Agency, a community residence facility, or a group home for mentally retarded persons as those terms are defined in section 2 of the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-501); and
- (10) Contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

H.12.9 The Mayor may exempt a Contractor from the requirements of the Living Wage Act of 2006, subject to the approval of Council, in accordance with the provisions of Section 109 of the Living Wage Act of 2006.

## **H.13 SUBCONTRACTING REQUIREMENTS**

### **H.13.1 Mandatory Subcontracting Requirements**

- H.13.1.1 For contracts in excess of \$250,000, at least 35% of the dollar volume shall be subcontracted to certified small business enterprises; provided, however, that the costs of materials, goods and supplies shall not be counted towards the 35% subcontracting requirement unless such materials, goods and supplies are purchased from certified small business enterprises.
- H.13.1.2 If there are insufficient qualified small business enterprises to completely fulfill the requirement of paragraph H.9.1.1, then the subcontracting may be satisfied by subcontracting 35% of the dollar volume to any certified business enterprises; provided, however, that all reasonable efforts shall be made to ensure that qualified small business enterprises are significant participants in the overall subcontracting work.
- H.13.1.3 A prime Contractor which is certified as a small, local or disadvantaged business enterprise shall not be required to comply with the provisions of sections H.9.1.1 and H.9.1.2.

### **H.13.2 Subcontracting Plan**

If the prime Contractor is required by law to subcontract under this contract, it must subcontract at least 35% of the dollar volume of this contract in accordance with the provisions of section H.9.1. The prime Contractor responding to this solicitation which is required to subcontract shall be required to submit with its proposal, a notarized statement detailing its subcontracting plan. Proposals responding to this RFP shall be deemed nonresponsive and shall be rejected if the Contractor is required to subcontract, but fails to submit a subcontracting plan with its proposal. Once the plan is approved by the CO, changes to the plan shall only occur with the prior written approval of the CO and the Director of DSLBD. Each subcontracting plan shall include the following:

- H.13.2.1 A description of the goods and services to be provided by SBEs or, if insufficient qualified SBEs are available, by any certified business enterprises;
- H.13.2.2 A statement of the dollar value of the bid that pertains to the subcontracts to be performed by the SBEs or, if insufficient qualified SBEs are available, by any certified business enterprises;
- H.13.2.3 The names and addresses of all Proposed subContractors who are SBEs or, if insufficient SBEs are available, who are certified business enterprises;

- H.13.2.4 The name of the individual employed by the prime Contractor who shall administer the subcontracting plan and a description of the duties of the individual;
- H.13.2.5 A description of the efforts the prime Contractor shall make to ensure that SBEs, or, if insufficient SBEs are available, that certified business enterprises shall have an equitable opportunity to compete for subcontracts;
- H.13.2.6 In all subcontracts that offer further subcontracting opportunities, assurances that the prime Contractor shall include a statement, approved by the contracting officer, that the subContractor shall adopt a subcontracting plan similar to the subcontracting plan required by the contract;
- H.13.2.7 Assurances that the prime Contractor shall cooperate in any studies or surveys that may be required by the contracting officer and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent of compliance by the prime Contractor with the subcontracting plan;
- H.13.2.8 A list of the type of records the prime Contractor shall maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan and assurances that the prime Contractor shall make such records available for review upon the District's request; and
- H.13.2.9 A description of the prime Contractor's recent effort to locate SBEs or, if insufficient SBEs are available, certified business enterprises and to award subcontracts to them.

**H.13.3 Subcontracting Plan Compliance Reporting.** If the Contractor has an approved subcontracting plan required by law under this contract, the Contractor shall submit to the CO and the Director of DSLBD, no later than the 21<sup>st</sup> of each month following execution of the contract, a Subcontracting Plan Compliance Report to verify its compliance with the subcontracting requirements for the preceding month. The monthly subcontracting plan compliance report shall include the following information:

- H.13.3.1 The dollar amount of the contract or procurement;
- H.13.3.2 A brief description of the goods procured or the services contracted for;
- H.13.3.3 The name of the business enterprise from which the goods were procured or services contracted;
- H.13.3.4 Whether the subContractors to the contract are currently certified business enterprises;
- H.13.3.5 The dollar percentage of the contract awarded to SBEs, or if insufficient SBEs, to other certified business enterprises;

H.13.3.6 A description of the activities the Contractor engaged in, in order to achieve the subcontracting requirements set forth in its plan; and

H.13.3.7 A description of any changes to the activities the Contractor intends to make by the next month to achieve the requirements set forth in its plan.

#### **H.14.4 SubContractor Standards**

H.14.4.1A prime Contractor shall ensure that subContractors meet the criteria for responsibility described in D.C. Official Code § 2-353.01.

#### **H.15.5 Enforcement and Penalties for Breach of Subcontracting Plan**

H.15.5.1 If during the performance of this contract, the Contractor fails to comply with its approved subcontracting plan and the CO determines the Contractor's failure to be a material breach of the contract, the CO shall have cause to terminate the contract under the default clause of the Standard Contract Provisions.

**H.15.5.2 There shall be a rebuttable presumption that a Contractor shallfully breached its approved subcontracting plan if the Contractor (i) fails to submit any required monitoring or compliance report; or (ii) submits a monitoring or compliance report with the intent to defraud.**

**H.15.5.3 A Contractor that is found to have willfully breached its approved subcontracting plan for utilization of certified business enterprises in the performance of a contract shall be subject to the imposition of penalties, including monetary fines of \$15,000 or 5% of the total amount of the work that the Contractor was to subcontract to certified business enterprises, whichever is greater, for each such breach.**

**\*\* END OF SECTION H \*\*\***



## SECTION I

### LIST OF DOCUMENTS, EXHIBITS and OTHER ATTACHMENTS

#### TABLE OF CONTENTS

CLAUSE No.	CLAUSE TITLE	PAGE NO.
I.1	GOVERNING LAW	74
I.2	APPLICABILITY OF STANDARD CONTRACT PROVISIONS AND WAGE DETERMINATION	74
I.3	THIS SECTION IS RESERVED FOR FUTURE USE	74
I.4	TIME	74
I.5	DEPARTMENT OF MENTAL HEALTH POLICIES AND RULES	74
I.6	SUSPENSION OF WORK	74-75
I.7	STOP WORK ORDER	75-76
I.8	EQUAL EMPLOYMENT OPPORTUNITY	76
I.9	THIS SECTION IS RESERVED FOR FUTURE USE	76
I.10	ANTI-KICKBACK PROCEDURES	76-78
I.11	INSURANCE	78-79
I.12	ORDER OF PRECEDENCE	79-80

## SECTION I

### CONTRACT CLAUSES

#### I.1 GOVERNING LAW

This Solicitation shall be governed by and construed in accordance with the laws applicable in the District of Columbia.

#### I.2 APPLICABILITY OF STANDARD CONTRACT PROVISIONS AND WAGE DETERMINATION

The Standard Contract Provisions for Use with District of Columbia Government Supply and Services Contracts, dated March 2007 (Attachment J.3), are incorporated by reference into this Solicitation. The Standard Provisions are attached hereto and can also be retrieved at <http://www.ocp.dc.gov/ocp/site/default.asp>; click on the "OCP Policies" link and then the link to "[Standard Contract Provisions-Supply and Services Contracts.](#)"

#### I.3 RESERVED

#### I.4 TIME

Time, if stated in a number of days, includes all calendar days unless otherwise stated. Business days shall mean all days excluding Saturdays, Sundays, Holidays and other days in which District government is closed.

#### I.5 DEPARTMENT OF MENTAL HEALTH POLICIES AND RULES

I.5.1 **Contractors must be in compliance with Department of Mental Health (DMH) Policies and Rules with can be found on the DMH Website by using the link below.**

<http://www.dmh.dc.gov/dmh/cwp/view,a,3,q,621393,dmhNav,%7C31262%7C.asp>

#### I.6 SUSPENSION OF WORK

I.6.1 the Director, Contracts and Procurement/ Agency Chief Contracting Officer may order Contractor, in writing, to suspend, delay, or interrupt all or any part of the work of this Contract for the period of time that the Director, Contracts and Procurement/ Agency Chief Contracting Officer determines appropriate for the convenience of the District. If the performance of all or any part of the work is, for an unreasonable period of time, suspended, delayed or interrupted by an act of the Director, Contracts and Procurement/ Agency Chief Contracting Officer in the administration of this Solicitation, or by the Director, Contracts and Procurement/ Agency Chief Contracting Officer's failure to act within the time specified in this Solicitation (or within a reasonable time if not specified), an adjustment shall be made for any increase in the cost of performance

of this Solicitation (excluding profit) necessarily caused by the unreasonable suspension, delay, or interruption and the Contract modified in writing accordingly.

I.6.2 No adjustment shall be made under this clause for any suspension, delay, or interruption to the extent that performance would have been so suspended, delayed, or interrupted by any other cause, including the fault or negligence of Contractor, or for which an equitable adjustment is provided for or excluded under any other term or condition of this Solicitation.

I.6.3 A claim under this clause shall not be allowed for any costs incurred more than twenty (20) days before Contractor shall have notified the Director, Contracts and Procurement/ Agency Chief Contracting Officer in writing of the act or failure to act involved (but this requirement shall not apply as to a claim resulting from a suspension order); and unless the claim, in an amount stated, is asserted in writing as soon as practicable after the termination of the suspension, delay, or interruption, but not later than the date of final payment under the Contract.

#### **I.7 STOP WORK ORDER**

I.7.1 The Director, Contracts and Procurement/ Agency Chief Contracting Officer may, at any time, by written order to Contractor, require Contractor to stop all, or any part, of the work called for by this Solicitation for a period of ninety (90) days after the order is delivered to Contractor and for any further period to which the parties may agree.

I.7.2 The order shall be specifically identified as a stop work order issued under this clause. Upon receipt of the order, Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurring of costs allocable to the work covered by the order during the period of work stoppage. Within a period of ninety (90) days after a stop work is delivered to Contractor, or within any extension of that period to which the parties shall have agreed, the Director, Contracts and Procurement/ Agency Chief Contracting Officer shall either cancel the stop-work order; or terminate the work covered by the order as provided in the Default or Termination for Convenience clauses in the Standard Contract Provisions (Attachment J.1).

I.7.3 If a stop-work order issued under this clause is canceled or the period of the order or any extension thereof expires, Contractor shall resume work. The Director, Contracts and Procurement/ Agency Chief Contracting Officer shall make an equitable adjustment in the delivery schedule or Contract price, or both and the Contract shall be modified, in writing, accordingly.

I.7.4 If the stop-work order results in an increase in the time required for, or in Contractor's cost properly allocable to, the performance of any part of this Solicitation; and Contractor asserts its right to the adjustment within thirty (30) days after the end of the

period of work stoppage; provided, that, if the Director, Contracts and Procurement/ Agency Chief Contracting Officer decides the facts justify the action, the Director, Contracts and Procurement/ Agency Chief Contracting Officer may receive and act upon the claim submitted at any time before final payment under this Solicitation.

I.7.5 If a stop-work order is not canceled and the work covered by the order is terminated for the convenience of the District, the Director, Contracts and Procurement/ Agency Chief Contracting Officer shall allow reasonable costs resulting from the stop-work order in arriving at the termination settlement.

I.7.6 If a stop-work order is not canceled and the work covered by the order is terminated for default, the Director, Contracts and Procurement/ Agency Chief Contracting Officer shall allow, by equitable adjustment or otherwise, reasonable costs resulting from the stop-work order.

I.8 **EQUAL EMPLOYMENT OPPORTUNITY**

In accordance with the District of Columbia Administrative Issuance System, Mayor's Order 85-85 dated June 10, 1985, the forms for completion of the Equal Employment Opportunity Information Report are incorporated herein as Section J.3. An award cannot be made to any Contractor who has not satisfied the equal employment requirements.

I.9 **RESERVED**

I.10 **ANTI-KICKBACK PROCEDURES**

I.10.1 Definitions:

I.10.1.1 "Kickback," as used in this clause, means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided, directly or indirectly, to any prime Contractor, prime Contractor employee, SubContractor, or SubContractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime Contractor in connection with a Subcontract relating to a prime Contract.

I.10.1.2 "Person," as used in this clause, means a corporation, partnership, business association of any kind, trust, joint-stock company, or individual.

I.10.1.3 "Prime Contract," as used in this clause, means a Contract or Contractual action entered into by the District for the purpose of obtaining supplies, materials, equipment, or services of any kind.

- I.10.1.4 “Prime Contractor” as used in this clause, means a person who has entered into a prime Contract with the District.
- I.10.1.5 “Prime Contractor employee,” as used in this clause, means any officer, partner, employee, or agent of a prime Contractor.
- I.10.1.6 “Subcontract,” as used in this clause, means a Contract or Contractual action entered into by a prime Contractor or SubContractor for the purpose of obtaining supplies, materials, equipment, or services of any kind under a prime Contract.
- I.10.1.7 “SubContractor,” as used in this clause, means any person, other than the prime Contractor, who offers to furnish or furnishes any supplies, materials, equipment, or services of any kind under a prime Contractor a Subcontract entered into in connection with such prime Contract and includes any person who offers to furnish or furnishes general supplies to the prime Contractor or a higher tier SubContractor.
- I.10.1.8 “SubContractor employee,” as used in this clause, means any officer, partner, employee, or agent of a SubContractor.
- I.10.2 The Anti-Kickback Act of 1986, 41 U.S.C. §§ 51.58 (the Act), prohibits any person from:
  - I.10.2.1 Providing or attempting to provide or offering to provide any kickback;
  - I.10.2.2 Soliciting, accepting, or attempting to accept any kickback; or
  - I.10.2.3 Including, directly or indirectly, the amount of any kickback in the Contract price charged by a prime Contractor to the District or in the Contract price charged by a SubContractor to a prime Contractor or higher tier SubContractor.
- I.10.3 Contractor shall have in place and follow reasonable procedures designed to prevent and detect possible violations described in paragraph I.10.2 of this clause in its own operations and direct business relationships.
- I.10.4 When Contractor has reasonable grounds to believe that a violation described in paragraph I.10.2 of this clause may have occurred, Contractor shall promptly report in writing the possible violation to the Director, Contracts and Procurement/ Agency Chief Contracting Officer.
- I.10.5 The Director, Contracts and Procurement/ Agency Chief Contracting Officer may offset the amount of the kickback against any monies owed by the District under the prime Contract and/or direct that the Prime Contractor withhold from sums owed a SubContractor under the prime Contract the amount of the kickback. The Director, Contracts and Procurement/ Agency Chief Contracting Officer may order that

monies withheld under this clause be paid over to the District unless the District has already offset those monies under this clause.

In either case, the Prime Contractor shall notify the Director, Contracts and Procurement/Agency Chief Contracting Officer when the monies are withheld.

## **I.11      INSURANCE**

Contractor shall obtain the minimum insurance coverage set forth below prior to award of the contract and within ten (10) calendar days after being called upon by the District to do so and keep such insurance in force throughout the contract period.

I.11.1      **Bodily Injury:** Contractor shall carry bodily injury insurance coverage written in the comprehensive form of policy of at least \$500,000 per occurrence.

I.11.2      **Property Damage:** Contractor shall carry property damage insurance of a least (\$20,000) per occurrence.

I.11.3      **Workers' Compensation:** Contractor shall carry workers' compensation insurance covering all of its employees employed upon the premises and in connection with its other operations pertaining to this contract and Contractor agrees to comply at all times with the provisions of the workers' compensation laws of the District.

I.11.4      **Employer's Liability:** Contractor shall carry employer's liability coverage of at least one hundred thousand dollars (\$100,000) per employee.

I.11.5      **Automobile Liability:** Contractor shall maintain automobile liability insurance written on the comprehensive form of policy. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing the contract. Policies shall provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

I.11.6      All insurance provided by Contractor as required by this section, except comprehensive automobile liability insurance, shall set forth the District as an additional named insured. All insurance shall be written with responsible companies licensed by the District of Columbia's Department of Insurance and Securities

Regulation with a certificate of insurance to be delivered to the District's Contracting Officer within fourteen (14) days of contract award. The policies of insurance shall provide for at least thirty (30) days written notice to the District prior to their termination or material alteration.

### **I.11.7 CERTIFICATES OF INSURANCE**

Prior to commencing work, the Contractor shall have its insurance broker or insurance company submit certificates of insurance giving evidence of the required coverages as specified in Section I.11to:

Samuel J. Feinberg, CPPO, CPPB

Director, Contracts and Procurement

Agency Chief Contracting Officer

Department of Mental Health

609 H Street NE, 4th Floor

Washington, DC 20002

(202) 671-3188 – Office

Email: [Samuel.feinberg@dc.gov](mailto:Samuel.feinberg@dc.gov)

### **I.12 ORDER OF PRECEDENCE**

A conflict in language shall be resolved by giving precedence to the document in the highest order of priority which contains language addressing the issue in question. The following sets forth in descending order of precedence documents that are hereby incorporated into this Contract by reference and made a part of the Contract:

- I.12.1 Consent Order dated December 12, 2003 in Dixon, et al. v. Gray et al., CA 74-285 (TFH) (Dixon Consent Order) (if appropriate).
- I.12.2 Wage Determination No. 05-2103, Rev. 13, dated June 13, 2011
- I.12.3 Standard Contract Provisions for Use with District of Columbia Government Supply and Services Contracts, dated March 2007.
- I.12.4 Sections A through M, including Appendix (A through M) and the Interface Architecture: The Government of the District of Columbia SRP of this Contract Number **RM-12-RFP-093-BY3-IT-iCAMS-TH**
- I.12.5 Best and Final Offer (BAFO) dated (TBD)
- I.12.6 Request for Proposal (RFP) submission date:
- I.12.7 Solicitation/Request for Proposal (RFP) Number **RM-12-RFP-093-BY3-IT-iCAMS-TH** as amended, if appropriate.

- I.12.8 Tax Certification Affidavit (J.2)
- I.12.9 EEO Statement and DOES (J.3)
- I.12.10 First Source (J.4)
- I.12.11 Wage Determination (J.5)
- I.12.12 Sections A through M, including Appendix (A through M) and the Interface Architecture: The Government of the District of Columbia SRP of this Contract Number **RM-12-RFP-093-BY3-IT-iCAMS-TH**
- I.12.13 DMH Policies and Rules
- I.12.14 Proposal/Contractor Certifications

**\*\*\* END OF SECTION I \*\*\***



## SECTION J

### LIST OF DOCUMENTS, EXHIBITS and OTHER ATTACHMENTS

#### TABLE OF CONTENTS

CLAUSE No.

CLAUSE TITLE

---

#### WEBSITES ADDRESSES FOR COMPLIANCE DOCUMENTS:

**\*\*Hold Ctrl + Click link to open attachments**

- J.1      **STANDARD CONTRACT PROVISIONS (MARCH 2007) (27 pages)**  
[http://ocp.dc.gov/ocp/frames.asp?doc=/ocp/lib/ocp/information/solatt/standard\\_contract\\_provisions\\_0307.pdf&open=|34644|](http://ocp.dc.gov/ocp/frames.asp?doc=/ocp/lib/ocp/information/solatt/standard_contract_provisions_0307.pdf&open=|34644|)  
**STANDARD CONTRACT PROVISIONS (July 2010) (38 pages) Online Solicitation and Purchase Order Only**  
[http://ocp.in.dc.gov/ocp/lib/ocp/policies\\_and\\_form/Standard\\_Contract\\_Provisions\\_July\\_2010.pdf](http://ocp.in.dc.gov/ocp/lib/ocp/policies_and_form/Standard_Contract_Provisions_July_2010.pdf)
- J.2      **WAGE DETERMINATION (REVISION 13, JUNE 13, 2011)**  
<http://www.wdol.gov/wdol/scafiles/archive/sca/05-2103.r9>
- J.3      Consent Order date December 12, 2003 in Dixon, et al. v Gray, et al., CA 74-285 (TFH) (Dixon Consent Order). (18 pages)  
<http://www.dmh.dc.gov/dmh/cwp/view,a,3,q,639222,dmhNav,\31262\ .asp>
- J.4      **EQUAL EMPLOYMENT OPPORTUNITY INFORMATION AND MAYOR ORDER 85-85**  
[http://ocp.dc.gov//DC/OCP/Contractor\\_Support+Center/Solicitation+Attachments/EEO+Information+and+Mayor+Order+85-85](http://ocp.dc.gov//DC/OCP/Contractor_Support+Center/Solicitation+Attachments/EEO+Information+and+Mayor+Order+85-85)
- J.5      **FIRST SOURCE EMPLOYMENT AGREEMENT**  
<http://ocp.dc.gov/DC/OCP/Contractor+Support+Center/Solicitation+Attachments/First+Source+Employment+Agreement>

J.6 BUDGET PACKAGE

J.7 TAX CERTIFICATION AFFIDAVIT

<http://www.ocp.dc.gov/DC/OCP/Contractor+Support+Center/Solicitation+Attachments/Tax+Certification+Affidavit>

J.8 LIVING WAGE ACT FACT SHEET (THE WAY TO WORK AMENDMENT ACT OF 2006)

<http://ocp.dc.gov/DC/OCP/Publication%20files/Living%20Wage%20Act%20Fact%20Sheet2010.pdf>

J.9 DEPARTMENT OF MENTAL HEALTH POLICIES AND RULES

<http://www.dmh.dc.gov/dm8h/cwp/view,a,3,q,621393,dmhNav,%7C31262%7C.asp>

J.10 Solicitation/Request for Proposal Number: **RM-12-RFP-093-BY3-IT-iCAMS-TH.**

J.11 Proposal/Contractor Certifications available at [www.ocp.dc.gov](http://www.ocp.dc.gov) click on "Solicitation Attachments"

Contractor shall perform all services in accordance with the Standard

Contract Provisions for use with District of Columbia Government Supplies and

Services Contracts, dated March 2007/July 2010 and incorporated herein by reference.

**\*\*\* END OF SECTION J \*\*\***

**SECTION K**

**PROPOSAL CERTIFICATIONS**

**TABLE OF CONTENT**

CLAUSE	CLAUSE TITLE	PAGE NO.
K.1	PROPOSAL CERTIFICATIONS	84
K.2	ADDITIONAL INFORMATION	84

**SECTION K**

**PROPOSAL/CONTRACTOR CERTIFICATIONS**

**K.1 REFERENCES PROPOSAL/CONTRACTOR CERTIFICATION**

<http://ocp.dc.gov/DC/OCP/Contractor+Support+Center/Solicitation+Attachments/Solicitation+Attachments>

(To open, “right click on mouse,” select “open hyperlink and select “OK.”).

K.1.2 Includes any additional instructions that are specific to the requirement of the Solicitation/Contract.

**K.2 ACKNOWLEDGMENT OF AMENDMENTS**

Contractor acknowledges receipt of Amendment to the Solicitation and related documents numbered and dated as follows:

<b>Amendment No.</b>	<b>Date</b>	<b>Name of Authorized Representative</b>	<b>Title of Authorized Representative</b>	<b>Signature of Authorized Representative</b>

**\*\*\*\*END OF SECTION K\*\*\*\***

**SECTION L  
INSTRUCTIONS CONDITIONS AND NOTICES TO CONTRACTORS**

**TABLE OF CONTENT**

CLAUSE No.	CLAUSE TITLE	PAGE NO.
L.1	CONTRACT AWARD	86
L.2	PROPOSAL FORM, ORGANIZATION AND CONTENT	86-87
L.3	PROPOSAL SUBMISSION TIME and LATE SUBMISSION, LATE MODIFICATIONS AND LATE WITHDRAWALS	87-88
L.4	HAND DELIVERY OR MAILING OF PROPOSALS	88
L.5	QUESTIONS ON SOLICIATION	89
L.6	FAILURE TO SUBMIT OFFERS	89
L.7	PROPOSAL PROTESTS	90
L.8	SIGNING OF OFFERS	90
L.9	UNNECESSARILY ELABORATE PROPOSALS	90
L.10	RETENTION OF PROPOSALS	90
L.11	PROPOSAL COSTS	91
L.12	ACKNOWLEDGEMENT OF AMENDMENTS	91
L.13	ACCEPTANCE PERIOD	91
L.14	BEST AND FINAL CONTRACTOR	91
L.15	LEGAL STATUS OF CONTRACTOR	91-92
L.16	STANDARDS OF RESPONSIBILITY	92
L.17	OPTIONAL PRE-PROPOSAL CONFERENCE	93
L.18	RESTRICTION ON DISCLOSURE AND USE OF DATA	93

## SECTION L

### INSTRUCTIONS, CONDITIONS AND NOTICES TO CONTRACTORS

#### L.1 CONTRACT AWARD

##### L.1.1 Most Advantageous to the District

The District intends to award a Contract resulting from this solicitation to the responsible Prospective Contractor whose offer conforming to the solicitation shall be most advantageous to the District, cost or price, technical and other factors, specified elsewhere in this solicitation considered.

##### L.1.2 Initial Offers

The District may award Contracts on the basis of initial offers received, without discussion. Therefore, each initial offer must contain the Prospective Contractor's best terms from a standpoint of cost or price, technical and other factors.

#### L.2 PROPOSAL FORM, ORGANIZATION AND CONTENT

One original and five (5) copies of the written proposals shall be submitted in two parts, titled "Technical Proposal" and "Price Proposal". Each page shall be numbered and labeled to include the Solicitation number and name of the Prospective Contractor, Stapled or bond technical proposal shall be submitted with a minimum of five (5) pages and not to exceed the maximum of ten (10) pages, additional pages only for cost proposal and supporting documentation. Proposals shall be typewritten in single space, single page, Times New Roman: twelve (12) point font size on 8.5" by 11" bond paper.

**Telephonic and telegraphic proposals or electronic email shall "NOT" be accepted.**

Each proposal shall be submitted in a sealed envelope conspicuously marked: "Proposal in Response to Solicitation No. (RM-12-RFP-093-BY3-IT-iCAMS-TH, Title and name of Prospective Contractor)".

Prospective Contractors are directed to the specific proposal evaluation criteria found in Section M of this solicitation, **EVALUATION FACTORS FOR AWARD**. The Prospective Contractor shall respond to each factor in a way that shall allow the District to evaluate the Prospective Contractor's response. The Prospective Contractor shall submit information in a clear, concise, factual and logical manner providing a comprehensive description of program services and service delivery.

The information requested below for the technical proposal shall facilitate evaluation and best value source selection for all proposals. The technical proposal shall contain sufficient detail to provide a clear and concise representation of the requirements in the statement of work:

1. Technical Understanding of the requirement and approach
2. Management Plan
3. Quality Improvement Plan
4. Personnel
5. Past Performance

Questions may be submitted in advance of the Pre-Proposal's conference (Optional) via e-mail to [icams.rfp@dc.gov](mailto:icams.rfp@dc.gov) or Fax (202) 671-3395. Agencies and/or organizations planning to attend the Pre-Proposal's conference (Optional) are asked to please limit your organization representation to two (2) persons maximum. Pre-Proposal's Conference Attendance is "Optional".

### **L.3 PROPOSAL SUBMISSION DATE AND TIME and LATE SUBMISSIONS, LATE MODIFICATIONS and LATE WITHDRAWALS**

#### **L.3.1 Proposal Submission**

Proposals shall be submitted no later than ***Noon (Eastern Time) on Friday, July 20, 2012.*** Proposals, modifications to proposals, or requests for withdrawals that are received in the designated District office after the exact local time specified above, are "late" and shall be considered only if they are received before the award is made and one (1) or more of the following circumstances apply:

- a. The proposal or modification was sent by registered or certified mail not later than the fifth (5th) calendar day before the date specified for receipt of offers;
- b. The proposal or modification was sent by mail and it is determined by the ACCO that the late receipt at the location specified in the solicitation was caused solely by mishandling by the District.

### L.3.2 Postmarks

The only acceptable evidence to establish the date of a late proposal, late modification or late withdrawal sent either by registered or certified mail shall be a U.S. or Canadian Postal Service postmark on the wrapper or on the original receipt from the U.S. or Canadian Postal Service. If neither postmark shows a legible date, the proposal, modification or request for withdrawal shall be deemed to have been mailed late. When the postmark shows the date but not the hour, the time is presumed to be the last minute of the date shown. If no date is shown on the postmark, the proposal shall be considered late unless the Prospective Contractor can furnish evidence from the postal authorities of timely mailing.

### L.3.3 Late Modifications

A late modification of a successful proposal, which makes its terms more favorable to the District, shall be considered at any time it is received and may be accepted.

### L.3.4 Late Proposals

A late proposal, late modification or late request for withdrawal of an offer that is not considered shall be held unopened, unless opened for identification, until after award and then retained with unsuccessful offers resulting from this solicitation.

## L.4 **HAND DELIVERY OR MAILING OF PROPOSALS**

### DELIVER OR MAIL TO:

Samuel J. Feinberg, CPPO, CPPB  
Director, Contracting and Procurement  
Agency Chief Contracting Officer  
Department of Mental Health  
Contracts and Procurement Administration  
609 H Street NE, 5th Floor (Visitor Entrance)  
Washington, D. C. 20002  
(202) 671 -3171 - Front Desk



## L.5 QUESTIONS ON SOLICITATION

If a Prospective Contractor has any questions relative to this solicitation, the Prospective Contractor shall submit the question in writing to the Contact Person, identified on page one, in writing. The Prospective Contractor shall submit questions no later than July 12, 2012. The District shall not consider any questions received after **July 12, 2012**. The District shall furnish responses promptly to all other Prospective Contractors. An amendment to the solicitation shall be issued if that information is necessary in submitting offers, or if the lack of it would be prejudicial to any other Prospective Contractors. Oral explanations or instructions given before the award of the Contract shall not be binding.

All correspondence or inquiries related to this Solicitation or any modifications shall be addressed to:

Samuel J. Feinberg, CPPO, CPPB  
Director, Contracts and Procurement  
Agency Chief Contracting Officer  
Department of Mental Health  
609 H Street NE, 5th Floor  
Washington, DC 20002  
Office - (202) 671-3188 - Fax (202) 671-3395  
Email: [icams.rfp@dc.gov](mailto:icams.rfp@dc.gov)

## L.6 FAILURE TO SUBMIT OFFERS

Recipients of this solicitation not responding with an offer must not return this solicitation. Instead, they must advise the **Director, Contracting and Procurement/ Agency Chief Contracting Officer, Samuel J. Feinberg, CPPO, CPPB, 609 H Street NE, 5th Floor, Washington, DC, 20002, 202-671-3188**, by letter or postcard whether they want to receive future solicitations for similar requirements. It is also requested that such recipients advise the Agency Chief Contracting Officer, Department of Mental Health of the reason for not submitting a proposal in response to this SOLICITATION. If a recipient does not submit an offer and does not notify the Director/ ACCO, Department of Mental Health that future solicitations are desired, the recipient's name may be removed from the applicable mailing list.

## **L.7 PROPOSAL PROTESTS**

Any actual or Prospective Contractor, or Contractor who is aggrieved in connection with the solicitation or award of a Contract, shall file with the D.C. Contract Appeals Board (Board) a protest no later than 10 business days after the basis of protest is known or must have been known, whichever is earlier. A protest based on alleged improprieties in a solicitation which are apparent prior to the time set for receipt of initial proposals shall be filed with the Board prior to bid opening or the time set for receipt of initial proposals. In procurements in which proposals are requested, alleged improprieties which do not exist in the initial solicitation, but which are subsequently incorporated into this solicitation, shall be protested no later than the next closing time for receipt of proposals following the incorporation.

The protest shall be filed in writing, with the **Contract Appeals Board, 717 14th Street, N.W., Suite 430, Washington, D.C. 20004**. The aggrieved person shall also mail a copy of the protest to the ACCO for the solicitation.

## **L.8 SIGNING OF CONTRACTORS**

The Prospective Contractor shall sign the Offer in **"BLUE INK"** and print or type the Contractor's authorized name and title in Section A, Section B and Section K of the **Solicitation, Offer and Award** form of this Request for Proposal (RFP). Erasures and/or other changes (e.g., **white out, white tape, marks, signature stamps or signature in any other color ink except Blue Ink**) to the Request for Proposal are **"Not Acceptable"**. Contractor shall include additional information on the Price and Technical Proposal justification document. Contractor's signature by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the Director/ACCO.

