Central Virginia Community Services

RFP #JG121710

Request For Proposals:
Software Technology Solutions

Date: January 11, 2011

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I.   General Information

A. Purpose of Request for Proposals (RFP)

Central Virginia Community Services (CVCS) is seeking a vendor to provide a comprehensive client data and electronic record software application to replace the CMHC system that it is currently using.

B. Central Virginia Community Services Information

In 2009, Central Virginia Community Services (CVCS) celebrated its 40th anniversary as a provider of behavioral healthcare to the residents of Amherst, Appomattox, Bedford, and Campbell counties, and the cities of Bedford and Lynchburg, Virginia. Each year since its founding on April 18, 1969, CVCS staff members have served thousands of persons with mental illness, substance use problems and intellectual disability with high quality, behavioral health services. More information about the organization and its services can be found at the web site: http://www.cvcsb.org.

C. Technology Solution Process & Timeline

CVCS hopes to make a decision regarding its software technology solution by the end of April 2011. As such, the following tentative timeline has been established:

January 11, 2011	Request for Proposals released
February 4, 2011	RFP responses due
February 21 & 22, 2011 March 2 & 3, 2011	Select vendors invited to conduct on-site software demonstrations
March 30 & 31, 2011	Final on-site demonstration days for vendor finalists.

By responding to this Request for Proposals, vendors are agreeing to be available for any of the dates detailed above for on-site demonstrations.

II.   RFP Response Package Instructions

A. Response Timeline

To be considered, all responses must arrive by 4 p.m. EST on February 4, 2011. <u>Responses must follow the prescribed format detailed in this section in order to be accepted.</u>

B. Contact Points for Communication & Proposal Receipt

Questions or requests for additional information regarding this RFP should be e-mailed to:

> Laura Carr
> Researcher
> *OPEN MINDS*
> lcarr@openminds.com

<u>Questions should not be directed to staff members at CVCS at this time.</u> Questions or requests for additional information regarding this RFP should be emailed "no later than seven days prior to the closing date of the quotes." Any revisions to the solicitation will be made only by written addendum issued by the Purchasing Department.

C. Terms & Conditions

Vendors responding to this Request for Proposals are subject to all of the terms and conditions detailed in Appendix A of this RFP.

D. Response Package Mechanics & Components

One unbound printed copy and ten bound printed copies of the proposal along with a CD with an electronic version of the proposal should be sent to the following address:

> Central Virginia Community Services
> ATTN: Sandy Farmer
> 2241 Langhorne Rd.
> Lynchburg, VA 24501

Additionally, one unbound printed copy and one bound printed copy of the proposal along with a CD with an electronic version of the proposal should be sent to the following address:

> Laura Carr
> Researcher
> *OPEN MINDS*
> 163 York Street
> Gettysburg, PA 17325

All proposals shall be returned in a sealed envelope marked RFP #JG121510 Software Technology Solutions. Quotes shall be signed by an authorized representative of the responsive and responsible offeror. Courier and regular mail packages shall be clearly marked as to the contents.

Responses to this RFP must include the following components:

1. **Vendor Overview**

   In this section, describe your company and what key qualifications you have to meet CVCS' needs. Ideally, this would also include information about the financial stability of your company.

2. **Technical Information & Infrastructure Requirements**

   In this section, CVCS is looking for detailed technical information about your software solution as well as the infrastructure requirements needed to successfully deploy your application. Please detail the hardware, network, and communication infrastructure requirements needed to support your application as well as any other technical information you deem necessary to understand how to fully deploy and support your application.

3. **Training, Implementation, Support, Data Conversion, & Software Upgrades**

   In this section, describe your organization's typical approaches to training, implementation, support, data conversion, and software upgrades. Include the following detailed information in this section:

   - The number of full-time equivalent (FTE) staff members you have in each of these operational areas.

   - Information on a typical implementation services, including key tasks, timelines, and staff members involved both from your organization and the purchaser.

   - The operations of your Help Desk, including information on 24/7 availability, how calls are prioritized, response times, whether the caller has routine access to live staff and all other information of interest to a customer.

   - Information about User Groups.

   - Any other technical information you deem necessary to understand how to fully deploy and support your application.

   - Information about how customers are involved in the software enhancement decision process and how frequently upgrades occur.

   - How requests for customization of the software are handled.

- What are the hours and methods (phone, e-mail, web) of support for each type of technical support?

4. Software Functionality Summary Sheet

This component is Appendix B. It is used to summarize the functional capabilities of your technology solutions. (These capabilities are detailed in the next section of this RFP.)

5. Functional Specifications Comment (Optional)

This is the section where you can comment on the individual functional specifications as referenced in Appendix B, if desired. This section is not required.

6. Report Writing Capabilities

In this section, please describe the report writing capability of your technology solutions, including a listing and description of standard reports, export capabilities, and compatibility with other applications, ease of use, etc. Specifically, CVCS desires the following key elements in a report writer:

- A report-writer interface that is comprehensive and easy to use, allowing reporting on all data elements in the system.

- Ability to write custom reports and write and use stored procedures.

- Data-warehouse and data mining capabilities.

- A data dictionary and supporting documentation.

- An extensive library of reports, with commonly used queries and sorts, which can be customized as needed by the customer.

- Ability to save and name report templates.

- Ability to run reports in batches.

- Ability to run reports or report batches at scheduled times.

- Ability to support all state and other externally mandated reporting requirements for behavioral health and substance abuse agencies in all states in which CVCS operates.

- Ability to create management information dashboards.

7. Electronic Record Capability

In this section, detail how your software solution will support the creation of electronic medical records as well as any other electronic data forms that CVCS needs and how end users (versus you as the vendor) will be able to customize the electronic record. The CVCS is expecting to find a highly configurable system that supports its changing needs for data collection and electronic case and medical records.

8. Scanning, Document Management, & Record Release Capabilities

In this section, detail how your software solution supports scanning and managing documents that are created by other parties so that they can be included in a case or medical record. Additionally, describe how the system supports releasing parts or all of the case or electronic records to other parties, both in paper and secure electronic formats.

9. Mobile Solutions

In this section, detail how your software solution supports field and home-based service providers with mobile access to your software solutions. <u>Additionally, please indicate whether you offer a "disconnected" or off-line mobile solution and describe its functionality and requirements.</u>

10. Software Interface & Data Exchange Capabilities

In this section, describe your organization's expertise in interfacing with common general ledger and human resource applications. Additionally, describe your experience in helping provider organizations share data with other providers and stakeholders (for example through regional health information organizations or similar provider data sharing). Note that CVCS uses the following general ledger and human resources software applications:

- Sage MIP

- ABRA (SQL version)

11. Customer Reference Contact Information

In this section, please use Appendix D to provide contact information for a minimum of 25 customers. (If you have less than 25 customers, simply provide a complete listing.) Be certain to include all customers who are currently implementing your software product. Please indicate the customers whose scope of business and service lines are similar to those of CVCS.

12. Experience in Virginia Market

Describe your organization's experience in the Virginia market, including support for this state's versions of electronic billing forms, interfaces with state systems, etc.

13. Plans for Compliance with Federal Standards for Meaningful Use Electronic Health Records & Health Information Exchange (HIE)

Describe your organization's experience, current certifications, and plans to obtain certification and comply with the various Federal Standards for meaningful use of electronic health records and health information exchange.

14. Experience With Integration with Primary Care

Describe your organization's experience with aiding behavioral health providers with integrating with primary care providers through data exchange. Please provide any specific examples of customers who operate primary care services in addition to behavioral health services as well as those who are already collaborating and sharing data with primary care providers and facilities.

15. Cost

In this section, detail the cost for your software technology solution. The information should clearly distinguish between one-time and on-going costs and include an easy-to-understand summary of the expected costs for each of the first three years. The organization has an annual budget of roughly $35 million.

Assume the following user counts for CVCS:

- Number of Named Users: 600

- Number of Concurrent Users: 350

Additionally, please complete the Excel spreadsheet labeled as Appendix C, summarizing costs for your recommended solutions (excluding hardware, network, and telecommunication costs) for a five-year period.

16. Additional Information (Optional)

In this optional section, you may provide any additional information you feel would be valuable to CVCS in evaluating your company and its software technology solution. This section is not required.

III. Functional Specifications

CVCS has identified a number of software functional needs that apply to its business. The functional needs are grouped into 12 categories:

A. Overall Client Information & Electronic Record Functionality

B. Psychiatry & Nursing Services Functionality

C. Inpatient, Crisis Stabilization, Residential, & Day Program Functionality

D. Family & Children's Services Functionality

E. Substance Abuse & Dependence Functionality

F. Outpatient Functionality

G. Other Clinical Functionality

H. Additional Compliance, Quality Assurance, & Medical Record Functionality

I. Additional Referral & Admission Functionality

J. Billing & Accounts Receivable Functionality

K. Management & Performance Reporting Functionality Reporting

L. Other Core System Functionality

Vendor responses to the functional specifications will have two components in the RFP:

1. <u>Software Functionality Summary Sheet</u> – Vendors will use the Summary Sheets in Appendix A to code their responses as to whether or not the functionality is available in their application. There are separate Summary Sheets for each of the broad areas of functionality. Additionally, vendors can use the Comments column of the Summary Sheet to indicate that they have a comment about the specification in the Functional Specifications Comments section.

2. <u>Functional Specifications Comments</u> – This is the section where vendors indicate comments, if any, regarding the specifications. Comments should be coded by specification number and name.

A. Overall Client Information & Electronic Record Functionality

A1   **Standard & Program Specific Client Demographic Data** – The software supports recording all client demographic data required for standard third-party billing functions. Additionally, it supports the ability for the organization to track demographic data specific to individual programs or services, and these data requirements are easily changeable over time.

A2   **Alias & Previous Name Support** – The system should support tracking previous names and aliases for client, children, and family members throughout the system, including within the billing module.