## **L.9 UNNECESSARILY ELABORATE PROPOSALS**

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective response to this solicitation are **not** desired and may be construed as an indication of the Prospective Contractor's lack of cost consciousness. Elaborate artwork, expensive paper and bindings and expensive visual and other presentation aids are neither necessary nor desired

## **L.10 RETENTION OF PROPOSALS**

All proposal documents shall be the property of the District and retained by the District and therefore shall not be returned to the Prospective Contractors.

**L.11 PROPOSAL COSTS**

The District is not liable for any costs incurred by the Prospective Contractors' in submitting proposals in response to this solicitation.

**L.12 ACKNOWLEDGMENT OF AMENDMENTS**

The Prospective Contractor shall acknowledge receipt of any amendment to this solicitation by (a) signing and returning the amendment; (b) by identifying the amendment number and date in the space provided for this purpose in Section K of the solicitation; or (c) by letter or telegram including mailgrams. The District shall receive the acknowledgment by the date and time specified for receipt of offers. Prospective Contractors' failure to acknowledge an amendment may result in rejection of the offer.

**L.13 ACCEPTANCE PERIOD**

The Prospective Contractor agrees that its offer remains valid for a period of 90 days from the solicitation's closing date.

**L.14 BEST AND FINAL OFFERS (BAFO)**

If, subsequent to receiving original proposals, negotiations are conducted, all Prospective Contractors within the competitive range shall be so notified and shall be provided an opportunity to submit written best and final offers at the designated date and time. Best and Final Offers shall be subject to Late Submissions, Late Modifications and Late Withdrawals of Proposals provision of the solicitation. After receipt of Best and Final Offers, no discussions shall be reopened unless the ACCO determines that it is clearly in the Government's best interest to do so, e.g., it is clear that information available at that time is inadequate to reasonably justify Contractor selection and award based on the Best and Final Offers received.

If discussions are reopened, the ACCO shall issue an additional request for Best and Final Offers to all Prospective Contractors still within the competitive range.

**L.15 LEGAL STATUS OF CONTRACTOR**

Each proposal shall provide the following information:

L.15.1 Name, Address, Telephone Number, Federal tax identification number and DUNS Number of Contractor;

L.15.2 District of Columbia, if required by law to obtain such license, registration or certification. If the Prospective Contractor is a corporation or partnership and does not provide a copy of its license, registration or certification to transact business in the District of Columbia, the offer shall certify its intent to obtain the necessary license,

registration or certification prior to Contract award or its exemption from such requirements; and

- L.15.3 If the Prospective Contractor is a partnership or joint venture, names of general partners or joint ventures and copies of any joint venture or teaming agreements.
- L.15.4 The District reserves the right to request additional information regarding the Prospective Contractor's organizational status.

**L.16 STANDARDS OF RESPONSIBILITY**

The Prospective Contractor shall demonstrate to the satisfaction of the District the capability in all respects to perform fully the Contract requirements, therefore, the Prospective Contractor shall submit the documentation listed below, within five (5) days of the request by the District.

- L.16.1 Furnish evidence of adequate financial resources, credit or the ability to obtain such resources as required during the performance of the Contract.
- L.16.2 Furnish evidence of the ability to comply with the required or Proposed delivery or performance schedule, taking into consideration all existing commercial and governmental business commitments.
- L.16.3 Furnish evidence of the necessary organization, experience, accounting and operational control, technical skills or the ability to obtain them.
- L.16.4 Furnish evidence of compliance with the applicable District licensing, tax laws and regulations.
- L.16.5 Furnish evidence of a satisfactory performance record, record of integrity and business ethics.
- L.16.6 Furnish evidence of the necessary production, construction and technical equipment and facilities or the ability to obtain them.
- L.16.7 If the Prospective Contractor fails to supply the information requested, the ACCO shall make the determination of responsibility or non-responsibility based upon available information. If the available information is insufficient to make a determination of responsibility, the ACCO shall determine the Prospective Contractor to be non-responsible.

**L.17. OPTIONAL PRE-PROPOSAL CONFERENCE**

L.17.1 Optional Pre-Proposal Conference shall be held on **Thursday, June 21, 2012 @11:00 AM - 1:30 PM** in the 5<sup>th</sup> Floor Training Room, 513 located at 609 H Street Avenue NE 5<sup>th</sup> floor (Visitor Entrance) Washington, DC 20002 Present at the conference shall be representatives from the DMH's, Contracts and Procurement Services and the Office of Information Technology. The purpose shall be to discuss and clarify points of issue involving iCAMS.

L.17.2 Questions may be submitted in advance of the Pre-Proposal conference (Optional) via e-mail to [icams.rfp@dc.gov](mailto:icams.rfp@dc.gov) or Fax (202) 671-3395. Agencies and/or organizations planning to attend the Pre -Proposal conference (Optional) are asked to please limit your organization representation to two (2) persons maximum. Pre-Proposal Conference Attendance is "Optional".

**L.18 RESTRICTION ON DISCLOSURE AND USE OF DATA**

L.18.1 Contractors who include in their proposal data that they do not want disclosed to the public or used by the District except for use in the procurement process shall mark the title page with the following legend:

**"This proposal includes data that shall not be disclosed outside the District and shall not be duplicated, used or disclosed in whole or in part for any purpose except for use in the procurement process.**

**If, however, a contract is awarded to this Contractor as a result of or in connection with the submission of this data, the District shall have the right to duplicate, use, or disclose the data to the extent consistent with the District's needs in the procurement process. This restriction does not limit the District's rights to use, without restriction, information contained in this proposal if it is obtained from another source. The data subject to this restriction are contained in sheets (insert page numbers or other identification of sheets)."**

L.18.2 Mark each sheet of data it wishes to restrict with the following legend:

**"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this proposal."**

**\*\*\*END OF SECTION L\*\*\***

**SECTION M**

**EVALUATION FACTORS**

CLAUSE NO.	CLAUSE TITLE	PAGE NO.
M.1	EVALUATION FOR AWARD	95-96
M.2	TECHNICAL RATING	96-99
M.3	TECHNICAL CRITERIA	99
M.4	PRICE CRITERIA	99-100
M.5	PERFORMANCE	100
M.6	TOTAL	100
M.7	CLAUSE APPLICABLE TO ALL OPEN MARKET SOLICITATIONS	101-105

**SECTION M  
EVALUATION FACTORS**

**M.1 EVALUATION FOR AWARD**

M.1.1 The contract shall be awarded to the responsive and responsible Prospective Contractor whose offer is most advantageous to the District, based upon the Evaluation Criteria specified below. Thus, while the points in the Evaluation Criteria indicate their relative importance, the total scores shall not necessarily be determinative of the award. Rather, the total scores shall guide the District in making an intelligent award decision based upon the Evaluation Criteria.

M.1.2 There are a number of factors that shall be used to rank the responses from each of the participating Prospective Contractors. The table below shows the weighted methodology that shall be used by the review team in making its determination. Each of the requirements sections is given a point value that shall be assessed by the members of the review team based on the responses provided. Each question shall be scored on a Likert Scale using values from 1=Unacceptable to 5= Excellent. Aggregate scores shall be compiled for each section and the average section score shall be multiplied times the total possible points below.

M.1.3 Formula for Scoring:

Example: 5 (highest Possible Points) divided by SME Rating- multiplied by possible points = Section Score

Example: Section 7 = Value at 100 Points - Rating given is 2 out of 5 so-  $2/100=0.02 \times 100 = 2$  therefore 2 points shall be given for that section.

M.1.4 How the "Scoring Guide" results are translated to points:

1 - Incomplete, criteria not addressed.  $1/5 - 0.2$  (or 20%)

2 - SOME of the criteria are met but there are many areas that are incomplete.  $2/5 - 0.4$  (or 40%)

3 - MOST of the criteria are met but there are some areas that are incomplete.  $3/5 - 0.6$  (or 60%)

4 - MEETS criteria.  $4/5 - 0.8$  (or 80%)

5 - EXCEEDS criteria.  $5/5 - 1.0$  (or 100%)

**Each score is multiplied by your possible points for each section to score total points for that section. This is important since the categories have different weights - i.e. the importance of the different sections varies.**

Points shall be derived from scoring (objective and subjective) given the Contractor responses to each of the questions in sections 7 through 10 as well as other information provided within the response. Each section shall be scored and the total for the vendor submission/response shall be calculated. Contractors are encouraged to be detailed and include supporting information where possible (Example: Screenshots, etc.)

Contractors are encouraged to be detailed and include supporting information where possible (Ex: Screenshots, etc).

**M.2 TECHNICAL RATING:** The Technical Rating Scale is as follows:

Rating	Adjective	Description
1	Unacceptable	<b><u>Incomplete</u></b> due to criteria not being addressed and Fails to meet minimum requirements; major deficiencies which are not correctable.
2	Poor	<b><u>Some</u></b> of the criteria are met but there are many areas that marginally meets minimum requirements; significant deficiencies which may be correctable.
3	Acceptable	<b><u>Most</u></b> of the criteria are met but there are some requirement areas with only minor deficiencies which are correctable.
4	Good	<b><u>Meets</u></b> requirements; no deficiencies.



Item	Section	Section Name	Total Possible Points	Points Scored
<b>SPECIFIC FUNCTIONAL REQUIREMENTS</b>				
1	7	Key Requirements	100	
2	8.1	Demographics	25	
3	8.2	Enrollment/Eligibility/Benefits	25	
4	8.3	Scheduling	20	
4	8.4	Service Authorization/Management	25	
5	8.5	Treatment Planning	15	
6	8.6	Progress Notes	15	
7	8.7	Service / Clinical Data Capture	25	
8	8.8	Diagnosis	15	
9	8.9	Medication	25	
10	8.1	Claims, Billing and Accounts Receivable	50	
11	8.11	Workflow	25	
12	8.12	Staff Productivity	15	
13	8.13	HR/Credentialing	15	
14	8.14	Funding	25	
15	8.15	Consumer Portal	25	
15.1	8.16	Reporting/Analytics	25	
15.2	8.17	Treatment History	25	
15.3	8.18	Call /Grievance Tracking	15	
15.4	8.19	Provider Management	15	
15.5	8.2	Computerized Physician Order Entry	25	
		<b>SUBTOTAL (MAX)</b>	<b>550</b>	

TECHNOLOGY REQUIREMENTS				
16	9.1	Hosting Method	25	
17	9.2	Provider Access	25	
18	9.3	File Conversion / Upload	25	
19	9.4	File Formats	25	
20	9.5	Applications Security	15	
21	9.6	Licensing	15	
22	9.7	Post Implementation Support	25	
23	9.8	Document Management	10	
24	9.90	Alerts/Notification/Workflow	25	
25	9.1	Contractor / Other Data	25	
26	9.11	Miscellaneous	25	
26.1	9.12	Mobility	10	
		<b>SUBTOTAL (MAX)</b>	<b>250</b>	

ADDITIONAL CONTRACTOR DELIVERABLES				
27	1	Historical Conversion/Base Table Load	25	
28	2	Project Management	25	
29	3	Work Hours	10	
30	4	Training	25	
31	5	Interfaces	10	
32	6	Documentation	25	
33	7	Personnel	20	
34	8	Acceptance	10	
		<b>SUBTOTAL (MAX)</b>	<b>150</b>	

OTHER				
		Successfully installed in other District Agencies	25	
		Total Cost	25	
		<b>SUBTOTAL (MAX)</b>	<b>50</b>	
		<b>TOTAL POINTS (MAX)</b>		
		Specific Functional Requirements	550	
		Technology Requirements	250	
		<b>Additional Contractor Deliverables</b>	<b>150</b>	
		Other	50	
		<b>Total Possible Score =</b>	<b>1,000</b>	

Points shall be derived from scoring (objective and subjective) given the Contractor responses to each of the questions in sections 7 through 10 as well as other information provided within the response. Each section shall be scored and the total for the Contractor submission/response shall be calculated. Contractors are encouraged to be detailed and include supporting information where possible (Example: Screenshots, etc.)

### **M.3 TECHNICAL CRITERIA**

M.3.1 The maximum points that are possible for each of the three sections are:

Specific Functional Requirements:	550
Technology Requirements:	250
Additional Contractor Deliverables:	150
Other:	50
<b>Total Possible Score</b>	<b>1,000</b>

### **M.4 PRICE CRITERIA**

M.4.1 Cost Criteria (\_\_\_\_ points)

- a. The Price Evaluation shall be objective. The Prospective Contractor with the lowest cost/price shall receive the maximum price points. All other proposals shall receive a proportionately lower total score.

The following formula shall be used to determine

each Contractor's evaluated cost/price score:

$$\frac{\text{Lowest cost/price proposal} \times \text{weight}}{\text{cost/price of proposal being evaluated}} = \text{evaluated cost/price score}$$

**M.5. PREFERENCE**

(up to at least **12** Points)

- LSDBE Contractor

M.5.4.1 Any Contractor seeking to receive preferences on this solicitation must be certified at the time of submission of its proposal. The contracting officer shall verify the Contractor's certification with DSLBD and the Contractor must not submit with its proposal any documentation regarding its certification as a certified business enterprise.

M.5.4.2 Any Contractor seeking certification or provisional certification in order to receive preferences under this solicitation must contact the:

Department of Small and Local Business Development

ATTN: CBE Certification Program

441 Fourth Street, NW, Suite 970N

Washington DC 20001

M.5.4.3 All Contractors are encouraged to contact DSLBD at (202) 727-3900 if additional information is required on certification procedures and requirements.

**M.6 TOTAL**

(up to at least/ **112** Points)

## M.7 CLAUSE APPLICABLE TO ALL OPEN MARKET SOLICITATIONS

### a. Preference for Local Businesses, Disadvantaged Businesses, Resident Business

#### Ownerships or Businesses Operation in an Enterprise Zone.

##### 1. General Preferences

Under the provisions of D.C. Law 13-169, "Equal Opportunity for Local, Small, or Disadvantaged Business Enterprises Amendment Act of 2000" (the "Act", as used in this section), the District shall apply preferences in evaluating offers from businesses that are local, disadvantaged, resident business ownership or located in an enterprise zone of the District of Columbia.

For evaluation purposes, the allowable preferences under the Act for this

Procurement is as follows:

1. Four percent reduction in the bid price or the addition of four points on a 100-point scale for a local business enterprise (LBE) certified by the Local Business Opportunity Commission (LBOC);
2. Three percent reduction in the bid price or the addition of three points on a 100-point scale for a disadvantaged business enterprise (DBE) certified by the LBOC;
3. Three percent reduction in the bid price or the addition of three points on a 100-point scale for a resident business ownership (RBO), as defined in Section 2 (a)(8A) of the Act and certified by the LBOC; and
4. Two percent reduction in the bid price or the addition of two points on a 100-point scale for a business located in an enterprise zone, as defined in Section 2(5) of D.C. Law 12-268 and in 27 DCMR 899, 39 DCR 9087-9088 (December 4, 1992).

Any prime Contractor that is a LBE certified by the LBOC shall receive a four percent (4%) reduction in bid price for a bid submitted by the LBE in response to an Invitation for Bids (IFB) or the addition of four points on a 100-point scale added to the overall score for bids submitted by the LBE in response to a Request for Proposals (RFP).

Any prime Contractor that is a DBE certified by the LBOC shall receive a three percent (3%) reduction in the bid price for a bid submitted by the DBE in response to an IFB or the addition of three points on a 100-point scale added to the overall score for proposals submitted by the DBE in response to a RFP.

Any prime Contractor that is a RBO certified by the LBOC shall receive a three percent (3%) reduction in the bid price for a bid submitted by the RBO in response to an IFB or

the addition of three points on a 100-point scale added to the overall score for proposals submitted by the RBO in response to a RFP.

Any prime Contractor that is a business enterprise located in an enterprise zone shall receive a two percent (2%) reduction in bid price for a bid submitted by such business enterprise in response to an IFB or the addition of two points on a 100-point scale added to the overall score for proposals submitted by such business in response to a RFP.

B. Preferences for Subcontracting in Open Market Solicitations with No LBE, DBE, RBO Subcontracting Set Aside.

The preferences for subcontracting in open market solicitations where there is no LBE, DBE or RBO subcontracting set aside are as follows:

1. If the prime Contractor is not a certified LBE, certified DBE, certified RBO or a business located in the enterprise in an enterprise zone, the District shall award the above-stated preferences by reducing the bid price or by increasing the points proportionally based on the total dollar value of the bid or proposal that is designated by the prime Contractor for subcontracting with a certified LBE, DBE, RBO or business located in an enterprise zone.
2. If the prime Contractor is a joint venture that is not a certified LBE, certified DBE or certified RBO joint venture, or if the prime Contractor is a joint venture that includes a business in an enterprise zone but such business located in an enterprise zone does not own and control at least fifty-one percent (51%) of the joint venture, the District shall award the above-stated preferences by reducing the bid price or by increasing the points proportionally in the proposal based on the total dollar value of the bid or proposal that is designated by the prime Contractor for a certified LBE, DBE, RBO or business located in an enterprise zone, for participation in the joint venture.

For Example:

If a non-certified prime Contractor subcontracts with a certified local business enterprise for a percentage of the work to be performed on an RFP, the calculation of the percentage points to be added during evaluation would be according to the following formula:

$$\frac{\text{Amount of Subcontract}}{\text{Amount of Contract}} \times 4^* = \text{Points Awarded for Evaluating LSDBE Subcontracting}$$

\*Note: Equivalent of four (4) points on a 1000 point scale

The maximum total preference under the act of this procurement is twelve percent (12%) for bids submitted in response to an IFB or the equivalent of twelve (12) points on a 100-point scale for proposals submitted in response to a RFP. Any prime Contractor receiving the full bid price reduction or point addition to its overall score for a particular preference shall not receive any additional bid price reduction or points for further participation on a subcontracting level for that particular preference.

However, the prime Contractor shall receive a further proportional bid price reduction or point addition on a different preference for participation on a subcontracting level for that different preference. For example, if a LBE prime Contractor receives the four percent bid price reduction or the equivalent of four points on a 100-point scale, the LBE prime Contractor does not receive a further price reduction or additional points if such Contractor proposes subcontracting with an LBE. However, if this same LBE prime Contractor proposes subcontracting with a DBE, the LBE prime Contractor receives a further proportional bid price reduction or point addition for the DBE participation on the subcontracting level.

C. Preferences for Open Market Solicitation with LBE, DBE or RBO Subcontracting Set  
Aside

If the solicitation is an open market solicitation with LBE, DBE or RBO subcontracting set-aside, the prime Contractor shall receive the LBE, DBE, or RBO preferences only if it is a certified LBE, DBE or RBO. There shall be no preference awarded for subcontracting by the prime Contractor with a LBE, DBE or RBO, even if the prime Contractor proposes LBE, DBE, or RBO subcontracting above the subcontracting levels required by the solicitation. However, the prime Contractor shall be entitled to the full preference for business located in an enterprise zone if it is a business located in an enterprise zone or a proportional preference if the prime Contractor subcontracts with a business located in an enterprise zone. The maximum total preference under the Act for this procurement is twelve percent (12%) for bids submitted in response to an IFB or the equivalent of twelve (12) points on a 100 point scale for proposals submitted in response to a RFP.

D. Preferences for Certified Joint Ventures Including Local or Disadvantaged Businesses or Resident Business Ownerships

When an LBOC-certified joint venture includes a local business enterprise (LBE), disadvantaged business enterprise (DBE) or a resident business ownership (RBO) and the LBE, DBE or RBO owns and controls at least fifty-one percent (51%) of the venture, the joint venture shall receive the preference as if it were a certified LBE, DBE or RBO.

E. Preference for joint Ventures Including Businesses located in an Enterprise Zone

When a joint venture includes a business located in an enterprise zone and such business located in an enterprise zone owns and controls at least fifty-one percent (51%) of the venture, the joint venture shall receive the preferences as if it were a business located in an enterprise zone.

1. Contractor Submission for Preferences

Any Contractor seeking to receive preferences on this Contract must submit at the time of and as part of its bid or proposal the following documentation, as applicable to the preference being sought:

- (a) Evidence of the Contractor's, sub Contractor's, or joint venture partner's certification or self-certification as a LBE, DBE, or RBO, to include either:
  - (1) A copy of all relevant letters of certification from the Local Business Opportunity Commission (LBOC); or
  - (2) A copy of the sworn notarized Self-Certification Form prescribed by the LBOC, along with an acknowledgement letter issued by the Director of the LBOC. Businesses with principal offices located outside of the District of Columbia must first be certified as LBEs before qualifying for self-certification.

2. Evidence that the Contractor or any sub Contractor is located in an enterprise zone.

In order for a Contractor to receive allowable preferences under this Contract, the Contractor must include the relevant information as described in subparagraphs (a) and (b) of this clause, as part of its proposal.

Refer to J.2.1 for the Self-Certification Package. In order to receive any preferences under this Contract, any Contractor seeking self-certification must complete and submit the forms to:

Office of Local Business Development  
ATTN: LSDBE Certification Program  
441 Fourth Street, N.W., Suite 970N  
Washington, DC 20001

All Contractors are encouraged to contact the Local, Small and Disadvantaged Business Enterprises Certification Program at (202) 727-3900 if additional information is required on certification procedures and requirements.



### Penalties for Misrepresentation

Any material misrepresentation on the sworn notarized self-certification form could result in termination of the contract, the Contractor's liability for civil and criminal action in accordance with the Act, D.C. Law 12-268 and other District laws, including debarment.

### Local, Small and Disadvantaged Business Enterprise Subcontracting

When a prime Contractor is certified by the Office of Local Business Development as a local, small or disadvantaged business or a resident business ownership, the prime Contractor shall perform at least fifty percent (50%) of the contracting effort, excluding the cost of materials, good and supplies with its own organization resources and if it subcontracts, fifty percent (50%) of the subcontracting effort, excluding the cost of materials, goods and supplies shall be with certified local, small or disadvantaged business enterprises and resident business ownerships, unless a waiver is granted by the Contracting Officer, with prior approval and consent of the Director of the LBOC under the provisions of 27 DCMR 805, 39 DCR 5578-5580 (July 24, 1992). By submitting a signed bid or proposal, the prime Contractor certifies that it shall comply with the requirements of paragraph (a) of this clause.

**\*\*\*\* END OF SECTION M \*\*\*\***

## APPENDIX

APPENDIX SECTION	APPENDIX TITLE	PAGE No.:
APPENDIX.A	DEFINITIONS	107-108
APPENDIX.B	DMH SERVICES	109-110
APPENDIX.C	DMH ORGANIZATION/ENTITIES	111-112
APPENDIX.D	CONCEPTUAL MODEL	113-114
APPENDIX.E	PHARMACY	115
APPENDIX.F	PROJECT PHASING	116-119
APPENDIX.G	PROPOSED INTERFACE CONCEPT	120-122
APPENDIX.H	PROPOSED FIP PROCESS FLOW SWIMLANE	123-124
APPENDIX.I	EXAMPLE OF PROVIDER CLAIM STATUS (FIP ONLY)	125
APPENDIX.J	DISTRICT HEALTHCARE PROCUREMENT	126-129
APPENDIX.K	EXAMPLE SYSTEM MODEL	130-132
APPENDIX.L	ENROLLMENT SCENARIOS	133-137
APPENDIX.M	PROPOSED NEW SOAR (FIRST) INFRASTRUCTURE	148-155
APPENDIX.N	SECTION C QUESTIONNAIRE	156-232

## **APPENDIX A: DEFINITIONS**

**AHL** - Access Help Line

**Applications** - also used interchangeably with the word “system”

**CCD** - Continuity of Care Document. Part of HL7 this provides a structured summary of Consumer care

**CDA** - Clinical Document Architecture

**CCHIT** - This is a private not-for-profit organization that serves as a recognized US certification authority for electronic health records (EHR) and their networks

**Consumers** - also referred to as Consumers

**Contractor** - used interchangeably with the word “Contractor”

**CPOE** - Computerized Provider Order Entry

**CRF** - Community Residential Facility

**DHCF** - Department of Health Care Financing

**DMH** - Department of Mental Health

**FIP** - Fully Integrated Provider. A Provider who opts to use the full suite of Applications and services provided by ICAMS without the need for any real-time interfaces to provide DMH with the data it requires.

**GIS** - Geographic Information Systems

**GUI** - Graphical User Interface. The “front end” that is most used by System users. GUI’s must be intuitive meaning that users must be able to determine and/or locate functionality by simple inference or association with common commands.

**IBNR** - Incurred But Not Received. Typically claims from a Provider that has already rendered service but has not submitted the claim for payment.

**iCAMS** - Integrated Care Management System. Also called the “new System” herein. The name we are using that shall refer to the selected Applications and the project to implement it.

**ESA** - Economic Security Administration. The Agency charged with tracking all Medicaid eligibility for the District of Columbia. Formerly called IMA or the Income Maintenance Administration

**ISP** - Internet Service Provider

**LOCUS/CALOCUS** – Level of Care Utilization System/LOCUS® and CALOCUS® are clinical tools that evaluate and determine level of care placements for psychiatric and addiction services for both adult and child/adolescent populations. They are comprehensive utilization management Systems, which are designed to generate various managerial reports, aggregate Consumer data, track Consumers and promote accurate scoring and ease of use<sup>34</sup>.

**MHA** – Mental Health Authority. One of DMH’s operating entities (lines of business). Staff at the MHA are the primary internal eCura users.

**MHRS** – Mental Health Rehabilitation Services. Under human care agreements with DMH’s authority this allows provide a defined set of services for the Department of Mental health (See Appendix B.)

**MHSD** – Mental Health Services Division. One of DMH’s operating entities (lines of business). Staff at the MHSD are the primary Anasazi users.

**MRI** – Major Reportable Incident

**MTTR** – Mean time to resolution

**NDR** – Non-Disclosure Review. A process under which selected Contractors provide details of forthcoming products, functionality changes, acquisitions, organization and management changes, changes in Contractor relationships typically planned over the next 12-24 months.

**OC or OCS** – MMIS System. The Medicaid Management Information System used by DHCF

**OCTO** – Office of the Chief Technology Officer. The District of Columbia’s Information Technology authority.

**Participating Provider** – a behavioral health Provider who is contracted to provide services in the District of Columbia.

**PIP** - Partially Integrated Provider. A Provider who opts out on using the full suite of iCAMS Applications and services who instead opts to implement, develop, pay and support for real time interfaces that provide DMH with the data it requires.

**PDF** – Portable Document Format. A commonly used file format from Adobe Inc used to exchange electronic documents.

**Provider** – an individual or group of psychiatrists, social workers and others certified to provide behavioral health services to District residents.

**SME** – Subject Matter Expert

---

<sup>34</sup> Definition from <http://www.locusonline.com/>

## APPENDIX B: DMH SERVICES

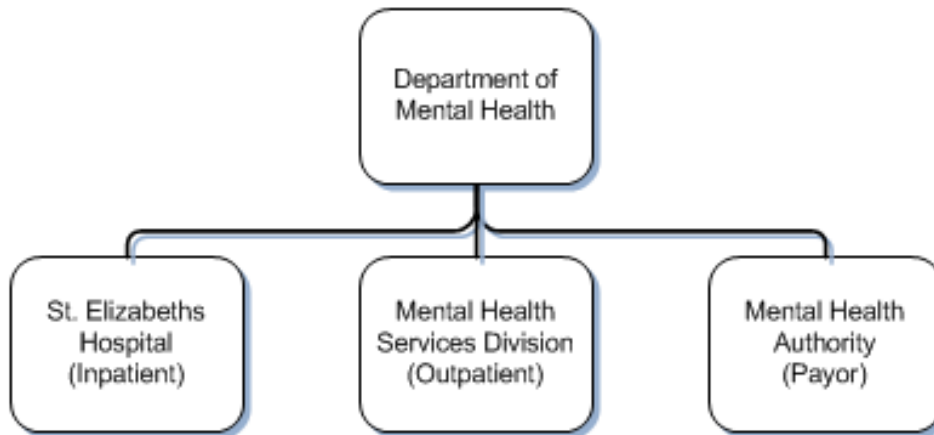
<i>MHRS Service (Level of Care)</i>		<i>HIPAA CPT Code</i>	<i>Mod 1</i>	<i>Medicaid Rate<sup>35</sup></i>	<i>Unit Measure</i>
<b>MHRS ACT Community Treatment</b>		H0039			
Face to face with Consumer				33.23	15 min
Contact with Collateral Source		H0039	UK	33.23	15 min
Telephone contact of any type		H0039		33.23	15 min
Collateral contact by Telephone		H0039		33.23	15 min
<b>MHRS Community Based Intervention</b>					
Face to face with Consumer		H2022		31.35	15 min
<b>MHRS Multi-Systemic Treatment – CBI</b>		H2033		57.42	15 min
<b>MHRS Intensive Day Treatment</b>					
Face to face with Consumer		H2021		164.61	Day
<b>MHRS Crisis/Emergency</b>					
Face to face with Consumer		H2011		33.57	15 min
Telephone contact		H2011		33.57	15 min
<b>MHRS Day Services</b>					
Face to face with Consumer		H0025		144.77	Day
<b>MHRS Community Support</b>					
Individual- Face to face with Consumer		H0036		20.10	15 min
Individual- Collateral contact		H0036	UK	20.10	15 min
Individual-Family/Couple w/Consumer		H0036	HR	20.10	15 min
Individual-Family/Couple w/o Consumer		H0036	HS	20.10	15 min
<b>MHRS Community Support</b>			HQ		
Group- Group Setting		H0036		8.67	15 min
<b>MHRS Medication Somatic Treatment</b>					
Individual- Face to face with Consumer Age 22+		T1502		35.72	15 min
Individual- Consumers Age 0 - 21		T1502	HA	38.96	15 min
<b>MHRS Medication Somatic Treatment</b>			HQ		
Group- Group Setting		T1502		19.33	15 min
<b>MHRS Counseling</b>					
On-Site- With Adult Consumer – Age 22+		H0004		19.50	15 min
<b>MHRS Counseling</b>			HA		
On-Site- With Child Consumer – Age 0 - 21		H0004		20.31	15 min
Group- With Consumer		H0004	HQ	10.45	15 min
Off-Site- With Consumer		H0004	HE	23.19	15 min
<b>MHRS Diagnostic/Assessment</b>		T1023	HE	240.00	Occurrence
<b>MHRS Behavioral Health Screening</b>		H0002		85.00	Day
<b>MHRS Mental Health Clubhouse Services</b>		H2030		8.67	15 min
<b>MHRS Supported Independent Living</b>	**w/P OS 14	H0036		20.10	15 min
<b>MHRS Supported Employment</b>		H2023		16.25	15 min
<b>MHRS Self-help/Peer Services</b>		H0038		TBD	TBD

<sup>35</sup> These are sample rates

<b>Contract Service (Level of Care)</b>		<b>Code</b>	<b>Mod 1</b>	<b>Rate</b>	<b>Unit Measure</b>
<b>Consumer Transfer Voucher - CTV</b>	<b>Initial</b>	<b>T2022</b>	<b>U1</b>	<b>393.75</b>	<b>Case Rate</b>
<b>Consumer Transfer Voucher - CTV</b>	<b>Subsequent</b>	<b>T2022</b>	<b>U2</b>	<b>196.88</b>	<b>Case Rate</b>
<b>Crisis Stabilization</b>		<b>DMH14</b>		<b>314.00</b>	<b>Day</b>
<b>Options Jail Diversion</b>		<b>DMH18</b>		<b>60.00</b>	<b>Day</b>
<b>Team Meeting*</b>		<b>DMH20</b>		<b>15.00</b>	<b>15 min</b>
<b>Jail Diversion CJS 53.72 (VOA) \ 83.34 (GD)</b>		<b>DMH22</b>			<b>Hour</b>
<b>No-Auth Crisis Stabilization</b>		<b>DMH23</b>		<b>314.00</b>	<b>Day</b>
<b>Integrated Community Care Project - ICCP</b>		<b>DMH24</b>			<b>Case Rate</b>

**Notes:** 1) \*This service may be billed quarterly, up to a maximum of eight (8) units [\$120.00] per Consumer  
2) \*\*POS = Place of Service

## APPENDIX C: DMH ORGANIZATION/ENTITIES



**\*\*\* *Note to All Readers / Contractors* \*\*\***

The graphics that follow contain references to IMA the Districts Income Maintenance Administration. Recently this Agency's name was changed to the Economic Security Administration or ESA. For the purposes of this SOW and subsequent RFP, IMA and ESA are to used interchangeably.

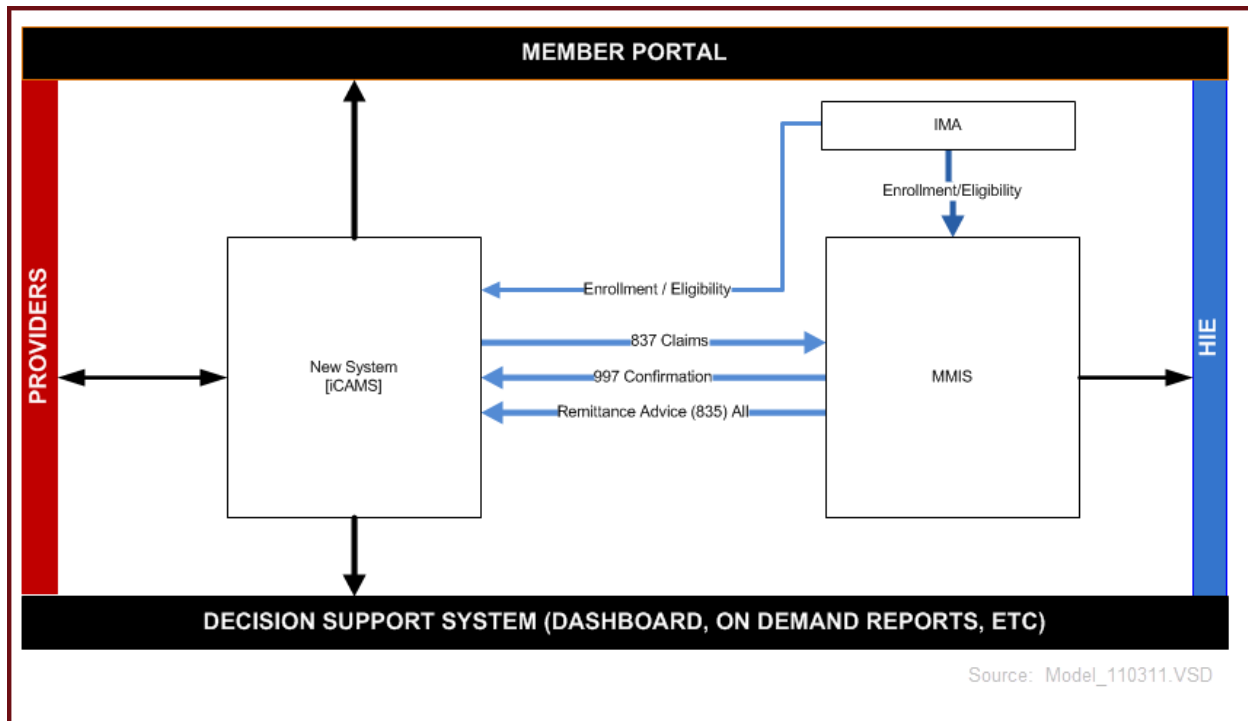


## APPENDIX D: CONCEPTUAL MODEL

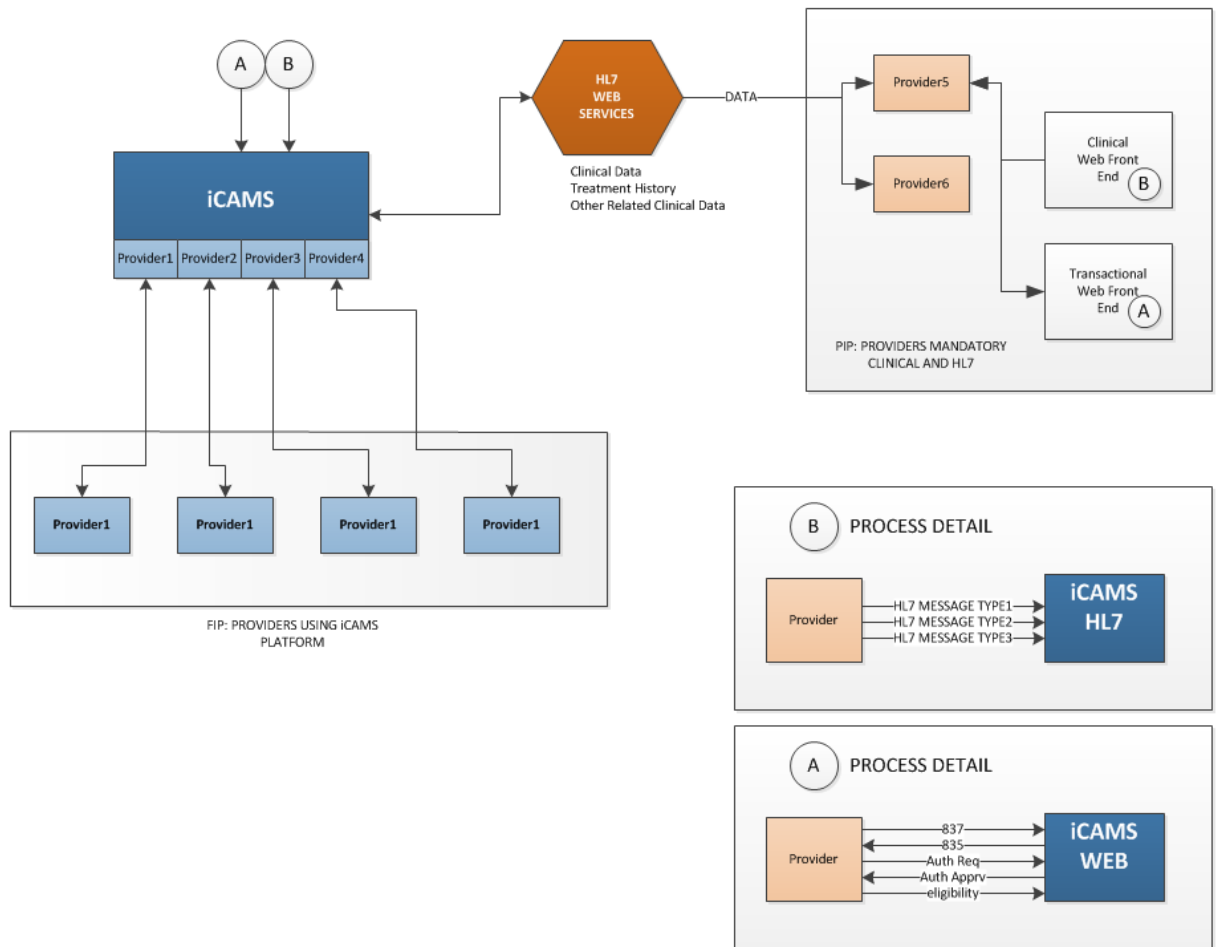
Currently there are no direct interfaces from the Anasazi Applications to the existing backend eCura Applications other than the following:

- Authorization For Service - service requests that are done via the web portal available to the Providers who can request authorizations and receive auth approvals.
- Claim Submission – also done via the portal. Providers currently submit 837P transactions for processing.
- Remittance Advice – eCura as well as the MMIS Applications generate 835's that are distributed to the Providers (MHSD as well) for claim reconciliation.

This is the “to-be” high level model showing how the Proposed System shall be used in the future with the District of Columbia MMIS System for its “back end” enrollment, authorization and claims processing. MMIS would replace the eCura back end authorization and claims processing functionality and shall be the Districts and DMH’s “system of record”.



The model shown below shows the differences between Providers that fully use the iCAMS Proposed System features and functions vs. the Providers who shall be partially using the Proposed iCAMS features and functions. These are called FIPS Providers and PIPS Providers (or FIP and PIP) respectively.



FIPs shall use the Proposed iCAMS features and functions completely. PIPs are choosing to retain the use of their current PMS Applications and use parts of the iCAMS Applications via the web front end and the HL7 interface.

PIPs shall have HL7 compliant Systems agree to retrofit or otherwise equip their Applications for real-time interfaces, provide the initial investment to design, build and test the interfaces and provide the technical support, post implementation, to ensure that data is transmitted to DMH as required.

## APPENDIX E: PHARMACY

In §4.2 there is a table that details the core Systems within the DMH. Under the Systems for Saint Elizabeths Hospital there is a footnote regarding the current use of a Pharmacy Management System called Worx from Medware.

It must also be noted that within the MHSD there is a Pharmacy Management System called PanaceaRx<sup>36</sup> that performs the basic functions of pharmacy fulfillment but lacks the sophistication to accept electronic orders from Anasazi or any other PMS. Paper prescriptions are authored by physicians and taken to the single pharmacy location (also at 35 K Street NE) for fulfillment. The drugs are packaged, labeled and provided to District Consumers for their use and, when the medication requires injection, on site physicians may administer the injectable medication.

Further, some of DMH Providers, currently write prescriptions for medications for District Consumers who then bring them to the 35 K St location for fulfillment.

It is our intent to integrate, via HL7, the selected System to the SEH Worx Applications to include, but not be limited to, the following functions:

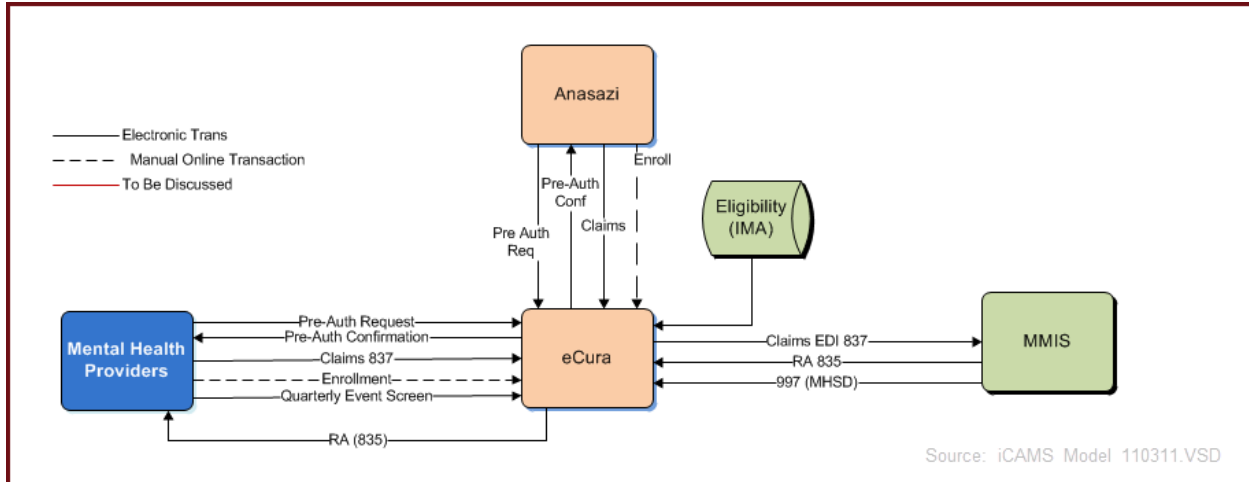
- Electronic order submission
- Order receipt and confirmation
- Patient demographic load / update
- Order fulfillment / completion notification
- Medication Administration
- Secure e-Prescription Portal (for DMH Providers)

---

<sup>36</sup> If, on review, the PanaceaRX product can conform to our requirements the decision may be made to retain that software Applications and interface to it.

## APPENDIX F: PROJECT PHASING

### Current State



Anasazi and eCura are the two core health care Systems in use by DMH.

- The information flow between the Anasazi application and the individual Providers PMS application to DMH’s eCura System is the same. If a Consumer is new to DMH they are both enrolled in the Providers PMS and then the enrollment is also performed within eCura by the Access Help Line staff. The Provider shall then develop a treatment plan or plan of care for the Consumer and request that those services be approved or authorized via a web based subset of eCura. Once a service or set of services is approved the Provider can then begin to provide those services over the period of time that the services are authorized – typically 180 days. During that time, as Consumers receive care, the Providers shall bill for those services using their PMS and send claims to DMH using industry standard transactions (837P) via an eCura upload procedure. DMH acts as a *clearinghouse* for both Provider claims and remittance advice transactions sent to and received from the MMIS System.
- There are two funding pools used for claims reimbursement. If a Consumer is eligible for Medicaid and receives a Medicaid service they are paid under Medicaid. However, if the Consumer is not Medicaid eligible or is Medicaid eligible but receives a non-Medicaid service the claim is paid under “local” funds.
- Even though eligibility information is stored on eCura (from the MMIS file feed), Providers shall check Medicaid Systems for eligibility information for the Consumers they see.

- Given the duality of the funding pools, DMH is both a payor (reimbursing local claims) and a Provider (submitting Medicaid claims to the District's Fiscal Intermediary). These claims are processed by DHCF using their MMIS System called MMIS (OCS). Upon adjudication, DMH is reimbursed \$ .70 for each dollar. MMIS issues discrete EDI835's which are collected by eCura and provided back to the Providers along with EDI835 data for the local claim submissions so that they can reconcile their receivables.

**Phase One**

*(The system shall be fully operational and functioning within three hundred sixty five (365) days from date of award of Contract.)*

This RFP is concerned with replacing the existing Anasazi and eCura Systems with a new CMS (in the picture above called "New System" or iCAMS). On completion of this phase of the project, iCAMS shall replace the functionality of the Anasazi and eCura Systems internally and provide the same System functionality to all DMH Providers with all data exchanges and process flows shown above.

There would likely be two types of Providers using iCAMS - the FIPs and the PIPs. Below is a table that shows some additional differences between iCAMS, the current System and how these differences are differentiated between FIPs and PIPs.

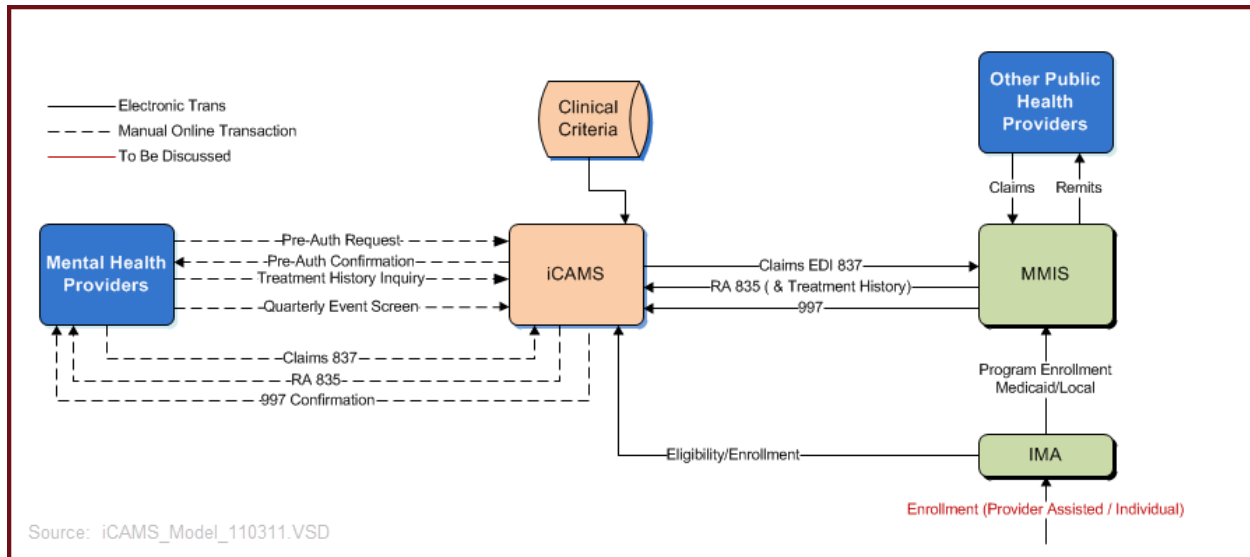
Difference	Impact on FIPS Providers	Impact on PIPS Providers
There shall be a single enrollment process with the ESA providing enrollment functionality for both Medicaid and local services provided by DMH. Both eligibility and enrollment data shall be passed to iCAMS.	iCAMS shall provide integrated eligibility	Providers can reference iCAMS and manually move eligibility data to their PMS.
All claims, including "local" claims, shall be submitted directly to the MMIS System for payment from the new DMH iCAMS System. Submitted claims that have been vetted by DMH for authorization and are approved for payment.	No 837 required.	Providers continue to send 837 claim files.
Remit transactions shall process through iCAMS but shall be individually managed by submitting Providers for reconciliation and A/R processing/posting.	Shall do remit and posting on the ICAMS platform	iCAMS shall send 835's to Providers for posting in their individual A/R.
Since the remits shall come to DMH and since they represent paid claims, these shall be part of the treatment history that shall be available to internal and external users <sup>37</sup> . DMH shall be requesting that the 835's that have been submitted for its Consumers from other public health care agencies, through the MMIS System, also be sent to DMH as a part of the	Providers shall have access to the Treatment History.	Providers shall have access to the Treatment History.

<sup>37</sup> Based on HIPAA need to know a Provider shall be able to see the treatment that occurred for any Consumer that he is paneled with.

treatment history		
The new System shall have the integrated ability to use Clinical Criteria from Contractors like Millman, InterQual etc as a part of the service authorization and potentially the benefit assignment process.	Authorization workflows shall automatically use the clinical criteria.	Authorization workflows shall automatically use the clinical criteria. Some workflow may be limited.
We are provisioning this System to accept encounters from the private sector for our Consumers. While we are planning for this function to reside in the HIE and it is our preference for this data to be there, we shall have the capacity to accept related health care information that shall provide both internal and external users as broad a view of the care received as possible.	Providers shall have access to this function.	Providers shall have access to this function.

As indicated in Appendix E, DMH shall look to upgrade or convert the MHSD pharmacy management System from PanaceaRX (upgrade) to the Mediware Worx (convert) pharmacy management System already in use at Saint. Elizabeths Hospital. The Worx System is already accepting or providing demographic, order or result information back to the hospitals Avatar application via HL7.

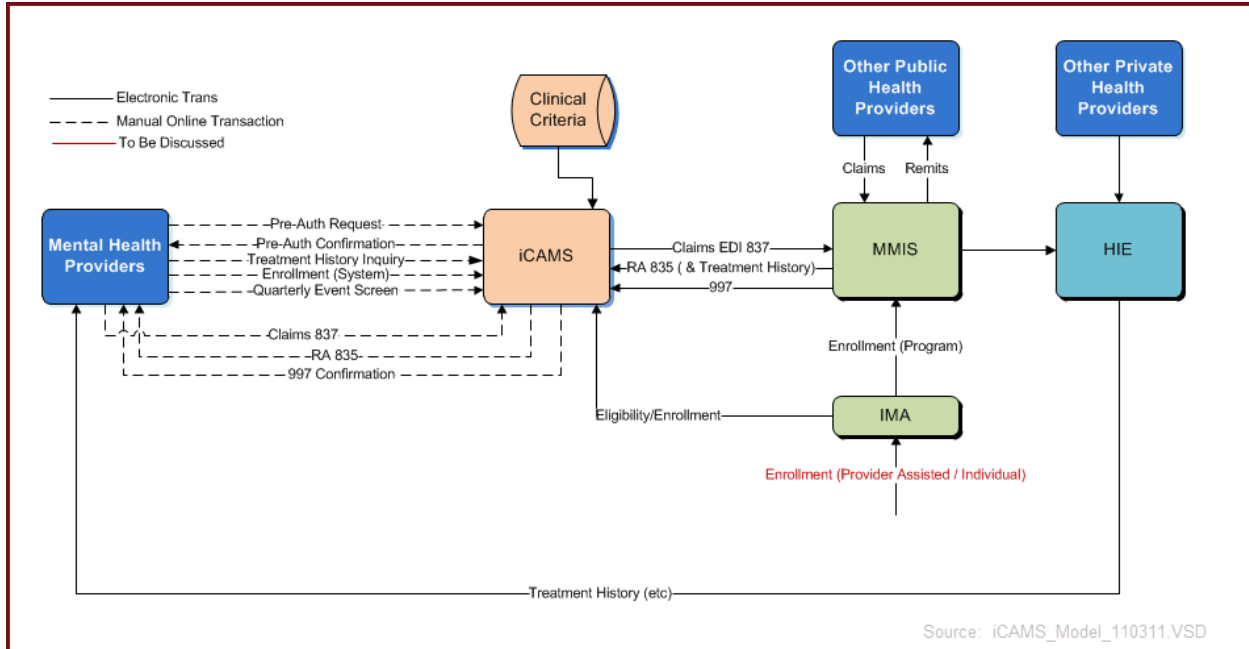
**Phase Two**



**Phase Three (HIE)**

This phase shall include system updates stemming from both the Contractors “road map” and updates necessary due to the changing environment of the provision of mental health care services, as directed by

local and Federal government, The Center’s for Medicaid and Medicare Services (CMS) as well as other governing and accrediting bodies. This will included all essential maintenance, training and support for the System for continuous quality improvement for treatment of eligible consumers residing in the District of Columbia.



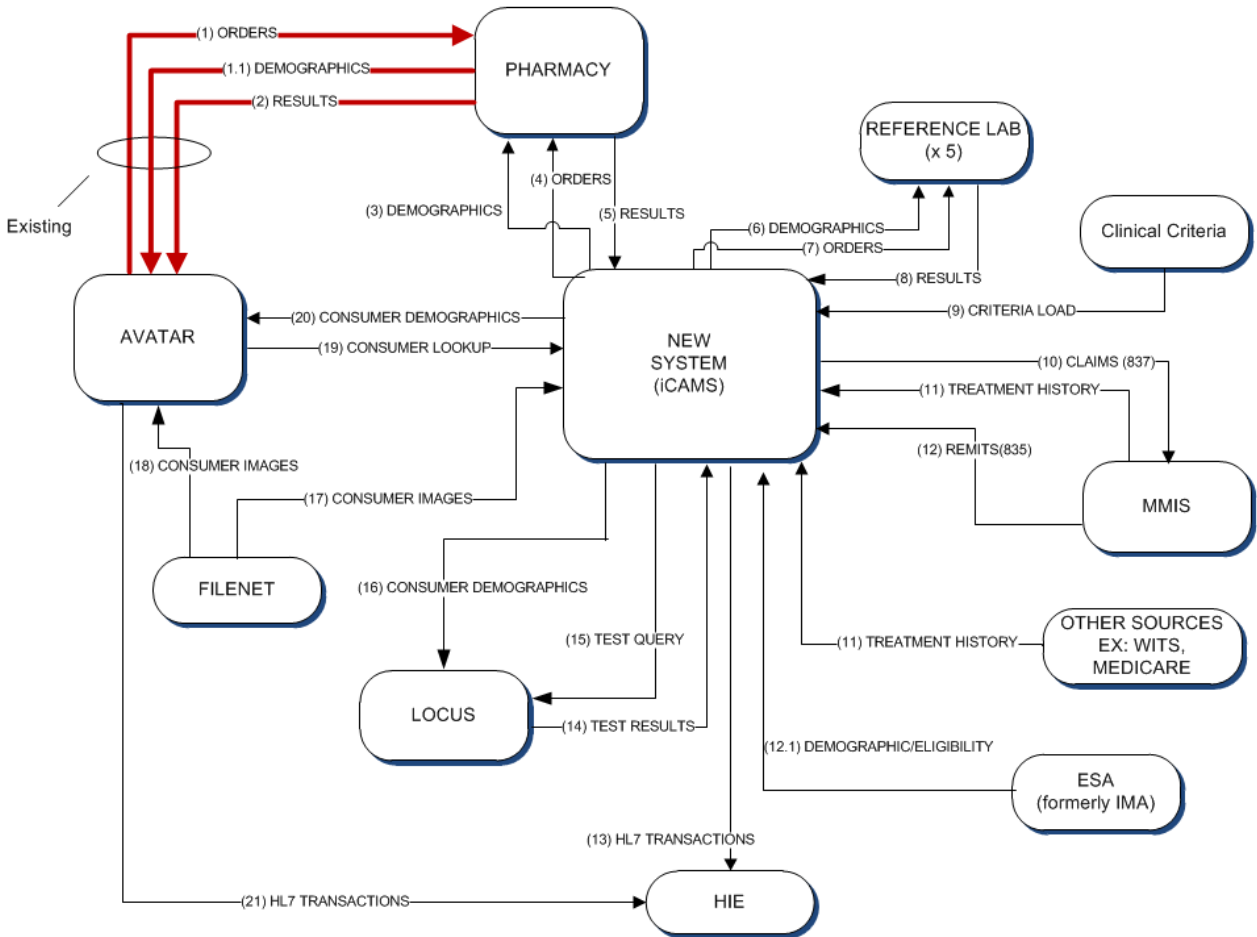
**Phase Four**

By virtue of new common platform, DMH and the MHRS Providers shall become data sources for “exchanges” as identified moving forward. Other district care Providers in the private sector would also be data Providers to the “exchange” making it a centralized and complete database for treatment history available to DMH or DMH’s Providers and hospitals.

The final phase of this Project shall include coordination with the Districts Health Information Exchange (HIE), DC Primary Care Association (DCPCA) as a part of the DC Regional Health Information Exchange (DC RHIO) and or other data “exchange” entities.

# APPENDIX G: PROPOSED INTERFACE CONCEPT

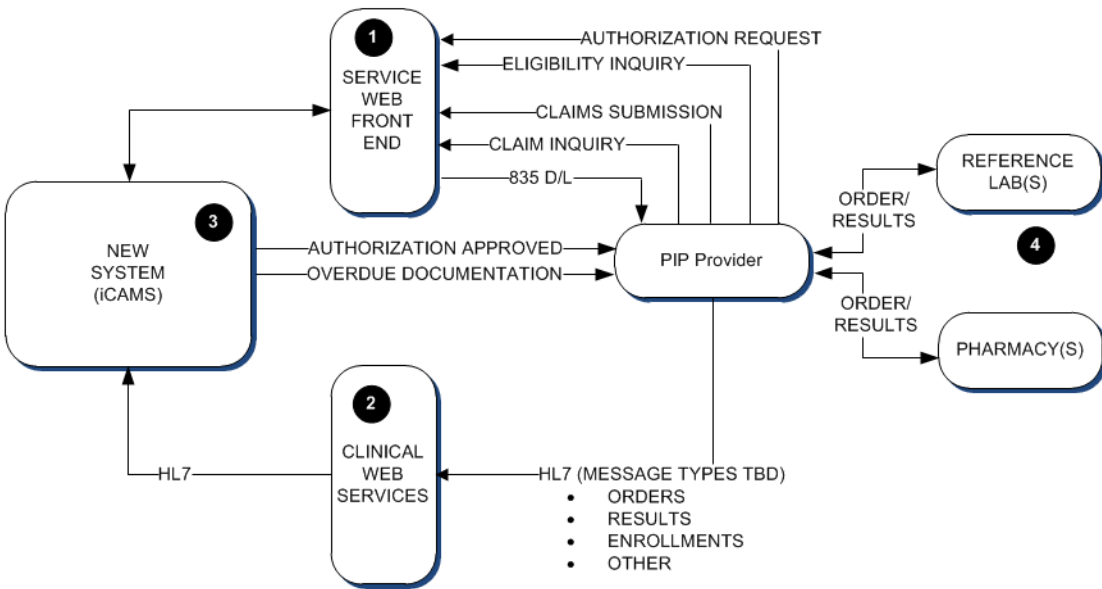
## FIP MODEL



InterfaceMap\_113011.vsd



## PIP MODEL



### Notes:

1. Shown are atypical transaction types shown that PIPs might use through the web front end of the selected Applications.
2. Set of web services designed to capture real time data from PIPs and upload to iCAMS. Error handling, interface monitoring and rollback procedures shall be required.
3. iCAMS shall send out alerts (some are shown) to Providers whether or not they are FIP or PIP. Not all alert conditions shall apply to PIPs.
4. FIPs shall use their own PMS to communicate orders to lab/Rx and then post back results to their Systems. These Systems need to send orders and results to iCAMS via HL7.

## Interface Map Table (FIP Model)

Item	From	To	Description	Type <sup>38</sup>	Status
1	Avatar	Worx	Orders information - Inpatient	HL7	Existing
1.1	Avatar	Worx	Demographics (Patient Name, Address, Unique ID, etc) – for System synchronization	HL7	Existing
2	Worx	Avatar	Results Information	HL7	Existing
3	iCAMS	Worx	Demographics (Patient Name, Address, Unique ID, etc) – for System synchronization	HL7	In Scope
4	iCAMS	Worx	Orders information - ambulatory	HL7	In Scope
5	Worx	iCAMS	Results information - ambulatory	HL7	In Scope
6	iCAMS	Reference Lab <sup>39</sup>	Demographics (Patient Name, Address, Unique ID, etc)	HL7	In Scope
7	iCAMS	Reference Lab	Orders information (CPOE)	HL7	In Scope
8	Reference Lab	iCAMS	Results	HL7	In Scope
9	Clinical Criteria <sup>40</sup>	iCAMS	Criteria File	TBD <sup>41</sup>	In Scope
10	iCAMS	MMIS	Aggregated 837 claim file sent by DMH. Includes local and Medicaid approved by individual Providers for release.	EDI837	In Scope
11	MMIS	iCAMS	Treatment history for non-DMH Medicaid services. Data source can be MMIS or other health care data sources.	TBD	In Scope
12	MMIS	iCAMS	Individual 835 files for each Provider.	EDI835	In Scope
12.1	ESA	iCAMS	Daily eligibility / enrollment file upload <sup>42</sup>	TBD	In Scope
13	iCAMS	HIE	CCD, Lab, Rx and other data as required <sup>43</sup>	HL7	Not in Scope
14	LOCUS	iCAMS	Test scores/results from LOCUS Applications	TBD	In Scope
15	iCAMS	LOCUS	Query for test results – Consumer specific	TBD	In Scope
16	iCAMS	LOCUS	Demographics (Patient Name, Address, Unique ID, etc) – for System synchronization	TBD	In Scope
17	iCAMS	FILENET	Ancillary image data by Consumer – retrieval only	TBD	In Scope
18	FILENET	AVATAR	Ancillary image data by Consumer – retrieval only	TBD	Not in Scope
19	AVATAR	iCAMS	Provides ability within Avatar to find existing Consumers <sup>44</sup>	TBD	In Scope
20	iCAMS	AVATAR	Returns the supplied Consumer Demographic data	TBD	In Scope
21	AVATAR	HIE	CCD, Lab, Rx and other data as required	HL7	Not in Scope

<sup>38</sup> The method used for updating iCAMS is dependent on source System capability. Methodology mentioned subject to change based on Contractor/data Provider analysis

<sup>39</sup> One of up to five different reference labs e.g. LabCorp, Quest etc

<sup>40</sup> Examples: InterQual, Millman etc

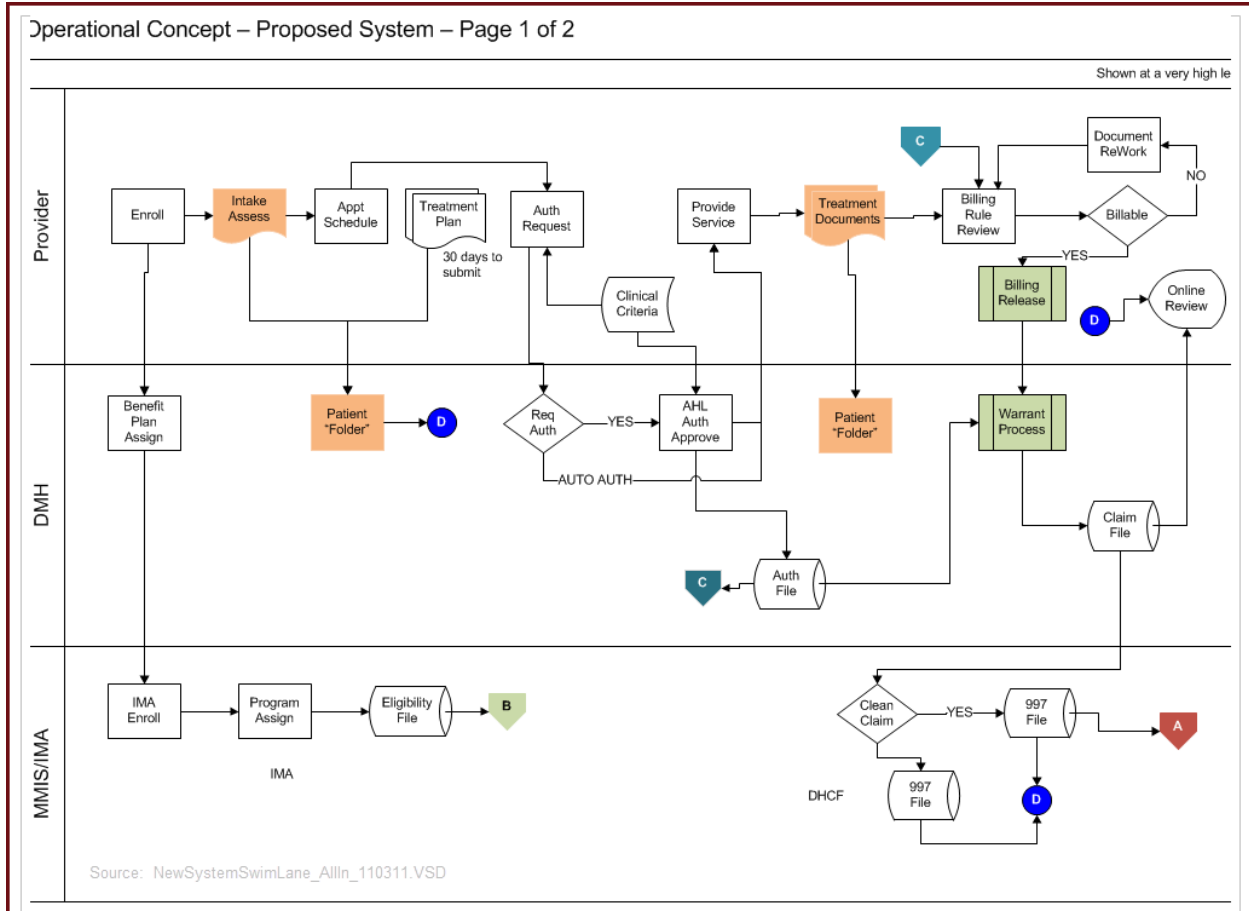
<sup>41</sup> TBD – to be determined. Based on Contractor selected.