A3   **Consumer Photo** – The software supports the import and viewing of consumer photos for identification purposes.

A4   **Required Form Generation & Tickler System –** The software should support generation of required forms for responsible party review and signature (e.g., financial status updates, consumer rights information, authorizations for treatment, etc.) as well as remind staff of due dates for completion.

A5   **Admission, Transfers, & Discharge Information** – The software allows users to record program admission and discharge information for each client, overall and by service line or program.

A6   **Referral Tracking** – The software supports tracking referral sources and the related workflow for managing admissions to the organization's programs.

A7   **Referral & Admission Notes** – The system should have notes capabilities to support staff in tracking important information about each admission and case. These might include notes about the utilization review process, issues for billing staff to address, or other requirements.

A8   **Support for Automatic Referral Letter & Fax Generation** – The system should support the creating and faxing of letter to referral sources.

A9   **Discharge Planning & Referral Tracking** – The software supports detailed discharge planning, including community providers referred to and their areas of expertise.

A10   **Family & Relationship Tracking** – The software supports recording family members and other relationships for all clients in care.

A11   **DSM & ICD Diagnoses** – The software allows users to record a full five axis DSM diagnosis (using the most up-to-date version of the DSM) and translates the diagnosis to ICD codes (using the most up-to-date version of the ICD) as required by third-party payers. This should include support for all ICD diagnoses for medical conditions. The diagnosis data should be date-sensitive.

A12 **Master Individual Service Plans** – The software allows users to record all individual service plan (ISP), including identified problems, and goals for treatment.

A13 **Care Provider Tracking** – The software allows users to record all assigned care providers (e.g., primary clinician, case manager, psychiatrist, etc.) and be date-of-service sensitive.

A14 **Client Electronic Signature** – The software supports the ability to import and document client and responsible party signatures from signature pad devices (e.g., for consents for treatment, etc.)

A15 **Staff Electronic Medical Record Signature Standard Compliance** – The software supports national standards for signing electronic medical records.

A16 **Support for Multiple Signature Requirements & Progress Note Roll-Up** – The system should support instances when multiple staff members write and sign a medical record note (e.g., for day treatment services or shift notes).

A17 **Decision-Support, Evidence-Based Practice (EBP), & Assessment Tools** – The software has tools to aid clinicians/caregivers in the treatment and service planning processes. This includes tools to assist in diagnosing conditions, selecting treatment goals and developing service plans, documenting progress towards goals, preventing medication errors, etc. This also includes standard assessment tools used by clinical staff as well as direct access to up-to-date DSM criteria for diagnosing.

A18 **Custom Assessment Tools** – The system should support the ability to create custom assessment tools, including calculation, storing, and export capabilities for assessment scores.

A19 **Customizable Progress, Telephone, & Shift Notes** – The software supports clinical notes for individual, group, and family sessions, telephone contact notes, and staffing shift notes. These notes are customizable by the organization to best meet the needs of individual programs.

A20 **Group Notes** – The system should easily handle progress notes for group therapy services such that individual notes and "group" notes can be done simultaneously and become part of individual records.

A21 **Electronic Record Pre-population** – The system should assist users by prepopulating commonly used forms with information already in the database or from previous versions of clinical forms when appropriate.

B. Psychiatry & Nursing Services Functionality

B1   Medication Monitoring – The system should allow users to record and monitor medications for clients in care, including drug name, dosage, date range, and prescribing physician. Ideally, the system would also warn about drug interactions or contraindications.

B2   Medical Conditions & Metrics – The software allows staff to track other medical conditions and have appropriate alerts as needed (e.g., for medication allergies, etc.) as well as medical metrics such as the AIMS (assessment for voluntary movement scale), weight, blood pressure, BMI (body mass index), sugar levels, height, weight, etc.

B3   Medication Administration Records – The system would include a medication electronic administration record (MAR) to ensure that all medications are administered correctly to the right clients in care. <u>Additionally, the MAR should support recording an electronic client signature to verify receipt of the medication.</u>

B4   Injection Administration Data Tracking – The software supports tracking injection administration data such as the medication, dosage, administration body site, etc.

B5   Electronic Prescription Transmission – The software supports sending electronic prescriptions or faxes to the external pharmacies.

B6   Tamper-Resistant Prescription Printing – The software supports printing prescriptions that comply with CMS' requirements regarding tamper-resistant prescription pads.

B7   Links to Medication Information & Drug Interaction & Contraindications – The software allows easy access to web-based information about drug interactions, contraindications, and client drug information.

B8   Prescription Refill Reminders – The software reminds prescribers when client prescriptions need to be refilled.

B9   Laboratory Interface – The software supports sending data to and from laboratories for laboratory testing as well as the ability to track laboratory results over time for individual clients.

B10   Laboratory Result & Medical Condition Alerts – The system should support alerting clinical staff when lab results or other medical metrics are outside normal criteria.

B11   Formulary & Medication Pre-Certification Support – The software supports tracking insurance formularies so that prescribers can select medications based upon insurance coverage and tiered formularies, if required. Additionally, it

should support prescribers in the process of obtaining pre-certification for medications that require them.

B12   **Drug Enforcement Administration (DEA) Federal Regulation Supports** – The system supports DEA requirements for instances such as controlled medication refills and the faxing/printing of controlled medications.

B13   **Patient Medication Information/Handouts –** The system supports printing patient information for prescribed medications.

B14   **Laboratory Orders Sets** – The system supports creation of sets of commonly grouped laboratory orders.

B15   **Medical Supply Inventory Support** – The system supports maintaining an inventory of medical supplies.

C. Inpatient, Crisis Stabilization, Residential, & Day Program Functionality

C1   **Bed Assignment & Management** – The system should support the ability to search for available beds or slots (in inpatient units, crisis stabilization residential facilities, and day programs), admitting to open beds and managing censuses. Ideally, it would also support tracking when beds become available, require housekeeping or medical device set-ups, or other requirements before patient placement can occur.

C2   **Day Program Attendance Tracking & Unit Census Management** – The software tracks attendance in the organization's day programs, including the times patients came and left the building as well as census information for inpatient units and residential facilities.

C3   **Daily Schedules** – The system should support entry and tracking of the daily schedules for patients in care.

C4   **Personal Inventory Log** – This system should support a date-sensitive list of personal property (including medications) for patients in care.

C5   **Physician Order Support** – The software should record, track, and route various types of physician or care provider orders (including Labs, Medications, Radiology, Cardiology, EKG, DME, Activity, Dietary, Seclusion Restraint, Admission and Discharge, etc.)

C6   **Periodic Patient Checks & Vital Sign Monitoring Support** – The system should support reminding, monitoring and documenting periodic medical checks on patients in care (such as checking vital signs or other medical metrics for patient in detoxification, suicide watches, etc.)

C7   **"Patient at a Glance" Functionality –** The system should support the easy viewing of summary clinical and medication information for individual clients to aid physicians in care providers in getting a quick overview of conditions and recent events when they are going in to see them. Similarly, the organization is looking for "**Unit at a Glance"** on-screen reporting to aid staff in overseeing a whole unit.

C8   **Pharmacy Management** – The software supports management of the hospital pharmacy, including inventory management, controlled substances management, electronic medication ordering, and dispensing.

C9   **Laboratory Management** – The system should support managing routine hospital laboratory functions, including receipt and managing of doctor's orders for laboratory work, support for tracking in-house laboratory testing and results, and tracking routing select orders to outside laboratories and importing results from them.

C10   **Dietary Orders & Meal Management Support** – In addition to tracking physician orders regarding dietary needs (special diets, food allergies and aversions, orders for dietary supplements, etc.) for patients in care, the system should support tracking and managing delivery of required meals and supplements to patients in the units.

C11   **Room & Patient Precaution Alerts** – The system should alert staff members when precautions need to be taken before entering individual patient rooms or providing services to individual patients based upon medical, safety, and compliance requirements.

D. Family & Children's Services Functionality

Note: CVCS operates a number of "kindred homes" to provide out-of-home support for children and youth. The software functionality needed to support the operations of these homes is similar to that needed by other organizations that license and operate foster care or kinship care services.

D1   **Kindred Home Referral & Recruitment Tracking –** The system should support tracking kindred home referral call information and data about the disposition of each call. The systems have notes capabilities to support staff in tracking important information about each potential foster family and follow-up recruitment activities.

D2   **Kindred Home Family Tracking** – The system is able to record standard demographic data for kindred home families. This data should include, but is not limited to, addresses, phone numbers, contact persons, licenses, certifications, specialty areas, number of certified beds, current children in care, etc.

D3   **Child Placement History** – The system should allow staff to track the complete placement history of children in kindred care.

D4   **Family Matching Capabilities** – The system should help users match children with potential kindred homes based on key factors such as bed availability, certification and license types, racial and religious preferences, location, etc.

D5   **Kindred Home Recruitment Management Support** – The system should support tracking various metrics in the family recruitment process (such as the time between various benchmarks in the recruitment, training, and licensing process: the percentage of individuals or families that move from one state of licensing to the next: effectiveness of various recruitment tactics, etc.

D6   **Bed "Hold" Capabilities** – The system should allow staff to place open beds in specific kindred homes on "hold" for various administrative or clinical reasons, making them unavailable for placement.

D7   **Kindred Care Respite Bed Tracking** – The system should track movement of children from kindred homes into respite care, holding the primary placement bed for return. Ideally, the system would also support more complex rules about billing and paying for respite beds and primary beds placed on hold (e.g., when the agreement is that the primary kindred home still receives payment for foster care with an allowance for a specific number of respite days in a time given time period.)

D8   **Kindred Family "Tickler" Functions** – The system should record, remind, and report required events or processes for kindred families, such as re-contracting, re-credentialing, etc.

D9 **Fee Screens & Kindred Family Payment** – The system must record kindred family fee screens and calculate family payment based upon the screens and occupancy.