<sup>42</sup> Currently there is a proprietary file upload that is supplied by ESA to DMH. It is possible, if ESA agrees, that an alternate standard file format could be used. ESA processes eligibility data however they are also the System of record for Consumer demographics.

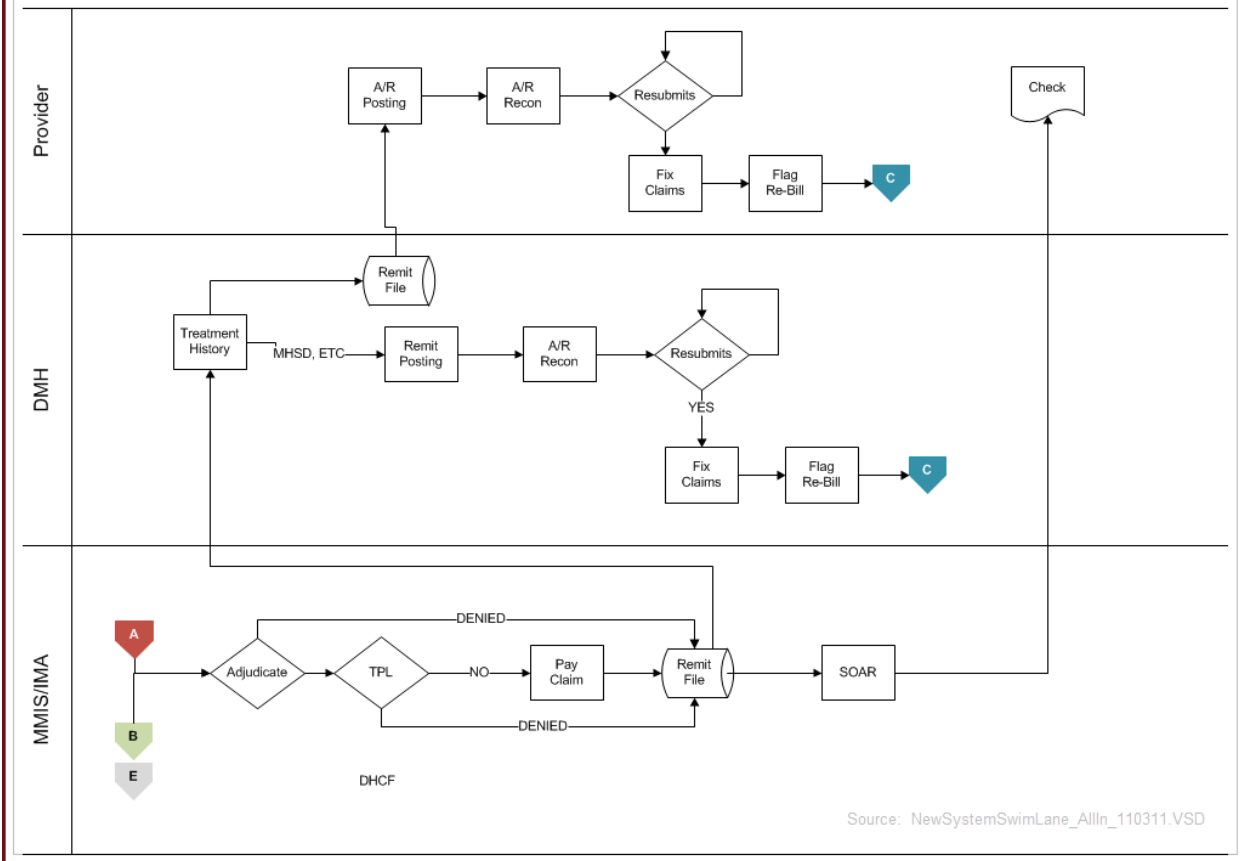
<sup>43</sup> What is important here is that the iCAMS platform can generate the transactions required for an HIE

<sup>44</sup> iCAMS is the System of record for all Consumers served by DMH. A Consumer that presents at the hospital for admission that has not been seen before needs to be registered by Access Help Line and assigned an iCAMS ID. Hospital staff shall lookup and identify the appropriate ID and add enter it into the Avatar Applications.

# APPENDIX H: PROPOSED FIP PROCESS FLOW SWIMLANE<sup>45</sup>



<sup>45</sup> For enrollment, service authorization, claims adjudication and payment only. The swimlane is intended to show one concept of operation. It does not show every scenario or process nor does it show all of the necessary detail.



# APPENDIX I: EXAMPLE OF PROVIDER CLAIM STATUS (FIP ONLY) DASHBOARD

EXAMPLE: PROVIDER TOOL FOR BILLING STATUS  
BY PROVIDER / BY CLINICIAN / BY OLDEST DOS

PROVIDER: BLUESTONE PROVIDERS INC  
PRACTITIONER: JACOBSMITH

LAST UPDATE: MM/DD/YY

DOS	CONSUMER	SERVICES	QUAN	ALERT	FORM 1	FORM 2	FORM 3	FORM 4	COMPLETE	SUBMIT	STAFF ONLY
10/10/09	CONSUMER 1	SERVICE 3	2	●	●	●	●	●	●	●	●
10/10/09	CONSUMER 5	SERVICE 22	4	●	●	●	●	●	●	●	●
10/10/09	CONSUMER 9	SERVICE 3	1		●	●	●	●	●	●	●
10/10/09	CONSUMER 122	SERVICE 11	6		●	●	●	●	●	●	●

● NEARING FILING LIMIT    ● APPROVED    ● PROVIDER SUBMIT BUTTON – INDIVIDUAL CLAIMS  
● STARTED / DRAFT    ● NOT STARTED  
● OVERRIDE FEATURE AVAILABLE TO AUTHORIZED STAFF TO SUBMIT CLAIMS (BYPASSES RULES). NOT VISIBLE TO PROVIDERS.

Select All  
 Override All Authorized Staff Only

## Notes

1. Sample above shows one possible dashboard that a) shows status of current claims against their viability to submit based on the rules engine and b) allows individual or group submission for all claims that are submittable<sup>46</sup>.
2. Some functions are hidden from general view and use. Though the claims must meet the criteria as defined in the rules engine there may be cases where selected staff shall need to override those rules and allow the claims to submit – individually or as an aggregate.

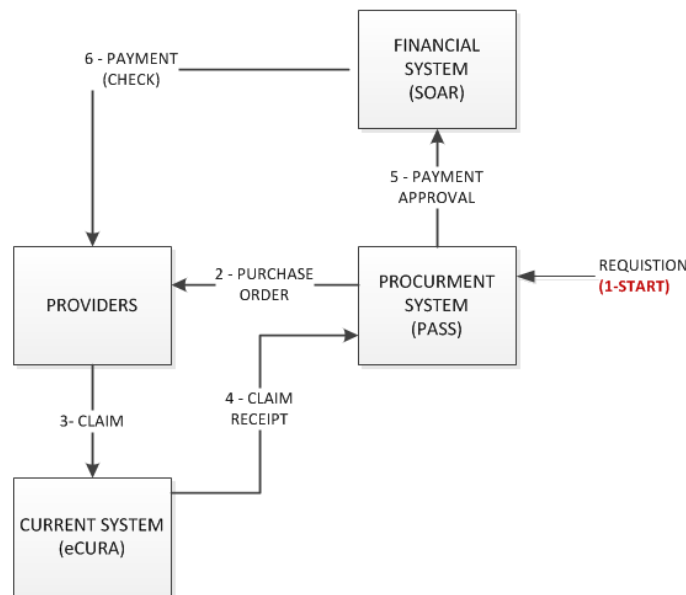
<sup>46</sup> Model shown is for FIPs. It is likely that we can also use the rule engine to provide similar dashboards to PIPs.

## APPENDIX J: DISTRICT HEALTHCARE PROCUREMENT

Mental Health services are paid for out of one of two funding pools. Services that are Medicaid reimbursable, as part of an entitlement program, have no caps and only require inter-Agency funding agreements for services that are paid for under local funds. Services that are not Medicaid reimbursable and are paid for by the District of Columbia are called “local” funds.

District of Columbia regulations require that all goods and services, paid for using local funds, be procured by using the District authorized procurement Applications called PASS. At the start of each fiscal year (10/1/XX – 9/30/YY), purchase orders are issued to each of the Providers which represent the basket of services<sup>47</sup> they can provide as well as the dollar values for those services that they are authorized to provide. These PO’s cover the aggregate of the expected mix of services, Consumers and visits that they are expected to provide for that fiscal year.

The total of the PO is entered into the current System and serves as a threshold limit on the dollar values of the service authorizations that are approved. As Providers request services for Consumers, the approved authorizations draw down the threshold limit against the amount of services requested for that Consumer. This process, shown below, is for “local” services only.



<sup>47</sup> The service mix for each Provider is calculated to produce a composite total for each fiscal year. If Service 1 = \$100,000 and Service 2 = \$50,000 and Service 3 = \$50,000 a PO would be issued for \$200,000.

Services are provided against a valid authorization and as claims are submitted by the Providers for payment. These are submitted via upload to the current System and approved for payment. Services paid under by local dollars (non-Medicaid) are aggregated by Provider by batch and then received into PASS against the PO for that Provider. Put simply, if we ordered 10 chairs from a furniture store and received 2, we would tell the procurement Applications that 2 chairs were received and two chairs can be paid for. The procurement System (PASS) would tell the Accounts Payable System (SOAR) to send a check to the Contractor that supplied the two chairs. The procurement System would show that the chair Contractor still has eight chairs left to provide.

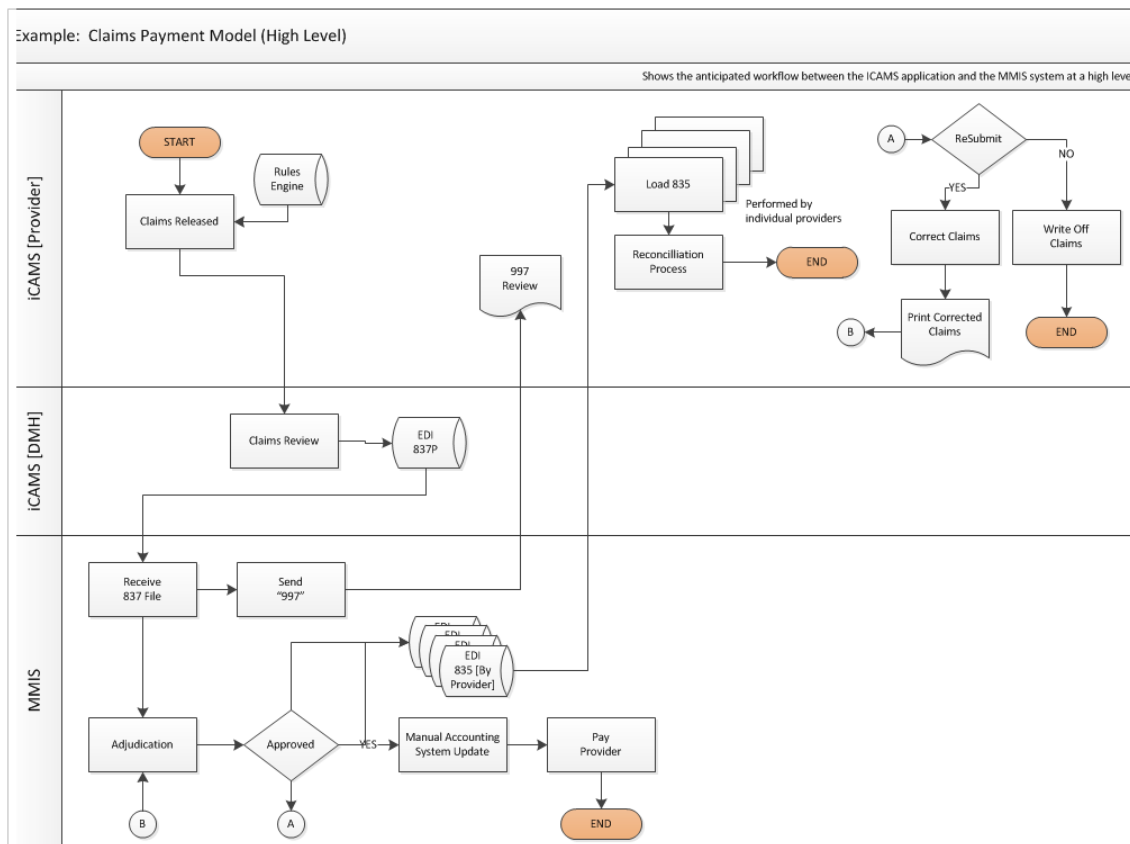
The envisioned process in iCAMS follows Providers using a single Applications; for FIPs there are no claims that need to be sent from individual Provider practice management Systems. For PIPs, the practice of sending in 837P transactions would continue in a similar fashion as it is done today.

We expect that FIPs, on the new System, shall have a rules engine that shall allow Providers to release claims for payment (instead of sending in a claims file). This release action, by the individual FIPs, shall allow DMH claim staff to review the claims<sup>48</sup> then send an aggregated 837 file to the MMIS System for adjudication and payment. 837 claims sent in must be vetted by an HIPAA EDI compliance engine and then allowed to process through the System for review by the claims staff.

In addition to the claims forwarded to MMIS for payment, there shall be other claim types which must be paid out of "Local Funds" as outlined herein (i.e. PASS to SOAR for payment and subsequent posting). Therefore iCAMS must have the capacity for recognition and separation of those claim types to be paid in a process similar to how it is achieved today. As well, iCAMS, must allow DMH to receive and process an 835 to attach to those claims showing them in a paid/denied/other status, decrementing any dollars used for DMH's management of the funding pools for these "locally funded" claims as they relate to the individual Providers (to include DMH). Therefore DMH is both the Provider and payor for these local claims.

---

<sup>48</sup> If required



MMIS shall receive the 837 and issue a 997 for review by individual Providers<sup>49</sup>. MMIS shall also adjudicate the claims against the internal processing rules of that System. If the claim is approved for payment, the District’s financial System (SOAR) is updated and a check is cut to the Provider with an 837 created.

If the claim is denied, an 835 is created which includes the reason for the denial. Currently, DMH receives discrete 835 files for each of its Providers and that practice is expected to continue. Providers shall check<sup>50</sup> the System for the presence of new 835 files and shall be responsible for posting them into their individual<sup>51</sup> accounts receivable (A/R) System. After posting is completed, Providers shall be expected to research and resubmit denied claims or write off the balances.

The current MMIS claims resubmission process only allows Providers to resubmit paper claims. Therefore the selected System must be able to generate corrected paper copies of claims for resubmission.

<sup>49</sup> This is likely an aggregated file containing “released” claims from FIPs and submitted claims from PIPs.

<sup>50</sup> Ideally the System shall have an alert feature that informs the Providers that a new file is present

<sup>51</sup> For FIPs this is a logical A/R – portioned out from one physical A/R available only to that Provider and DMH. For PIPs the posting shall be to their A/R on the PMS that they use.



One final piece of information that shall be pertinent to the claims payment process in the future - the District has embarked on a project to upgrade the SOAR Applications using state of the art technology allowing for increased use of real time XML transactions between SOAR and other District Systems. As part of a later phase of this project, DMH intends to review the options available to also utilize the real time interfacing capability of the new SOAR Applications.

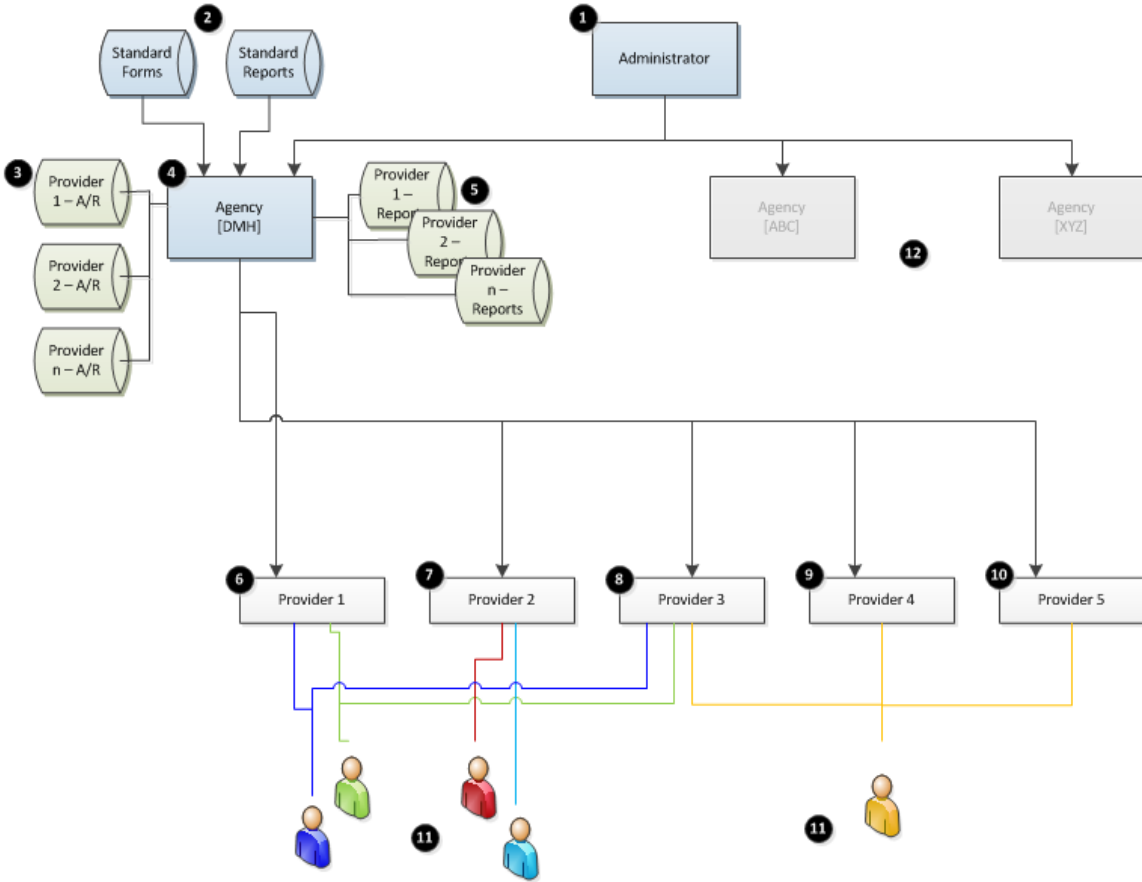
## **APPENDIX K – EXAMPLE System MODEL**

The model below attempts to show the many possible configurations of the System more specifically the need to have the following:

1. Centralized System administrative control.
2. Possible use of the System by other DC agencies.
3. Standardized form sets to be used by participating Providers.
4. Standardized report sets to be used by participating Providers as well as ad-hoc reports that the Providers can choose to create for their data.
5. different “use cases” that show the relationships of Consumers to Providers and that HIPAA “need to know” shall require a flexible automatic, self-assigning methodology and linkage to Consumer consent to insure that Providers can access the full or selected level of information that they are authorized to see/access.

This includes data presented from within the Applications via traditional screens and Applications based reporting as well as data accessed by the Providers directly from back end database tables.

By no means is this exhaustive or the only possible approach. Contractors are encouraged to respond to this RFP with this and the FIP/PIP model in mind.



## Bubble Legend

ITEM	DESCRIPTION
1	Administrator level control System-wide functionality including but not limited to user profiles, security/permissions, System level commands, etc. This is the level that iCAMS executes on.
2	Common platform allows DMH to publish standardized data collection forms that are required for use by FIPS Providers. PIPs shall be expected to supply similar data elements via HL7. There shall also be a pool of standard reports that are available that the Providers and users can run on demand with appropriate security permissions (also see #5)
3	Because FIPs shall effectively manage their own claims submission process, they need the capacity to process their 835 transactions, recover denied claims and track/manage their individual accounts receivable (A/R). FIPs use their own PMS based A/R.
4	Symbolic of one Agency using the iCAMS platform and in our current model we anticipate only DMH using iCAMS. For future purposes, although not a requirement, one option would be to allow iCAMS use by other agencies (#12) that might share some or all of DMH Providers (#6 - #10) and Consumers (#11).
5	If the Applications permits, Providers would have the ability to report on their own data or data that they are granted access to.
6	Provider 1 has two Consumers in this example. One (Blue) gets services exclusively from this Provider. Another (Green) gets services from this Provider and Provider #3. Both Provider 1 and Provider 3 shall need access to Consumer Green's and Consumer Blue's record. Both Provider 1 and Provider 3 shall need the ability to allow access on a granular level to different staff within their respective organizations.
7	Provider 2 has two Consumers that get services exclusively from this Provider. Provider 2 shall need access to Consumer Red and Consumer Teal's record. Provider 2 shall need the ability to allow access on a granular level to different staff within his/her respective organizations.
8	Provider 3 renders services to Consumer Green, Consumer Yellow and Consumer Blue. Provider 3 needs access to Consumers Green, Yellow and Blue's records. Provider 3 shall need the ability to allow access on a granular level to different staff within his/her respective organizations.
9	Provider 4 is one of three Providers who render services to Consumer Yellow. Provider 4 needs access to Consumer Yellow's records and only Consumer Yellow's records. Provider 4 shall need the ability to allow access on a granular level to different staff within his/her respective organizations.
10	Provider 5 is one of three Providers who render services to Consumer Yellow. Provider 5 needs access to Consumer Yellow's records but via an exception process is granted access to care records from Providers 3 and 4. Provider 5 shall need the ability to allow access on a granular level to different staff within his/her respective organizations.
11	DMH Consumers
12	Shows possible (optional) future use by other agencies. Agencies would likely share some of all of DMH's Consumers and Providers. Services, workflows, reports etc would be different.

## APPENDIX L – ENROLLMENT SCENARIOS

The ICAMS enrollment process shall work as follows when the Consumer presents at the DMH in the following scenarios:

**1. Consumer presents at the Access Help Line with active Medicaid eligibility, qualified by ESA to be eligible for the Medicaid program with an assigned Medicaid number but not yet enrolled with a DMH CSA:**

- a) AHL<sup>52</sup> shall confirm Medicaid eligibility by searching iCAMS and the Automated Client Eligibility Determination System (ACEDS)
- b) If the eligibility is confirmed and the record has been already imported into iCAMS from ESA via the DHCF biweekly import, AHL shall locate the record in iCAMS and verify whether Consumer record is linked or enrolled with a CSA
- c) If the Consumer record is not linked or enrolled with a CSA, the AHL shall offer the Consumer the choice of open CSAs from which to choose to be linked or enrolled
- d) Once the Consumer selects a CSA, the AHL shall link the Consumer to the selected CSA,
- e) Then the AHL shall contact the selected CSA
- f) CSA schedules an appointment with new enrollee
- g) CSA assesses the Consumer and requests the appropriate benefit plan.
- h) AHL approves the requested benefit plan
- i) CSA requests authorization of service units
- j) AHL authorizes service requiring prior authorization
- k) iCAMS auto authorizes non prior authorized services
- l) CSA renders Services
- m) CSA documents Services rendered
- n) CSA verifies Services rendered
- o) CSA Releases Services
- p) iCAMS validates Released claims
- q) iCAMS generates 837P file of released claims
- r) iCAMS submits 837P file to DHCF MMIS
- s) MMIS pays non-Medicaid reimbursable services for Medicaid eligible Consumers from LOCMED
- t) MMIS pays Medicaid reimbursable services from MEDICAID
- u) MMIS returns 835 to CSA, who posts payments to ICAMS respective AR.
- v) CSA corrects and releases any denied claims.

**2. Consumer presents at the AHL as uninsured, which is, not certified by ESA to receive Medicaid Administered benefits and not in ICAMS:**

- a. AHL shall confirm Medicaid eligibility by searching iCAMS and the Automated Client Eligibility Determination System (ACEDS)
- b. If the eligibility is confirmed, not Medicaid eligible and the Consumer record does not exist in ICAMS,
- c. AHL shall add the record to iCAMS and assign the insurance as DCLOC with a 90 day span,

---

<sup>52</sup> AHL or Access Help Line is the group used for the purposes of these scenarios

- d. The AHL shall offer the Consumer the choice of open CSAs from which to choose to be linked or enrolled
- e. Once the Consumer selects a CSA, the AHL shall link the Consumer to the selected CSA,
- f. Then the AHL shall contact the selected CSA
- g. CSA schedules an appointment with new enrollee
- h. CSA assesses the Consumer and requests the appropriate benefit plan.
- i. AHL approves the requested benefit plan
- j. CSA requests authorization of service units
- k. CSA works with Consumer to become Medicaid eligible within 90 days
- l. AHL Authorizes service requiring prior authorization
- m. ICAMS auto authorizes non prior authorization services
- n. CSA renders services
- o. CSA documents services rendered
- p. CSA verifies services rendered
- q. If eligibility has not been obtained CSA releases service for billing with DCLOC insurance
- r. iCAMS validates Released claims
- s. iCAMS generates 837P file of released claims
- t. iCAMS submits 837P file to DHCF MMIS
- u. MMIS pays local claims form DCLOC
- v. MMIS returns 835 to CSA, who posts payments to iCAMS respective AR.
- w. CSA corrects and releases any denied claims.
- x. If eligibility is obtained
- y. Import program assigns MEDICAID/MEDILOC and LOC MED insurance
- z. Retro-eligibility program in ICAMS realigns benefit plans, authorizations, Provider agreement limits, approved claims, paid claims, and 835 so that these items reflect the new insurer for the previous 90 days.
- aa. iCAMS validates Released claims
- bb. iCAMS generates 837P file of released claims
- cc. iCAMS submits 837P file to DHCF MMIS
- dd. MMIS pays non-Medicaid reimbursable services from LOCMED
- ee. MMIS pays Medicaid reimbursable services from MEDICAID
- ff. MMIS returns 835 to CSA, who posts payments to ICAMS respective AR.
- gg. CSA corrects and releases any denied claims.
- hh. CSA releases services
- ii. iCAMS validates Released claims
- jj. iCAMS generates 837P file of released claims
- kk. iCAMS submits 837P file to DHCF MMIS
- ll. MMIS pays non-Medicaid reimbursable services from LOCMED  
MMIS pays Medicaid reimbursable services from MEDICAID  
MMIS returns 835 to CSA, who posts payments to ICAMS respective AR  
CSA corrects and releases any denied claims

**3. Consumer presents at the Access Help Line with lapsed insurance, that is, certified at one time by ESA but certification has expired and record is already in ICAMS.**

- a. AHL shall confirm Medicaid eligibility by searching iCAMS and the Automated Client Eligibility Determination System (ACEDS)
- b. If the eligibility is confirmed as lapsed insurance,
- c. AHL shall add DCLOC to the record with a 90 day span,
- d. The AHL shall verify enrollment with a CSA
- e. If the Consumer is linked with a CSA and wants to continue with that CSA
- f. The AHL shall notify the CSA and coordinate and direct the Consumer for further care with the CSA
- g. If the Consumer is not linked to a CSA
- h. The AHL shall offer the Consumer the choice of open CSAs from which to choose to be linked or enrolled
- i. Once the Consumer selects a CSA, the AHL shall link the Consumer to the selected CSA,
- j. Then the AHL shall contact the selected CSA
- k. CSA schedules an appointment with new enrollee
- l. CSA assesses the Consumer and requests the appropriate benefit plan.
- m. AHL approves the requested benefit plan
- n. CSA requests authorization of service units
- o. CSA works with Consumer to become Medicaid eligible within 90 days
- p. AHL Authorizes service requiring prior authorization
- q. ICAMS auto authorizes non prior authorization services
- r. CSA renders services
- s. CSA documents services rendered
- t. CSA verifies services rendered
- u. If eligibility has not been obtained CSA releases service for billing with DCLOC insurance
- v. ICAMS validates Released claims
- w. ICAMS generates 837P file of released claims
- x. ICAMS submits 837P file to DHCF MMIS
- y. MMIS pays local claims form DCLOC
- z. MMIS returns 835 to CSA, who posts payments to ICAMS respective AR.
- aa. CSA corrects and releases any denied claims.
- bb. If eligibility is obtained
- cc. Import program assigns MEDICAID/MEDILOC and LOC MED insurance
- dd. Retro-eligibility program in ICAMS realigns benefit plans, authorizations, Provider agreement limits, approved claims, paid claims, and 835 so that these items reflect the new insurer for the previous 90 days.
- ee. ICAMS validates Released claims
- ff. ICAMS generates 837P file of released claims
- gg. ICAMS submits 837P file to DHCF MMIS
- hh. MMIS pays non-Medicaid reimbursable services from LOCMED
- ii. MMIS pays Medicaid reimbursable services from MEDICAID
- jj. MMIS returns 835 to CSA, who posts payments to ICAMS respective AR.
- kk. CSA corrects and releases any denied claims.
- ll. CSA releases services.
- iCAMS validates Released claims
- mm. ICAMS generates 837P file of released claims
- nn. ICAMS submits 837P file to DHCF MMIS

- oo. MMIS pays non-Medicaid reimbursable services from LOCMED
- pp. MMIS pays Medicaid reimbursable services from MEDICAID
- qq. MMIS returns 835 to CSA, who posts payments to ICAMS respective AR.
- rr. CSA corrects and releases any denied claims.