D10 **Family Member Electronic Record Data Entry** – Ideally, the system would support data entry of components of the electronic case or medical record by family members. Examples include data entry of the Medication Administration Record (MAR) or Parent Daily Record (PDR).

D11 **Foster Family Member Emancipation Alerts** – The system should alert staff when individual family members are approaching or reach the age of emancipation so that additional compliance requirements (such as criminal records checks) are completed.

D12 **Approved Alternate Caregivers & Frequent Visitor Tracking** – The system should record the names and demographic information for approved alternate caregivers (such as babysitters or grandparents) as well as other frequent visitors to the kindred home that staff need to monitor.

E. Substance Abuse & Dependence Functionality

E1 **Assessment Tool Support** – The system supports the use of assorted substance abuse assessment instruments as well as the related reporting. Examples include the following:

- Addiction Severity Index (ASI)

- Substance Abuse Subtle Screening Inventory (SASSI) – Adult and adolescent version

- Post Acute Withdrawal Systems (PAWS)

- Withdrawal Assessment Scale

- Clinical Institute Withdrawal Assessment (CIWA)

E2 **Decision-Support & Compliance for ASAM Criteria for Care** – The system supports users in determining and selecting levels of care, service modality, and the related services within these modalities in compliance with American Society of Addiction Medicine (ASAM) criteria as well as supporting compliance with the requirements of third party payers, managed care entities and other external entities, including those related to authorizations, admissions, and provider billing of services.

E3 **Random Appointment Scheduling for Urinalysis & Compliance Monitoring** – The system supports random appointment scheduling for urinalysis for substance abuse consumers (and other required testing if needed). The functionality includes the ability for staff to monitor compliance with required testing as well as providing an easy way to notify consumers if they have been selected for testing on a specific day.

E4 **Detoxification Vital Sign Tracking Support –** The system supports the tracking and recording of vital sign information in a detoxification unit. This includes tracking an assortment of vital signs every two hours for roughly 100 patients.

F. Outpatient Functionality

F1 **Resource-Based Appointment Scheduler Capabilities** – The system would support centralized scheduling functions, including rules-based user assistance in finding available appointments based on service need, payer requirements, staff credentials and specialty areas, etc.

F2 **Group Scheduling Support –** The system should also support scheduling appointment for group therapy, including support for scheduling attendance for the designated number of slots for each group.

F3 **Front Desk Cash Application** – The system supports self-pay payment receipt and cash application at office reception locations.

F4 **Client Arrival Notification** – The software has some way of indicating in the scheduler that a client has arrived for an appointment to eliminate the need for the front desk staff to call the clinician's office. Ideally this would also indicate the time the consumer arrived to monitor wait times.

F5 **Front Desk Client Financial Summary Information Access** – The software provides front desk staff easy access to summary client financial information such as co-payments required, self-pay balances, authorization statuses, required form updates, requests or notes from billing staff, etc.

F6 **Automatic Service Generation from Scheduler** – The software allows users to indicate that a scheduled service has occurred so that it is available for billing without the need to re-enter service data.

G. Other Clinical Functionality

G1   **Case Management Notifications** – The software supports notifying case management and psychosocial program staff of key events when they occur for clients in care (e.g., no-shows, admissions and discharges, critical incidents, etc.)

G2   **Employment Services Data Tracking & Consumer Matching** – The system should support tracking employers used in the organization's employment services programs, including data about job positions and requirements, and support for matching consumers with available positions.

G3   **Consumer Employment History** – The system should support tracking consumer employment placement histories.

G4   **Expanded Employment & Support Services Data Tracking** – The system should also support tracking a broader array of services used to support consumers in their employment and daily activities, including dependent care support services, wellness services (such as nutritional and fitness coaching), and legal and financial services.

G5   **Prevention Program & Presentation Tracking –** The system should support the organization's need to track a variety of group educational and prevention programs, including sometimes tracking demographic data, such as the number of participants, attendee demographics, program type, and location rather than individual attendee names.

H. Additional Compliance, Quality Assurance, & Medical Record Functionality

H1   **Alerts or "Tickler" Capabilities** – The software allows users to indicate required components of health/case records, files, outcome measures, satisfaction surveying, and/or required actions, and also have a companion reporting and editing system for identifying incomplete files or pending requirements. Ideally, the "tickler" system will be linked to the staff alert and messaging system.

H2   **Satisfaction & Outcomes Tracking & Analysis** – The software has the ability to track date-sensitive, program-specific satisfaction and outcome data for clients as well as having robust capabilities for analyzing this information.

H3   **Critical Incident & Other Required Reporting** – The software supports serious incident and other required reporting and follow-up, including tracking seclusions and restraints, medication errors, police interventions, abuse and neglect reporting, etc. Also, the software supports tracking of the investigation of suspected human rights violations, etc. The system allows the tracking of multiple events within a single critical incident if needed.

H4   **Track Progress Note Compliance** – The software has some mechanism for tracking and ensuring that progress notes have been completed for all services entered and billed. Ideally, there should be flexibility in setting up the alerts and parameters regarding requirements for the progress note and other documentation.