**4. Consumer presents at a CSA with active Medicaid Eligibility loaded into ICAMS from IMA**

- a. CSA shall confirm Medicaid eligibility by searching ICAMS and the Automated Client Eligibility Determination System (ACEDS)
- b. If the eligibility is confirmed and the record has been already imported into ICAMS from ESA via the DHCF biweekly import, AHL shall locate the record in ICAMS and verify whether Consumer record is linked or enrolled with a CSA
- c. If the Consumer record is not linked or enrolled with a CSA, the CSA shall offer the Consumer the choice of open CSAs from which to choose to be linked or enrolled
- d. If the Consumer chooses the CSA at which they presented
- e. The CSA shall contact the AHL and request that the Consumer record be linked to their organization
- f. Once the Consumer is linked or enrolled with the CSA,
- g. CSA assesses the Consumer and requests the appropriate benefit plan.
- h. AHL approves the requested benefit plan
- i. CSA requests authorization of service units
- j. AHL authorizes service requiring prior authorization
- k. ICAMS auto authorizes non prior authorized services
- l. CSA renders Services
- m. CSA documents Services rendered
- n. CSA verifies Services rendered
- o. CSA Releases Services
- p. ICAMS validates Released claims
- q. ICAMS generates 837P file of released claims
- r. ICAMS submits 837P file to DHCF MMIS
- s. MMIS pays non-Medicaid reimbursable services for Medicaid eligible Consumers from LOCMED
- t. MMIS pays Medicaid reimbursable services from MEDICAID
- u. MMIS returns 835 to CSA, who posts payments to ICAMS respective AR.
- v. CSA corrects and releases any denied claims.

**5. Consumer presents at a CSA as Uninsured, which is, not certified by ESA to receive Medicaid Administered benefits.**

- a. CSA shall confirm Medicaid eligibility by searching ICAMS and the Automated Client Eligibility Determination System (ACEDS)
- b. If the eligibility is confirmed, not Medicaid eligible and the Consumer record does not exist in iCAMS,
- c. The AHL/CSA shall offer the Consumer the choice of open CSAs from which to choose to be linked or enrolled
- d. Once the Consumer selects that CSA,
- e. CSA shall complete and submit an ICAMS enrollment request to the AHL
- f. The AHL shall process the request by first verifying eligibility by searching iCAMS and ACEDS



- g. Then ensuring that the record does not already exist in ICAMS
- h. If the Consumer is confirmed as uninsured AHL shall automatically add the requested enrollment to iCAMS with DCLOC insurance with a 90 day span
- i. CSA assesses the Consumer and requests the appropriate benefit plan.
- j. AHL approves the requested benefit plan
- k. CSA requests authorization of service units
- l. CSA works with Consumer to become Medicaid eligible within 90 days
- m. AHL Authorizes service requiring prior authorization
- n. iCAMS auto authorizes non prior authorization services
- o. CSA renders services
- p. CSA documents services rendered
- q. CSA verifies services rendered
- r. If eligibility has not been obtained CSA releases service for billing with DCLOC insurance
- s. iCAMS validates Released claims
- t. iCAMS generates 837P file of released claims
- u. iCAMS submits 837P file to DHCF MMIS
- v. MMIS pays local claims from DCLOC
- w. MMIS returns 835 to CSA, who posts payments to iCAMS respective AR.
- x. CSA corrects and releases any denied claims.
- y. If eligibility is obtained
- z. Import program assigns MEDICAID/MEDILOC and LOC MED insurance
- aa. Retro-eligibility program in ICAMS realigns benefit plans, authorizations, Provider agreement limits, approved claims, paid claims, and 835 so that these items reflect the new insurer for the previous 90 days.
- bb. ICAMS validates Released claims
- cc. ICAMS generates 837P file of released claims
- dd. ICAMS submits 837P file to DHCF MMIS
- ee. MMIS pays non-Medicaid reimbursable services from LOCMED
- ff. MMIS pays Medicaid reimbursable services from MEDICAID
- gg. MMIS returns 835 to CSA, who posts payments to ICAMS respective AR.
- hh. CSA corrects and releases any denied claims.
- ii. CSA releases services
- jj. ICAMS validates Released claims
- kk. ICAMS generates 837P file of released claims
- ll. ICAMS submits 837P file to DHCF MMIS
- mm. MMIS pays non-Medicaid reimbursable services from LOCMED
- nn. MMIS pays Medicaid reimbursable services from MEDICAID
- oo. MMIS returns 835 to CSA, who posts payments to ICAMS respective AR.
- pp. CSA corrects and releases any denied claims.

## **APPENDIX M – PROPOSED NEW SOAR (FIRST) INFRASTRUCTURE**

**\*\*\* NOTE \*\*\***

What follows is an excerpt of the District of Columbia’s infrastructure document for the design of the new SOAR System. Please note the following before moving forward:

1. The document is a **DRAFT**
2. The document is highly technical.
3. The intent of providing this information is to inform any participating Contractors of our possible intent to create real time interfaces with this System. The provision of the Proposed architecture and technologies that we expect to deploy must be evaluated against your Systems architecture and technologies and their respective capability of sharing information real-time.
4. Expected responses must be designed to indicate the level confidence that the underlying technology of your Applications can be integrated, with minimal third party intervention, to the Proposed FIRST infrastructure.

# INTERFACE ARCHITECTURE

## The Government of the District of Columbia SRP



## ***Introduction***

The DC SOAR Replacement Project (DCSRP) is a business transformation effort with information technology (IT), business process improvement and operations consolidation components.

---

### ***Purpose***

The purpose of the Interface Architecture Requirements and Strategy document is to provide a reference at any time for people working on tasks within the *Applications and Technical Interface Architecture process* of the project. This document is the source for the technical architecture requirements, strategy, approaches, direction, risks, benefits and assumptions. The document also covers the delivery of project and support services to assist the DC Gov and CIBER in the completion of the project.

The information in this document has been defined as the result of discussions between the DC Gov PMO Group, technical staff, project team representatives and CIBER consultants.

The scope of this document shall address the interface architecture specific to implementation of Oracle EBS in the DC Gov environment.

### ***Scope***

The DC Gov SRP (SOAR Replacement Project) Interface Document shall encompass the following areas: Interface Technical Architecture and relationships to other Systems.

---

### ***Applications Architecture***

The Applications architecture of the DCSRPP is based upon use of and interaction between the following:

- Oracle E-Business Suite R12.1
- Oracle Fusion Middleware (WebLogic Server, SOA Suite 11g)
- ARIBA 9r1 (Procurement)
- PeopleSoft 8 (Human Capital Management)
- Agency Legacy Applications

## **Oracle E-Business Suite R12.1**

Oracle E-Business Suite R12.1 (abbreviated as “R12”, as noted previously) has been designated to replace the SOAR System. It shall serve as the “source of truth” or “System of Record” for various data sets, including but not limited to Projects & Grants, Payables, Receivables and Financial (GL) data. Changes to these primary data categories shall be reflected in other Systems as needed via custom interfaces as defined in the Functional and Technical specifications for each interface once developed and tested. In some cases changes shall cause immediate synchronization, while in other cases changes shall not be synchronized, but rather shall be reflected in periodic batch data loads.

## Technical Architecture

This section details the architecture of the interconnections between Oracle Applications environments and other Systems that are currently in use.

Legacy Applications (third-party Contractor or DC Gov-built), that have any degree of automated interface to SOAR shall be analyzed and suggestions made as to whether they can be subsumed by functions in the new Oracle Applications suite, or whether the Applications must remain in the scope and have a new interface built.

The detailed analysis of existing processes and the final decision about Applications replacement shall be taken by the individual functional teams.

## Oracle Applications

The following table lists the Oracle Applications that are within *the scope* of the DCSRП:

Applications Category	Applications	Abbreviation
EBS R12 Applications Technology	Oracle Applications Object Library	FND
EBS R12 Finance	General Ledger	GL
EBS R12 Finance	Projects and Grants	GMS
EBS R12 Finance	Purchasing	PO
EBS R12 Finance	Payables	AP
EBS R12 Finance	Receivables	AR
EBS R12 Finance	Fixed Assets	FA
EBS R12 Finance	Cash Management	CE
Oracle Fusion Middleware	WebLogic Server, SOA Suite 11g, OSB	

## Interfaces and Integrations

There are often multiple solutions to a particular integration problem. Integration patterns promote consistent approaches to integrations and reduce development and implementation time by making these tasks more predictable.

The integration strategy is based on the following three principles

1. Create reusable services (components) that are specific to business requirements.
2. Create and use generic enterprise services – error handling, process visibility and recovery
3. Utilize existing enterprise infrastructure and minimize changes wherever possible

The integrations in the DCSRП project shall be implemented using the Service Oriented Architecture (SOA) paradigm. Oracle Fusion Middleware shall be used as the SOA platform. WebServices and Oracle Enterprise Service Bus within SOA suite shall be used as the infrastructure for DCSRП implementation.

All interfaces which connect to external Applications using Data Exchange via Oracle SOA Web Services must use XML messages as a standard methodology.

### ***Architecture Strategy***

This section describes the strategy for key areas of the Applications and Technical Interface Architecture process.

The Interface Architecture shall be designed using the following tools;

- Oracle Fusion Middleware (SOA Components)
- WebServices
- XML Message
- JDeveloper (IDE Tool) / Eclipse

Methodologies like End to end Real-Time or Partial Real-Time for batch processing shall be decided based on case by case basis.

---

### ***Integration Patterns***

Most integration between Applications in DCSR and with external entities may fall into one of the following patterns:

- IP01: Real-time Interface
- IP02: Inbound Interface to Oracle E-Business suite
- IP03: Outbound Interface from Oracle E-Business suite
- IP04: Inbound Interface (Near-Time)
- IP05: Outbound Interface (Near-Time)

A detailed list of the interfaces within scope of DCSR can be found in the document “DCSR Development Plan.xls”. This document exists in PMR at Supporting Document Library – Doc Type: RICE LiSaint

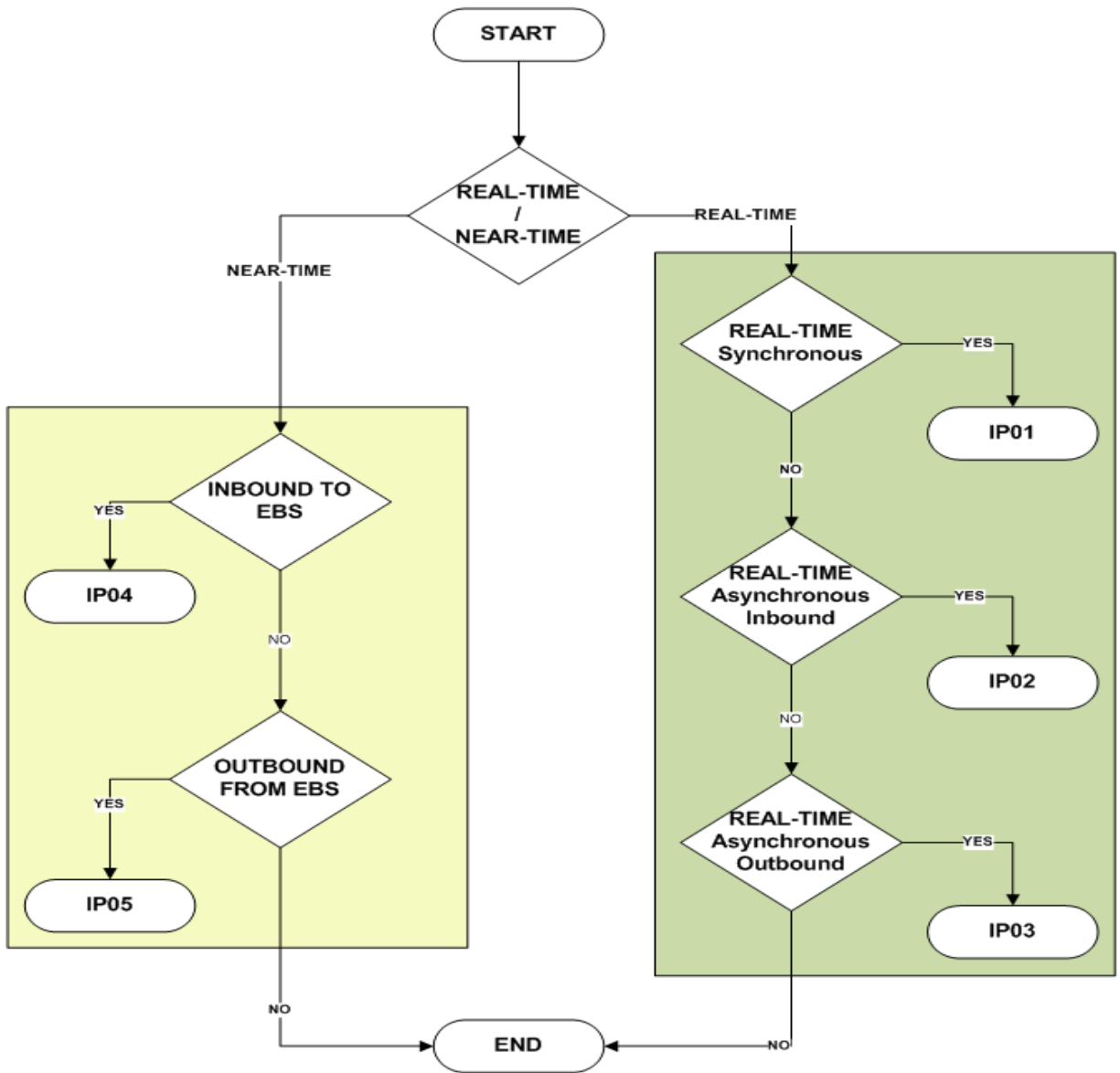


Figure 1: Integration Pattern Decision Tree

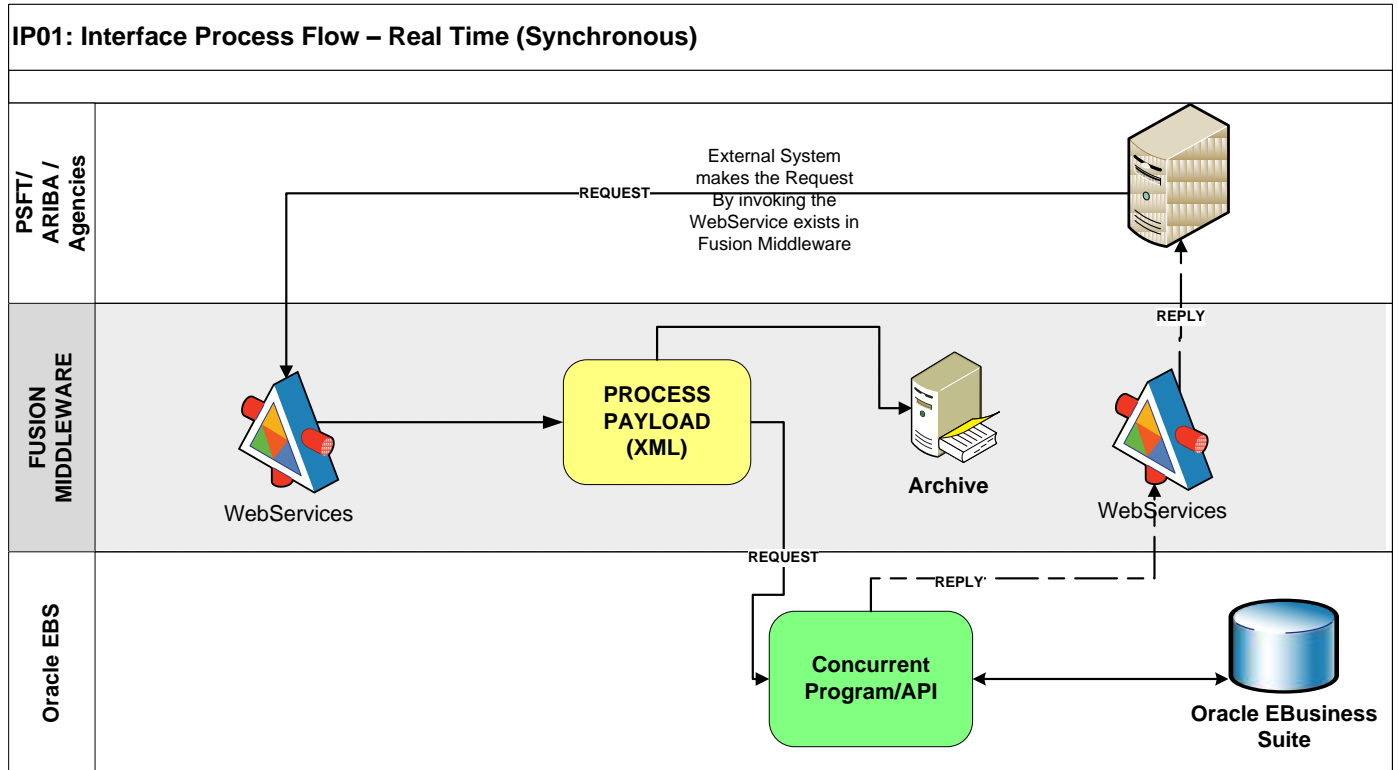
Figure 1 shows the questions to ask in determining which general integration pattern to apply. Each of the patterns is described in further detail below.

## Integration Pattern Technology

The integration patterns assume use of Oracle SOA Suite components like WebServices, Enterprise Service Bus components and adapters.

## IP01: Real-Time Interface

This integration pattern is characterized by small volumes of data being transferred on a real-time basis, with an immediate response expected.

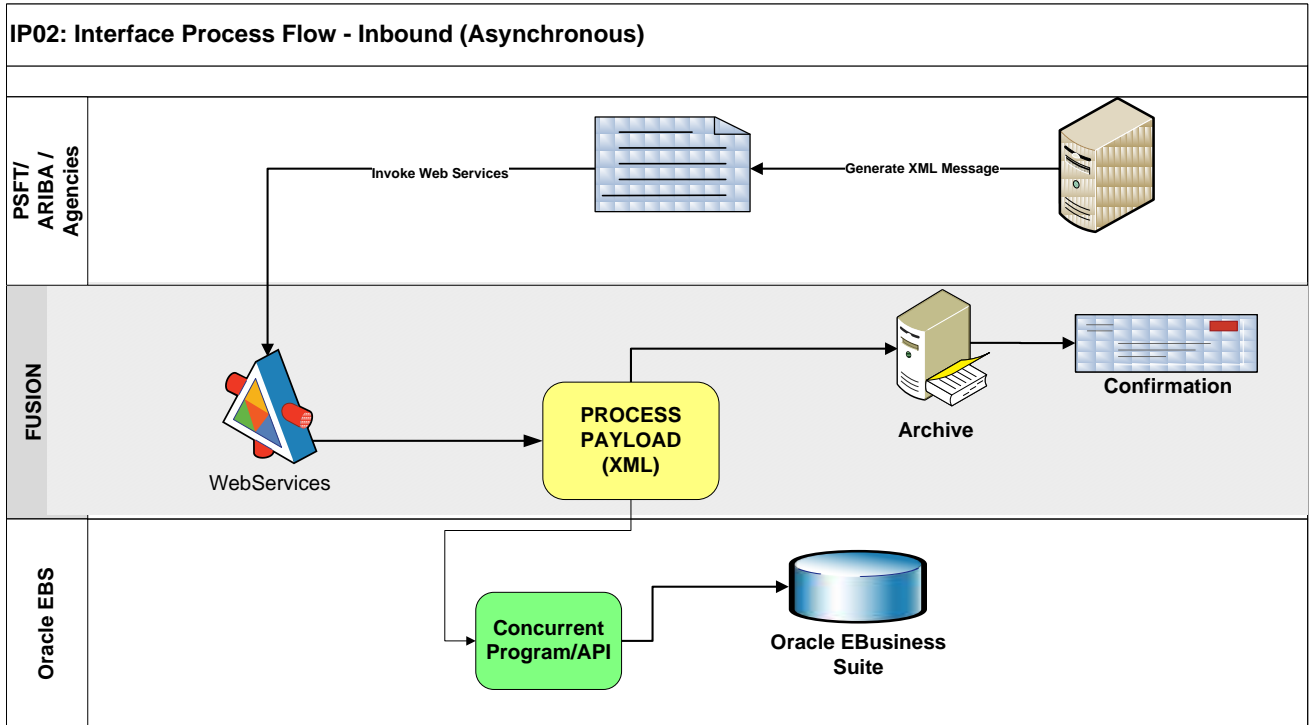


- The external System creates the request in the form of XML Message and invokes the Web Services provided for the Real-Time integration
- The Fusion Middleware components process the request and calls appropriate Concurrent Program/API.
- The Concurrent Program/API processes the request and creates a “Reply” message with the results in the form of XML Message.
- In addition to this, the Concurrent Program invokes the Web Services to send the XML Message to the calling System
- The external System receives the XML Message and does further processing
- Ariba funds check is an example for this end to end Real-time interface.



## IP02: Inbound Interface (Real-Time)

This integration pattern is characterized by data being transferred into E-Business Suite on a real-time basis.



A business process in the external System (PeopleSoft, Ariba or Agencies) produces the XML message. The content of the XML message could be multiple data records or just one record. In addition to this, the external System can produce multiple XML Messages to support the business requirements.

The external System invokes the Web Services.

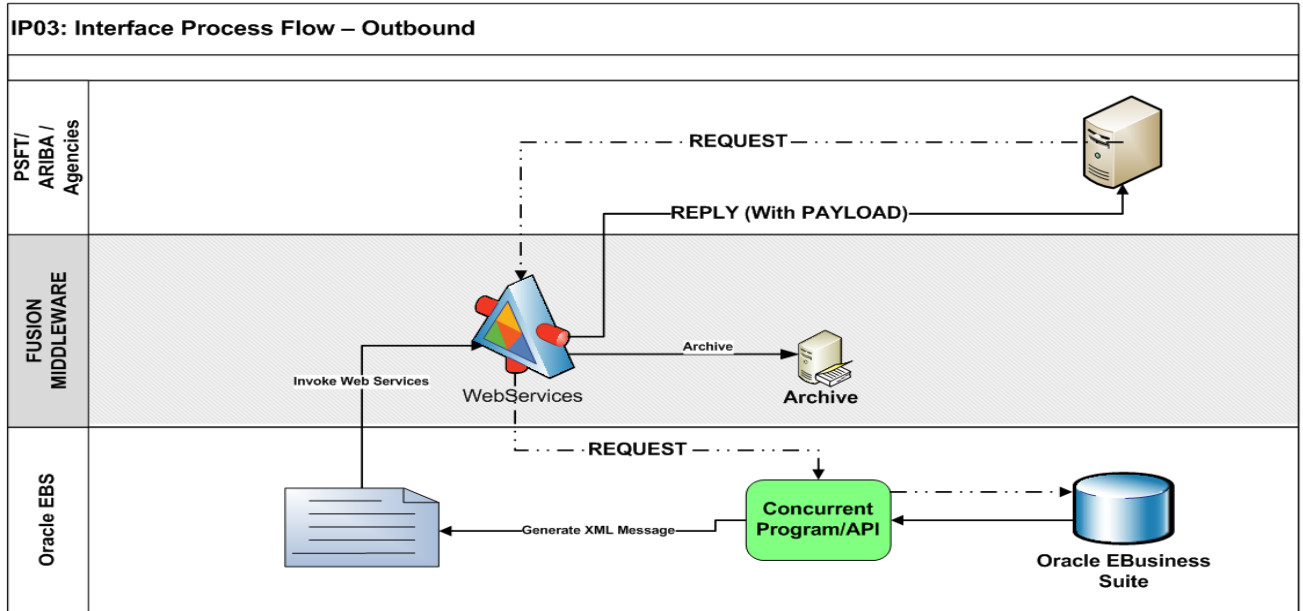
The Fusion Middleware components do the following actions:

- Process an XML message from PSFT, ARIBA and from Agencies, transforms into Oracle E-Business schema and insert/update data.
- Archive the file with date & timestamp.
- Send an acknowledgement message to the sending System or to a specified responsible person.

Oracle E-Business suite has custom developed Interface Processes to process the incoming data from the external Systems. It also has base API's within the integration repository that can leveraged for external Systems. These custom processes shall be registered in the E-Business suite's Concurrent Manager. These processes shall be utilized in this real-time data transfer.

### IP03: Outbound Interface (Real-Time)

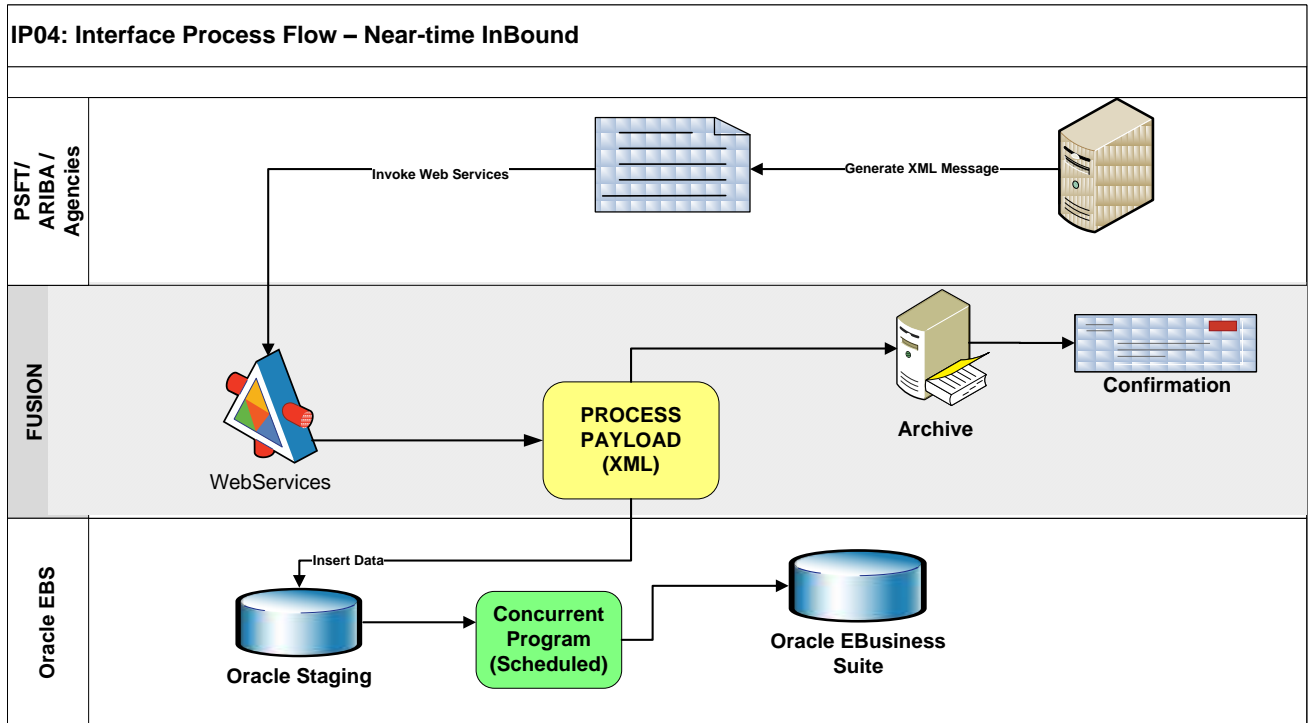
This integration pattern is characterized by small volume of data being transferred from E-Business Suite on a real-time basis to external Systems.



- The external System invokes the process by calling the provided WebService.
- Fusion Middleware receives the message and process the message.
- Oracle E-Business Suite Concurrent Program/API is invoked to process the request and to respond back with the message for the external System.
- Archive the file with date & timestamp.
- Fusion Middleware send back the generated message to the requesting System.

## IP04: Inbound Interface (Near-Time)

This integration pattern is characterized by any volumes of data being transferred into E-Business Suite on a real-time basis, with a response expected.



A business process in the external System (PeopleSoft, Ariba or Agencies) produces the XML message. The content of the XML message could be multiple data records or just one record. In addition to this, the external System can produce multiple XML Messages to support the business requirements.

The external System invokes the Web Services.

The Fusion Middleware components do the following actions:

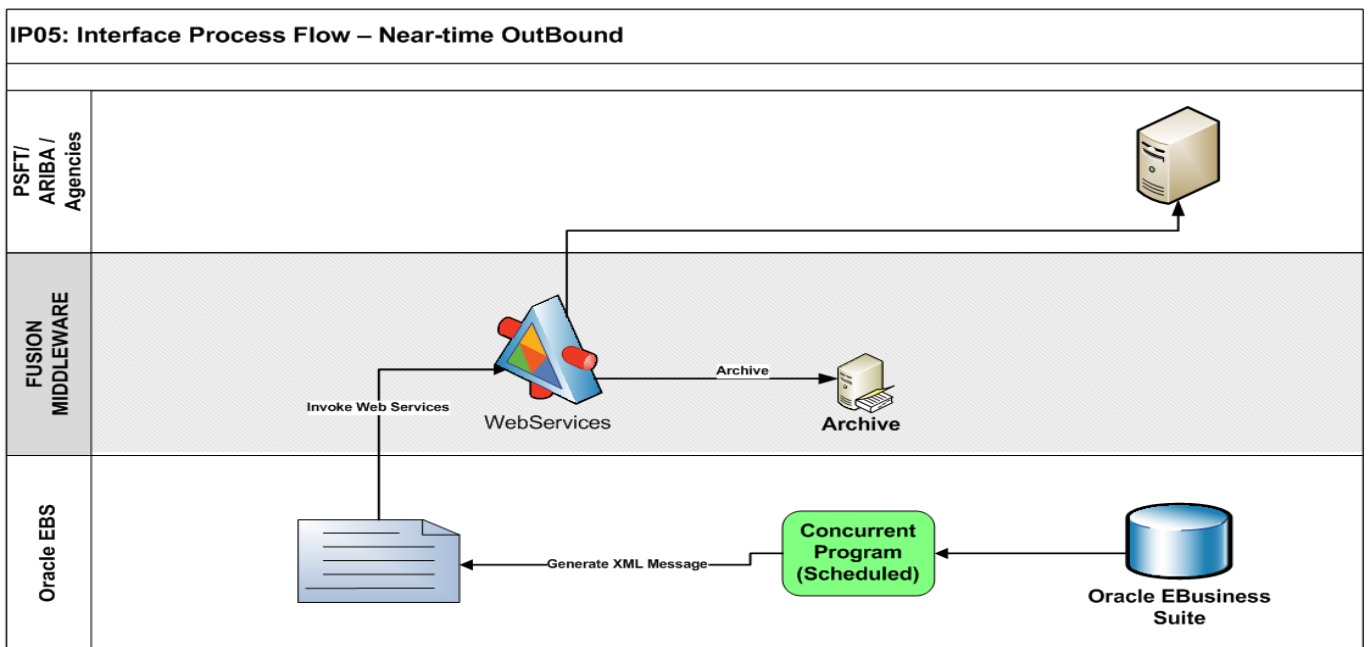
- Process an XML message from PSFT, ARIBA and from Agencies, transform into Oracle E-Business schema and insert/update data.
- Process the file and insert data into Oracle E-Business suite staging table(s).
- Archive the file with date & timestamp.
- Send an acknowledgement message to the sending System or to a specified responsible person.

Oracle E-Business suite has custom developed Interface Processes to process the incoming data from the external Systems. It also has base API's within the integration repository that can leveraged for external Systems. These custom processes shall be registered in the E-Business suite's Concurrent Manager. The custom process can be scheduled to run several times a day in the Concurrent Manger. The scheduled processes shall pick up the data from staging table then do the required validation checks before using the seeded API's to load the data into E-Business Suite.

Examples are Payroll data (chart of accounts inbound into EBS) and labor distributed data from PeopleSoft being passed to E-Business Suite.

### IP05: Outbound Interface (Near-Time)

This integration pattern is characterized by any volumes of data being transferred from E-Business Suite on a scheduled basis to external Systems.



Oracle E-Business Suite creates the XML Message periodically as per the scheduled custom process.

The custom E-Business Suite process invokes the Web Services provided by the external System.

The external System receives the XML Message and does the following actions;

- Archives the incoming XML Message with date & timestamp.
- Process the data.

Example is Oracle GL Chart of Accounts being passed from E-Business Suite to PeopleSoft Payroll.