H5   **Electronic Record Release** – The software enables the easy release of all or part of an electronic medical record, both electronically and via printing.

H6   **Record Release Tracking –** The system should also have an audit trail for the printing parts of the medical record or releasing electronic copies of part of all of the record.

H7   **Electronic Medical Record Document Routing & "Role Based Charting"** – The software supports routing medical record documents to supervisors or others for signature or approval as required. This includes the ability to support appropriate oversight of medical doctor residents and staff with specific clinical supervision requirements.

H8   **VIP Medical Records Protection** – The software supports locking a medical record so that only specific individual staff members can access it for cases where the client is a VIP, special, or sensitive case.

H9   **Tracking HIPAA & State Specific Medical Record Requirements** – The system will support tracking medical records rights under the HIPAA privacy standards as well as those for all states in which the organization operates.

H10 **Accreditation Support** – The system should support tracking compliance with accreditation standards for the standard behavioral health and health care accrediting bodies.

H11 **Enhanced Role-Based System Access Controls** – The system should have user access controls that are flexible enough to allow "on the fly" expansions of access to medical records in certain instances and require staff to document the reasons for expanded access. (For example, in an emergency clinical staff members may require access to patient records he or she might not normally see.)

H12 **EMR Document Version Control** – The system should maintain and support the tracking of all versions of medical record forms.

H13 **EMR Archiving & Purge Capability** – The software application should have appropriate mechanisms for archiving and retrieving historical records as well as purging records when needed.

I. Additional Referral & Admission Functionality

I1   **Extensive Call Tracking & Disposition Data** – The system should support tracking all crisis and referral call information and data about the disposition of each call. The system should have notes capabilities to support staff in tracking important information about each referral and case. These might include notes about the utilization review process, clinical concerns, issues for billing staff to address, or other requirements.

I2   **Referral Workflow Tracking** – The software should support tracking referral sources and the related workflow for managing admissions to the organization's programs.

I3   **Pre-Admission Checklist Support** – The system should support ticker functionality for patient-specific pre-admission task completion, such as completing clinical and billing reviews and approvals, obtaining required medical equipment before admission, etc.

I4   **Waitlist Tracking** – The software supports tracking clients on waitlists for specific services. This should include data used to prioritize waitlist standings (such as clinical issues, payer information, etc.)

J. Billing & Accounts Receivable Functionality

J1   **Client Payer & Service Authorization Data** – The software supports date-of-service sensitive payer data and service authorizations required for billing for all clients in care (by units, sessions, and/or dollars). It includes the ability to record multiple payers for each client with standard "waterfall" logic for third-party billing.

J2   **Case Management & Service Authorization Management Supports** – In addition to supporting the recording of service authorization information, the system should aid case management and/or billing staff in tracking service authorization requests, reductions, and denials; in providing staff advance warning for when authorizations will expire; and in monitoring individual staff member success in obtaining service authorizations.

J3   **Client Service Entry** – The software supports user-friendly data entry of billable and non-billable services.

J4   **Pre-billing Edits** – The software has edit capabilities based upon payer requirements and authorization data to prevent billing of claims that are likely to be rejected for payment. This includes more complex payer rules, such as a limitation on the number of particular services that can occur in a time frame.

J5   **Client Fee-For-Service, Per Diem, & Contract Billing** – The software supports traditional outpatient billing, per diem billing, and grant or contract fund billing, including support for the billing logic of individual payers.

J6   **Complex Billing Requirement Support** – Additionally the system should support more complex billing requirements such as billing net charges instead of gross, billing bed days but not ancillary charges, bundling services, allowing staff to manually edit the final bills, etc.

J7   **Standard A/R Functionality** – The software supports standard accounts receivable functionality for billing third-party payers, including payment posting, contractual expense write-offs, bad debt write-off, balance billing, and rebilling.

J8   **Client Sliding Scale Fee Screen** – The software supports client-specific sliding scale fees for services in both flat fees and as a percentage of the gross service charge.

J9   **Client Sliding Scale Fee Calculation** – The software supports calculation of the client sliding scale fee based upon income and family size.

J10   **Electronic Remittance Posting & Waterfall Billing** – The software supports electronic remittance posting (835) for both payments and denials and then automatic billing for paid claims to the next payer for clients ("waterfall billing").

J11   **Guarantor Private Pay Statements** – The software supports generating guarantor private pay statements with flexible content.

J12   **Split Guarantor Private Pay Statements** – The system should support splitting the billing between two guarantors in the instance that there is more than one guarantor for the client in care.

J13   **Payer Eligibility Data Import** – The software supports import of payer eligibility data (270/271).

J14   **Consumer Fund Tracking** – The software assists staff in tracking consumer funds that are monitored by the organization, including fund receipts and disbursements.

J15   **Medicare Incident to Billing Support** – The software supports tracking both the rendering and physically present incident to supervisor for services for Medicare consumers as required.

J16   **Transportation Billing** – The system should support billing for consumer transportation services, including support for fixed rate and mileage-based billing.

K. Management & Performance Reporting Functionality Reporting

K1 **Built-In Support for Compliance Reporting** – The system should have the ability to support all state and other externally mandated reporting requirements for providers in all states in which the organization operates.

K2 **Management Metrics Dashboard** – Ideally, the system would also support developing a management reporting dashboard to help monitor key strategic and operational metrics.

K3 **Staff Productivity Management Support Capabilities** – The system should support management efforts to manage clinical staff productivity by recording requirement productivity standards and supporting reporting and dashboard capabilities for managing actual productivity in comparison to requirements.

K4 **Clinician Staff Credentialing & Privileging Support** – The system should support tracking demographic, licensing, credentials, and payer privileges for clinical staff members. This information should be integrated into scheduling and billing functionality to aid the organization in ensuring that all payer rules are met and claims for services will be paid.

K5 **Clinical Supervision Support** – The system should support tracking clinical supervision of staff members and interns, including documenting supervision events and supervisory notes.

L. Other Core System Functionality

L1 **Internal Staff Alert & Messaging System** – The software supports the ability to alert and message the organization's staff for important clinical and administrative needs either directly or via interface with Microsoft Outlook.

L2 **Voice Recognition Software & Transcription Support** – The software supports the use of voice recognition software by clinical staff during clinical record keeping as well.

L3 **Consumer/Family/Network Provider Portals** – The software application should support consumer, family, or network provider access to defined and discrete parts of the system via portals for various functions such as communication, data entry, electronic record review, etc.

Appendix A: Additional Terms and Conditions

1. No member of the governing body, officer, or employee of Central Virginia Community Services during his/her tenure or for one (1) year thereafter shall have any interest, direct or indirect, in this contract or the proceeds thereof.

2. All quotes submitted become the property of the Central Virginia Community Services Board and will not be returned. In accordance with the Virginia Public Procurement Act: "Trade secrets or proprietary information submitted by an offeror contractor in connection with a procurement transaction shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the offeror or contractor must invoke the protections of this section prior to or upon submission of the data or other materials, and must identify the data or other materials to be protected and state the reasons why protection is necessary."

3. The Central Virginia Community Services Board will not be responsible for any expenses incurred by a potential offeror in preparing and submitting a quote.

4. The Quotes received after the date and time stated will not be considered.

5. By signature on this solicitation, offeror certifies that it does not and will not during the performance of the Contract employ illegal alien workers or otherwise violate the provisions of the Federal Immigration Reform and Control Act of 1986.

6. Any payment terms requiring payment in less than thirty (30) days will be regarded as requiring payment thirty (30) days after invoice or delivery, whichever occurs last. However, this shall not affect offers of discounts for payment in less than thirty (30) days.

7. By submitting their proposals, all offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other offeror, supplier, manufacturer or subcontractor in connection with their Quote, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

8. By submitting their quote, all offerors certify to the Central Virginia Community Services Board that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians with Disabilities Act, The Americans with Disabilities Act, Section 11-51 of the Virginia Public Procurement Act, and the Lynchburg Procurement Ordinance.

9. During the performance of this contract, the contractor agrees as follows:

   a. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, age, disability, or other basis prohibited by state law relating to discrimination in employment, where there is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

   b. The contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an equal opportunity employer.

   c. Notices, advertisements and solicitations placed in accordance with Federal Law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

10. The contractor will include the provisions of the foregoing paragraphs a, b and c in every subcontract or purchase order of over $10,000, so that the provisions will be binding upon each subcontractor or vendor.

11. CVCS reserves the right to award a contract to a offeror based on "best value" (as defined in the Virginia Public Procurement Act, July 2009), which means the overall combination of quality, price, and various elements of required services that in total are optimal relative to the needs of CVCS.

Appendix B: Functional Specifications Scoring Sheets

Instructions: In the **Vendor Response** column, place an X in the column to indicate whether or not the requested functionality is available in the software application in your current release to all customers.

In the **Comment** column, circle Yes or No to indicate whether you have additional comments regarding this specification in the Functionality Vendor Comments section of the RFP.

Number	Specification	Vendor Response		Comment?
		Yes	No	
A1	Standard & Program Specific Client Demographic Data			
A2	Alias & Previous Name Support			
A3	Consumer Photo			
A4	Required Form Generation & Tickler System			
A5	Admission, Transfers, & Discharge Information			
A6	Referral Tracking			
A7	Referral & Admission Notes			
A8	Support for Automatic Referral Letter & Fax Generation			
A9	Discharge Planning & Referral Tracking			
A10	Family & Relationship Tracking			
A11	DSM & ICD Diagnoses			
A12	Master Individual Service Plans			
A13	Care Provider Tracking			
A14	Client Electronic Signature			
A15	Staff Electronic Medical Record Signature Standard Compliance			
A16	Support for Multiple Signature Requirements & Progress Note Roll-Up			
A17	Decision-Support, Evidence-Based Practice (EBP), & Assessment Tools			
A18	Custom Assessment Tools			
A19	Customizable Progress, Telephone, & Shift Notes			
A20	Group Notes			
A21	Electronic Record Pre-population			
B1	Medication Monitoring			
B2	Medical Conditions & Metrics			
B3	Medication Administration Records			
B4	Injection Administration Data Tracking			