---

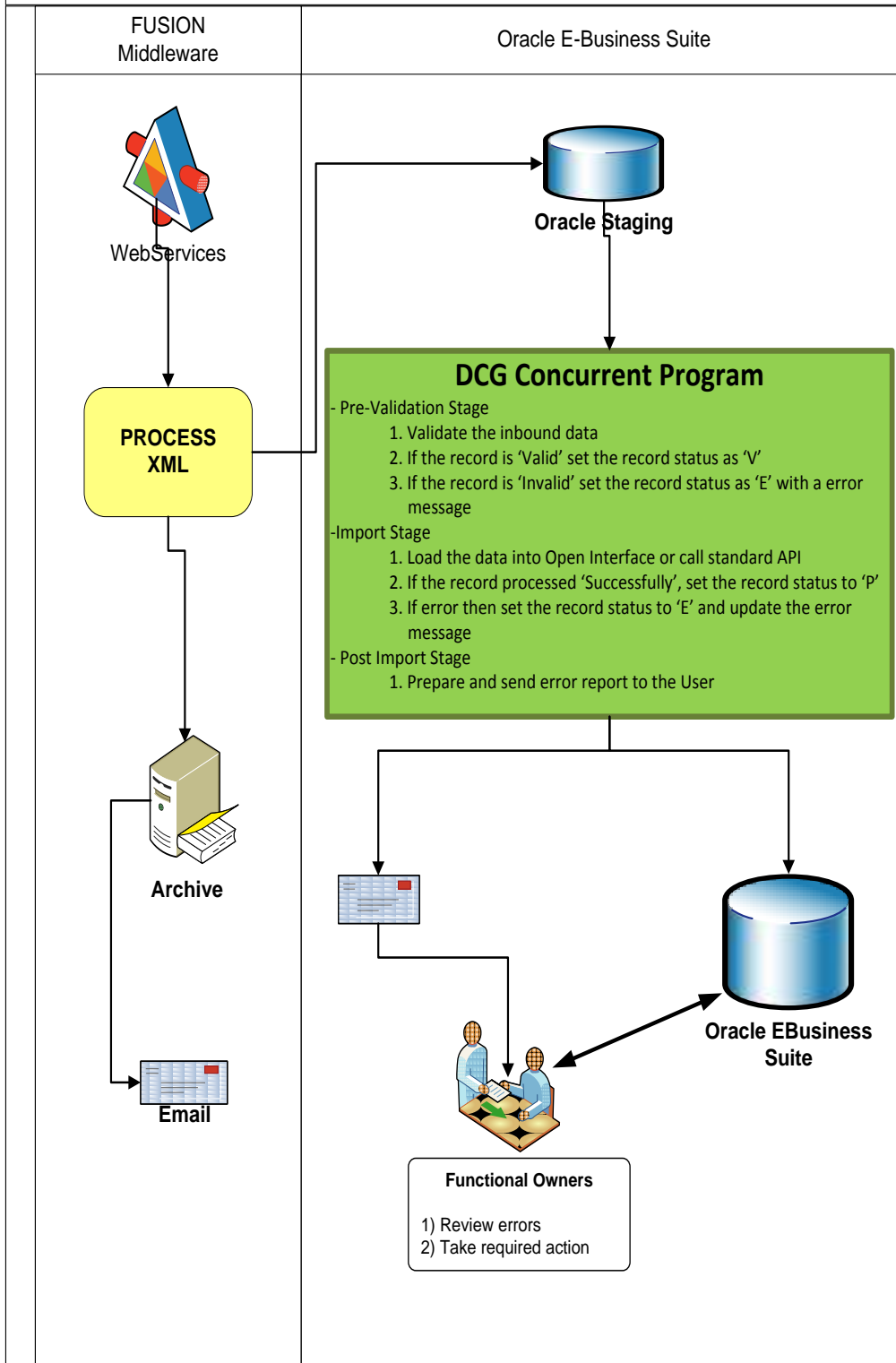
### *Error Handler*

A common error handler mechanism shall be followed on the E-Business Suite side for the interfaces and integrations with external Systems for the custom developed inbound interfaces. The below diagram describes the basic error handling mechanism and shall be expanded to meeting specific type of Integration Pattern Error Handling requirements.

Oracle E-Business Suite shall be the System to capture faults and communicate errors through notifications for all the inbound interfaces.

The interface process flow and the error communication through the flow is demonstrated in the below diagram.

# Interface Process – Error Handling



## *Security*

This section describes the security strategy for the key areas of the XML Message transmission and Fusion Middleware Applications components.

---

### *Transport-Level Security*

Secure Socket Layer (SSL), otherwise known as Transport Layer Security (TLS) with 128 or 256 Bit Encryption is the most widely used transport-level data-communication protocol providing:

- Authentication (the communication is established between two trusted parties using SSL Certificate).
  - SSL provides a secure communication channel to transmit the XML Messages.
- 

### *Applications-Level*

## **Oracle Web Services Manager (OWSM)**

Using OWSM we can apply security on the Web Services. For example encrypting and decrypting messages along with Authentication and Authorization of the users who are going to access/invoke the Web Service.

## *Assumptions*

- DC Gov shall establish an infrastructure to support the following
  - Network bandwidth to support file transfer over http or https protocol.
  - Larger message sizes (The XML message is many times larger than a text format file with the same amount of data).
- Oracle E-Business Suite's SOA Gateway shall be not used for the following reasons
  - Dual configuration of Fusion Middleware (Web Logic, ESB, etc.) and EBS SOA Gateway.
  - Dual maintenance of Fusion Middleware (Web Logic, ESB, etc.) and EBS SOA Gateway.
  - Requires additional maintenance during EBS patch analysis, testing and applying patches.
  - Existence of SOA Objects shall be de-centralized.
  - Dual Security and Authentication configuration and maintenance.

- EBS SOA Gateway is an evolving product and has limited in terms of Web Services Applications Objects.

## ***Appendix***

This section describes the tools and terminologies used in this design document.

---

### *Fusion Middleware*

Oracle Fusion Middleware consists of various components like BPEL, Mediator, Oracle Web Service Manager, Business Activity Monitoring, OSB, ODI, etc. Oracle Fusion Middleware provides software for the development, deployment and management of service-oriented architecture (SOA).

The following components of OFM shall be used in the implementation of E-Business Suite at DC Gov.

Component Category	Component/Tool
Enterprise Applications Server	Oracle Web Logic Server
OFM Components	BPEL, Mediator, BAM, OWSM, OSB
IDE Tools	JDeveloper, Eclipse

## **Oracle WebLogic Server**

WebLogic Server is an Applications server for building Applications based on Service Oriented Architectures (SOA).

## **JDeveloper**

Oracle JDeveloper is a development tool that supports integrated development environment (IDE) for building Web service-oriented Applications using industry standards for Java, XML, SQL and Web Services. JDeveloper is capable of supporting development of Java, BPEL, ESB/Mediator and SQL code.

## **Eclipse**

Eclipse is the IDE tool that is used to build OSB services/components.

## **Oracle SOA Suite**

Oracle SOA Suite is a hot-pluggable software suite to build, deploy and manage Service-Oriented Architectures (SOA).



## *BPEL*

A modeling language used to describe business processes. The SOA Suite provides a BPEL engine, implemented as a J2EE Applications on the Oracle Applications Server. For DC.gov, BPEL shall be used to describe business logic and orchestrate service calls which perform the actual data manipulation required by the business process.

## *Oracle Service Bus*

Oracle Service Bus creates routing services for moving a message across the enterprise service bus throughout the enterprise or A2A.

Oracle Service Bus can perform the following actions:

- Route
- Adapter Framework
- Security
- Service pooling Transformation.

## *BAM (Business Activity Monitoring)*

Oracle Business Activity Monitoring (Oracle BAM) is used to generate dash boards, pie charts etc. on BPEL instances.

For example, we can generate dash boards for the Invoices processed for all agencies on a particular time in a day or by week or month in SOA Suite (Middleware Layer).

### Adapters available in SOA Suite 11g

- File/FTP adapter service
- Database adapter service
- Oracle Applications adapter service
- JMS adapter service
- MQ adapter service
- AQ adapter service
- Email adapter service
- B2B adapter service

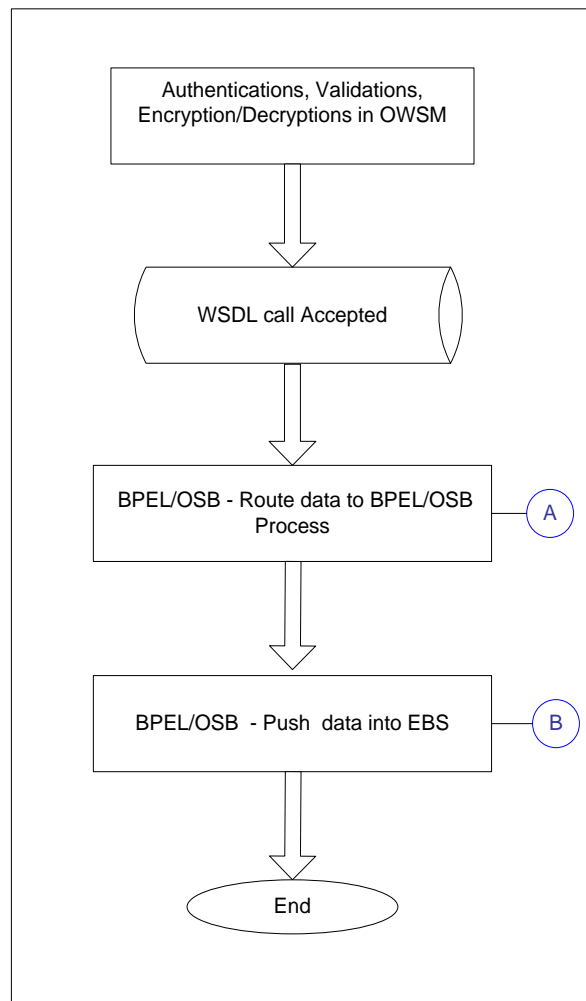
**Note:** Many other adapters are available in SOA Suite 11g. Commonly used adapters are noted here.

## Oracle Web Services Manager (OWSM)

Using OWSM we can secure the webservices at design time as well run-time in Enterprise Manager. Messages are encrypted and decrypted along with user authentication and authorization.

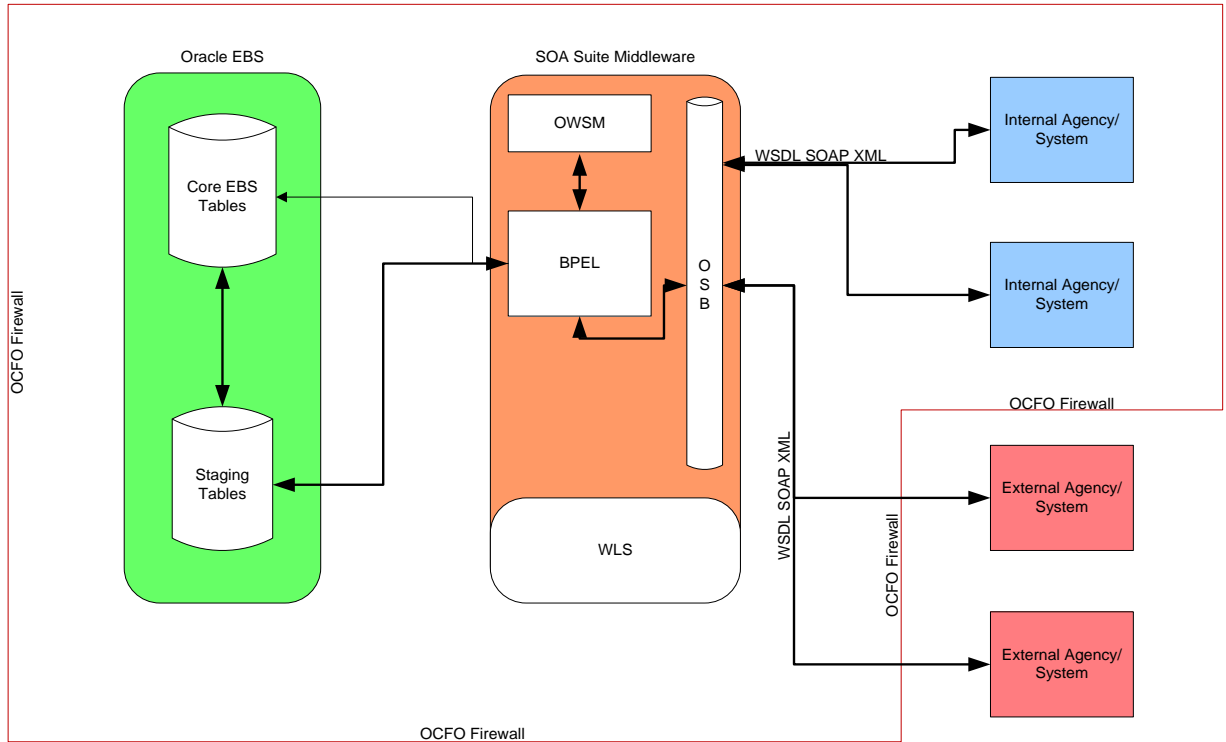
### High Level Design:

This is a High Level System Flow Design, which shows an overall description of the data flow for inbound process. There is a detailed description of the OSB and the BPEL flow in the Interface Architecture diagram.



## Interface Architecture:

# DCSRP Interface Architecture



## APPENDIX N – SECTION C. 7.0 THROUGH C.9.0

### C.7 Key Requirements (Contractors Complete This Section)

Key requirements for any system under consideration shall include the following:

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The System allows for capture and display of electronic signature by via electronic signature pads.  Please describe below the devices that are compatible with your Applications.	___ Yes ___ No	P	
Response:				
2	The system is web based; compatible with major browser technology (Microsoft IE, Mozilla Firefox, Apple Safari.)	___ Yes ___ No	P	
3	The System has an internal messaging system.	___ Yes ___ No	P	
4	The System has a note feature that allows staff to notify other staff of single or multiple actions needed or consumer specific alerts.	___ Yes ___ No	P	
5	The System supports a paperless function and a hybrid function where contents of electronic record can be printed for inclusion in paper chart if necessary.	___ Yes ___ No	P	
6	The system has an intuitive and easy to use graphical user interface (GUI).	___ Yes ___ No	P	
7	The system is Open Database Connectivity (ODBC) compliant.	___ Yes ___ No	P	
8	Availability of real time, on demand dashboards, provider and operational scorecards and/or reports. Selected system shall have built in report writer or shall use Crystal Reports or some other report writing tool.	___ Yes ___ No	P	
9	Allows skilled users with assistance from local IT staff to create, design, test and publish data collection forms that can be	___ Yes ___ No	P	

	linked to system data tables. Form creation shall be Windows based, via the browser or form designer tool, and allow for WYSIWYG like form design <sup>53</sup> . Form creation must allow for creation of new fields encompassing most of the major data types <sup>54</sup> . Forms auto-populate from existing table data without limitation.			
10	The system shall possess the ability to allow members (consumers) to have web access to selected portions of their medical record as provided by DMH management. Access includes only information specific to that consumer or his/her delegate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
11	The system allows the use of non-standardized datasets (Ex: O-3R) with these code-sets editable by the System Administrator.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
12	The system can be interfaced to the MMIS system using the HIPAA EDI or HL7 transaction set. Please elaborate below on any of the transactions that are currently not supported.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
Response:				
13	The System shall be role oriented, have full HIPAA and DMHIT compliance. The System shall have separate security and access control for system administrators, central site users, site administrators and site users.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	Applications comes standard with batch procedures that can read preformatted files and load/verify historical data.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	The System is rule-based, incorporating logic between fields.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	The system provides the standard functionality of a traditional practice	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>53</sup> For reference purposes the capabilities of Adobe© LiveCycle

<sup>54</sup> Including but not limited to Text, Date/Time, Integer, Floating point, Boolean, image, etc.

	management system (scheduling, treatment and billing <sup>55</sup> ) combined with a managed care Applications (service authorization, provider networking; benefit plan management, claims adjudication and payment, etc.)			
17	The system shall have, at the discretion of IT, the ability to journal and rollback transactions. Further the system shall have the ability to provide printed / viewable audits for key/core tables to include but not be limited to transaction date/time, user id, fields changed, values inserted, changed or deleted etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
18	The System provides alerts for incorrect or incompatible information.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
19	The System is capable of maintaining current and historical consumer demographic, financial, and service information.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
20	The System dates and time stamps all entries.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
21	The System meets local, state, and federal regulations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
22	The System has a managed care component.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
23	The System has a risk management module.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
24	The System has the ability to allow free text as well as discrete data elements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
25	The System assigns unique identifiers for consumers but shall allow the use of secondary identifiers from the DMH system of record.	<input type="checkbox"/> Yes <input type="checkbox"/> No	R	
26	The System integrates clinical and outcome assessments.	<input type="checkbox"/> Yes <input type="checkbox"/> No	R	
27	The System monitors quality measures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	R	
28	The System can interface with an automated telephone alerting system to notify consumers of upcoming appointments or changes in the DMH staff schedules.	<input type="checkbox"/> Yes <input type="checkbox"/> No	R	
29	The system can automatically apply consumer designations (sub-populations)	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>55</sup> As specified herein

	based on rule sets.			
30	System indicates required fields.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
31	Table updates for system operation must facilitate multiple selections to avoid tedious single line entry by user when system configurations are required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
32	System tracks eligibility and manages retro - eligibility throughout processing flow.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
33	The system has a robust utilization review / utilization management module.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
34	The system supports the HL7 interface protocol. State which version and which message types.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
Response:				
35	System tracks agency data, tax id, NPI, taxonomy payors, hours, specialties, rates, services, HCPCS codes, key officer name, phone number, email, web URL, agency id , site id, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
36	System can fully support multiple independent agencies within same Applications. (See Appendix K)	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
37	Contractor shall participate with selected DMH staff in a non-disclosure process detailing planned Contractor and Applications changes for the next 24 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

## C.8 SPECIFIC REQUIREMENTS

The specific requirements for this RFP are listed in the sections that follow. DMH shall be using the grid format to elaborate the requirements and require that the Contractors use the same grid format to provide their responses. Some questions may require detailed verbal responses. Others may require quantitative responses while still others may simply require yes or no. Contractors must elaborate on any question as long as the original question is answered using the format requested (*see Section 6.4 Questions on this SOW*).

### C.8.1 Demographics

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The System is capable of collecting multi-level consumer demographics.	___ Yes ___ No	P	
2	The System supports chronological tracking of patient activity (Example: Full tracking of address changes.)	___ Yes ___ No	P	
3	The System is capable of capturing, maintaining, and reporting all standard demographics required by DMH.	___ Yes ___ No	P	
4	The system has the capability to add, track and report on user defined demographic information.	___ Yes ___ No	P	
5	The system can maintain multiple addresses.	___ Yes ___ No	P	
6	The system retains historical address information.	___ Yes ___ No	P	
7	The system allows for the use of and historically track aliases.	___ Yes ___ No	P	
8	The system allows for consumer photograph to be loaded and displayed as a part of the patient record.	___ Yes ___ No	O	
9	The system can track primary and secondary languages	___ Yes ___ No	P	
10	The system can track gender/trans-gender. Please describe below.	___ Yes ___ No	P	
Response:				
11	The system support patient lookup by name, portion of a name (phonetic/fuzzy	___ Yes ___ No	P	



	search or “like”), SSN, NPI and combinations thereof.			
12	The system can track ethnicity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
13	The system can track race.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The system is capable of linking addresses to mapping (GIS) programs <sup>56</sup> .	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	The system has the capability for the user to add, track and report on user defined demographic information which may be hierarchal (i.e., grouped into categories and subtypes) and reports can be made based upon both categories and subtypes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	The system can rank the order of telephone numbers provided for preference to call (note that currently the fixed order is home, cell, other, but “home” is the one that shows first and on the clinical module).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
17	The system can flag for the presence of all required consent forms and for emergency contact numbers listed in the demographic information. Please explain how your system handles, tracks, alerts and reports on new opt-out requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please fill in answer below.	P	
Response:				
18	The system is capable of having service descriptions/ definitions linked to key words on authorization plans.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
19	System can track authorized individuals allowed access to consumer demographic and medical information for HIPAA compliance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
20	System allows for the use of at least three alternate (distinctive) consumer ID’s.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>56</sup> Like ESRI (<http://www.esri.com> )

21	Describe how your system handles Jane or John Doe record creation.	Please fill in answer below.	P	
Response:				
22	Describe the process used when duplicate consumer records are found. Describe the process by which the system prevents the creation of duplicate consumer records.	Please fill in answer below.	P	
Response:				
23	Describe the process of how consumer records are transferrable from one provider to another so that the new provider can see the complete history of care.	Please fill in answer below.	P	
Response:				

### C.8.2 Enrollment / Eligibility / Benefits

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Based on the models shown in Appendix D, can the Applications interface with the MMIS system to receive enrollment adds, changes and deletes? Please provide detail below.	___ Yes ___ No	P	
Response:				
2	Insurance info connected to authorizations, utilization management (update each other in all associated tables.)	___ Yes ___ No	P	
3	System automatically reprocesses records to correct for retroactive eligibility based on the eligibility file. Explain how.	___ Yes ___ No	P	
Response:				
4	The system can accept enrollment / demographic data from external databases such as Medicare / Medicaid; commercial insurers. Please explain below.	___ Yes ___ No	P	
Response:				
5	The system can track multiple patient statuses (i.e. Veteran, housing subsidy, incarceration, etc.)	___ Yes ___ No	P	
6	The system retains residency information and flags for periodic confirmation of residency.	___ Yes ___ No	P	
7	The system retains historical enrollment data (i.e., prior history of clinical homes).	___ Yes ___ No	P	
8	The system has the capacity to indicate enrollment in secondary programs (i.e., ACT, CBI, and Day Services) and can run reports based upon both primary and secondary enrollments.	___ Yes ___ No	P	
9	System can upload eligibility data from MMIS or directly from ESA.	___ Yes ___ No	P	

10	Changes to a consumer's insurance shall optionally trigger a system process to determine which authorizations and/or claims are impacted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
11	The system shall be able to determine which authorizations and/or related authorization plans are affected by eligibility updates/changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
12	Users must not need to manually edit authorizations plans or authorizations when a consumer's insurance changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
13	The system shall identify claims affected by eligibility changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The system shall flag claims that require re-adjudication with an indicator.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	Batch adjudication shall present a list of claims for re-adjudication	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	The claims subsystem shall show the diagnosis indicator on the claim level to the user.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
17	The system employs a parameter that shall allow for automatic re-adjudication of these claims (numbers 14-16).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
18	The system shall support service approval first by clinical appropriateness/medical necessity rather than on a specific funding source.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
19	The system shall accurately update agreement limit calculations based on eligibility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
20	The system shall generate reports and audit trails for changes that occur during the retroactive eligibility process.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
21	Eliminate the need for users to identify a specific insurance when adding an authorization plan, treatment, and authorization.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
22	The system shall list those authorizations when the insurance has changed from one funding source to another.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
23	The system has a report to show claims that the insurance has been changed from one funding source to another and subsequent new payment status following check payment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

24	System allows for primary, secondary and tertiary insurance for insurance ranking, subrogation, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
25	The system has a report to show those claims that the insurance has changed from one funding source to another, a new payment has been made and 835 Out has been generated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
26	System has a mechanism for managing <sup>57</sup> , reporting and capturing consumer consent (HIPAA & DCHIT).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
27	Describe the system's ability to capture information on consumer income (liability): 1. Record self-reported information on consumer enrollment in a pre-eligibility field 2. Calculate reported income as a percentage of Federal Poverty Level (FPL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
Response:				
28	Describe in detail the Applications's ability to support custom benefit plans that can be assigned to individual consumers. Describe how the plans are created, authorized, managed, and reported (utilization).	Please fill in answer below.	P	
Response:				
29	System must be capable of tracking consumers moving from one provider to another and adjust all records accordingly <sup>58</sup>	Please fill in answer below.	P	
Response:				
30	System has the ability to allow for emergency enrollment to allow for immediate service provisioning. Explain how the process shall work when the consumer's "official" record is passed from ESA to the system.	Please fill in answer below.	P	
Response:				
31	When eligibility changes for a consumer record, the system shall check for realignment of authorization, claims, payment, remittance and accounts receivable data to the new funding source.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
32	System has configurable alerts to notify staff when consumer eligibility shall expire in a	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>57</sup> For example via effectivity dating

<sup>58</sup> Example: John Doe, with Provider A, has Benefit Plan 1 allowing 10 units of ACT. Currently 7 are billed or pending (for billing) leaving 3 units available. John wants to now receive ACT services from Provider B. What happens to the remaining balances allowed on his benefit plan? How are current authorizations for Provider A managed?

	specified number of days, 10, 30, 90, etc.			
33	System shall record in addition to the insurer policy number(s) the ESA Program code for eligibility within the consumer record.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
34	Once Program Codes (benefit eligibility/level of care) are assigned or reassigned (as clinically necessary) to a consumer the system must be able to retroactively identify those services effected by the Code date span for re-adjudication of claims/services.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please fill in the answer below.		
Response:				
35	Explain what happens to a consumer record when the patient is marked as a) Inactive or b) discharged.	Please fill in the answer below.	P	
Response:				

### C.8.3 Scheduling

Line	Requirement	Description (Response)	Type	Internal Use Only
1	System can identify schedules for clinicians, consumers, treatment rooms, transportation and other "resources".	___ Yes ___ No	P	
2	Scheduling system is integrated with Applications.	___ Yes ___ No	P	
3	System shall have an integrated search capability including "first available" by credential or other criteria for urgent care.	___ Yes ___ No	P	
4	Can view single or multiple schedules by provider, patient, room or resource <sup>59</sup> .	___ Yes ___ No	P	
5	Can view by day, week, and month.	___ Yes ___ No	P	
6	Users can create customized views (start/stop date).	___ Yes ___ No	P	
7	Please describe how scheduling integrates with consumer billing.	Please fill in answer below.	P	
Response:				
8	Applications has centralized scheduling, but can be updated by individual clinicians and is viewable by staff members (in case there is a need to find an open slot for a new consumer).	___ Yes ___ No	P	
9	System uses workflow rules, has event triggers that shall generate letters, treatment or other alerts, need for assessments etc. based on defined rules.	___ Yes ___ No	P	
10	System links consumer services with	___ Yes ___ No	O	

<sup>59</sup> Viewing of consumer schedules by multiple providers shall be necessary since in some instances, this may be necessary to facilitate coordination of care/collaboration.

	the appropriate service provider and shall not schedule services with service providers that are not credentialed with the consumer's insurance.			
11	System has the capability to ensure that services requiring authorizations receive pre-authorization prior to scheduling and provision of service.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
12	System links service providers' schedules to task management ("to do" list) and notifies staff when an appointment has been scheduled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
13	The System reports productivity, resources, treatment management, no-shows and cancelled appointments.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The System provides consumer appointment/encounter history.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	The System links staff credentials, areas of expertise, and availability of service provider for varied third party contracts and insurance companies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	Describe how your systems scheduling module can incorporate scheduling information received from external Applications (PIP Providers) via HL7.	Please fill in answer below.	P	
Response:				
17	The System links appointments, services rendered, and billing to consumer accounts.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
18	The System allows for flexible scheduling to accommodate "walk - ins".	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
19	The System notifies staff visually that a consumer has arrived for a scheduled appointment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	



20	The System at the time of scheduling notifies staff visually that a consumer has no authorizations for a scheduled service or is low on authorized visits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
21	The System prints out "appointment cards" for consumers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
22	The system tracks and can report on no show rates by provider (i.e. appointments made versus met versus no show).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
23	Community Residential Facilities or CRF's, are scheduled by using available "slots" for consumers where some key indicators are length of stay and consumer fund utilization by contract. Please describe below your system capability in this regard.	Please fill in answer below.	P	
Response:				
24	Describe in detail how your system tracks, manages, and reports on non-scheduled time, administrative and non-billable services.	Please fill in answer below.		
Response:				
25	Describe how scheduling in your system would be used for case management / case coordination.	Please fill in answer below.	P	
Response:				

### C.8.4 Service Authorization / Management

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Provide a detailed description of the Service/ Authorization process including specific workflows for the major processes. (See Appendix L).	___ Yes ___ No	P	
2	Module has event triggers based on rules that can be customized to provide alerts to clinicians in specific circumstances. <i>(i.e. notify clinicians of off pacing on authorizations; including expiring authorizations, reaching limits or, underutilization, etc.)</i>	___ Yes ___ No	P	
3	Applications can track services and produce reports by benefit plans, by service, by individual, and by diagnostic groups.	___ Yes ___ No	P	
4	Applications can track services by Benefit Plans.	___ Yes ___ No	P	
5	The system automatically updates authorization plans based upon eligibility changes.	___ Yes ___ No	P	
6	The system has the capacity to track services authorized in external systems (i.e., private insurance).	___ Yes ___ No	P	
7	The system can link to service descriptions within authorization plans.	___ Yes ___ No	O	
8	The system can apply different rules for processing authorization requests based upon benefit plans.	___ Yes ___ No	P	
9	The system can create events from within authorization plan and return to the authorization plan once event is saved.	___ Yes ___ No	P	
10	System can indicate multiple events as required for given service authorization.	___ Yes ___ No	P	
11	The user can modify start and end dates of	___ Yes ___ No	P	

	individual authorizations (i.e., 90, 180 or customizable day plans).			
12	The system automatically creates end dates for a defined period (i.e., 90 day plan).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
13	The system allows administrators to close and open plans for further modification.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The system has user customizable denial reasons.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	The system shall allow the use of template documents to generate letters or communications in batch for example - denial of authorization or benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	The system has the ability to generate reports on approvals and denials based upon provider, service, individual and diagnostic codes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
17	The system can execute and store LOCUS and CALOCUS scores and run reports on same for services that require these scores as part of the authorization process.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

### C.8.5 Treatment Planning

Line	Requirement	Description (Response)	Type	Internal Use Only
1	System tracks treatment planning. Please explain below the process in detail.	___ Yes ___ No	P	
Response:				
2	Uses workflow tied to progress notes, goals etc.	___ Yes ___ No	P	
3	Detail the reporting that is included within the Applications for treatment planning.	___ Yes ___ No	P	
Response:				
4	Dashboard is embedded to allow participating providers to manage form completion and show metrics/alerts. For example: Forms completed within user defined time frames. Alerts on compliance risks? Please elaborate below.	___ Yes ___ No	O	
Response:				
5	Module has event triggers based on rules that can be customized to provide alerts to clinicians in specific circumstances i.e. notify clinicians on forms that are due or overdue.	___ Yes ___ No	P	
6	Reporting is embedded to allow participating providers to manage form completion and show metrics/alerts. For example: Forms completed within user defined time frames. Alerts on compliance risks? Please elaborate below.	___ Yes ___ No	P	
Response:				
7	The Applications is able to track, capture and record information from best practice guidelines and protocols.	___ Yes ___ No	P	
8	The System can be based on organization's own clinical standards i.e. services requested, different populations, etc.	___ Yes ___ No	P	

9	The System uses key words and dictionary statements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
10	The System provides industry standards, pre-defined lists of diagnoses and treatment goals while allowing for customization.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
11	The System allows for multi-disciplinary plans.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
12	The System provides links between problems and diagnoses to goals, objectives, and interventions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
13	The System derives service activity and notes from treatment plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The System monitors service activity from admission to discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	The System links consumer services to billing/reimbursement module.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	The System tracks and monitors total consumer care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
17	The System can accept services from multiple service providers and locations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
18	The System allows for a consumer to be enrolled in multiple programs simultaneously.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
19	The System triggers alerts to service providers when critical interventions may be required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
20	The System captures referral information.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
21	The System utilizes a "To-Do List" to alert staff about upcoming treatment plan reviews, unsigned & past due plans and quarterly reviews, and other related actions needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
22	Intentionally left blank			
23	System has capacity to track basic inpatient/facility based treatment in DC and out of state integrating into individual records and in aggregate view	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
24	The system stores and prompts	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

	(generates alerts) for lab tests as required by the individuals Axis 1 & 3 diagnosis.			
25	The system stores and prompts for lab tests required by the consumer and/or for medications or classes of medications.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

### C.8.6 Progress Notes

**NOTE:** DMH is aware that the functionality described below must apply to all FIP providers but we are requesting that responding Contractors also indicate whether or not these functions, to the extent allowed by a fully functional real-time HL7 interface<sup>60</sup>, are a) fully PIP functional (use the indicator [FPF]) or b) partially PIP functional (use the indicator [PPF] or c) not PIP Functional (use the indicator [NPF]) as a part of your response.