Number	Specification	Vendor Response		Comment?
		Yes	No	
B5	Electronic Prescription Transmission			
B6	Tamper-Resistant Prescription Printing			
B7	Links to Medication Information & Drug Interaction & Contraindications			
B8	Prescription Refill Reminders			
B9	Laboratory Interface			
B10	Laboratory Result & Medical Condition Alerts			
B11	Formulary & Medication Pre-Certification Support			
B12	Drug Enforcement Administration (DEA) Federal Regulation Supports			
B13	Patient Medication Information/Handouts			
B14	Laboratory Orders Sets			
B15	Medical Supply Inventory Support			
C1	Bed Assignment & Management			
C2	Day Program Attendance Tracking & Unit Census Management			
C3	Daily Schedules			
C4	Personal Inventory Log			
C5	Physician Order Support			
C6	Periodic Patient Checks & Vital Sign Monitoring Support			
C7	"Patient at a Glance" Functionality			
C8	Pharmacy Management			
C9	Laboratory Management			
C10	Dietary Orders & Meal Management Support			
C11	Room & Patient Precaution Alerts			
D1	Kindred Home Referral & Recruitment Tracking			
D2	Kindred Home Family Tracking			
D3	Child Placement History			
D4	Family Matching Capabilities			
D5	Kindred Home Recruitment Management Support			
D6	Bed "Hold" Capabilities			
D7	Kindred Care Respite Bed Tracking			
D8	Kindred Family "Tickler" Functions			
D9	Fee Screens & Kindred Family Payment			
D10	Family Member Electronic Record Data Entry			
D11	Foster Family Member Emancipation Alerts			

Number	Specification	Vendor Response		Comment?
		Yes	No	
D12	Approved Alternate Caregivers & Frequent Visitor Tracking			
E1	Assessment Tool Support			
E2	Decision-Support & Compliance for ASAM Criteria for Care			
E3	Random Appointment Scheduling for Urinalysis & Compliance Monitoring			
E4	Detoxification Vital Sign Tracking Support			
F1	Resource-Based Appointment Scheduler Capabilities			
F2	Group Scheduling Support			
F3	Front Desk Cash Application			
F4	Client Arrival Notification			
F5	Front Desk Client Financial Summary Information Access			
F6	Automatic Service Generation from Scheduler			
G1	Case Management Notifications			
G2	Employment Services Data Tracking & Consumer Matching			
G3	Consumer Employment History			
G4	Expanded Employment & Support Services Data Tracking			
G5	Prevention Program & Presentation Tracking			
H1	Alerts or "Tickler" Capabilities			
H2	Satisfaction & Outcomes Tracking & Analysis			
H3	Critical Incident & Other Required Reporting			
H4	Track Progress Note Compliance			
H5	Electronic Record Release			
H6	Record Release Tracking			
H7	Electronic Medical Record Document Routing & "Role Based Charting"			
H8	VIP Medical Records Protection			
H9	Tracking HIPAA & State Specific Medical Record Requirements			
H10	Accreditation Support			
H11	Enhanced Role-Based System Access Controls			

Number	Specification	Vendor Response		Comment?
		Yes	No	
H12	EMR Document Version Control			
H13	EMR Archiving & Purge Capability			
I1	Extensive Call Tracking & Disposition Data			
I2	Referral Workflow Tracking			
I3	Pre-Admission Checklist Support			
I4	Waitlist Tracking			
J1	Client Payer & Service Authorization Data			
J2	Case Management & Service Authorization Management Supports			
J3	Client Service Entry			
J4	Pre-billing Edits			
J5	Client Fee-For-Service, Per Diem, & Contract Billing			
J6	Complex Billing Requirement Support			
J7	Standard A/R Functionality			
J8	Client Sliding Scale Fee Screen			
J9	Client Sliding Scale Fee Calculation			
J10	Electronic Remittance Posting & Waterfall Billing			
J11	Guarantor Private Pay Statements			
J12	Split Guarantor Private Pay Statements			
J13	Payer Eligibility Data Import			
J14	Consumer Fund Tracking			
J15	Medicare Incident to Billing Support			
J16	Transportation Billing			
K1	Built-In Support for Compliance Reporting			
K2	Management Metrics Dashboard			
K3	Staff Productivity Management Support Capabilities			
K4	Clinician Staff Credentialing & Privileging Support			
K5	Clinical Supervision Support			
L1	Internal Staff Alert & Messaging System			
L2	Voice Recognition Software & Transcription Support			
L3	Consumer/Family/Network Provider Portals			

Appendix C: Vendor Pricing Template

See attached Excel spreadsheet.

Appendix D: Customer Contact Information

See attached Excel spreadsheet.