Line	Requirement	Description (Response)	Type	Estimated Cost To Modify
1	The System links progress notes to service encounters and billing.	___ Yes ___ No	P	
2	The System links notes to treatment plans and/or diagnoses.	___ Yes ___ No	P	
3	The System allows for digital/electronic signature.	___ Yes ___ No	P	
4	The System requires that progress notes be electronically signed at the end of the encounter. Explain the signature approval process and how approved documents allow billing to occur.	___ Yes ___ No	P	
Response:				
5	The System records progress notes utilizing a combination of System defaults, provider customizable, and provider-defined templates (tables, drop-down menus, etc.).	___ Yes ___ No	P	
6	The System includes a medical terminology dictionary and spell checker within progress note module.	___ Yes ___ No	P	
7	The System applies security and audit controls to notes to ensure that data is not amended, or deleted.	___ Yes ___ No	P	
8	The System has Draft/Final modes for form approvals. Explain in detail how this process works.	___ Yes ___ No	P	
Response:				
9	The System is capable of integrating with electronic transcription services.	___ Yes ___ No	O	

<sup>60</sup> And assumes full FIP participation

10	The System allows on-line physician editing of notes transcribed by 3 <sup>rd</sup> parties prior to progress note finalization.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
11	The System automatically captures signature, title, and credentials of staff entering note during data entry.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
12	The System has voice recognition capabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
13	The System has the capability to sort progress notes, and other documentation in a variety of ways based on end user's request.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The System's format for documenting is intuitive, easy to use, and user customizable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	The System supports group notes that are easy to use and copies common group information to each consumer note.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	The System integrates with Dragon® or other text to speech software. Please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
Response:				
17	System can accept scanned documentation during time of service delivery or following <sup>61</sup> .	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
18	The system can scan/attach faxed documents into the electronic medical record for recall, print and view.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	

<sup>61</sup> DMH utilizes the IBM/FileNet Applications for paper based EHR documentation. Vendor must detail how your solution can directly or indirectly be used with this Applications.



### C.8.7 Service / Clinical Data Capture

Line	Requirement	Description (Response)	Type	Internal Use Only
1	System supports global forms that can be mandated for use by FIP providers. How?	___ Yes ___ No	P	
Response:				
2	System supports ad-hoc form creation independent for FIP providers for PIP providers.	___ Yes ___ No	O	
3	Support creation of ad-hoc data values that are stored and keyed to core Applications data.	___ Yes ___ No	P	
4	Has embedded form designer tool. Can dynamic forms be developed. <sup>62</sup>	___ Yes ___ No	P	
5	Uses third party form designer tool. If yes, which. Please answer below.	___ Yes ___ No	O	
Response:				
6	Applications security can be set at the form <b>field</b> level for both common and user created forms.	___ Yes ___ No	P	
7	Forms can be easily flagged as "Global" and "User Defined".	___ Yes ___ No	P	
8	User defined forms created by one FIP provider are isolated from access by other FIP providers.	___ Yes ___ No	O	
9	System can track referrals.	___ Yes ___ No	P	
10	System can track services provided by adjunct or alternative resources (i.e. other agencies or providers).	___ Yes ___ No	P	
11	The system can track referrals made to outside providers.	___ Yes ___ No	P	
12	The system provides a visual summary of authorized services by consumer either graphically or in tabular format. Is it possible to export data from your system?	___ Yes ___ No	O	
13	Forms map and inject data from any of the Applications tables (i.e. demographic or clinical data) to minimize user data entry.	___ Yes ___ No	P	

<sup>62</sup> Example: A progress note/documentation that captures varied fields, for all providers, based on the service provided.

14	Form design tool supports the following form objects. Provide individual responses to each: <ul style="list-style-type: none"> <li>• Text Box</li> <li>• Font</li> <li>• Unlimited Text (Memo) Box</li> <li>• Calendar/Date</li> <li>• Check box</li> <li>• Option Group (Radio Buttons)</li> <li>• File Attachment</li> <li>• Picture Import</li> <li>• Sub-Form</li> <li>• Table/Grid<sup>63</sup></li> </ul>	___ Yes ___ No	P	
Response:				
15	Describe the form modification process. How much data re-entry is necessary when a form is modified or updated?	Please fill in answer below.	P	
Response:				
16	System provides or customizes form fields which can be set to "required".	___ Yes ___ No	P	
17	Forms can be bundled or grouped i.e. completion of one form launches additional forms to be completed or ability to move between forms.	___ Yes ___ No		
18	DMH desires to standardize the forms that are used by FIP providers. There is recognition that some providers, because of the service delivery, or compliance with outside regulatory agencies, may need to collect data that only they or other providers like them need to capture. Please explain in detail how your system can facilitate and manage this process.	Please fill in answer below.	P	
Response:				
19	Please provide screenshots of samples of the following forms: Comprehensive Progress Note and a complex assessment <sup>64</sup> . Attach in the Appendix.	Please fill in answer below.	P	
Response:				

<sup>63</sup> To capture 1:multiple values for data.

<sup>64</sup> Provide a sample from your current electronic form library or a redacted sample developed by one of your customers. Sample forms must be complex i.e. multi-column field placement, use of objects like those defined in Section 8.7 #14 etc., forms that use tabs etc.

### C.8.8 Diagnosis

**NOTE:** DMH is aware that the functionality described below must apply to all FIP providers but we are requesting that responding Contractors also indicate whether or not these functions, to the extent allowed by a fully functional real-time HL7 interface<sup>65</sup>, are a) fully PIP functional (use the indicator [FPF]) or b) partially PIP functional (use the indicator [PPF]) or c) not PIP Functional (use the indicator [NPF]) as a part of your response.

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The System has the capability to search diagnosis table by description or code.	___ Yes ___ No	P	
2	Intentionally left blank			
3	The System has a crosswalk between the latest DSM versions to the latest ICD version.	___ Yes ___ No	P	
4	The System supports a multi-axial diagnosis per the latest DSM version.	___ Yes ___ No	P	
5	The System links diagnosis to treatment plan, and any other assessment that includes the diagnosis.	___ Yes ___ No	P	
6	The System supports automatic “recommendation” of diagnosis as service provider writes out the presenting problem.	___ Yes ___ No	P	
7	The system allows and accepts the submission of customized ICD9 / ICD10 codes.	___ Yes ___ No	P	
8	The System allows the local administrator to easily update diagnosis and medication tables.	___ Yes ___ No	P	
9	The system can flag record when there is no MHRS eligible diagnosis on the current multi-axial diagnosis.	___ Yes ___ No	P	
10	The system can run reports on diagnoses by provider, sub-provider, service, and medication or any other collected value.	___ Yes ___ No	P	
11	The system can link to DSM diagnostic criteria from diagnostic page.	___ Yes ___ No	O	
12	The system can flag when diagnostic assessment renewal is due.	___ Yes ___ No	P	

<sup>65</sup> And assumes full FIP participation

13	Contractor shall provide updates to ICD listing prior to or within 90 days of publication.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The system stores historical diagnostic data, including the diagnosing clinician.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	The system supports the use of customizable code sets (i.e. O-3R).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	The system shall allow the use of decision support tools.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
17	How does your system indicate the primary diagnosis code for a consumer <sup>66</sup> .	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

---

<sup>66</sup> First diagnosis entered or last diagnosis entered?

### C.8.9 Medication

**NOTE:** DMH is aware that the functionality described below must apply to all FIP providers but we are requesting that responding Contractors also indicate whether or not these functions, to the extent allowed by a fully functional real-time HL7 interface<sup>67</sup>, are a) fully PIP functional (use the indicator [FPF]) or b) partially PIP functional (use the indicator [PPF]) or c) not PIP Functional (use the indicator [NPF]) as a part of your response.

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The System has a medication/ electronic prescribing module which is completely integrated and not a third party product.	___ Yes ___ No	P	
2	The medication module includes access to the National Drug Classification database.	___ Yes ___ No	P	
3	The System supports multiple drug formularies and prescribing guidelines.	___ Yes ___ No	P	
4	The System can update a progress note or med somatic with medication/prescription information.	___ Yes ___ No	P	
5	The System provides drug interaction information (i.e.: drug-drug, drug-symptom, and drug-allergy).	___ Yes ___ No	P	
6	The System stores refill and repeat prescription information.	___ Yes ___ No	P	
7	The System allows storage of prescription data.	___ Yes ___ No	P	
8	The System documents and tracks ancillary order, dispensing medication, pharmacy information; and informed consent.	___ Yes ___ No	P	
9	The System integrates pharmacy orders with treatment plan.	___ Yes ___ No	P	
10	The System is capable of producing computer generated prescription forms to be manually or electronically signed.	___ Yes ___ No	P	
11	The system has the capability to produce informational documentation regarding medications and drug interactions.	___ Yes ___ No	P	

<sup>67</sup> And assumes full FIP participation

12	System can interface in real time to external Pharmacy Management Systems via bi-directional HL7 interfaces.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
13	For consumers who are inpatient, the system has the ability to track compliance with medications via electronic Medication Administration Record (eMAR).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The system can track different classes of psychotropic medications i.e. atypical anti-psychotics, stimulants, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	The system can track which consumers are on injectable medications and when injections are due or have been missed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	The system can flag when lab work associated with medications is due.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

### C.8.10 Claims, Billing and Accounts Receivable

**NOTE:** DMH is aware that the functionality described below must apply to all FIP providers but we are requesting that responding Contractors also indicate whether or not these functions, to the extent allowed by a fully functional real-time HL7 interface<sup>68</sup>, are a) fully PIP functional (use the indicator [FPF]) or b) partially PIP functional (use the indicator [PPF]) or c) not PIP Functional (use the indicator [NPF]) as a part of your response.

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The System has automated billing and accounts receivable functions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
2	The System shall hold billing until completion of documentation and approval processes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
3	The System supports industry standard paper forms and electronic formats, and plain paper customizable forms/templates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
4	The System supports ability to pay based on, among others, sliding fee scales and co-pays etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
5	The System has multiple diagnosis formats including the latest ICD and DSM versions and allows for updates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
6	The System is capable of receiving electronic claims and remittance from payers, including the 837/835 and similar industry standard electronic remittance formats.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
7	Bills can be generated by the FIP providers or by DMH claims management at multiple intervals or by various selection criteria.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
8	The System can produce past due/reminder notices as well as notify service providers to address non-payment issues during clinical sessions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
9	The System can be customized to include free text in the invoices and consumer	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>68</sup> And assumes full FIP participation

	invoices can be formatted so they are easy to read and understand.			
10	The System can manage multiple billing formats including generation of paper claims.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
11	The System tracks payer and client collections and accounts receivable at the DMH level and the individual provider levels.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
12	The System is of capable automating batch posting by individual FIP providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
13	The System facilitates manual AR matching and re-categorization for exception processing of the A/R	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The System facilitates rebilling of Payor rejected DMH corrected claims by individual providers <sup>69</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	The System accommodates data elements required by 3 <sup>rd</sup> party payers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	The system provides reports of Accounts Receivable activities including posted payments against billed claims.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
17	The System links payments received to ledgers and journals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
18	The System is capable of conditional billing to accept multiple services and automatically bundles to proper code.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
19	The System is capable of meeting all DC Medicaid/Medicare Plans and Waiver Option billings, restrictions and rounding variations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
20	The System links service codes to CPT codes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
21	The System allows the entering of manual adjustments/write-offs as well as automatic adjustments by individual providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>69</sup> Current procedure requires that all resubmitted claims be sent to the OC on paper. This means that each individual provider shall need the ability to print corrected claims locally at their respective sites.



22	The System provides information on applied credits and refunds.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
23	Describe your HIPAA EDI compliance engine's functionality.	Please fill in answer below.	P	
Response:				
24	Provide a listing of Billing/AR Reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
25	The system supports other billing methodologies like capitation, case rate etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
26	The system can capture encounter information for services delivered but not billed as MHRS or zero dollar claims (non-billable services).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
27	The system can adjust claims to account for co-pays and sliding fee scales.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
28	The system has the capability to forecast, as IBNR, claims based on prior payment experience and utilization by Contractor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
29	Contractor provides ICD9/ICD10 updates in advance of final issuance. State the number of days in advance that the data is available for <b>automatic</b> loading.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
30	The System can notify service providers to address non-payment issues during clinical sessions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
31	The system has dashboard capabilities that shall facilitate the management and submission of claims (See Appendix I for an examples).	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
32	Explain how claims are tracked from receipt through approval for payment <sup>70</sup> for both the FIP and PIP providers. How is each step in the process reconciled with the other?	Please fill in answer below.	P	
Response:				
33	System provides global rules that can be	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>70</sup> Keep in mind our model is to approve claims for payment (it was authorized and is now approved) then send them to the MMIS system for a second adjudication and actual payment. However, it is possible that for some period of time, DMH may adjudicate and pay local claims.

	set by claims management for the release of claims for payment (Example: Valid authorization is within timely filing limits, clinical approval, etc.). Rules shall have override capability for administrative use.			
34	System can bill by Medicaid “Program Code” (Eligibility).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
35	The system can handle blended funding methodologies in which a portion of a case rate is released after deducting Medicaid total claims paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
35	FIP providers shall be able to post/reconcile their own 835 files to their individual A/R independent of other provider activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
36	System allows for the creation of rules that would prohibit the FIP providers from submitting claims for payment if there are outstanding 835 files that have not been posted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
36.1	System allows for the creation of rules that would prohibit the PIP providers from submitting claims for payment if there are outstanding clinical data submissions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
37	System supports global HIPAA compliant A/R reports that are available to individual FIP providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
38	System has the ability to export A/R data for import to a 3 <sup>rd</sup> party financial Applications.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
39	System provides online claim history by consumer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
40	Describe how your system monitors and manages each of the traditional claim process states i.e. release, receipt, adjudication, approval, denial, send (on 837) and receive (on 835).	Please fill in answer below.	P	
Response:				

41	System allows for user to designate what services/modifier/place of service combinations can be billed to which Payors using effectivity dating.	___ Yes ___ No	P	
42	System uses effectivity dating for fee schedules (service rates).	___ Yes ___ No	P	
43	System loads each claim in the FIP Provider AR tables that is sent out in an 837P along with line item control numbers.	___ Yes ___ No		
44	System tracks provider identification and applies NPI and Taxonomy codes to outgoing claims.	___ Yes ___ No	P	
45	System tracks and reports on released claims never billed, remitted, or posted	___ Yes ___ No	P	
46	Explain how the system uses line item control numbers to track claim header and detail information.	Please fill in answer below.	P	
Response:				
47	How do you prevent providers from submitting an 837 file more than once?	Please fill in answer below.	P	
Response:				
48	If more money is paid than billed the system shall place overage in refund account for respective payor?	Please fill in answer below.	P	
Response:				
49	Please describe how your system shall allow DMH to be both clearinghouse and payor. (i.e. bill claims to payors or internally pay claims and issue 835's for respective payments).	Please fill in answer below.	P	
Response:				
50	System shall be flexible within the billing configuration to be able to change the process of claim submission and payment of claims as regulations and other internal Applications/processes are improved or amended.	___ Yes ___ No	P	
51	How shall your system re-adjudicate claims whose eligibility has changed	Please fill in answer below.	P	

	since the claim was authorized or paid?			
Response:				
52	How shall your system track overpayments and recoup dollars from providers when the eligibility changes for the time period already paid for?	Please fill in answer below.	P	
Response:				
53	How shall your system pay claims that have no authorization but must be paid?	Please fill in answer below.	P	
Response:				
54	How shall your system issue 835's for locally processed claims?	Please fill in answer below.	P	
Response:				
55	How shall your system handle corrections (use of electronic Void and Adjustment transaction codes) for local claims provided by users?	Please fill in answer below.	P	
Response:				
56	How shall your system track and provide balances of expenditures against local dollar annual allocations (funds, PO's)?	Please fill in answer below.	P	
Response:				
57	How shall your system allow user to select to internally pay local dollar claims?	Please fill in answer below.	P	
Response:				
58	Shall your system include a remittance report in optional formats (excel, PDF, CSV, etc.) for paid claims?	Please fill in answer below.	P	
Response:				
59	The Applications can process either ICD-9 or ICD-10 claims based on the DOS of the submitted claim.	___ Yes ___ No	P	
60	Please explain how your system shall manage billing during the transition between ICD-9 to ICD-10 when some claims shall be coded for 9 and some for 10 based upon service delivery date?	Please fill in answer below.		
Response:				

### C.8.11 Workflow

**NOTE:** DMH is aware that the functionality described below must apply to all FIP providers but we are requesting that responding Contractors also indicate whether or not these functions, to the extent allowed by a fully functional real-time HL7 interface<sup>71</sup>, are a) fully PIP functional (use the indicator [FPF]) or b) partially PIP functional (use the indicator [PPF]) or c) not PIP Functional (use the indicator [NPF]) as a part of your response.

Line	Requirement	Description (Response)	Type	Internal Use Only
1	System can monitor productivity by staff and service program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
2	System facilitates financial auditing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
3	Intentionally left blank			
4	System allows for cost reporting and analysis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
5	Intentionally left blank			
6	System facilitates review and monitoring of consumer records for clinical and administrative purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
7	System provides guided workflow and notification for service providers (“to do lists”).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
8	System produces usage patterns.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
9	System monitors profitability by staff and service.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
10	System facilitates collection of ad hoc data as needed using customizable screens, user defined data, electronic signatures etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
11	System can enforce selected forms flow to ensure required forms (hard coded or added forms) are completed and approved in established order.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
12	System produces “flags” for action based on clinical indicators or time lapse indicators.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
13	System can do multi-step serial and/or parallel workflow / task/ document routing and allows for automatic escalation based on	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>71</sup> And assumes full FIP participation

	thresholds.			
14	System can track the status of started, in-process and complete workflows.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	Workflows can be setup, managed and run by and within individual provider organizations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
16	Please describe any limits on the logic, tables referenced or number of variables that can be used when executing workflows.	Please fill in answer below.	P	
Response:				
17	Please describe how your workflow system can reference and use data external to the Applications that you are proposing. Include any limitations.	Please fill in answer below.	P	
Response:				

### C.8.12 Staff Productivity

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Module has event triggers and/or reporting based on rules that can be customized to provide alerts to specific managers on productivity and suspense issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
2	Provide a detailed description on how your system measures and monitors staff productivity. Provide a list of the metrics that are measured and monitored.	Please fill in answer below.	P	
Response:				
3	Module has a no-show/cancellation analysis report.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
4	Module reports on number of sessions/month for billed and non-billed services.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
5	Module reports on percentage of incomplete or non-billable services against anticipated productivity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
6	Module has exception reports for staff activities that are overdue (treatment plans, progress notes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
7	Module can track both billable and non-billable contacts for providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
8	Module can track time spent in training, administrative time and required staff meetings.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

**C.8.13 Human Resources / Credentialing**

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The System tracks credentialing and mandatory training of staff <sup>72</sup> .	___ Yes ___ No	P	
2	The System maintains unique areas of expertise for staff (Ex: language, skills, EMDR training, etc.)	___ Yes ___ No	P	
3	The System tracks staff licensure information and produces automatic notifications when staff licenses are about to expire.	___ Yes ___ No	P	
4	The system can be easily modified to update staffing changes or changes in staff certification.	___ Yes ___ No	P	
5	The system can be interfaced with Medicare/Medicaid provider exclusion database and/or external provider credentialing organizations. Please explain in detail below.	___ Yes ___ No	P	
Response:				
6	The system can produce alerts for exclusions and proof of ongoing licensure/credentialing.	___ Yes ___ No	P	
7	The system manages and alerts designated individuals when credentials need renewing.	___ Yes ___ No	P	

<sup>72</sup> Includes credentialing programs that DMH administers – such as peer specialists, the co-occurring training, CSW certification and specialized training for FFT therapists/clinicians.



**C.8.14 Funding**

Line	Requirement	Description (Response)	Type	Estimated Cost To Modify
1	System shall be able to associate insurance coverage's and duration spans to consumer record.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
2	Insurance spans shall be assignable manually or automatically.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
3	Insurance assignment capability shall be controlled by user security level.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
4	System shall adjudicate authorizations based on current insurance, appropriately authorizing across multiple insurers when multiple coverage's crossover the authorization period.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
5	System shall automatically align and adjudicate against the new insurance when post authorization insurance changes occur whether from manual insurer changes or automatically as a result of retro-eligibility processing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
6	System shall capture and report on any authorization that is realigned due to insurance change, indicating date of change and touch by ID.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
7	System shall allow for provider allocation tracking, automatically reducing allocation by each paid claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
8	System shall send and alert when allocation is expended to configurable threshold percentage of allocation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
9	System activity is tracked by a configurable fiscal year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

### C.8.15 Consumer Portal

The consumer portal is a web based feature that allows designated consumers to have secure access to their scheduling, treatment and other information related to their care provided through DMH and its participating providers.

Line	Requirement	Description (Response)	Type	Internal Use Only
1	System has embedded ability that can allow the establishment of a consumer web portal.	___ Yes ___ No	P	
2	Consumer Portal can be viewed by consumer or consumer delegate.	___ Yes ___ No	P	
3	Consumer portal provides ability to view consumer appointment scheduling.	___ Yes ___ No	P	
4	Consumer portal provides ability to view consumer treatment plan.	___ Yes ___ No	P	
5	Consumer portal provides ability to send secure messages to provider (clinical home) or DMH.	___ Yes ___ No	P	
6	Consumer portal provides ability to link to external web sites as determined by DMH.	___ Yes ___ No	P	
7	Consumer portal provides ability to view enrollment and eligibility status.	___ Yes ___ No	P	
8	Consumer portal provide ability to file a complaint with DMH.	___ Yes ___ No	P	
9	Consumer portal provides ability to create customized forms with user defined and existing data fields for ad-hoc data collection.	___ Yes ___ No	P	
10	Consumer portal has a detailed audit trail depicting username, access date/time, features accessed etc.	___ Yes ___ No	P	
11	Consumer portal is HIPAA compliant?	___ Yes ___ No	P	
12	Detail how consent is captured for consumers that want to allow delegates to view their respective data on the Consumer Portal.	Please fill in answer below.	P	
Response:				

**C.8.16 Reporting / Analytics**

Line	Requirement	Description (Response)	Type	Internal Use Only
1	System has embedded report writing capability? If you are using a 3 <sup>rd</sup> Party product please cite the name and version of that product below.	___ Yes ___ No	P	
Response:				
2	Can users create reports externally, import them and have them appear as part of the menu system for execution by any user with proper security?	___ Yes ___ No	O	
3	System has version control on ad-hoc report generation.	___ Yes ___ No	P	
4	Reports can be restricted by user, user groups, etc.	___ Yes ___ No	P	
5	Security shall be setup so DMH can create Global reports available to all providers but each individual provider can create reports that are only available to their staff based on access rights.	___ Yes ___ No	P	
6	Whether reports are Global or created by participating (FIP or PIP) providers; system security can restrict access so that users can view only or view and print.	___ Yes ___ No	P	
6.1	For reports created by participating (FIP or PIP) providers; system security can allow/restrict access to all data pertaining to the consumers enrolled by that provider.	___ Yes ___ No	P	
7	Detail all the system reports that are available.	___ Yes ___ No	P	
8	Are all reports whether canned or user generated exportable? Cite the export file formats available.	___ Yes ___ No	P	
Response:				
9	The System can assist service providers (FIP or PIP) and internal staff with	___ Yes ___ No	P	

	completing daily tasks by utilizing an on-screen "To-Do List".			
10	The System includes alert screens and internal messages.	___ Yes ___ No	P	
11	The System includes access to healthcare research and literature databases.	___ Yes ___ No	O	
12	Please explain how any embedded reporting tool can access/utilize information from other data sources available to DMH or to DMH's providers?	Please fill in answer below.	P	
Response:				
13	The System has standard on-line reports.	___ Yes ___ No	P	
14	Scheduled reports can be subscribed to and user can select method of delivery (email, print, etc.)	___ Yes ___ No	P	
15	The System has capability of generating ad-hoc queries and analysis <sup>73</sup> .	___ Yes ___ No	P	
16	The System has the capability of linking reports to other MS Office products (i.e.: Excel, Access, Word, etc).	___ Yes ___ No	P	
17	The System has the capability of graphing pertinent data.	___ Yes ___ No	P	
18	The System produces error reports.	___ Yes ___ No	P	
19	System has capability to export reports into various formats (PDF, excel, project, word, etc.)	___ Yes ___ No	P	
20	The System is capable of producing scheduled & on-demand reports that the end user has access to and can generate.	___ Yes ___ No	O	
21	Can the system ignore case when alpha sorting?	___ Yes ___ No	P	

<sup>73</sup> The system also has to allow for reporting on the SAMHSA national outcome measures and the uniform reporting system table requirements. These are measures that we need to be able to report. Some examples include: increased access to services (service capacity); reduced utilization of psychiatric inpatient beds; use of evidence-based practices; consumer perception of care; increased/retained employment or return to/stay in school; decreased criminal justice involvement; increased stability in housing; increased social supports/social connectedness; and improved level of functioning. Also, new SAMHSA reporting requirements include reimbursement strategies (encounter based, grant/contract, risk based, innovative financing strategy, and other reimbursement strategies) and services purchased; and expenditures for recovery supports. SAMHSA has a strong emphasis on behavioral health (mental health and substance use disorder), and primary health services and data reporting.

**C.8.17 Treatment History**

Line	Requirement	Description (Response)	Type	Internal Use Only
1	System can import service data and/or zero dollar claims (clinical care information) from other public or private health care providers for DMH consumers forming a complete treatment history.	___ Yes ___ No	P	
2	System has configurable data validation rules for pre-editing and loading encounter data.	___ Yes ___ No	P	
3	Please describe in detail how this process shall work and what file formats are used.	Please fill in answer below.	P	
Response:				
4	System shall allow Providers to view treatment history for care received by consumers currently under their care.	___ Yes ___ No	P	
5	How are services that do not pass the validation edits handled? How are the submitters notified?	Please fill in answer below.	P	
Response:				
6	System allows services to be flagged so that they can be excluded from operational and/or managerial reporting.	___ Yes ___ No	P	
7	System allows upload of legacy system or external system claim history.	___ Yes ___ No	P	

### C.8.18 Call / Grievance Tracking

Line	Requirement	Description (Response)	Type	Internal Use Only
1	System can track calls or grievances from providers, consumers or other stakeholders?	___ Yes ___ No	P	
2	System has workflow capability that allows service representative to route calls for resolution and disposition.	___ Yes ___ No	P	
3	Call tracking workflow is programmable by skilled DMH personnel as rules permit.	___ Yes ___ No	P	
4	Call tracking workflow can be for serial and parallel workflows or any combination thereof.	___ Yes ___ No	P	
5	State the types of integration possible to standalone PBX or VOIP systems.	Please fill in answer below.	O	
Response:				
6	Call tracking can be initiated and tracked by the providers, consumers and other stakeholders via web browser (i.e. consumer portal or other mechanism).	___ Yes ___ No	P	
7	Is call Tracking system a 3 <sup>rd</sup> party Applications not integrated into the systems core Applications? Please elaborate below.	___ Yes ___ No	O	
Response:				
8	Call Tracking Applications has a dashboard component that shows the status of various documents and workflows.	___ Yes ___ No	P	
9	System tracks calls from inception to resolution.	___ Yes ___ No	P	
10	System has capability for auto letter generation.	___ Yes ___ No	P	
11	System has ability for user programmable alerts/notifications?	___ Yes ___ No	P	
12	System workflows can include internal, external, licensed or unlicensed system users.	___ Yes ___ No	P	
13	System allows for different groups or entities to setup the system uniquely for their individual needs and workflows.	___ Yes ___ No	P	
14	System allows groups or entities to setup user defined fields specific to their respective data collection requirements.	___ Yes ___ No	P	

### C.8.19 Provider Management

NOTE: This section of the document uses brackets that appear before each question. These brackets are there at the request of the stakeholders to allow them to group questions that fall under similar functionality. They are not significant to the responding Contractors.

Line	Requirement	Description (Response)	Type	Internal Use Only
1	[Licensure] The system must be able to monitor, issue, and manage the Community Residential Facility (CRF) licenses.	___ Yes ___ No	P	
2	[Licensure] The system must be able to maintain the documents associated with a License Applications including but not limited to the Applications Form.	___ Yes ___ No	P	
3	[Licensure] The system must be able to house CRF information such as license issuance and expiration dates, license type, CRF address, demographic information of residents, capacity, types of accommodation such us number of bath rooms and so on.	___ Yes ___ No	P	
4	[Licensure] The system must be able to track the number of inspections, and periodic visit information both historically and ongoing.	___ Yes ___ No	P	
5	[Licensure] The system must be able to generate and email letters to CRF operators regarding deficiencies, license renewal, and corrective action plans.	___ Yes ___ No	P	
6	[Licensure] The system must allow CRF operators to submit Applications online.	___ Yes ___ No	P	
7	[Licensure] The system must be able to keep track of resident movement from one CRF to another location (CRF or private home).	___ Yes ___ No	P	
8	[Licensure] The system must be able to accommodate resident clinical information including Diagnosis, LOCUS Score, Medication, Diet, and special medical or physical needs (ADA compliance).	___ Yes ___ No	P	
9	[Licensure] The system must be able to track issuance of statement of deficiencies	___ Yes ___ No	P	

	and receipt of corrective action plans.			
10	[Licensure] The system must accommodate de-infestation schedules within CRFs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
11	[Certification] The system must provide the ability to record information regarding the facility that is submits an Applications for Certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
12	[Certification] The system must accommodate electronic Applications submission	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
13	[Certification] The system must allow editing of the Applications online	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	[Certification] The system must be able to generate and email letters of deficiency back to providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
15	[Certification] The system must alert staff when mid-cycle review is due	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	[Certification] The system must alert staff when recertification is due (early alerts).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16.1	[Certification] The system must be able to provide the Office of Accountability (OA) Representative(s) with a capability to develop and track Corrective Measure Plans (CMP's).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
17	[Certification of Psychiatric Residential Treatment Facilities (PRTF); Free Standing Mental Health Clinic (FSMHC); Day Treatment Programs ] The system must contain a database of basic information for all certifications that allows users to track current Applications in process, completed Applications, approved Providers, and can print out current listings of such.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
18	[Certification] The system must be able to handle certification of various providers for specific areas of care. These providers include but are not limited to: Psychiatric Residential Treatment Facilities, CSA/MHRS providers, and freestanding mental health clinics (FSMHC).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
19	[MRI] The system must accommodate electronic submission of incident forms.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
20	[MRI] The system must be able to send e-mail acknowledging submission of the	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	



	report by indicating the completeness of the form.			
21	[MRI] The system must allow electronic submission of follow-up forms.	___ Yes ___ No	P	
22	[MRI] Incomplete forms shall not be allowed to be submitted until all required fields are completed.	___ Yes ___ No		
23	[MRI] The system must generate reminders/alerts to providers on overdue incident reports.	___ Yes ___ No	P	
24	[MRI] The system must maintain information regarding incidents.	___ Yes ___ No	P	
25	[MRI] The system must maintain information on consumers involved in incidents.	___ Yes ___ No	P	
26	[MRI] The system must flag facilities or consumers with frequent incidents.	___ Yes ___ No	P	
27	[MRI] The system must flag incidents that needed to be closed by sending alert to OA staff.	___ Yes ___ No	P	
28	[MRI] The system must house all complains received by DMH and providers.	___ Yes ___ No	P	
29	[MRI] The system must accommodate functionality to record interviews, investigative reports.	___ Yes ___ No	P	
30	[MRI] The system must have capacity to send notification to stake holders regarding needed information to resolve the complaint.	___ Yes ___ No	P	
31	[MRI] If the complaint involves infraction by a provider, the system must be able to generate report about the provider history. That provider could be CRF operator or a CSA.	___ Yes ___ No	P	
32	[MRI] The system must be able to generate warning letter to providers.	___ Yes ___ No	P	
33	[Claims] The system must have capacity to upload individual provider claims audit results into the system from an excel spreadsheet and the audit results must be incorporated into the claims module as appropriate to flag for recoupment	___ Yes ___ No	P	
34	[Claims] The system must be able to flag audited claims and the audit result (pass, failed, reconcile, partial) in the claim	___ Yes ___ No	P	

	adjudication module.			
35	[Claims] The system must be able to handle a partially failed claim (example, claim is for 6 units, 4 units pass audit, 2 units fail) and recoup only the portion of the claim that failed (recoup 2 units).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
36	[Claims] The system must be able to generate individual and aggregate reports regarding failed claims.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
37	[Claims] The system must be able to generate recoupment reports for each provider showing the claims audited and the results for each claim and the recoupment amount for each claim and total recoupment amount for the provider.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
38	[Claims] Must also be able to generate this report by payer source and be able to generate a comprehensive report showing all recoupment (Medicaid or Local) and show the recoupment amount for each payer (Medicaid FFP, 30% Local Match, 100% local paid).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
39	[Claims] The new system must update the claim history available via the clinical side with the final claim disposition from the remittance advice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
40	[Claims] The system must be able to track audit results and generate reports such as those stated in 41-44?			
41	[Claims] Total # claims audited, total \$ amount of claims audited, % Medicaid paid claims audited, % of claims that failed on audit, total \$ amount of claims that claims on audit (by payer source).	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
42	[Claims] Run report by fiscal year, aggregate including all providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
43	[Claims] Run report by fiscal year for each provider.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
44	[Investigation] The system shall store all basic information for all major investigations that is tied to Major Unusual Incidents (MUI's), Certifications, that can be sorted by individual Contractor, by consumer etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

### C.8.20 CPOE (Computerized Physician Order Entry)

**NOTE:** DMH is aware that the functionality described below must apply to all FIP providers but we are requesting that responding Contractors also indicate whether or not these functions, to the extent allowed by a fully functional real-time HL7 interface<sup>74</sup>, are a) fully PIP functional (use the indicator [FPF]) or b) partially PIP functional (use the indicator [PPF] or c) not PIP Functional (use the indicator [NPF] as a part of your response.

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The system shall comply with CPOE – Computerized Provider Order Entries as identified by CMS under Meaningful Use – Core and Menu Set Objectives as listed below.	___ Yes ___ No	P	
2	Use CPOE for medication orders directly entered by any licensed FIP healthcare professional that can enter orders into the medical record per state, local and professional guidelines.	___ Yes ___ No	P	
3	Implement drug-drug and drug-allergy interaction checks.	___ Yes ___ No	P	
4	Maintain an up-to-date problem list of current and active diagnoses.	___ Yes ___ No	P	
5	Generate and transmit permissible prescriptions electronically (eRx).	___ Yes ___ No	P	
6	Maintain active medication list.	___ Yes ___ No	P	
7	Maintain active medication allergy list.	___ Yes ___ No	P	
8	Record all of the following demographics: (A) Preferred language. (B) Gender. (C) Race. (D) Ethnicity. (E) Date of birth.	___ Yes ___ No	P	
9	Record and chart changes in the following vital signs: (A) Height. (B) Weight. (C) Blood pressure. (D) Calculate and display body	___ Yes ___ No	P	

<sup>74</sup> And assumes full FIP participation

	mass index (BMI). (E) Plot and display growth charts for children 2-20 years, including BMI.			
10	Record smoking status for patients 13 years old or older.	___ Yes ___ No	P	
11	Report ambulatory clinical quality measures to CMS or, in the case of Medicaid EPs, report to the State.	___ Yes ___ No	P	
12	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	___ Yes ___ No	P	
13	Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request	___ Yes ___ No	P	
14	Provide clinical summaries for patients for each office visit.	___ Yes ___ No	P	
15	Capability to exchange key clinical information (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.	___ Yes ___ No	P	
16	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	___ Yes ___ No	P	
17	Supports mobile platforms. (Please list supported platforms and O/S below).	___ Yes ___ No	P	
Response:				
18	System is not a 3 <sup>rd</sup> Party add on to the core Applications	___ Yes ___ No	P	
19	System can be interfaced via HL7 to the agencies existing Mediware Worx Pharmacy Applications?	___ Yes ___ No	P	

## 9.0 TECHNOLOGY REQUIREMENTS

### 9.1 Hosting Environment

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Provide the method <sup>75</sup> and a detailed description on the hardware that shall be used to support this Applications. Cite CPU's, processing speed, storage, etc.	Please fill in answer below.	P	
Response:				
2	Recommendation for use of virtualized or physical servers. Why?	Please fill in answer below.	P	
Response:				
3	Describe your data backup policy and procedure.	Please fill in answer below.	P	
Response:				
4	How and where do you provide off site data storage?	Please fill in answer below. [Hosted/SaaS Option]	P	
Response:				
5	Cite the minimum configuration for the desktop (front end) requirements stated in this document.	Please fill in answer below.	P	
Response:				
6	What is your data archiving process for infrequently used data? How does that data remain accessible for inquiry, reporting etc?	Please fill in answer below.	P	
Response:				
7	Where are your hosting centers located? Provide a full description of the sites environmental and security systems.	Please fill in answer below. [Hosted/SaaS Option]	P	
Response:				
8	Describe the recovery process if the primary system is unavailable. If there is	Please fill in answer below.	P	

<sup>75</sup> Externally such as an ASO or SaaS arrangement or hosted on customer premise

	a failover site, what is the time for the failover site to full operational status?	[Hosted/SaaS Option]		
Response:				
9	How often is the failover site system data refreshed (if applicable)?	Please fill in answer below. [Hosted/SaaS Option]	P	
Response:				
10	Shall the code for your Applications be escrowed on behalf of DMH?	Please fill in answer below.	P	
Response:				
11	Shall you be sending DMH data off shore for any reason?	___ Yes ___ No [Hosted/SaaS Option]	P	
Response:				
12	What is the secure transmission protocol for your Applications and is it HIPAA compliant.	Please fill in answer below.	P	
Response:				
13	How do you manage system capacity, utilization and performance? How shall DMH/IT be able to review system capacity, performance and utilization and at what frequency <sup>76</sup> ?	Please fill in answer below. [Hosted/SaaS Option]	P	
Response:				
14	Describe the availability of a one or more processing environments that can be an exact copy of PROD, whose refresh is controllable by DMH to facilitate testing, training etc.	Please fill in answer below.	P	
Response:				
15	System/ Applications to provide an audit trail – specifically detailing before and after data snapshots.	Please fill in answer below.	P	
Response:				
16	System supports ODBC read access to all database tables.	___ Yes ___ No	P	
Response:				

<sup>76</sup> For example we need affirmation that the vendor shall provide the following metrics: System Availability, Applications Availability, Network Availability, Average Transaction Response times, Transaction Utilization, User Utilization etc.

17	Are both the primary and failover sites SAS70 Type II certified? What was the date of your last audit?	___ Yes ___ No <b>[Hosted/SaaS Option]</b>	P	
Response:				
18	Provide any other industry or regulatory certification for primary and secondary (failover) sites. Provide the dates of these certifications.	Please fill in answer below. <b>[Hosted/SaaS Option]</b>	P	

## 9.2 User Access

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The System supports service providers' ability to access and update record at point of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
2	The System has 24-7 access.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
3	The System supports a full range of input technologies i.e. bar code, wireless devices, Smart Phones etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
4	The System allows for multi-user access in all system modules particularly Claims and AR modules.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
5	The System allows for simultaneous sharing of information between service providers and programs <sup>77</sup> .	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
6	System supports Clinician Home page (CHP) featuring favorites, pending appointments and assigned patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
7	System supports customizable favorites on CHP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
8	System displays outstanding, overdue, suspended or other alerts on CHP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
9	System displays schedule/pending appointments on CHP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
10	System displays assigned patients on CHP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
11	Describe any limitations (# sessions, etc) for providers or users.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
12	System allows for "broadcast" login messages to be viewed by all users or targeted groups.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
13	Care givers outside of DMH may need to view consumer data for urgent care. How shall this be possible and what is the most expeditious process that would allow this access to occur as fast as	Please fill in answer below.	P	

<sup>77</sup> No data record lockouts



	possible. Audit Role or Emergency Access to a Record. <sup>78</sup>			
Response:				
14	Each provider shall be able to appoint a system administrator to manage user accounts for their respective agency (like adds, modifications) or others as allowed as well as other functions granted by DMH.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

---

<sup>78</sup> One example is that a consumer is brought into a private hospital (not part of the DMH network) emergency room. The attending physician suspects prior mental health issues and wants to see a treatment history. The attending physician has not asked for access to iCAMS in the past and the issue is emergent.

### 9.3 File Conversion / Data Upload / CodeSets

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The Contractor shall perform data migration services. These services shall migrate select data contained in one or both legacy systems (Anasazi and/or eCura) to the new System's database. Data must be extracted, converted <sup>79</sup> (where necessary), and loaded into the target database(s).	___ Yes ___ No	P	
2	Detail the file formats used for upload utilities. Include copies of applicable record layouts within your response.	Please fill in answer below.	P	
Response:				
3	Describe all available upload utilities for your Applications including those used for historical conversion and routine file update (like ICD9.)	Please fill in answer below.	P	
Response:				
4	Provide list of exception reports that show specific detail on errors found, line item number and sufficient information to determine the cause of the exception.	___ Yes ___ No	P	
5	Specify how quality control during data load shall be maintained, and what, if any, functions DMH staff shall be expected to perform for quality control.	Please fill in answer below.	P	
Response:				
6	Detail how consumer history information may be converted from the ECURA and Anasazi Applications and programmatically loaded into the proposed System.	Please fill in answer below.	P	
Response:				

<sup>79</sup> Note that DMH requires copies of all production based conversion scripts

7	Explain how differences and discrepancies in the data must be reconciled to provide accurate reliable information. The Contractor shall develop systems to test the integrity and compatibility of this data before this data is transferred to the new System in a production environment. In addition, explain the methodology used to correct data problems discovered after the System is operational <sup>80</sup> .	Please fill in answer below.	P	
Response:				
8	Detail the process for determining the compatibility of data element names, sizes, and formats from the existing systems to the proposed System. Detail how redundant or duplicate data shall be identified and removed.	Please fill in answer below.	P	
Response:				
9	Intentionally left blank			
10	System shall be able to receive proprietary eligibility data from other District agencies and upload into the system to apply added, changed or deleted consumers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
11	Contractor, with approval from DMH, shall provide regular updates for all industry standard code sets (Ex: ICD-9/10) and other data contained in the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>80</sup> Essentially define the types of exception reports that are available after a file upload and the process by which these exceptions are corrected.

#### 9.4 File Formats / Data Exchange / Data Schema

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Supports the entire ANSI X12 837 for Medical Claims.	___ Yes ___ No	P	
2	Supports the ANSI X12 834 Benefit Enrollment and Maintenance.	___ Yes ___ No	P	
3	Supports the ANSI X12 270/271 Eligibility Inquiries and Responses.	___ Yes ___ No	P	
4	Supports the ANSI X12 835 Remittance Advice.	___ Yes ___ No	P	
5	Supports the ANSI X12 997 Response from Claim Submission.	___ Yes ___ No	P	
6	Describe any other ANSI X12 transactions supported by this Applications.	___ Yes ___ No	P	
Response:				
7	Describe any support for the HL7 / CDA & CCD transaction types.	___ Yes ___ No	P	
7.1	Supports HL7 2.x and 3.x.	___ Yes ___ No	P	
7.2	Describe ability to map and/or modify HL7 transaction maps.	Please fill in answer below.	P	
Response:				
7.3	Detail the HL7 message types supported by your Applications (Ex: ORU, SIU, etc).	Please fill in answer below.	P	
Response:				
7.4	Describe HL7 transaction monitoring capabilities.	Please fill in answer below.	P	
Response:				
7.5	Which Contractor is providing the HL7 interface engine?	Please fill in answer below.	P	
Response:				
7.6	Please describe the testing process for certifying HL7 transactions between health care organizations.	Please fill in answer below.	P	
Response:				
7.7	Describe the types of transaction formats	Please fill in answer	P	

	accepted by your HL7 engine (i.e. FTP, TCP/IP, File, HTTP, etc.)	below.		
Response:				
7.8	Describe how the system prevents the upload of duplicate transactions.	Please fill in answer below.	P	
Response:				
7.9	Describe how the system allows data transmitted in error to be reversed or rolled back to remediate the error.	Please fill in answer below.	P	
Response:				
8	Detail how system provides the ability to export data, using multiple formats, to support other Applications and reporting systems used by a variety of State and federal agencies to collect data.	Please fill in answer below.	P	
Response:				
9	The System uses open architecture standards (like XML) to allow for the export of data, in the required format, to support other business Applications systems.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
10	After system acceptance, if modifications to the interfaces are necessary in order to maintain required functionality, DMH expects that Contractor support services shall be provided to comply.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
11	Detail the systems compliance to the HIPAA 5010, ICD10 and Meaningful Use standards.	Please fill in answer below.	P	
Response:				
12	System shall accept as input a Microsoft Word file generated by a transcription service and automatically incorporate the data into the consumer's EHR as well as print copies for paper files if/when needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
13	The System has the ability to import drug testing and lab results electronically.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
14	The System has import and export capabilities with other software and	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

	databases.			
15	The System includes integration of third party coding programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
16	System shall include facility to configure crosswalks to ensure recognition of error codes from Payors on the 835.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
17	Contractor provides full and detailed documentation of all tables, views, stored procedures and triggers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
18	Please detail any API's or Web Services that allow access to the Applications.	Please fill in answer below.	P	
Response:				
19	Please detail all import / upload file types and formats including record layouts, loading instructions and load pre-requisites (load order).	Please fill in answer below.	P	
Response:				
20	Contractors must review Appendices J and L and provide a statement as a part of their response to their systems capability to interface with the proposed District's new financial system.	Please fill in answer below.	P	
Response:				
21	System allows for user configurable filenames for EDI files?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
22	System allows 837 to be configured with DMH Authority as submitter of provider claims.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

## 9.5 Applications / Security Architecture

Line	Requirement	Description (Response)	Type	Internal Use Only
1	The system is in full compliance with current HIPAA\HITECH legislation.	___ Yes ___ No	P	
2	System supports a user configurable inactivity / session timer.	___ Yes ___ No	P	
4	The Systems functions and commands can be limited through user "profiles" that are maintained by a System Administrator.	___ Yes ___ No	P	
5	System shall have user id and password protection.	___ Yes ___ No	P	
6	Password length and duration are controllable by the System Administrator.	___ Yes ___ No	P	
7	System can auto-generate username and password.	___ Yes ___ No	P	
8	Profiles can either include transactions; exclude transactions or both within the user profile.	___ Yes ___ No	P	
9	System has lockout and logout capabilities <sup>81</sup> .	___ Yes ___ No	P	
10	System can use "groups" to aggregate, copy and manage like user profiles.	___ Yes ___ No	P	
11	Provide a detailed description on the overall security infrastructure with emphasis on the granularity that your security infrastructure provides.	Please fill in answer below.	P	
Response:				
12	System provides audit reports on failed logins, failed attempts to use non-privileged transactions.	___ Yes ___ No	P	
13	System has web based password reset capability.	___ Yes ___ No	O	
14	The System controls access to and within the System at multiple levels.	___ Yes ___ No	P	
15	The System establishes patient/service provider data element confidentiality.	___ Yes ___ No	P	

<sup>81</sup> Lockout refers to what occurs when a user repeatedly attempts an unsuccessful login. Logout refers to the session closing or requiring a password when an inactivity threshold is met.

16	The System allows access to modules regardless of location based on security profiles.	___ Yes ___ No	P	
17	The System provides audit trails of each access to or transmission of specific data. Detail the specific information captured on the audit trail records.	___ Yes ___ No	P	
18	The system has alerts that can provide automatic notification and analysis of audit trails and unauthorized access attempts..	___ Yes ___ No	O	
19	The system employs, at a minimum, 128 bit encryption.	___ Yes ___ No	P	
20	The system supports secure file transmission for claims and other aggregate data submissions.  Please detail below this process and the technology used.	___ Yes ___ No  Please provide detail below.	P	
Response:				
21	System allows for configurable command access levels by agency <sup>82</sup> and or agency user level	___ Yes ___ No	P	
22	Referring to Appendix K, define how the system allows those providers who have enrolled consumers shall automatically: <ul style="list-style-type: none"> <li>• (a) have the ability to access, review and update that consumers records ;</li> <li>• (b) have access to that consumers back end raw table data?</li> </ul>	Please fill in answer below.	P	
Response:				
23	Provide a complete description including any graphics on how the system is setup to: <ul style="list-style-type: none"> <li>• (a)achieve the proposed use model outlined in Section 5.0 and can</li> <li>• (b) provide a flexible data model that is HIPAA compliant.</li> </ul>	Please fill in answer below.	P	
Response:				

<sup>82</sup> Example: Provider 1 and all of their staff members might have access to commands 1, 2, 4, 25, 27, 45 and 104 while some of Provider 2's staff have access to commands 1, 2, 3, 6, 45 and other Provider 2 staff members have access to commands 1, 2, 7, 104, 105 and 110.



24	The system allows and tracks consumers opt in or opt out for data sharing (HIPAA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
25	Detail how consent that is captured for consumers integrates with system rules or workflow to allow view/edit access to consumer's information via the Applications and/or the systems back end database tables.	Please fill in answer below.	P	
Response:				
26	Applications allows user modifiable triggers and/or stored procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
27	Applications allows user defined and Contractor modified triggers and/or stored procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

## 9.6 Licensing

NOTE: DMH is estimating that the total number of users can range between a minimum of 500 users to a maximum of 2,000 users. DMH seeks the most cost effective licensing options available.

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Describe the licensing structure (per site or enterprise, per seat, concurrent, etc) for product as used by external providers.	Please fill in answer below.	P	
Response:				
2	Describe how additional, post implementation, licensing is procured. Are there minimum license purchase requirements?	Please fill in answer below.	P	
Response:				
3	Describe the licensing methodology for the Consumer Portal.	Please fill in answer below.	P	
Response:				
4	Shall there be any other licensing for required or suggested ancillary software? Please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
Response:				
5	Is there a distinction between license type/cost for transactional users vs. query vs. view only or occasional users?	Please fill in answer below.	P	
Response:				
6	Are user licenses transferable once a user is flagged as inactive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
7	Applications allows for a minimum of three discrete databases or environments – these are Production/Live, Test and Training. Please describe any impact on licensing or user availability.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details below.	P	
Response:				
8	System allows for DMH to control when the data refresh <sup>83</sup> for non-production databases or environments occurs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
9	Contractor shall allow DMH to establish additional specific databases or environments as needed with a pre-agreed upon notice period <sup>84</sup> .	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

<sup>83</sup> Copying LIVE data over the existing contents of the target database or environment

10	System monitors licensing standards and renewals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
----	---	--	---	--

---

<sup>84</sup> At times DMH may ask a vendor to create a specific environment for some period of time. An example of this would be to create a database/environment that is a replica of LIVE and is used for long term testing or modeling.

## 9.7 Post Implementation Support

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Please describe the various system maintenance and support options available.	Please fill in answer below. below	P	
Response:				
2	List the plan/program names and attributes (hours of support, coverage, exclusions etc) for each of the programs.	Please fill in answer below.	P	
Response				
3	Contractor can support onsite (Washington, D.C.) training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
4	Contractor has 7 x 24 Help Desk with toll free hotline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
5	Contractors Help Desk is located within the 48 continuous states.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
6	Contractor uses remote access support tools (i.e. GoToAssist/Web Ex) for problem/task resolution.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
7	Are reported bug fixes and other support calls tracked on a user accessible web based Applications? If yes, provide the name of that Applications below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
Response:				
8	Are customers allowed to research reported bugs and fixes from other users?	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
9	Are customers allowed access into the web based tracking system to view, prioritize and otherwise manage their service calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	
10	Provide a listing of reports that is available to customers from your web based tracking system (if applicable).	Please fill in answer below.	P	
Response				
11	Are customers allowed to customize reporting from your web based tracking system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	O	
12	Contractor provides editable online help capability	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

12	Detail the enhancement process whereby a customer shall request a change in the Applications look or function. Are there cases where you shall not perform a requested enhancement? If yes, provide detail below.	___ Yes ___ No	P	
Response:				
13	Do you have a Change Control Board? If yes, describe how this fits into the change process from the time a customer initiates a request for an enhancement.	___ Yes ___ No [Hosted/SaaS Option]	P	
Response:				
14	Describe any users or partner groups that currently exist.	Please fill in answer below.	O	
Response:				
15	Do you provide updated technical and end-user documentation, for all system related problem resolutions, enhancements, and new releases provided by the Contractor?	___ Yes ___ No	P	
16	Shall the selected Contractor provide written notice one hundred eighty (180) days in advance of any planned termination of Applications support?	___ Yes ___ No	P	
17	If the System has been customized, the customized software shall be maintained by the Contractor as part of the maintenance contract <sup>85</sup> .	___ Yes ___ No	P	
18	Explain all responsibilities for both the Contractor and DMH in the isolation and diagnosis of System failures. DMH requires the Contractor to correct any and all errors in the System at no additional cost to DMH beyond the normal maintenance contract fee.	Please fill in answer below.	P	
Response:				
19	Explain applicable "escalation" procedures for providing additional assistance if a System problem is not resolved in a timely manner. Describe notification procedures and timing as well as any higher levels of assistance to be	Please fill in answer below.	P	

<sup>85</sup> DMH expects the vendor to accommodate changes in the state's requirements and include this as part of the contractor's maintenance contract.

	brought in.			
Response:				
20	The Contractor shall supply upgrades to the system/software to DMH at no additional cost during the post-warranty period, if a maintenance contract is in place.	___ Yes ___ No <i>[Purchase Option Only]</i>	P	
22	Explain the method of distributing and installing modifications or periodic updates to the proposed software. Fully explain the responsibilities of all parties involved and DMH in the installation and acceptance of modifications. Make sure you fully explain any mandatory upgrade policies or end-of-life policies that shall impact DMH.	Please fill in answer below.	P	
Response:				
23	Describe your software release (major and minor) process and frequency.	Please fill in answer below.	P	
Response:				
24	Shall consumers have ongoing access to up to date schema and data dictionaries?	___ Yes ___ No	P	
25	Detail your software quality assurance process and indicate which development model is in place and the level your organization has achieved.	Please fill in answer below.	P	
Response:				

## 9.8 Document Management / Scanning

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Does the system have embedded document management/scanning	___ Yes ___ No	O	
2	Shall the scanned documents follow the same security model as the stored data in terms of user access? The desired configuration outlined in Section 5.0 – need to follow a similar security model.	___ Yes ___ No	O	
3	Do you use third party scanning software? If yes, who?	___ Yes ___ No Please fill in answer below.	O	
Response:				
4	If the security model is different from the Applications please describe in detail.	___ Yes ___ No Please fill in answer below.	O	
5	Are multiple search options <sup>86</sup> allowed and are they user configurable?	___ Yes ___ No	O	
6	Document search is web (browser) based?	___ Yes ___ No	O	
7	Please identify all supported browsers.	Please fill in answer below.	O	
Response:				
8	Scan Applications has ability to fax and/or email stored documents.	___ Yes ___ No	O	
9	Scan Applications has ability to print stored documents.	___ Yes ___ No	O	
10	Applications has the ability to restrict by user the faxing, emailing or printing of stored documents.	___ Yes ___ No	O	
11	Type of scanners or recommended scanners supported?	Please fill in answer below.	O	
Response:				
12	System can be / has been integrated with IBM/FileNet?	Please fill in answer below.	O	
Response:				

<sup>86</sup> By way of a dialog box that allows user to fill in more than one parameter to search for, retrieve and display documents.

## 9.9 Alerts / Notifications

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Applications allows for programmatic email alerts to be generated for any process or field change based on thresholds/presets or predefined rules within the Applications.	___ Yes ___ No	O	
2	Applications allows for programmatic email alerts to be generated for some processes within the Applications.	___ Yes ___ No	P	
3	Applications alerts use a proprietary notification system.	___ Yes ___ No	O	
4	Applications alerts integrate into MS-Exchange / Active Directory / Outlook.	___ Yes ___ No	P	
5	Applications alerts support the use of rules to determine severity of the event.	___ Yes ___ No	P	
6	Applications allows alerts to be responded to and tracks time of response and respondent.	___ Yes ___ No	O	
7	Alerts can be targeted toward specific individuals, groups of individuals internally, or providers.	___ Yes ___ No	P	
8	Explain the features in your Applications that allow management and oversight of the alert processes.	Please fill in answer below.	P	
Response:				



### 9.10 Contractor / Other Data

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Provide Contractor name and address. Include any parent or holding company information.	Please fill in answer below.	P	
Response:				
2	Provide the year that the Contractor was incorporated and the state of incorporation. If organization is privately held cite the year your business started.	Please fill in answer below.	P	
Response:				
3	For the products you are offering in your response provide the installed base for each discrete product.	Please fill in answer below.	P	
Response:				
4	Provide the number of direct support staff located within the 48 states. List hours of operation.	Please fill in answer below.	P	
Response:				
5	Provide the number of direct support staff located overseas. List each country, number of staff and hours of operation.	Please fill in answer below.	P	
Response:				
6	Provide address of nearest Help Desk support location to Washington DC?	Please fill in answer below.	P	
Response:				
7	Provide location of nearest top level tech and programming support location to Washington DC?	Please fill in answer below.	P	
Response:				
8	Provide a copy of your disaster recovery plan.	Please fill in answer below. <b>[Hosted/SaaS Option]</b>	P	
Response:				
9	Provide one copy of your recent software release documentation.	Please fill in answer below.	P	
Response:				
10	System is CCHIT and ARRA certified? What is	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	

	the level of the certification and what was date of certification?	Please fill in answer below.		
Response:				
11	System complies with current definitions of “meaningful use” and ACO?	___ Yes ___ No Please fill in answer below.	P	
Response:				
12	Provide a list of at least four reference sites including contact name, telephone number and email addresses.	Please fill in answer below.	P	
Response:				
13	It is possible that our participating providers may already use your system or wish to use your system for other lines of business that they offer. Please detail how using two instances of your Applications (one exclusively for DMH) and the other for providers other activity, can work. What do you see are the major benefits and issues?	Please fill in answer below.	O	
Response:				
14	Please describe in detail below your system development planning and process. Please include details on quality improvement; regression testing; quality assurance and compliance under state, local and national standards.	Please fill in answer below.	P	
Response:				

### 9.11 Systems - Miscellaneous

Line	Requirement	Description (Response)	Type	Internal Use Only
1	System has the embedded ability to use a scripting language to automate routine and repetitive procedures? Please describe in detail.	___ Yes ___ No	P	
Response:				
2	System has embedded scheduling module that allows automated processing of batch processes, reports and/or user generated scripts (above).	___ Yes ___ No	P	
3	Contractor has published Service Level Agreements. Cite performance standards <sup>87</sup> for <ul style="list-style-type: none"> <li>• System availability<sup>88</sup></li> <li>• Transaction response time</li> <li>• Database restore time</li> <li>• Problem resolution (average MTTR)</li> <li>• Secondary site availability<sup>89</sup></li> </ul>	___ Yes ___ No <b>[Hosted/SaaS Option]</b>	P	
4	Screens must be clear, concise and easy to understand.	___ Yes ___ No	P	

<sup>87</sup> Assumes measurement would start 60 days post cutover

<sup>88</sup> Excluding network or ISP problems

<sup>89</sup> If primary site is unavailable

5	All proposed System Applications must be made available by DMH, for inspection, performance, usability or other demonstrations. Selected Contractors shall be required to provide detailed, multi-day, on-site demonstrations during the selection process.	Please fill in answer below.	P	
Response:				
6	The System must complete any nightly billing and file maintenance cycle within three (3) hours or less, preferably between the hours of 12:00 midnight and 3:00 A.M. EST.	___ Yes ___ No	P	
7	With the exception of the billing and file maintenance cycles, the System must be fully operational and available for use by the DMH at least ninety-nine and ninety-nine-tenths percent (99.99%) of the daily scheduled up time, particularly between the hours of 7:30 A.M. and 8:30 P.M. EST.	Please fill in answer below.  <b>[Hosted/SaaS Option]</b>	P	
Response:				
8	The System must also perform with full functionality and within sub-second response time tolerances regardless of the number of users on-line or the volume of data processed.	Please fill in answer below.  <b>[Hosted/SaaS Option]</b>	P	
Response:				
9	The system is capable of merging duplicate records into one record and allows user to choose whether or not to merge associated events from the merged record into the retained record.	Please fill in answer below.	P	
Response:				
10	The contractor shall warrant that the System shall be substantially free from hardware and software errors and shall conform to the System availability and response standards and System	Please fill in answer below.  <b>[Hosted/SaaS Option]</b>	P	

	requirements set forth in this RFP.			
Response:				
11	The contractor shall also warrant that the services to be performed by the contractor shall be performed in a timely and professional manner by qualified personnel.	Please fill in answer below.	P	
Response:				
12	The contractor shall respond to requests for warranty service within four hours and shall remedy any programming errors, defects, or breach of warranty as soon as practicable and with minimal down-time, at no charge. This warranty shall remain in effect for a minimum of one year after the date of final acceptance of the System.	Please fill in answer below.	P	
Response:				
13	In the event that the System, in whole or in part, does not perform in accordance with the contractual requirements, the contractor shall promptly, and in no case any later than twenty-four (24) hours after notification thereof, correct, modify, or improve the System, at the contractor's sole expense, to ensure that the System complies with the System availability and response standards and System requirements set forth in this RFP.	Please fill in answer below.	P	
Response:				
14	System supports the use of mobile platforms <sup>90</sup> . Please provide complete detail on all devices, communication methods, software and hardware limitations, etc for all mobile devices	Please fill in answer below.	O	

<sup>90</sup> Apple iPad/iPhone, RIM Playbook/ BlackBerry, Android Platforms (Froyo/Honeycomb) as examples

	supported.			
Response:				
15	Please explain how the system can support a separate reporting server to minimize any response time constraints on the transactional environment.	Please fill in answer below. <i>[Purchase Option Only]</i>	P	
Response:				
16	Please explain the data archiving strategy for all of the databases used in the system. Define the archiving method, suggested frequency and method of access in the event that the data needs to be brought "online".	Please fill in answer below.	P	
Response:				
17	Please explain the system management capabilities inherent in both the databases and Applications code that supports this system. Provide detail for real time transaction monitors, database and resource utilization, user access, committed licenses, security breach attempts, etc.	Please fill in answer below.	P	
Response:				
18	Please explain if and under what circumstances users can, through the Applications, clone different record types.	Please fill in answer below.	P	

## 9.12 Mobility

Line	Requirement	Description (Response)	Type	Internal Use Only
1	Is your Applications available over mobile devices?	___ Yes ___ No	P	
2	Please provide a complete list of supported devices (manufacturers, model numbers etc.)	Please fill in answer below.	P	
Response:				
3	Please provide a complete list of supported operating systems (manufacturers, versions, etc.)	Please fill in answer below.	P	
Response:				
4	Are there any functions that are available on the consumer side or via the web over a standard desktop that are a) not available on mobile devices or b) impractical for use on mobile devices. Please be specific in your answer.	Please fill in answer below.	P	
Response:				
5	Describe any features / functions within your system to manage the data on mobile devices.	Please fill in answer below.	P	
Response:				
6	Describe how your system tracks and audits the device using your Applications.	Please fill in answer below.	P	
Response:				
7	Explain how your Applications is optimized for the limited capacities found on mobile devices (i.e. network speeds, look up data, screen size, use of virtual keyboards, etc.)	Please fill in answer below.	P	
Response:				
8	How consistent are the menus and navigation aspects of the mobile app vs. the consumer/web Applications?	Please fill in answer below.	P	
Response:				

**THIS PAGE WAS INTENTIONALLY LEFT BLANK**